Technical Report

Advancing the Inclusion of Persons with Disabilities

A Government of Canada Report
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Chapter 1
Introduction

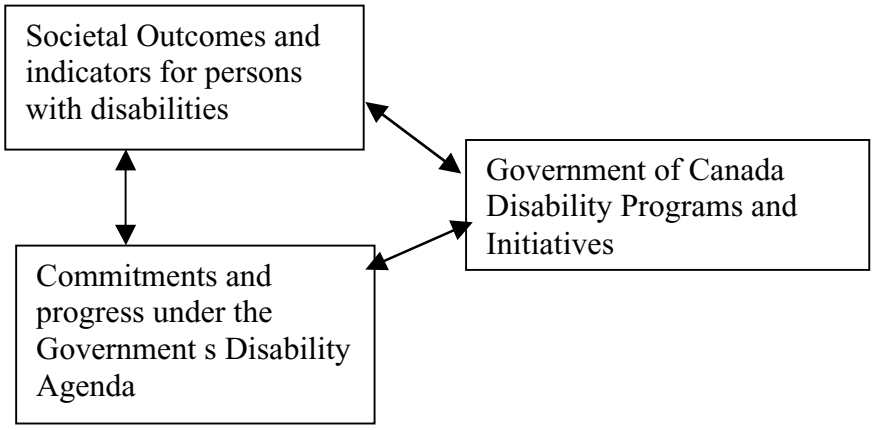
This document is a technical companion to Advancing the Inclusion of Persons with Disabilities, the Government of Canada's first report on disability. The technical report is designed as a supplement, providing additional details about many of the topics discussed in Advancing the Inclusion of Persons with Disabilities. While this technical report can be read independently, readers are encouraged to read the main report and its executive summary in order obtain an overview of the Government's progress in addressing disability issues.

In its electronic versions, each section of Advancing the Inclusion of Persons with Disabilities is linked to the supporting section(s) of this technical report to permit easy cross-reference. Readers who desire further detailed information will also find a large number of references throughout this technical report including many URLs to Government of Canada web sites and other resources.

Advancing the Inclusion of Persons with Disabilities outlines a general accountability framework for the Government's disability agenda as illustrated in the following diagram.

Anchoring the framework is a set of desired societal outcomes that represent key elements of the vision of full citizenship for persons with disabilities outlined in Future Directions (Canada 1999) and In Unison (Federal, Provincial, Territorial Ministers of Social Services 1998). As illustrated by Figure 1.1, commitments made under the Government of Canada's disability agenda, and results of its policies and programs are expected to contribute to achieving the desired outcomes. Of course, the Government's policies and programs are only one of many factors that influence these outcomes. As such, Advancing the Inclusion of Persons with Disabilities is limited to reviewing policy objectives and establishing plausible linkages between the Government of Canada's initiatives and desired societal outcomes. The report and this technical report include a few instances where program evaluations have demonstrated direct results of particular initiatives, but it is acknowledged that ongoing evaluation research is required to fully establish the benefits of Government of Canada disability policy. Future reports will include the results of such research as they become available.

Figure1.1: Disability Agenda Accountability Framework



SOCIETAL OUTCOMES

In recent years, governments, policy analysts and others have agreed that focusing attention on outcomes is an important way of ensuring that programs and policies are having desired results (Stein 2001). Groups with particular interests in a domain of public policy and Canadian citizens in general may debate exactly what results are wanted, but they can all agree that it is important to focus on results rather than activities when determining whether policies and programs are successful. When examining outcomes, it is sometimes important to distinguish between direct outcomes that can be clearly seen as resulting from a program or policy, and societal outcomes that may have many causes.

For persons with disabilities, improved outcomes in their daily lives and in society are the ultimate measure of success of government initiatives, programs and services. Canadians with disabilities want equal opportunities to make similar choices and to enjoy similar lifestyles as Canadians without disabilities. They count on legal protections and government programs and policies to ensure that they can participate equally as citizens in Canadian society. Full inclusion—equal opportunity to enjoy the rights and exercise the responsibilities of membership in Canadian society—sometimes abbreviated as citizenship—is the over- arching desired outcome of disability policy.

In order to consider the effect of government programs, full inclusion can be examined in terms of some of the important conditions of life and society experienced by persons with disabilities. These conditions may be considered societal outcomes of the many dynamic processes in Canadian society, including the work of governments. Some conditions or outcomes, for example the availability of accessible transportation, may influence other outcomes, such as the opportunity to hold a job or go to school. In this report, the causal connections between the various societal conditions that are important to Canadians with disabilities are not analyzed in detail.

SOCIETAL INDICATORS

An important step in employing outcomes to monitor and improve results is determining how to measure those outcomes. Assigning a measurement to a particular outcome means establishing an indicator. To use an everyday example, many Canadians measure the outcomes of their eating and exercise habits (activities) by periodically checking their weight. In this case, unless a person has one or more health conditions that change the typical metabolic pattern, weight in kilos (or pounds) is an indicator of success in eating well and getting enough exercise. Weight is not the only possible indicator or even the best indicator that could be chosen. Instead, one might focus on body-mass index (BMI) or on whether one's clothes still fit comfortably or simply on how well one feels.

A number of important principles guide the choice of indicators with which to mark progress towards the desired societal outcomes that have been identified for the disability agenda. Building on ideas stated in the recent report by the Treasury Board to Parliament, Canada's Performance 2001 (Treasury Board 2001), these principles may be summarized as follows:

- Information must be relevant; indicators must reflect priorities established by Canadians and governments in public debate and political forums. As a mark of relevance, the published data must be useful in informing public debate.
- Information must be up to date; data must highlight trends over time.
- Showing progress towards goals when these have been established is also important. In this regard, a mix of indicators, some of which are highly sensitive to policy changes and others of which are more stable is ideal. (E.g. Number of post-secondary education enrolments will change more quickly than percent of working-age population with a completed post-secondary certificate or diploma.)
- Information must be available; data must be easily accessible.
- Information must be comparable; ideally it should be possible to compare with data from other countries.
- Information must be understandable; data must be easily grasped by various audiences

These principles present significant challenges when selecting outcome indicators for persons with disabilities. Given available data sources, it is often difficult to adhere to all of these principles when selecting indicators for some of the outcomes reported here. For example, the Health and Activity Limitation Survey, the principal national data source regarding persons with disabilities was conducted following the 1991 census but not after the 1996 census. This means that important detailed information about some disability issues is over ten years out of date. Fortunately, the Participation and Activity Limitation Survey (PALS), conducted following the 2001 census, will soon fill this information gap and preliminary findings from PALS are

included in chapter two of this technical report. As well, important national surveys such as the National Population Health Survey (NPHS) and the Survey of Labour and Income Dynamics (SLID) provide more up to date information about persons with disabilities in comparison to others. Further, these surveys document trends since they are conducted annually (SLID) or biannually (NPHS).

Another set of very challenging issues arises when trying to compare Canadian data with that of other countries. Differing definitions of disability sometimes make it difficult to compare information from different sources even when using Canadian sources. Definitional problems are compounded in the international context by varied conceptual approaches and different cultural understandings of disability. Often the disability-related data available from two different countries are not easily compared even when comparing countries with many cultural, social and economic similarities like Canada and the United States. There are ongoing international efforts under the OECD and the WHO to improve consistency of information about disability but problems with international comparisons will remain for the foreseeable future.[1]

By focusing attention on key societal outcome indicators, this report highlights the need to collect appropriate information at regional, national and international levels to allow monitoring key outcomes for persons with disabilities.

In a few cases, the report highlights important desired societal outcomes where national indicators do not seem to be available. In such instances, preliminary analyses based on more limited sources are presented. Anecdotal information may be used in the report to supplement and/or help to interpret both quantitative and qualitative information. Future reporting on indicators will build on new data sources as they become available.

Five Outcome Areas

This report is clustered around five outcome areas that constitute important aspects of full inclusion. These are disability supports; skills development, learning and employment; income; injury prevention and health promotion; and disability community capacity. Statements by the disability community support the importance of these areas to the aspirations of Canadians with disabilities.[2]

Each of the outcome areas represents a complex set of realities for the highly varied population of persons with disabilities. For each outcome, one or more indicators have been chosen to represent an aspect of that outcome that has been identified as an important aspect of full inclusion. Table 1.1 provides a full list of desired societal outcomes and indicators presented in this report.

Societal Indicators and Accountability

[1] For example, the International Classification of Functioning, Disability and Health (ICIDH-2) published by the World Health Organization is an attempt to introduce standard classifications and terminology for assessing disabilities. The OECD has published work examining national differences in approaches to surveying disability (Gudex and Lafortune 2000).

[2] For example, see *A National Strategy for Persons with Disabilities: The Community Definition* (Council of Canadians with Disabilities, 1999)

The societal indicators presented here represent a foundational step in building an outcomes-based accountability framework for the Government of Canada's disability programs and services. Societal outcomes and indicators describing (a) the status of persons with disabilities in society and, (b) the inclusiveness of social environments, provide the foundation of a comprehensive accountability framework

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Table 1.1: Societal Outcomes and Indicators

Outcome	Indicator
Disability Supports	**Disability Supports**
Persons with disabilities have access to the personal supports that allow them to complete desired activities	Of adults needing help with everyday activities, percent having all the help they need
Persons with disabilities have access to the devices and aids including health-related aids that they need	Of adults requiring use of one or more aids or devices for everyday activities, percent having all that they need
Persons with disabilities live in housing that meets their individual access needs	Percent of adults with disabilities who have all the modifications they need in their home
Persons with disabilities can move freely around their local communities and between communities	Percent of adults with disabilities who report that local or long-distance transportation meets their needs
Information, ideas, and entertainment is accessible to everyone regardless of disability	Amount of material published in multiple formats
Persons with disabilities are able to participate in desired recreation, leisure or community activities and obtain necessary health and social services	Percent of adults reporting difficulty obtaining needed health care
Skills Development, Learning and Employment	**Skills Development, Learning and Employment**
Persons with disabilities have the knowledge and skills required to actively participate as citizens, in the workforce, and in society	For children 6-15:percent attending school
	Percent of working-age adults with post-secondary diplomas or degrees
Working age adults with disabilities are able to participate fully in the labour force	Employment rate of working-age adults
	Percent of working-age adults who work all year
Adults with disabilities who are working receive equitable compensation based on their knowledge and experience	Hourly wage

Accessible employers (with necessary architectural, workstation, job design, etc accommodations)	Percent of employers that provide altered facilities, equipment or aids to accommodate persons with disabilities
Income	**Income**
Household incomes of persons with disabilities are similar to those of others	Household income
Persons with disabilities have incomes that meet their needs	Percent of persons with low household incomes
Working age adults with disabilities receive an adequate income from employment	Percent of working-age whose largest source of income is employment
Injury Prevention and Health Promotion	Injury Prevention and Health Promotion
Rate of serious injuries causing disabilities is reduced	Injury-related hospital admission rate
Reduction of preventable serious diseases or conditions causing disabilities	Occurrence of major conditions that may cause disability (FAS/FAE, Diabetes, HIV/AIDS, Rheumatism/Arthritis)
Persons with disabilities are physically active according to their needs and capabilities	Physical activity (increased activity and reduction in physical inactivity among persons with disabilities) (Supplemental indicators: rates of smoking, heavy drinking)
	Athletes with disabilities are able to participate in regional, national and international sport competitions
Disability Community Capacity	**Disability Community Capacity**
Persons with disabilities participate as partners in identifying issues and in the development of policy and programs both as individuals and through voluntary organizations that represent their interests. More specific outcomes to be identified.	No national statistical indicators available—qualitative assessment only until availability of Voluntary Sector Initiative national surveys

Reporting on societal outcomes is the necessary first step, providing the information that governments, persons with disabilities and Canadians in general require, to continue the cycle of developing, implementing, monitoring and improving disability policy. These societal outcome indicators provide a context in which the government's initiatives and programs may be monitored and more specific direct outcomes identified.

Agreement on desired societal outcomes provides a starting point for a system of government accountability by outlining, in measurable terms, the type of society Canadians want for persons with disabilities. In order to monitor government's contribution to these outcomes, it is necessary to go further, however. Some other important steps include:

- Establishing plausible linkages between government policies and programs and the societal outcomes. These linkages may be stated in terms of direct policy/program outcomes or results that contribute to societal outcomes.
- Evaluating policies and programs on a regular basis to establish whether they are producing intended results and/or having unintended effects.[3] Evaluation processes take into account the experience of persons with disabilities with particular policies and programs.
- Reporting of program/policy evaluation conclusions and public debate and discussion of whether programs and policies are having the intended effects. Regular collection and publication of both societal and program-level outcome data can inform public debate and generate ideas for new or modified policy interventions.
- Government action to re-align policies and programs in light of available evidence, citizen priorities, and available resources to improve progress towards desired societal outcomes. Government action takes place in the context of ongoing consultation with Canadians the disability community and in partnership with the private and voluntary sectors.
- Ongoing (and improved) collection of data and continued comprehensive reporting of specific program outcomes, broad societal outcomes, and the overall government policy/program agenda. To guide this effort, it may be desirable to establish a more refined indicator framework analogous to that developed for health and endorsed by the Government of Canada and Provincial and Territorial Governments.[4] A refined framework could incorporate indicators of inclusion of persons with disabilities (the ultimate desired outcome), determinants of inclusion, service system characteristics and service system performance. A refined framework could also identify the linkages between these elements and would provide an important perspective to guide policy development.

The Treasury Board has mandated outcomes-focused management for all government initiatives including the disability agenda. Advancing the Inclusion of Persons with Disabilities highlights some of the actions that the Government has undertaken to establish a comprehensive accountability framework for its disability policies and programs. Further improvements in this

[3] A new national survey and/or additional items in future PALS surveys could be the vehicle to allow persons with disabilities to provide input on whether disability programs and services are meeting key service quality objectives suggested by the *In Unison* vision such as responsiveness, comprehensiveness, accessibility and portability.

[4] The health indicator framework includes indicators of health status, determinants of health, health system performance, and community and health system characteristics. Refer to the Canadian Institute for Health Information for further details (www.cihi.ca).

outcomes-focused accountability process will evolve along with the disability agenda itself.

While acknowledging its responsibility to Canadians with disabilities, however, the Government recognizes that its effort represents only one of many important factors influencing the quality of their lives. Ultimately, improved outcomes require the cooperation and coordination of the efforts of many Departments, other jurisdictions, the voluntary and private sectors and all Canadians in partnership with Canadians with disabilities themselves.

Selecting the Indicators

The foundation for the selection of the desired outcomes and indicators employed in this report was laid during the development of In Unison by federal, provincial and territorial (FPT) governments in consultation with members of the disability community in1998.[5] In Unison provides a vision of full inclusion of persons with disabilities in Canadian society. This vision elaborates the three building blocks of disability supports, employment and income and acknowledges the importance of preventing new disabilities. In Unison also commits FPT governments to develop accountability frameworks to permit Canadians to assess the effectiveness of disability-related policies and programs.

In 1999, the Government of Canada published Future Directions. Future Directions explicitly builds on the foundation established by In Unison and establishes Government of Canada priorities in the three building block areas—disability supports, income, and employment—as well as in reducing rates of new disabilities through prevention and health promotion and building the capacity of the disability community. Future Directions reiterates the Government's commitment to implementing an outcomes-based accountability framework and to generating knowledge.

In 2001, federal provincial territorial governments published In Unison 2000. The report provides a snapshot demonstrating the difficulties faced by Canadians with disabilities using statistical indicators and personal stories. The report also highlights a wide variety of initiatives in many sectors representing effective practices in dealing with some of these issues. The present Government of Canada report and the technical report build on the statistical indicators selected for In Unison 2000 by providing additional analytical detail and also by adding some important new indicators.

In June of 2001, Government officials developing the first report on disability met with representatives of the disability community and experts in the field. The focus of this meeting was a discussion of outcome areas and potential indicators that could be used in the Government of Canada report based on the work that had recently been completed in *In Unison 2000*. At the end of this meeting, a list of possible desired outcomes and indicators was drawn up

[5] While Quebec supports the general principles of *In Unison*, it did not participate in developing this document because it intends to preserve its sole responsibility on social matters. However Quebec receives its share of federal funding and the government of Quebec is making major investments toward programs and services for persons with disabilities. All references to viewpoints shared by the federal, provincial and territorial governments in this document do not include the viewpoints of the Government of Quebec.

and circulated to the participants. This list became a major input to the Government as it prepared *Advancing the Inclusion of Persons with Disabilities*.

In late summer 2001, Human Resources Development Canada sponsored a series of disability consultation sessions with the five National Aboriginal organizations. These sessions focused on desired outcomes for First Nations, Métis, Inuit, women and non-status persons with disabilities. At the request of members of these groups, the consultation facilitator was engaged to provide input on the Aboriginal perspective contained in this report. The consultant recommended using the same outcomes framework for Aboriginal people as that developed for non-Aboriginal persons with disabilities and she assisted in compiling the Aboriginal specific information presented in the report.

The outcomes and indicators presented in this report represent a solid starting point; however, future reports could incorporate additional or alternative outcomes and indicators. The Government welcomes suggestions in this regard.

Structure of the Technical Report

Following this introductory chapter, chapter two provides a brief profile of persons with disabilities in Canada including highlights from the recently completed Participation and Activity Limitation Survey (Statistics Canada 2002).

Chapters three to seven of this document contain information supplementary to the main report describing societal outcomes and indicators for the general population of persons with disabilities. This may include (where available and appropriate) reporting by gender and age, along with related supporting data (for example constituent elements of composite indicators, other potential and conceptually similar indicators, or other complementary information. Analyses by gender are included in the report to provide an understanding of how disabilities have differential effects on men and women.[6] Analyses by age are presented to explore the differences in the impact of disability coinciding with the different social expectations and circumstances of children (ages 0-14), working-age (ages 15-64), and seniors (65 and over).

For most indicators, additional information specific to Aboriginal persons, including the four major Aboriginal groups identified by national surveys, is provided in chapters three through six, Analyses of the impact of disabilities on Aboriginal persons highlight the unique issues experienced by First Nations, non-status, Métis, and Inuit people with disabilities.[7]

An analysis of the impacts of disability on visible minorities will be incorporated into future reports.

Commitments made and progress under the Government's disability

[6]Discrimination on the basis of disability is prohibited under the Canadian Charter of Rights and Freedoms and the Canadian Human Rights Act. Discrimination against people with disabilities is often compounded by their membership in other groups that are also protected by human rights laws, such as: women, Aboriginal people, and visible minorities.

[7]The Census and other official statistical sources identify Aboriginal persons as North American Indians on and off reserve, Métis, or Inuit. To avoid confusion, most discussions of statistical information will employ these classifications, while acknowledging that many individuals classified as "Indians" prefer the terms First Nations and non-status.

agenda are documented in chapter eight, while descriptive information and web links to Government of Canada disability programs, policies and initiatives are provided in chapter nine.

The technical report concludes with a series of annexes including references, some useful internet links, descriptions of the major data sources employed in the report, and a history of the development of important legislation and disability policy initiatives.

Electronic versions of Advancing the Inclusion of Persons with Disabilities include links to the corresponding detailed information found in this technical report.

Chapter 2
Profile of Persons with Disabilities

This chapter of the technical report contains a brief overview of the population of persons with disabilities for the reader who is not familiar with this topic. Readers are also referred to other publications, including In Unison 2000 (Federal, Provincial and Territorial Ministers of Social Services 2001) and Statistics Canada publications of the results from the Participation and Activity Limitation Survey as they become available (Statistics Canada 2002).

The data sources used throughout this document, including the Census and all major national surveys, are based on the World Health Organization's model/definition of disabilities. That is, disability is a process wherein individual conditions (impairments) result in a lack or inability to perform activities considered normal for a human being and where this lack may result from or be amplified by conditions or expectations in the social environment. Following this approach, Canadians completing a census form or a survey are asked to identify themselves as having a condition that limits one or more normal daily activities or that creates limitations at home, at work or school or in other activities.[8] Using self-reports to obtain overall population estimates is felt to be the most acceptable way of identifying disabilities because individuals are in the best position to know whether they are experiencing the limitations associated with disabilities. However, it is important to remember that an individual who responds positively to questions about disability on a survey may not be eligible for particular disability-related government programs and services because each program has specific eligibility criteria based on the program's objectives and authorizing legislation.

Disability Rates and Numbers by Age (PALS 2001)

Current estimates of the number of Canadians with disabilities are provided by the newly released Participation and Activity Limitation Survey (PALS).[9] PALS is a post-censal survey that was completed in the fall of 2001. It measures disability in the population of Canadians living in households in the ten provinces. Thus, PALS results exclude the populations of the three territories and those living in institutions.

Among the population of 28 992 000 in the ten provinces, an estimated 3 601 000 have disabilities. This means that 12.4% or approximately one in eight Canadians has a disability. The largest number of persons with disabilities is in the working age population (1 968 000), but the highest rate of disabilities is

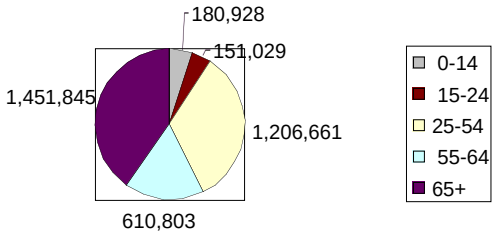
[8] The 2001 edition of the *International Classification of Impairments, Disabilities and Handicaps* makes a number of important changes in its conceptualization of disability versus the 1980 edition. However, these changes have not required changing the approach to identifying disabilities in Canadian national surveys by using questions about the presence of activity limitations and long-term conditions that limit activity. For a detailed discussion of the questions used to identify disability in major Canadian data sources, please see Annex 3 of this report.

[9] Figures from the PALS survey are supplied by Statistics Canada. Detailed data and analysis is available on Statistics Canada's website (http://www.statcan.ca). From the Our products and services page, under Browse our Internet publications, choose Free, then Health. Relevant products are the article *A profile of disability in Canada, 2001* (89-577-XIE, free), and the data tables *A profile of Disability in Canada, 2001 - Tables* (89-579-XIE, free).

found among seniors, where 40.5% of people aged 65 and over have a disability.

Figure 2.1 shows the distribution of the population of persons with disabilities by age. Children and youth represent the two smallest groups, largely because of low disability rates at younger ages. Seniors represent just over 40% of the population with disabilities while the working age population aged 25-54 is the second largest group and older workers, aged 55-64, with their relatively high rate of disability constitute 17% of the population with disabilities. The age breakdown reported here provides an important starting point for planning to meet the support needs of individuals with disabilities at different life stages.

Figure 2.1 Distribution of disability by age 2001



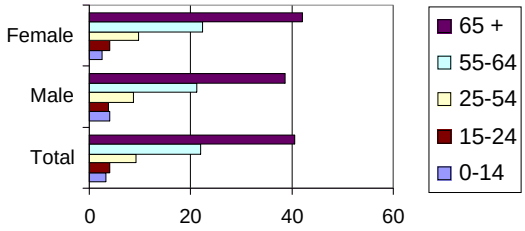
Source: PALS 2001

Figure 2.1 Description

About 181 000 (5.0%) of the total persons with disabilities are children ages 0-14 and 151 000 (4.2%) are youth ages 15-24. 1 207 000 (33.5%) are in the primary working age population aged 25-54 while, 611 000 (17.0%) are in the older working age population ages 55-64. Finally, 1 452 000 (40.3%) are seniors aged 65 and over.

As shown in figure 2.2, the rate of disability increases dramatically with age as people incur health conditions or injuries resulting in impairments that limit their ability to perform various activities. These increased rates by age underscore the importance of efforts to prevent the occurrence of injuries, diseases and health conditions that may result in disabilities. The high rate of disabilities among the older working age population provides an indication of the potential obstacles for this group to remain active in the labour force. The even higher rates among seniors highlight the challenges of providing appropriate supports so that seniors with disabilities can remain active participants in their communities.

Figure 2.2 Disability rates by age and sex 2001



Source: PALS 2001

Figure 2.2 Description

PALS found that 3.3% of children aged 0-14 have a disability, disability is reported by 3.9% of youth aged 15-24, 9.2% of those 25-54, 21.8% of those aged 55-64 and 40.5% of seniors report a disability. For females, the rates for the successive age groups are: age 0-14, 2.5%; 15-24, 4.0%; 25-54, 9.7%; 55-64, 22.4%; 65 and over, 42.0%. For males, the rates are: age 0-14, 4.0%; 15-24, 3.8%; 25-54, 8.6%; 55-64, 21.1; 65 and over, 38.5%.

Boys 0-14 have higher rates of disabilities than girls, but young men and women aged 15-24 have approximately

the same rate of disability and then for remaining ages the rates for women are higher than those for men. This gender gap widens in older cohorts. Among seniors, 42.0% of women have disabilities while 38.5% of men do so. The higher rate for senior women is likely to be due to women's longer life expectancy and very high rates of disability in the oldest age groups. Table 2.1, in annex 5, provides population estimates corresponding to the percentages presented in figures 2.1 and 2.2

TYPE OF DISABILITY BY AGE

Figures 2.3 and 2.4 show the distribution of disability types among children 0-4 and 5-14 respectively. The number of categories for children 0-4 is limited due to difficulty in assessing disability in rapidly changing and developing young children.

In the population of very young children 0-4, the most common type of disability is developmental delay (1.1% of the population), followed by activity restrictions caused by chronic conditions (1.0% of the population). Chronic conditions must have been diagnosed by a medical professional and they must cause an activity limitation in order to be recognized as a disability in PALS. Regarding developmental delay, parents identified this disability on the PALS survey based on their own judgement of expected developmental progress.

As shown in figure 2.4, the most common disabilities among children aged 5-14 are those associated with chronic conditions such as asthma,

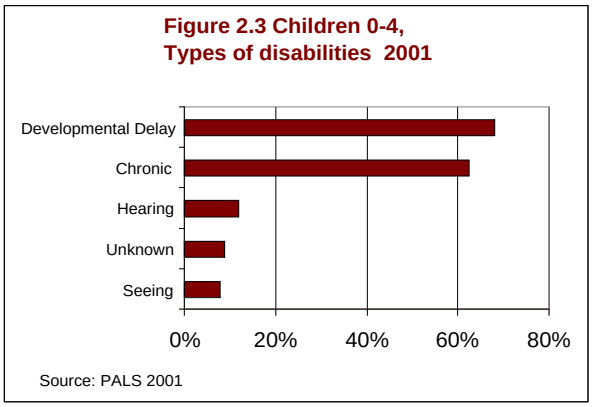


Figure 2.3 Description

The percentages of children 0-4 with disabilities indicating that they have each type of disability are: developmental delay, 68.0%; chronic, 62.8%; hearing, 12.1%; unknown, 8.9%; seeing, 8.0%.

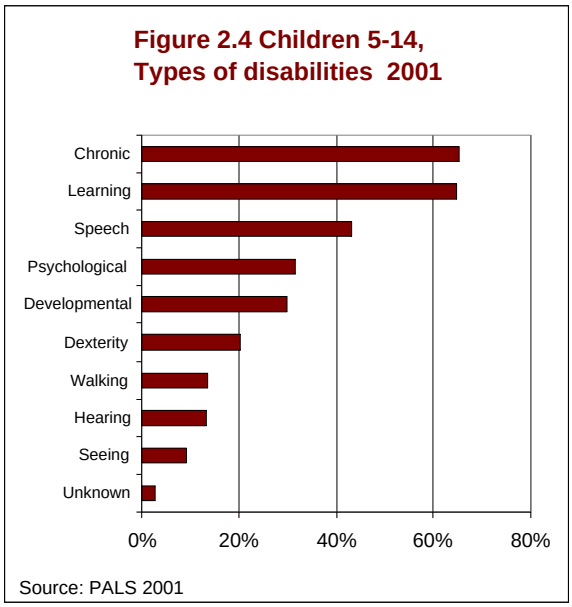


Figure 2.4 Description

The percentages of children 5-14 with disabilities indicating that they have each type of disability are: chronic conditions, 65.3; learning, 64.9; speech, 43.3; psychological, 31.8; developmental, 29.8; dexterity, 20.3; mobility, 13.7; hearing, 13.3; seeing, 9.4; unknown, 3.2.

health conditions, cerebral palsy, autism, down syndrome, or fetal alcohol syndrome. However, PALS only identified such conditions as disabilities if they were accompanied by activity limitations. Among children 5-14 with disabilities, 65.3%, equivalent to 2.6% of all children in this age group, have disabilities from chronic conditions. Of children with disabilities in this age group, 64.9% or 2.6% of all children 5-14 have learning disabilities, and 43.3% or 1.7% of all children 5-14 have speech problems. Most children with disabilities have more than one, with 72% having two or more disabilities.

The most common type of disability among Canadian adults is mobility with 71.7% of those 15 and over with disabilities (10.5% of the adult population) reporting problems in walking, climbing stairs, carrying an object for a short distance, standing in line, or going from one room to another. Almost as many adults with disabilities (69.5%) report that chronic pain restricts their activity (10.1% of the adult population. Agility problems such as difficulty getting dressed, cutting one's food, picking up an object from the floor, or grasping an object affect 66.6% of adults with disabilities (9.7% of the adult population). Over 80% of adults with disabilities report more than one disability.

The pattern of disability types varies somewhat between working-age (15-64) and seniors (65 and over). Figure 2.5 shows the distribution of types of disability, separating the working-age population from the population aged 65 and over. While mobility, chronic pain and agility are the most common disabilities in both age groups, chronic pain is the most common in the working-age population while mobility limitations are the most common disability for seniors.

The PALS findings highlight the presence of many invisible disabilities in both the working-age and senior populations. Among the working ages, along with the significant number of persons with disabilities who experience limitations due to chronic pain, nearly 430 000 (2.2% of the population) have psychological disabilities, 377 000 (1.9% of the population) have learning disabilities and nearly 268 000 (1.3% of the population) have memory problems that limit their activities. In the population of seniors living in the community 153 000 or 4.3% of the population have memory-related disabilities and over 93 000 (2.6% of the population) experience psychological disabilities.

Mobility, agility, hearing and seeing disabilities are reported more frequently by seniors than is the case for working-age adults. These disabilities are likely to be associated with chronic health conditions associated with aging. Pain, psychological, learning, memory, speech and developmental disabilities occur more frequently among the working-age population with disabilities. The higher rate of developmental disabilities in the working-age population is probably associated with the shorter life expectancy of persons with these disabilities. The higher rates of memory-related, pain and speech disabilities among the working-age population may be partly explained by the exclusion of institutionalized populations from the PALS. (A high percentage of the population 65 and over with severe conditions reside in a health care-institution.) These preliminary results from PALS invite further analysis to fully

explain the age-based distribution of types of disabilities.

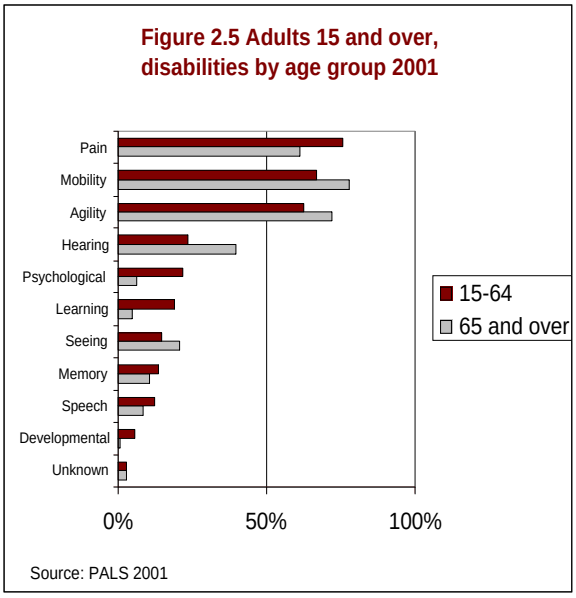


Figure 2.5 Description

The percentages of persons 15-64 with disabilities indicating that they have each type of disability are: pain, 75.7; mobility, 67.1; agility, 62.5; hearing, 23.5; psychological, 21.8; learning, 19.2; seeing, 14.8; memory, 13.6; speech, 12.2; developmental, 5.5; unknown, 2.7% . The percentages of persons 65 and over with disabilities indicating that they have each type of disability are: pain, 61.1; mobility, 77.9; agility, 72.1; hearing, 39.6; psychological, 6.4; learning, 5.1; seeing, 20.9; memory, 10.5; speech, 8.4; developmental, 0.8; unknown, 2.9% .

Tables 2.2a, 2.2b and 2.2c in annex 5, provide the population estimates corresponding to the percentages shown in figures 2.3-2.5. Readers are also directed to Statistics Canada publications of PALS results for breakdowns of types of disabilities by gender and by province.

Severity of Disability by Age

Statistics Canada constructed an index to measure severity of disability based on answers to the 2001 Participation and Activity Limitation Survey. Points are given based on the intensity and frequency of the activity limitations reported by the respondent. A single score is computed for each type of disability. Each score is then standardized to a value between 0 and 1. The final score is the average of the scores for each type of disability.

Since the survey questions differed depending on the respondent's age, there are separate scales, for children under 5 and for children aged 5 to 14 and for adults 15 years and over. Each scale is divided into different severity levels. The scales for adults and for children aged 5 to 14 are divided into four groups (mild, moderate, severe and very severe), whereas the scale for children under 5 is divided into two groups (mild to moderate and severe to very severe).

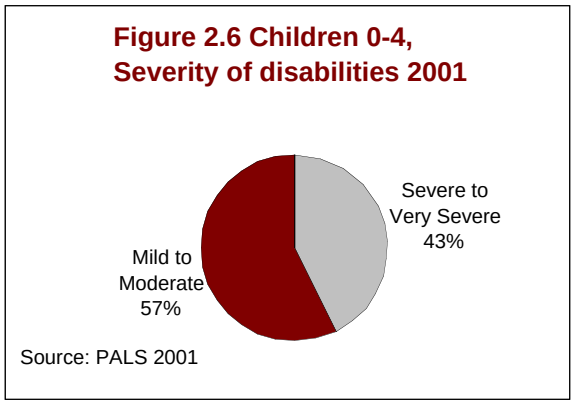


Figure 2.6 Description

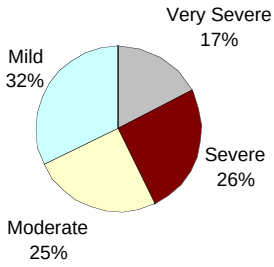
57.5% of children 0-4 with disabilities have mild to moderate disabilities and 42.5% have severe to very severe disabilities.

Because of the difficulty in assessing the presence and severity of disabilities in very young children, PALS 2001 for children classifies severity only as mild to moderate and severe to very severe for

children 0 to 4. Figure 2.6 shows the distribution of mild-moderate and severe-very severe disabilities among children 0-4. The breakdown shown means that about 0.9% of children 0 to 4 have mild to moderate disabilities and about 0.7% of children aged 0 to 4 have severe to very severe disabilities.

Figure 2.7 shows the severity of disabilities for children with disabilities aged 5-14. Among school-aged children 5-14, about 1.3% of the population have mild disabilities, 1.0% have moderate disabilities, 1.0% have severe and 0.7% have very severe disabilities.

Figure 2.7 Children 5-14, Severity of disabilities 2001



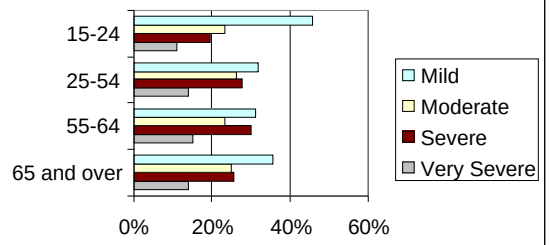
Source: PALS 2001

Figure 2.7 Description

For children 5-14, 32.1% of disabilities are mild, 25.2% are moderate, 25.5% are severe and 17.2% of disabilities are very severe.

The PALS for adults survey has a similar approach to severity, but uses different questions to identify disability and severity of disability compared to the survey for children. For this reason, although the concept of severity is similar, comparisons of the adult and child rates of severity must be done with caution. Based on the PALS survey for adults, 34.1% of people ages 15 and over with disabilities have disabilities that are mild, while 25.0% are moderate, 26.9% are severe and 14.2% are very severe. As shown in figure 2.8, this pattern varies significantly across different age groups. The figure shows the percentages of adults with disabilities who have mild, moderate, severe and very severe disabilities by age groups.

Figure 2.8 Adults 15 and over, Severity of disabilities by age group 2001



Source: PALS 2001

Figure 2.8 Description

For youth with disabilities aged 15-24, 45.8% are mild, 23.5% are moderate, 19.7% are severe and 10.9% are very severe. For those aged 25-54, 32.0% are mild, 26.2% are moderate, 27.8% are severe and 14.0% are very severe. For the older working age population ages 55-64, 31.4% are mild, 23.4% are moderate, 30.0% are severe and 15.1% are very severe. Finally, for those with disabilities aged 65 and older, 35.7% of disabilities are mild, 24.8% are moderate, and approximately 25.6% are severe and 13.9% are very severe in nature.

Within the working-age population, the profile of severity increases across each successive age group, as the percent of mild disabilities decreases and that of severe and very severe disabilities increases. In the working-age population, 0.4% of those 15-24 have very severe disabilities, as do 1.3% persons aged 25-54 and 3.3% of those aged 55-64.

Among seniors, 5.6% of the population have very severe disabilities, however this is understated due to the omission from PALS of the population living in institutions. The overall profile of severity shown for seniors with disabilities is less severe than that of those 55-64, again because the seniors population in PALS excludes the many seniors with severe and very severe disabilities who are living in institutions.

Tables 2.3a, 2.3b and 2.3c in annex 5 provide the population estimates by age and severity corresponding to the percentages shown in the above figures. Readers are also directed to Statistics Canada publications of PALS results for breakdowns of severity of disabilities by gender and by province.

PALS 2001 and HALS 1991

Statistics Canada has indicated that the results reported by PALS 2001 and those reported in 1991 by the Health and Activity Limitation Survey cannot be used to analyse trends across the ten-year interval between the two surveys. Statistics Canada and Human Resources Canada decided, in consultation with disability experts and the disability community, to develop an improved approach to surveying people with disabilities for use in PALS. One of the key benefits of this new approach is that it will also be possible to make much more effective use of information available from other national surveys to build an extensive database about disability in Canada.

Some of the major differences between HALS 1991 and PALS 2001 for adults are highlighted in table 2.9. The table shows that there were significant changes in the disability filter questions, the basic sampling strategy, the detailed disability screening questions and the resulting classifications of type and severity between HALS and PALS.

The first row of the table indicates that PALS excludes the territories of Yukon, Northwest Territories and Nunavut as well as those living in institutions. Both the territories and institutions were included in HALS 1991. In 1991, HALS identified approximately 270 000 people with disabilities in institutions and about 10 000 in the territories. Both surveys excluded people living on First Nations reserves.

The second and third rows of the table highlight a major change in sampling strategy that took place between 1991 and 2001. Both HALS and PALS are “post-censal” surveys that draw their samples from the population of persons based on their responses to census disability filter questions asking about long-term conditions or activity limitations that may constitute disabilities. However, testing of the 1991 filter questions revealed that many people who actually have disabilities based on the HALS definition answered NO to the 1991 Census filter questions. This necessitated a large NO sample to be drawn in order for HALS to produce unbiased estimates of the population of persons with disabilities.

Improved questions used in conjunction with the 2001 census reduced this problem substantially and eliminated the need for the use of a NO sample. More importantly it is now possible to use these filter questions in other national surveys such as the Survey of Labour and Income Dynamics and the Canadian Community Health

Survey. The new filter questions have been shown to better identify persons with all levels of severity of disabilities, but especially those with mild disabilities.

The fourth row of the table shows that improved screening questions within the PALS questionnaire allow identification of non-physical disabilities including psychological, learning, memory and developmental disabilities more effectively than did the question in HALS. PALS questions also identify pain-related related disabilities, a category not identified by HALS.

The fifth and sixth rows of the table summarize related improvements in PALS questions that permit identification of cyclical or intermittent disabilities and better classification of disability severity. The classification of severity in PALS takes advantage of more information and gives equal weight to all types of disabilities. Severity is also classified into four categories in PALS providing a finer breakdown that may prove useful in analyzing disability issues.

The final row in the table shows the impact of the combination of all of these changes on the estimates of disabilities provided by the two censuses and by HALS and PALS. In 1991, the HALS rate of disability was substantially higher than that in the census essentially because HALS screened in many of the persons selected in the NO sample into its estimate of disability rates. At the same time, the majority of these additional cases were mild disabilities producing an overall profile with about half the persons with disabilities classified as having mild disabilities.

In 2001, the PALS rate of disability is lower than that obtained by the 2001 census. In this case, the detailed questioning within PALS resulted in screening out many of those who had responded positively to the broader and more inclusive filter questions. People were screened out if they answered NO to all disability questions at the time of their PALS interview. The combination of relying only on a YES sample combined with the PALS screening results in a disability profile that is more severe than that identified in HALS, but also a lower disability rate. Since the definitions of severity between the two surveys differ in several important ways it is important to not to regard this comparison as an indication of a trend between 1991 and 2001.

Readers who wish to explore this topic further are also invited to refer to the paper “A New Approach to Disability Data: Changes between the 1991 Health and Activity Limitation Survey (HALS) and the 2001 Participation and Activity Limitation Survey (PALS)” (89-578-XIE, free) available from Statistics Canada at www.statcan.ca From the Our products and services page, under Browse our Internet publications, choose Free, then Health.

Table 2.9: Comparison HALS 1991 and PALS 2001 for Adults

HALS 2001	PALS 2001
Includes populations living in households and institutions. Includes people living in the territories, but excludes those living on First Nations reserves.	Includes population living in households only. People living in the three territories and on First Nations reserves are excluded.
Two disability "filter" questions used in the census to identify persons who may have disabilities. Over half of persons with disabilities answer NO to these filter questions and thus are not identified in the census. Those with mild disabilities are especially likely to be missed.	Two broader, more inclusive "filter" questions used in the 2001 census to identify persons with disabilities. Tests show that these questions are much more likely to identify people at all levels of severity, especially those with mild disabilities.
Post-censal sample drawn from persons who answered YES (35 000 adults) and a second sample drawn from those who answered NO to the disability filter questions (113 000 adults). The NO sample is necessary due to the large number of individuals with disabilities who would be missed using only a YES sample."	Post-censal sample drawn from persons who answered YES to the disability filter questions (35 000 adults). The ability to focus only on a YES sample substantially reduces the cost of PALS.
32 disability screening questions are used in HALS to identify six types of activity limitation (all psychological, learning, memory, developmental disabilities were categorized as "other.").	Screening questions identify ten types of activity limitations. Improvements in questions also permit better identification of both physical and non-physical disabilities.
Disability screening questions permit only a simple YES or NO response, leaving many people with cyclical or intermittent conditions unsure how to respond	Disability screening questions allow responses of yes, sometimes or YES, OFTEN OR ALWAYS or NO.
Severity of disability determined by adding the number of YES responses to the disability screening questions. Non-physical disabilities receive less weight in determining severity because there are fewer screening questions related to these disabilities. Disabilities are classified as mild, moderate or severe,	Severity is determined based on an equal weighting of all types of disabilities including non-physical disabilities. Multiple response categories in the screening questions also allow more sophisticated incorporation of frequency and intensity of limitations into determination of severity. The result is classified as mild, moderate, severe or very severe.
Using the old disability filter questions, the 1991 census disability rate for those 15 and over living in private households is approximately 10.0%. The HALS rate is 17.8%, while about half of those with disabilities are estimated to have "mild"	Using the new disability filter questions, 2001 census disability rate for those 15 and over living in private households is 18.6%. The PALS rate is 14.6%, while approximately one third have "mild" disabilities and about 40% re severe or

disabilities and about 20% are severe.	very severe.

Profile of Disability in 1991

For the past ten years, basic data about disability employed in government policy work and elsewhere has been taken from the 1991 Health and Activity Limitation Survey (HALS). For the convenience of readers who may wish to refer to these older data, a few highlights from HALS are presented here. As explained above, it is important to be very cautious about drawing any substantive conclusions when comparing the 1991 and 2001 data due to the methodological changes between the two surveys.

In 1991, HALS reported that nearly one in six persons, 4.2 million Canadians, had a disability. Over half (2.3 million, 56 percent) of this total were of working-age, while 35 percent were seniors and 9 percent were children ages 0-14. HALS found that 7% of children aged 0-14 had a disability, 13 percent of working-age adults had a disability, and 46 percent of seniors did so. See table 2.10 in Annex 5 for details.

In 1991, HALS found that slightly more than half of people living in households had disabilities that were mild, while 30 percent were moderate and 17 percent were severe.[10] This pattern varied significantly across different age groups, however. For children, nearly 90 percent of disabilities were mild while only 3 percent were severe. For working age Canadians, 54 percent were mild, 32 percent were moderate and 14 percent were severe. Finally, for those aged 65 and older, only 40 percent of disabilities were mild, while approximately 35 percent were moderate and 25 percent were severe in nature. (See table 2.11 in Annex 5 for details).

In 1991, the most common types of disability were mobility and agility, with approximately 50 percent of Canadians with disabilities reporting limitations in one or both of these areas. Almost 30 percent of those with disabilities had hearing problems and approximately 14 percent had problems with seeing. Disabilities categorized as "other," largely intellectual disabilities, learning disabilities and/or mental health conditions, affected nearly one third of those with disabilities. See Table 2.12 in Annex 5 for a complete picture of the distribution of types of disabilities by age in 1991.

Disability Cycles

While many persons with disabilities may experience activity limitations on a long-term permanent basis, disabilities, even those that are quite severe, may last for a relatively short time or go through cycles of remission and reoccurrence. Recent analysis of a number of Canadian surveys shows that having a disability is not a constant status for everyone who is affected. Similar evidence for this pattern has been found using the Labour Market Activity Survey (1989-1990), the National Population Health Survey (1994-1998) and the Survey of Labour and Income Dynamics (1993-1998). Even seniors who have lost their independence as a result of a significant disability may move out of disability status (Martel, Bélanger, Berthelot, 2001).

[10] Note it may be necessary to discuss methodological reasons for the changes in the profile of severity between 1991 and 2001. Statistics Canada to advise.

The Canadian Council on Social Development has published some preliminary evidence about this situation (CCSD 2001). The CCSD research is based on the Survey of Labour and Income Dynamics which conducted annual interviews with the same individuals over a period of six years from 1993-1998. The results of the CCSD work are summarized in table 2.13. Over the six year period studied, approximately 75 percent of the respondents never reported a disability and 4 percent reported one during all six years. The remaining 21 percent of respondents changed disability status at least once during the survey period. 14.6 percent moved out of disability status at least once (12.2 plus 2.4 percent), while 18.7 percent entered disability status at least once during the six year period (12.2 plus 6.5 percent).

Table 2.13. Population living in households ages 16 and over by disability status over a six year period (SLID, 1993-1998)

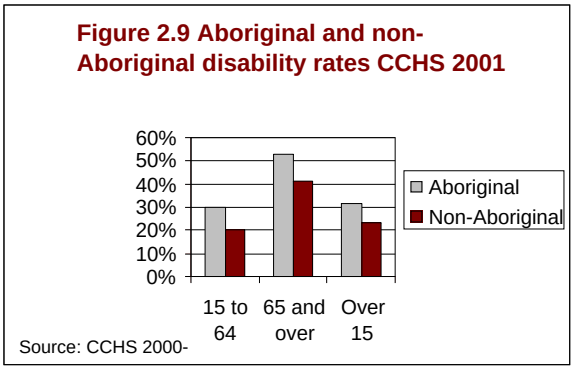
Disability Status	Percentage
No disability in any year	74.6%
Disability in all six years	4.2%
Has a disability for a period of years then does not	2.4%
Does not have a disability for a period of years then does	6.5%
Has cycles in and out of disability	12.2%

Researchers and government policy makers are only beginning to grapple with the implications of this new evidence for the dynamic nature of disability.

Disabilities and Aboriginal People in 2001

The 2001 Participation and Activity Limitation Survey did not include enough Aboriginal people to allow a separate analysis of disabilities among First Nations, Métis and Inuit people. Instead, the best current source of basic information about disabilities in Aboriginal groups is the Canadian Community Health Survey (CCHS).[11] As shown in figure 2.9, the 2000-2001 CCHS found that the rate of disabilities among Aboriginal people is higher than it is in the non-Aboriginal Canadian population. First Nations people on reserve were not included in CCHS therefore the 2001 disability rate for Aboriginal people may be slightly understated.

Figure 2.9 Aboriginal and non-Aboriginal disability rates CCHS 2001



Source: CCHS 2000-

Figure 2.9 Description

For working-age people, the CCHS estimate of the disability rate is 30 percent for Aboriginal people versus 20 percent for non-Aboriginal people.

[11] The CCHS did not survey First Nations reserves but does include significant numbers of Aboriginal people living in all other circumstances. Since the CCHS identifies Aboriginal and non-Aboriginal persons with disabilities using the same questions, it is the best source for current comparisons. As additional information is released from the 2001 Census it will also become a valuable source of information about Aboriginal disability issues including those of First Nations people on reserves.

Among seniors, the CCHS disability rate for Aboriginal people is 53 percent versus 42 percent for non-Aboriginal. End description.

The disability rates for non-Aboriginal people shown in figure 2.9 from CCHS require explanation since they are higher than those reported by PALS. The questions used to identify persons with disabilities in CCHS are the same as those used in the Census 2001. However, Statistics Canada found that about one quarter of those selected from the Census for participation in PALS did not identify any specific areas of limitation during the PALS interview and so they are not included in the PALS estimate of disability rates. It is likely that the CCHS rates would be reduced if CCHS used the detailed PALS disability questions. (A more detailed discussion of the impact of these new filter questions on estimated disability rates is provided in Annex 3 of this technical report.)

Applying the discussion in the previous paragraph to the Aboriginal disability rates shown in figure 2.9 would result in a similar reduction. Lending further credence to this suggestion is the fact that the Aboriginal disability rates reported in the 1991 Aboriginal Peoples Survey (APS) included many more mild disabilities than did the non-Aboriginal rates.

While most of the additional Aboriginal disabilities reported by CCHS are probably mild, a small portion of the difference in rates may represent slightly higher rates of severe disabilities among Aboriginal people. In 1991, severe disabilities represented 3.7 percent of the total Aboriginal population aged 15 and over but only 2.7 percent of the non-Aboriginal population aged 15 and over. APS is still the best source of information about the types of disabilities found among Aboriginal people. The 1991 APS findings regarding type of disability are presented in the next section of this chapter.

PROFILE OF DISABILITY AMONG ABORIGINAL GROUPS IN 1991

The Aboriginal Peoples Survey (APS) was a post-censal survey that was conducted by Statistics Canada in 1991. The respondents included persons who identified with at least one Aboriginal jurisdiction (North American Indian, Metis, Inuit or a specific group, such as Ojibway, Cree, or Inuvialuit) and/or indicated that they were registered under the Indian Act of Canada.[12]

The APS was planned and developed with input from Aboriginal organizations and collected detailed information on employment, education, culture, housing and other characteristics of persons identified with Aboriginal origins. The APS also included a subset of questions that were used to identify persons with disabilities. Using the APS, a brief profile of Aboriginal persons with disabilities is provided here.

The survey questions and the approach to identifying and profiling disability used in APS 1991 were similar to those employed in HALS 1991. For this reason, the same cautions discussed earlier about comparison of HALS 1991 and PALS 2001 also apply to the data from APS 1991. In other words, it is not possible to directly compare the disability

[12] A number of First Nations reserves did not participate in the 1991 Census or the APS. While this results in under-counts of the total population, its effect on estimated rates is not known.

rates and severity from APS 1991 to the information provided by PALS 2001.

Table 2.14 shows the overall rates of disability by the major Aboriginal groups identified in the APS survey. The overall rate is 31.4 percent, approximately double that of the non-Aboriginal population in 1991. Across the four groups, the rate of disability ranges from 28.9 percent for the Inuit population to a high of 33.0 percent for North American Indians on reserve.

Table 2.14 Aboriginal Adults Aged 15+ who responded to the Disability Question on the Aboriginal Peoples Survey (APS) 1991

	Total Aboriginal Identity: Canada , Provinces, Territories	Total North American Indian On and Off reserve	Total North American Indian – On reserve	Total North American Indian – Off reserve	Metis	Inuit
Number of adults 15+ who responded to the disability question	373,785	277,650	100,400	177,210	81,650	18,805
Number of adults who reported disability(ies)	117,090	87,210	33,155	54,055	26,030	5,445
Percentage	31.3	31.4	33.0	30.5	31.8	28.9

Source: APS Statistics Canada 1991 1-Disability 2- Housing

Like the general population, rates of disability increase with age among Aboriginal peoples. Table 2.15 shows that the overall rate goes from 21.7 percent for youth ages 15-24 up to 66.5 percent for adults 55 and over. Age-based rates are similar across the four major groups with the exception of the rates for older adults. Here, the rate varies from 70 percent for North American Indians on reserve to 62 percent for Inuit.

Table 2.15 Disability Rates among Aboriginal adults by age (APS 1991)

Age Group	Total Aboriginal Identity: Canada , Provinces, Territories	Total North American Indian On and Off reserve	Total North American Indian – On reserve	Total North American Indian – Off reserve	Metis	Inuit
15 + years (%)	31.3	31.4	33.0	30.5	31.8	28.9
15-24 (%)	21.7	21.7	21.7	21.7	21.9	21.0

25-34 (%)	23.6	23.7	23.3	23.9	23.1	23.2
35-54 (%)	35.5	35.4	35.5	35.3	37.2	33.3
55+ yrs. (%)	66.5	66.4	70.1	63.3	68.1	62.5

Source: APS Statistics Canada 1991 1-Disability 2- Housing

As shown in figure 2.10, Inuit have the lowest rate of severe disabilities (7.6 percent) and North American Indians on-reserve have the highest rate (13.7 percent). Conversely, Inuit have the largest percentage of mild disabilities (74.5 percent), while approximately 65 percent of disabilities among North American Indians on reserve and Metis are mild.

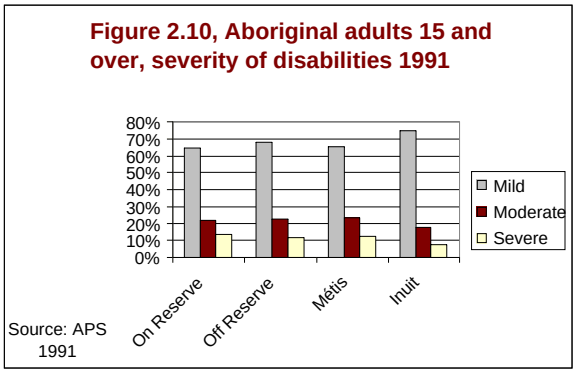


Figure 2.10 Description
(see table 2.16 for data)
Using the 1991 APS definitions of levels of severity, North American Indians on Reserve had 64.5% mild, 21.7% moderate and 13.7% severe disabilities. North American Indians off Reserve had 67.8% mild, 22.5% moderate and 11.3% severe disabilities. Métis had 65.0% mild, 23.0% moderate and 11.9% severe disabilities and Inuit had 74.5% mild, 17.9% moderate and 7.6% severe disabilities.

Table 2.16, in Annex 5, provides additional information about the distribution of levels of severity of disability among Aboriginal adults with disabilities. Approximately two thirds have mild disabilities, 22 percent have moderate and 12 percent have severe disabilities. Altogether, over 14,000 Aboriginal adults had severe disabilities including 6,120 North American Indians off reserve and 4,545 on reserve. Table 2.16 also provides population estimates corresponding to the percentages in figure 2.10.

Figure 2.11 summarizes the nature of disabilities among Aboriginal adults age 15 and up who report a disability, while a detailed breakdown by the four major identity categories is provided in Table 2.17, in annex 5. Overall, among Aboriginal persons with disabilities, mobility restrictions are the most common category of disability (44.8 percent). Agility, hearing, and other disabilities are all reported by approximately 35 percent of Aboriginal persons with disabilities, while the least common types are speaking (12.8 percent) and seeing (24.2 percent).

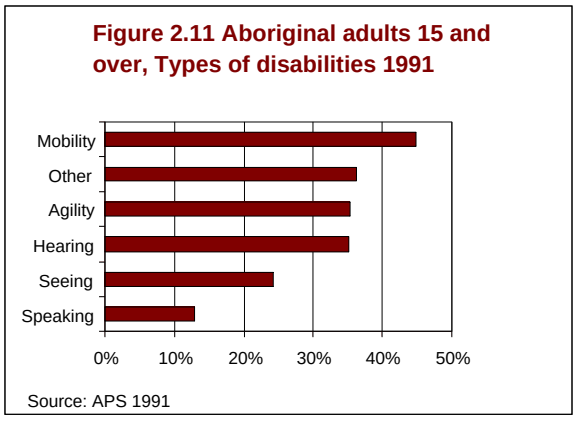


Figure 2.11 Description
(see table 2.17 for data) Using the 1991 APS definitions of types of disabilities, 44.8% of Aboriginal persons with

disabilities had mobility disabilities. 36.3% had "other" (developmental, psychological, learning, etc) disabilities, 35.3% had agility, 35.1% had hearing, 24.2% had seeing and 2.8% had speaking disabilities. Numbers do not sum to 100% because individuals may have more than one type of disability.

Table 2.18 highlights the considerable variation in the rates of types of disabilities across the four Aboriginal groups. For example, while nearly half of North American Indians on reserve with disabilities have mobility limitations, approximately 36 percent of Inuit with disabilities report mobility limitations. Approximately 44 percent of Inuit with disabilities report hearing disabilities, while only 32.5 percent of North American Indians off reserve with disabilities do so. 38 percent of Metis with disabilities have agility disabilities versus 26 percent of Inuit with disabilities. Durst and Bluechardt (2001) have suggested some potential causes and consequences of these differences in the profile of disabilities across Aboriginal groups. This area deserves further study.

Table 2.18. Types of disability among Aboriginal persons with disabilities, highest and lowest rates among Aboriginal identity groups

	Highest Group	Rate (%)	Lowest Group	Rate (%)
Mobility	N.A. Indian on Reserve	46.8	Inuit	35.6
Agility	Metis	38.1	Inuit	26.2
Seeing	N.A. Indian on Reserve	31.8	N.A. Indian off reserve	20.9
Hearing	Inuit	43.9	N.A. Indian off Reserve	32.5
Speaking	N.A. Indian on Reserve	13.6	Inuit	9.6
Other	N.A. Indian on Reserve	36.9	Metis	35.1

Source: Aboriginal Peoples Survey, 1991

Chapter 3
Disability Supports

Disability supports help persons with disabilities overcome barriers to participation in daily living. Disability supports include technical devices and aids; personal help for everyday living; planning and brokerage services; therapeutic services and medications; and modifications to primary residences, vehicles, or workplaces. In addition, broad community-level measures such as fully accessible buildings, public spaces, transportation systems, information formats and communications systems are important environmental factors supporting full participation. In *Future Directions*, the Government of Canada recognized the need for access to a broad range of supports and services—transportation, housing, goods and services. The Government of Canada is committed to working with provinces and territories to improve access and portability of supports needed by persons with disabilities.

Desired Outcome: Persons with disabilities have access to the personal supports that allow them to complete desired activities

Indicator: Of adults needing help with everyday activities, percent having all the help they need

Description

Persons with disabilities may require assistance with one or more everyday activities such as dressing, eating, personal hygiene or getting around. The vision of a fully inclusive society suggests that all persons with disabilities have the assistance they need to complete these activities. The available data show, however, that there is a significant gap in the amount of assistance needed and that which is actually received.

The most comprehensive available source of data to assess whether people are getting the assistance they need is the 1991 Health and Activity Limitation Survey (1991 HALS). Unfortunately these data are only available for persons aged 15 and over 1991 HALS found that less than half of the 1 854 000 people aged 15 and over needing assistance have all they require. 846 000 (45%) of those who receive assistance require more, while 150 000 (8%) of those who needed help were not receiving any.

Specifications

Source: Health and Activity Limitation Survey 1991. (PALS 2001 results will be available in 2003)

Population: Adults with disabilities ages 15 and over

Calculation: percent of persons receiving help based on number of persons with at least one positive response to items in 1991 HALS regarding receipt of help with everyday activities. Similarly, the percent of those needing additional help is based on the number of those with at least one positive response to items in 1991 HALS asking about the need for additional help. These two conditions are combined to create four possible outcomes: don't need help, have all the help needed, have help but need more, need help but

have none. See Roeher (2002) for full details.

Further Information

As shown in Figure 3.1, the need for assistance with everyday activities varies by age group and sex of persons with disabilities. In both age groups, women with disabilities are more likely than are men to state that they need help with everyday activities, and this pattern is more pronounced among seniors. (Also see Table 3.1 in Annex 5).

Figure 3.1 Persons with disabilities living in households who need help with everyday activities by age and sex (1991)

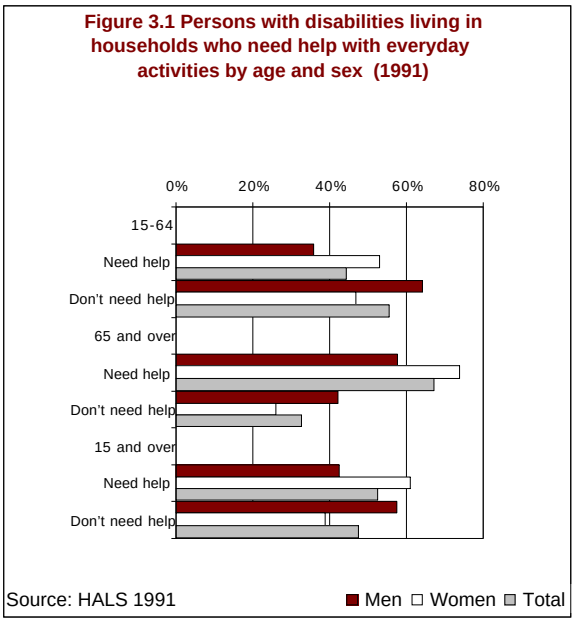


Figure 3.1 Description

Overall, 61% of women need help with everyday activities while 43% of men do so. By age, 74% of women 65 and over and 53% of working age women need help with everyday activities, while the corresponding percentages for men are 58% and 36%. These data are from the 1991 Health and Activity Limitation Survey.

Figure 3.2 illustrates the extent to which adults with disabilities actually receive the assistance that they require.

Figure 3.2 Persons with disabilities living in households who need help with everyday activities, receipt of help by age and sex (1991)

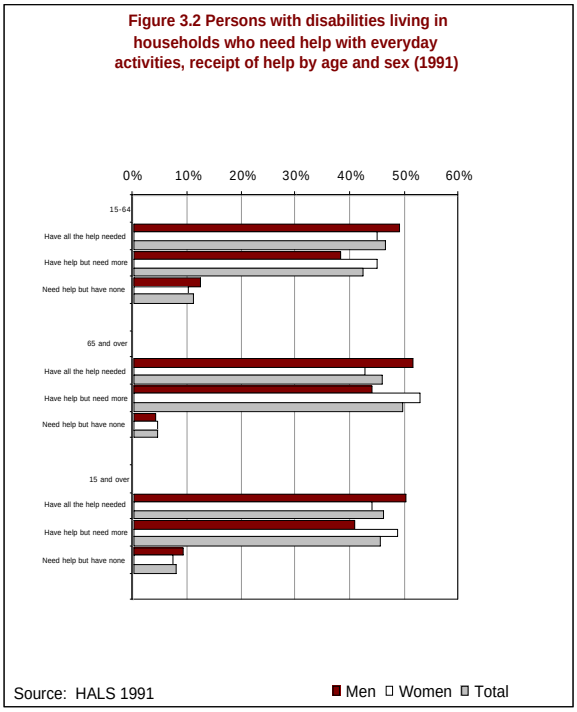


Figure 3.2 Description

Of women who need help, 44% have all that they need and this does not vary significantly by age. A similar pattern occurs for men, with approximately 50% of men who need assistance with every day activities receiving all the help they require. 10% of working-age women needing assistance receive none of the help that they require while this is true of almost 13% of working-age men. Among seniors, slightly more than 4% of men and women needing assistance do not receive any. 45% of working age women who need help are receiving some but need more assistance, while this is true of 38% of working age men. Among seniors, 53% of women and 44% of men have only some of the assistance they require.

The figure shows that more than half of women needing assistance and about half of the men needing assistance with everyday activities required more assistance than they were receiving Women in both age groups are more

likely than men to be receiving only some of the assistance they require. Working age men and women are more likely than seniors to be without any of the assistance they require. Table 3.2 in Annex 5 provides population estimates corresponding to percentages shown in Figure 3.2.

Women's greater unmet need for support may be, in part, due to their family roles and responsibilities, and the need for more help to ensure that their children and family members are well cared for while also looking after their own health and well being. Furthermore, given that women's life expectancy exceeds men, they require more assistance and support, such as attendant care, to ensure that they are able to live in community or in their own home, and not sent to an institution.

Status of Women Canada (SWC) has funded a number of research projects investigating the impact of disability on women. While the results of this analysis are not presented here, examples are listed so that interested readers may pursue this topic.

- The Roeher Institute, "Disability-Related Support Arrangements, Policy Options and Implications for Women's Equality," (February 2001)
- Doe, Tanis and Sally Kimpson, "CPP Disability Benefits and Women with Disabilities," (October 1999)
- Masuda, Shirley (DisAbled Women's Network), "The Impact of Block Funding on Women with Disabilities," (March 1998)

In addition, SWC has funded various community groups and NGOs representing women with disabilities to undertake specific initiatives, research, etc. at the national, provincial and local levels, including the DisAbled Women's Network (DAWN) and the Coalition of Persons with Disabilities of Newfoundland and Labrador.

Source of Support (Supplementary Analysis)

As shown in Table 3.3, 1991 HALS found that the majority of persons with disabilities (77%) receive some or all of the assistance they require from family members or friends. Often, this is their only source of assistance, as only 17% receive additional assistance from agencies and another 14% of persons with disabilities receive the daily assistance they require exclusively from agencies.

Table 3.3: Help with Everyday Activities Provided to Persons with Disabilities (Aged 15+) Source of Support

Family Only	Friends Only	Family & Friends	Family Friends & Agency	Family & Agency	Friends & Agency	Agency Only	No Help but Needed
49%	5%	6%	3%	13%	1%	14%	9%

Source: Health & Activity Limitations Survey (1991)

Over 2.2 million individuals are providing assistance in such areas as meal preparation, house cleaning, transportation, or personal care to family members with disabilities. Of these, over half (54%) say that it would be useful to

receive additional assistance in order to continue providing help to their family members with disabilities. The most common request, from over 370 000 family members, is for occasional relief (respite) from their responsibilities in order to recharge or to meet other obligations (Roeher 2002).

The National Population Health Survey (1996) included estimates of the number of persons with disabilities requiring assistance with meal preparation, shopping, everyday housework, heavy household chores, personal care such as washing and dressing, and moving about inside the house. For example, 2.3 million persons with disabilities aged 12 and over required assistance in one or more of these areas. Unfortunately, this data source does not provide information on the degree to which assistance is actually available.

Aboriginal Persons[13] with Disabilities

As shown in Figure 3.3, the Aboriginal People's Survey found that approximately one third of Aboriginal persons with disabilities 15 and over required assistance with everyday activities. This was relatively similar for all four groups, ranging from 35.5% of North American Indians on reserve to 30.4% of Inuit people with disabilities. Table 3.4 in Annex 5 provides population estimates corresponding to the percents shown in figure 3.3.

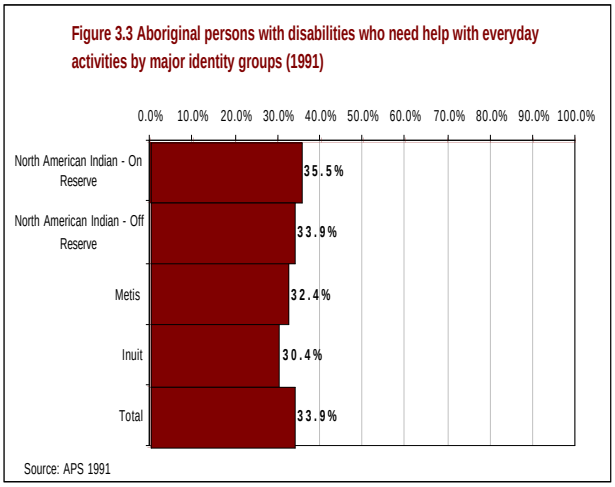


Figure 3.3 Description

Percentages of Aboriginal persons with disabilities who said in the 1991 APS that they needed help with every day activities are as follows: North American Indian on reserve 35.5, North American Indian off reserve 33.9, Métis 32.4, Inuit, 30.4 and Total Aboriginal population with disabilities 33.9.

As shown in table 3.5, of those needing help, approximately three quarters had all that they need, while 10% have some help but need more, and nearly 17% say that they need help but do not have any of the assistance needed. Among the four groups, Inuit people are the most likely to say that they have all the help needed, while North American Indians on Reserve are the least likely to have all necessary assistance with everyday activities (84% versus 66%). A full 20% of North American Indians on Reserve with disabilities who need assistance say that they have none, while approximately 10% of Inuit persons who need help are in this situation. North American Indians off Reserve and Métis persons with disabilities requiring assistance fall between these two extremes.

[13] In this report, to avoid confusion, data on Aboriginal persons with disabilities are reported based on the four major groups identified by Statistics Canada on the census and other major surveys. It is acknowledged that the term First Nations rather than North American Indian is now usually preferred.

Table 3.5: Aboriginal Persons with Disabilities (Ages 15+) needing Assistance for Everyday Activities, Receipt of Help by Four Major Identity Groups

	North American Indian				Métis		Inuit		Total	
	On Reserve		Off Reserve							
	Number	%	Number	%	Number	%	Number	%	Number	%
Total Needing Help	11 910		17 668		7 740		1 732		39 050	
Have All the Help Needed	7 908	66.4	13 357	75.6	5 807	75.0	1 455	84.0	28 527	73.1
Have Help but Need More	1 603	13.5	1 614	9.1	633	8.2	110	6.4	3 960	10.1
Need Help but Have None	2 399	20.1	2 697	15.3	1 300	16.8	167	9.6	6 563	16.8

Note: Excludes approximately 1500 individuals who indicated multiple Aboriginal identities

Source: Aboriginal Peoples Survey (1991)

Table 3.6 shows where Aboriginal persons with disabilities get the help that they need with daily activities. For all groups, family members are the primary source of assistance with approximately 90% of individuals receiving at least some of the assistance they require from family members. Reliance on family members is greater in Aboriginal groups as compared with the general Canadian population where approximately 74% of persons with disabilities receive help from family members. Receipt of help from friends and neighbours occurs in about 32% of cases for Aboriginal people with disabilities and about 25 receive assistance from other sources. Inuit people with disabilities have the least access to help from sources other than family, friends, and neighbours, with

Table 3.6: Help with Everyday Activities Provided to Aboriginal Persons with Disabilities (Ages 15+) Percent Receiving Assistance from Various Sources

Group	Family Only	Friends & Neighbours Only	Family, Friends & Neighbours	Family Friends & Other Sources	Family & Other Sources	Friends & Other Sources	Other Sources Only
On Reserve	49.6	2.5	24.0	9.4	9.6	1.1	3.8
Off Reserve	53.5	5.8	19.3	7.4	6.8	1.0	6.1
Métis	52.1	3.7	18.8	7.6	7.3	1.9	8.7
Inuit	50.8	5.8	26.1	6.5	5.1	0.6	5.2
Total	51.9	4.3	20.9	8.0	7.7	1.2	5.9

Source: Aboriginal Peoples Survey (1991)

only 17% indicating the availability of such assistance. Approximately 23% of Métis people with disabilities indicate that they receive at least some assistance from other sources. Almost 9% rely exclusively on other sources of support and, Métis are the most likely to rely exclusively on these non-traditional sources of assistance. These patterns may also reflect levels of service availability for Aboriginal people with disabilities who live in northern, remote and isolated communities versus those in southern regions and more heavily populated areas.

Table 3.7 (see Annex 5) provides a detailed breakdown of the types of assistance required. Aboriginal persons with disabilities age 15 and over requiring assistance with managing every day activities had the highest need for assistance in heavy household chores, everyday housework, shopping for groceries and personal finances across all identity categories. For all types of activities, respondents indicated that they received help primarily from a family member. As a source of assistance, help from families is generally followed by help from a friend or neighbour and then lastly help received from someone other than a family member, friend or neighbour. In the cases of personal care, meal preparation and housework, getting help from someone else is more likely than receiving it from a friend or neighbour, especially in the Métis community.

Table 3.7 also shows that personal care is the type of assistance least likely to be provided by family members. In this regard, however, there are significant differences between groups. North American Indians on reserve and Inuit family members are more likely to provide personal care than are North American Indians off reserve and Métis families. Almost 50% of Métis adults with disabilities indicate that they receive some assistance with personal care from other sources, while approximately 30% of North American Indians on and off reserve do so as well.

Desired Outcome: Persons with disabilities have access to the devices and aids including health-related aids that they need

Indicator: Of adults requiring use of one or more aids or devices for everyday activities, percent having all that they need

Description

Persons with disabilities may need aids or devices to assist with seeing, hearing, speaking, movement, or the use of their hands or arms in order to participate fully in society. The 1991 Health and Activity Limitation survey found 1 227 000 persons aged 15 and over with disabilities (34.7%) needed such aids or devices. Of those needing aids or devices, 71% had all that they needed, while18% needed more than were available to them and 11% reported having none of the required aids.

Of those reporting that they needed additional aid/devices, personal services, or specialized features at home, 45% reported that cost was the top reason that they did not have the necessary support.

Specifications

Source: Health and Activity Limitation Survey 1991. (PALS 2001 results will be available in 2003)

Population: Adults aged 15 and over with disabilities

Calculation: Percentage of persons requiring aids is based on number of persons with at least one positive response to items in 1991 HALS regarding requirement for aids and devices. Percentage of those using aids is based on number of persons with at least one positive response to items in 1991 HALS indicating that aids or devices are used. These two conditions are combined to create four possible outcomes: don't need aids, have all aids needed, have aids but need more, need aids but none received. See Roeher (2002) for full details.

Further Information

1991 HALS found that the need for assistive aids and devices by adults with disabilities varies by age and sex. As shown in figure 3.4 seniors with

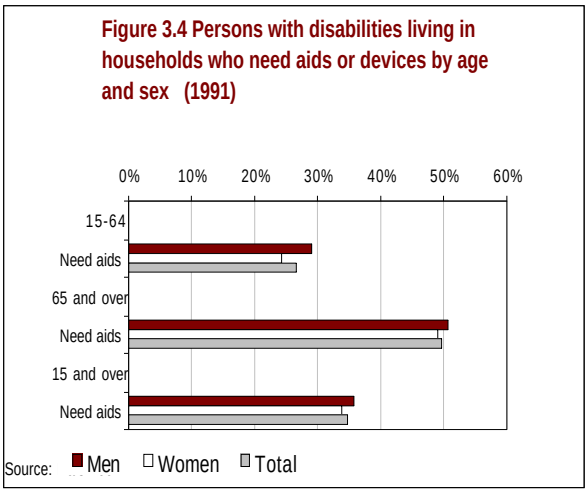


Figure 3.4 Description

Among persons age 65 and over, 51% of men and 49% of women with disabilities required the use of some type of aid. Among those 15 to 64, 29% of men and 24% of women with disabilities needed an aid or device to carry out daily routines.

disabilities were almost twice as likely to require aids or devices as were working-age people with disabilities. In both age groups, men were more likely than women to require the use of aids or devices. Table 3.8 in Annex 5 provides population estimates corresponding to these percents. Approximately half of those needing aids and devices were seniors and the other half were aged 15-64.

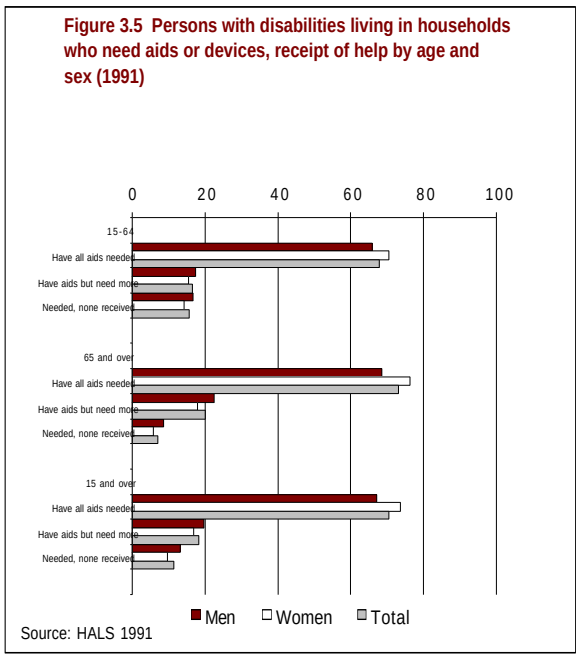


Figure 3.5 Description

Figure 3.5 shows three sets of percentages for persons with disabilities who need aids or devices. Percentages of those who have all they need are: working age women 70, working age men 66, senior women 76, and senior men 69% of those who have none of what they need are: working age women 14, working age men 17, senior women 6, and senior men 9%. Percentages of those who have some of the aids they need but require more are: working age women 15, working age men 18, senior women 18, and senior men 23%.

As shown in figure 3.5, senior women were the group most likely to have what they required. Working-age men were the least likely to need aids or devices but when they did need them, they were also the group least likely to have them. Table 3.9 in Annex 5 provides population estimates corresponding to the percentages in figure 3.5. In 1991, approximately 101 000 working age men and women with disabilities, needed an aid or device but did not have it. Approximately 43 000 individuals aged 65 or over with disabilities, needed a device or aid but had none.

Aboriginal Persons with Disabilities

According to the Aboriginal Peoples Survey, 24.5% of the individuals who reported Aboriginal identity required the use of some specialized aids or devices in everyday activities. The following table illustrates the usage of specialized aids, equipment and systems. The highest percentage of respondents indicated they utilized aids for seeing (a range of 17.9% - 18.3%), followed by mobility and agility (a range of 5.4% - 8.6%) and hearing (range of 2.6% - 7.6%). The lowest use of aids was in the area of speaking and communicating. Inuit people with disabilities are more likely than the other three groups to utilize special aids or equipment for hearing, whereas North American Indians and Métis are more likely to use aids for mobility and agility than are Inuit persons with disabilities.

Table 3.10: Adults (Ages 15+) Reporting Aboriginal Identity Requiring Specialized Aids or Specialized Technical Services

	North American Indian				Métis		Inuit		Total	
	On Reserve		Off Reserve							
	Number	%	Number	%	Number	%	Number	%	Number	%
Adults Using Special Aids	7 630	3.0	12 645	25.2	6 240	23.9	1 445	23.9	28 645	24.5
For Hearing	1 590	4.8	1 940	3.6	680	2.6	415	7.6	4 600	3.9
For Seeing	5 980	18.0	9 895	18.3	4 655	17.9	995	18.3	21 270	18.1
For Speaking or Communicating	55	0.2	170	0.3	105	0.4	--	--	315	0.3
For Mobility or Agility	2 605	7.8	4 660	8.6	1 825	7.0	295	5.4	9 335	7.9
Other Aids	720	2.2	2 435	4.5	1 085	4.2	115	2.1	4 310	3.7

Source: Aboriginal Peoples Survey (1991)

There is some concern among Aboriginal groups that data such as these may under- represent the current problems faced by Aboriginal people with disabilities in acquiring needed aids and devices. For example, in a series of consultations sponsored by HRDC in the summer of 2001, Aboriginal participants stated that there is limited or no access, to technology or services especially in remote and isolated areas for Inuit, First Nations, Non-Status, and Métis persons with disabilities. During these consultations, participants indicated that such things as assistive devices, interpreters, and alternate formats such as Braille and specialized computers/ hardware and software are inadequate and insufficient in number. A national Aboriginal clearinghouse on disability and information web sites designed to provide multiple formats were identified as ways to facilitate access to assistive devices, programs and services required by Aboriginal persons with disabilities, especially those in remote and Northern communities.

Desired Outcome: Persons with disabilities live in housing that meets their individual access needs

Indicator: Percentage of adults with disabilities who have all the modifications they need in their home

Description

Persons with disabilities of all ages may require modified features either inside their home or outside it. As shown in table 3.11, 1991 HALS found that 254 000 people aged 15 and over needed special equipment in their homes such as shower grab bars, lowered counter surfaces or cabinets or stair lifts and 621 000 needed modified fixtures. 220 000 people needed exterior modifications such as ramps to enter or leave their home. In total, approximately 836 000 people required either or both interior and exterior modifications, but of these only 31% (256 000) had all that they needed. In contrast, 46% (382 000) did not have the needed modifications and 24% (199 000) had only some of what they required and/or were still

experiencing difficulty despite having adaptations installed. Of these three types of modifications, people were least likely to have the modified fixtures that they required.

Table 3.11: Persons with Disabilities in Private Households (Ages 15+) Need for Disability-Related Housing Adaptations

Type of Modification Needed	Has What is Needed		Needs, but Does Not Have		Has, but Needs More or Has Difficulties		Total with Needs	
	Number	%	Number	%	Number	%	Number	%
Entry/Exit Modifications	145 300	66	54 740	25	19 420	9	219 460	100
Specialized Equipment in the Home	105 670	42	125 500	49	22 630	9	253 800	100
Modified Fixtures	181 130	26	405 880	59	100 570	15	687 580	100
Needs at Least one Type of Housing Related Feature	255 530	31	382 110	46	198 630	24	836 270	100

Source: Health and Activity Limitation Survey (1991)

Specifications

Source: Health and Activity Limitation Survey 1991. (PALS 2001 results will be available in 2003)

Population: Adults aged 15 and over with disabilities

Calculation: Percent of persons using entry/exit modifications, specialized equipment, modified fixtures is determined based on number of persons who respond positively to at least one 1991 HALS item in each respective category. [14] Percent of those in need is based on at least one positive response to the corresponding 1991 HALS items indicating that the person needs but does not have a housing modification. In the summary table, cases are assigned as follows:

- Has what is needed — all identified needs are met
- Need, but does not have — no identified needs are met
- Has, but still needs — some, but not all, identified needs are met

Further Information

The need to have disability-related housing adaptations of all three types (entry/exit modifications, specialized equipment and modified fixtures) increases with age. For example, while 12% of seniors with disabilities required specialized equipment in their home, only 4% of working age adults with disabilities had this requirement.

Table 3.12 (see Annex 5) shows that there is little overall difference based on age among those who need entry/exit modifications and actually having what is required. In contrast, seniors who need specialized equipment or modified fixtures are more likely to have what they

[14] Analysis of housing needs found in HALS is modeled on work contained in Spector (1996). Spector also includes some analysis of the housing needs of children based on the unreleased HALS 1991 children's survey.

need than are working age adults with disabilities who need these adaptations. Among all those needing at least one adaptation, 35% of seniors had all that they needed while only 26% of working age adults had the required adaptations. Seniors are both more likely to have what they need and also more likely to require home adaptations. Approximately 19% of working age persons with disabilities required at least one modification to their home, while 32% of seniors did so (not shown in table).

Regarding gender, table 3.12 shows that working-age women who need entry/exit modifications to their home are less likely to have what they need than are working age men. 30% of working-age women with disabilities who need entry/exit modifications do not have them while only 20% of working-age men needing such modifications experience this lack. Among seniors, 48% of women with disabilities who need specialized equipment in the home have what they need while only 35% of men 65 and over do so. Nonetheless, almost half of both senior men and women who need specialized equipment do not have any.

1991 HALS found that cost is the most important barrier preventing access to needed modifications to the home. 38% of adults needing modified entry/exit adaptations and 50% needing specialized equipment in their home indicated that cost was the reason they did not have the desired accommodation.

Core Housing Need (Supplementary Analysis)

In addition to disability-related housing requirements, it is instructive to examine the housing occupied by persons with disabilities in a broader sense. Canada Mortgage and Housing Corporation defines "core housing need" based on the concept that a dwelling should be adequate in condition, of suitable size and affordable. Households whose accommodations fail to meet one or more of these conditions and that would need 30% or more of household income to pay the average rent of dwellings in that community that do meet these standards are considered to be in core housing need. This standard has been accepted by federal and provincial/territorial governments and by many housing authorities.

The likelihood of a household being in core housing need is greater if the household includes a person with disabilities. In 1996, almost 24% of Canadians with disabilities resided in households in core housing need compared to 13% of disability-free Canadians. Canadians with children with disabilities and working age Canadians with disabilities are the two groups which are most likely to be in core housing need, with 26.2% of all children under 14 years of age with a disability living in core housing need and correspondingly, 25.7% of all working age Canadians 15 to 64 years of age with a disability. In contrast, 20.2% of the elderly (65 years of age and over) with disabilities live in core housing need.

Aboriginal Persons with Disabilities

Many Aboriginal people live in substandard housing. In 1991, a total of 239 240 dwellings were occupied by at least one person reporting Aboriginal identity. Of these, 65% of on-reserve housing was judged as sub-standard using the Canadian Mortgage and Housing Corporation’s core housing need model and 49% of off-reserve

housing fell below at least one housing standard (Spector 1996). Housing problems are more severe in remote and northern regions than in urban areas. On reserve, for example, 25% of households did not have adequate bathroom facilities. 18% had been without drinking water at least once in the 12 months leading up to the survey. 39% were in need of major repairs. 31% of First Nations households on reserve were overcrowded. Housing adequacy problems were not as severe in rural areas off reserve and in urban settings, but rates of housing problems in all cases were much higher for Aboriginal people than for other people living in these areas (Spector 1996).

The lack of adequate affordable housing is compounded by the following: the average income of First Nations people, especially on reserve, is less than half the Canadian average, another is the Crown ownership of their lands which makes it difficult for community members to obtain financing for housing construction or mortgages. As a result, housing loans made by private financial institutions on reserves cannot be secured by conventional mortgages. To facilitate access to housing loans, Indian and Northern Affairs Canada (INAC) provides Ministerial Loan Guarantees.[15] The department recently received approval of Parliament to increase the department's guarantee authority for these housing loans from $1.2 billion to $1.7 billion.

Finally, the remote location of most First Nations and Inuit communities also means higher construction costs. First Nations and Inuit in the northern regions of the country face an additional challenge, because they need houses that can withstand extreme environmental conditions, such as severely cold temperatures.

For persons with disabilities these realities are exacerbated by the fact that retrofits and modifications may not address the underlying housing inadequacy. The following table illustrates some of the health problems that can result from poor housing conditions showing quite graphically the significant risk for disability and long term health conditions in Aboriginal communities. The table shows how poor housing conditions can, in fact, contribute to the high rates of disability among First Nations, Non-status, Métis, and Inuit peoples, especially those in remote or northern locations.

[15] See http://www.ainc-inac.gc.ca/ps/hsg/cih/hs/pol_e.pdf for details on approval and management of Ministerial Loan guarantees

Table 3.13: Housing Conditions and Health Problems

HOUSING CONDITIONS	HEALTH PROBLEMS
Crowded Conditions	Infections, *e.g. Respiratory, Skin and Eyes, Tuberculosis, Meningitis, Measles;* Injuries; Mental Health; Homicides and Domestic/Non-Domestic Violence
Inadequate Housing Stock *e.g. House in Disrepair*	Injuries
Water Sewage Systems	Gastroenteritis, Skin Infections
Indoor Air Quality*, e.g. Wood Stoves, High Humidity Levels, Mold, Cigarette Smoke*	Respiratory Symptoms, *e.g. Asthma*
Cleanliness*, e.g. Dust*	Respiratory, *e.g. Asthma*
Structure: • Steps and Handrails • Cupboard and Closets • Washrooms • Exterior Doors • Interior Doors	Barriers to People with Mobility, Agility, Sensory or Physical Disability
Safety: • No electricity or Appliance resulting in Candle, Kerosene Lamp or Camp Stove use in the Home • Faulty Wiring • Faulty Installation of Wood Stoves • No Inspection or Cleaning of Chimneys in Houses with Wood Stoves	Fires

Source: First Nations and Inuit Regional Health Survey

Inuit, First Nations, Non-Status and Métis with disabilities have the same housing needs as other Canadians with disabilities. They require affordable, accessible housing that is well constructed using barrier free design, i.e., access ramps, wider doors, accessible bathrooms, etc.

Table 3.14 describes the specialized features required for Aboriginal persons with disabilities to enter, leave or move about their residences. The highest percent of specialized features required across categories were access ramps or ground level entrances 2 900 (2.5% of Aboriginal people with disabilities) and widened doorways (1 120). Unfortunately the APS did not explore the full range of potential accommodations such as bathroom modifications, lower counters or other modifications necessary to facilitate daily living. With a greater likelihood of basic housing inadequacy, lacking such modifications would mean major hardships for many Inuit, First Nations, Non-Status and Métis with disabilities within their homes.

Table 3.14: Specialized Features Required To Enter, Leave Or Move About Residence: An Aboriginal Comparison

	North American Indian				Métis		Inuit		Total	
	On Reserve		Off Reserve							
	Number	%	Number	%	Number	%	Number	%	Number	%
Access Ramps or Ground Level Entrance	1 105	3.3	1 160	2.1	550	2.1	85	1.6	2 900	2.5
Widened Doorways	375	1.1	445	0.8	285	1.1	-	-	1 120	1.0
Elevator or Lift Device	110	0.3	335	0.6	235	0.9	-	-	690	0.6
Needs at least One Feature	1 310	4.0	1 420	2.6	600	2.3	105	1.9	3 425	2.9
Total Persons with Disabilities	33 155		54 055		26 030		5 445		117 090	

Note: Percentage is of total adults with disabilities in the identity group
Note: - not published due to small sample size
Source: Aboriginal Peoples Survey (1991)

Desired Outcome: Persons with disabilities can move freely around their local communities and between communities

Indicator: Percent of adults with disabilities who report that local or long-distance transportation meets their needs

Description

Transportation is a key requirement to participate in the life of the community and to access important goods and services. Transportation issues range from being housebound due to lack of accessible transportation, to needing unavailable specialized transportation, to extra costs arising from regular use of taxis because of inadequate public transportation. Transportation challenges may vary substantially between urban, rural, and remote environments.

The Health and Activity Limitations Survey reported that 370 000 persons aged 15 and over with disabilities (10.5%) experienced problems with local transportation due to disability. Approximately 200 000 (5.7%) required modified features in private vehicles as either drivers or passengers with disabilities (Roeher 2002).

Approximately 745 000 (21%) of persons with disabilities had problems making long distance trips of 80 kilometres or more. Of these, 621 000 said that because of their condition they were prevented from long-distance travel. 582 000 (16.5% of persons with disabilities) identified various problems with the transportation system preventing them from traveling while 166 000 (4.7%) said that costs were an obstacle preventing long-distance travel.

Specifications

Source: Source: Health and Activity Limitation Survey 1991. (PALS 2001 results will be available in 2003)

Population: Persons with disabilities ages 15 and over.

Calculations: Problems with local transportation are identified by at least one positive response to the following items: housebound due to lack of transportation, no accessible transportation in the community, cost or other obstacles limit use of local accessible transportation, or the person uses a taxi frequently because of their condition. Problems with long-distance transportation are indicated by presence of at least one of: prevented from long-distance trips by condition, difficulty traveling by plane due to condition, difficulty taking long-distance trips by train, bus, ferry. Long distance trips are defined in 1991 HALS as trips of 80kms (50 miles) or more.

Further Information

Table 3.15 shows the breakdown of local transportation problems by age and sex. In the 1991 HALS, women with disabilities of all ages were more likely to report having problems with local transportation than were men. Altogether, 12% of women with disabilities and 9% of men have local transportation problems. For both men and women, seniors are more likely to have local transportation problems than are working-age adults. For example, while over 14% of women with disabilities aged 65 and over have problems with local transportation, only 11% of working age women with disabilities do so.

Table 3.15: Persons with Disabilities in Private Households with Local Transportation Problems by Age and Sex

	Men		Women		Total with Problems	
	Number	**% ***	**Number**	**% ***	**Number**	**% ***
15-64	89 056	7.8	126 941	10.9	215 997	9.4
65 and over	49 924	9.8	104 415	14.4	154 339	12.5
15 and over	138 980	8.5	231 356	12.3	370 336	10.5

Note: *Percent of total number of men/women/persons with disabilities in age category
Source: Health & Activity Limitation Survey

Table 3.16 shows that women with disabilities were slightly more likely than men to have problems traveling long distances of 80 kilometres or more. Having problems with long distance travel includes those who were prevented by their condition from making long distance trips as well as those who have difficulty traveling by airplane, train, bus, or ferry. Overall, 24% of adult women and 18% of men reported difficulties taking long distance trips. Older women were somewhat more likely to feel restricted in long-distance travel than are working age women, while there is little difference based on age for men.

Table 3.16: Population (Ages 15+) with Disabilities in Private households having problems with long-distance travel by age and sex (HALS 1991)

	Men		Women		Total Persons	
	Number	% *	Number	% *	Number	% *
15-64	203 420	17.9	257 050	22.1	460 460	20.0
65 and over	90 540	17.8	193 970	26.7	284 510	23.0
15 and over	293 960	17.9	451 010	23.9	744 970	21.1

Note*:Percent of total number of men/women/persons with disabilities in age category
Source: Health & Activity Limitation Survey (1991)

As shown in figure 3.6, nearly 18% of adults with disabilities indicated in 1991 HALS that their condition prevented them from taking long distance trips of 80 kilometres or more. Individuals who said that they cannot travel were asked to identify the obstacles preventing them from doing so. Over 90% of those who could not travel, including nearly 94% of women and 92% of men identified one or more problems with the transportation system that prevented them from long distance travel. Problems identified included lack of appropriate transportation to or from the terminal, problems boarding or disembarking, seating on board, seeing signs or notices, hearing announcements, washroom facilities and other problems. Cost was also a significant barrier preventing travel. Table 3.17 in Annex 5 provides population estimates and also shows the breakdown for working ages versus seniors.

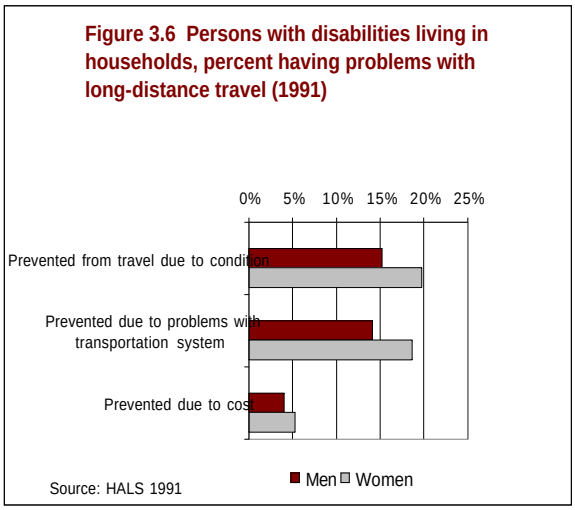


Figure 3.6 Description

HALS reported that 15.2% of men and 19.7% of women with disabilities had problems with travel due to their condition. 14.1% of men and 18.6% of women said that problems with the transportation system prevented travel. 5.3% of women versus 4.0% of men with disabilities stated that long distance travel is too costly.

An Update on Problems with Air Travel (Supplementary Analysis)

Caution should be exercised in applying the findings of 1991 HALS to the present day situation as many regulations and codes of practice applying to the federally regulated transportation system have only been issued subsequent to 1991. The 2001 PALS survey will provide

an up to date look at how transportation needs of persons with disabilities are being met. Prior to seeing the PALS results, however, a 2000 survey of air travelers conducted by the Canadian Transportation Agency (2001) provides a look at this segment of the transportation system.

From May to August of 2000, the Agency conducted a survey of persons with disabilities including seniors traveling through six major Canadian airports. The goal of this consumer satisfaction survey was to gather reliable statistical data on the accessibility of air travel in Canada, and to learn more about achievements in accessible transportation and remaining obstacles to the mobility of persons with disabilities. This survey is the first comprehensive national survey of accessibility in the air transportation network.

This survey obtained a sample of some 1 716 individuals which included 1 120 (65%) adults who had a disability and 448 (40%) who had multiple disabilities. With a response rate of more than 40% and a low sampling error (±3%), the statistical results of the survey are very reliable.

The survey found that 92% of adults with a transportation disability are satisfied with the way that carriers meet their needs (Canadian Transportation Agency 2001). Nonetheless, many obstacles still remain to the mobility of these travelers in Canada.

Table 3.18 Adult air travelers with disabilities reporting transportation problems in 1995 (Canadian Transportation Agency 2001)

	Number	**%**
Total Adult Travelers with Disabilities who Traveled by Air	715 000	
Number who Request Extra Carrier Services to Accommodate their Needs	313 200	43.8
Number whose Requests are not Adequately Passed on to Check-in Agent	133 000	18.6
Number who are likely to be Satisfied with the Way Carriers met their Needs	659 230	92.2
Number Experiencing Difficulty Getting from Terminal Entrance to Carrier Check-in Counter	88 320	12.3
Announcements Over Public Address System are not Accessible	226 020	31.6
Help Desk not Accessible	107 250	15.0
Baggage Retrieval Areas not Accessible	97 430	13.6
Accessible Ground Transportation needs not Adequately Met	41 860	5.9

The findings of this 2000 survey were also linked with findings from a separate study completed for Transport Canada by Goss Gilroy Inc in 1995. The Goss Gilroy study found that 715 000 adults with a disability that could cause transportation difficulty traveled by air in 1995. The extrapolation analysis done by

the Canadian Transportation Agency (2001) found that a significant proportion of travelers with disabilities will encounter one or more difficulties as shown in table 3.18

As shown in table 3.19, the 2000 Canadian Transportation Agency survey of air travelers with disabilities found that 49% of travelers had no need to travel more. Of those who wanted to travel more frequently, the majority of travelers with disabilities (70%) said cost was a limiting factor. 12% said that anxiety about how their needs would be met prevented additional travel; 5% have been inadequately served in the past; 2% encountered inadequate equipment in the past; and 12% said there was some other reason.

Table 3.19: What is the main reason you do not travel more often

	Number	**%**
No Need to Travel More	515	49.0
Would Like to Travel More	536	51.0
Of Those who Would Like to Travel More, Main Reason for not Traveling More Often:		
Too Expensive	373	69.6
Anxiety About Being Able to Have Needs Met	62	11.6
Inadequate Equipment Available in the Past	9	1.7
Inadequate Service in the Past	28	5.2
Other Reason	64	11.9

Source: Canadian Transportation Agency (2000)

The Agency's report concludes that the air transportation industry has made great strides over the past ten years improving accessibility of air travel. The report also finds that a number of important operational improvements are required if air travel is to be fully accessible to all Canadians, including Canadians with disabilities

Aboriginal Persons with Disabilities

In many Aboriginal communities there are inadequate roads and no retrofit buses, vans, airplanes, automobiles or taxis to meet the needs of Inuit, First Nations, Non-Status and Métis with disabilities. Lifts and special ramps are inadequate or do not exist. Specialized medical air transportation may also be required in order to get inhabitants of remote communities to the providers or health and rehabilitation services or to bring service professionals to them. Government funding is available for such trips, but the overall allocations may be inadequate and the process of obtaining funding, long and unpredictable.

Transportation is a major obstacle in Aboriginal communities where there are poor roads, In the case of northern communities there aren't even any roads.

As illustrated in table 3.20, approximately 10%of Aboriginal persons with disabilities reported difficulty taking short trips under 80km in the 1991 Aboriginal Peoples Survey. Of these, 29% (3 255) were unable to leave their residence at all because of difficulty in obtaining appropriate transportation. Approximately 12% overall required an attendant to assist while taking a short

trip. North American Indians on reserve were most likely to require an attendant (15.5%), while approximately 11% of Métis and Inuit with disabilities did so. Current anecdotal evidence suggests that short distance transportation remains as a significant problem across all major Aboriginal groups. [16]

Among Aboriginal persons with disabilities, over 12% reported in 1991 that they were unable to take long distance trips. There were not any major differences among the four major Aboriginal groups in their ability to take long trips.

[16]Transportation obstacles were discussed in some detail by participants in the summer 2001 consultations with Aboriginal persons with disabilities sponsored by HRDC.

Table 3.20: Aboriginal Population (Aged 15+) who Stated that they had Difficulty with Transportation

	North American Indian				Métis		Inuit		Total	
	On Reserve		Off Reserve							
	Number	%	Number	%	Number	%	Number	%	Number	%
Difficulty with Short Trips	3 275	9.9	5 185	9.6	2 275	8.7	600	11.0	11 160	9.5
Unable to Leave Residence	1 160	3.5	1 390	2.6	580	2.2	195	3.6	3 255	2.8
Require an Attendant on Short Trips	5 155	15.5	6 360	11.8	2 825	10.9	575	10.6	14 170	12.1
Unable to Take Long Trips	4 040	12.2	6 285	11.6	3 280	12.6	715	13.1	14 710	12.6
Total Persons with Disabilities	33 155		54 055		26 030		5 445		117 090	

Note: Percents shown are of persons with disabilities in the identity group
Source: Aboriginal Peoples Survey (1991)

Members of Aboriginal groups have indicated that adequate transportation policies and resources are required to cover transportation services such as buses, rail transit, air travel, automobiles, taxis and other forms of public transportation for Inuit, First Nations, Non-Status and Métis with disabilities. Improved accessibility is required in the form of retrofits, for safety, to accommodate caregiver travel, and for the purchase of transportation that meets the needs of individuals with disabilities living in rural, northern or remote communities. Sensitivity training is also required for transport service providers who deliver services to Inuit, First Nations, Non-Status and Métis with disabilities. [17]

Desired Outcome: Information, ideas, and entertainment is accessible to everyone regardless of disability

Indicator: Amount of material published in multiple formats

Description

Increasingly, full participation in Canadian society is based on the ability to access, use and enjoy a wide variety of information. Whether it is to apply for a government service, get the local news and weather information, or to enjoy a major broadcast sporting event or a best-selling novel, achieving full inclusion means that Canadians with disabilities have the same access to information, ideas, and entertainment as other Canadians. The Government of Canada recognizes the central importance of information in today's society and has committed to continue its efforts to

[17] Ibid. Aboriginal Consultations, summer 2001.

improve access to information and technology to ensure that persons with disabilities can participate in the growing knowledge-based economy.

One indicator of the accessibility of information, ideas, and entertainment is the degree to which published information is available in formats required by persons with various sensory, physical and intellectual disabilities. *Fulfilling the Promise: Report of the Task Force on Access to Information for Print-Disabled Canadians* (2000) conservatively estimates that 3.2 million Canadians are print-disabled, roughly 10% of the population. Print-disability may result from visual impairment, various learning disabilities, and motor impairments that limit ability to hold a book, turn pages, or work with computer equipment.

The National Library of Canada acquires, preserves, and makes accessible materials written by Canadians, about Canada and published in Canada. There are more than 20 million records in its database, of which only 250 000 (1.25%) are audio-book, Braille or large print, as well as a very small number of records for described videos. The Task Force estimated that a maximum of 3% of new Canadian output is made available in multiple formats (Braille, large print, audio, and e-text).

Specifications

Source: Report of the Task Force on Access to Information for Print Disabled Canadians
www.nlc-bnc.ca/accessinfo/tfpd-e.htm
AMICUS (Full catalogue of the National Library of Canada); Canadian Radio-television and Telecommunication Commission, web site www.crtc.gc.ca.

Population: Printed books, periodicals, journals, government publications published in Canada. Televisions news programs and other programs broadcast in Canada.

Calculations: See sources as cited.

Further Information

Having publishers provide an electronic version of all publications in a standardized electronic format would facilitate the production of alternate formats. The Task Force on Access to Information for Print Disabled Canadians recommended that the government support the establishment of a central clearinghouse to act as a repository of publisher electronic files and to require publishers to make their works available to this clearinghouse. Such a national clearinghouse could safeguard publisher copyrights, provide access to alternate format producers, and archive e-files for future use. The Task Force noted that Canada is the only OECD member country that does not have a policy to support the production of material in alternate format on a continuing basis. Other OECD countries, for example, give financial support to publishers for alternate formats.[18]

Aboriginal Persons with Disabilities

Participants in the summer 2001 Aboriginal consultations sessions felt that the amount of materials meeting the needs, cultural interests and requirements of Inuit, First Nations, Non-Status and Métis with disabilities is minimal. Some information about disability services and supports is available through The National Aboriginal

[18] For the full Task Force report, see http://www.nlc-bnc.ca/accessinfo/tfpd-e.htm.

Clearing/Connecting House on Disability Issues. This service has been organized and structured through a joint partnership between the Federation of Saskatchewan Indian Nations (FSIN) and the Saskatchewan First Nations Network on Disabilities. The Clearing/Connecting House is supported in part by funding from Human Resources Development Canada. However, this Clearing House is not permanently funded nor does it have adequate research and development funds for the development and production of future alternative format data.

Broadcasting Services for the Hearing and Visually Impaired (Supplementary Analysis)

Broadcast media (TV and Radio) have become a principal avenue whereby Canadians obtain information and enjoy a wide variety of entertainment. When television broadcasts are not produced in formats that are accessible to individuals with hearing impairments or visual impairments then they lose access to this important realm of social participation. Several technological approaches have been developed to improve the accessibility of television broadcasts. These approaches include: closed captioning (where the audio portion of the program is displayed as subtitles); descriptive video (where a separate audio description of textual or graphic information is provided); and described video (where key visual elements of a television program are described to help those with visual impairments form a mental image of what is happening).

Internet Usage (Supplementary Analysis)

"The power of the Web is in its universality. Access by everyone regardless of disability is an essential aspect."
Tim Berners-Lee, W3C Director and Inventor of the World Wide Web

In today's society, the Internet plays a key role in providing people with valuable information. From news and weather to information about health issues, people without access to Internet technology may be missing a key information component. And, according to the data, persons with disabilities are less likely than their non-disabled counterparts – in every age group –to access the Internet.

Just as with other parts of the population, not all persons with disabilities have access to the Web. But the number of persons using the Web is steadily increasing, and for people with disabilities access to this technology is sometimes even more critical than for the general population which may have an easier time accessing traditional sources such as print media. Not all disabilities affect access to informational technologies such as the Web (for instance, difficulty walking, or a heart condition, would not affect Web access) but many do.

People with different kinds of disabilities can experience difficulty using the Web due to a combination of barriers in the information on Web pages, and barriers in the "user agents" (browsers, multimedia players, or assistive technologies such as screen readers or voice recognition).

The World Wide Web Consortium (W3 Consortium), through its Web Accessibility Initiative (www.w3.org/wai) has developed Web Content Accessibility Guidelines, which deal

specifically with reduction of barriers on Web pages. For some people with disabilities, barriers can mean lack of access to information needed for educational programs; lack of access to employment-related information or workplace intranets; lack of access to information on civic activities or programs; inability to participate in E-Commerce; or prevent lack of access to information on the Web in general.

These guidelines address barriers in Web pages which people with physical, visual, hearing, and cognitive/neurological disabilities may encounter. Common accessibility problems on Web sites include: images without alternative text; lack of alternative text for imagemap hot-spots; misleading use of structural elements on pages; uncaptioned audio or undescribed video; lack of alternative information for users who cannot access frames or scripts; tables that are difficult to decipher when linearized; or sites with poor color contrast.

Internet Usage in Canada (Supplementary Analysis)[19]

Among persons aged 15 to 34, 75.9% of those without disabilities had used the Internet in the previous 12 months, compared with 69% of those with disabilities. For people aged 35 to 54, the figures were 58.6% and 44.6%, respectively, and among those aged 55 to 64, the rates were 35.6% for those without disabilities and 23.6% for those with disabilities. Even among seniors, persons without disabilities were almost twice as likely as those with disabilities to have used the Internet in the previous year (11.3% and 6.6%, respectively).

[19]The following analysis is extracted from work published by the Canadian Council on Social Development and published on their Disability Research Information Page. See http://www.ccsd.ca/drip for more details.

Table 3.21: Internet Use in the Past 12 Months, by Age Group 2000

Age Group	Persons with Disabilities	Persons without Disabilities
15-34 Years	69.0%	75.9%
35-54 Years	44.6%	58.6%
55-64 Years	23.6%	35.6%
65+ Years	6.6%	11.3%

Source: Calculations by the Canadian Council on Social Development using Statistics Canada's General Social Survey (Cycle 14), 2000.

While individuals can access the Internet from a number of venues, having an Internet connection at home certainly improves a person's chances of using this technology. The lower rate of Internet use among persons with disabilities is likely due at least in part to the large differences in household Internet access between persons with and those without disabilities. In 2000, only 28.6% of persons with disabilities lived in a household with an Internet connection; among persons without disabilities, this figure was considerably higher at 46.1%. Household Internet connections varied by age, and there were particularly large gaps among persons of prime working age, as summarized in table 3.22.

Table 3.22: Home Internet Connections, by Age Group 2000

Age Group	Persons with Disabilities	Persons without Disabilities
15-34 Years	45.9%	50.2%
35-54 Years	39.6%	51.6%
55-64 Years	28.0%	35.9%
65+ Years	10.1%	14.6%

Source: Calculations by the Canadian Council on Social Development using Statistics Canada's General Social Survey (Cycle 14), 2000.

Desired Outcome: Persons with disabilities are able to participate in desired recreation, leisure or community activities and obtain necessary health and social services

Indicator: Percent of adults reporting difficulty obtaining needed health care

Description

The ability to participate in desired recreation, leisure or community activities and to obtain needed health care and social services just as other Canadians is a mark of full inclusion of persons with disabilities. As one indicator of accessibility to community services, we can examine access to health care. Health care is one of the most central and valued services available to Canadians. When they are ill or injured, Canadians expect the health care system to provide access to the health care they need and this is the case for those with and without disabilities.

Health care is only one of a number of social and community services required by all citizens, but it is highlighted in this report because of its central importance

to persons with disabilities who often experience chronic health conditions or pain. Future reports could include indicators measuring access to a wider variety of services. New indicators could also focus on the accessibility of the service provider environments in order to help track the existence and degree of environmental obstacles to obtaining services.

Specifications

Source: National Population Health Survey, 1998-99, 1997-96, 1994-95; Canadian Community Health Survey, 2000-2001. The CCHS will be updated biannually.

Population: Canadian population 15 and over with and without disabilities.

Calculation: Percent is calculated based on number of persons with a positive response to survey item indicating that health care services were needed but not received

Further Information

Statistics Canada has been monitoring the frequency of occurrences where people felt they needed health care but did not receive. Table 3.23 shows that, in 2000-2001, 23.8% of adults with disabilities indicated that in the previous 12 months they did not receive needed health care versus approximately 9.5% of the general population.[20] These rates are substantially worse than those found in 1998-1999 and represent a continued deterioration since 1994 when 10% of adults with disabilities said they had not received needed care. In 2000-2001 persons with disabilities were about 2.5 times more likely to fail to receive health care that they believed they needed.

In examining these numbers it important to note that the 2001 CCHS survey used new disability filter questions versus those used previously in NPHS surveys. These new questions have been found to identify more people with mild and moderate disabilities than the old questions and thus the increase in 2000-2001 shown in table 3.23 as it affects persons with more severe disabilities may actually be under-reported. See Annex 3 for a more complete discussion of the possible impact of the new disability filter questions.

The question identifying failure to receive needed health care also changed between the NPHS and CCHS surveys. In the NPHS, the question was “During the past 12 months, did you ever need health care or advice but not receive it?” In the CCHS survey, the question was “During the past 12 months, was there ever a time when you felt that you needed health care but you didn’t receive it?” As the CCHS question is somewhat narrower in focus (i.e. it does not ask about health care advice) it again seems probable that the increase shown for 2000-2001 is estimated conservatively.

In 1991, 95% of adults with disabilities reported that they were always able to access needed health or social services while 163 000 (5%) reported obstacles to accessing needed health or social services. This finding is based on information reported in the Health and Activity Limitation Survey (HALS 1991). Although 1991 HALS addresses a slightly broader realm of services, the findings in NPHS suggest that access to

[20] Overall population trends in unmet health care needs have been reported in *Health Reports*, March 2002, Volume 13 available from Statistics Canada.

Table 3.23: Portion of Population (Ages 15+) Indicating Health Care needed in past 12 Months but not Receive by Disability Status

	With Disabilities		Without Disabilities		Total Population	
	Number	%	Number	%	Number	%
2000-2001	1 374 705	23.8	1 785 565	9.5	3 160 270	12.8
1998-1999	637 000	14.7	905 000	4.7	1 542 000	6.5
1996-1997	515 000	13.1	717 000	3.7	1 232 000	5.3
1994-1995	475 261	10.0	519 117	2.9	994 378	4.4

Source: National Population Health Survey (1994-95, 1996-97, 1998-99) Canada Community Health Survey (2000-01) [21]

[21] This analysis reports perceived unmet health care needs and does not show whether people are actually going without medically necessary care.

health care for persons with disabilities has been deteriorating for some time.

Figure 3.7 shows the overall trend over the period of increasing failure by persons with disabilities to receive needed health care as documented in the National Population Health Survey (1994-95 to 1998-99) and the Canadian Community Health Survey (2000-01). Among persons with disabilities, working age women are the most likely group to indicate that they did not receive necessary care. Working age men are the second most likely group, followed by women ages 65 and over. Men with disabilities ages 65 and over are the least likely group of persons with disabilities to indicate a failure to receive needed care, but even among this group 12.7% indicated such an experience in the 2000-2001 survey. Table 3.24 in Annex 5 provides population estimates corresponding to the percents in figure 3.7.

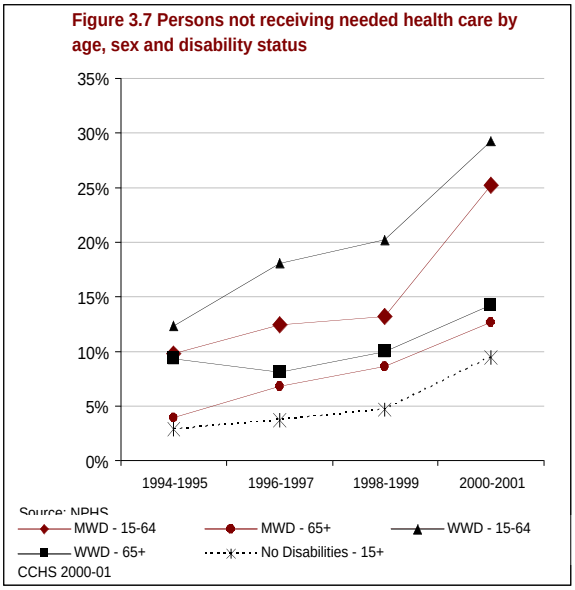


Figure 3.7 Description

Percentages of persons who did not receive needed health care increased in every survey year in every group between 1994-95 and 2000-01. percents for 1994-95 and 2000-20001 are as follows: Men with disabilities, ages 15-64, 9.8 and 25.2; Women with disabilities, ages 15-64 12.3 and 29.3; Men with disabilities, ages 65 and over, 3.9 and 12.7; Women with disabilities, ages 65 and over, 9.4 and 14.3. For comparison, the 1994-95 and 2000-2001 percents for persons without disabilities ages 15 and over are 2.9 and 9.5.

Table 3.24 in Annex 5 also provides also provides additional details comparing failure to receive needed health care for persons with and without disabilities by age and sex. Failure to receive needed health care services is more likely among men and women with disabilities of all ages than their peers without disabilities. This remained true through out the period covered by the surveys, as persons with disabilities were typically three or more times as likely to feel that they had not received needed health care. For example, in 1998-99, 20% of working-age women with disabilities said that they did not received needed health care, versus 5.5% of other working-age women. Working age women with disabilities, followed by working age men with disabilities are the two groups most likely to experience failure to receive needed health care.

While there are various studies examining the factors influencing access to health care,[22] few focus specifically on the obstacles faced by persons with disabilities. Custom tabulations by Statistics Canada of the results from the CCHS survey show the obstacles identified by persons with disabilities who indicated that they had not received

[22]For example, see *Health Care in Canada 2000: A First Annual Report*, available from the Canadian Institute for Health Information.

necessary care. Table 3.25 shows these results. Among the reasons given most often are long waiting times (31.5%), that the service was not available when required (19.2%) and feeling that the care would be inadequate (19%). Cost was a barrier for 13%) 4.4% didn't know where to go, 3.8% indicated that fear or dislike of doctors was the obstacle, and 3.6% cited transportation problems.

Table 3.25: Persons with Disabilities (Ages 15+) Reasons for Failure to Receive needed Health Care

	Population	Percent of Persons with Disabilities*	Percent of Those with Barriers
Waiting Time too Long	432 925	7.5	31.5
Service not Available when Required	263 397	4.6	19.2
Felt Care would be Inadequate	261 159	4.5	19.0
Cost	177 894	3.1	12.9
Service not Available in Area	130 516	2.3	9.5
Too Busy	111 192	1.9	8.1
Didn't Get Around to it	111 937	1.9	8.1
Decided not to Seek Care	96 602	1.7	7.0
Didn't Know Where to go	60 614	1.0	4.4
Dislike Doctors/afraid	51 638	0.9	3.8
Transportation Problem	49 951	0.9	3.6
Personal/Family Responsibilities	19 258	0.3	1.4
Language Problem	10 500	0.2	0.8
Other Reason	-	-	-
Number Reporting any Barrier	1 374 705	23.8	

Note*: percent based on 5 775 828 disabled people aged 15+ living in households
Note-: -Data suppressed due to extreme sampling variability.
Source: Canadian Community Health Survey (2000-01)

Moving In Unison into Action: Towards a Policy Strategy for Improving Disability Supports (Roeher 2002) presents a detailed analysis of the obstacles that prevent persons with disabilities from accessing the health and social services that they require. A few highlights from that analysis are included in table 3.26. Of 4.6% of adults with disabilities reporting barriers to accessing health or social services, nearly a third felt services were too far away, approximately one quarter found that costs were a barrier and almost one in four experienced transportation obstacles.

Table 3.26: Population (Ages 15+) with Disabilities Living in Households Reporting Barriers to Accessing Health or Social Services

Access to Health or Social Services	Number	Percent of Persons with Disabilities*	Percent of those with barriers
Located too Far Away	50 000	1.4	30.7
Inadequate Transportation	29 000	0.8	17.8
Services are not Accessible to People needing them	35 000	1.0	21.5
Costs are a Barrier	39 000	1.1	23.9
Number Reporting any Barrier	163 000	4.6	

Note*: % based on 3 533 000 million adults with disabilities living in households
Source: Health and Activity Limitation Survey (1991)

Comparing the barriers identified by persons with disabilities in 1991 and 2001 suggests that some shifts have occurred. Transportation and availability of the service in the area both seem less likely to be obstacles in 2001. While cost as an obstacle has declined in percent terms (24% versus 13% of those who did not receive a needed service), the absolute number of persons with disabilities experiencing cost obstacles has grown considerably. The 1991 HALS survey did not ask whether waiting times were an obstacle so it is not possible to comment on the relative importance of this factor.

Aboriginal Persons with Disabilities

The summer 2001 consultations conducted by HRDC with Aboriginal persons with disabilities provided additional insights into issues affecting the availability of necessary health care and social services for persons with disabilities living in Aboriginal communities. Consultation participants identified a number of obstacles:

- Inadequate financial, training and curriculum resources to ensure proper skills and knowledge of community-based caregivers. Such resources could also encourage the younger generations of Inuit, First Nations, Non-Status and Métis to be exposed to and choose health careers or professions.
- Insufficient resources to provide for salaries, income support and mental health support, respite services, home care workers, attendants, teaching assistants and personal caregivers in all communities.
- In northern, remote and isolated communities, visiting/mobile fly-in services for rehabilitation and the facilitation of independent living is required. These teams consist of rotating personnel such as: psychiatrists, mental health workers, nurses, doctors, occupational therapists, physical therapists, speech therapists, dieticians, social workers, healthcare providers and trained interpreters to meet the needs of Inuit, First Nations, Non-Status and Métis with disabilities.
- Short and long-distance transportation problems represent additional obstacles to the receipt of necessary health care or services (see previous outcome discussion).

- Resources are needed to sensitize the non-Aboriginal community to culturally appropriate and/or indigenous practices that can assist persons with disabilities.
- Family and community caregivers should be remunerated for their indigenous knowledge and support provided.
- Adequate stable funding for information, support and care giving services is also required to provide consistent and stable well planned programming. Under-funding and short term granting procedures does not allow long-term planning of services available to Aboriginal persons with disabilities.
- Services are required that incorporate the cultural, social, demographic and geographic diversity of the environments of Inuit, First Nations, Non-Status and Métis with disabilities.
- Service providers need to be well informed about all of the services available to Inuit, First Nations, Non-Status and Métis with disabilities and be willing to act as advocates in meeting the needs of clients where barriers to access exist.

Government Action to Assist Individuals and Families with Disability Supports

The Government of Canada provides a wide variety of services and benefits that help to ensure that Canadians with disabilities have the supports that they need. In addition to direct measures, the Government implements and administers regulations in important sectors such as transportation and communications to ensure that the services provided are accessible to persons with disabilities.

The Government of Canada also works with provinces and territories, Aboriginal organizations and other partners that are involved in providing supports to persons with disabilities.

The final section of this chapter provides descriptions and performance information about selected Government of Canada initiatives in these areas.

Tax Assistance for Persons with Disabilities and Those who Care for Them

The personal income tax system provides substantial tax assistance for persons with disabilities and those who care for them through tax measures. Recent budgets enriched existing tax measures and introduced new tax measures that assist persons with disabilities. These enhancements increased Government of Canada tax assistance to persons with disabilities and those who care for them from $600 million in 1996 to about $1.1 billion per year – almost 80% increase.

The following descriptions are provided by Finance Canada and the Canada Customs and Revenue Agency.

Disability Tax Credit

The disability tax credit (DTC) provides tax assistance to individuals who, due to the effects of a severe and prolonged impairment, require extensive therapy to sustain a vital function or are markedly restricted in their ability to perform a basic activity of daily living as certified by a qualified medical practitioner. Individuals are markedly restricted if, even with therapy or the use of appropriate devices and medication, they are blind or unable to perform a basic activity of daily living, or if they require an

inordinate amount of time to perform the activity, all or substantially all of the time. The basic activities of daily living are: walking; feeding and dressing oneself; perceiving, thinking and remembering; speaking; hearing; and, eliminating bodily waste.

The DTC recognizes the impact of non-itemizable disability-related costs on individual's ability to pay tax due to the disability-related costs that they incur. For 2002, the credit is 16% of $6 180, which provides a federal tax reduction of up to $989. This credit can be transferred to a supporting spouse, parent, grandparent, child, grandchild, brother, sister, aunt, uncle, nephew or niece of the individual. The credit amount is fully indexed to inflation.

DTC Supplement for Children

Families caring for children with severe and prolonged impairments may receive additional tax assistance through a supplement to the DTC. This additional tax assistance was introduced in the 2000 budget. For 2002, the supplement provides an additional federal tax reduction of up to $577, or 16% of $3 605. The $3 605 supplement amount is reduced dollar-for-dollar by the amount of child care expenses or attendant care expenses claimed for tax purposes over $2 112. Both this income threshold and the supplement amount ($3 605) are fully indexed.

Medical Expense Tax Credit

The medical expense tax credit (METC) recognizes the effect of above-average medical expenses on an individual's ability to pay tax. For 2002, the credit equals 16% of qualifying medical expenses in excess of the lesser of $1 728 or 3% of net income. The net income threshold is used to determine above-average expenses. There is no upper limit on the amount of eligible expenses that may be claimed.

The list of eligible medical expenses includes expenses for disability-related aids and devices, attendant care, prescription drugs, home modifications and transportation costs. The list of eligible medical expenses is regularly reviewed and expanded in light of new technologies and other disability-specific or medically related items. For example, the 2000 budget recognized the incremental cost of modifications made to new homes to assist individuals with severe mobility impairments as an eligible expense.

Taxpayers may claim the medical expenses that they or their spouses incur, as well as, in certain circumstances, expenses incurred by specified dependant relatives.

Caregiver credit

This credit was introduced in the 1998 budget to provide assistance to individuals providing in-home care for a parent or grandparent 65 years of age or over, or an infirm dependent relative, including an adult child or grandchild, brother, sister, aunt, uncle, niece or nephew. The maximum credit is $577 (16% of $3 605). The credit is reduced when the dependant's net income exceeds $12 312 and is fully phased out when the dependant's net income reaches $15 917.

The caregiver credit amount and the income threshold at which the credit starts to be reduced are fully indexed to inflation.

Infirm dependant credit

The infirm dependant credit provides tax assistance to individuals providing support to an infirm relative, who lives in a separate residence. More specifically, the infirm dependant credit may be claimed by taxpayers supporting a child or grandchild 18 years of age or over, parent, grandparent, brother, sister, aunt, uncle, niece, or nephew, who is dependent due to a mental or physical infirmity. This non-refundable credit has a maximum value of $577 (16% of $3 605). The credit can be claimed by a supporting relative when the net income of the dependant is less than $8 720. The credit is reduced when the dependant's net income exceeds $5 115. This credit amount and the income threshold at which the credit starts to be reduced are fully indexed to inflation.

In addition to these tax measures to recognize disability-related costs and measures for caregivers, the Government offers several tax measures to reduce barriers to employment. These measures are described in chapter 4. The total estimated costs of tax measure for persons with disabilities are shown in table 9.1.

Assistive Devices Industry Office (Industry Canada)

In Future Directions, the Government committed itself to provide assistance to the Canadian assistive technology industry and the 2001 Speech from the Throne reiterated this commitment. Industry Canada, through the Assistive Devices Industry Office (ADIO), has the responsibility to implement the Government's agenda in this area.

The goal of the ADIO is to achieve a strong, vibrant, growing, and responsive assistive technology sector in Canada and a disability friendly Industry Canada. Currently, there are about 250 organizations in the assistive technology industry in Canada.

ADIO provides information/guidance to the Canadian assistive technology industry on sources of R&D funds, tax issues, legal issues and needs for new technology. ADIO is one of the partners in the proposed Networks of Centres of Excellence's Canadian Network for Rehabilitation Engineering Research (CNCERE).

ADIO also works with the rest of Industry Canada to try to ensure that Industry Canada programs and services are accessible to Canadians with disabilities and the industries that serve them.

ADIO has also produced the Accessible Procurement Toolkit (a web-based product to assist managers in buying accessible goods and services) and the Manager's Guide to the Production of Multiple Formats. It is also responsible for the AT Portal on the Persons with Disabilities Government-on-line site.

One example of the work of ADIO is the jouse, a joystick-based system for head/mouth control of a computer mouse and keyboard. The jouse was originally developed with support by Industry Canada in British Columbia, but in 2000 the Jouse was about to go out of production. ADIO was able to facilitate the transfer of the technology from the US organization that was licensed to produce it to a company in Newfoundland. This technology transfer has created about 5 jobs and has kept

this important adaptive device available to consumers who need it.

In 2001-2002 the ADIO had a budget of $120 000.

Further information about the ADIO and the Government's support of the assistive technologies industry can be found at the following URLs: www.strategis.ic.gc.ca/adio, www.apt.gc.ca, www.at-links.gc.ca

Office of Learning Technologies (Human Resources Development Canada)

The Office of Learning Technologies (OLT) was established at HRDC in 1995 with a purpose to support initiatives in new learning technologies. The creation of OLT responded to the importance stated in the Red Book and in Creating Opportunity to provide Canadians with the knowledge, skills and opportunities required to meet the demands of the emerging knowledge-based economy and of increasing use of information and communication technologies (ICT).

OLT recently realigned its programming to better respond to Knowledge Matters priorities to focus and build on the Community Learning Networks (CLN) Initiative to create learning networks with a view to support individuals to acquire ICT skills, access technology based learning, and overcome special learning needs or barriers to learning.

The goal of OLT is to promote innovative lifelong learning opportunities for Canadians. OLT engages partners and sponsors to enhance learning and skills development enabled by technologies, allowing Canadians to participate fully in the workplace and their community. One of its key objectives, therefore, is to promote the inclusion of individuals and groups facing barriers to participation in the knowledge-based economy and to reduce the disparity between those with technical skills and those without. Persons with disabilities constitute a group facing barriers to full participation.

During the fiscal year 2000-2001, OLT allocated $487 999 (3%) out of its total budget ($17.3M) to projects targeting persons with disabilities. Projects normally run for up to three years. Thus, the funding committed over the life cycle of projects targeting persons with disabilities active in 2000-2001 totals $1.9M. This funding is distributed among twenty disability targeted projects and the majority of the project partners are non-governmental organizations (NGOs) or universities and related research institutes.

OLT has enjoyed many successes in promoting inclusion and increasing accessibility of learning technologies:

- OLT funding was significant in enhancing the access to learning technology of hundreds of direct project beneficiaries, in addition to setting a path for increased accessibility to a large number of indirect beneficiaries.
- Technological advances continue to be made in increasing accessibility to ICT for persons with disabilities. OLT has funded some of these advances, but has played an even more significant role in testing new technologies and disseminating best practices.
- One of ICT's significant contributions to life-long learning is the flexible

accommodation it offers to a large variety of learning styles, including, but not exclusive to, those influenced by disability. Consultation and involvement of the learners is essential to identifying which style suits which person.

Some successful disability-related projects that OLT has funded include:

- ConnectAbility, a project of the Toronto Association of Community Living (TACL), is providing computerized consultant and peer support to parents and individuals with intellectual disabilities. The logic is that the more access to support in the home, the less likely individuals will be institutionalized. In addition, the more independent access clients have to information resources and peer support, the greater the general service provision and the more strategic the specific service provision offered by TACL.
- Going the Distance: Supporting Educators of Students with Special Needs through On-line Learning project, by the Adaptive Technology Resource Centre, is supporting teachers who may otherwise feel isolated in the challenge of integrating children with learning disabilities into a regular classroom.
- Collaborative Learning Community: Expertise in Motion project by Fanshawe College in London, Ontario, is promoting an inclusive multi-stakeholder approach to supporting students with learning disabilities, brain injuries and autism. Using Knowledge Forum Internet accessible software, participants receive initial face to face and then on-line training of a curriculum whose delivery is discussed by a variety of stakeholders, including teachers and the School Board.

OLT acknowledges that, with respect to persons with disabilities, there are a number of issues to be addressed in its project funding. Among these are ensuring that all projects funded by OLT include the needs of persons with disabilities, ensuring an equitable distribution of projects across the country, especially in regions with low access to learning technologies, and ensuring that organizations of and for persons with disabilities can access OLT resources.

Additional information about OLT is available at: olt-bta.hrdc-dhrc.gc.ca/

Canadian Mortgage and Housing Corporation

Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP)

CMHC's Residential Rehabilitation Assistance Program (RRAP) for Persons with Disabilities offers financial assistance to homeowners and landlords to undertake work to improve the accessibility of dwellings occupied or intended for occupancy by low-income persons with disabilities. This program is available in all areas including on-reserve communities.

Homeowners may apply if the value of their house is below a specific figure and if their household income is at or below established income ceilings, based on household size and area. Landlords may apply for modifications to units occupied by tenants with incomes at or below the income ceiling and with rents at or below established levels. Assistance is also

available to landlords owning rooming houses with rents below established levels. Properties must meet minimum health and safety standards.

Table 3.27: Maximum loan amounts vary according to three geographic zones

		Maximum Total Loan (Homeowner/Landlord)	Maximum Forgiveness (Homeowner)
Zone 1	Southern Areas of Canada	$18 000	$12 000
Zone 2	Northern Areas of Canada	$21 000	$14 000
Zone 3	Far Northern Areas	$27 000	$18 000

Additional assistance may be available in areas defined as remote.

For homeowners, the forgivable assistance available varies according to household income and the cost of the accessibility modifications. The maximum forgiveness is available where the household income is 60% or less of the income ceiling for the area; forgivable amounts decline to 0% for households with incomes at the income ceiling. The forgiveness available is based on a percent of the cost of the modifications.

For landlords, 100% forgiveness is available for accessibility modifications up to the maximum loan on eligible units and bed units. Landlords must enter into an agreement stating that the units will continue to be affordable to tenants with incomes at or below established income ceilings. For self-contained rental units, landlords must also agree to limit new occupancy to households with incomes at or below the income ceilings.

The assistance is available for eligible modifications to improve the accessibility of the dwelling unit for occupants with disabilities. Modifications must be related to housing and be reasonably related to the disabled occupant's disability.

Work carried out before the RRAP loan is approved is not eligible for funding under this program.

In 2001, an estimated 1 625 households received $11.4 million of forgivable assistance. In 2000, some 1 350 households received $10 million of forgivable assistance.

In some areas of the country, funding for this program is provided jointly by the Government of Canada and the provincial or territorial government. In these areas, the provincial or territorial housing agency may be responsible for delivery of the program.

The program expires on March 31, 2003. An evaluation of the suite of CMHC’s renovation programs, including RRAP for Persons with Disabilities, is currently underway to determine the extent to which the program was successful in achieving its objectives.

A public consultation is also being conducted to obtain views on the

program and future directions and priorities.

Home Adaptations for Seniors' Independence (HASI)

CMHC's Home Adaptations for Seniors' Independence initiative (HASI) assists low-income seniors who have difficulties with daily living activities in the home by providing financial assistance to carry out minor home adaptations. This program is available in all areas including on-reserve communities.

Homeowners and landlords may apply. However, to be eligible, the occupant(s) of the unit intended for modifications must be aged 65 or over. Household income must be equal to or less than the income threshold established for the type of household in the local area.

HASI provides one-time, non-repayable contributions of up to $2 500. The exact grant amount is based on material costs and labour necessary for the required adaptation.

Generally, adaptations to the home will be permanent additions, replacements or relocations which make daily home activities easier and safer and will be reasonably related to the occupant's loss of ability. For example, items such as handrails in hallways and on stairways, easy-to-reach work and storage areas in the kitchen, lever handles on doors, walk-in showers with grab bars, bathtub grab bars and seat.

In 2001, an estimated 4 424 households were served with $8.4 million of forgivable assistance. In 2000, some 2 600 households were served with $5.5 million of forgivable assistance.

In some areas of the country, funding for this program is provided jointly by the Government of Canada and the provincial or territorial government. In these areas, the provincial or territorial housing agency may be responsible for delivery of the program.

The initiative expires on March 31, 2003. An evaluation conducted by CMHC in 1998 concluded that the program had been effective in enhancing the independence and safety of seniors as an alternative to institutionalization.

CMHC is currently conducting a consultation on the future of the renovation programs, including HASI.

FlexHousing

FlexHousing is a new and innovative approach to housing design developed by CMHC. It responds to the needs of today's families and supports independent living for senior citizens and people with disabilities.

FlexHousing is a concept in housing that incorporates, at the design and construction stage, the ability to make future changes easily and with minimum expense, to meet the evolving needs of its occupants. The intention of FlexHousing is to allow homeowners to occupy a dwelling for longer periods of time, perhaps over their entire lifetimes, while adapting to changing circumstances and meeting a wide range of needs.

The advantages of FlexHousing are not limited to individual homeowners. By

making it possible for people to remain in their homes despite changes in their lives and personal needs, the concept contributes to neighbourhood stability, fostering a sense of community among residents.

FlexHousing is an approach to designing and building homes based on the principles of adaptability, accessibility, affordability, and Healthy Housing.

It appeals to persons with disabilities because the FlexHouse is designed to be fully wheelchair accessible, has wide corridors that make the use of a walker easier, and contains special features for those who are visually impaired.

It also appeals to those who want to age in place because expensive renovations are not needed to make the housing more accessible when aging decreases mobility or vision, young families who benefit from the reconfiguring of rooms to meet their changing spatial requirements over time, and single adults who may want to live in such a way as to use some space communally and other space independently.

Canadian Transportation Agency

The national transportation policy, as set out in Section 5 of the *Canada Transportation Act*, requires that carriers or modes of transportation carry traffic under fares, rates and conditions that do not constitute an undue obstacle to the mobility of persons, including persons with disabilities. To that end, the *Act* gives the Canadian Transportation Agency responsibility for setting, administering and enforcing accessibility standards for all modes of transportation under Government of Canada jurisdiction (air, rail, marine and extra-provincial bus transportation).

The Agency may make regulations in order to eliminate undue obstacles in the transportation network governed by the *Act*. More specifically, the Canadian Transportation Agency may regulate:

- The design, construction or modification of means of transportation and related facilities and premises, and their equipment;
- Signage;
- Training of personnel interacting with persons with disabilities;
- The tariffs, rates, fares, charges, and terms and conditions of carriage of persons with disabilities; and
- Communication of information to persons with disabilities.

Formal complaints may result in the Agency conducting investigations to determine whether unnecessary obstacles to the mobility of persons with disabilities exist.

Accessibility Mandate

One of the Agency's priorities is to improve the accessibility of the federal transportation system to persons with disabilities. The Agency achieves this with:

Regulatory Initiatives for Accessible Transportation

The Agency has developed two sets of regulations related to persons with disabilities: the *Personnel Training for the Assistance of Persons with Disabilities Regulations* and Part VII of the *Air Transportation Regulations - Terms and Conditions of Carriage of Persons with Disabilities (ATRs)*. In addition, the Agency is currently

amending the ATRs and will distribute guidelines designed to improve services for persons with disabilities on small commercial aircraft.

The Agency has also developed three codes of practice for federally regulated domestic public transportation systems in Canada:

- Code of Practice on Aircraft Accessibility for Persons with Disabilities
- Code of Practice on Ferry Accessibility for Persons with Disabilities
- Code of Practice on Passenger Rail Car Accessibility and Terms and Conditions of Carriage for Persons with Disabilities

Monitoring Activities

The Agency also carries out a variety of monitoring functions on an ongoing basis. The purpose is to measure and evaluate the industry's mandatory and voluntary compliance with Agency regulations and codes of practice in providing transportation-related services to persons with disabilities, within the federal transportation network. It does this through surveys, site inspections and investigations into complaints.

During 2000, the Agency conducted the Air Travel Accessibility Survey (see supplementary analysis of this survey earlier in this chapter). The survey found that 92% of the respondents said they were satisfied with the degree to which their needs were met by the carrier and 92% were also satisfied with the extent to which staff had been sensitive to their needs.

The results of the survey are generally encouraging in terms of travelers with disabilities traveling by air in Canada without encountering obstacles to their mobility. The survey highlights the fact that more work is needed to improve services, equipment and facilities to better respond to the needs of air travelers with disabilities. The Agency will use the survey's results to set goals and priorities for further improving accessibility to air transportation in Canada. The report also helps service providers identify and respond to the needs of travelers with disabilities. As well it provides travelers with disabilities with an overview of the services and facilities that are available to them, so that they may communicate their needs to carriers and avoid obstacles in the future.

Mediation services

The Agency has also expanded its pilot project on mediation to include complaints on accessibility from persons with disabilities.

Resolution of accessibility complaints

Accessibility complaints filed with the Agency are resolved as quickly as possible and within the 120-day statutory deadline, unless the parties agree to an extension. All complaints that are filed with the Agency are investigated. For, 2001, the Agency's Annual Report indicates that the Agency received 59 new complaints. The 2000 Annual Report states: "In recent years, the number of complaints filed with the Agency has gradually increased from 17 in 1996 to 87 in 2000."

Liaison Activities

The Agency educates transportation service providers about their obligations to persons with disabilities in addition to increasing awareness of the Agency's

accessibility standards, regulations and various travel tools that it has developed.

Consultation with the Disability Community

With the assistance of its Accessibility Advisory Committee, the Agency administers regulations and codes of practice that balance the needs of persons with disabilities with the capability of the industry to deliver accessible transportation services. The committee consists of representatives of the community of persons with disabilities, the transportation industry and other interested parties. Following its October 2001 meeting with its Accessibility Advisory Committee, the Agency received a letter from the representative of the Canadian Pensioners Concerned Incorporated, which stated: "May I say that I enjoyed the meeting, it was informative and stimulating in an atmosphere that was caring without being over anxious. I think that most people fail to realize that Accessible Transportation issues assume greater importance in our lives as we age and will certainly affect a very large proportion of the population in a few years' time."

Ensuring the availability of information for Canadians with disabilities

In February 2001, the National Librarian announced the establishment of the Council on Access to Information for Print-Disabled Canadians. The Council's role is to provide advice, identify funding requirements, monitor progress and make recommendations regarding the implementation of the recommendations made by the Task Force. In 2002, the Council issued *The Manager's Guide to Multiple Format Production* to provide guidelines on how to develop and deliver accessible published government materials. Information contained in the guide may be helpful to information providers and publishers outside of government as well.[23]

Since March 2001, major broadcast media distribution services have also been required by the Canadian Radio-television and Telecommunication Commission to provide Voice Print, a 24-hour newspaper reading service, to their English-language subscribers. La Magnétothèque provides a comparable French-language service that is offered by broadcast distribution services serving francophone markets.

While it is not the full answer to making information available to individuals with print disabilities, computer assisted access to written information is an important avenue for overcoming many barriers. Unfortunately, lack of software and hardware standards, high costs of computer based readers, portable note takers, and laptops, and limited sources of funding to defray the purchase costs of these technologies all hinder greater utilization by those with print disabilities. As part of the Government of Canada disability agenda, R&D funds have been sought to support the development of assistive devices to assist print-disabled Canadians in accessing information.

Getting information about government policies, programs and services is an important requirement for many persons with disabilities and the federal government has promised to improve access to Government of Canada programs, information and services. In

[23] See http://www.nlc-bnc.ca/accessinfo/s36-202.003-e.html to obtain a copy of the manager's guide.

April 2001, the Government launched *Disability Weblinks* in partnership with provincial and territorial governments. *Disability Weblinks* provides consumer information about federal, provincial, and territorial government programs and services of interest to persons with disabilities. The Government of Canada has also continued to enhance information access for persons with disabilities through its Government Online Initiative. Access to information about federal government services directed towards persons with disabilities is available from a single "disability portal" accessible from "Services for Canadians" on the home page of the Government of Canada web site. Further, the government is also working towards universal accessibility of all information and services available through Government of Canada.

Continued investment and progress is also required in making information technology available to Aboriginal communities, especially those that are remote or isolated. Such technologies hold the promise of improving communication and access to all forms of information including culturally specific content for Aboriginal persons, including those with disabilities. Evaluation of the First Nations SchoolNet project found that FNSN had increased the number of computers connected to the Internet from approximately six to 12 per First Nations school.

When the Canadian Radio-television and Telecommunications Commission holds hearings for the purpose of reviewing broadcast licenses, it may impose requirements on broadcasters to provide these services. Since the mid-1990s, major broadcasters like CBC, CTV, and Global must caption at least 90% of all programming during the broadcast day including 100% of all local news. Medium and smaller stations and specialty channels are encouraged to meet this same standard. Effective November 1, 2002, the CBC committed to provide closed captioning for 100 percent of all programming on CBC English television and CBC Newsworld.

Due to the challenges created by a smaller market and the fact that captioning technology originally developed for the English language, French language networks are moving towards these same standards at a slower pace. Since 2001, the largest French language network, TVA, must caption 100% of all news by 2004 and 90% of all programming by 2007.[24]

First Nations and Inuit Continuum of Care (Health Canada and Indian and Northern Affairs Canada)

A full continuum of care includes a range of services beginning with social services, often in the home, and progresses with the needs of the client group, up to and including the more intensive levels of care normally associated with institutional care.

Through Health Canada's Home and Community Care and Non-Insured Health Benefits programs, and INAC's Adult Care program, the Government of Canada is assisting First Nations and Inuit persons with disabilities to obtain the health care that they need.

The Home and Community Care Program is a coordinated system of home and community-based, health-

[24] See the CRTC website for further information. http://www.crtc.gc.ca/eng/INFO_SHT/b302.htm#cap

related services that builds on and links to INAC's Adult Care homemaking, Health Canada's Non-Insured Health Benefits Program and other related programs. This program expands the services available on the continuum of care. The essential service elements include: client assessment, case management, nursing care, personal care and access to in-home respite services. While all age groups are eligible for these services, the services will be primarily utilized by the elderly, those who have disabilities, the chronically ill and those requiring short term acute care services in the community. The program provides basic home and community care services that are culturally sensitive, accessible, effective and comparable to that of other Canadians, while responding to the unique health and social needs of First Nations and Inuit. The Program is a coordinated system of home and community based health related services and builds on and links to INAC's Adult Care homemaking and other related programs. Ninety seven percent of the First Nation and Inuit communities have been actively engaged in program development activities for this new program and 65% of these First Nation and Inuit communities now have access to home and community care services.

Health Canada's Non-Insured Health Benefits Program provides a limited range of medical supplies and equipment items to eligible First Nations and Inuit receiving medically required care under the Home and Community Care Program. The Program also provides transportation assistance to First Nations and Inuit clients to access medically required health services not available on-reserve.

INAC's Adult Care program provides social support and assistance in activities of daily living, allowing individuals who have lost some measure of independence, such as the elderly or people with a disability, to remain at home and in their community whenever possible. The Adult Care program has three main components: in-home services, adult foster care, and institutional care of a non-medical nature. The program is available to First Nation persons ordinarily resident on reserve. In most First Nations communities, the Adult Care program works in close collaboration with Health Canada's Home and Community Care program.

The work towards this continuum of care on reserve is, in part, due to the continued collaborative efforts of INAC, Health Canada, and the Assembly of First Nations, through the work of the Joint Working Group on Continuing Care, to achieve integrated, seamless and comprehensive continuing care services for First Nations on reserve.

Health Care Programs--Treatment benefits and the Veterans Independence Program (Veterans Affairs Canada)

Veterans Affairs Canada (VAC) also has responsibility for health care for certain groups of wartime and peacetime veterans.

Through its Treatment program VAC provides veteran clients with a broad range of benefits. This includes medical, surgical and dental examinations and treatment provided by health professionals; surgical or prosthetic devices and aids, and their maintenance; home adaptations to accommodate the use of the foregoing devices and aids; and prescribed drugs. The objective of the treatment benefits program is to ensure that clients are provided, in accordance with their treatment eligibility, with reasonable and timely treatment benefits which VAC considers to be an appropriate response to their assessed health needs. For fiscal year 2001-2002 expenditures of approximately 217 million dollars were provided under this program.

Through the Veterans Independence Program (VIP), which has existed since 1981, a national long term care community-based program is available to assist veterans and their families. The objective of this program is the promotion of greater health and independence for veterans and this is made possible by allowing veterans to remain in their own homes or communities. It focuses on the social aspects of health and living in the community, while providing personal care and clinical support where needed. VIP is not intended to replace other federal, provincial, or municipal programs but rather it is combined with these other available services to best meet the needs of each client.

Clients who may be eligible for VIP are veteran pensioners for needs directly related to their pensioned conditions, and certain clients can qualify because of low income or exceptional health needs. The VIP Program assists with the costs of certain services provided at the client's home such as: grounds maintenance including grass cutting or snow removal; housekeeping including help with routine tasks such as laundering, cleaning, vacuuming and preparing meals; personal care services to assist with bathing, dressing and eating; nutrition services like meals-on-wheels and wheels-to-meals; and health and support services provided by health professionals Transportation costs may be covered for other activities such as shopping, banking, attending senior citizen centres and churches, and visiting friends when transportation is not otherwise available. Ambulatory health care covers certain health and social services provided outside the home such as adult day care, and travel costs to access these services. Nursing home care may also be provided when living at home is no longer practical and a greater level of nursing and personal assistance is needed. Home adaptations can be made. For example, bathrooms, kitchens and doorways can be modified to provide access for basic everyday activities such as food preparation, personal hygiene and sleep. VAC counsellors carry out an assessment to determine client needs, the services to be provided, and the amount to be paid. A counselling and advocacy service is also provided. For fiscal year 2001-2002 expenditures of approximately 171 million dollars were provided under this program.

Chapter 4
Skills Development, Learning and Employment

Full-time or part-time employment is a primary avenue of inclusion for persons with disabilities and, for most persons with disabilities, participating in the labour market brings many social and economic benefits. To achieve its vision of inclusion and to enhance the contribution of persons with disabilities to the Canadian economy and to society, the Government of Canada has promised to promote labour market participation of persons with disabilities. To do this, the Government has promised to develop a labour market strategy with Provinces and Territories to help persons with disabilities participate in the labour force.

Increasingly, a knowledge-based economy requires acquiring and maintaining a wide variety of skills and knowledge as the foundation for successful entry into most careers.

For children with disabilities, successful participation in primary and secondary education sets the stage for their future employment. For working-age adults, completion of post-secondary education is increasingly important along with ongoing training and education while working. The Government's Skills and Learning Agenda recognizes the importance of ongoing learning and the special supports persons with disabilities may require in order to pursue their own development. The Government of Canada provides a number of programs and services that directly assist persons with disabilities to obtain necessary skills and to find and keep a job.

Desired Outcome: Persons with disabilities have the knowledge and skills required to actively participate as citizens, in the workforce and in society

Indicator: For children 6-15: Percent attending school (disabled vs. non-disabled)

Description

Children with disabilities require equal opportunities to develop the skills and knowledge they will need as adults. Attendance at school provides a fundamental opportunity for all children to develop, so this indicator shows the relative percent of children with/without disabilities who are in school. In 1998, 91.6% of children with disabilities aged 6-15 were attending a publicly funded public or Catholic school, compared to 94.1% of children 6-15 in the general population (NLSCY 1998-99).[25]

In 1991, the HALS survey found that 89.5% of children aged 5-14 and living at home were attending school, suggesting that the relative rate of attendance has changed very little during the 1990s.

Specifications

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998-99) will be updated biannually.

Population: Children 6-15 with disabilities.

Calculation: Percentage of children with disabilities who are in a public school or a publicly funded Catholic school.

[25] This indicator does not address questions of integration and availability of appropriate supports to permit success in school.

Reasons for Changing Schools (Supplementary Analysis)

The NLSCY explored the reasons why children changed schools. For all children, the most common reason for changing schools was a family move. Among children who had changed schools, 46.4% of children with disabilities had changed for reasons such as unsatisfactory progress, conflicts with others, parental concerns about standards and teaching quality and other reasons. Among other children, 43.4% had changed schools for these reasons. (NLSCY, 1998-99).

Reading and Mathematics Achievement (Supplementary Analysis)

The NLSCY included an assessment of reading and mathematics skills for children beginning in grade 2. Math computation skills and reading comprehension were tested using a test administered in the school. For purposes of this report on disabilities, the scores of children with disabilities were compared to those of children without disabilities. Table 4.1 shows the overall scores by grade level. The increasing scores by grade level shown in the table reflect the children's increasing competence and ability with successive years of maturation and schooling. The scores for children with and without disabilities are similar, with no statistically significant differences found for scores of boys and girls combined. There is one statistically significant difference for girls only, where math achievement scores of girls without disabilities in grades 5-7 group are higher than those of girls with disabilities (not shown in table).[26] These results provide encouraging preliminary evidence that children with disabilities can be successfully supported to achieve the desired learning in elementary school.

Children with Special Needs (Supplementary Analysis):

The Canadian Council on Social Development has developed a more comprehensive index of children with special needs using variables available on the NLSCY dataset. Children with special needs include not only those with activity limitations, but also children who have various chronic conditions such as bronchitis, heart conditions, or kidney disease and those who have chronic pain, visual impairment, hearing impairment, speech impairment or mobility impairment.[27] Using CCSD's definition, approximately 25% of children have "special needs."

The 1998-1999 NLSCY found that 94.5% of children with special needs attended a public school or a publicly funded Catholic school while 93.7% of other children do so.

Using this same definition of special needs, children with and without special needs had comparable levels of achievement in the math and reading achievement scores in the 1998-1999 NLSCY.

[26] While children with developmental disabilities were offered the opportunity to complete these assessments of reading and writing skills, the scores for almost all children with developmental are missing in the NLSCY dataset.

[27] The CCSD definition is discussed in Disability Information Sheet No. 3, available on the CCSD website, http://www.ccsd.ca/drip/

Table 4.1: Children's Math and Reading Achievement

	With Disabilities *		Without Disabilities	
	Reading	Math	Reading	Math
Grades 2-4	215	374	214	373
Grades 5-7	258	487	266	492
Grade 8 and over	285	579	287	610

Note*: Due to small sample sizes the population estimates of scores for children with disabilities should be treated with caution.
Source: NLSCY (1998-99)

Desired Outcome: Persons with disabilities have the knowledge and skills required to actively participate as citizens, in the workforce, and in society

Indicator: Relative percent of working-age adults with post-secondary diplomas or degrees (disabled vs. non-disabled)

Description

In a knowledge economy, education is a strong determinant of success in the labour market and of personal and social capital. This indicator compares the percent of working-age adults (ages 20-64) with disabilities who have completed a post-secondary education program to that of the non-disabled population. Post secondary education includes university, community college programs, trades diplomas and other university certificates lower than a bachelor's degree.

Specifications

Source: Census, 1996, 1991, highest diploma or degree.

Population: Adults ages 20-64, excluding full-time students. (Though most indicators in this report use the age group 15-64, in the case of post-secondary education few individuals' ages 15-19 are expected to have finished a program beyond high school.)

Calculation: percent of persons with post-secondary diploma or degree.

Further Information

Table 4.2 shows post secondary educational completion by age group. The table shows that persons without disabilities of all ages are consistently more likely to have completed a post-secondary educational program than those with disabilities. Overall, one third of working-age adults with disabilities have completed some form of post-secondary education, while nearly one half of their counterparts without disabilities have done so. Working-age persons without disabilities are slightly more likely to have completed some form of non-university post-secondary diploma or certificate (32% versus 26%) and they are more than twice as likely to have completed a university degree (16.5% versus 6.9%) than their peers with disabilities.

Of the three age groups shown, persons with disabilities in the youngest group, ages 20-34, are the least likely relative to their age peers without disabilities to have completed a post-secondary education program. This highlights the importance of providing the

supports necessary so that these young adults with disabilities can obtain the post secondary education they need to succeed in the workplace. (See the discussion of Canada Study Grants later in this chapter.) Young women with disabilities ages 20-34 are somewhat more likely than young men with disabilities to have successfully completed a post-secondary program (35% versus 29%). Men and women with disabilities ages 35-49 have nearly equal levels of completed post-secondary education (39% versus 38%), while working-age men 50-64 with disabilities have higher levels of education than women ages 50-64 with disabilities.

Table 4.2: Population (Ages 20-64)% Completion of Post-Secondary Education by Disability Status by Age

	With Disabilities			Without Disabilities		
Age/Sex	**University Degree**	**Other Post-Secondary Certificate**	**Total Completed Post-Secondary**	**University Degree**	**Other Post-Secondary Certificate**	**Total Completed Post-Secondary**
Total						
20-64	6.9%	26.2%	33.1%	16.5%	32.1%	48.6%
20-34	6.5%	25.3%	31.8%	16.5%	33.4%	50.0%
35-49	8.5%	30.2%	38.7%	18.2%	33.4%	51.6%
50-64	5.7%	23.4%	29.1%	13.4%	27.6%	40.9%
Men						
20-64	6.9%	27.2%	34.0%	17.5%	32.3%	49.8%
20-34	5.3%	23.4%	28.6%	15.1%	31.8%	46.9%
35-49	8.0%	31.0%	39.1%	19.6%	34.6%	54.1%
50-64	6.6%	25.6%	32.3%	17.1%	29.0%	46.1%
Women						
20-64	6.9%	25.3%	32.2%	15.6%	31.8%	47.3%
20-34	7.8%	27.4%	35.2%	17.9%	35.0%	52.9%
35-49	8.9%	29.4%	38.3%	16.8%	32.2%	49.0%
50-64	4.8%	21.2%	26.0%	9.8%	26.1%	36.0%

Source: Census (1996)

The 1991 census reported that 5.8% of adults 20-64 with disabilities had completed university and 23.1% had completed some level of non-university post-secondary education. These percentages compare to 13.8% and 29.0% respectively in the population without disabilities and they may also be compared to the overall 1996 educational attainment shown in table 4.2 above. The latter comparison shows that persons with disabilities were more likely to have a post-secondary education in 1996 than in 1991.

The above analysis does not examine whether persons with disabilities had acquired a disability prior to or after completing their education. Fawcett

(1996) reported that individuals who have a disability prior to completing their education tend to have higher levels of education than individuals who acquire a disability some time after completing their education. She found that about 25% of persons who had a disability prior to completing their education had completed some form of post-secondary education. In contrast, on 16% of individuals who acquired a disability after completing their education had a post-secondary degree or certificate. Fawcett's findings are based on analysis of HALS 1991 and it will be possible to re-examine this question using PALS 2001 when it becomes available.

Literacy (Supplementary Analysis)

With the advance of a knowledge-based economy and the requirement for continuous skills development and learning, analysts and policy makers have begun to look beyond formal education and to examine the contribution of literacy to maintaining employment and earnings.

The International Adult Literacy Survey (IALS), conducted in Canada in 1994, assesses three forms of adult literacy: document, prose and quantitative literacy. Each type of literacy is assessed separately and scores are placed on a scale of 1 to 5, where it is generally agreed that level 3 is required in order to cope effectively with daily literacy requirements at home and in the workplace.[28] This survey found that Canadians with disabilities have lower average literacy scores than those of other Canadian adults of working age.[29] Consistent with other national surveys, IALS also found that adults with disabilities had less formal schooling and were less likely to be employed.

Table 4.3 shows results for working-age adults from 16 to 55. Of those with learning disabilities, 77% have document literacy scores below level 3, while 48% of those with physical disabilities and 36% of those with no disability have scores below this level. Such results suggest a significant need to make information available in multiple formats including plain language so that individuals with physical disabilities, especially learning disabilities, can enjoy full inclusion. Additionally, policies and programs intended to improve the literacy skills of adults with disabilities are required.

[28]For more details about the IALS refer to http://www.nald.ca/nls/ials/introduc.htm

[29]The disability findings from IALS must be interpreted cautiously due to some concerns about its approach to defining disability. IALS asked whether the person had ever had any eye, hearing, speech, learning or other type of disability; this question does not indicate whether the disability is currently causing any restriction in activities. It also does not isolate short-term disabilities or disabilities that do not restrict activities. Since, in all of these cases, it is unlikely that the disability identified would affect literacy, the IALS findings may underestimate the effects of significant disabilities on literacy.

Table 4.3: Adults (Ages 16-55) Level of Document Literacy by Disability Status

	Physical Disabilities	Learning Disabilities	No Disability
Level 4/5	23%	9%	27%
Level 3	29%	14%	35%
Level 2	33%	25%	23%
Level 1	15%	52%	13%

Source: International Adult Literacy Survey (1994)

International Comparison (Supplementary Analysis)

International comparisons on completion of post-secondary education are made difficult by differences in disability definitions, educational systems, and statistical reporting across countries. Given these challenges, table 4.4 shows the rate of completion of post-secondary education by disability status. Post-secondary education includes the Canadian equivalents of university degree, college diplomas/degrees and professional training programs. In the case of the United States, the rates shown include partial completion of university level programs as well. Two sets of results are shown for the United States based on a relatively narrow definition of disability (work disability) and a relatively broader one (activity limitation).

Table 4.4: International Comparison, Completion of Post-Secondary Education by Disability Status for Working-Age Populations

	With Disability	No Disability	Ratio
Canada	33.1%	48.6%	0.68
Australia	15.3%	25.1%	0.61
France	12.3%	23.0%	0.53
Germany	17.1%	20.4%	0.84
United Kingdom	15.9%	25.0%	0.64
European Union (EU-14 average)	12.8%	18.8%	0.68
United States (Work disability)	32.0%	50.8%	0.63
United States (Activity Limitation)*	41.6%	56.1%	0.74

Note*: Education completion by activity limitation status is based on the US adult population aged 25 and over but does not exclude students in this age group
Sources: Canada-Census 1996; Australia Survey of Disability, Ageing and Carers 1998; European Union-European Community Household Panel 1996; United States-Current Population Survey, 1997, National Health Interview Survey, 1997

Overall rates of post-secondary education are highest in the United States, followed by Canada. In all the countries shown in the table, persons with disabilities are significantly less likely to have a post-secondary education than those without disabilities. As in Canada, this international pattern is

likely to result from a number of different factors since the presence of a disability can precede or follow completion of one's education. For example, persons with less education are more likely to work in occupations whose conditions result in disabilities. As well, having a disability may make it more difficult to pursue further education.

Table 4.4 shows that the United States has the highest rate of post-secondary education completion among persons with disabilities (41.6%), when disability is defined as activity limitations followed by Canada (33.1%) and then again by the United States (32%) when disability is defined as work disability. Australia and the European Union countries have rates of post-secondary completion between 12.3% (France) and 17.1% (Germany) for persons with disabilities.

In an attempt to interpret these differences, the table also provides a crude index of "inclusion" of persons with disabilities in post-secondary education completion by showing the ratio of post-secondary education of persons with disabilities and those without disabilities. On this basis, Germany shows the most similar level of post-secondary completion between those with and without disabilities with a ratio of 0.84. Canada's ratio of 0.68 is equal to the overall European Union average, but higher than the ratio found in Australia, France, and the United Kingdom. In the case of the United States, Canada's ratio is higher than that for persons with work disabilities (0.63) but less than that for persons with activity limitations (0.74).

Table 4.5 shows the rate of university completion for Canada, the United States and Australia. The United States has a higher rate of university degree completion for persons with and without disabilities than either Canada or Australia. Canada has a lower rate of university completions among persons with disabilities (6.9%) than either Australia (8.2%) or the United States (16.4%). As well, except for the relatively narrow category of persons with work disabilities in the United States, Canada's ratio of university completions between adults with and without disabilities is lower than that for Australia and the United States. These data suggest that, while Canada is doing a relatively good job of including persons with disabilities in some forms of post-secondary education, more attention may be needed at the university level.

Table 4.5: International Comparison, Completion of University Degree by Disability Status for Working-Age Population

	With Disability	No Disability	Ratio
Canada	6.9	16.5	0.42
Australia	8.2	16.4	0.50
United States (Work disability)	10.0	23.4	0.43
United States (Activity Limitation)*	16.4	28.4	0.58

Sources: Canada-Census 1996; Australia Survey of Disability, Ageing and Carers 1998; United States-Current Population Survey, 1997, National Health Interview Survey, 1997

Aboriginal Persons with Disabilities

Table 4.6 shows the rate of post-secondary school completions by Aboriginal persons of working age. Just over two percent of Aboriginal persons with disabilities ages 20-64 have a university degree, compared to 4% of Aboriginal adults without disabilities and 7% of non-Aboriginal adults with disabilities. Once again, these numbers illustrate the multiple disadvantages experienced by Aboriginal persons with disabilities. Rates of completion of other types of post-secondary education among Aboriginal adults with disabilities are also less than those for Aboriginal adults without disabilities (25% versus 30%) and non-Aboriginal adults with disabilities (33%). Examining differences between groups shows that North American Indians off reserve and Métis have higher levels of post-secondary completion than North American Indians on reserve and Inuit.

Table 4.6: Aboriginal Population (Ages 20-64)% Completion of Post-Secondary Education by Disability Status by Aboriginal Group

	With Disabilities			Without Disabilities		
Group	**University Degree**	**Other Post-Secondary Certificate**	**Total Completed Post-Secondary**	**University Degree**	**Other Post-Secondary Certificate**	**Total Completed Post-Secondary**
N.A. Indian						
-On Reserve	1.3%	21.3%	22.6%	2.2%	22.4%	24.6%
-Off Reserve	2.6%	22.2%	24.8%	5.1%	27.5%	32.6%
Métis	2.4%	24.7%	27.1%	4.8%	29.3%	34.1%
Inuit	0.0%	22.1%	22.1%	1.5%	24.3%	25.8%
Total Aboriginal	2.2%	22.8%	25.0%	4.0%	26.4%	30.4%
Total Non-Aboriginal	7.0%	26.4%	33.4%	16.8%	32.3%	48.9%

Source: Census (1996)

Other studies have reported similar findings (INAC 2001). For example, 41% of Inuit women possess less than a grade 9 education compared to 14% of non-Aboriginal women. Only 5% of Inuit women reported university as their highest level of schooling compared to 21% non-Aboriginal women. Aboriginal populations living in more urban areas reported having higher levels of schooling than those in rural or remote areas. For example, 19% of Métis women claimed university as their highest level of school, as did 12% of off-reserve registered Indian women. This compares with 9% of on-reserve Registered Indian women and 3% of Inuit women. These differences between groups suggest that remoteness remains a significant barrier to improved educational attainment (INAC 2001).

While table 4.6 shows lower rates of post-secondary school completion by Aboriginal working age adults with disabilities and those of other groups, it does not focus on the very high percent of Aboriginal adults who do not complete high school at all. Figure 4.1 shows the percent of persons ages 20-64 who have not completed high school by disability status and Aboriginal status. Aboriginal persons with disabilities are more than

twice as likely to have less than a high school diploma than non-Aboriginal persons without disabilities (63% versus 27%) and significantly more likely to have this low level of education than Aboriginal people who do not have disabilities (63% versus 52%). North American Indians on reserve and Inuit are the groups of persons with disabilities most likely to have less than a high school education.

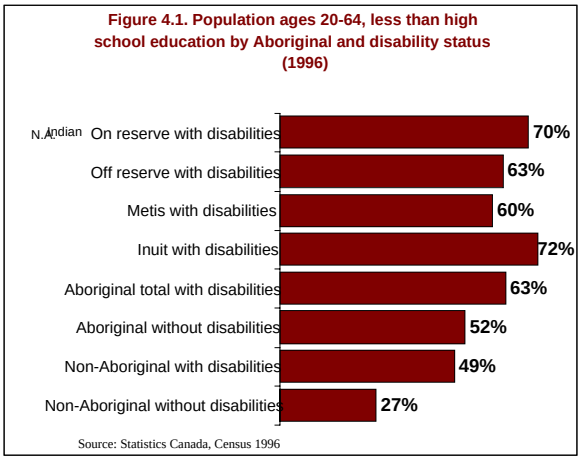


Figure 4.1 Description

Figure 4.1 shows the percent of persons with disabilities within the four Aboriginal identity groups who have not completed high school. Aboriginal persons with disabilities are compared to Aboriginal persons without disabilities and also to the non-Aboriginal population. The population shown is persons ages 20-64 who are not full time students and the source is the 1996 census. The percents for persons with disabilities are as follows: North American Indians on reserve 70%, North American Indians off reserve 63%, Métis 72%, Inuit 72%, overall Aboriginal 63%. In comparison, the percent that has not completed high school for Aboriginal people without disabilities is 52%, for non-Aboriginal persons with disabilities 49% and for non-Aboriginal persons without disabilities 27%.

The participants in the summer of 2001 consultations sponsored by HRDC suggested some possible reasons for lack of participation in further education by Aboriginal persons with disabilities. They felt that there is limited, or no access, to technology, proper assessment, teachers, assistive devices, training or family supports for Inuit, First Nations, Non-Status, and Métis with disabilities that require special education services. Programs are not flexible or do not cover the extra expenses of the mentors, counsellors and advocates who can help to ensure the success of Inuit, First Nations, Non-Status, and Métis with disabilities who want to participate in education or training.

Literacy (Supplementary Analysis):

Beyond their frequent low levels of schooling, Aboriginal persons with disabilities who speak an Aboriginal language or who speak English/French as a second language may face added literacy challenges.

Desired Outcome: Working age adults with disabilities are able to participate fully in the labour force

Indicator: Relative employment rate of working-age adults (disabled vs. non-disabled)

Description

Working at a job or in self-employment is the primary way by which most working-age adults participate in their community and in society for at least some period of time. The primary indicator of the degree to which Canadians with disabilities enjoy full inclusion in the labour market

compares the employment rate of adults (16-64) with disabilities to that of the working-age population without disabilities. The employment rate measures the percentage of persons of working age who have a job.

Specifications

Source: Census, 1996, 1991.

Population: Persons aged 15-64 with and without disabilities

Calculation: Percentage of population with employment by disability status.

Further Information

The 1996 census found that approximately 36.5% of working-age persons with disabilities were employed. This compares to approximately 76% of working age adults without disabilities. Table 4.7 shows these rates for men and women. In 1996, the employment rate for men with disabilities, at 41%, was about half that of men without disabilities and was lower than the rate in 1991. Women with disabilities had a similar experience, with their 1996 employment rate being less than half that of women without disabilities and lower than their rate of employment in 1991. More detailed analysis of employment patterns using the Survey of Labour and Income Dynamics also suggests that persons with disabilities suffered disproportionately greater losses of employment during the recession of the early 1990s and then lagged the general population in regaining employment (FPT 2001).

Table 4.7: Persons (Ages 15-64) Excluding Full-Time Students, Employment Rates by Sex, Disability Status

	Men		Women	
	With Disabilities	**Without Disabilities**	**With Disabilities**	**Without Disabilities**
1996 Rate	41.0%	82.6%	31.9%	70.0%
1991 Rate	47.1%	83.9%	35.2%	67.8%

Source: Census (1996, 1991)

Just as it does in the general population, more education improves the employment prospects of persons with disabilities. For example, the 1996 census found that men with disabilities who had a university education had a 64% employment rate versus 29% employment for those who had less than a high school education. For women with disabilities, the comparable employment rates are 61% and 18%. Education does not completely overcome the employment gap, however, as the 1996 employment rate of men without disabilities who had a university degree was 91.3% and for women it was 83.5%.

Women with disabilities who have young children may face additional obstacles to employment. Research conducted by the Canadian Council of Social Development found that women with disabilities are much more likely than men with disabilities to cite care giving responsibilities as the reason that they are not working for pay (Fawcett 2000). Women with disabilities experience difficulties in obtaining childcare for their young children. For

example, they might be forced to book two special transit buses—one to take them to the childcare location and another to take them to work—or limits on the available transportation might prevent desired childcare arrangements or make working for pay impossible until children are older. Fawcett (2000) found that about one quarter of single mothers with disabilities who had children under age 6 held a steady job while over one third of single mothers without disabilities who had young children did so. Women with disabilities living with partners and having children under the age of six were also much less likely to have steady jobs than either men with disabilities or women without disabilities who lived with partners and who had young children.

The Workplace and Employee Survey (WES), conducted in 1999, provides an overview of where persons with disabilities are employed in businesses operating in Canada. WES estimated that approximately 85% of Canadian businesses have employees with disabilities. Figure 4.2 shows that WES found 5.4% of employees have an activity limitation because of a long-term physical condition, mental condition, or health problem. These employees are found in companies of all sizes and in every industry. Although it is frequently suggested that large employers have the resources and flexibility to accommodate persons with disabilities, the data presented in figure 4.2 show that there are not large differences in the rates of employee disability based on size of company. Table 4.8 in Annex 5 shows the numbers of employees corresponding to the percents in figure 4.2.

WES also shows the presence of persons with disabilities by industry sector. Industry sectors where employees with disabilities are represented most frequently include: Primary product manufacturing (8.9%); Forestry (7.4%); Labour intensive tertiary manufacturing (7.2%); and real estate,rental, leasing (7.4%). Industry segments with the lowest rate of employment of persons with disabilities are capital intensive tertiary manufacturing (3.5%); retail trade and commercial services (4.0%), and information and cultural (4.2%). (See table 4.8 in Annex 5 for data on all sectors).To date, there has been little analysis of these patterns to understand the reasons for varying levels of

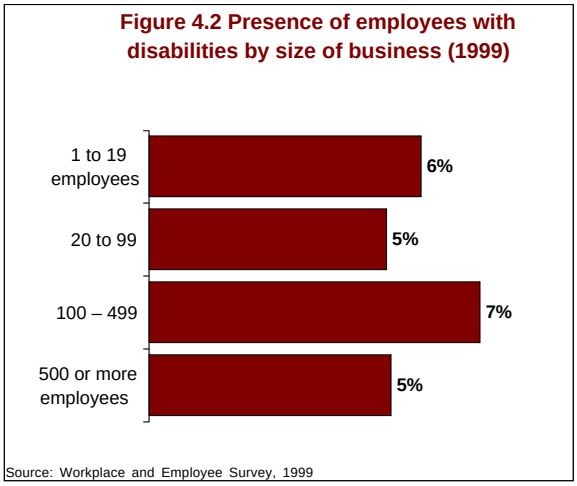


Figure 4.2: Description

Companies of 100-499 employees, where 6.7% of employees have disabilities, are the segment where individuals with disabilities are employed most frequently. 4.9% of the workforce of employers with 500 or more employees has disabilities, while 4.8% of employees of employers with 2--99 employees and 5.5% of employees of employers with 1-19 employees have disabilities.

employment of workers with disabilities across industry segments.[30]

Representation in the Workforce (Supplementary Analysis)

We can supplement the above discussion of the presence of persons with disabilities by comparing it to the employment experience of persons with disabilities in sectors covered by the federal Employment Equity Act.[31] The premise guiding reporting under the Employment Equity Act is that, under conditions of full inclusion, the percent of employees with disabilities would be approximately equal to the availability of persons with disabilities to take employment. It is estimated that persons with disabilities represented 6.5% of the available labour force in 1999 (HRDC 2001).[32]

The Employment Equity Act covers federally regulated employers (the federal Public Service, employers with more than 100 employees in federally regulated sector (banking, transportation, communications), and contractors bidding on contracts of over $200 000 with the federal government). The Act requires these employers to develop and implement equity plans that ensure hiring, retention, and promotion of women, Aboriginal people, people with disabilities, and visible minorities. While persons with disabilities made employment gains from the mid-1980s to the mid-1990s within the sectors covered by the Employment Equity Act, in recent years there have been declines.

In 1999, while persons with disabilities represented 6.5% of labour market availability, they made up only 2.4% of the workforce in the federally regulated private sector and 4.6% of the federal Public Service (HRDC 2001). In 2000, their representation fell to 2.3% of employees in the federally regulated private sector. Representation of persons with disabilities in the federal Public Service was 4.7% in March 2000, and it rose to 5.1% as of March 31, 2001. Further details may be obtained by consulting the Employment Equity Act Annual Report (HRDC 2001a) and the annual Report on Employment Equity in the Federal Public Service (TBS 2002).

Labour Force Participation (Supplementary Analysis)

Whereas the employment rate measures the success of persons in the labour market in holding a job, the labour force participation rate is a broader measure showing the percent of persons who are actively seeking work or employed. Table 4.9 reports census findings that persons with disabilities are significantly less likely to be active in the labour market than are those without disabilities. For example, in 1996, while 91% of men were active in the labour market, only 49% of men with disabilities reported labour force activity. A similar pattern occurred for women, with 76% of those without disabilities and 38% of women with disabilities being active in the labour market.

Current data sources do not permit analysis of labour force participation by severity of disability. However, Fawcett (1996) reported that labour force

[30] Information gathered by Workers' Compensation systems regarding work-related injuries and health conditions may provide a starting point for understanding these patterns.

[31] Caution must be exercised in comparing the Employment Equity and WES results as individuals may be more likely to self-identify as having a disability under the definition of disability used in WES than under that used by Employment Equity (see Annex 3 for a discussion of differing response rates to disability filter questions on surveys).

[32] Estimate of workforce availability of persons with disabilities as defined by the Employment Equity Act is based on HALS 1991.

participation decreases with severity, based on her analysis of HALS (1991).

Table 4.9: Working Age Population Labour Force Participation Rates, by Sex, Disability Status and Age

	1991				1996			
	Men		Women		Men		Women	
	With disability	No disability	With Disability	No disability	With disability	No disability	With Disability	No disability
15-34	70%	95%	60%	80%	63%	92%	53%	80%
35-44	69%	97%	55%	82%	61%	95%	49%	82%
45-54	59%	95%	41%	75%	52%	94%	40%	79%
55-64	35%	74%	20%	43%	29%	70%	18%	45%
15-64	55%	93%	41%	75%	49%	91%	38%	76%

Source: Census (1996, 1991)

Labour force participation rates for persons with mild disabilities were 70.9%, for moderate disabilities, 44.8%, and severe disabilities, 25.6%. Results from the *Participation and Activity Limitation Survey*, to be published in 2003, will provide up to date information.

Low labour market participation rates partly explain the low levels of employment of persons with disabilities (HRDC 2001), but lack of participation itself requires explanation. Research suggests a variety of reasons that persons with disabilities do not enter the labour market including fear of losing important health benefits or disability benefits such as subsidized transportation, aids, and services or loss of income support. Discouragement by friends or family members, previous experience with discriminatory attitudes and lack of information about job opportunities or how to seek employment may also cause persons with disabilities to reject labour market participation (e.g. see Fawcett 1996).

Parents of Children with Disabilities in the Labour Market (Supplementary Analysis)

Disability affects the employment prospects of more than just persons with disabilities themselves. Parents of a child with disabilities may find it more difficult to hold paid employment due to the care and support needs of their child. The National Longitudinal Survey of Children and Youth found that 54.2% of parent-respondents of children with disabilities were working versus 60.8% of other parents. When parents of children with disabilities are unable to work, their families must depend on the income of only one spouse or, in the case of single-parent families, on public programs for their family's income needs. Not only does this reduce their current family income, but it also affects their entitlements to work-related benefits including retirement pensions. Thus the obstacles preventing or reducing labour market participation of parents who have a child with disabilities may have effects for a lifetime.

Aboriginal Persons with Disabilities

Figure 4.3 illustrates the level of participation of Aboriginal persons with disabilities in the labour force based on the 1996 census. The figure shows that significant percents of all four Aboriginal groups are not looking for work at all. The obstacles facing individuals with disabilities are illustrated graphically by an overall 61% rate of absence from the labour force. Combined with just over 11% who are unemployed, a total of over 70% of working-age Aboriginal persons with disabilities are not employed. This compares to approximately 45% of Aboriginal persons without disabilities who are not employed. These numbers reflect the lack of employment opportunities in Aboriginal communities for all Aboriginal persons while also showing the magnitude of the additional obstacles facing Aboriginal persons with disabilities. Table 4.10 (see Annex 5) provides population estimates corresponding to the percents in figure 4.3.

Aboriginal people with post-secondary education, including those with disabilities, are more successful in the labour market than those with less education. The overall employment rate for Aboriginal persons with disabilities who have a university degree is 60% and for those without disabilities it is 89%. The employment rate for Aboriginal persons with disabilities who have some post-secondary education (excluding a degree) is 42% and for those without disabilities it is 71%. While these ratesare substantially better than the overall rates for the Aboriginal population with and without disabilities, they are still worse than the employment of those in the non-Aboriginal population with comparable levels of education. This suggests that education alone is not enough to overcome the full range of employment barriers faced by Aboriginal people, and those other situational factors, such as discrimination or lack of opportunity also play an important role (INAC 2001).

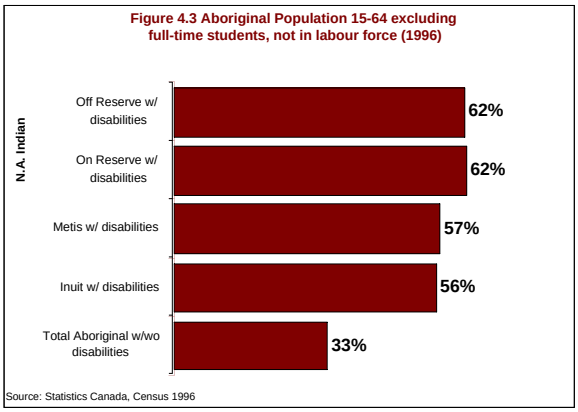


Figure 4.3: Description

The rate of persons with disabilities not being in the labour force varies only slightly. The percents for Aboriginal persons with disabilities ages 15-64 and excluding full-time students are: North American off reserve 62%, North American Indian on reserve 62%, Métis 57% and Inuit 56%. The overall rate for Aboriginal people with and without disabilities is 33%.

While not focusing on disability, the Royal Commission on Aboriginal Peoples (RCAP 1996) also reported that level of education relates to the probability of Aboriginal people finding employment. The Commission found that in the case of Aboriginal people, less than half of those with a grade nine education or less were employed at any time in 1990, compared to more than 90% of those with a university degree. The Commission thus adds further

evidence in support of better educational outcomes as an important lever for improving the economic situation for Aboriginal communities.

Desired Outcome: Working age adults with disabilities are able to participate fully in the labour force

Indicator: Persons employed all year (persons with disabilities versus non-disabled)

Description

Sustained employment is another measure of success in the labour market. For purposes of this indicator, sustained employment is taken to mean full-year employment and the measure is taken from the Survey of Labour and Income Dynamics.

Specifications

Source: Survey of Labour and Income Dynamics (1993-1999)

Population: Working-age adults 16-64 with and without disabilities

Calculation: Percentage of population working full year

Further Information

Table 4.11 shows that persons with disabilities consistently experienced more difficulty in maintaining stable employment than did those without disabilities. In most years, the percentage of working-age adults with disabilities who enjoyed full-year employment was less than half that of other working-age adults. For example, in 1998 38% of men with disabilities and 28% of women had full year employment versus 77% of men and 64% of women without disabilities.

The reasons for the substantial improvement for persons with disabilities in 1999 are not clear. While improvements in the economy may have contributed to this improvement, the use of changed disability filter questions in the 1999 SLID may be a more important factor. It is thought that a substantial additional number of individuals with relatively mild disabilities responded positively to the new filter questions.[33] These individuals with mild disabilities are likely to have employment stability approaching but not equal to that of the population without disabilities. The improvements found in 1999 for both persons with and without disabilities are consistent with this hypothesis.

[33] See Annex 3 for a more complete discussion of the impact of the new filter questions. Also see (Langlois 2001)

Table 4.11: Population (Ages 16-64) Employed All Year by Sex and Disability Status

	Men		Women	
	With Disability	**No Disability**	**With Disability**	**No Disability**
1999	50.3%	77.8%	41.8%	64.9%
1998	38.1%	77.1%	28.0%	64.2%
1997	36.9%	76.7%	28.5%	63.5%
1996	41.1%	76.5%	29.6%	63.1%
1995	33.6%	77.0%	24.3%	62.4%
1994	36.8%	74.7%	25.6%	61.5%
1993	37.0%	74.0%	28.6%	61.3%

Source: Survey of Labour and Income Dynamics (1993-1999)

Since SLID 1993-1998 surveyed the same individuals over a six year period it would be possible to track sustained success in the labour market by examining longer periods than one year. The Canadian Council on Social Development has published a preliminary longitudinal analysis of full year employment using SLID from 1993-1998.[34] CCSD found that persons without disabilities were most likely to have full-year employment for the entire six year period. Those who had disabilities for the entire period were least likely to maintain continuous full-year employment while people who were disabled for only part of the survey period fell between the other two groups in their rate of sustained full-year employment.

Percent of Working Adults who are Working the Number of Hours they Want (Supplementary Analysis)

The ability to work the desired amount is a key contributor to quality of life. Too much work may be a source of stress resulting in health or social problems, while too little may cause also distress and create financial problems in the household. We can compare the percent of adults with disabilities who are working the desired number of hours weekly to that of the general working age population. As shown in figure 4.4 the Workplace and Employee survey (1999) found that 66% of adults with disabilities who are working, work the number of hours that they prefer. This is slightly less than the 71% of adults without disabilities who are happy with the number of hours they work. Employees with and without disabilities who are dissatisfied with their hours are more likely to want more hours for more pay than to want fewer hours for less pay. On average, employees with and without disabilities who wanted more hours sought an additional 11 hours of work per week.

[34] See the CCSD website, http://www.ccsd.ca/drip/research/ , Disability Information Sheet number 2.

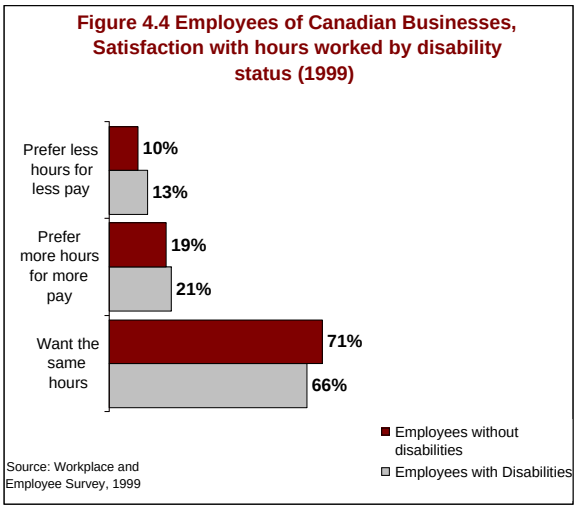


Figure 4.4: Description

Among employees with disabilities, 66% want the same hours, 21% would prefer more hours for more pay and 13% would prefer fewer hours for less pay. Among employees without disabilities, 71% want the same hours, 19% would prefer more hours for more pay and 10% would prefer fewer hours for less pay.

People may be forced to work part-time when they would rather have full-time jobs. This situation may be due to labour market conditions or to the requirements of particular employers. Under conditions of full inclusion, rates of involuntary part-time work might be comparable for persons with and without disabilities. In 1999, according to the WES survey, 37% of working-age adults with disabilities who were working 30 hours per week or less would have preferred more hours. This situation occurred for 36% of adults without disabilities. The most common reason given for this situation is that the employer did not offer the additional hours. While these results do show a significant amount of involuntary part-time work, they also suggest that persons with disabilities are not forced disproportionately into part-time positions relative to other workers.

WES also shows that 15% of employees with disabilities who worked full-time would have preferred to work fewer hours for less pay, while this was true of 11% of employees without disabilities, suggesting that among persons with disabilities who are working full-time, more of them would actually prefer to reduce their hours. WES includes a set of questions asking for the reasons that employees preferred fewer hours. Family responsibilities and a desire for more leisure time are the top two reasons given by both employees with and without disabilities. Unfortunately, detailed results from these questions do not meet Statistics Canada release guidelines.

Aboriginal Persons with Disabilities

The 1996 Census found that over 60% of Aboriginal persons with disabilities did not work at all in the twelve months of 1995. Twenty three percent worked full-time or part time for less than 49 weeks, while only 14% had full-time or part-time jobs for the full year. As shown in figure 4.5, North American Indians with disabilities living on and off reserve were the most likely not to work at all, but Inuit and Métis persons with disabilities also fared badly in having a job at some point in the year. By comparison, the overall rate for Aboriginal persons with and without disabilities who did not work was 36%. While a substantial portion (31%) of Aboriginal persons without disabilities also had no work in 1995, these numbers again illustrate the multiple disadvantages faced by Aboriginal people with disabilities. Table 4.12 in Annex 5 provides population estimates and additional details.

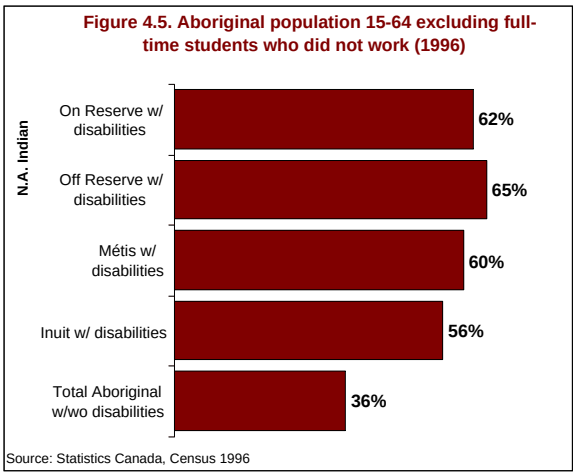


Figure 4.5: Description

The figure shows the percent of the Aboriginal population with disabilities 15 and over excluding full-time students who did not work at all in 1995. Percentages are North American Indians on reserve 62%, North American Indians off reserve 65%, Métis 60% and 56% of Inuit people. The overall rate for the total Aboriginal population with and without disabilities is 36%.

Twelve percent of Aboriginal persons with disabilities worked full-time for the full year. This rate does not vary substantially across the four groups, going from a low of 11.6% for North American Indians off reserve to a high of 13.7% for Inuit people with disabilities. Approximately 28% of Aboriginal people without disabilities had full-time employment, more than twice the rate as that of Aboriginal persons with disabilities, but still far below the non-Aboriginal rate. Table 4.13 in Annex 5 provides additional detail on the percentages of full-time and part-time full-year positions across the four major Aboriginal groups. These numbers highlight the obstacles to finding work among all Aboriginal groups.

To change the low levels of labour market activity among all Aboriginal people of working age and of those with disabilities in particular, requires a multi-faceted strategy. For example, members of the summer 2001 consultations suggested a number of ideas. To ensure that employment readiness and life skills training programs designed as part of pre-employment initiatives are adequate to meet the needs of Inuit, First Nations, Non-Status, and Métis with disabilities, there must be adequate consultation with the Aboriginal community during the planning, design and implementation of these programs. Culturally appropriate programs and services are required through the utilization of demonstration projects and evaluation criteria that recognize culturally specific methodologies which are sensitive to the diversity of the Inuit, First Nations, Non-Status, and Métis with disabilities. Mainstream methods for learning and accommodating different learning styles need to be adapted to meet the needs of Aboriginal people with disabilities. Programs to provide both incentives and education for prospective employers of First Nations, Non-Status, Métis, Inuit, and Native persons with disabilities are needed. Equally important, economic development initiatives that create work opportunities in Inuit, First Nations, Non-Status, Métis communities are required.

Desired Outcome: Adults with disabilities who are working receive equitable compensation based on their knowledge and experience

Indicator: Relative hourly wage (persons with disabilities versus non-disabled)

Definition

When persons with disabilities are able to find employment, equivalent education, qualifications, and various

other factors determine hourly wage. Inequality between working-age persons with disabilities and those without disabilities with respect to earnings suggest that persons with disabilities may be having difficulty obtaining or keeping jobs for which they are otherwise qualified.

In 1998, average earnings for men with disabilities were $13 700 while earnings for men without disabilities were $32 048. For women with disabilities, average annual earnings were $7 190 compared to $17 310 for women without disabilities.

Lower earnings, however, may result from more part time work and fewer weeks of employment for persons with disabilities. In order to assess the degree to which persons with disabilities may be compensated unequally, it is useful to compare the hourly wages of employed individuals with and without disabilities. Table 4.14 shows that throughout the 1990s workers with disabilities have had lower wages than their counterparts without disabilities. Further, workers with disabilities lost ground in their wages in the mid-1990s relative to others and did not fully recover this loss over the period covered by the survey. Overall, the wage gap increased slightly, as workers with disabilities moved from 93.1% of the median hourly wage of those without disabilities in 1992 to 91.2% of the median hourly wage in 1998.

Table 4.14: Working Age Population, Median Composite Hourly Wage by Disability Status, Constant 1998 Dollars (SLID, 1993-1998)

	1993	1995	1998
With Disability	$14.30	$13.03	$14.25
No Disability	$15.36	$15.63	$15.62
Ratio	93.1%	83.4%	91.2%

Source: Survey of Labour and Income Dynamics (1993-1998)

Specifications

Source: Survey of Labour and Income Dynamics (1993-1998); 1999 now available, updated annually.

Population: Working age population 16-64 with and without disabilities

Calculation: The median composite hourly wage is determined for each age group split by disability status. By definition, half of the members of the group have a composite hourly wage above and half have a wage below the median.

Further Information

When examining relative hourly wages by gender and age, figure 4.6 shows that men and women with disabilities in every age category have lower wages than their counterparts without disabilities.

The data in figure 4.6 are from 1998, while Table 4.15 (see Annex 5) provides additional historical detail. Men with disabilities aged 16-34 and 35-49 experienced a loss in wage rates in the 1990s both absolutely and relative to men without disabilities. In contrast, men of ages 50-64 actually enjoyed a small absolute increase in wages and closed part of the gap with men without disabilities.

Women with disabilities of all ages experienced losses in their hourly wages

in the mid-1990s, but younger women, aged 16-34 had made a substantial gain of over 17% above 1993 wages by 1998. Women in youngest age category closed a significant part of the wage gap between themselves and their age peers without disabilities. Women with disabilities in the older ages saw the wage gap widen.

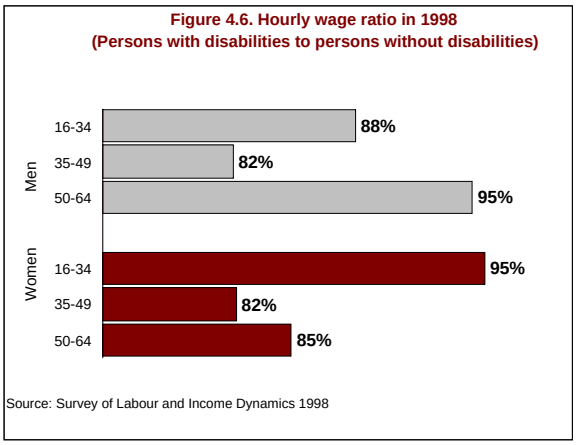


Figure 4.6 Description

Figure 4.6 shows the ratio of hourly disabilities as found in the 1998 Survey of Labour and Income Dynamics. The ratios of hourly wages of men with disabilities to those of men without disabilities are: for ages 16-34, 88%, ages 25-49, 82%, and ages 50-64, 95%. For women with disabilities, the ratios are: for ages 16-34, 95%, for ages 35-49, 82% and for ages 50-64, 85%.

Median hourly wages for men and women without disabilities were relatively flat, with both small gains and small losses reported in different age groups between 1993 and 1998.

The Canadian Council on Social Development has published a more extensive analysis of the relative hourly wage of workers with disabilities, examining the patterns shown here while also extending the analysis to consider education and labour force participation.[35]

Aboriginal Persons with Disabilities

Figure 4.7 shows the ratio of earnings reported by Aboriginal persons with disabilities of working age to non-Aboriginal persons, excluding those who did not have any employment income. Earnings are compared to the average earnings of the non-Aboriginal population. The figure also shows the overall earnings ratio of the total Aboriginal population with and without disabilities to the overall non-Aboriginal population. The lower percents for Aboriginal persons with disabilities illustrate the relative earnings disadvantage associated with the combination of Aboriginal status and disability.

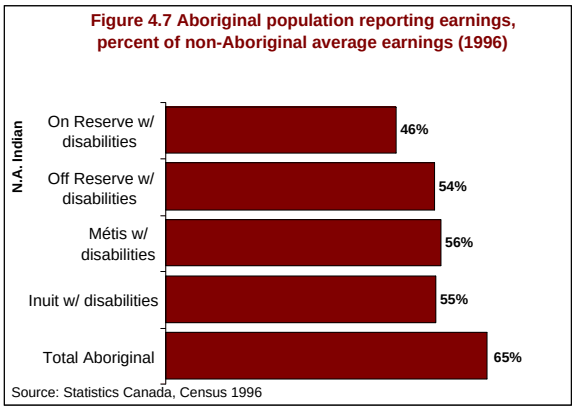


Figure 4.7: Description

North American Indians with disabilities living on reserve experienced the lowest level of earnings with 46% of the average non-Aboriginal earnings. North American Indians with disabilities living off reserve had 54%, Métis people with disabilities, 56% and Inuit 55% of the earnings of the overall non-Aboriginal population. For the overall Aboriginal population, the ratio of

[35] See http://www.ccsd.ca/drip/research/ for more information.

earnings to the overall non-Aboriginal population was 65%.

Table 4.16 in Annex 5 provides actual earnings amounts and also shows earnings data for the Aboriginal population without disabilities as reported in the 1996 Census.

Desired Outcome: Employers provide accessible work environments (with necessary architectural, workstation, job design, etc accommodations)

Indicator: % of employers that provide altered facilities, equipment or aids to accommodate persons with disabilities

Description

Employers' willingness to provide necessary accommodations affects the opportunity of persons with disabilities to work. Accommodations could include a range of options such as modified recruitment programs, altered duties or job redesign, flexible hours, workstation adaptations or special equipment, additional training, and assistance with career planning. Workplaces that include a range of accommodations would permit the full participation of workers with disabilities. Conversely, the absence of accommodations means that persons with disabilities face additional obstacles to finding and keeping a job.[36]

Specifications:

Source: Workplace and Employee Survey, 1999 data.

Population: Businesses in Canada and their employees with disabilities.

Calculations: Percent of businesses where at least one employee with disabilities indicates that the employer provides accommodations

Further Information:

There are no known national sources measuring the full extent to which work environments include the range of accommodations that workers with disabilities require. In the absence of such a comprehensive source, however, the Workplace and Employee Survey (WES), conducted in 1999, provides limited data addressing this question.

The Workplace and Employee Survey asked the following questions of employees who identified themselves as having an activity limitation or long-term disability or handicap:

- Does your employer have any recruitment or career programs for employees with disabilities?
- Have you ever participated in these programs?
- Do you need altered facilities or equipment aides to help accommodate your condition?
- Does your employer provide these altered facilities, equipment or aids to you?

The WES shows that a minimum of 90 219 (12.6%) businesses in Canada have at least one employee with disabilities. Although the number of such businesses is almost certainly much higher, the design of the WES does not permit an estimate of how many out of a total of over 718 000 businesses have employees with disabilities. The 90 219 businesses for which WES does have information have an estimated total of 580 882 employees with disabilities or an average of 6.4 employees per employer.

[36] To the extent that employers might incur costs in providing such accommodations, then the relative contribution of governments, employers and individuals with disabilities in sharing these costs presents an additional policy question. This question is not addressed here.

For the 90 219 businesses, disabled employees indicated that 8 875 of these employers had special recruitment/ career programs and/or supplied altered equipment/facilities. In interpreting these figures it is important to keep in mind that the disabled employees who completed the survey may not have been fully aware of their employer's policies on accommodation. Given this limitation, the WES data permit us to say that at least 9.8% of Canadian businesses that have employees with disabilities also have active programs to accommodate them.

Table 4.17: Employers Providing Accommodations for Employees with Disabilities

	Employer Provides		Employer Does Not Provide		Total
Recruitment or Career Programs	Number	%	Number	%	
Employee has Participated	842	0.9	--		
Has not Participated	8 037	8.9	81 343		
Total	8 875	9.8	81 343	90.2	90 219

Note: Table only includes employers where at least one employee with disabilities completed the survey

Source: Workplace and Employee Survey (1999)

Table 4.17 illustrates the numbers of employers where employees with disabilities indicated that special recruitment or career programs are offered. While nearly 10% of these employers have specialized recruitment or career planning programs, employees completing the survey had participated in these programs in less than 1% of employers. WES did not explore the reasons why so many employees with disabilities did not take part in these programs.

Table 4.18 shows the number of employees needing altered facilities, equipment or aids receiving such accommodations from their employer. Approximately 3.5% (20 249) of employees who indicated that they had a disability felt that they required altered facilities, equipment or aids to accommodate their condition. Approximately 80% of these employees received them from their employer. Four percent of employees with disabilities who did not need altered equipment to accommodate their condition also indicated that their employer provided them with some form of accommodation. The WES survey did not explore the reasons that individuals might receive accommodations that were not specifically required by their condition. In total, over 6.5% of employees with disabilities were receiving altered facilities, equipment or aids from their employer. Overall, these data suggest that only a small fraction of employees with disabilities actually need accommodations for their disability and businesses are willing to supply the

Table 4.18: Employee Need for and Receipt of Altered Facilities/Equipment/aids from Employer

Employee need for altered equipment, aids or facilities:	Employer Provides		Employer Does Not Provide		Total
	Number	%	Number	%	Number
Need Alterations	16 303	80.5	3 946	19.5	20 249
Do not need Alterations	21 740	3.9	538 893	96.1	560 633
Total	38 043	6.5	542 839	93.5	580 882

Source: Workplace and Employee Survey (1999)

necessary accommodations to existing employees in the majority of cases.

Although, in principle, the Workplace and Employee Survey allows analysis of the availability of workplace accommodations by size of employer and industry, the results do not meet Statistics Canada release guidelines due to unacceptably large sampling variability.

The WES survey asked about training received by employees in the previous year either in a formal classroom setting or on-the-job training. Overall, 55% of employees indicated that they had received some form of training. Employees with disabilities and those without disabilities were equally likely to report that they had received training. As shown in figure 4.8, however, employees with disabilities were more likely to receive on the job training and less likely to receive formal classroom training.

WES also allows examination of training based on gender and level of education. Whether or not they have disabilities, women employees are slightly more likely to have received

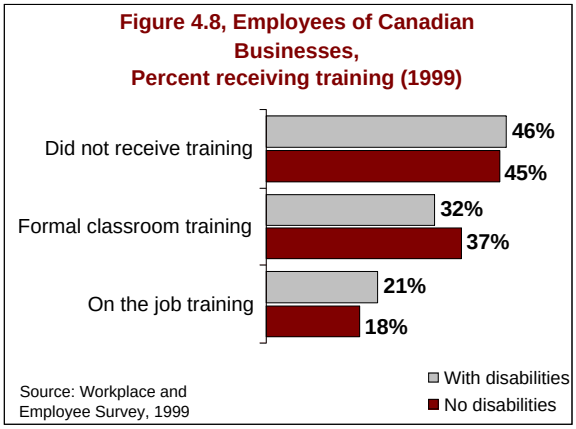


Figure 4.8: Description

For employees with disabilities, 46% did not receive any training in the previous year, 32% received formal classroom training and 21% received on the job training. For employees without disabilities, 45% did not receive any training in the previous year, 37% received formal classroom training and 18% received on the job training.

training in the past year than men. Similarly, regardless of disability employees with post-secondary education are more likely to receive training than those with a high school diploma or less.

Aboriginal Persons with Disabilities

In the case of Aboriginal persons with disabilities, 4 080 or 3.5% of Aboriginal workers indicated they were using aids or equipment to be able to work in the

1991 APS. (See table 4.19 in Annex 5 for population estimates corresponding to percents in figure 4.9.) There is no data available reporting on the extent to which employers of Aboriginal persons with disabilities offer the necessary accommodations required for them to work.

2.3% of North American Indian workers on reserve used aids or special equipment in order to work. The other percents are: Inuit 4.0%, Métis 3.9%, North American Indian off reserve 3.9% and total Aboriginal worker population 3%.

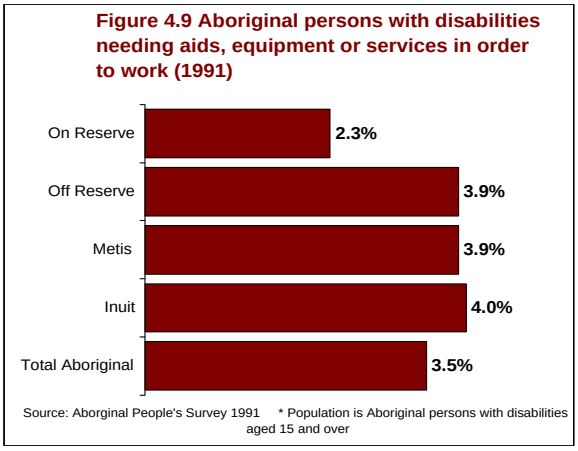


Table 4.19 provides additional detail on the types of accommodation that Aboriginal workers required. The highest demand for aids and services was in job redesign (34% of those requiring and modified or reduced hours (33%), followed by retraining (16%), technical aids (12 %) and human support (8%).

Figure 4.9: Description

Table 4.19: Adults ages 15+ reporting Aboriginal identity requiring accommodations, aids or adaptive services to be able to work: Type of accommodation required

	North American Indian				Métis		Inuit		Total	
	On Reserve		Off Reserve							
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Human Support	110	4.3	195	9.2	-	-		-	330	8.1
Technical aids	85	1.0	275	13.0	90	9.0	-	-	475	11.6
Communicatio n services	65	8.4	-	-	40	4.0	-	-	200	4.9
Job redesign	180	23.4	785	37.1	325	32.3	-	-	1 395	34.2
Modified or reduced hours	185	24.0	755	35.7	140	13.9	100	45.5	1 355	33.2
Retraining	135	17.5	380	18.0		0.0	-		665	16.3

Note: - not reported due to unacceptable sampling variation
Note: percents are of total workers requiring accommodation
Source: Aboriginal Peoples Survey (1991)

Government Action to Support Skills Development, Learning and Employment of Persons with Disabilities

The Government of Canada works in partnership with other jurisdictions to assist persons with disabilities to find and keep a job and to develop the skills and learning needed to be successful in the labour market. In some cases it makes benefits and services available directly to individuals while in other initiatives it works with one or more partners. The Government also plays an important regulatory role in those sectors that come under its jurisdiction.

The final section of this chapter provides descriptions and performance information about selected Government of Canada initiatives in these areas.

Tax Measures to Support Employment (Finance Canada and Canada Customs and Revenue Agency)

In addition to the tax measures to recognize disability-related costs and measures for caregivers that were described in chapter 3, the Government provides several tax measures to reduce barriers to employment. These measures are described in the following paragraphs.

Attendant Care Deduction

This deduction recognizes the costs incurred by taxpayers eligible for the disability tax credit who require attendant care in order to earn business or employment income or to attend school. The attendant cannot be a spouse or common-law partner and must be 18 years of age or older.

The deduction is limited to the lesser of the qualifying amounts paid to the attendant or 2/3 of the taxpayer's earned income. The deduction for those attending school is limited to 2/3 of income (income up to $15 000) from all sources.

Child Care Expense Deduction

This deduction recognizes the child care costs incurred by single parents and two-earner families in the course of earning business or employment income, pursuing education or performing research. The child care expense deduction limit is $10 000 in respect of children who qualify for the Disability Tax Credit.

Refundable Medical Expense Supplement

The supplement improves incentives for Canadians with disabilities to enter the work force by helping to offset the loss of disability related support when they enter the paid labour force. The refundable supplement to the Medical Expense Tax Credit (METC) provides assistance for above-average disability and medical expenses to low-income working Canadians. For 2002, the maximum supplement is the lesser of $535 or 25 % of the allowable portion of expenses that can be claimed under the METC. The credit is available to workers with earnings above $2 676. To target assistance to those with low incomes, the credit is reduced by 5% of family income in excess of $20 296. Individuals claiming the refundable supplement may also claim the non-refundable METC. This supplement was introduced in the 1997 budget and is fully indexed to inflation.

Table 9.1 provides a summary of the Government's total disability-related expenditures including the cost of these tax provisions.

Canada Study Grants (Human Resources Development Canada)

Participation in post-secondary studies poses special challenges for persons with disabilities who often incur greater education-related expenses. Recognizing that costs are often higher for these students, in 1995, the Government of Canada introduced the Canada Study Grant for Students with Permanent Disabilities to help cover exceptional education-related costs for services and equipment. Human Resources Development administers Canada Study Grants for Students with Permanent Disabilities and Canada Study Grants for High-need Students with Permanent Disabilities.

The Canada Study Grant for Students with Permanent Disabilities is available to offset costs of exceptional education-related services or equipment required by students in order to participate in post-secondary studies. As of August 1, 2002, the maximum grant to address these costs was increased from $5 000 to $8 000 per year.

As of August 1, 2002, a Canada Study Grant for High-need Students with Permanent Disabilities of up to $2 000 is available to address the unmet financial need of students with permanent disabilities. These improvements were first announced in the 2001 federal budget.

These measures were undertaken by the Government of Canada to reduce financial barriers to post-secondary education for persons with permanent disabilities, to enhance their ability to get and keep better jobs, have greater economic and self-reliance, and facilitate their participation in all facets of civic, social and economic life. It is anticipated that the levels of participation in post-secondary education will increase as a result of the enhancement to the Canada Study Grant for Students with Permanent Disabilities and the implementation of the Canada Study Grant for High-need Students with Permanent Disabilities.

Budgets/Costs

In 2002-2003, the budget is $24 M (i.e. $19.2 M in payments to individuals, plus $4.8 M in alternative payments to Quebec, the Northwest Territories and Nunavut). This amount increased by $10M over the $14M budget in 2001-2002 as a result of the enhancements announced in the budget.

Results

In the 2000-2001 loan year, approximately 4 600 Canada Study Grants for Students with Permanent Disabilities were issued totalling $11.2 M. In addition, $3.8M in block grants was issued for a total of $14M.

The enhancement to the existing Canada Study Grant for Students with Permanent Disabilities $8 000 effective August 1, 2002 is expected to assist approximately 300 students who face costs in excess of the former $5 000 ceiling.

It is expected that the introduction of the new Canada Study Grant for High-need Students with Permanent Disabilities will benefit approximately 3 000 students per year.

HRDC is currently developing an evaluation framework, as well as accountability specifications, for the enhancement to the current Canada Study Grant for Students with Permanent Disabilities and the introduction of the Canada Study Grant for High-need Students with Permanent Disabilities.

For more information about Canada Study Grants, please go to the web site: www.canlearn.ca/NSLSC/financial/nlstudis.cfm?langnslsc=en

The Employability Assistance for People with Disabilities (EAPD) initiative (Human Resources Development Canada)

Funded through Human Resources Development Canada, EAPD is a federal-provincial initiative whereby the Government of Canada, through five-year bilateral agreements with all provinces, contributes 50% of the costs of eligible provincial programs and services up to the amount of the maximum federal allocation identified in each bilateral agreement to help people with disabilities prepare for, obtain, and maintain employment. There are currently no agreements with the territories.

The programs and services funded under EAPD will vary among provinces, to reflect local priorities and the needs of the disability community. Examples of interventions which provinces may choose to jointly fund through EAPD include employment counselling and assessment, employment planning, pre-employment training, post-secondary education, skills development, assistive aids and devices, wage subsidies or earning supplements, and other workplace supports. Each province is responsible for program design and delivery as well as client eligibility. The Government of Canada determines eligibility of provincial programming for funding under EAPD.

The goal of the EAPD initiative is to enhance the economic participation of working age adults with disabilities by providing Government of Canada funding to provinces for a range of provincial programs and services. To be eligible for funding under EAPD, the programs and services must provide the skills, experience and related supports necessary to prepare people with disabilities for economic participation and employment in the labour market, or to help them attain and/or maintain employment.

The Government of Canada has committed $193 million annually for EAPD.

The four results indicators common to all bilateral agreements include:

- Number of people actively participating in programs and services;
- Number of people successfully completing programs and services;
- Number of people employed as a result of a program participation; an
- Number of people sustained in employment in the case of vocational crisis.

It has been determined that provinces require additional time and resources to develop their data collection systems to be able to report on these indicators. The reporting of indicators varies by province depending on their capacity to report. All provinces are committed to working towards more complete data collection. Information on outputs and outcomes that have been collected by provinces is described in the 1999-2000, 2000-2001 Employability Assistance for People with Disabilities National Report. The EAPD National Report can be found at: http://www.socialunion.gc.ca/pwd/EAPD2002/toc.htm.

A Promising Practices Project was undertaken to research and document case studies in provincial employability

programming and services that are cost-shared under EAPD. These Promising Practices provide lessons learned on what works in provincial employability programming for people with disabilities.

EAPD agreements expire March 31, 2003. Options for a successor initiative are being discussed as part of deliberations between the Government of Canada and provincial and territorial governments on a framework for a comprehensive labour market strategy for persons with disabilities.

More information on EAPD is available through the Office for Disability Issues Web site at: www.hrdc-drhc.gc.ca/hrib/sdd-dds/odi/content/eapd.shtml

Opportunities Fund (OF) for Persons with Disabilities (Human Resources Development Canada)

The objective of OF is to work in partnership with regions, other HRDC branches, non-governmental organizations representing persons with disabilities, the private sector, and provincial governments in using innovative approaches to assist persons with disabilities in preparing for, obtaining and keeping employment, thereby increasing their economic participation and independence.

The intent of the program is to assist persons with disabilities who normally have had little or no labour force attachment and who therefore do not qualify for assistance under the Employment Insurance (EI) program. The operating principle is that, where clients are eligible for other programming, OF will function as an alternative measure for cases where there is no comparable intervention easily accessible for the client.

The Opportunities Fund supports a number of employment activities for persons with disabilities. These activities can include employment services such as counselling, diagnostic services, case management and/or employment interventions such as wage subsidies to employers, income supports for work experience activities, tuition and income supports for skills training, and income support for establishing new businesses. Eligible costs also include accommodation, transportation, dependent care and disability related costs.

Approximately 80% of the OF annual budget of $30 million is utilized for contribution agreements with organizations for persons with disabilities, eligible employers/coordinators and eligible participants. Most of this budget is allocated to and administered by Human Resource Centers of Canada, while a portion is retained at national headquarters for nationally delivered agreements.

Another 10% ($3 million) in contribution agreement funds are transferred to and administered by the Aboriginal community under the Aboriginal Human Resources Development Strategy (AHRDS) (see below). The Strategy provides Aboriginal organizations with the flexibility to manage the funds received according to the local and regional needs of Aboriginal people. The terms and conditions of the OF Program funds allocated to Aboriginal programming are accounted for under the AHRDS.

The remaining 10% are distributed amongst HRDC's regional offices, local

offices and national headquarters for operating and salary costs.

In fiscal years 2000/01 and 2001/02, funding incremental to the OF budget (from departmental reserves) was made available to the Territories for employability programming for people with disabilities. Since there are no EAPD agreements with the Territories, the program was administered under the terms and conditions of OF. However, the funds were not used in either year as they were received too late for planning. For fiscal 2002/03, it has been decided that an additional $500k of program funds from within the OF budget will be allocated to the Territories.

The program area will keep track of, on a monthly basis, the following:

- The total number of persons with disabilities assisted through the OF program by an employment assisted service and/or an intervention designed to enhance educational, occupational or trade skills (clients served);
- The number and percentage of OF clients served who are Employment Insurance (EI) clients;
- Number of OF clients served who are from rural areas as per Postal Code definition and the percentage point difference between percent of rural OF clients served and percent of the general population residing in rural communities.

In addition to program data, the main outcomes will focus on the labour market participation of persons with disabilities and the level to which the program helped them achieve greater employability and obtain employment. These outcomes are reflective of the results-based accountability framework which was completed and submitted to the Treasury Board Secretariat of Canada in January 2001. A revised framework was submitted to TBS in March 2002.

Key short-term outcomes and related indicators will be reported internally monthly and quarterly. They will form part of the annual report to Parliament (Departmental Performance Report) and will be used as a secondary data source for the 2004/05 evaluation. Both of these reports will be made available to the public. The selected key short-term outcomes are:

- Persons with disabilities obtained employment, and
- Persons with disabilities achieved enhanced employability.

One key medium-term outcome has been identified. This outcome will be reported as part of the evaluation cycle:

- Persons with disabilities have maintained employment.

Two long-term outcomes will be reported as key indicators in the summative evaluation:

- Persons with disabilities have moved towards economic self-sufficiency, and
- Persons with disabilities have integrated into the labour force.

In December of 2001, the terms and conditions for the OF were renewed to March 31, 2003. At that time, the eligibility requirements for the program were expanded. Until then, the OF terms and conditions did not allow for the participation of persons with disabilities who were eligible to receive assistance under the Employment Benefits. These

benefits are provided under Part II of the Employment Insurance (EI) Act or under similar programs that are the subject of agreements with provinces, territories or organizations. Eligible OF participants would normally have had little or no labour force attachment and therefore would not qualify for assistance under the EI Program. The focus of the OF is still on those individuals who don't qualify for Employment Benefits. However, it has been determined that, in those exceptional circumstances where adequate services are not available for persons with disabilities who qualify for assistance under EI Part II, assistance may be provided under the OF program following an individual review and file documentation.

Aboriginal Human Resources Development Strategy (Human Resources Development Canada)

Aboriginal Human Resources Development Strategy (AHRDS) is a $1.6 B, five-year strategy designed as a partnership between Human Resources Development Canada (HRDC) and the Aboriginal groups that devolves funding and responsibility to design and deliver labour market programming to Aboriginal people. Under the Strategy, 79 Aboriginal Human Resource Development Agreements (AHRDAs) have been negotiated between HRDC and various Aboriginal groups across Canada.

The AHRDS is a pan-Aboriginal strategy; it serves all Aboriginal people across Canada, regardless of status or residency (on and off reserve) via 200 sub-agreements and 400 points of service.

The AHRDS focuses on long term attachment to the labour market through individual case management. It consolidates an array of Aboriginal programming:

- Labour market programs;
- Youth programs;
- Childcare programs;
- Programs for Aboriginal people living in urban areas; and,
- Programs for persons with disabilities.

HRDC works with many partners to confront many challenges facing disabled Aboriginal people. In April 1997, HRDC established an Aboriginal Reference Group on Disabilities Issues (ARGDI), providing a vital forum where disabled Aboriginal people can speak for themselves.

The main objectives of the ARGDI are:

- Help disabled Aboriginal people to participate fully in their workplace, communities and in the mainstream of our society;
- Work closely with Aboriginal organizations such as the AHRDA holders to both help raise the profile of disability issues, and to help integrate Aboriginal persons with disabilities into the workforce;
- Promote the notion of "full citizenship" among the Aboriginal persons with disabilities; and,
- Provide an opportunity for government officials to share information and exchange views on the issues that are faced by persons living with disabilities.

The ARGDI meets three times a year, with the support of the Aboriginal Relations Office, HRDC. HRDC is currently working with the ARGDI members, who, at their last meeting, began to develop a work plan to increase

AGRDI's focus on using its capacity to educate various groups about the reality of Aboriginal persons with disabilities, and to press them for greater public accountability. This will mean greater visibility of Aboriginal persons with disabilities with the Aboriginal Human Resources Development Agreement (AHRDA) holders as well as with the Aboriginal Human Resource Development Sector Council of Canada and the private sector.

Under the Aboriginal Human Resources Development Strategy (AHRDS), an amount of $3M/year from the Opportunities Fund (see above) has been earmarked over five years to specifically address the labour market needs of Aboriginal persons with disabilities.

The AHRDS is largely funded from the Consolidated Revenue Fund. As such, there are no obstacles to Aboriginal persons with disabilities wishing to access funds for labour market training under the Aboriginal Human Resources Development Agreements (AHRDA) in addition to the Opportunities Fund.

AHRDAs specify equitable access and require targets for serving Aboriginal persons with disabilities. So far, the AHRDAs have served 1613 clients with disabilities and 507 of them found jobs. As the incidence of disability is higher in the Aboriginal population, and gathered through self-identification, there is evidence that the numbers are under-reported.

Recently, funding in the amount of $125 000 has been secured to support a clearinghouse on disability issues on an ongoing basis. The objective of the clearinghouse would be to serve as a national window for services and pertinent information for Aboriginal persons with disabilities. It is anticipated that this initiative will be launched in this fiscal year.

HRDC is undertaking a series of case studies to be conducted with 10 AHRDA holders, which would include a thorough examination of program results, and future planning activities. This evaluation is expected to reveal more qualitative outcomes regarding the Aboriginal persons with disabilities.

One of the many success stories that came about as a result of the Consultative Assessment of the AHRDAs, completed in Fall of 2001 talks about Aboriginal disabled people developing skills. The Neil Squire Foundation, an urban based agency, provides a wide range of services designed to help clients find the right jobs, to the Métis Nation of Alberta's Helping Circle Employment Services that aims to provide Métis people without experience the skills needed to get a foot in the door.

At the AHRDA Forum, a session focused on issues and challenges faced by Aboriginal persons with disabilities. While many of the issues transpired in anecdotal form, at the Forum AHRDA holders and stakeholders mentioned specific challenges:

- Jurisdictional issues continue to be a major challenge for Aboriginal persons with disabilities in obtaining programs and services.
- Mandate fragmentation within the Government of Canada in providing programs and services to Aboriginal persons with disabilities.

- Limited funding and lack of a holistic framework to address the issues faced by Aboriginal persons with disabilities.
- Limited capacity to represent Aboriginal persons with disabilities needs and positions in the development of policies and programs.

Canada Pension Plan Disability Vocational Rehabilitation (Human Resources Development Canada)

CPP Vocational Rehabilitation is designed to help clients in receipt of a Canada Pension Plan (CPP) Disability Benefit return to work. The initiative centres on developing an individualized return-to-work rehabilitation plan for each participant. Some of the services provided include vocational assessment, planning, skills development and job search assistance. CPP Vocational Rehabilitation is administered by the Income Security Branch of Human Resources Development Canada.

The goal of CPP Vocational Rehabilitation is to help interested CPP Disability beneficiaries with potential to successfully reintegrate into the labour market, either with their former employer or in a new field to which they can adapt their skills and abilities. Vocational Rehabilitation measures the number of clients in receipt of services and the number of successful rehabilitation outcomes as related to projected cost avoidance.

Results

As of March 31, 2002, 478 clients were receiving assistance through CPP Disability Vocational Rehabilitation. During 2001-2002, 299 decisions were made to continue or cease benefits as a result of Vocational Rehabilitation. Also in 2001-2002, 101 clients were successfully returned to work. The projected cost avoidance over 3 years for the 101 clients that were successfully rehabilitated in 2001-02 is $3.1 million

About 600 clients have successfully completed Vocational Rehabilitation and stopped receiving CPP Disability benefits between 1995 and 2001. Ongoing monitoring shows that the vast majority (over 80%) have remained off CPP benefits, continue to have earnings and pay contributions to the CPP.

Management has identified a need to develop a comprehensive approach to measure the long-term success of the CPP Disability Vocational Rehabilitation initiative.

Issues

There is an ongoing challenge to ensure that all CPPD clients know about the initiative and to increase participation in Vocational Rehabilitation. A need has also been identified to provide a broader range of services for clients who want to return to work but who may not need intensive vocational rehabilitation.

For more information about CPP Disability Vocational Rehabilitation Program please see: www.hrdc-drhc.gc.ca/isp/cpp/vocational_e.shtml

Employment Equity (Human Resources Development Canada, Treasury Board Secretariat, Public Service Commission and Canadian Human Rights Commission)

The Employment Equity Act was established to ensure that federally regulated employers make reasonable progress toward achieving equitable

representation of women, Aboriginal People, persons with disabilities, and visible minorities within their workforces. It requires employers to determine areas of under-representation and the reasons why these exist as well as to develop and implement action plans to remove barriers and to take steps to ensure full equity is achieved. The Employment Equity Program covers federally regulated employers such as the national banks, the telecommunications industry, the railways, Government of Canada departments and agencies and others who fall under the Act. Workers in these organizations account for 10% of the Canadian workforce.

The purpose of this Act is to achieve equality in the workplace so that no person shall be denied employment opportunities or benefits for reasons unrelated to ability and, in the fulfillment of that goal, to correct the conditions of disadvantage in employment experienced by women, Aboriginal peoples, persons with disabilities and members of visible minorities by giving effect to the principle that employment equity means more than treating persons in the same way but also requires special measures and the accommodation of differences. To implement employment equity, employers are required to collect information and conduct an analysis of their workforce; to monitor representation rates; to identify and eliminate barriers to employment; to institute positive policies; to achieve representation and to prepare an employment equity plan.

The current Employment Equity Act came into force in October, 1996. The main changes in the 1996 Act, compared to the 1986 Employment Equity Act, were to include the federal Public Service and clarify the role to be played by Treasury Board Secretariat of Canada and the Public Service Commission; to provide authority to the Canadian Human Rights Commission to conduct on-site audits and to enforce compliance; to recognize federal contractors in the legislation and demand equivalent compliance and to clarify employers' obligations.

The Employment Equity Act also calls for equivalent application of the Federal Contractors' Program. These contractors fall outside Government of Canada jurisdiction. However, if they have a hundred or more employees and they bid on federal contracts with a value of $200 000 or more, they must commit to implementation of an employment equity plan in their workplace.

A definition of persons with disabilities definition was contained in the original 1986 Employment Equity Regulations, but was subsequently revised to include the concept of accommodation.

Currently, the Act covers the following types of employers:

- 408 federally regulated employers with a workforce of some 635 000 employees
- Some 70 federal public service departments and agencies with approximately 150 000 employees:
- Separate operating agencies like the Canada Customs and Revenue Agency, RCMP and Canadian Forces - and there are 17 employers like this with more than 100 employees, accounting for some 155 000 employees.

There are approximately 850 contractors, with 1.1 million employees, covered by the Federal Contractors’ Program.

The Act gives the Canadian Human Rights Commission the mandate to monitor for compliance and to ensure that areas of non-compliance are corrected. Once employers are in compliance, the Commission continues to monitor and take action to ensure reasonable progress is achieved.

HRDC's Labour Branch also plays a role in promoting and enforcing compliance with the provisions of the Employment Equity Act and its regulations. Every year by June 1, over 400 employers must submit employment equity reports showing the representation of the designated groups within their workforce. HRDC receives these reports and verifies them for compliance with the reporting requirements. The individual reports are published, and they are also the basis for the Minister of Labour's Annual Report on the Employment Equity Act.

The data provided by these annual reports allows interested parties to assess how well each of the employers is progressing. Labour department staff subsequently consolidates these data into an annual report, which the Minister tables each year in Parliament. The emphasis is on educating employers that employment equity is the right and fair thing to do. As our economy shifts to a greater emphasis on skills, we see a greater emphasis on the link between employment equity and sound business practices.

The Labour Branch program operated on a $0.64 M budget for the year 2001-2002.

The Standing Committee on Human Resources Development and the Status of Persons with Disabilities reviewed the Employment Equity Act and presented its findings in a report released on June 14th 2002. Among its recommendations, the Standing Committee suggested that the Minister of Labour, in collaboration with the Minister of Human Resources Development Canada, develop workplace strategies to assist employers with the hiring, accommodation and training of persons with disabilities. This would include facilitating partnerships between employers and community groups.

In response, the Government has begun developing workplace integration strategies to support the hiring of persons with disabilities and Aboriginal people that will contribute to improving representation and job retention for these groups in the federally regulated private and public sectors.

The definition of persons with disabilities contained in the Employment Equity Act was another concern raised in the report of the Standing Committee. Federally Regulated Employers in Transportation and Communication (FETCO) and the Canadian Bankers Association (CBA) have expressed, on behalf of the employers, concerns with respect to the definition of persons with disabilities. During the consultations, concerns were expressed with respect to the term 'disadvantaged in employment'. Employees with disabilities often don't wish to self-identify since the definition categorizes this designated group as being 'disadvantaged'.

The principle and process of voluntary self-identification and the definition of disability are thus problematic both for some employers and employees. If members of a designated group refuse to self-identify, the employer's representation data will suffer. For this reason, education and communication are important aspects of the program.

Given that some employees still do not self-identify, the Canadian Human Rights Commission's Compliance Review Officers take into account evidence that persons who may be members of designated groups have not self-identified as such. An employer, however, is prohibited from identifying individuals and using that as evidence.

Employers and the unions are encouraged to work cooperatively in explaining why such information is required. The issue can be handled by educating the employer/employee and designated group communities.

The Government’s Interdepartmental Committee on Employment Equity will address this issue.

For more information on employment equity for federally regulated employers go to:
info.load-otea.hrdc-drhc.gc.ca/workplace_equity/home.shtml

The Treasury Board of Canada is the employer of the Public Service within the federal government. The Treasury Board Secretariat, in cooperation with the Public Service Commission (PSC) has revised its policy on Duty to Accommodate Persons with Disabilities in the Federal Public Service. The objective of the new policy, to be implemented by individual departments and agencies, is to promote barrier-free recruitment and selection processes to eliminate access barriers facing potential recruits and existing employees within the Public Service of Canada, and to ensure that the needs of persons with disabilities are taken into consideration when designing new programs, technological applications or physical environments.

The Treasury Board Secretariat and the Public Service Commission also provide advice, guidance and information sessions to Departments to help them implement this policy. The Public Service Commission's Personnel Psychology Centre (PPC) has revised its guidelines on the Assessment of Persons with Disabilities to ensure that they conform to new legislation and jurisprudence in this regard and that they are an even more informative and useful tool to assist in recruitment and staffing processes. The PPC will also be delivering workshops to increase knowledge of the guidelines among government employees.

The Treasury Board Secretariat issues the President of the Treasury Board’s annual report showing the situation on employment equity in the federal Public Service. For information on employment equity in the federal Public Service go to:
www.tbs-sct.gc.ca/ee/index_e.asp

Chapter 5
Income

To participate fully in society, people need an adequate income. Minimally, an adequate income means you have enough money to meet your needs for housing, food, clothing, health needs and transportation, basic recreation and entertainment along with other essentials. Beyond this level, most people would agree that an adequate income means having enough to allow participation in the "normal" conditions of everyday life in one's community.

Being able to earn an adequate income can be influenced by health, access to education and training, employment opportunities in the community and transportation, among others. For some persons with disabilities, the added cost of disability supports determines whether they have enough income. For persons with disabilities in rural and remote areas, and more especially for many Aboriginal people, lack of opportunities to earn enough income is a major and ongoing issue. When people cannot earn an adequate income then they may receive the necessary financial resources through government programs.

This chapter looks at three indicators that can help to measure progress in ensuring that persons with disabilities have an adequate income, whether through employment alone or supplemented by government income support. The chapter also highlights some specific Government of Canada programs that provide income assistance to specific groups.

Desired Outcome: Household incomes of persons with disabilities are similar to those of others

Indicator: Relative household income (persons with disabilities versus non-disabled)

Description

This indicator measures the degree to which the household incomes of persons with disabilities are comparable to those other households. Where working-age individuals with disabilities are unable to work, or work fewer hours due to their condition, then public or private income support plans might supply the differential income. Lower household incomes effectively constitute a double disadvantage since families often incur additional costs resulting from the disability of their family member. For example, the Organization of Economic Cooperation and Development has focused on relative household income as a key measure of economic inclusion (OECD 2002).

Specifications

Source: Survey of Labour and Income Dynamics (1993-1999). Updated annually.

Population: Persons aged 16 and over with and without disabilities.[37]

Calculations: Before comparison, household income is adjusted for size of household using the square root of household size. Percent of adjusted

[37] Note that the filter questions used to identify the population with disabilities changed in the 1999 SLID. See Annex 3 for a further discussion.

household income is then calculated by dividing the adjusted household income of persons with disabilities by the adjusted household income of persons without disabilities. The calculation is completed on both a pre-tax and after-tax basis.

Further Information

Figure 5.1 shows the percent of household income of those with disabilities relative to those without disabilities after adjusting for the size of the household.[38] The improvement in relative incomes at older ages seems to reflect the differences in income support programs available to working-age individuals versus those available to senior citizens. As these data are taken from the Survey of Labour and Income Dynamics, it is not possible to identify the relative income of households of children with and without disabilities.

Figure 5.1 shows a marked improvement from 76% to 84% in the household income ratio in 1999 for the working age population only. It is thought that part of this improvement may reflect differences in the population identified by the new disability filter questions used in the 1999 survey. (More people with mild disabilities may be identified. See the discussion in Annex 3 of the impact of different disability filter questions.)

Table 5.1 (see Annex 5) shows these after-tax percents and also the before tax percents of adjusted incomes of households with and without a member with disabilities. The overall effects of the tax system on relative household

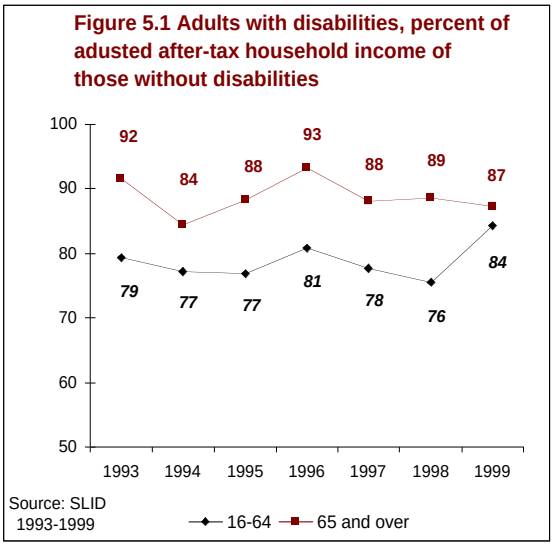


Figure 5.1 Description

The figure shows, for persons with disabilities, their household income as a percent of the household income of persons without disabilities. Estimates of total adjusted after-tax household incomes for persons with disabilities of working ages range from 76% to 84% of those without disabilities over the period from 1993-1999 and averages 78.8%. For persons aged 65 and over, adjusted after tax household income of those with disabilities ranges from 93 to 84% and averages nearly 90% of that of persons without disabilities in this same period.

incomes can be observed by comparing the pre-tax and post-tax incomes shown in the table. The gap in relative household incomes narrows on an after-tax basis by about 3-4%.

Figure 5.2 provides a further breakdown by age of the percent of adjusted after-tax household incomes of persons with disabilities within the working-age population relative to persons without disabilities. Persons with disabilities aged 45-54 have the lowest relative household income of all the age groups, averaging only 73% of household income of their age-peers

[38] Households of persons with disabilities tend to be somewhat smaller than those of others. It is standard practice when doing income comparisons to take account of the economies arising for people living in the same household by adjusting income with some indicator of household size. Here, the square root of household size is used.

without disabilities. These low incomes may reflect the difficulty experienced by this age group of people with disabilities in the labour market. In the youngest age group, higher relative incomes, averaging 86% overall, may be partially attributed to parental income as many young adults with disabilities are still living with their parents. The large fluctuations shown for this youngest group seem largely related to the influence of a few extreme cases in a small sample.

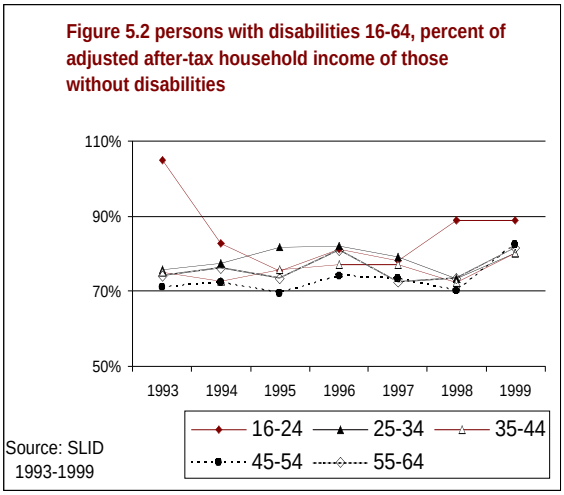


Figure 5.2 Description

The figure shows, for persons with disabilities aged 16-64, their after-tax household income expressed as a percentage of the household income of those without disabilities. Among the working age population, with the exception of the 16-24 year age group, relative household after-tax incomes of persons with disabilities cluster within a range of 69 to 82% of those of persons without disabilities through the seven year period with no large year to year fluctuations or any apparent upward or downward trends. The percents for the 16-24 age group are: 1993, 105%; 1994, 83%; 1995, 75%; 1996, 81%; 1997, 78%; 1998, 89%; 1999 89%.

Table 5.2 in Annex 5 shows the corresponding absolute dollar magnitudes, in constant 1998 dollars, of household incomes on both a before and after tax basis of households of persons with and without disabilities corresponding to the ratios presented in figure 5.2. The table also provides the detailed breakdown by age of the impact of the tax system. Average effects over the seven years range from 3.5 to 4.6% in closing the relative income gap for all but the youngest age group where the average effect is only 1.2%. The reduction in the gap found in the after-tax income comparison is due to Canada's progressive income tax rate structure and the tax credits available to persons with disabilities.

Aboriginal Persons with Disabilities

Specifications

Source: Census, 1996

Population: Persons with Aboriginal identity, aged 15 and over with and without disabilities.

Calculations: Percent *o*f household income is calculated by dividing the mean household income of persons with disabilities by the mean household income of persons without disabilities. The calculation is completed on a pre-tax basis only.

Description

Aboriginal persons with disabilities experience a double income disadvantage, living in households with income substantially below that of the non-Aboriginal Canadian population and that of other Aboriginal households. Table 5.3 shows that, overall, the household income of Aboriginal persons with disabilities is about half that of the

Table 5.3: Aboriginal Population (All Ages) by Identity Group and Disability Status; Average Household Income of Aboriginal Persons Relative to Non-Aboriginal Household Income

	North American Indian		Métis	Inuit	Total
	On Reserve	Off Reserve			
Overall	59.6%	65.4%	70.9%	80.6%	66.0%
Disability	50.7%	51.1%	52.7%	65.9%	51.8%
No Disability	60.5%	67.6%	73.7%	81.5%	67.8%

Source: Census (1996)

average Canadian household. This is just over 75% of the income of other Aboriginal families. The household income of North American Indians with disabilities both on and off reserve as well as that of Métis with disabilities is approximately 50% of Canadian household income, while that of Inuit people with disabilities is about two thirds of the Canadian average.

Figure 5.3 compares the household incomes of working-age Aboriginal persons with and without disabilities and those of non-Aboriginal households using information from the 1996 Census. Household incomes include all sources of income of all household members such as wages and self-employment, government transfers, and private pensions or investments.[39] The lowest average household incomes are those of North American Indians with disabilities of working-age both on and off reserve. While Inuit households have incomes higher than other Aboriginal groups, these higher incomes are likely to be offset by the higher living costs associated with remote northern communities.

Tables 5.4 and 5.5 (see Annex 5) provide additional details. Table 5.5 compares the household incomes of Aboriginal persons with disabilities to the

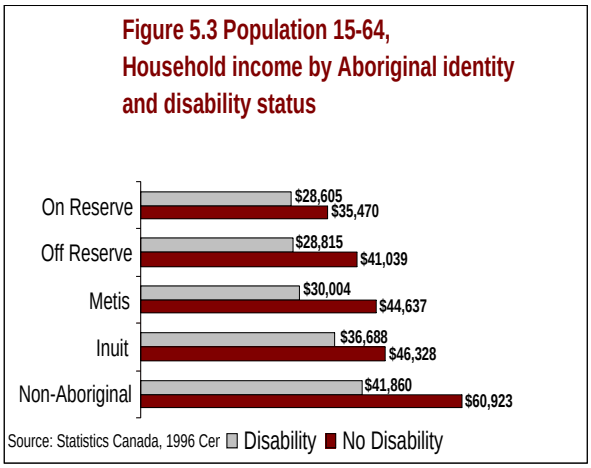


Figure 5.3 Description

The figure compares household incomes of Aboriginal persons with disabilities to those without disabilities, based on the 1996 Census. For persons with disabilities, Aboriginal household incomes are as follows: North American Indian on reserve, $28 605; North American Indian off reserve $28 815; Métis $30 004; Inuit and $36 688. For persons without disabilities, Aboriginal household incomes are as follows: North American Indian on reserve, $35 470; North American Indian off reserve $41 039; Métis $44 637; and Inuit $46 328. For non-Aboriginal people, household incomes of those with disabilities were $41 860 and of those without disabilities $60 923.

average household incomes of the corresponding age group of non-Aboriginal persons. Working-age Aboriginal persons with disabilities live in

[39] Average household incomes taken from the 1996 census are actually the household incomes in 1995.

households with the lowest relative family incomes, with an overall average of 50% of the income of non-Aboriginal working age households. Aboriginal children's household income situation is only slightly better at 53% that of non-Aboriginal children, while Aboriginal seniors with disabilities have household incomes of approximately 70% of non-Aboriginal seniors.

Working-age North American Indians with disabilities live in households with the lowest relative household incomes, oly 48% that of non-Aboriginal working-age households. The percent of household income of working-age Métis with disabilities is only slightly better at nearly 51%, while that of Inuit working age persons with disabilities is 62%. For all four Aboriginal groups, the household income of working-age persons with disabilities as a percent of corresponding non-Aboriginal households is lower than it is for children or seniors.

For children with disabilities, North American Indian children on and off reserve and Métis children all live in households with incomes just over half the average household income of non-Aboriginal families with children.

North American Indian seniors and Métis seniors with disabilities have approximately 70% of the average non-Aboriginal seniors' household income, while the household income of Inuit with disabilities is approximately 81%. Again, it should be noted that Inuit households are likely to experience higher levels of expenditures for basic necessities due to their remote location and the harsh climate.

Figure 5.4 compares the household incomes of Aboriginal persons with

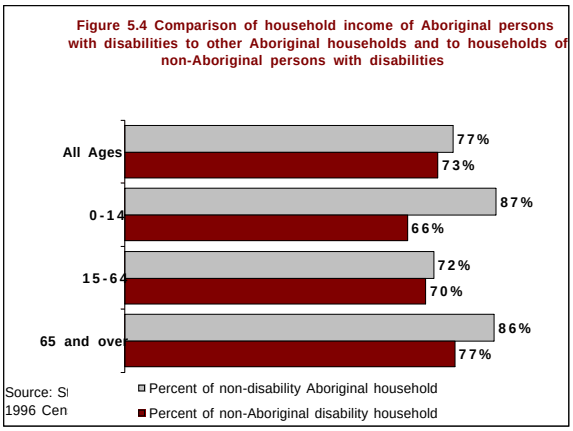


Figure 5.4 Description

For Aboriginal persons with disabilities, the figure shows their household income as a percent of non-disability Aboriginal households and as a percent of non-Aboriginal disability households. Aboriginal individuals with disabilities aged 15-64 have only 72% of the household income of other Aboriginal persons of working-age. Both Aboriginal seniors and children with disabilities have approximately 86% of the household income of other Aboriginal seniors and children. Overall, Aboriginal persons with disabilities live in households that have 73% of the income of non-Aboriginal households of persons with disabilities. At 66%) Aboriginal children with disabilities have the lowest percent of household incomes of their non-Aboriginal peers, while working-age persons have 70% and seniors have 77%.

disabilities to those of Aboriginal persons without disabilities and to those of non-Aboriginal persons with disabilities using data from the 1996 census. These two comparisons permit a preliminary analysis of the income obstacles created by the combination of Aboriginal status and the presence of disabilities. The figure shows that in all age groups, Aboriginal persons with disabilities live in households with incomes that are

significantly below household incomes of both Aboriginal persons without disabilities and those of non-Aboriginal persons with disabilities. These percents illustrate the double income disadvantage experienced by Aboriginal persons with disabilities.

Table 5.6 in Annex 5 provides additional detail based on membership in the four Aboriginal groups. Overall, North American Indians with disabilities on reserve have the highest percent of the incomes of corresponding on-reserve households without disabilities. This may be due to the relatively high proportion of households on reserve where government transfer payments are the major source of income regardless of whether the household contains individuals with disabilities.[40] Working age persons with disabilities, with their very low rates of employment, also have a very low percent of household incomes of those without disabilities. As with other groups, this may indicate that having employment is the best route to a satisfactory income (OECD 2002).

Table 5.6 also compares Aboriginal household incomes to non-Aboriginal household incomes. Inuit with disabilities have higher percentages of non-Aboriginal household incomes than North American Indians and Métis with disabilities. Again, higher costs in Northern regions may negate this apparent advantage.

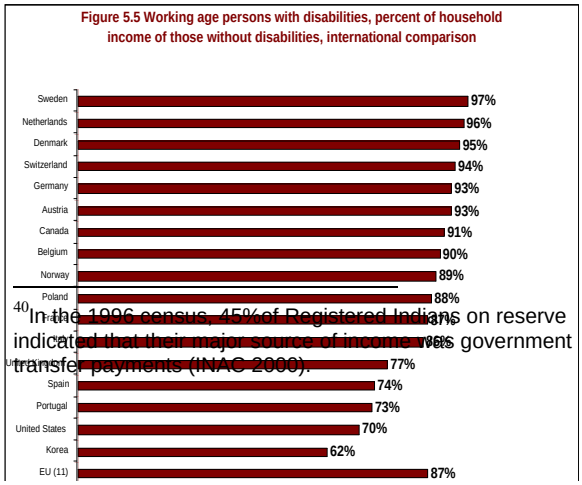


Figure 5.5 Description

The chart shows, for working age persons with disabilities living in 16 selected countries the percent of household income of working-age persons without disabilities. Percents are taken from various national surveys conducted in the 1990s and are as follows: Sweden, 97% ; Netherlands, 96% ; Denmark, 95% ; Switzerland, 94% ; Germany, 93% ; Austria, 93% ; Canada, 91% ; Belgium, 90% ; Norway, 89% ; Poland, 88% ; France, 87% ; Italy, 86% ; United Kingdom, 77% ; Spain, 74% ; Portugal, 73% ; United States, 70% ; Korea, 62% ; EU (11 countries), 87% ; OECD (17 countries), 85% ; Non-EU (6 countries), 82% .

International Comparison of Household Incomes of Persons with Disabilities

Canada participated in an international comparative study of disability policy conducted by the Organization for Economic Cooperation and Development (OECD 2002). In this study, the equalized household income of Canadians with disabilities was estimated at 91% using data from the 1998-1999 National Population Health Survey (NPHS). Here, equalized income is calculated by adjusting the reported household income by the size of the household, using an equivalence scale where the first adult in the household is 1.0, each additional adult is 0.5 and each child under the age of 16 is 0.3.[41]

Canada's reported performance relative to 16 other countries in the survey is quite good. Sweden, where

[40] In the 1996 census, 45% of Registered Indians on reserve indicated that their major source of income was government transfer payments (INAC 2000).

[41] Various analysts prefer different approaches to adjusting for household size. The various methods normally produce similar results.

persons with disabilities have approximately 96% of the equalized household income of others has the highest level of relative household income, while Korea is the lowest at approximately 62%. Canada's percent is better than that of the EU overall and the overall OECD average.

Desired Outcome: Persons with disabilities have incomes that meet their needs

Indicator: Relative percent of persons living in households with low incomes (persons with disabilities vs. non-disabled)

Description

When examining income, another important indicator of full inclusion is the relative frequency of occurrence of low household incomes. The point at which low household income constitutes a state of poverty is the subject of ongoing debate as there is no officially accepted or universal definition of poverty in Canada, but, nonetheless, low income represents a significant barrier to inclusion.

To meet the needs of children with disabilities, families must have adequate incomes and Canada has placed a particular priority on ensuring that all children receive a good start in life. However, the presence of a child with disabilities in a family can coincide with low income for a variety of reasons including, as suggested by the previous indicators, lost earnings potential. Low income among families of children with disabilities is of particular concern because these families may incur additional expenses as a result of the child's disability. Families with low incomes may not be able to afford the extra resources the child needs in order to develop to his or her potential. Since 1998, the Government of Canada has worked with provincial and territorial governments through the National Child Benefit to reduce the incidence and depth of child poverty.[42]

From among a variety of possible measures of low income, Statistics Canada's Low Income Cut Off (LICO) is used most frequently in Canada.[43] The LICO is determined as the level below which a household is likely to spend 20% more of its income on basic necessities than does the average household of the same size in communities of similar size. Organizations such as the Canadian Council on Social Development argue that persons whose household income is below LICO are living in poverty (Ross, Scott and Smith 2000). The official position of Statistics Canada is that the LICO is not a "poverty line" but that persons with incomes below LICO are likely to experience straitened financial circumstances. LICO can be calculated using a before or after tax basis. The primary indicator presented here for adults is based on after-tax income, since it represents the actual income, including the effects of any government transfers, that is available to individuals and households to meet their needs.

Ross, Scott and Smith (2000) discuss the merits of using pre-tax versus post-tax LICOs. While they acknowledge that there are benefits to an after-tax measurement approach they express concerns arising from the fact that post-tax LICOs account only for federal and

[42] See *The National Child Benefit 2001 Progress Report*, available at http://www.nationalchildbenefit.ca.

[43] The NCB 2001 progress report discusses several alternative measures of low income including the low-income measure and the market basket measure.

provincial income taxes. Because of this, they argue that post-tax LICOs exaggerate the progressive effects of the income tax system since they don't account for less progressive taxes such as GST, provincial sales taxes, property taxes and Employment Insurance and Canada Pension Plan/Quebec Pension Plan premiums.

Two indicators of low household income are presented for children with disabilities. First, Statistics Canada's Low Income Cut Off measure is presented for children ages 4-11, but on a pre-tax income basis, as that is what is available in the National Longitudinal Survey of Children and Youth. Secondly, for children aged 0-15, the relative percent of households in the lowest two household income quintiles is also used. The latter supplementary indicator is available from the National Population Health Survey.

Specifications

Source: For persons 16 and over—Survey of Labour and Income Dynamics (1993-1999) For children 0-14—National Population Health Survey 1994-95, 1996-97, 1998-99; For children 4-11, National Longitudinal Survey of Children and Youth 1994-95, 1996-97, 1998-99.

Population: Persons 0 and over with and without disabilities.

Calculations: Percentage of adults in households with after-tax income below LICO. Also for children, the percentage of children in households with pre-tax income below LICO and the percentage of children in households with incomes in lowest two income quintiles.

Further Information

The LICO measure is employed in the Survey of Labour and Income Dynamics to identify low-income households. The indicator reported here compares the percent of adults with disabilities who have household after-tax incomes below LICO to the equivalent rate in the general population. In 1998, the Survey of Labour and Income Dynamics found that 19% or 615 500 adults aged 16 and over with a disability lived in households with incomes below LICO. This compares to 9.5% of adults who do not have a disability who lived in households with low incomes.

Overall, the rate of low income among households of adults with disabilities is almost twice that of the rate among other households. For example, this higher rate meant that even though SLID 1998 estimated that adults with disabilities represented about 14.8% of the population aged 16 and over, they were 26% of those living in low-income households.

Figure 5.6 shows a further breakdown of the rate of low-income for working age and seniors. The group most likely to live in a low-income household is made up of working-age persons with disabilities with a rate of about 25% between1993-1998. Working age persons without disabilities, as well as seniors with and without disabilities have much lower rates of low-income, ranging around 10% in most years. These figures have remained relatively stable over this six-year period although there is a suggestion of a slight improvement since 1997 for all four groups. Table 5.7 in annex5 provides population estimates corresponding to the percents here as well as additional age breakdowns.

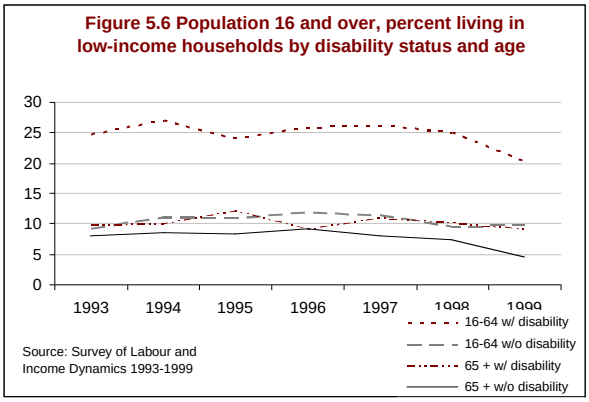


Figure 5.6 Description

The figure shows the percent of persons in households with after-tax incomes below LICO. For 1993-1999 the average rate of low-income for seniors without disabilities was 7.6%, while for seniors with disabilities it was 10.1%. The corresponding figures for the working-age population were 10.5% for those without disabilities and 24.7% for those with disabilities. There appears to be an improvement in low-income rates since 1996 for persons without disabilities and a slight improvement for persons with disabilities since 1997.

While the percent of persons with disabilities below LICO reported by SLID dropped in 1999, the actual estimated number of persons with disabilities and the number of cases of low-income both increased. It is thought that the rate improvement is at least partly due to the new disability filter questions identifying a greater number of persons with mild disabilities in the survey who would have been included in the non-disabled category in earlier survey years. See Annex 3 for a more complete discussion of the effect of changing survey questions.

There are several factors that may help to explain the more frequent occurrence of low-income among the working-age population with disabilities. First, as shown by the employment indicators already discussed, working-age adults with disabilities have relatively less opportunity for employment earnings than do their peers who do not have disabilities. Second, government transfers programs create relative income equality for seniors with and without disabilities while government transfers do not fully close the income gap resulting from the lower employment earnings of working age persons with disabilities.

Current data sources do not permit analysis of rates of low income by severity of disability. However, Fawcett (1996) reported that the likelihood of low income increases with severity, based on her analysis of HALS (1991) using pre-tax LICOs. Low income rates for persons with mild disabilities were 17.7%, for moderate disabilities they were 23.7% and for severe disabilities they were 30.3%. Results from the *Participation and Activity Limitation Survey*, to be published in 2003, will provide up to date information.

Depth of Low Income (Supplementary Analysis)

Reporting on the number of persons living in low-income households tells only part of the story as it does not reveal how far below the low-income line they fall. Figure 5.7 shows the low-income gap for persons with disabilities and those without disabilities living in low-income households. This gap is expressed as a percent of the LICO, where this percent is calculated by subtracting the household income from the LICO amount and then expressing the difference as a percentage. For example, if the LICO was $30 000 for a household with a household income of $22 000, then the

depth of low income as a percent would be $8 000/$30 000=26.7% of $30 000.

In 1999, the percentages shown in figure 5.7 represented a gap of $5 441 for working age persons with disabilities and $6 449 for working-age persons without disabilities. For seniors, depth of low income in 1999 averaged $2 231 for those with disabilities and $3 310 for persons without disabilities. While the depth of low-income has changed from year to year, there does not seem to be a significant trend towards increasing or decreasing depth for either the working-ages or seniors. Figure 5.7 illustrates that the depth of low-income is greater for working-age low-income households than it is for seniors regardless of disability status.

Gaps of this magnitude create significant challenges to meet normal living expenses, even before considering extra expenses that might also occur as a result of a disability. As shown by figure 5.7, persons with disabilities living in low-income households do not, on average, experience a larger income gap than do persons without disabilities who live in low-income households. In fact, the opposite is the case, especially in the case of seniors where, in 1999, low-income seniors without disabilities fell 22% below the LICO while those with disabilities fell 14% below. Thus, while persons with disabilities are much more likely to live in a low-income household, the depth of low-income that they experience is not as severe as that of persons without disabilities in low-income households. It is important to remember, however, that low-income families of persons with disabilities often experience additional costs for disability supports, so falling “only” 14% below the low income cut off is not likely to be advantageous.

Population estimates and depth of low income in dollars corresponding to the percents shown in figure 5.7 are provided in table 5.8 in annex 5.

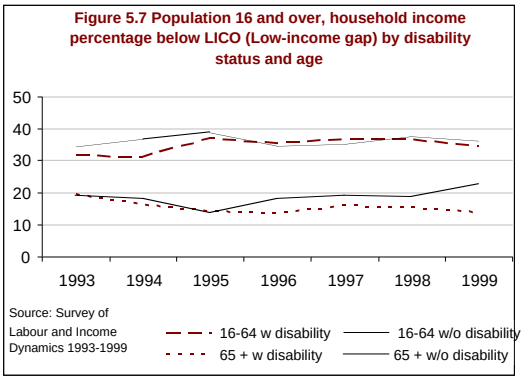


Figure 5.7 Description

The figure shows the depth of low income by age group and disability status from 1993 to 1999. Over the seven year period in the figure, the depth of low-income for working age persons with disabilities has averaged 34.8% while for seniors with disabilities it averaged 15.6%. For those without disabilities, the corresponding average depths of low income were 36.2 and 18.5%. There are no clear upward or downward trends in the depth of low income *over the seven year period for any of the four groups.*

We can approach the analysis of the occurrence of low incomes among persons with disabilities and the depth of low-income in another way. Here we examine the occurrence of household incomes falling 25% below LICO. Households whose income is 25% below the low-income cut off are disproportionately represented among the population of persons with disabilities. As table 5.9 shows, these very low incomes occur at approximately twice the rate for both men and women with disabilities versus their peers without disabilities. For example, in 1998,

Table 5.9: Population (Ages 16+) Household Income 25% below LICO by Disability Status and Sex

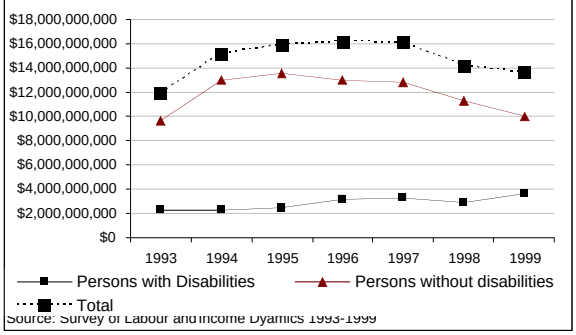
Year	Persons with Disabilities 25% below LICO		Persons without Disabilities 25% below LICO	
	Men	Women	Men	Women
1999	7.6%	8.4%	4.8%	5.3%
1998	10.1%	10.5%	4.9%	5.6%
1997	11.5%	10.3%	5.2%	6.0%
1996	10.7%	11.1%	5.6%	6.1%
1995	10.2%	10.1%	5.5%	5.4%
1994	10.6%	10.7%	5.6%	6.0%
1993	8.9%	11.0%	4.6%	4.7%

Source: Survey of Labour and Income Dynamics (1993-1998)

just over 10% of both men and women with disabilities had household incomes 25% or more below LICO, while the rate for men without disabilities was 4.9% and for women it was 5.6%. Similar to the comments about earlier analyses, the slight improvement shown in the table for 1999 should be interpreted with caution.

It is also useful to examine the aggregate low-income gap estimated using the SLID database. This figure represents the amount required to bring all household incomes that are below LICO up to the low-income cut off. In 1999, this overall amount was approximately $13.9B, of which $3.7B was required by households of adults with disabilities. Figure 5.8 shows that this amount, expressed in constant 1998 dollars, has been increasing slowly for persons with disabilities since 1993. In contrast, the aggregate gap for those without disabilities increased dramatically following the recession in the early 1990s, stayed at this level through the mid 1990s and then began to decline in the late 1990s. (See table 5.10 in Annex 5 for the estimated dollar amounts.)

Figure 5.8 Aggregate low-income gap by disability status (Constant 1998$)



Source: Survey of Labour and Income Dynamics 1993-1999

Figure 5.8 Description

The aggregate low-income gap for persons 16 an over in constant 1998 dollars from 1993 to 1999 is shown in the figure. For persons with disabilities, the aggregate gap has increased slowly but steadily from approximately $2.3 billion in 1993 to $3.6 billion in 1999. For persons without disabilities, the aggregate gap increased from about $9.6 billion in 1993 to $13.5 billion in 1995 and has decreased since then to $9.7 billion in 1999. Combining these two trends, the aggregate gap for the entire population has been decreasing since 1996.

Duration of Low-Income (Supplemental Analysis)

Finally, in addition to frequency and depth of low-income, it is possible to

examine how long people remain in low-income. Research has shown that remaining in low-income for a number of years makes it harder to escape this situation (Ross, Scott and Smith 2000). Analysis of the Survey of Labour and Income Dynamics for 1993-1996 found that adults with disabilities were more than four times as likely to experience four successive years of low-income than were persons without disabilities (Morisette and Drolet 2000). Nearly 17% of adults with disabilities experienced low income for all four years, while less than 4% of adults without disabilities did so.

Low-Income of Children with Disabilities

Since it is not possible to identify the presence of children with disabilities using the Survey of Labour and Income Dynamics, it is necessary to turn to another data source to see the relative frequency of low income of families of children with disabilities. The National Longitudinal Survey of Children and Youth (NLSCY) can provide some of the desired information. Pre-tax LICO data is available for children ages 0-11 by disability status using NLSCY. Children 0-3 are also excluded from this analysis.[44] It is likely that rates of low-income reported using before-tax LICOs are higher than those that would be obtained using after-tax LICOs. For example, the 2001 progress report of the National Child Benefit shows a difference of about 3% to 4% for low-income rates of households of children using these two measures.

Figure 5.9 shows that children with disabilities are somewhat more likely to live in households with pre-tax incomes below LICO than are children without disabilities. For example, in 1998-99, over 22% of children with disabilities experienced low family incomes, while just over 18% of children without disabilities did so. These percents are an improvement over those found in the two previous survey periods.[45] Through out the period, children in single parent households were four to five times more likely to experience low income than children in two parent households, regardless of disability status (not shown in chart). See Table 5.11 in Annex 5 for estimated numbers of children corresponding to the percents shown in figure 5.9.

Figure 5.9 Children 4-11 in low-income households (before-tax income)

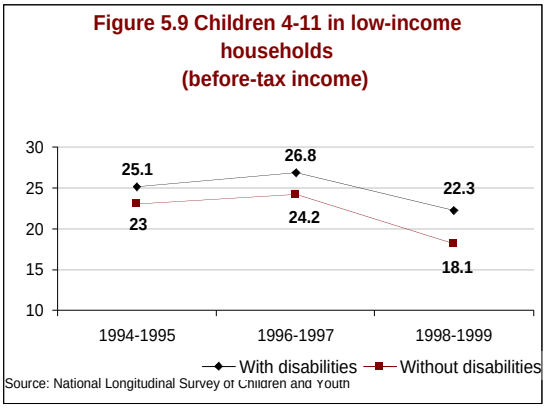


Figure 5.9 Description

The figure shows the percent of children living in low-income households based on before-tax LICO. NLSCY found that in 1994-95, 25.1% of children with disabilities lived in households with before-tax incomes below LICO. This rate increased in 1996-97 to 26.8% and dropped to 22.3% in the 1998-99 survey. For children without disabilities the corresponding rates are 23.0 in 1994-95, 24.2 in 1996-97 and 18.1% in 1998-99.

[44] Very young children with disabilities are discussed in *The Well-Being of Canada's Young Children: Government of Canada Report 2002* released in November 2002.

[45] See *The National Child Benefit 2001 Progress Report.* The National Child Benefit is contributing to the reduction in the incidence of children living in low-income families and reducing the low income gap.

Children in Lowest Income Quintiles (Supplemental Analysis)

The National Population Health Survey can also be used to examine low income among families of children aged 0-14. Unfortunately, the NPHS does not indicate whether household income falls below LICO. Consequently, for children, we examine the relative occurrence of household with incomes in the lower two income quintiles. As shown in table 5.12, the 1998-1999 National Population Health Survey found that 25.7% of children aged 0-14 with disabilities lived in families that were in the lowest two income quintiles, while only 14.8% of other children lived in families that were in the lowest two quintiles. The household income disadvantage of children with disabilities in 1998-99 was slightly less than that observed in the previous version of the National Population Health Survey two years earlier. Information based on disability status is not available for children less than twelve in the 1994-1995 NPHS.

Table 5.12 also shows the income distribution pattern based on family structure. As found with the NLSCY analysis reported above, children living in single parent households are substantially more likely to live in a lower income situation than children where both parents live in the household. Whether they live in two parent households or single parent households, children with disabilities are more likely to live in lower income families than are children without disabilities. For example, in 1996-97, 61% of children with disabilities who lived in single parent households were members of families with incomes in the lowest two quintiles of household income. By comparison, in the same period, 48% of children without disabilities in single-parent households lived in households with incomes in the lowest two quintiles.

Table 5.12: Children (Ages 0-14) in Lowest two Household Income Quintiles by Disability Status and Family Structure

	1994-95		1996-97		1998-99	
	Child has Disabilities		Child has Disabilities		Child has Disabilities	
	Yes	No	Yes	No	Yes	No
Overall						
Children in Lowest two Household Income Quintiles	N/A	N/A	27.7%	16.2%	25.7%	14.8%
Single Parent Households						
Children in Lowest two Household Income Quintiles	N/A	N/A	60.8%	48.1%	53.6%	46.0%
Two Parent Households						
Children in Lowest two Household Income Quintiles	N/A	N/A	17.4%	10.3%	9.7%	9.2%

Source: National Population Health Survey (1994-95, 1996-97, 1998-99)

Children and Food Insecurity (Supplemental Analysis)

Having enough money to buy food is a basic subsistence requirement for all families. Even by this most basic measure, however, children with disabilities are at a substantial disadvantage compared to other children. In 1998-99, the National Population Health Survey found that 29.7% of children with disabilities aged 0-14 lived in families that: (a) worried about a lack of money to eat, (b) did not eat to satisfaction due to a lack of money or, (c) did not have enough to eat due to a lack of money in the 12 months previous to the survey. In contrast, 12.9% of children without disabilities lived in families that experienced such food insecurity in the previous 12 months. The 1996-1997 version of the NPHS explored the existence of food insecurity using a different set of questions. That survey found that 14.7% of children with disabilities lived in families that had run out of money to buy food in the previous 12 months, versus 8.6% of children without disabilities.

Children with Special Needs (Supplemental Analysis)

The Canadian Council on Social Development has developed a more comprehensive index of children with special needs using variables available on the NLSCY dataset. Children with special needs include not only those with activity limitations, but also children who have various chronic conditions such as bronchitis, heart conditions, or kidney disease and those who have chronic pain, visual impairment, hearing impairment, speech impairment or mobility impairment.[46] Using CCSD's definition, approximately 25% of children have "special needs."

The NLSCY low-income data (before-tax LICO) can be used to compare the percent of special needs children living in low-income households versus the percent of other children in this situation. Table 5.13 shows the result for children ages 4-11. The total percents for all years suggest that children with special needs are slightly more likely to live in low-income households than are children without special needs.

For all children, living in a single parent household is a much greater risk factor of low income. When we combine family status and special needs status, we see that in every year it is actually special-needs children in single parent families who are at the greatest risk of low income. These children are more likely to live in a low-income family than non-special-needs children in single parent households and in every year they are more than four times as likely to be in a low-income household than are special-needs children in two parent families.

[46]The CCSD definition is discussed in Disability Information Sheet No. 3, available on the CCSD website, http://www.ccsd.ca/drip/

Table 5.13. Children (Ages 4-11) Percent Living in Low-Income Households by Special Needs Status and Family Type

	Children with Special Needs	Children without Special Needs
1994-1995		
Single parent	67.1	60.9
Two parent	14.2	15.8
Total	23.8	22.9
1996-1997		
Single parent	65.0	61.6
Two parent	14.8	16.1
Total	25.6	23.0
1998-1999		
Single parent	59.6	52.8
Two parent	10.1	11.1
Total	19.1	17.3

Source: National Longitudinal Survey of Children and Youth (1994-95, 1996-97, 1998-99)

Aboriginal Persons with Disabilities

As reported in the 1996 census, over half of Aboriginal persons with disabilities lived in households with pre-tax incomes below the Statistics Canada low income cut off.[47] This high percent is a further reflection of the low average household incomes reported with the previous indicator, relative household income. Just over 43% of the entire Aboriginal population lived in households with income below LICO. By comparison, on a pre-tax basis about 20% of the non-Aboriginal population had household incomes below LICO.

Table 5.14 shows the very high proportions of both the Aboriginal population in general and those with disabilities in particular living in households with low incomes. Of the three age groupings shown, children with disabilities are most likely to live in low-income households (64%), followed by working age adults (57%) and then seniors (34%). Of the three groups for which LICO calculations are available, North American Indians off reserve have the greatest proportion living in low-income households, both overall and in all three age groups. Although the LICO indicator itself is not available for those living on reserve, the fact that this group has the lowest average household incomes of the four Aboriginal groups also suggests that a substantial proportion live in “straitened financial circumstances” associated with very low household incomes.

[47] Only pre-tax LICO figures are provided in the census. Incidence of low-income using pre-tax figures is higher than when reported on an after-tax basis (Ross, Scott, Smith 2000). Statistics Canada does not calculate LICO for individuals living on Reserves or for the Territories of Yukon, Northwest Territories, and Nunavut.

Table 5.14: Aboriginal Population by Major Group, Age and Disability Status; Percent Living in Low-Income Household, Based on Pre-Tax Incomes

	North American Indian		Métis	Inuit	Total Aboriginal	Non-Aboriginal
	On Reserve	Off Reserve				
All Ages						
Overall	N.A.	47.7%	38.5%	26.7%	43.4%	19.3%
Disability	N.A.	58.6%	50.1%	37.9%	54.9%	30.2%
No Disability	N.A.	46.0%	36.7%	26.0%	41.7%	18.1%
Ages 0-14						
Overall	N.A.	56.4%	47.6%	26.7%	52.0%	22.6%
Disability	N.A.	68.2%	58.9%	27.6%	64.2%	35.3%
No Disability	N.A.	55.7%	46.9%	26.6%	51.3%	22.2%
Ages 15-64						
Overall	N.A.	43.5%	34.7%	73.0%	40.8%	18.3%
Disability	N.A.	59.6%	52.1%	57.1%	56.6%	34.5%
No Disability	N.A.	40.5%	31.6%	74.2%	38.0%	16.8%
Ages 65+						
Overall	N.A.	35.1%	29.3%	21.5%	32.0%	19.2%
Disability	N.A.	36.8%	31.0%	22.2%	33.8%	22.7%
No Disability	N.A.	33.6%	27.8%	19.2%	30.5%	17.6%

Note: Statistics Canada does not calculate LICO for households on Reserves or for the Territorial populations because the necessary data are not available. For this reason, the figures shown for the Inuit population exclude nearly 25 000 of 40 000 members of this group. The proportions of Métis and North American Indians off reserve that are excluded based on this criterion are 7% and 4% respectively.

Desired Outcome: Working age adults with disabilities receive an adequate income from employment

Indicator: Relative percentage of working-age whose major source of personal income is employment (persons with disabilities vs. non-disabled)

Description

For most working-age Canadians, full inclusion means having a job and earning enough income to meet their needs. This indicator compares the percentage of working- age persons with disabilities whose primary source of personal income is employment earnings to that of persons without disabilities.

The premise of the indicator is that progress towards full inclusion would be represented by greater equality of these two percentages. It is not expected that full equality will be reached as at least a small fraction of persons with severe disabilities are unlikely to seek employment. The converse of the reliance on personal earnings is represented by a comparison of the percentage of working-age persons whose primary source of personal income is government transfers. Once again, the premise is that these percentages should move closer together as persons with disabilities are fully included in society.

Specifications

Source: Survey of Labour and Income Dynamics (1993-1999); for Aboriginal people, Census 1996.

Population: Persons 16-64 with and without disabilities; for Aboriginal people ages 15-64.

Calculations: Percent of persons whose largest source of personal income is earnings and percent whose largest source of personal income is government transfers.

Further Information

Figure 5.10 shows that working-age adults with disabilities are only half as likely to report work-related earnings as their major source of income as their age-peers. For example, in 1998, while nearly 81% of adults without disabilities had self-employment or employment earnings as their largest source of income, only 39.5% of working-age adults with disabilities did so. Conversely, government transfers are the greatest source of personal income for a much greater percent of working-age adults with disabilities. For example, in 1998 48.2% of working age adults with disabilities had government transfers as their principal personal income source versus 11.0% of those without disabilities.

Between 1993 and 1998, the percent of working-age adults with disabilities whose primary source of income was earnings was about half that of their peers without disabilities. The 1999 SLID showed a dramatic improvement in this ratio. As discussed earlier, this may be partly due to the change in disability filter questions employed in the 1999 SLID.

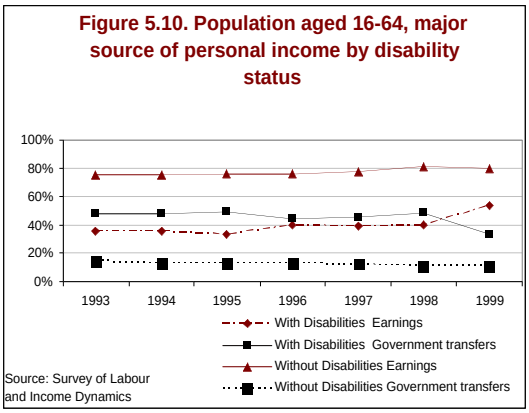


Figure 5.10 Description

The figure shows the percentages of working-age persons whose major source of income was earnings or government programs between 1993 and 1999. For persons without disabilities, an average of 77% had earnings as their major personal source of income and 13% had government transfers as their major source of income. Across the period there as a slight increase in reliance on earnings and a slight decrease in reliance on government transfers as the major source of personal income.

Between 1993 and 1998, the relative likelihood that working-age persons with disabilities would have government transfers as their main source of personal income increased. In 1993, the percent of working-age persons with disabilities whose primary source of personal income was government transfers was 3.2 time higher than that for persons without disabilities. By 1998, this ratio had grown to over four times. This change occurred largely because the working-age adults without disabilities became less likely to depend on government transfers while, this shift did not occur among the working-age population with disabilities. Government transfers as the primary source of income declined again in 1999 for both

those with and without disabilities. The more dramatic decline estimated for persons with disabilities may be partly due to the change in the disability filter questions.

For persons with disabilities, an average of 40% had earnings as the major source of income and 45% looked to government transfers as their major source of personal income. From 1993 to 1998 there was a slight increase in the percentage of persons with disabilities who had earnings as their major source of personal income, but the percentage that looked to government transfers as their major source remained unchanged. In 1999, the figure shows that the percentage of persons with earnings as their primary source of income increased to 53% and the percentage of persons with government transfers as their primary income source decreased to 33%. It is thought that a significant part of this shift is caused by the changes in disability filter questions used in the 1999 survey.

Table 5.15 provides a further breakdown of this situation by sex. Through out the period of 1993 to 1998, men with disabilities are significantly less likely to report earnings as their major source of income than are men without disabilities. In 1998, for example, 44% of men with disabilities and 88% of men without disabilities had earnings as their major income source. Men with disabilities are also far more likely than men without disabilities to have government transfers as their major source of income.

Men with disabilities were more likely than women with disabilities to have earnings as their major source of income from 1993-1999. For example, in 1998 44% of men versus 35% of women with disabilities had earnings as their primary source of personal income. Table 5.15 also shows that women with disabilities were slightly more likely than men with disabilities to have government transfers as their primary source of income through out this same period. In 1998, for example, 49.6% of women with disabilities and 46.8% of men with disabilities reported government transfers as their primary income source.

In 1998, women with disabilities were three times as likely to look to government transfers as their principle source of income than were women without disabilities (49.6% versus 16.5%). While 1998 represents the most extreme example of women with disabilities depending on government transfers versus other women, they are also the most likely group to depend on this source of income in all the years from 1993-1999.

A small percent of men and women in every year had private pensions, investments, or other sources as their primary source of income and another small group reported that they had no income in each year (percentages not shown in table 5.15).

Table 5.15 shows a substantial shift in the major source of income among persons with disabilities in 1999. The percent of men with disabilities with earnings as their primary source of income goes from 44% to 58% while for women it shifts from 35% to 49%. While improvements in the economy in 1999 probably explain some of this movement, it is unlikely that such a large improvement in earnings actually occurred at this point. Further research is needed to determine the extent to which

this shift results from the revised disability filter questions employed in the 1999 version of SLID. See Annex 3 for a more general discussion of the impact of different disability filter questions on survey results.

Table 5.15: Population (Ages 16-64) Major Source of Personal Income by Disability Status, and Sex

	With Disabilities				Without Disabilities			
	Men		Women		Men		Women	
	Earnings	Transfers	Earnings	Transfers	Earnings	Transfers	Earnings	Transfers
1999	58.0%	30.9%	49.1%	35.0%	85.4%	6.3%	73.5%	14.9%
1998	44.0%	46.8%	35.0%	49.6%	88.4%	5.4%	73.2%	16.5%
1997	43.5%	44.9%	35.4%	46.8%	84.4%	7.1%	71.0%	17.0%
1996	46.0%	41.2%	33.8%	47.9%	83.5%	7.9%	69.2%	18.3%
1995	37.9%	49.3%	28.4%	49.4%	83.6%	7.8%	69.3%	17.4%
1994	40.4%	45.7%	30.7%	50.1%	83.0%	8.3%	68.6%	18.4%
1993	39.6%	45.5%	31.9%	49.8%	83.0%	9.4%	68.1%	19.9%

Source: Survey of Income and Labour Dynamics (1993-1999)

Household Income from Employment (Supplementary Analysis)

Obstacles to full inclusion of working-adults with disabilities reduce the chances of holding a well-paying job. Similarly, responsibilities to care for or assist a family member with disabilities may reduce the work opportunities of other household members.[48] Table 5.16 compares the average earnings and the overall percent of household income from employment for households of working-age persons with disabilities to those of the general population of working-age adults. In all age groups, percent of income from earnings is lower for households of adults with disabilities than for other households. The pattern by age reveals important differences as well. In the youngest age group of persons with disabilities, the income of parents who are still living with their young adult child brings the average household earnings level to nearly that of other households. Even here, however, average earnings are nearly $8 500 dollars lower for families with a disability, suggesting a lesser degree of participation and success in the labour force. For older cohorts of adults with disabilities, household earnings are substantially lower than for the younger cohort and are lowest in the oldest cohort, reflecting declining success in holding and keeping well-paying jobs among older workers with disabilities.

For other households, earnings are almost equal in all cohorts. Again, in the youngest cohort, it is probably the earnings of parents that account for the relatively high earnings-income of households of young adult wage earners. However, unlike households of working-age adults with disabilities, older cohorts whose families do not have disabled members enjoy earnings that reflect continued success in the labour market.

[48] Due to the SLID survey design this indicator contrasts families with an adult member with disabilities and all other families. Families of children with disabilities are included in the general population number. For this reason, the comparison understates the discrepancy between households of persons with disabilities and others.

Table 5.16: Population (Ages 16-64) Household Earnings from Employment by Disability Status and Age

Age	Persons with Disabilities		Persons without Disabilities	
	Average Earnings	Percent of Household Income	Average Earnings	Percent of Household Income
16-24	$48 489	82.4%	$56 965	87.5%
25-44	$31 946	74.2%	$56 564	89.9%
45-64	$28 894	64.9%	$57 381	81.9%

Source: Survey of labour and Income Dynamics (1998)

Source of Income for Families of Children with Disabilities (Supplementary Analysis)

The main source of income for all families with working-age parents is employment earnings. However, the National Population Health Survey found that families of children with disabilities, ages 0-14 were much more likely to depend on government programs for their major source of income than were families who did not have a child with disabilities. For example, table 5.17 shows that in 1998-99 23% of families of children with disabilities depended primarily on government transfers versus 8% of other families.

Table 5.17: Children (Ages 0-14) Transfers are Principal Source of Household Income by Disability Status of Child

	1994-95		1996-97		1998-99	
	Child with Disabilities	No Disabilities	Child with Disabilities	No Disabilities	Child with Disabilities	No Disabilities
Major Source of Income is Government Transfers	N/A	N/A	17.7%	8.9%	23.2%	7.7%

Source: National Population Health Survey (1996-97, 1998-99)

Source of Income for Seniors (Supplementary Analysis)

The impact of reduced earnings capacity and lower incomes during working-ages is played out in retirement. Adults of retirement age who had disabilities during their working years are less likely to have private investments or pension plans as their major source of income than are adults without disabilities.

Table 5.18 shows the major source of income for persons 65 and over between 1993 and 1998. For example, as shown in table 5.18, in 1998 pensions, annuities and investments were the major source of income for 19% of seniors with disabilities, while the comparable percentage was 25% for seniors without disabilities. The Survey of Labour and Income Dynamics does not identify the time of disability onset. Since many of the seniors included here did not acquire a disability until after retirement, the magnitude of the difference shown is likely to be a conservative estimate of the result that would be obtained if only seniors who had disabilities in their working years were compared to other seniors.

Table 5.18: Population (Ages 65+) Major Source of Personal Income by Disability Status

	With Disabilities		Without Disabilities	
	Pensions, Annuities and Investments	**Government transfers**	**Pensions, Annuities and Investments**	**Government transfers**
1998	19.0%	78.9%	24.8%	68.5%
1997	19.7%	79.4%	25.8%	68.8%
1996	21.1%	77.7%	26.8%	68.3%
1995	22.8%	76.1%	24.8%	70.8%
1994	19.5%	79.3%	24.7%	70.9%
1993	23.0%	75.7%	24.3%	71.3%

Source: Survey of Labour and Income Dynamics (1993-1998)

Overall household incomes are similarly affected. In 1998, 33% of household income for adults 65 and over with disabilities was from private pensions, annuities, and investments. The contrasting figure for adults 65 and over without disabilities was 39%.

Aboriginal Persons with Disabilities

Table 5.19 shows the percent of Aboriginal individuals ages 15-64, excluding full-time students, with earnings or government transfers as their major source of personal income. These results are taken from the 1996 census. Overall, 62% of working-age Aboriginal persons with disabilities reported that their greatest source of personal income was government transfers versus 28% for whom it was earnings from employment or self-employment. This may be compared to the working-age Aboriginal population without disabilities for whom government transfers were the greatest source of income for 32% and earnings 59%.

Table 5.19: Aboriginal Population (Ages 15-64) Excluding Full-Time Students, by Aboriginal Group and Disability Status: Major Source of Personal Income

	Without Income		Earnings		Government Transfers	
	With Disability	**Without Disability**	**With Disability**	**Without Disability**	**With Disability**	**Without Disability**
North American Indians						
On Reserve	4.4%	4.8%	28.9%	48.0%	61.5%	42.2%
Off Reserve	5.9%	7.4%	26.0%	60.2%	64.6%	30.0%
Métis	6.0%	5.6%	29.7%	68.5%	60.7%	23.7%
Inuit	7.7%	8.1%	34.0%	62.7%	53.0%	26.8%
Total Aboriginal	5.7%	6.2%	28.0%	59.2%	62.4%	31.6%

Note: Personal incomes reported in the 1996 Census are for 1995
Source: Census (1996)

For all four Aboriginal groups, working age people with disabilities are approximately half as likely to report earnings as their major source of income as are those without disabilities (an average of 28% versus an average of 59%). Among those with disabilities in the four groups, North American Indians

with disabilities off reserve, at 26%, are the least likely to report earnings as their major source of income. Inuit people with disabilities at 34% have the greatest success in making earnings their primary source of income.

Across the four Aboriginal groups, an average of 62% of the working-age population with disabilities had government transfers as its major source of personal income. The percentage ranges from 65% of North American Indians off reserve to a low of 53% of Inuit persons with disabilities.

Table 5.19 also shows the percentage of the working age Aboriginal population that was without any personal income in the previous year. Among persons with disabilities this percentage varies from 4.4 for North American Indians on reserve to 7.7% for Inuit. The average of 5.7% is similar to the average of 6.2% of those without disabilities and the average of 5.9% of the non-Aboriginal population with disabilities (not shown). With no personal source of income, this group of persons with disabilities presumably looks to other members of their household for all their income needs.

These patterns of income sources reflect the employment problems experienced by Aboriginal persons generally and show the challenges faced by Aboriginal person with disabilities in earning an adequate income. Aboriginal persons with disabilities often live in communities where there are few jobs available to them and where those jobs that are available frequently do not pay very well.

The report of the Royal Commission on Aboriginal Peoples (RCAP 1996) describes the differences in economic outcomes between non-Aboriginal Canadians and Aboriginal people in Canada. The report indicates that the gap in average earnings from employment (including self employment) for persons aged 15 years and over is significant. Once again, this shows that the situation of Aboriginal persons with disabilities must be seen in overall context of the disadvantages experienced by First Nations, Non-status, Métis, and Inuit peoples.

Consistent with the data shown above, the RCAP report also found that Aboriginal people are frequent users of remedial and financial assistance programs. This may be as a direct result of social disintegration within their communities, poverty and racial discrimination (McDonald 1999). In 1992-93 government expenditures on financial transfers and remedial programs for Aboriginal people far exceeded per capita expenditures of a similar nature for Canadians in general. Further, despite high levels of expenditure, Aboriginal people complained many times during the RCAP hearings about the lack of services and the difficulties they had in accessing programs. Aboriginal people have argued that if social and economic circumstances of Aboriginal people changed significantly for the better, or service programs were more culturally sensitive, these levels of expenditures would decrease significantly and be more in line with the level of expenditures for the general Canadian public (McDonald 1999).

As illustrated in table 5.20, the Royal Commission estimated that if no effort is made to address these issues, the cost will increase. The largest cost to Aboriginal people and all Canadians are

the present circumstances that exist in so many Aboriginal communities today. Under better conditions the RCAP authors conclude that Aboriginal people could contribute an additional $5.8 billion to the Canadian economy (RCAP 1996). This loss of potential economic contribution is a direct result of low Aboriginal participation in the labour force, low educational attainment, high unemployment and low productivity when employed. The authors conclude that this is no passing phenomenon, "Aboriginal people have been on the fringes of the economy for generations."

Table 5.20: Present and Future Cost to Maintain the Status Quo (RCAP 1996)

	1996	2016
Cost to Aboriginal People		
Forgone earned income	5.8	8.6
Income taxes forgone	-2.1	-3.1
Financial Assistance from governments	-0.8	1.3
Net Income loss of Aboriginal People	2.9	4.3
Cost to Governments		
Expenditures on remedial programs	1.7	2.4
Financial Assistance to Aboriginal People	0.8	1.2
Government revenue forgone	2.1	3.1
Total cost to governments	4.6	6.7
Total cost of the status quo	7.5	11.0

Source: Royal Commission on Aboriginal People (RCAP)(1996) Volume 5 Renewal: a Twenty Year Commitment

Using demographic projections, it is predicted that by the year 2016 the cost of maintaining the "status quo" will increase by 47% from $7.5 billion to $11 billion. The cost of the "status quo" is equivalent to nearly 1% of the Canadian GDP (RCAP 1996). The challenges facing First Nations, non-status, Métis, Inuit and Native women with disabilities must be seen within this overall “status quo” of Aboriginal peoples.

Government Action to Assist Individuals and Families to meet their income needs

The Government of Canada provides income benefits to several groups of Canadians with disabilities within its jurisdiction. In addition, it works with provinces and territories and Aboriginal jurisdictions in this important area.

The final section of this chapter provides descriptions and performance information about key Government of Canada income initiatives for persons with disabilities.

Canada Pension Plan-Disability Benefits (Human Resources Development Canada)

The Canada Pension Plan pays a monthly benefit to people who have made sufficient contributions to the Plan and who have a physical or mental disability as defined by Canada Pension Plan legislation. This legislation states that the disability must be "severe and prolonged". This program does not operate in the province of Quebec, which runs a parallel program.

In 2001-2002, the CPP Disability Program paid out a total of over $2.8 Billion in benefits. 280 000 contributors and 91 000 of their children were receiving payments at the end of 2001-2002. The following table illustrates the importance of these payments to the clients who are receiving CPP benefits.

Table 5.21: CPP/QPP Disability Clients, Total Income from All Sources by Income Source

Source	Percent of Total Income
CPP/QPP[49]	61.5
Other Income[50]	7.8
Other Pension[51]	7.8
Employment Income	7.3
Worker's Compensation	6.3
Investor	4.5
Registered Retirement Savings Plan Income	1.8
Old Age Security	1.3
Guaranteed Income Supplement /Widows Allowance	1.0
Employment Insurance	0.5
Self-Employment Income	0.5

Source: Statistics Canada (1998)

[49] Includes CPP and QPP Disability benefits. QPP benefits cannot be separated out because of how the tax data is collected.
[50] Social assistance payments are included under this category, in addition to scholarships and bursaries; lump-sum payments; severance pay; taxable amounts of death benefits (non-CPP/QPP); and support payments.
[51] Includes superannuation and private pensions, such as long-term disability.

Other key performance measures for CPP Disability are as follows:

- Initial application decisions made in 2001-2002 = 55 709 (Initial application is the original application for disability benefits.)
- Reconsideration decisions made in 2001-2002 = 13 882 (A reconsideration is the first level of recourse where a client can appeal the initial decision.)
- Follow-up contacts are made with clients in pay to ensure that they remain eligible for benefits. Contacts made in 2001-2002 = 8 900

Speed of Service measures monitor the number of working days it takes to make a decision on an applicant's file, from the date of receipt of the application. Key speed of service measures were:

Initial applications: Objective: 62 working days/result: 66 working days

1st level of appeal (Reconsideration): Objective: 71 working days/result: 78 working days

The first issue of a client newsletter, *Staying in Touch* was mailed the week of November 13, 2001 to all 283 300 clients receiving CPP Disability benefits. The feedback was extremely positive, as over 600 clients contacted the department to express their appreciation.

A Physician's Guide was developed to clarify the role and responsibilities of the physician in helping a client apply for Canada Pension Plan disability benefits; it specifies what information doctors should provide to allow Human Resources Development Canada to make the best possible decision. The guide was distributed to over 20 000 family physicians across Canada in March, 2002.

Early client contact is now fully implemented across Canada. Clients are contacted by phone when an application is received to explain the adjudication process and to ensure that CPP has received all relevant information. Staff also calls the client at the time of decision to explain the outcome.

The implementation of a new policy, Allowable Earnings, now permits clients receiving CPP disability benefits to work and earn $3 900 in 2002 without having to inform CPP officials or having fear of losing their benefits. The amount may increase yearly.

Information sessions on CPP Disability were provided to staff from the offices of 222 Members of Parliament between July and December 2001 - in part to address misconceptions about the program, as well as give constituency staff the information they need to respond to the calls they receive about CPP Disability.

The CPP Disability Program faces several challenging issues. Many people in the disability community have asked that the application form and process be modified and that applications and first-level appeals be processed more quickly. The program must consider recognizing new and emerging conditions that result in disability. The awareness of the program among the Canadian public and its interaction with other disability income programs is also a concern.

Veterans Disability Pension (Veterans Affairs Canada)

Veterans Affairs Canada (VAC) runs the Disability Pension Program, which

provides pensions to veterans and still-serving Canadian Forces members who have a medical disability related to their military service. Benefits may also be paid to eligible dependents of deceased disability pensioners.

The program is administered under the Pension Act, which was originally passed in 1919. This legislation provides:

- Compensation by way of pensions or allowances for disabilities or death related to military service; the pension awarded is based on the extent of disability, as verified by medical examination, and is paid in accordance with rates set out in the Act. Special Awards are paid to veterans in addition to disability pensions. An Attendance Allowance is paid to disability pensioners who are disabled and in need of attendance. An Exceptional Incapacity Allowance is paid to Veterans whose disabilities are assessed at 98% or greater and who are exceptionally incapacitated. A Clothing Allowance is paid to pensioners whose pensioned conditions require them to wear special devices or specially made clothing to compensate for wear and tear of clothing.
- survivor benefits to eligible dependants of disability pensioners;
- compensation to former prisoners of war;
- Compensation to certain categories of civilians for disability or death arising out of military service during World War II.

The term "Veteran" includes all former members of the Canadian Forces who have met the Department of National Defence's military occupational classification requirements and who have been released with an honourable discharge. This definition applies to both the Regular Force and the Reserve Force.

Disability pensions may also be paid to former wartime members of the allied forces, who also meet certain domicile requirements.

The major milestones in the Pension Program have been World War 1, World War II, and the Korean War. In 1944 the Department of Veterans Affairs was created. In 1947, a series of laws collectively known as the Veteran's Charter detailed comprehensive programs and benefits, including disability pensions and advocacy services. In the early 1980's, VAC's Head Office was relocated from Ottawa to Charlottetown. In 1995, a measure known as Pension Reform took place. The four major parts of this reform were:

- Assignment of first level decisions to the Department of Veterans Affairs; these decisions were formerly signed by the Canadian Pension Commission;
- The Bureau of Pensions Advocates joined the Department and started to deal exclusively with appeal preparation. They had previously also worked on first applications, which were taken over by Pension Officers within the Department.
- Merger of the Canadian Pension Commission and the Veterans Appeal Board into the Veterans Review and Appeal Board.
- All Veterans' benefits and appeal rights were maintained.

In 2001 VAC published a "Five-year Strategic Plan 2001-2006". Over the next five years VAC will concentrate its energies on improving services to its current clients and on adapting its

program to meet changing and evolving needs. Three of the ten priorities outlined in this plan relate directly or indirectly to the Disability Pension Program:

- improving and expanding services to Canadian Forces Veterans;
- conducting a fundamental review of the disability pension process to address client concerns and bring about continued improvements;
- Advancing the development of its information technology capacity in support of service improvement and organizational effectiveness.

For this last objective, which include Government On-line initiatives, several of the GOL future deliverables relate to the Disability Pension Program:

- Electronic medical assessments submitted on-line by health professionals;
- Disability pension applications submitted on-line by clients
- On-line pension status inquiry;
- In addition, the GOL initiative is examining the possibility of "joined-up service" to consolidate disability assessment with other Government of Canada departments.

According the "Report on Plans & Priorities", the forecast spending for FY 2001-2002 for disability pensions is $1. 335 billion. For FY 2002-2003, the forecast spending is $1. 380 billion.

As of August, 2002, the Disability Pension Program serves approximately 95 000 veterans and 63 000 survivors, for a total of 158 000 clients. This number does not include dependent children.

For FY 2001-2002, the numbers of claims adjudicated were as follows:

- First Applications: 19 789
- Re-assessments: 16 080
- Special Awards: 7 186

As of February, 2001, the turnaround times in months were as follows:

- First Applications: 7.6
- Special Awards: 1.8
- Reviews: 6.9
- Appeals: 6.7

The Disability Pension Program has been successful in many respects:

Pension Reform

In 1995, the average turnaround time for disability pension first level decisions, appeals and special awards had reached unacceptable levels. One of the principal goals of Pension Reform was to reduce service turnaround times by 50% within 2 years, without affecting veteran benefits or appeal rights. This goal was exceeded by 1997.

Gratitude from Clients

Staff working in the Disability Pension Program often receive letters of thanks for measures taken to provide excellent service. For example, disability pension adjudicators have the flexibility to prioritize urgent cases and expedite these claims. These cases are due to difficult circumstances faced by clients, such as:

- extreme ill health, necessitating immediate supports to be put into place
- poor financial straits
- acute distress caused by traumatic incidents experienced by peacekeepers.

Table of Disabilities

VAC is currently engaged in work on the Table of Disabilities. This is the legislated statutory instrument used when assessing the extent of a disability for

purposes of establishing the rate of disability pension to be paid. The Table has been periodically revised and updated, with psychiatric chapter being amended in February 2000.

In 1999 a consultative process was initiated with a wide range of stakeholders with a view to revising the Table of Disabilities and developing a comprehensive set of entitlement eligibility guidelines. A fundamental redraft of the Table of Disabilities is now underway.

This redraft will result in separate entitlement and assessment guidelines, the adoption of new assessment principles, the development of comprehensive assessment criteria, the review of rating relativities between body systems and the release of Entitlement Eligibility Guidelines for medical conditions based on causation and service relationship factors.

The revisions to the Table of Disabilities and the development of the Entitlement Eligibility Guidelines will not only improve the consistency, equity and quality of decisions awarding pension entitlement and assessing disabilities but in addition, will increase the transparency of the disability pension process decision-making and enhance accountability. The revised Table of Disabilities will adopt a new assessment principle which will more clearly express and measure the impairment and quality of life considerations when determining assessment levels for disabilities. Once complete, this publication will be accessible on the Internet.

The Entitlement Eligibility Guidelines

The Entitlement Eligibility Guidelines are policy statements, intended to assist in the preparation and submission of applications and in adjudication. They are not intended to be a textbook of medicine or of causation. Unlike the Table of Disabilities, the Entitlement Eligibility Guidelines are not a statutory instrument and therefore, not mandatory or binding. They permit the adjudicator to exercise discretion. The Guidelines are maintained separate and apart from the legislated Table of Disabilities because they are intended to provide guidance as opposed to direction on the issue of entitlement.

The Entitlement Eligibility Guidelines are based on evidence from credible and peer-reviewed medical research and literature. Comprehensive adjudicative guidelines from various disability compensation bodies in Canada, United States and Australia were also reviewed and utilized in the development of the VAC guidelines. The Canadian Entitlement Eligibility Guidelines consist of a description of diseases and disorders. They include comments on diagnoses, anatomical and physiological factors, clinical features, and pension considerations including the relationship to other disorders and, in some cases, assessment issues.

The following challenges face Veterans Services Branch, in which the Disability Pension Program plays a major part:

- Adjusting to a rapidly changing client base; While the number of veteran clients is forecast to decrease over the next decade, the number of these clients who are 80 years of age or older will increase by almost 50% within the next five years. Canadian Forces clients are forecast to increase by 19% from 27 611 in 2000 to 32 722 in 2008.

- Developing a policy and program framework that meets clients' needs.
- Ensuring a high quality service delivery framework.
- Comprehensive program information can be found by accessing VAC's website at www.vac-add.gc.ca

Labour Program/Federal Workers' Compensation Service (FWCS)—(Human Resources Development Canada)

Federal Workers' Compensation Service (FWCS) provides compensation benefits and services to federal government employees, certain merchant seamen, federal penitentiary inmates, and their dependants, for work-related accidents and occupational diseases." The various programs delivered through FWCS ensure that federal workers, merchant seamen, and inmates who suffer an injury out of and in the course of their employment, will not endure undue economic hardship because of that workplace injury, and in cases where such injuries result in death, these programs ensure that their dependents will not endure undue economic hardship. Moreover, because of the nature of the no-fault system endemic to workers' compensation, the need for costly litigation is mitigated.

HRDC, through FWCS oversees four federal programs which operate in accordance with two statutes, each applicable to a particular program delivered through FWCS: the Government Employees Compensation Act (GECA), and the Merchant Seamen Compensation Act (MSCA). The statutory basis of the federal penitentiary inmates program is in regulation. Moreover, there is also a plan for dependents of federal workers slain on duty. The three compensation programs potentially assisting persons with disabilities are as follows:

Workers' Compensation for Federal Workers

The Government Employees Compensation Act applies to federal workers (Government of Canada employees, and employees of Crown Corporations) who suffer injuries that arise out of and in the course of their employment. The act allows for adjudication to be done by the provincial workers' compensation board in the province where the employee is usually employed, and benefit levels are according to the rates and conditions available within the respective province. In the case of locally engaged employees abroad who are covered under the Compensation Act according to Section 7 of the Act, the Federal Workers Compensation Service investigates, analyzes and determines compensation in accordance with the rates and conditions available in the province of Ontario.

The goal of the Government Employees Compensation Act is to provide Government of Canada employees and employees of Crown corporations with benefits similar to their provincial counterparts for work-related injuries, including income replacement, medical treatment, vocational rehabilitation, work re-entry and other services provided by the workers' compensation board of the province in which the employee usually works.

Workers' Compensation for Merchant Seamen

The Merchant Seamen Compensation Act is administered by the Merchant Seamen Compensation Board whose members are appointed by Order-In-

Council. The Board reports to the federal Minister of Labour. The Board hears and decides claims arising under the Act. Employers are liable to pay benefits awarded by the Board and the administrative expenses relating to its operations. Employers must maintain insurance against the risk of claims and report all accidents to the Board. The Federal Workers Compensation Service administers the Merchant Seamen Compensation Act on behalf of the Merchant Seamen Compensation Board.

The objective of the Merchant Seamen Compensation Act is to provide compensation benefits for those seamen who are not eligible under any other federal or provincial act and who are injured while their ship is on a "HOMETRADE" or "FOREIGN" voyage.

Compensation for Disabled Federal Inmates

The program for federal penitentiary inmates is prescribed in regulation. The program covers inmates “injured as a result of an accident, *while participating in an approved program, i.e. work activities or training program*” and “The benefits payable are the cost of medical care and a monthly or lump sum disability payment. The amount awarded reflects the degree of disability remaining after the inmate is released. Payments are made only after an inmate is released from the penitentiary upon completion of the sentence, on statutory release, or on full parole. In the case of an accident-related death, benefits are available to qualifying dependants. The Federal Workers Compensation Service investigates analyzes and evaluates the injury compensation claims of federal inmates, for the recommendation of compensation benefits to the Minister or authorized persons pursuant to the Corrections and Conditional Release Regulations.

The goals of the compensation program for federal penitentiary inmates are to provide compensation upon statutory release or full parole to any inmate suffering in some variant degree a permanent disability as the result of an injury sustained while participating in an approved program at the federal penitentiary.

The purpose of the Public Service Income Benefit Plan for Survivors of Employees Slain on Duty is to provide, as stated in the website “an income guarantee to the spouse and children of federal employees whose death was caused by an act of violence unlawfully committed by another person or persons, occurring in the course of, or arising out of, the performance by the employees of their duties.”

Support in Respect to All Federal Compensation Programs

Benefits paid to and on behalf of injured employees were $97 Million (2001/2002) consisting of income replacement, medical and rehabilitation expenses as well as pensions where applicable. In addition, the total paid to the provinces in administrative fees for their services is approximately $20 million/yearly.

Potentially all Government of Canada employees covered by the Act could be beneficiaries, if they sustain a work-related injury. There are about 300 000 employees covered by the Act, and approximately 19 000 new claims are filed annually. Most of these are of short duration (less than a month). Moreover, there is an average of 13 000 total claims ongoing at any time.

The important outcomes are the compensation benefits that are provided to and on behalf of injured workers and others covered by these programs.

The current Government Employees Compensation Act is over 50 years old, and is currently under review in order to modernize it and facilitate its administration.

For further information about the Federal Worker's Compensation System go to: info.load-otea.hrdc-drhc.gc.ca/fwcs/home.shtml

Chapter 6
Injury prevention and health promotion[52]

[52]Several of the indicators chosen for this outcome area are also included in the comprehensive set of national health outcome indicators reported by Statistics Canada and the Canadian Institute for Health Information. See http://www.statcan.ca:80/english/freepub/82-221-XIE/free.htm for this information.

Prevention of injuries, health conditions or diseases can reduce the incidence of new disabilities among children and adults. As well, for persons with disabilities, initiatives that promote health can help to improve their long-term prospects for full participation in society.

Desired Outcome: Average number of disability-free years of life is increased

Indicator: Disability-Free Life Expectancy

Description

Canadian life expectancies have increased steadily over the past several decades along with those of other developed countries. Increased life expectancy however may also bring an increase in the number of years that individuals may expect to live with disabilities. Improvements in medical care may mean that people live longer with disabling conditions where once they would have died as a result of their condition. Disability-free life expectancy (DFLE) estimates the amount of time that people may expect to live without a disability. Since disabilities may range from mild to severe, it is also necessary to make this distinction when estimating disability-free life expectancy. Generally, the definition of DFLE means the number of years until an individual will experience at least one activity limitation, but it can also be defined to mean requiring significant amounts of assistance or institutionalization.

Some people with disabilities have expressed concern that an emphasis on disability-free life devalues persons who already have disabilities. From another perspective, however, DFLE can be used both as a measure of the success of disability prevention efforts and also to assist in planning for the resources and services that people with disabilities will require in order to live full and active lives.

Specifications:

Source: Statistics Canada calculation based on Census 1996 and 1995-1997 Canadian Vital Statistics.

Population: Canadian population from birth

Calculations: DFLE presented here is based on a positive response to the 1996 census question, “Is this person limited in the kind or amount of activity he/she can do because of a long-term physical condition, mental condition or health problem at home, at school or work, in other activities…” Details of the calculation approach can be found in Mayer, Ross, Berthelot, and Wilkins (2002).

Further Information:

Disability-free life expectancy (DLFE) can be calculated for any age. As shown in table 6.1, the DFLE for a newly born Canadian in 1996 was 68.6 years while for male infants it was 66.9 years and for female infants DFLE was 70.2 years. When comparing DFLE to life expectancy at birth, males could expect to spend over 11% of their life with a disability while females could expect to live an average of nearly 14% of their life with a disability.[53]

[53] Statistics Canada, health indicators. http://www.statcan.ca/english/pgdb/people/health/health38.htm.

Table 6.1. Disability-Free Life Expectancy at Birth

	Life Expectancy (years)	Disability-Free Life Expectancy (years)	Life with a Disability (years)	Percent of Life with Disability
Total	78.3	68.6	9.7	12.4
Male	75.4	66.9	8.5	11.3
Female	81.2	70.2	11.0	13.5
Difference between Male and Female	5.8	3.3	2.5	2.2

Source: Census (1996)

Disabilities may frequently become more severe at older ages and can result in increasing dependence on others including possible residence in a nursing home or another institution. Using data from the Health and Activity Limitation Survey (1991), and the National Population Health Survey (1996-97), Martel and Bélanger (2000) estimate the number of years individuals aged 65 could expect to live dependence-free in 1996. They distinguish between dependence-free/good health (not needing assistance except possibly with heavy housework); moderate dependence (needing assistance with meal preparation, shopping or every day housework); severe dependence (including those needing assistance with moving around and personal care); and institutionalized dependence (those who need specialized care in an institution). In this study, the authors focus on those disabilities severe enough to create a level of dependence, rather than the broader concept of disability-free life expectancy.

Table 6.2 shows that men aged 65 could expect another 12.7 years of dependence free life, followed by 3.3 years of increasing dependency, including 0.8 years of institutional dependence. Women aged 65 had a further life expectancy of 20 years, with 13.5 of those years dependence-free. Of the remaining 6.5 years, women may expect an average of 2.7 years of moderate dependence, 1.6 years of severe dependence and 2.1 years of institutional dependence.

Table 6.2. Dependence-Free Life Expectancy for Men and Women (Ages 65) 1996

	Life Expectancy	Dependence-Free Life Expectancy	Years of Moderate Dependence	Years of Severe Dependence	Years of Institutional Dependence
Males	16.1	12.7	1.5	1.1	0.8
Females	20.0	13.5	2.7	1.6	2.1

Source: Martel and Bélanger (2000)

Risk factors for Disability and Potential Dependence

In order to pursue a strategy of maintaining independence by preventing future major disabilities, it is important to understand the factors that increase the likelihood of disabilities. Research is beginning to identify a number of such factors, including low education, low income, smoking, abnormal weight and physical inactivity. Some health conditions such as arthritis and diabetes are also strong predictors of future disability and dependence. Programs and initiatives associated with the Government of Canada's disability agenda are attempting to address many of the situations that may lead to disabilities.

Bélanger, Martel, Berthelot and Wilkins (2002) have published a study illustrating the effect on disability-free life expectancy of selected risk factors. Using data from the 1994-1995 and 1996-97 cycles of the National Population Health Survey they calculate DFLE for men and women aged 45. The study shows that women aged 45 and over are more likely to experience functional limitations than men, largely because they are more likely to suffer from various disabling chronic diseases. Thus the longer life expectancy of women is likely to include a longer period of disability as well. The authors found a complex relationship between the effects of these factors on life expectancy and disability-free life expectancy. Some factors increased both life expectancy and DFLE more or less equally (e.g. higher income), others affected primarily life expectancy (e.g. smoking and cancer shortened life), while some factors had their greatest effect by increasing the amount of time with disabilities. Physical inactivity, arthritis, and diabetes significantly increased the number of years of disability for both men and women, while abnormal Body Mass Index (an indicator of whether weight is in a desirable range) did so for women only. Higher education increased life expectancy and increased DFLE.

Aboriginal Persons with Disabilities

Robitaille and Kouaouci (2002) have calculated disability-free life expectancy for status Indians in Canada using data from the 1986, 1991, and 1996 censuses. The results of their calculation for 1996 are shown in table 6.3.

Robitaille and Kouaouci obtain slightly different values for DFLE for the Canadian population overall than the values published by Statistics Canada; they report 68.0 years for male DFLE and 72.4 years female DFLE at birth. By comparison, Status Indian males have DFLE of 58.2 years at birth and females can expect 63.1 years of disability-free life. In part, these lower values coincide with lower life expectancies of the Status Indian population, but they also represent a greater percent of life with a disability. Using Robitaille and Kouaouci's calculation, at birth, status Indian males could expect to spend 14.5% of life with a disability versus 9.8% for the Canadian male population overall. Similarly, at birth, status Indian females cold expect to have a disability for 16.6% of their life versus 10.8% for Canadian females overall. Thus, of the shorter life expectancy of status Indians, a greater portion of life is spent with

disabilities for both males and females.

Table 6.3 Status Indians in Canada and Canadian Population: Disability-Free Life Expectancy at Birth by Sex

	Life Expectancy	Disability-Free Life Expectancy	Number of Years with Disability	Percent of Life with Disability
Canada				
Male	75.4	68.0	7.4	9.8
Female	81.2	72.4	8.8	10.8
Status Indian				
Male	68.1	58.2	9.9	14.5
Female	75.7	63.1	12.6	16.6

Source: Robitaille and Kouaouci (2002), based on Census 1996.

Robitaille and Kouaouci also find that DFLE at birth remained stable for the overall Canadian population between 1991 and 1996 but it declined slightly for both male and female status Indians.

At the present time, there is no known work examining the disability-free life expectancy of Métis, Inuit, or non-status Indians in Canada.

Desired Outcome: Rate of serious injuries causing disabilities is reduced

Indicator: Injury-related hospital admission rate

Description

Injuries may result in long-term impairments and disabilities. For example, in the 1998 National Population Health Survey 25% of those who had a disability said that it was due to an injury. Efforts to prevent avoidable injuries can thus result in a reduction in new occurrences of disabilities. In *Future Directions*, the Government committed to expand prevention activities to reduce the occurrence of injuries in all age groups.

Specifications

Source: Canadian Institute for Health Information (National Trauma Registry) http://www.cihi.ca/medrls/

Population: Acute care hospital admissions in Canada

Calculations: Percent due to various causes as reported by the National Trauma Registry.

Further Information

As shown in figure 6.1, the total number of injury-related hospital admissions for serious injuries has declined steadily over the past five years. (Also see table 6.4 in Annex 5 for total numbers of injury-related hospital admissions) Accidental falls and motor vehicle collisions were the leading causes of injury admission in Canada through out this period.

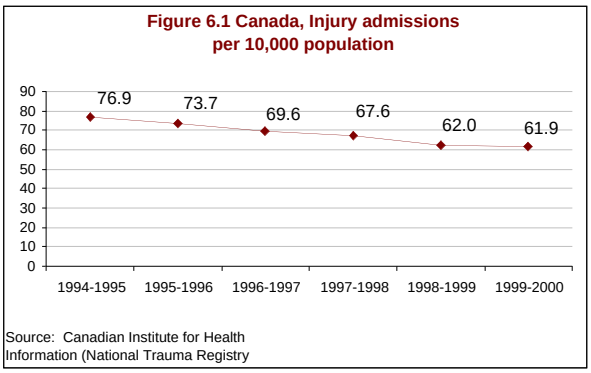


Figure 6.1 Description

The injury-related hospital admissions per 10 000 of population declined steadily from 77 in 1994-1995 to 62 in 1998-1999 and remained at 62 in 1999-2000.

As shown in table 6.5, the causes of injury admissions differ by age. Falls are the most common single cause of injury admissions in most age groups, except among those 20-34 years old where, motor vehicle accidents are the leading cause of injury-related hospital admissions.

Unintentional falls (54.4%) and motor vehicle collisions (15.1%) were the leading causes of injury admission in Canada in 1999-2000. The injury admission rate for falls decreased from 39 per 10 000 population in 1994/95 to 32 per 10 000 in 1999-2000. The injury admission rate for motor vehicle collisions decreased from 12 per 10 000 population in 1994/95 to 9.8 per 10 000 population in 1999-2000. Males accounted for over half (53.7%) of all injury admissions in 1999/2000.

Table 6.5. Principal Causes of Injury Admissions by Age (1999-2000)

	Falls		Motor Vehicle Collisions	
	Number	**%**	**Number**	**%**
Less then 20 years	13 642	38.7	6 242	17.7
20-34 years	7 112	22.7	8 253	26.3
35-64 years	24 466	42.7	10 243	17.9
65 years and over	62 008	84.5	4 153	5.7
All ages	107 228	54.4	28 891	15.1

Source: National Trauma Registry, CIHI (1999-2000)

Falls represent a significant risk to public health and potential long-term disabilities, especially among seniors. Although falls represent 85% of the injury-related hospital admissions among seniors, the majority of these are preventable.[54]

Motor vehicle collisions are the second-leading cause of injury admissions among those less than 20 and among those 35 and over. The third leading cause of injury admissions differs for each of the age groups. For those less than 20 years it is being struck by objects/persons or falling objects (9.9%), among those 20-34 it is assaults (11.7%), among those 35-64 it is over-exertion (5.5%), and among seniors there is no dominant third-leading cause.

Approximately 5% of injury admissions to Canadian hospitals are for major/severe injuries. Severe injuries are defined according to an international scoring index that assigns a level of severity to the injury. In 1999/2000, nearly half (48%) of all major injuries in

[54] Source: Canadian Institute on Health Information, February 27, 2002, news release. www.cihi.ca/

Canada resulted from auto accidents, while 27% resulted from falls. Motor vehicle accidents are the leading cause of serious injuries among all age groups except those aged 65 and over where falls are the most common cause.

More detailed reporting on serious injury and major trauma is available through the Canadian Institute for Health Information (secure.cihi.ca/cihiweb/)

Work Injuries and Diseases

Work injuries and diseases are a significant source of temporary or permanent disabilities, of lost work days, and of costs to the economy. In a paper prepared for the 2000 North American Occupational Safety and Health Week, HRDC estimated that more than 3 000 Canadians are injured every working day and that the Canadian economy incurs costs of $77 500 in compensation costs to workers for accidents and injuries during every minute of the working day.[55]

The Association of Workers' Compensation Boards of Canada publishes provincial and national statistics about work injuries and compensation. Figure 6.2 shows that, between 1996 and 2000, the number of workplace injuries causing lost work time was just under 400 000 in every year. Further information about trends in workplace injuries and costs may be obtained from the Association of Workers' Compensation Boards of Canada web site.[56]

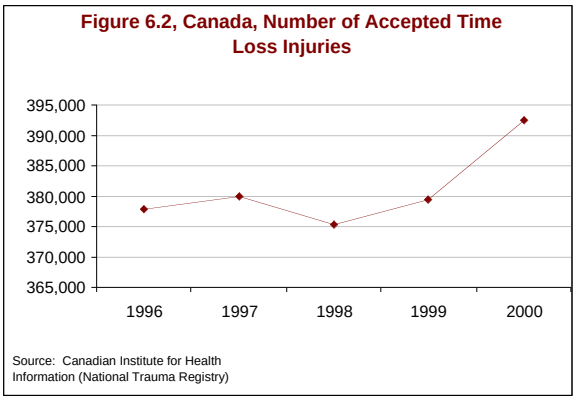


Figure 6.2: Description

The number of accepted time loss injuries in 1996 was 377 885; in 1997 it was 379 851 then it decreased to 375 360 in 1998. The number increased to 379 450 in 1999 and increased again to 392 502 in 2000.

The ratio of work days lost per worker has improved somewhat in recent years, but the absolute magnitude of these numbers indicates clearly that continued efforts are needed to reduce injuries and diseases caused by conditions in the workplace. The Government of Canada provides national leadership in this ongoing effort and exercises specific responsibilities for workplace health and safety in the case of federally regulated employers. Provincial labour codes specify health and safety requirements for the majority of employers and their employees.

Violence and abuse against persons with disabilities (Supplementary analysis)

Persons with disabilities are at increased risk of violence and unfortunately, such violence is often committed by those who are in positions of trust such as caregivers or family members. The problem of violence affects persons with

[55] HRDC 2000. *Work Safely for a Healthy Future*. http://info-otea.hrdc-drhc.gc.ca/~oshweb/naoshstats/naoshw2000.pdf … this appears to be an intranet site??

[56] Association of Workers' Compensation Boards of Canada. http://www.awcbc.org/

disabilities of all ages and both males and females.

This report does not explore violence and abuse against persons with disabilities, however it is acknowledged that it is a serious issue. Future reports may add indicators of violence and abuse and include discussions of the Government's programs aimed at preventing violence and assisting victims of violence.

Readers who wish to explore this topic further may find the following resources helpful:

- National Clearinghouse on Family Violence (NCFV) hc-sc.gc.ca/nc-cn. The NCFV's catalogue of publications includes a number of items dealing with abuse and violence against persons with disabilities.
- The Canadian Association of Independent Living Centres has compiled links to research on violence and abuse against persons with disabilities and other resources: www.cailc.ca/freedom/abuse4.htm
- The DisAbled Women's Network is active in attempting to prevent abuse and sexual assault against women with disabilities. www.dawncanada.net/
- The following bibliography available from the University of New Brunswick website contains references to various Canadian studies and materials dealing with violence and abuse against persons with disabilities www.unbf.ca/arts/CFVR/res035.htm

Aboriginal Persons with Disabilities

No additional information about violence and Aboriginal people with disabilities has been compiled for this report.

Desired Outcome: Reduction of preventable serious diseases or conditions causing disabilities

Indicator: Occurrence of major conditions that may cause disability (Diabetes, FAS/FAE, HIV/AIDS, Arthritis/Rheumatoid disorders)

Description

Disabilities may result from the effects of serious health conditions that cause physical or mental losses in functioning. When these conditions occur at young ages, they have the potential to result in long-term serious disabilities. A focus on preventable serious conditions that affect younger populations such as Type 2 Diabetes, Fetal Alcohol Syndrome/Fetal Alcohol Effect (FAS/FAE), Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS), and Hepatitis C[57] can thus have a major impact on the occurrence of disabilities in children and young adults. The Government of Canada has recognized the importance of continuing efforts to prevent and control diseases that may result in disabling conditions.

The crippling effects of arthritis and rheumatoid disorders place these conditions among the leading causes of disabilities in Canada, especially

[57] Hepatitis C is identified in *Future Directions* as one of a number of diseases that are being addressed by targeted federal government initiatives but it is not discussed in this report. Interested readers are invited to visit the Health Canada web site at http://www.hc-sc.gc.ca/english/diseases/hepatitis.html to learn more about hepatitis C and the Government's work in this area

among middle-aged and older populations. The Government also focuses research and prevention efforts and health promotion initiatives on these conditions.

Specifications

Source: National Population Health Survey, 1999-98, 1996-97, 1994-95; Canadian Community Health Survey 2000-2001 Toward a Healthy Future: Second Report on the Heath of Canadians. Health Canada, Surveillance Reports.

Population: Persons ages 15 and over with and without disabilities

Calculation: For diabetes, the percent of persons who report that they have been diagnosed by a health professional as having diabetes. For arthritis and rheumatoid disorders, the percent of persons who report that they have been diagnosed by a health professional as having arthritis or rheumatism.[58]

Further Information

Diabetes

The National Diabetes Surveillance System reports that there are over one million confirmed cases of diabetes in Canada. In addition, up to one third of those with diabetes are unaware of their condition. Diabetes is a serious disease that can lead to life-threatening complications.

Diabetes interferes with the body's ability to produce or properly use insulin, a hormone that is essential for the proper use of the energy contained in the food we eat. Over time, diabetes can lead to life-threatening and debilitating complications which include high blood pressure, heart disease, loss of sight, nervous system disorders, and limb amputations.

There are three types of diabetes: type I, gestational diabetes and type 2. Type 1 diabetes occurs in 10% of all cases and requires lifetime management with insulin. Almost 1 in 20 pregnant women have gestational diabetes. In this case, a pregnant woman can usually manage her diabetes through diet and exercise. Once the baby is born, her blood glucose usually returns to normal.

Type 2 diabetes, which represents 90% of cases, is on the rise, despite the fact that it is preventable through healthy lifestyle. Typically, Type 2 diabetes is diagnosed in mid-life, but early cases have also been reported. According to the World Health Organization, type 2 diabetes has reached epidemic proportions. Therefore, primary prevention programs are essential to prevent the disease. Both prevention and treatment measures following the onset of diabetes are essential to prevent or delay the occurrence of serious debilitating complications.

Figure 6.3 documents the increase in cases of diabetes over the period from 1994-2001. In 2000-2001, there were over one million cases of diabetes among the population ages 15 and over, representing 4.3% of that population. The number of cases of diabetes among adults with disabilities has increased slightly, but the overall rate among adults with disabilities has not increased since 1994-1995; by 2000-2001 8.7% of persons aged 15 and over with disabilities had been diagnosed with diabetes. In contrast,

[58] The NPHS and CCHS survey questions use the popular term rheumatism rather than the scientific term rheumatoid disorders

among those without disabilities, both the rate and the absolute number of cases have increased since 1994-1995. Among persons without disabilities ages 15 and over, approximately 3.0% or about 561 000 reported being diagnosed with diabetes in the 2000-2001 survey versus about 354 000 or 2.0% in 1994-1995. According to Health Canada, the rate of increase in diabetes has reached epidemic proportions.

The increase in the number of cases of diabetes has not been evenly distributed. Approximately 240 000 cases or 70% of the increase between 1994-1995 and 2000-2001 occurred within the working age population. Approximately 100 000 cases in this increase are in the working-age population with disabilities, while 140 000 are in the population without disabilities. The number of cases among seniors increased by approximately 100 000 with approximately one third of the increase among the population whose members indicate they have activity limitations and two thirds among those without activity limitations. The resulting rate among seniors with disabilities in 2000-2001 is 16.4% or nearly 250 000 cases. The 2000-2001 split of cases based on disability status should be interpreted with caution, as the CCHS survey used different filter questions to identify the population with disabilities.[59]

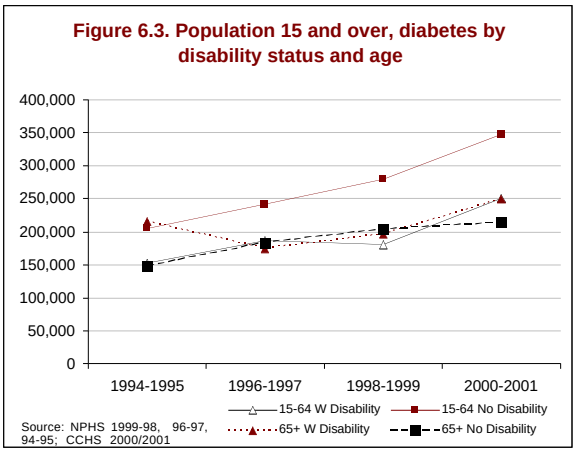


Figure 6.3 Description

The number of cases of diabetes among persons 15 to 64 with disabilities increased from approximately 152 000 in 1994-95 to about 251 000 in 2000-01. Among seniors with disabilities the number of cases increased from 215 000 to 249 000. The number of cases for working age adults without disabilities went from 206 000 in 1994-95 to 347 000 in 2000-01 and for seniors without disabilities, the number of cases increased from 148 000 to 214 000.

Table 6.6 (see Annex 5) provides a further breakdown of cases and rates of diabetes by age, sex, and disability status. The highest rate of diabetes is among senior men with disabilities, where the rate is 19.3% in 2000-2001. This rate is followed by that for senior women with disabilities, whose rate of diagnosed cases of diabetes is 14.3%. The lowest rates of diabetes are found among working age men and women without disabilities (2.3 and 1.9%). Most of the rates shown have increased slightly over the period from 1994-2001. The only exceptions to increased rates are senior men (from 19.7% to 19.3%) and senior women with disabilities (from 14.6% to

[59] See Annex 3 for a discussion of the impact of changes in the filter questions.

14.3%). (See table 6.6 in annex 5 for further details).

In this discussion, the cross-sectional nature of the NPHS and CCHS data prevent causal attribution. Therefore, further analysis is needed to determine whether disability status as measured in these surveys precedes or follows the occurrence of diabetes. Nonetheless, given the high risk of subsequent disabling conditions following the onset of diabetes, prevention efforts to reduce the occurrence of new cases and of health promotion among the growing population of those with diabetes are essential.

Rates of diabetes among First Nations people are more than 3 times the national average and rates among Métis and Inuit people also appear to be higher than those in the non-Aboriginal population. Virtually all diabetes among Aboriginal peoples is of the type 2 variety and thus is potentially preventable. [60]

FAS/FAE

Fetal Alcohol Syndrome is a condition causing permanent life-long disabilities. Features of FAS include growth deficiencies, developmental delays, neurological, behavioural and intellectual deficits, skull or brain malformations, and characteristic facial features. FAS is diagnosed only when prenatal use of alcohol is confirmed. Fetal Alcohol Effects (FAE) is diagnosed when some, but not all of these features are present and is often identified during the first years of school. Whether an individual child will have FAS or related effects appears to depend on a number of factors in addition to alcohol exposure, including prenatal health, nutrition, and other drug use, lifestyle and socio-economic factors. Therefore, substance use and pregnancy issues are best addressed in the context of the overall health of a family and a comprehensive, integrated response by communities. [61] Culturally appropriate responses are needed in the case of First Nations and other Aboriginal communities.

There are no published prevalence or incidence rates for FAS/FAE in Canada. Based on estimated rates in industrialized countries of 1 - 3 per 1 000 births, it is estimated that in Canada at least one child is born with FAS each day, or approximately 350 per year. Initial studies suggest that the rates of FAS/FAE in some Aboriginal communities may be significantly higher than the rates in the general population.

To prevent new occurrences of FAS and FAE, Health Canada is working with many partners to build a social environment that will support the decision of expectant mothers to avoid the use of alcohol during pregnancy. In the 1999 budget, the Government of Canada announced increased funding for the expansion of the existing Canada Prenatal Nutrition Program to allow for a sustained focus on FAS/FAE. Funding of $11 million over three years was allocated to enhance various activities, including public awareness and education, FAS/FAE training and capacity building, early identification and diagnosis, coordination, integration of

[60] For a discussion of the evidence regarding diabetes in Aboriginal communities see: http://www.hc-sc.gc.ca/fnihb/chp/adi/the_evidence.pdf

[61] Enhancing Fetal Alcohol Syndrome (FAS)-related Interventions at the Prenatal and Early Childhood Stages in Canada. Available from http://www.ccsa.ca/docs/capc-cpnp/monograph.htm

services, and surveillance. Additional resources of $25 million over two years for the FAS/FAE Initiative, announced in the December 2001 Budget Speech, will help to address these difficult issues in First Nations communities. In October, 2002 the Government announced a funding allocation of $320 million over five years to improve and expand Early Childhood Development programs and services for First Nations and other Aboriginal Children. This investment will enable the Government to intensify its efforts to address FAS/FAE in First Nations on reserve.

HIV/AIDS

HIV infections and the contraction of AIDS can result in many disabling conditions. In the absence of fully effective treatments for HIV and AIDS, efforts have focused on prevention of new infections. Successful prevention initiatives will reduce the number of new cases of infection and potential ensuing disabilities. Health Canada's Surveillance reports on the total number of HIV infections and occurrence of AIDS give an overall indication of the magnitude of this avoidable source of disabling conditions. These reports include individuals and cases that come to the attention of the health care system and may not include all cases of HIV and AIDS. Table 6.7 shows a relatively constant number of adult infections over the past five years but a reduction in the number of new cases of AIDS. HIV infections represent a continuing threat of disability that requires ongoing prevention efforts.

The ethnicity of AIDS cases is known in only 57% of cases. Based on these cases, the occurrence of AIDS among Aboriginal people has been increasing and stood at 5.6% of new cases in 1993-1996.[62]

Rheumatoid Disorders and Arthritis

Rheumatoid disorders and arthritic conditions can have a major effect on quality of life for many Canadians, especially seniors. The government is funding research into these conditions as well as programs to promote the health and well-being of Canadians with arthritis and rheumatoid disorders.

Data from the NPHS and the CCHS show that the number of cases of arthritis and rheumatoid disorders among the population age 15 and over has been rising since 1994. By the year 2000-2001, the CCHS survey found that nearly 4 000 000 Canadians reported that they had been diagnosed with arthritis or rheumatism by a doctor. The overall rate of cases has increased slightly as well during this time period from 13.4% to 15.9%. The rate did not increase between the 1998-99 NPHS survey and the 2000-01 CCHS survey, however.

Women are much more likely to be diagnosed by a professional as having arthritis or rheumatoid disorders. In 2000-2001, the rate for women age 15 and over was 19.8% while for men it was 12.0%. These conditions are often associated with aging and the surveys show that the rate of arthritis and rheumatism for working-age adults 15-64 is less than half that for seniors. In the 2000-2001 CCHS survey, the rates were 11.2% for

[62]Information on Aboriginal cases of AIDS taken from *Aboriginal People and HIV/AIDS*. http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/aboriginal/aboriginal_hiv.html

persons ages 15-64 while for persons ages 65 and over, the rate was 43.0%.

For *Advancing the Inclusion of Persons with Disabilities*, these data were examined in terms of disability status, that is, whether those people who had arthritis/rheumatoid disorders also indicated that they experienced activity limitations. Approximately half of those with arthritis or rheumatoid disorders said that they experienced limitations in their activities. In two of the survey periods the percent experiencing activity limitations was slightly greater than half and in the other two it was slightly less than half.

Figure 6.4 splits the number of cases of arthritis and rheumatoid disorders by age group and disability status. The total number of cases has been rising steadily across the period with about 900 000 additional cases in 2000-2001 versus the 1994-1995 survey. The number of cases has increased more rapidly among the working-age population, with working-age cases representing just over 60% of the total cases in 2000-2001 versus 56.7% in 1994-1995. The number of cases of individuals who indicated that they had a disability and that they had been diagnosed with arthritis or rheumatism dropped slightly in both age groups in 1996-1997 then rose in the following two periods. In both 1994-1995 and 2000-2001, however, these cases represented about 54% of the total number of cases of arthritis and rheumatoid disorders.

The figure indicates a decrease in the number of cases between 1998-1999 and 2000-2001 for persons without disabilities and increases for persons with disabilities in this same period while the overall total number of cases increased by 130 000. It is suspected that many individuals with mild disabilities were identified by the new disability filter questions used for the first time in 2000-2001, effectively shifting these cases from the not-disabled to the disabled groups. See Annex 3 for a more detailed discussion of the impact of the new disability filter questions.

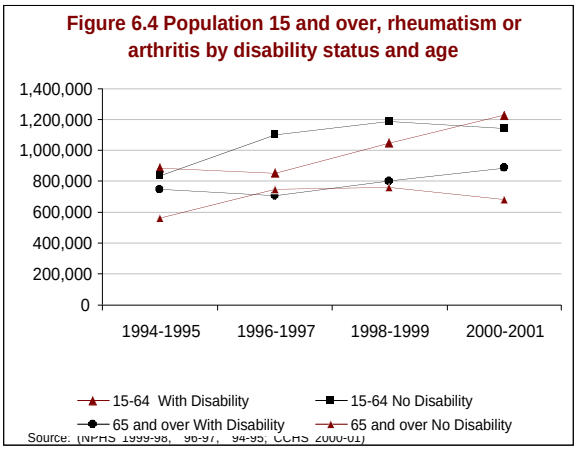


Figure 6.4: Description

The figure shows the number of persons 15 and over who said that they have been diagnosed by a health professional as having rheumatism or arthritis. The number of cases of rheumatoid disorders or arthritis among persons 15 to 64 with disabilities increased from approximately 889 000 in 1994-95 to about 1 223 000 in 2000-01. Among seniors with disabilities the number of cases increased from 750 000 to 1 115 000. The number of cases rheumatoid disorders or arthritis for working age adults without disabilities went from 831 000 in 1994-95 to 1 138 000 in 2000-01 and for seniors without disabilities, the number of cases increased from 563 000 to 678 000.

Additional details on occurrence of arthritis and rheumatoid disorders by sex are found in table 6.8 in Annex 5.The table shows that approximately 70% of women with disabilities who are age 65 or over have arthritis or rheumatoid disorders. The next highest rate is among senior men with disabilities, of whom approximately 50% say that they have arthritis or rheumatism. These rates illustrate both the greater prevalence of arthritis and rheumatoid disorders among older ages and the strong relationship between these conditions and disability. The lowest rates of arthritis are among working age men and women without disabilities, where both of these groups have rates of arthritis/rheumatoid disorders below 10%. Working age men and women with disabilities and senior men and women without disabilities occupy the middle range of prevalence with rates of arthritis/rheumatoid disorders between 20 to 40%.

Other Health Conditions and Disability Prevention

While the Government of Canada's disability agenda highlights prevention of serious health conditions affecting primarily younger adults, the government is also actively involved in prevention and health promotion activities addressing other health conditions. Preventing conditions such as heart disease, other circulatory diseases and respiratory diseases that result in functional losses and activity limitations for many middle aged and older Canadians are also important areas of activity. For example, in 1998-99, 19.7% of Canadians with disabilities said that their activity limitations were as a result of these conditions (NPHS 1998-1999, special tabulation by HRDC).

Desired Outcome: Persons with disabilities are physically active according to their needs and capabilities

Indicator: Physical Activity (increased activity and reduction in inactivity among persons with disabilities)

Description

Fitness and active living are important avenues for promoting health and well-being by improving or maintaining strength, flexibility, and endurance. Persons with disabilities can benefit from an active life style in much the same way as other members of the population and maintaining physical capability can contribute to independence. Full inclusion means that physical, social, and cultural environments support personal choices by persons with disabilities to enjoy an active lifestyle just as much as such choices by those without disabilities. This indicator shows the relative level of physical activity for persons with and without disabilities, based on their responses to questions about the frequency, duration and intensity of their participation in leisure-time physical activity. This indicator looks at the degree to which people engage in enough leisure-time physical activity to be beneficial for health and well-being. The nature of the activity may vary according to the likes and dislikes and abilities of each person and could include such activities as walking, swimming, gardening, or playing team sports.

Specifications

Source: National Population Health Survey, 1994-95, 1996-97, 1998-99; Canadian Community Health Survey, 2000-2001. Health and Activity Limitation Survey (1991) for obstacles to participation.

Population: Persons ages 15 and over with and without disability status

*Calculations:*Percentage of persons by disability status in each category of a derived variable on the NPHS/CCHS file based on responses to questions about the frequency, duration and intensity of their participation in leisure-time physical activity.

Further Information

The NPHS and the CCHS classify individuals as engaging in physically active leisure, as moderately active, or as physically inactive. In the following analysis, the physically active and physically inactive categories are presented based on disability status. Table 6.9 in Annex 5 provides the population estimates corresponding to the percents in the figures and also shows the estimates of the moderately physically active population.

Figure 6.5a shows that persons with disabilities are somewhat less likely to have an active lifestyle than are other adults. The gap for working age adults is relatively small, averaging about 3% across the period; 18% of those with disabilities and 21% for working-age adults without disabilities have physically active lifestyles. The percentage of the working-age population that is physically activity increased slightly from 1994-1995 to 1998-1999 but then decreased in 2000-2001.

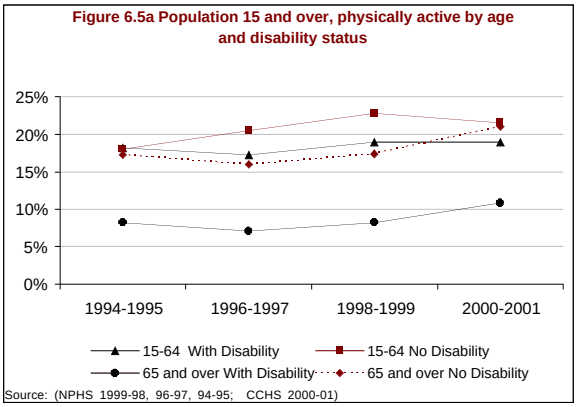


Figure 6.5a Description

Figure 6.5a shows the percent of the population 15 and over that is physically active using data from the NPHS (1994-1995, 1996-1997, 1998-1999) and the CCHS (2000-2001). The rate of physical activity for persons 15-64 with disabilities remained fairly constant through the period: 18% , 17% , 19% , 19% . The rates for persons 65 and over with disabilities were 8% , 7% , 8% , and 11% . For those 15-64 without disabilities, the percents of persons who were physically active were: 1994-95, 18% ; 1996-97, 20% ; 1998-99, 23% ; 2000-01, 22% . The rates for persons 65 and over without disabilities were 17% , 16% , 17% , and 21% .

Among seniors, those with disabilities are only about half as likely to have an active lifestyle. Across the period, an average of 8.6% of seniors with disabilities was physically active versus 17.9% of those without disabilities. The percent of seniors who are physically active seems to have increased between 1994-1995 and 1998-1999 for those without disabilities but did not do so for seniors with disabilities. Estimates for 2000-2001 show an increase to 11% of seniors with disabilities, but it is not

clear whether this represents an actual improvement in active living among seniors with disabilities or the impact of the new disability filter questions in the 2000-2001 CCHS survey.[63]

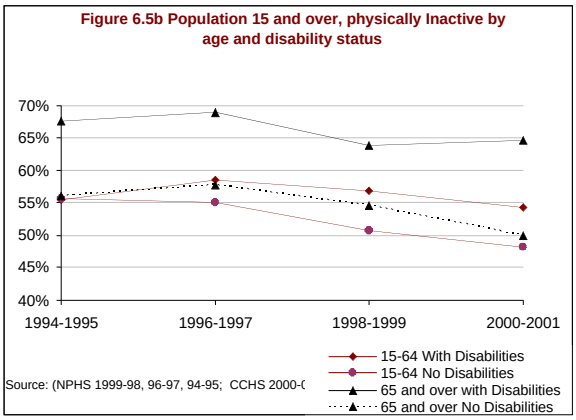


Figure 6.5b Description

Figure 6.5b shows the percent of the population 15 and over that is physically inactive using data from the NPHS (1994-1995, 1996-1997, 1998-1999) and the CCHS (2000-2001). The rates of physical inactivity for persons 15-64 with disabilities were: 56%, 59%, 57%, 54%. The rates for persons 65 and over with disabilities were 68%, 69%, 64%, and 65%. For those 15-64 without disabilities, the percents of persons who were physically inactive were: 1994-95, 56%; 1996-97, 55%; 1998-99, 51%; 2000-01, 48%. The rates for persons 65 and over without disabilities were 56%, 58%, 55%, and 50%.

Figure 6.5b shows that persons with disabilities are more likely to have a lifestyle characterized as physically inactive. This pattern has remained through the period represented in the figure and the gap has widened.

Among working age persons with disabilities in 2000-2001, 54% had a physically inactive lifestyle versus about 48% of those without disabilities compared to 56% in 1994-1995 for both those with and without disabilities. In the case of seniors in 2000-2001, about 65% of those with disabilities and 50% of those without disabilities had physically inactive lifestyles versus 68% of those with disabilities and 56% of those without disabilities in 1994-1995. These trends highlight the importance of continued efforts to support choices to become more physically active, especially for persons with disabilities.

Table 6.9 (see Annex 5) provides a breakdown of physical activity by age and gender during the period 1994-1999 as reported in the NPHS and 2000-2001 as reported in the CCHS. Overall, men are more likely to engage in physically active leisure than women. This is true for men with and without disabilities. For example, an average of 18.2% of men with disabilities was physically active over the survey period compared to only 13.4% of women with disabilities. The 2000-2001 rates for men with disabilities (19.1%) and women with disabilities (14.7%) represent a slight improvement from the two previous surveys.

As for seniors, women with disabilities age 65 and over are the least likely to engage in active leisure of all the groups identified, with an average of only 5.6% saying that they do so. An average of 12.6% of senior men with disabilities is physically active compared to 14.1% of senior women without disabilities and 22.9%

[63] See the discussion of the impact of changing survey questions in Annex 3.

of men without disabilities who are ages 65 and over.

Working age men with disabilities, on the other hand, reported slightly higher rates of physically active leisure in every survey than did working age women without disabilities. In 2000-2001 for example, 20.6% of men with disabilities ages 15-64 were physically active versus 19.3% of working-age women without disabilities. In that same year, 23.9% of working-age men without disabilities were physically active.

Men and women with disabilities in both age groups had slightly higher rates of physically active leisure in 2000-2001 than in previous surveys. Caution must be exercised in interpreting this result as the CCHS survey used different filter questions to identify persons with disabilities.

While a small percent of adults with disabilities are unable to engage in any significant degree of physical activity, these patterns in activity levels suggest that continued effort is needed to include persons with disabilities in active living. The relatively greater decline in active living among seniors with disabilities relative to their counterparts without disabilities reveals a particular need to ensure that seniors with disabilities retain some of the benefits of an active lifestyle.

In 1991, the Health and Activity Limitation Survey explored obstacles to physical activities faced by persons with disabilities. As shown in table 6.10, 47% of adults with disabilities experienced barriers to accessing desired physical activities. The most commonly cited barriers preventing leisure activities were cost of participation (11%) and location (8%).

HALS also examined obstacles to engaging in desired recreational activities. In this case, the most frequent obstacles cited were also cost of participation (15%) and location (10%).

Table 6.10: Persons with Disabilities (Ages 15+) Barriers to Accessing Physical Activities and Recreational Services

	Number	Percent*

Access to Leisure Activities		
Number Reporting any Barrier	1 277 000	36.1%
Located too far away	364 000	10.3%
Inadequate Transportation	188 000	5.3%
Facilities, Equipment, or Programs for Greater Participation are not Accessible	165 000	4.7%
Cost of Participation is too High	522 000	14.8%
Access to Physical Activities		
Number Reporting any Barrier	1 651 000	46.7%
Located too Far Away	274 000	7.8%
Inadequate Transportation	135 000	3.8%
Facilities, Equipment, or Programs for Greater Participation are not Accessible	168 000	4.8%
Cost of Participation is too High	380 000	10.8%

Note*:% based on 3 533 000 million adults with disabilities living in households
Source: Health and Activity Limitation Survey (1991)

In summary, the most common obstacles to participating were cost, distance, and non-accessible facilities.

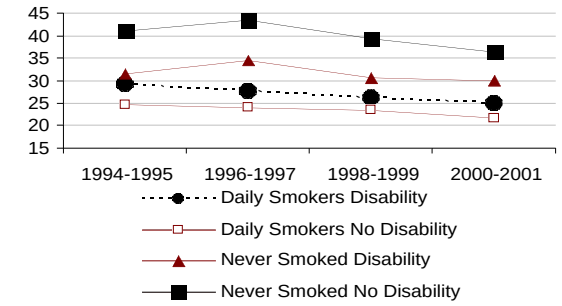
Continued research to further understand the current reasons for lower levels of physical activity is required. The Participation and Activity Limitation Survey will provide more current national statistics on barriers to accessing physical activities and recreation when it is released in 2003.

Smoking (Supplementary Analysis)

The dangers of smoking have been well publicized over the past several decades and the percent of Canadians who smoke has slowly declined. Persons with disabilities who smoke are at risk of the same smoking-related health problems and early death as are those without disabilities. Figure 6.6 suggests, however, that persons with disabilities are more likely to be daily smokers than persons without disabilities and are less likely to have avoided smoking altogether.[64] For example, in 2000-2001, 30.1% of persons with disabilities had never smoked versus 36.3% of those without disabilities. Similarly, in 2000-2001, 25.0% of persons with disabilities were daily smokers, while 21.5% of those without disabilities smoked daily.

On a more positive note, the rate of smoking among persons with disabilities is also declining, with some progress both in reduced frequency of smoking and in stopping altogether. The rate of daily smoking among

Figure 6.6 Population 15 and over, Smoking by disability status



Source: (NPHS 1999-98, 96-97, 94-95; CCHS 2000-01)

[64]This analysis does not focus on causal sequence, that is, whether regular smoking contributed to the presence of reported activity limitations. There is evidence that smoking increases the likelihood of health-related disabilities and that it may hinder recovery from these conditions (Martel, Bélanger, Berthelot. 2002), however the greatest impact of smoking is shortened life expectancy.

persons with disabilities declined from 29.2% in 1994-1995 to 26.2% in 1998-1999 and 25.0% in 2000-2001. The percent of persons ages 15 and over who are former smokers has gone from 35.1% in 1994-95 to 40.6% in 2000-2001 (not shown in figure). For population estimates corresponding to figure 6.6 and data on occasional smokers and former smokers, see table 6.11 in Annex 5.

Figure 6.6 Description

Figure 6.6 shows the percent of the population 15 and over are daily smokers and the percent that have never smoked using data from the NPHS (1994-1995, 1996-1997, 1998-1999) and the CCHS (2000-2001). The percent of daily smokers among persons with disabilities declined slightly across the period as follows: 29.2%, 27.5%, 26.2%, 25.0%. Similarly, the percent of daily smokers among persons without disabilities also declined: 24.5%, 23.9%, 23.3%, 21.5%. The percentages of persons who have never smoked are as follows. Among persons with disabilities: 1994-95, 32%; 1996-97, 34.5%; 1998-99, 30.6%; 2000-01, 30.1%. The rates of persons without disabilities who have never smoked were 41%, 43.4%, 39.2%, and 36.3%.

Drinking (Supplementary Analysis)

Excessive use of alcohol brings attendant health risks and the risk of harm to one's social relationships, performance at work and in other settings. Heavy drinking on a frequent basis may also result in alcohol dependency. For these reasons, supporting personal choices to moderate or limit social consumption of alcohol is an important health promotion objective.

The NPHS and CCHS surveys have found that persons with disabilities are less likely to have five or more drinks on one occasion than are those without disabilities. This is the case both for those who have had more than five drinks less than 12 times per year and for those who drink this amount 12 or more times in a year. Figure 6.7 shows the percent of those who drink, who have had more than five drinks on one occasion more than 12 times in a year. For example, in 2000-2001, 18.2% of adults with disabilities who drank had more than five drinks on 12 or more occasions in the year while 20.3% of adults without disabilities who drank reported this level of drinking. The rates of drinking this amount appear to have increased over the survey period. In 1994-95, 14.0% of persons with disabilities who drank reported that they had more than five drinks on 12 or more occasions in a year. In 2000-01, this percent was 18.2%. The percent of persons without disabilities reporting drinking, who indicated consuming more than 5 drinks on one occasion more than 12 times in the year went from 14.3% in 1994-95 to 20.3% in 2000-01.

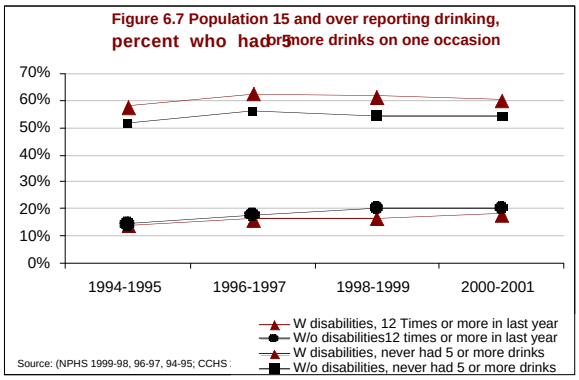


Figure 6.7 Description

Figure 6.7 shows for the population 15 and over who report drinking, the frequency of having five or more drinks on one occasion. These data are obtained from the National Population Health Survey (1994-1995, 1996-1997, 1998-1999) and the Canadian Community Health Survey (2000-2001). The percentage of persons with disabilities that has consumed five or more drinks on one occasion 12 or more times in the past year has increased slightly across the period as follows: 14.0, 16.2%, 16.6%, 18.2%. Similarly, the percentage of persons without disabilities with this level of drinking also increased: 14.3%, 18.0%, 20.3%, 20.3%. The percentages of persons with disabilities that has never consumed more than 5 drinks on one occasion are as follows: 1994-95, 57.9%; 1996-97, 62.5%; 1998-99, 61.6%; 2000-01, 60.4%. The rates for persons without disabilities who never had more than five drinks on one occasion are 51.5%, 55.9%, 54.2%, and 53.9%.

Figure 6.7 also shows the percent of persons reporting drinking who never consumed more than 5 drinks on one occasion. In all four survey periods, persons with disabilities were more likely to say that they had never had more than five drinks on one occasion than those without disabilities. For example, in 2000-01, this percent was 60.4% for persons with disabilities and 53.9% for those without disabilities. These rates have remained relatively stable through the period covered by the surveys. Table 6.12 in Annex 5 provides population estimates corresponding to figure 6.7 and estimates of the numbers and percents of those who have had five or more drinks less than twelve times in the past year.

Aboriginal Persons with Disabilities

No additional detailed information about physical activity, smoking, or alcohol consumption based on the disability status of Aboriginal people has been compiled for this report.

Desired Outcome: Persons with disabilities are physically active according to their needs and capabilities

Indicator: Athletes with disabilities are able to participate in regional, national, and international sport competition

Description

Sport makes an important contribution to Canadian culture and heritage and encourages activity that contributes to the health of Canadians. Canadians support excellence in sport and take pride in their athletes who compete at the national and international level. As part of their claim to full citizenship, athletes with disabilities deserve opportunities similar to those offered to other athletes to develop their abilities and to compete. This indicator highlights participation in competitive sport organized by provincial, national and international sport organizations. Active leisure, involving participation in sport to increase health and well-being is discussed as part of the

health promotion and prevention section of this report.

Specifications

Source: Sport Canada website: www.pch.gc.ca/sportcanada/ and other sources will be updated approximately biannually according to the schedules of international sport events.

Population: Adults with disabilities

Calculations: None. This is a qualitative assessment.

Further Information

Canadian athletes with disabilities may compete at regional, provincial, national, and international levels depending on their level of development and accomplishment. Competing in the international Paralympics, the Special Olympics World Games and other international meets represents the crowning achievement for Canadian athletes with disabilities, but competing at any level can be a source of pride and personal satisfaction.

Canada has participated in every Paralympic Games since 1968. Most recently, Canadian high performance athletes with disabilities competed at the 2002 Winter Paralympics in Salt Lake City. The Canadian team of 29 athletes brought home fifteen medals from the Salt Lake City Winter Paralympics, including four for Karolina Wisniewska of Calgary, Alberta. This tied the medal count in the 1998 Nagano Winter Paralympics while improving the number of gold medals from one to six. Canada finished sixth out of 36 countries in Salt Lake City. During the 2000 Summer Paralympics in Sydney, Australia, Canadian athletes with disabilities competed against 4 000 athletes from 123 countries. The Canadian team ranked 4th with 96 medals including 38 gold.

Canadian Special Olympics works to ensure that people with a mental disability have access to a full range of sport opportunities. Canadians with a mental disability participate in the Canadian Special Olympics through regional, provincial, national and world games. At each level of competition, athletes may qualify for the next level. During the 2001 Special Olympics World Winter Games in Anchorage, Alaska 72 Canadian athletes competed in Speedskating, Figure Skating, Floor Hockey, Snowshoeing, Nordic and Alpine Skiing. These athletes brought home over 100 medals for Canada and many more enjoyable and memorable experiences. The Canadian Special Olympics are supported by a vast array of coaches and other volunteers, who donate their time to assist Canadians with mental disabilities to enjoy sport as an expression of full citizenship.

The International Paralympic Committee motto—Mind, Body, Spirit—is intended to recognize the outstanding achievement of paralympic athletes. While Canadian high performance athletes with disabilities have succeeded in national and international competitions, they also frequently volunteer their time to assist others to develop their potential. For example, high performance athletes with disabilities have been in high demand as motivational speakers challenging all Canadians to reach their full potential as citizens whether in sport or in other areas of activity.

Canadian athletes with disabilities, their coaches and supporters are preparing for the next Paralympics, to be held in Athens, Greece in summer 2004 and the 2003 Special Olympics World Summer Games which will take place in Dublin, Ireland.

cial Olympics Athletes Oath: me win, but if I cannot win, let be brave in the attempt.

Government Action to Prevent Injuries and to Promote Health of Persons with Disabilities

Canada Labour Code (Human Resources Development Canada)

Part II of the *Canada Labour Code* deals with occupational health and safety requirements in federally regulated sectors and includes the federal public service, covering altogether about 10% of the Canadian workforce. Activities that come under federal jurisdiction include banking, transportation, communications, most federal Crown corporations, the federal public service, and a few other undertakings declared by Parliament to be for the general advantage of Canada. The Labour Branch of Human Resources Development Canada exercises this responsibility on behalf of the government. The Labour Branch provides enforcement and administration of the Canada Labour Code and offers training and education products and services. As well, the Labour Branch supports the Canadian Centre for Occupational Health and Safety (CCOHS), Canada's national centre for workplace health and safety information.[65] CCOHS promotes a safe and healthy working environment by providing information and advice about occupational health and safety to employers, unions, educators, occupational health and safety specialists, lawyers, government officials and others.

The Active Living Alliance for Canadians with a Disability (Health Canada)

In Future Directions, the Government promised to promote opportunities and reduce barriers to a healthy lifestyle among Canadians with disabilities. In this regard, Health Canada provides support to the Active Living Alliance for Canadians with a Disability. Health Canada provided a contribution of approximately $400K (2001-02) and $550K (2000-01). Significant other funds were raised by other organizations through private sector/corporate donations, other funding agencies (e.g., HRDC, Canadian Heritage) and miscellaneous other sources (e.g., sale of publications, membership fees etc.)

The Active Living Alliance for Canadians with a Disability was formed in 1989 and is mandated to "promote inclusion and active living lifestyles of Canadians with a disability by facilitating communication and collaboration among organizations, agencies and individuals". The Alliance is a partnership of national organizations, provincial networks, community agencies and individuals to promote the full and equitable

[65] Canadian Centre for Occupational Health and Safety http://www.ccohs.ca/

access to active living opportunities for persons with disabilities.

Organizations serving the general population include: Canadian Association for Health, Physical Education, Recreation and Dance, Active Living Coalition for Older Adults, Aboriginal Sport Circle, Canadian Intramural Recreation Association, Canadian Red Cross and Canadian Parks and Recreation Association.

National sport organizations supporting the needs of individuals with specific disabilities include: Canadian Cerebral Palsy Sport Association, Canadian Association for Disabled Skiing, Canadian Amputee Sports Association, Canadian Wheelchair Sports Association, and Canadian Blind Sports Association

Disability-specific partners include consumer based organizations addressing the various issues related to persons with specific types of disabilities such as the Canadian Paraplegic Association, Canadian Hard of Hearing Association, The Canadian National Institute for the Blind, Canadian Therapeutic Research Association, National Network for Mental Health and The Learning Disabilities Association of Canada.

The Alliance's combined reach through its member organizations/networks is approximately _ million Canadians.[66]

The Active Living Alliance has the following priorities to achieve its goal of full inclusion of Canadians with disabilities:

- To include persons with disabilities in its Planning and Policy Development
- To support active living opportunities for Canadians with disabilities by facilitating and maintaining a network of individuals and organizations
- To intensify its provincial/territorial networks to enhance its community capacity.
- To intensify public messaging on the health values of physical activity for Canadians with disabilities, through print, radio and television public service announcements.
- To encourage, interpret and disseminate research on inclusive physical activity and active living

In recent years, the Alliance developed the following resources and initiatives to promote awareness of the active living needs of persons with disabilities:

- Blueprint for Action: This is a national strategic plan for active living and persons with disabilities based on national consensus, and including guiding principles and priority goals (Active Living Alliance 1998).
- Words with Dignity: This is a bookmark with politically correct terms for persons with disabilities.
- Positive Images: This document provides illustrators creative alternatives to use when portraying Canadians with disabilities in the media or in photographs.
- Moving to Inclusion: Developed in partnership with Health Canada and 13 provincial and territorial ministries of education, this is a school-based resource that

[66] See http://www.ala.ca/home_page_e.cfm for more information about the Active Living Alliance.

provides educators with information on inclusion and inclusive physical education for various disability groups.

- Inclusion Action Pack: This is a resource designed to help community organizations to be more inclusive when developing their policies and procedures.
- Leadership Development Model: This is a leadership planning framework for leaders to enhance the quality and quantity of active living opportunities for persons with disabilities.
- In partnership with Canadian Heritage, the Active Living Alliance sponsors national youth exchanges which provide opportunities to young people with disabilities to experience some of the many ways in which they can enjoy an active lifestyle.

Policy Implications for Active Living (Alliance, 1997) An examination of The Will to Act Task Force on Disability Issues. At the request of Health Canada, the Alliance examined the Task Force report through an "active living lens" and identified a number of recommendations relating the implications of active living to the principles/recommendations of the Federal report.

Benefit-Cost Analysis (Hickling Lewis Brod, 1996) - of Alliance initiatives/projects funded under the National Strategy for the Integration of Persons with Disabilities

Achievements, Benefits, Costs and Lessons Learned (Roeher Institute, 1997), of Alliance initiatives/projects funded under the National Strategy for the Integration of Persons with Disabilities (NSIPD)

The results produced by the Active Living Alliance were examined by the Program Evaluation Division of Health Canada in 1995). Among the findings of this evaluation are the following:

"The Active Living Alliance for Canadians with a Disability is seen by stakeholders as an effective mechanism for networking as well as an effective partner for the development and implementation of [Health Canada] initiatives".

"The products developed under the NSIPD [by the Alliance] are reaching (or have the potential to reach) thousands of people dealing with persons with disabilities (e.g., teachers, fitness instructors, and recreation coordinators)."

"...for a modest investment [Health Canada & the Alliance] have done its part to move closer to realizing the goals of the NISPD ..."

Health Canada recognizes an ongoing challenge to elevate the importance of and gain recognition for health-related issues pertaining to physical inactivity, on the disability agenda. The reality is however, that persons with disabilities are significantly less physically active than the general Canadian population and at greater risks to related diseases and conditions associated with inactivity. The Government of Canada is committed to continue its efforts in partnership with the Alliance to encourage and facilitate a more active lifestyle among persons with disabilities.

Support for Athletes with Disabilities

The Government of Canada is committed to increasing access and equity in sport for targeted under-

represented groups including persons with disabilities. Sport Canada, a branch of Canadian Heritage, assists athletes with disabilities by funding a variety of national sports organizations whose missions support federal sport objectives and priorities. These organizations may encourage and support involvement in sport to develop general fitness while also helping athletes to develop their skills for high performance sport and participation in national or international competitions. Canada's high performance athletes with a disability can access coaching and training assistance via support provided to the organization responsible for that sport, such as Volleyball Canada (volleyball) and the Canadian Wheelchair Sports Association (wheelchair rugby). Canadian athletes with mental disabilities may receive support through their community/regional Special Olympics.

Support for High Calibre Athletes with Disabilities

The following Sport Canada (Canadian Heritage) programs provide support to athletes with disabilities:

- National Sport Organization [NSO] Support Program,
- Athlete Assistance Program [AAP] and
- Hosting Program.

The National Sport Organization Support Program provides funding to National Single Sport Federations, Sport Organizations for Athletes with Disabilities, Multi-Sport/Service Organizations, and Canadian Sport Centers in support of their programming aimed at developing athletes and coaches at the highest international levels. National Single Sport Federations and Sport Organizations for Athletes with a Disability are funded specifically for mainstream sport programs and/or sport for athletes with a disability. Certain Multi-Sport/Service Organizations are funded specifically for their sport for programs for athletes with disabilities, while other MSOs and Canadian Sport Centers are funded with the expectation that their services are inclusive of sport for athletes with disabilities.

The goals of the NSO Support Program are to:

- enhance the ability of Canadian athletes to excel at the highest international levels through fair and ethical means;
- enhance the programming, coordination and integration of developmental activities to enhance the Canadian sport system through working with key partners; and
- increase access and equity in sport for key under-represented groups (including athletes with disabilities).

The Athlete Assistance Program identifies and supports international calibre athletes with the aim of enhancing the Canadian sport system and improving Canadian performances at major international sporting events. Athletes with disabilities, most notably within Paralympic-stream sport, are eligible for the AAP.

The goals of the Athlete Assistance Program are to:

- improve the Canadian high-performance sport system, and
- contribute to improving Canadian performances at major international sporting events such as the Olympic and Paralympic Games,

World Championships, Commonwealth Games, and Pan Am Games

The Hosting Program is a key instrument in the Government of Canada's overall approach to sport development in Canada, and is designed to work with other initiatives essential to the vitality of the sport system. The hosting of sport events for athletes with a disability are funded under this program but are not specifically targeted.

The program is also intended to assist athletes in dealing with the increasing demands of high-performance sport and to enhance their personal and career development both during and following their athletic careers.

The goals of the Hosting Program are to:

- contribute to the development of the Canadian sport system, and
- bring direct and significant benefits across a broad range of government priorities though the hosting of sport events.

The program provides support in four major areas: international multi-sport games; international single sport events; strategic focus events; and the Canada Games.

In 2001-2002, under the NSO Support Program, $3.8 million was directed to sport for athletes with a disability programming. There were additional "soft" contributions within this program area, in terms of services delivered by service organizations and Canadian Sport Centers.

In 2001-2002, under the Athlete Assistance Program, $2.1 million was directed to athletes with disabilities.

In 2001-2002, under the Hosting Program, $40 000 was directed to events specifically for athletes with disabilities. In addition, athletes with disabilities did compete at other supported events (e.g. 2001 World Championships of Athletics)

In 2001-2002, under the NSO Support Program, 20 National Single Sport athletes with disabilities including 3 Sport Organizations for athletes with disabilities (the others were "mainstream" sport organizations, such as Athletics Canada). Contributions were used for national team programming, training and competition, coaching development, coach support, administration, and leadership and officials' development.

In 2001-2002, also under the NSO Support Program, 3 Multi-sport/Service Organizations received funding specifically for programming for sport for athletes with disabilities. Included in these contributions was support for two major games: the 2001 Summer Deaflympics, and the 2002 Winter Paralympics.

In 2001-2002, under the Athlete Assistance Program, approximately 161 athletes with disabilities in 15 sports received funding. Athletes receiving support have access to a monthly stipend, tuition support, and special needs funding.

In 2001-2002, under the Hosting Program, there was one event specifically for athletes with disabilities supported. Other events included

opportunities for athletes with disabilities to compete.

Sport Canada support and funding has been essential in the delivery of programs for athletes with disabilities. The integration approach has greatly increased opportunities, expanded available programs and services, and allowed for greater investment in sport for athletes with a disability. Lauren Woolstencroft, medallist at the 2002 Paralympic Games, spoke on behalf of her team-mates at the April 15, 2002 Government of Canada reception, noting, “The Canadian Paralympic team would not exist today if it weren’t for the funding from Sport Canada. In addition, access to the National Sport Centers has enabled my team-mates and I to achieve our goals as high performance athletes.” Paralympic team chef de mission Henry Wohler wrote about the same event: “Please accept my sincerest congratulations and appreciation. This was my third opportunity to participate in honouring our medallists and this event was light-years ahead. It was great to see all our athletes recognized. Our athletes have been side by side in the past but the presence of Paralympians was made clear and was very evident.”

Even with the international growth of the Paralympic movement and increasing competitiveness at Paralympic Games, Canada achieved its best-ever performances at both the 2000 Summer Paralympic Games (4th place, 96 medals), and the 2002 Winter Paralympic Games (6th place, 15 medals).

With the international growth of sport for athletes with disabilities, sport organizations are finding it increasingly difficult to provide the necessary level of programs and services to athletes and coaches that will allow Canada to continue to realize success. Gaps in domestic sport development are also becoming increasingly evident.

These issues have been raised in consultations with the sport community, as well as in the evaluation on the NSO Support Program.

Table 6.24: Some of the Associations and Organizations Promoting Sport for Athletes with Disabilities that have Received Funding from Sport Canada are listed in the following table.[67]

Organization	Funding in 2000-2001
Canadian Association of Disabled Skiing	25 000
Canadian Blind Sports Association	204 640
Canadian Cerebral Palsy Sports Association	161 410
Canadian Deaf Sports Association	126 000
Canadian Paralympic Committee (www.paralympic.ca/)	921 900
Canadian Paraplegic Organization	10 000
Canadian Special Olympics (www.slam.ca/CanadianSpecialOlympics/home.html)	520 000
Canadian Wheelchair Sport Association	118 000

[67]See Sport Canada website for full list of contributions and recipients: http://www.pch.gc.ca/Sportcanada/Sc_e/funding.htm

Chapter 7
Disability Community Capacity

Future Directions identifies building the capacity of the disability community as an important priority within the Government of Canada's disability agenda. Broadly speaking, community capacity represents the ability of a community to meet the needs of its members and to further their interests within society. The specific resources required and the social processes involved in community capacity will vary depending whether a community is a geographic community, a cohesive cultural/social group or a diverse community built around a common interest. Here, persons with disabilities are assumed to have some common needs and experiences that unite them as a community of interest.[68]

Community capacity building is based on the premise that the resources needed and the processes involved in a community's ability to meet its members' needs can be improved or "built" over time. In the case of disability, the voluntary sector organizations that represent the interests of persons with disabilities and/or that provide the special goods and services they require are collectively termed the disability community. Capacity building then refers to building the human, financial, material, social and political resources that these organizations require. The Government of Canada has an important role to play in building the capacity of the disability community, but other Government and all sectors of society must also do their part.

The disability community as defined here is a part of the larger voluntary sector. Through voluntary sector organizations, many Canadians are engaged and involved in improving life in their communities and society. Although sometimes treated as one big group, the sector is, in fact, composed of many sub-groups, each with its own characteristics. As shown in table 7.1, some broad sub-groups have been identified:

Voluntary organizations serving the needs of persons with disabilities can be found among all these sub-groups. Some of these organizations (the disability community) may focus exclusively on disability issues or services while others may include persons with disabilities along with others as members and/or as clients.

The voluntary sector is under increasing pressure to deliver a greater number of services and raise larger amounts of money to support its activities. The sector is facing difficult challenges such as adapting to the information age, recruiting volunteers among a population that is more pressed for time than ever and ensuring that organizations have the resources and expertise to continue to work effectively. The voluntary sector organizations which represent the disability community have had to face these new realities as well. Disability organizations have had to carry

[68] The word "community" has been employed to describe a wide variety of social collectives. Some persons with disabilities have objected to the idea of a "disability community" because they give primacy to the importance of inclusion in society (the larger geographic and political community) or because they feel that trying to build a community of interest based on "disability" makes too much of the differences between persons with and without disabilities while under-emphasizing their common humanity and citizenship.

out their mandates in policy and program development and in service provision and to respond to the voices of their membership within a climate where human and financial resources may be stretched to the limit.

Table 7.1: The Voluntary Sector

Education	Colleges and universities Primary and Secondary Schools
Health	Hospitals Community Health Voluntary Sector Organizations
Social Services	Community Service Voluntary Sector Organizations
Arts and Culture	Theatres, Museums, etc.
Sport and Recreation	Competitive Sports, Community Recreation Groups
Environment	Research Groups, Conservation Groups, etc.

Measuring capacity of the voluntary sector is still in its early stages. There are no national statistical indicators. As part of its commitment to community capacity within the disability community and the larger voluntary sector, the Government has sponsored research that can assess current capacity and identify issues. Results from a national voluntary sector survey of a large sample of voluntary organizations will be available in 2003. In advance of that survey, HRDC sponsored a small qualitative study of community capacity whose results are summarized here.

For purposes of that study, HRDC defined "disability community capacity" as "the extent to which persons with disabilities participate as partners in identifying issues and in the development of policies and programs, both as individuals and through involvement with voluntary organizations representing their interests."

The Canadian Center for Disability Studies (CCDS) was funded to do a qualitative research study in the spring of 2002. The CCDS developed a draft framework which could, over time, assist in measuring progress on building disability community capacity. Table 7.2 shows a draft framework based on that proposed by CCDS to measure the capacity of disability organizations. It proposes that capacity can be measured using seven outcomes.

Further information about each of these outcomes and the results of the CCDS study of community capacity are summarized below.

Indicator: Actively Engage with Elected and Non-Elected Government Officials

Disability organizations actively engage with elected and non-elected government officials in policy development. This interaction with officials can take many forms inside and outside the political forum. It could include any or all of the following activities: appearing before the Standing Committee on Human Resources Development and the Status of Persons with Disabilities, participating on departmental advisory committees, interacting one-on one with officials, meetings with MP's/MPP's and Ministers of the Crown, letter writing, writing briefs and proposals for funding, etc.

This often is quite a time consuming exercise, but most organizations view maintaining contact with government officials as being an absolutely crucial aspect of their work.

Table 7.2: A framework for Assessing Disability Community Capacity

Desired Outcome	Indicators
Involvement with elected and non-elected government officials	Number of contacts with elected and non-elected officials over the past year; responsiveness by government to community interventions
Human Resource Capacity	Number of employees/volunteers; capacity of organizations to mobilize additional human resources (to form coalitions/ Partnerships)
Financial Resource Capacity	Capacity to fulfill strategic plans; capacity to carry out their respective mandates; sources of funding over past year; breakdown between government and private funding; capacity to mobilize additional funding; percent of financial resources available on a multi-year basis.
Organizational Partnerships	Examples of partnering/coalitions; examples of joint projects; examples of shared resources (staff, financial and facilities)
Media Relations	News releases produced in last year; media coverage of issues and situations; media sources which covered organization's issues.
Quality Information about Disability	Research projects submitted for funding to government and private funding sources; number funded; outcomes of research projects; ways to build capacity to do research
Responsiveness to Clients/Members	Satisfaction of members/clients of the capacity of organizations to respond to their needs; general public's perceptions on capacity of organizations to respond to the voices of persons with disabilities; respondents' perceptions of the effectiveness of media to respond to the voices of persons with disabilities.

Indicator: Human Resource Capacity

Human resource capacity in a disability organization encompasses the interplay and interrelationships of the following people:

The Board of Directors and the organization's ability to attract, retain, and renew its Board members.
Paid Staff and the organization's ability to retain the staff, provide them with attractive wages and benefits and offer them on-going training opportunities.

Volunteers and the organization' ability, by listening to needs of the community, to generate enough interest to attract and retain a sufficiently large pool of volunteers and to create a stimulating and rewarding environment.

Human resource capacities of many organizations have diminished or stayed the same in recent years. Diminished capacities compromise and restrict their abilities to carry out their mandates in advocacy, research and service provision and to effectively communicate with members and constituents on a regular basis.

Indicator: Financial Capacity

Without financial resources, the ability of a disability organization to carry out its mandate is severely limited. While many organizations in the voluntary sector have been able to diversify their sources

of funding (government, foundations, private sector, fund raising) to some degree, the sector, as a whole, still relies heavily on government funding. Disability organizations, representing a largely-marginalized population, depend on government funding perhaps more than the average voluntary sector organization.

Indicator: Organizational Partnership

Disability organizations are involved with numerous partnerships for a variety of purposes. Their affiliate chapters, member associations or individual board representatives across the country partnered with them to work on disability issues at federal and provincial levels and to facilitate communication and information-sharing. Some focus on research-related activities or form partnerships to undertake specific contracts or projects.

Disability organizations also collaborate among themselves, with other equality-seeking groups, and with governments to work on issues around the disability policy agenda and to advocate for change. For example, the Council of Canadians with Disabilities recently convened a consultation of national disability organizations on the development of future directions for the disability agenda. Partnerships were also formed to undertake projects, apply for joint funding or facilitate research.

Besides collaborations within the disability community, disability organizations develop joint ventures with governments, organizations within the voluntary sector, corporations, businesses, the banking industry, service clubs, and with academics or universities. Sometimes, contracts entered into by disability organizations result in sustained relationships or partnerships.

Indicator: Media relations

Organizations often write press releases to bring issues and concerns to the media's attention. The media can offer visibility to organizations which may also assist them in other activities such as fund raising and recruiting volunteers. How a voluntary organization uses the media to get its point or concerns across to the general public can be indicative of its profile in the community.

Disability organizations generally lag in their ability to generate media attention. Articles were generated about important issues like the Disability Tax Credit, new reproductive technologies, deaf culture, a recent accessibility challenge surrounding railway cars, and a couple who had chosen to end the life of their adult child. Media coverage has not resulted in any sustained interest around the organizations themselves, unlike the situation of hospitals facing cutbacks in services.

Despite the potential advantages of engaging in a strategy to improve media relations, preparing press releases/kits takes time and energy to produce in organizations where monetary and human resources are often stretched to the limit. Further, returns can be minimal.

Indicator: Quality Information on Disability

Disability organizations require good-quality information about disability policies, services, statistics, etc. to carry out their mandates. For those involved in service provision, this type of information is essential in developing priorities and

supporting the need for additional funding to cover increasing demand for services. Good-quality information informs advocacy work, and researchers require up to date materials on which to build further work.
With the advent of the Internet and their work with government officials, acquiring good quality information about disability-related issues is less of a problem for disability organizations. However, information overload and information exchange and dissemination, especially to clients/consumers, are still major concerns

Indicator: Response of Clients to Organization Mandate

Feedback, whether it is done by surveys or informally through symposia, annual general meetings, newsletters and websites, provides disability organizations with valuable information on the opinions and concerns of clients/members. Members/clients need to have a say as to their level of satisfaction with the organization. Not all organization need to do this formally but all need to be aware if their clients/members are satisfied with the ability of groups to carry out their mandates, including their capacity to do advocacy, service provision and/or research.

Conclusion
The disability community's capacity can be seen through its organizations, people, finances, environment, culture, attitude and the visibility of the community. The stronger each of these areas is, the stronger the community will be, and society will be as a result. By making a number of dimensions of community capacity more explicit, the proposed framework has the potential to be used in assessing the success of the Government's efforts to assist the disability community to build its capacity.

The full results from the study of disability community capacity by the Canadian Centre on Disability Studies may be obtained by accessing the report on the CCDS website (CCDS 2002).

Government Action: The Voluntary Sector Initiative

The Government of Canada has recognized the importance of the voluntary sector as a partner with governments and the private sector in creating and maintaining Canadian society.

In June 2000, the government of Canada, through the Treasury Board Secretariat of Canada, began the Voluntary Sector Initiative. This was done at the urging of the Voluntary Sector Roundtable, a group dedicated to bringing the difficulties faced by the entire voluntary sector to the attention of government. The VSI is a response to rapidly changing conditions for the voluntary sector.

The VSI is a joint undertaking between the voluntary sector and the Government of Canada. It is a unique opportunity to focus on the voluntary sector as one of the three pillars of Canadian society, equal in importance to the public and private sectors.

The long-term objective of the VSI is to strengthen the voluntary sector's capacity to meet the challenges of the future, and to enhance the relationship between the sector and the Government

of Canada and their ability to serve Canadians.

Through research and development in seven priority areas, the VSI is intended to strengthen the ability of voluntary organizations to do their work. Examples include providing information technology infrastructure and simplifying tax reporting requirements for small organizations.

As part of the Voluntary Sector Initiative the Government has entered into an agreement with the Council of Canadians with Disabilities and the Canadian Association for Community Living to work together during 2002-2003 to improve the capacity of the disability sector to contribute to policy and program development. It is hoped that this initiative will also contribute to a common understanding of the issues faced by persons with disabilities and establish mechanisms to support the engagement of Canadians with disabilities in the policy development process.

For more information on the Voluntary Sector Initiative, visit the website at www.vsi-isbc.ca. The website contains a wealth of information on the current issues which impact the voluntary sector as a whole in Canada.

The Social Development Partnerships Program (SDPP) – Disability Component (Human Resources Development Canada)

The Social Development Partnerships Program (SDPP) is a research and development program that supports the national activities of the social non-profit sector in line with Human Resources Development Canada's (HRDC) mandate to conduct new, nationally significant social development research. The Office for Disability Issues administers the disability component of this program, funding approved projects that have disability and community inclusion[69] activities as their focus. The objectives of this research are to identify, develop and promote nationally significant best practices and innovative models of service delivery, and build community capacity to meet the social development needs and aspirations of persons with a disability. Projects must be national in scope and/or application. The disability component of SDPP also provides organizational funding to strengthen the capacity of national disability organisations.

SDPP provides organizational funding and project funding. The purpose of organizational funding for national disability organizations is to promote the representative voice of people with disabilities as full and equal citizens in Canadian society. These national organizations must be non-profit and consumer controlled.

Organizational funding is also intended to assist in building the capacity of the national disability organizations and to encourage the viability of critical partners.

Project funding is also made available for the development and testing of models to improve the capacities of individuals with disabilities to participate fully in society, to strengthen related services provided in communities, and for the development and distribution of information to client groups and key

[69] Community inclusion projects are those aimed at meeting the needs of persons with intellectual disabilities.

decision makers at the policy, program development and delivery levels.

Budgets / Costs

In 2001-2002, ODI received a total of 151 applications including grants and contributions and funded a total of 86 recipients of contributions and 18 recipients of grants. The total program expenditure on grants and contributions in 2001-2002 was $12.5 million.

In 2002-2003, the budget allocation for the disability component of the Social Development Partnership Program is $11.0 million. The breakdown of the allocation for fiscal year 2002-2003 is as follows: $3.0 million for Community Inclusion projects; $4.8 million for grants in support of organizational funding; and $ 3.2 million for contributions in support of disability project funding.

Outcomes

The expected qualitative results and outcomes of the program are in the following areas:

- increased research from a national perspective on key issues, models and practices in social development;
- increased capacity in the voluntary sector;
- increased opportunity for Canadians to become involved in their communities through voluntary organizations; and
- increased community support and reduced barriers for Canadians with intellectual and/or physical disabilities.

The projects that are supported seek to achieve the following direct outcomes:

- create and disseminate knowledge of the needs of target populations and of means to promote their full participation;
- enhance stability and capacity of national social services and disability organizations; or
- create and support coalitions of networks and partners working for objectives consistent with those of the program.

With respect specifically to disability project funding, anecdotal information suggests that the program has enabled self-advocacy by people with disabilities and that it has also raised public awareness of the barriers faced by people with disabilities. Also, some projects have enhanced the employability and lifestyle of people with disabilities through development of skills and workplace/vocational training.

For example, one project studied how workers with disabilities could be helped to live on their own. The model of independent living that was developed is now available on the Internet as a study program. It is registered with the Education Commission of British Columbia and is being used at universities in the Canada, the UK and Australia, as well as in developing countries. The cost of the project was $150 000.

In a second example, a study of the integration of children with disabilities into daycare influenced policy making in British Columbia and Yukon and led to the subject becoming part of an accredited training program for caregivers. The study cost $42 000.

As a third example, the University of Ottawa Faculty of Law received $100 000 to make the On-Line Law Library and Information System (OLLIS) accessible to students with print disabilities. The OLLIS system is now

widely recognized as a model for the provision of alternative formats, while staff members are consulted on the design of accessible web sites and course materials. The project has helped change the attitudes of publishers concerning the production of materials in alternative formats.

Issues

As with any ongoing program, there are some concerns about improving both effectiveness and efficiency of the Social Development Partnerships Program.

There may be a need to improve the process of soliciting, selecting and managing projects to ensure transparency, fairness and effectiveness in meeting priorities. As well, it is important to integrate the setting and implementation of priorities into this process in order to ensure that program funds are used strategically to gain maximum impact from the program.

Members of the disability community have expressed a strong belief that the current funding level of the program is inadequate to address present organizational needs within the disability community and that there is a need to identify the appropriate budget levels for the grants and contributions. There are also concerns on the part of client organizations that new administrative requirements will impose a major load on both their professional staff and their support systems (an issue being addressed in the Voluntary Sector Initiative).

In order to ensure that SDPP is achieving the desired benefits within the disability community there is a need to develop appropriate outcomes, indicators and performance measures that can effectively monitor and report on the impacts of SDPP. As well, ongoing work is required to capture the knowledge generated by funded projects and to ensure that the products and the new knowledge generated by the projects are effectively disseminated.

For more information about the Social Development Partnerships Program please see: www18.hrdc-drhc.gc.ca/programs/socialdev/desc.asp

Chapter 8
The Status of Government of Canada Commitments

Canadian society is changing and, for the most part, persons with disabilities are afforded more opportunities to lead full, independent lives than ever before. Much has been achieved in the two decades since *Obstacles*, the landmark report of the Special Parliamentary Committee on the Handicapped and Disabled, appeared in 1981

The Government of Canada has been a leader in ensuring that persons with disabilities are included and able to participate in the economic and social mainstream. In 1998, Canada was recognized by the United Nations when the Prime Minister accepted the Franklin Delano Roosevelt award, honouring our country's achievements in improving opportunities for persons with disabilities.

With all the successes we have had, we cannot rest on our laurels. Some complex issues remain outstanding. New issues are emerging. In many instances, the Government of Canada cannot act alone to resolve these issues; to succeed, the importance of building on joint work with provinces and territories is recognized. While the issues themselves may, at first blush, seem straightforward, the complexity is in implementation and jurisdiction.

Under the Government of Canada Disability Agenda, commitments have been made to continue to improve the lives of persons with disabilities. The Government of Canada's principal commitments under the disability agenda have been made in Future Directions, in responses to reports by the Parliamentary Subcommittee on the Status of Persons with Disabilities and Speeches from the Throne.

This chapter recounts these commitments and highlights some of the on-going work undertaken to honour them. With each commitment, references are provided to show the source document(s) where the commitment was made. In this chapter, the Government's commitments are organized using the major categories of the accountability framework presented in this report.

References to original source documents include *Future Directions*, Government of Canada responses to reports by the House of Commons Standing Committee on Human Resources Development and Persons with Disabilities and Speeches from the Throne

Disability Supports

1) Improve access/portability of disability supports … and recognize the need for access to a broad range of supports and services, i.e. transportation, housing, goods, and services. (*Future Directions*)

The Government of Canada has taken a multi-faceted approach to assisting Canadians with disabilities to offset the cost of disability supports.

The Government acknowledges the extra costs incurred by Canadians with disabilities for aids, devices and other supports through the tax system.

Recent Budgets have enriched existing federal tax measures and introduced new measures that assist persons with disabilities (the disability tax credit, caregiver tax credit, infirm dependant credit). These enhancements increased federal tax assistance to persons with disabilities and those who care for them from $600 million in 1996 to about $1.1 billion in 2002.

For example, taxpayers may claim the medical expenses that they or their spouses incur, as well as, in certain circumstances, expenses incurred by specified dependant relatives. Eligible medical expenses may occur in a variety of areas including attendant care, transportation costs, home modifications, prescription drugs, and a variety of other aids and devices. The list of eligible medical expenses is regularly reviewed and expanded in light of new technologies and other disability-specific or medically related items. For example, the 2000 budget recognized the incremental cost of modifications made to new homes to assist individuals with severe mobility impairments as an eligible expense.

An example of another Government of Canada approach to ensuring that Canadians with disabilities have the aids they need comes through the Office of Learning Technologies (OLT), HRDC. OLT was established in 1995 to support initiatives in new learning technologies and it is committed to promoting the inclusion of individuals and groups facing barriers to participation in the knowledge-based economy including persons with disabilities. As part of its support for the Government's commitment to lifelong learning for Canadians, OLT is building on its Community Learning Networks Initiative to build networks that will support individuals to acquire technology skills and overcome special learning needs or barriers to learning. In 2000-2001, OLT had 20 active projects and 3% of its budget specifically focused on the needs of persons with disabilities

Other Government of Canada departments and agencies are also working together developing new approaches to disability supports, and ensuring that their programs and services are accessible to persons with disabilities. In partnership with Health Canada, the Canada Mortgage and Housing Corporation (CMHC) has developed and launched a series of seniors housing seminars aimed at housing and health professionals, in order to allow seniors and persons with disabilities to remain in their homes and be independent for as long as possible.

This is in addition to the Canada Mortgage and Housing Corporation's (CMHC) Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D), which assists persons with disabilities, who are in need of financial assistance to pay for accessibility modifications to their homes. Homeowners qualify for assistance if their house value is below a certain figure and their household income is at or below established income ceilings. Landlords may also receive assistance under RRAP-D if rents are at or below certain levels and the tenants have incomes below set ceilings. This program also assists Aboriginal people with disabilities living on and off reserve. In 2001, an estimated 1 625 households were served with $11.4 million of forgivable assistance.

As well, CMHC offers the Home Adaptations for Seniors' Independence

Initiative (HASI) to assist low-income seniors who have difficulties with daily living activities in the home by providing financial assistance to carry out minor home adaptations. Both homeowners and landlords are eligible for assistance provided the occupant where the adaptations will be completed is 65 years of age and over, has income below established ceilings and has difficulty in the daily living activities due to diminishing abilities brought on by aging.

Health Canada funded a major research study, "An analysis of Interfaces along the Continuum of Care," which examined the nature and extent of integration along the continuum of care the continuum of health care services for four groups: seniors, adults with physical disabilities, persons requiring mental health services, and children with special needs. In addition, Human Resources Development Canada has funded a number of bilateral research projects on disability supports with the provinces and territories.

2) Improve access to information technology to ensure the participation of persons with disabilities in the knowledge-based economy. (*Future Directions*)

All jurisdictions in Canada currently monitor the development of information technology standards on accessibility. In November 1998 the Secretary of the Treasury Board asked the National Research Council to lead a Task Group to look into disability access issues regarding information technology, funded by the Employment Equity Positive Measures Intervention Fund.

With various laws and guidelines already in existence to address the barriers in the workplace for persons with disabilities, the task group found that the problems persist because of inadequate information sharing and inadequate accountability mechanisms. It made a total of seven (7) recommendations to create a friendlier technological environment for persons with disabilities.

One of the recommendations was the development of standards for Government of Canada websites. Work is on-going in this regard. Government of Canada websites must conform to the Treasury Board Secretariat policy (2000) known as the *Common Look and Feel Guidelines*, which made Canada the first country in the world to require all its websites to conform to the Web Content Accessibility Guidelines of the W3C Web Accessibility Initiative, which includes guidelines for accessibility for persons with disabilities.

The Government of Canada has also improved access to information of specific interest to persons with disabilities through its Government On-Line Initiative. To obtain comprehensive information on the range of Government of Canada programs for persons with disabilities, individuals can visit Persons with Disabilities Online at www.pwd-online.ca. The home page of the Government of Canada web site includes a link to this helpful information resource.

Another key information resource for Canadians with disabilities is Disability Weblinks at www.disabilityweblinks.ca. Federal, Provincial and Territorial governments launched this service in April 2001, to provide information about federal, provincial, and territorial government programs and services of interest to persons with disabilities. Both

Persons with Disabilities Online and Disability Weblinks provide access to information on a variety of disability-related topics including accessibility, education, employment, financial support, health, housing and residential support, personal support, rights, tax programs, and transportation.

3) Encourage research, development, and technology transfer to assist the growth of the assistive devices and services industry. (*Future Directions*) and increase support for the development of new technologies to assist Canadians with disabilities. (Speech from the Throne 2001)

Industry Canada's Assistive Devices Industry Office (ADIO) has policy approval to go ahead with R&D on assistive devices. In the absence of new funding, Industry Canada will continue to support the assistive devices and services industry with information dissemination and access to Industry Canada Portfolio programs and services such as ITAP/TPC.

To help departments and other employers with the purchase of technical aids for persons with disabilities, ADIO has also produced the Accessible Procurement Toolkits. The toolkit assists purchasers of technology to understand what criteria, requirements or prerequisites need to be added to contracting documents to ensure that the purchases will be maximally accessible? It tells the purchaser what questions need to be asked of a vendor or manufacturer to ensure the mainstream products are buying off the shelf will be useable by employees with disabilities. The Toolkits are now available for use through www.apt.gc.ca

4) Play a leadership role in developing and promoting accessible transportation; seeking further ways to improve access to the federally regulated transportation system through research on accessible transportation, information to transportation providers and consumers, and through its regulatory role.(*Future Directions*)

The Government of Canada, through Transport Canada and the Canadian Transportation Agency, continues to play a leadership role in resolving issues of access to the air, rail, intercity bus and marine transportation modes.

Transport Canada supports on-going research and development projects which aim to enhance accessibility, and travel safety and security of persons with disabilities.

In addition, other initiatives, such as the implementation of the Bus Code of Practice (for intercity buses) and promoting the joint reciprocity agreement with the European Conference of Ministers of Transport regarding the use of disabled parking permits, ensures that access to the federally regulated transportation system continues to improve for persons with disabilities.

The Canadian Transportation Agency (the Agency), which regulates the transportation system under federal jurisdiction, continues to develop and monitor accessibility standards for the transportation industry by way of regulations, codes of practice, as well as tools to increase accessibility. It is currently examining the possibility of offering a more timely option of mediation for the resolution of accessibility complaints rather than adjudication.

It is currently developing a new Code of Practice on Communication that will apply to carriers and terminal operators, industry-wide.

The Agency promotes several tools which assist the industry and consumers: the reservation checklist which increases awareness and familiarizes the travel industry about the travel needs of persons with disabilities; and, for persons with disabilities traveling by air, the User Satisfaction Survey, as well as the publication, Taking Charge of the Air Travel Experience: A Travel Guide for Persons with Disabilities.

5) Promote Universal Design of products, services and environments to enable the full participation of persons with disabilities; explore the feasibility of applying universal design to Government of Canada buildings. (*Future Directions*)

Support was provided for the Inclusive Design for All Congress hosted by the Canadian Council on Rehabilitation and Work in June 2001. The Government has encouraged the use of universal design principles in federally regulated industries so that such devices as bank machines, ticketing machines and telephones are accessible to as wide a range of people as possible.

Canada Mortgage and Housing Corporation continues to promote to consumers and the housing industry its FlexHousing approach on how to build housing that is accessible and easily adaptable to meet the changing needs of today's families and support independent living for seniors and persons with disabilities.

Public Works and Government Services Canada, chairing an interdepartmental working group, has taken the lead, examining the application of universal design solutions to Government of Canada office facilities. Following a consultation process (with consumer groups, building code committees, etc.) the working group submitted a report entitled "The Impact of Universal Design Principles on PWGSC Office Facilities."

PWGSC is implementing pilot projects on incorporating universal design principles in the C.D. Howe Building in downtown Ottawa, as well as a building leased for Canada Customs and Revenue Agency on St. Laurent Boulevard in Ottawa. PWGSC intends to implement a similar pilot project in the major renovations of a building on Montreal Road, Ottawa which are scheduled for completion in 2004.

PWGSC, in consultation with clients/users, the working group and organizations representing persons with disabilities, will be assessing various aspects of the pilot projects including user satisfaction, return on investment, operations and maintenance, etc. The assessment reports will be used to assist the working group, Treasury Board Secretariat and other authorities having jurisdiction in future design-making related to the incorporation of universal design in Government of Canada office facilities which should be considered in the context of supporting clients and the public at large.

6) Continue to improve access to Government of Canada programs, information and services by persons with disabilities; Expand the Depository Services Program to include sites providing alternate formats; Strengthen access policies through the inclusion of

standards on alternate formats and universal access. (*Future Directions*)

Technology has opened doors for persons with disabilities and is helping to create new opportunities in employment, recreation, and everyday living.

As mentioned earlier when discussing commitments regarding disability supports, the Government of Canada participated with provincial and territorial governments to launch Disability WebLinks (www.disabilityweblinks.ca) in April 2001 and it has launched its own disability website, Persons with Disabilities Online (www.pwd-online.ca).

Alternate format of the Canada Gazette, Parts 1 and 2, has been made available on the Internet since April 17, 2000. The disability community was advised through VoicePrint (radio) and large print press release with Braille overlay. Since the launch, approximately 1 500 pages/per day in alternate format has been downloaded from the site by users. There is currently ongoing research being undertaken to develop a fully accessible alternate format site by 2003.

In response to the calls to develop Government-wide accessibility standards for information management systems and information technologies, the Chief Information Officer Branch in TBS established the Accessibility Domain Architecture Team (ADAT). Specifically, the mandate of ADAT is to ensure that methods, principles, procedures, standards and guidelines are developed and applied to facilitate access to and use of electronic Government of Canada information and services for all individuals with disabilities, regardless of the information media or technology choice of the user. This access must be equal in quality and timeliness to the access to and use of information and services enjoyed by individuals without disabilities.

The Chief Information Officer Branch also established a Web Accessibility Test Service (WATS), which is currently hosted by a major department on behalf of Treasury Board Secretariat of Canada. WATS provides Government of Canada web masters and design teams an opportunity to watch as persons using enabling technology experience their designs under real-world conditions. An expert in accessible web site design is on-hand at these sessions to advise clients on how to make their designs conform to the Treasury Board Secretariat's Common Look and Feel policy and the World Wide Web Consortium's guidelines for universal accessibility.

A revised and updated version of the publication Bridging the Gap: Federal Programs and Services of Interest to Persons with Disabilities will be available by late 2002 in multiple formats.

On a broader information front, the National Librarian announced a new Council on Access to Information for Print-Disabled Canadians[70] in February 2001. The Council provides advice, identifies funding requirements, monitors progress and develops ideas for implementing the recommendations made by the Task Force On Access To Information For Print-Disabled Canadians. Contacts have been made with many Government of Canada departments and efforts continue to identify ways of increasing the availability

[70]For more information on Access to Information for Print-Disabled Canadian see: http://www.nlc-bnc.ca/accessinfo/

of multiple formal materials for print-disabled Canadians.

In addition, opportunities to expand scope and coverage of the Depository Services Program (DSP) to key libraries affiliated with organizations supporting print-disabled Canadians are being explored by the National Library of Canada.

7) Ensure service delivery staff are aware of best practices and equipped to meet access requirements of clients with disabilities. (*Future Directions*)

As more and more persons with disabilities join the mainstream of society and lead active and productive lives, the more interaction is possible between persons with disabilities and Government of Canada employees, some of whom will also have disabilities. Many departments have given sensitivity and/or awareness training to their employees, especially those on the front line.

During the year 2000, the Treasury Board Secretariat Task Force on an Inclusive Public Service asked public servants across the country to commit to employment equity and diversity. The idea was to have 2 000 Government of Canada employees declare themselves as agents of change for diversity/employment equity in their workplaces in the year 2000. By June of 2000, well over 3 000 public servants had self-declared. By the end of 2000, the Task Force website had over half a million hits. This was achieved mainly through networking and word of mouth and included all levels of the public service.

The growing awareness of the needs of persons with disabilities has resulted in a shift towards addressing specific issues and developing best practices. Two examples, RCMP Community Policing Services in Ottawa and the RCMP National Youth Strategy, are discussed in more detail in the section on Injury Prevention and Health Promotion.

8) Examine how the Government of Canada procurement system can promote accessible goods, services, and systems. (*Future Directions*)

As mentioned earlier, the Treasury Board Secretariat has funded the continuation of Industry Canada's Accessible Procurement Toolkit development. The Toolkits are now available and in use through www.apt.gc.ca.

9) Put in place targeted measures for low-income families caring for disabled children, to help meet the needs of the child and of the family (Speech from the Throne 2002).

The Government is currently examining possible options to fulfill this commitment.

Skills Development, Learning and Employment

Employment is a critical issue for persons with disabilities and Canadians with disabilities still fare worse than others in the overall labour market. In turn, this creates a dependence on income support programs (social assistance, etc). However, more and more persons with even the severest of disabilities have become employed, with appropriate accommodations and technology.

1) Remove barriers to lifelong learning for persons with disabilities. (*Future Directions*)

The specific needs of people with disabilities and their lifelong learning patterns are considered as part of the longer term Agenda on Skills and Learning, a major HRDC initiative.

As discussed earlier in the context of disability supports, the Office for Learning Technologies (OLT), HRDC, works with partners to expand innovative learning opportunities through technologies and to share information about their availability and use.

2) Develop a labour market strategy with provinces/territories and other relevant groups to help persons with disabilities participate in the labour force; (*Future Directions*; Speech from the Throne 2001; Speech from the Throne 2002); Promote labour force participation of persons with disabilities. (*Future Directions*)

The Government of Canada currently provides $30M in annual funding through the Opportunities Fund (OF) to enhance participation of persons with disabilities in the labour market. In addition, the Government of Canada cost-shares the Employability Assistance for Persons with Disabilities Initiative (EAPD) with participating provinces at a cost of $193 M annually. (Both OF and EAPD are described in detail in chapter 4 of this technical report.) In May 2002, federal, provincial and territorial Ministers Responsible for Social Services issued a national report on programs and services funded under EAPD.[71]

Federal/Provincial/Territorial (FPT) Social Services Ministers agreed in June 2000 that joint work should be undertaken on a labour market needs analysis for persons with disabilities (PWD).[72] FPT Social Services officials undertook this work in collaboration with the Forum of Labour Market Ministers (FLMM).

The 2001 Speech from the Throne contained a commitment to develop a comprehensive labour market strategy for persons with disabilities. The Government is currently working with provinces/territories to develop such a strategy. The strategy is being developed around three goals: improving employability, enhancing employment opportunities, and improving and disseminating information and knowledge about the persons with disabilities and effective practices to help them integrate the workforce.

At their meeting in November, 2002, FPT Social Services Ministers approved a framework and priorities for a comprehensive labour market strategy for persons with disabilities. In this context, Ministers agreed to work aggressively to fast track a successor agreement to the current Employability Assistance for People with Disabilities Agreement.

[71] *Employability Assistance for People with Disabilities 1999-2000, 2000-2001* is available at http://socialunion.gc.ca

[72] While Quebec supports the general principles of the proposed labour market strategy for persons with disabilities, it did not participate in developing strategy because it intends to preserve its sole responsibility on social matters. However Quebec receives its share of federal funding and the government of Quebec is making major investments toward programs and services for persons with disabilities. All references to viewpoints shared by the federal, provincial and territorial governments in this document do not include the viewpoints of the Government of Quebec.

3) Encourage private and public sector partnerships to increase employment and self-employment of persons with disabilities; Foster entrepreneurial opportunities for persons with disabilities. (*Future Directions*)

The National Forum of Entrepreneurs with Disabilities was held in February 2000 in Halifax, bringing together individuals from across Canada—publicity and potential recruitment supplied through Canada Business Service Centres, Western Economic Diversification, Atlantic Canada Opportunities Agency, and the Strategis Website. A network of Entrepreneurs with Disabilities Canada (NED Canada) has been established. NED is currently developing a web site dedicated to entrepreneurs with disabilities.

A forum, Finding Solutions 2000: Entrepreneurship for Canadians with Disabilities was held to share knowledge for the benefit of Canadians with disabilities who aspire to learn how to become better and more successful entrepreneurs. This forum, sponsored by Western Economic Diversification, Atlantic Canada Opportunities Agency, Human Resources Development Canada, as well as the province of Manitoba, and several private sector sponsors, was held late in October 2000 in Winnipeg.

The National Community Inclusion Initiative, which is aimed specifically with persons with intellectual disabilities, continues to build partnerships with private, public and voluntary sectors. In 2000-2001, some 350 partnerships were formed across Canada. Many of the partnerships address the issue of employment.

In support of Aboriginal persons, the Government, in partnership with Aboriginal groups throughout Canada, developed the Aboriginal Human Resources Development Strategy (AHRDS). AHRDS is a five-year, $1.6 billion strategy that devolves funding and responsibility to design and deliver labour market programming to Aboriginal people. Under the Strategy, 79 Aboriginal Human Resource Development Agreements (AHRDAs) have been negotiated between HRDC and various Aboriginal groups throughout Canada. These agreements recognize that Aboriginal people best understand their needs and are best able to design and implement effective programs and services, including programs and services for Aboriginal persons with disabilities.[73] The 79 AHRDAs administer a special disability component that received $3 million dollars each year from the Opportunities Fund.

4) Promote work experience opportunities for youth with disabilities. (*Future Directions*)

Several initiatives mentioned above such as the Industry procurement toolkit, were funded by the Employment Equity Positive Measures Program (EEPMP) Intervention Fund, and managed by the Treasury Board Secretariat of Canada. Two more, specifically geared to youth, deserve mention:

First, Integration of Disabled Youth in the Federal Public Service, led by Treasury Board Secretariat helps youth with disabilities get work experience. Eight Departments are participating in an

[73] Source: http://www17.hrdc-drhc.gc.ca/ARO-BRA/ARO.cfm?Menu=AROMenu_e.cfm&File=welcome_e.cfm

internship pilot project designed to provide work experience and training to youth with disabilities to prepare them for indeterminate employment opportunities in the federal public service.

Second, Youth Employment Program for Students with Hearing Disabilities, led by Canadian Heritage and Parks Canada, permits students with hearing disabilities to acquire seven weeks of field work experience in two professional groups, the Archaeological Dig and Biological Monitoring and Wildlife. The project will help increase awareness, and will include a sensitivity training program for staff, managers and supervisors.

5) Enhance the Government of Canada's role as an employer of persons with disabilities and promote best practices within the federal public service and with private sector employers. (*Future Directions*)

As an employer, the Government of Canada is subject to the Employment Equity Act. The Treasury Board Secretariat publishes, in annual reports, how the Government is doing recruiting, retaining and promoting persons with disabilities in the federal public service.

Persons with disabilities are more highly represented among workers in the public sector (4.7%) than in the private sector under federal regulations. Persons with disabilities may have benefited from the physical accommodation that the Government of Canada provides as an employer and the requirements for physical access to Government of Canada buildings to accommodate the public.

The Treasury Board Secretariat, in cooperation with the Public Service Commission, has revised its policy on the Duty to Accommodate Persons with Disabilities in the Federal Public Service. The objective of the new policy, to be jointly administered by the Treasury Board Secretariat and the Public Service Commission (PSC) is to eliminate barriers that prevent the full participation of potential recruits and existing employees within the Public Service of Canada, and to ensure that the needs of persons with disabilities are taken into consideration when designing new programs, technological applications or physical environments. Treasury Board Secretariat and the Public Service Commission now provide advice, guidance, and information sessions/training to assist Government of Canada departments and agencies implement requirements of the new Policy on the Duty to Accommodate.

Under the terms of the policy, the employer is required to make every effort to accommodate employees with disabilities – unless doing so would create undue hardship. The policy is a significant step in fostering a culture of "inclusion by design" within a federal Public Service that is both representative and inclusive. HRDC and CCRA have developed a workshop on Duty to Accommodate to train public servants on how to accommodate employees with disabilities. As a result of a decision by the Federal Court of Canada, the Treasury Board Secretariat developed a training module with respect to the accommodation of persons with learning disabilities in the workplace. Training sessions will be given to personnel in the Treasury Board Secretariat, Public Service Commission and Human Resources Development Canada.

The Employment Equity Positive Measures Program (EEPMP) was a Treasury Board Secretariat employment equity program that provided support including tools, services and funding to assist departments and agencies in meeting their employment equity goals and objectives. This four-year positive measures program ended on March 31, 2002. The responsibility for implementing employment equity has now shifted to individual departments and agencies.

The EEPMP website is still on-line and has valuable resources which continue to be used by departments and agencies, including a brochure describing best practices and case studies. A new web-based search tool on employment equity positive practices, an on-line database, provides extensive information on the many practices developed under the EEPMP, many focusing on persons with disabilities' needs (see: www.tbs-sct.gc.ca/ee)

Income

For those persons with disabilities who cannot find a job or who cannot work because of the severity of their disabilities, different orders of government provide income support programs which provide for basic needs, including, in some cases, providing disability supports and services.

1) Continue to improve the administration of the CPP Disability, the GOC's key income support program for persons with disabilities, including better and more frequent communication with clients and stakeholders as well as increase the return to work opportunities; Establish client-centered service delivery for CPP Disability and introduce new work incentives. (*Future Directions*)

CPP Disability has developed and begun to implement a new "client-centered service delivery model," that will provide more personalized, timely and regular contact with clients at all stages of the application and benefit process.

As part of this new model, CPP Disability is taking steps to improve client understanding of the program and client ability to make more informed decisions through better communication (via letters, brochures, 1-800 service, application kit, client newsletter). CPP Disability is also assisting clients who apply but are not eligible by providing referrals to other programs and services which may be able to help them.

Better linkages with other disability income providers will ensure that appropriate referrals are made and, where there are clients who draw benefits from CPP Disability and other programs, identify opportunities for joint case management.

CPP Disability has been increasing vocational rehabilitation services with the improvement of connections with other programs (Employment Insurance, Opportunities Fund) and the introduction of new work incentives that will provide stronger supports to clients who wish to return to the workforce.

2) Create an advisory roundtable on CPP Disability to gain the perspective of the disability community on the delivery of CPP Disability benefits. (Response to House of Commons Standing Committee, 2001)

In 2001, in response to a recommendation in the 4th Report of the Subcommittee on the Status of Persons with Disabilities of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities, Income Security Programs (which administers CPP Disability) created a CPP Disability Roundtable to gain a client perspective on service delivery issues. The Roundtable consisted of representatives of the disability community who are experts in their field and are very familiar with CPP Disability and Government of Canada officials. This roundtable has since met twice and provided valuable insights on improving program delivery.

Injury Prevention and Health Promotion

Some disabilities are caused by unintentional or intentional injuries. Injuries caused by motor vehicle crashes are the leading cause of disabilities to young persons. Shaking a baby/toddler can lead to head injury which can, in turn, lead to death or serious neurological and brain damage.

Health Promotion, on the other hand, provides opportunities and reduces barriers to a healthy lifestyle for all Canadians. Participation in sports and leisure activities at all levels from the recreational level to the international competitive level helps Canadians achieve their individual best efforts to maintain a healthy lifestyle.

Injury prevention and health promotion go hand – in – hand to create a more healthy Canadian population.

1) Expand prevention activities to reduce the occurrence of unintentional and intentional injury in all age groups; Reduce the occurrence of injury and disability in Canada; Prevent and control diseases that may result in disabling conditions. (*Future Directions*)

In addition to targeted initiatives that are underway to prevent and control diseases that may result in disabling conditions, such as diabetes, Fetal Alcohol Syndrome/Fetal Alcohol Effect (FAS/FAE), Hepatitis C, and HIV/AIDS, Health Canada addresses injury prevention through a number of initiatives.

Young people account for a third of all lost-time injuries in Canadian workplaces some of which lead to long-term disabilities. The Government of Canada worked with youth, industry and the labour movement to help sponsor the first national conference on Youth Health and Safety in the Workplace in October 2000. The conference focused on identifying problems that young people experience in the early years of their working careers.

The Canadian Association of Administrators of Labour Legislation (CAALL) was asked to consider what federal, provincial and territorial governments could do to address the recommendations of this youth conference. As a result, two initiatives were proposed: 1) the establishment of a Cross-Canada Youth Advisory Committee, composed of young people 18 to 28 years-old who represent youth-serving organizations and/or youth health and safety committees, with a two-year mandate to focus on public awareness and community outreach (first meeting held in May 2002); 2) the development of

a young worker's website that could act a portal to link existing health and safety content.

Although the numbers are not known, it is believed that a disproportionate number of those involved in the Criminal Justice System are affected by FAS/FAE. Currently, Correctional Services of Canada (CSC) does not have specialized programs in place for offenders with FAS/FAE. To address this situation, the CSC has undertaken the following measures:

- A research study is in progress to develop a diagnostic screening tool that will identify offenders with FAS/FAE. This research will provide an indication of the prevalence of FAS/FAE in the federal correctional system and will focus on the types of interventions that will meet the needs of this specific group of offenders.

- A survey of current activities in CSC is being conducted to gain a better understanding of the types of inventions in place (formal or informal), level of staff awareness re: FAS/FAE, familiarity with the resources, and the perceived areas for staff training to address the needs of these offenders more specifically.

The inmate population has a high incidence of mental health problems. Approximately 18% of inmates have been hospitalized in a mental health facility prior to admission to federal custody and 10% have had psychiatric diagnosis. Offenders suffering from mental disorders often require extra care to address their special needs. Men offenders requiring in-patient treatment beds may be transferred to regional treatment/psychiatric centres. Some offenders are housed in regular institutions, but with additional support available to them. Women offenders with significant mental health needs are housed in separate units at each of four women's facilities. Existing community-based interventions, such as Dialectical Behaviour Therapy (DBT), have been adapted for application in the correctional environment. The service will continue to implement strategies and policies to enhance its response to the mental health needs of offenders, including developing coping skills to better manage their daily living and providing programs for low functioning offenders.

Capacity to conduct learning disabilities (LD) assessments has been expanded in order to enhance the ability of offenders to participate in and benefit from correctional programs. The CSC is currently in the implementation phase of a pilot Learning Strategy Classroom Program (LSCP). This initiative includes screening procedures at Regional Reception Units across the country and a flagging system to track the prevalence and location of at-risk LD offenders. It provides direct intervention to increase the effectiveness and benefit offenders receive from participation in correctional programs, education and employment and, thereby increase reintegration potential.

In addition to the work being done by Correctional Services Canada, the RCMP Community Policing Services in Ottawa is developing partnerships with Health Canada, First Nations Inuit Health Branch and Aboriginal Nurses Association of Canada to determine best practices of what is already underway in the area of prevention of FAS/FAE. There is a need for police officers to be aware of characteristics and behaviours

associated with FAS and FAE and efforts are underway to determine training standards.

The RCMP National Youth Strategy promotes crime prevention through social development and encourages police officers to work in partnership with community members including young people, in order to have a positive influence on youth, particularly those who come in contact with the law. Understanding FAS/FAE will better enable partnerships with communities and youth in the awareness and prevention of FAS/FAE.

2) Promote opportunities and reduce barriers to a healthy lifestyle among Canadians with disabilities. (*Future Directions*)

National Action Plan on Active Living - with support from Health Canada, the Fourth Planning Summit was hosted by the Active Living Alliance for Canadians with a Disability. The Alliance is a coalition of national organizations, to further advance specific action plans to adopt, enhance and/or increase access to opportunities for people with disabilities to become sufficiently physically active so as to realize substantial health benefits.

Provincial networks of the Alliance are currently in place in the ten provinces and two of the three territories. A national evaluation framework is in development, and a national Social Marketing Plan is being implemented.

A second national Youth Exchange was hosted in the summer of 2002, in partnership with Canadian Heritage. A significant collaborative project, supported by HRDC, is underway with the 16 national partners of the Alliance to heighten awareness, increase participation and provide a supportive network for persons with disabilities to become more physically active. A comprehensive web site featuring local (community-level) opportunities has been developed; and public service (radio) announcements aired in the spring of 2002.

Increase the Capacity of Disability Community

1) Increase the capacity of the disability community to contribute to policy and program development and participate as full partners toward the vision of full citizenship; Continue to provide funding through the Social Development Partnership Program and encourage community input and collaboration; Promote and foster partnerships among disability organizations, voluntary groups, and the private sector ; Provide and support events which encourage greater engagement, community deliberation, and consultation (*Future Directions*)

HRDC is continuing to provide organizational support and project funding to national disability organizations through the Social Development Partnerships Program (SDPP).

Review of organizational and project funding in consultation with SDPP Reference Group is in progress.

Since its inception in 1997, the National Community Inclusion Initiative, also under SDPP, has benefited some 1800 families and 8000 individuals with intellectual disabilities and increased the capacity of over 500 communities across Canada to include people with

intellectual disabilities in the economic and social mainstream of Canadian society.

The Canadian Association for Community Living and the Council of Canadians with Disabilities are being jointly funded by the Voluntary Sector Initiative. The project, *Connecting People to Policy: A National Initiative to Build Capacity of the Disability Community to Participate in and Contribute to the Policy Process*, will enable the disability advocacy community and other stakeholders to play a significant role in developing strategies and partnerships to overcome the exclusion faced daily by people with disabilities. The participants will create a pan-Canadian policy agenda for disability and citizenship that reflects the Government of Canada's commitment to inclusion and focuses on the needs of Canadians with disabilities.

2) Review the administration of grants and contributions programs with input from the voluntary sector (Response to House of Commons Standing Committee 2001).

In its response to the report of the House of Commons Sub-Committee on Persons with Disabilities, the Government of Canada committed to conducting a review of the Social Development Partnership Program (SDPP) administrative, financial, and reporting requirements.

HRDC is committed to reviewing the terms and conditions of the SDPP by the end of fiscal year 2002-03.

3) Encourage the flow of information and knowledge through improved research networks and enhanced research capacities by non-governmental organizations (*Future Directions*)

Disability Weblinks, launched in April 2001, has the capacity to allow disability organizations to post products of research projects and studies conducted in-house. Other organizations can then access these papers conducted by other non-governmental organizations (NGO).

The Office for Disability Issues (ODI) has launched its own website to allow organizations to consult the terms and conditions of its funding program (Social Development Partnerships Program – Disability Component), and to learn of new developments in the What's New section. Organizations applying for funding can now do so on-line.

ODI often refers one NGO to others who are doing similar projects or conducting research in the same area. ODI encourages the flow of information and knowledge by funding research projects conducted by NGOs in areas requiring a broader knowledge base, by ensuring the proposal has a realistic dissemination plan, and by providing information and knowledge through accessible formats.

The majority of projects funded by ODI are for capacity building and development.

Increase Accountability and Improve Policy and Program Coherence

1) Strengthen co-ordination between departments and agencies and policy and program coherence at the federal level (*Future Directions*)

The Assistant Deputy Minister Steering Committee on the Government of Canada Disability Agenda was established to steer and monitor progress on the Federal Disability Agenda and improve coherence of Government of Canada policies and programs on disability. Seven meetings have been held to date. The first meeting was held in January 2000; the most recent meeting was held in November 2002.

Under the ADM Steering Committee, interdepartmental working groups (IWGs), comprised of Government officials were established to work on specific areas of the Government's Disability Agenda. The areas of focus were accountability, Aboriginal people with disabilities, research, information and communication technologies, universal design and accessible tourism.

The capacity of the Office for Disability Issues (ODI) continues to be strengthened to support the lead Minister (HRDC) and work in partnership with stakeholder groups. In 2001, realignment was completed to bring key program and community/stakeholder relation functions into ODI.

2) Continue to work with provincial and territorial governments on development of a joint federal/provincial/territorial accountability framework to measure progress made toward the In Unison vision (*Future Directions*)

Some progress has been made to honour this commitment. The development and publication of In Unison 2000, including agreement to publish some key statistical indicators of how people with disabilities are doing is a step in the direction of accountability.

Current work on a labour market strategy and analysis of gaps in disability supports may result in improved policy and program coherence

Advancing the Inclusion of Persons with Disabilities introduces an accountability framework for the Government's disability agenda built partly on the F/P/T framework developed for *In Unison 2000*.

3) Provide regular reports that will tell Canadians what progress in being made by the Government of Canada on disability issues and what challenges remain; Increase the Government's transparency and accountability on disability issues (*Future Directions*)

The work to produce the Government's first report on disability was organized by an interdepartmental task group. Over 30 Government of Canada departments and Agencies provided input to the report.

Advancing the Inclusion of Persons with Disabilities—A Government of Canada Report was released on December 3, 2002.

The Government has committed to produce its second report in 2004, to take advantage of the new information that will be available from PALS.

4) Use the recently announced review of the Human Rights Act as the first step in assessing whether the existing legal protections are adequate to protect the rights of people with disabilities and within its jurisdiction; Ensure appropriate legal protections for people with disabilities (*Future Directions*)

A review of the Canadian Human Rights Act was completed on June 21, 2000 and a report entitled Promoting Equality: A New Vision was submitted to the Minister of Justice. The recommendations are being reviewed by the Minister of Justice and have important policy and program implications for a number of departments including HRDC. The Department of Justice (lead) will consult with departments regarding a number of issues due to the crosscutting nature of the recommendations. Briefings are being held with senior Department of Justice officials.

The Canadian Human Rights Commission reviewed the report and made a public statement on the recommendations in its Annual Report 2000 in the section entitled “A New Vision Requires a New Act” (Page 21).

A review of the Employment Equity Act by the Standing Committee on Human Resources Development and the Status of Persons with Disabilities has been undertaken, pursuant to Section 44 of that Act. In preparation for the review, the Labour Program of HRDC held cross-country consultations in the spring of 2001 with stakeholders and provided a report to the Committee to assist it in the examination of the application and effect of the Act's provisions

The Standing Committee released its report on June 14, 2002. Findings include:

- data on equity groups is old and measuring tools inconsistent
- persons with disabilities and Aboriginal people have not benefited from the Act as well as other groups
- membership in more than one equity group can have a compounding impact that warrants special attention.

The Employment Equity Division of TBS, working with representatives of the PSC undertook its own consultations with Government of Canada departments and agencies, as well as stakeholder groups, with respect to application of the Employment Equity Act within the federal Public Service.

The Government response to the Standing Committee’s report was tabled on November 8, 2002.

5) HRDC will review the definitions of disability with all Government of Canada departments involved in disability issues and will report on its progress on a regular basis (Response to House of Commons Standing Committee 2001)

As promised in the response to the *Common Vision* Report of November 2001, HRDC is leading a review of disability definitions used by Government of Canada departments.

This review is being coordinated by the Office for Disability Issues.

While adoption of one single definition is neither feasible nor desired by the community, a summary profiling the range of definitions will be very helpful to understanding the basis for these existing definitions.

A preliminary report of findings will be made available in 2003.

Build a Comprehensive Base of Knowledge

1) Funding the preliminary developmental work of the 2001 Health and Activity Limitations Survey (HALS)[74] (*Future Directions*)

On behalf of HRDC, Statistics Canada conducted a Price Survey on Disability Supports. Data collection began in fall 2001 and continued into winter 2002. The goal of this survey was to obtain a picture of the costs associated with disability supports and services. A consultation process with groups representing persons with disabilities and technical consultations were conducted over the course of the survey. Data from the Price Survey on Disability Supports should be available by the end of 2002.

The Participation and Activity Limitation Survey (PALS) was conducted in fall 2001 and a report on initial results is now available; Statistics Canada will report on principal findings from PALS 2001 in 2003. The GOC committed $11.5 M in funding over three years to the Participation and Activity Limitation Survey (PALS) 2001. Approximately 40 000 Canadians with disabilities were interviewed to gather data on type and severity of disability, limitations in activities of daily living, presence or absence of supports and services, and labour market and social participation.

2) Improve disability supplements to existing longitudinal surveys (*Future Directions*)

Major government surveys now include disability filter questions in order to build a comprehensive database of disability. The Government of Canada will continue exploring the possibility of conducting follow-up longitudinal surveys with specific groups of persons with disabilities, namely children and youth with disabilities, but the focus at the moment is to ensure a comprehensive analysis of the 2001 PALS.

3) Work with other orders of government, the research, disability and Aboriginal communities to launch a research agenda to ensure there is an accurate picture of the living and working conditions faced by persons with disabilities in Canada, including research on Aboriginal people; Discuss with provincial and territorial governments and Aboriginal representatives the possibility of national, provincial, and territorial studies aimed at testing innovative methods to ensure disability supports are available through life transitions (*Future Directions*)

An Interdepartmental Working Group was established to develop inventory of existing programs and services for Aboriginal persons with disabilities and identify possible gaps/opportunities for enhancement; final report presented to ADM Steering Committee in October 2001.

In Unison 2000 (released spring 2001) included input at various stages from five national Aboriginal organizations. *Advancing the Inclusion of Persons with Disabilities* contains a number of indicators and effective practices that reflect the specific needs of Aboriginal people with disabilities, based, in part, on the feedback from extensive

[74] During development of the 2001 survey, both the approach and the name of the survey were changed. The new 2001 survey was renamed the *Participation and Activity Limitation Survey*.

consultations in July and August 2001 with Aboriginal stakeholders.

In addition, Human Resources Development Canada has funded a number of bilateral research projects on disability supports with the provinces and territories.

Chapter 9
Key Government of Canada Programs and Initiatives

This chapter provides additional descriptions of the Government of Canada's disability related programs and initiatives that are listed in the main report on disability. The chapter concludes with an overview of disability related expenditures by the Government of Canada.

This chapter is **not** intended to be a consumer guide. Individuals who are seeking disability related products or services from the Government of Canada are encouraged to refer to Bridging the Gap available from the Office for Disability Issues, Disability Weblinks at: www.disabilityweblinks.ca/ or Persons with Disabilities Online at: www.pwd-online.ca.

Descriptions of Programs and Initiatives

The following describes the major Government of Canada programs and initiatives in support of persons with disabilities that are mentioned in this report. Readers who wish to know more are encouraged to visit the web sites listed for each program.

Agriculture and Agri-Food Canada

Canadian Agriculture Safety Program

The Canadian Agriculture Safety Program (CASP) is a four year program with funds from the Canadian Adaptation and Rural Development Fund. CASP's objective is to lower the incidence of agriculture related deaths and injuries with the implementation of preventative programs targeted at reducing the risk of injury or fatality.
www.agr.gc.ca/progser/casp_e.phtml

Canada Customs and Revenue Agency (CCRA)

Services for People with Disabilities

CCRA offers a wide range of services for people with disabilities including sign language interpretation, TTY service, and documents in alternate formats:

www.ccra-adrc.gc.ca/eservices/tipsonline/infotax/mess631-e.html

Community Volunteer Income Tax Program

CCRA teaches volunteers how to complete basic tax returns for low-income individuals with simple tax situations. If a person needs a volunteer's help, wants to help out in his or her community, or wants more information about this free program, please contact CCRA.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P151_4228

Canada Customs and Revenue Agency also administers the tax system which offers a wide range of tax credits for people with disabilities such as:

Attendant Care Deduction

This deduction recognizes the costs incurred by taxpayers eligible for the disability tax credit who require attendant

care in order to earn business or employment income or to attend school. The attendant cannot be a spouse or common-law partner and must be 18 years of age or older.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P261_18489

Caregiver Credit

This credit provides assistance to individuals providing in-home care for a parent or grandparent 65 years of age or over, or an infirm dependent relative, including an adult child or grandchild, brother, sister, aunt, uncle, niece or nephew. The caregiver credit amount and the income threshold at which the credit starts to be reduced are fully indexed to inflation.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P330_26129

Child Care Expense Deduction for Children having a Severe or Prolonged Impairment

This deduction recognizes the child care costs incurred by single parents and two-earner families in the course of earning business or employment income, pursuing education or performing research. The child care expense deduction limit is $10 000 in respect of children who qualify for the Disability Tax Credit.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P330_26129

Customs Tariff

The Customs Tariff provides for duty free entry of goods that are specifically designed for use by people with disabilities.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P427_38608

Disability Tax Credit

The disability tax credit (DTC) provides tax assistance to individuals who, due to the effects of a severe and prolonged impairment, require extensive therapy to sustain a vital function or are markedly restricted in their ability to perform a basic activity of daily living as certified by a qualified medical practitioner. The DTC recognizes the impact of non-itemizable disability-related costs on individual's ability to pay tax due to the disability-related costs that they incur.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P173_6901

Disability Tax Credit Supplement for Children

An individual can claim a supplement if he or she was under 18 at the end of the year and qualified for the disability tax credit. However, child care expenses and attendant care expenses claimed by another person for this individual for that year may reduce the claim.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P173_6901

Federal Excise Gasoline Tax Refund Program

An individual who has permanent mobility impairment and cannot safely use public transportation, as certified by a qualified medical practitioner, may be eligible for the Federal Excise Gasoline

Tax Refund Program. The following individuals and organizations may be eligible for the Federal Excise Gasoline Tax Refund Program: (1) an individual who has a permanent mobility impairment and cannot safely use public transportation, as certified by a qualified medical practitioner; (2) a registered charity, as defined in the Income Tax Act; or (3) a registered Canadian amateur athletic association as defined in the Income Tax Act. The program allows these individuals or organizations to claim a refund of part of the excise tax on gasoline at the rate of $0.015 per litre or $0.0015/km. To qualify for a refund, the gasoline they buy must be for their use and not for resale.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P392_33909

Infirm Dependant Tax Credit

The infirm dependant credit provides tax assistance to individuals providing support to an infirm relative, who lives in a separate residence. More specifically, the infirm dependant credit may be claimed by taxpayers supporting a child or grandchild 18 years of age or over, parent, grandparent, brother, sister, aunt, uncle, niece, or nephew, who is dependent due to a mental or physical infirmity.

www.ccra-adrc.gc.ca/eservices/tipsonline/infotax/mess306-e.html

Medical Expenses Tax Credit

The Medical Expenses Tax Credit provides tax relief to individuals who have sustained significant medical expenses for themselves or certain of their dependants. The amount of this credit is determined by multiplying the lowest personal tax rate percent by the amount of qualifying medical expenses in excess of certain minimum amounts. An individual may be entitled to receive a refundable medical expense supplement in respect of the same medical expenses for which a medical expense tax credit was claimed.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P195_10589

Refundable Medical Expense Supplement

This refundable credit is available to working individuals with disabilities with low incomes and high medical expenses.

www.ccra-adrc.gc.ca/E/pub/tg/rc4064eq/rc4064eq.html#P254_18023

Canada Mortgage and Housing Corporation

Residential Rehabilitation Assistance Program (RRAP) for Persons with Disabilities - Off Reserve

The Residential Rehabilitation Assistance Program (RRAP) for Persons with disabilities offers financial assistance to homeowners and landlords to undertake accessibility work to modify dwellings occupied or intended for low income persons with disabilities.

www.cmhc-schl.gc.ca/en/prfias/rerepr/readaspr_005.cfm

Residential Rehabilitation Assistance Program (RRAP) for Persons with Disabilities - On Reserve

The Residential Rehabilitation Assistance Program (RRAP) for Persons with disabilities offers financial assistance to homeowners and landlords to undertake accessibility work to modify dwellings occupied or intended for low income persons with disabilities.

www.cmhc-schl.gc.ca/en/prfias/abhoas/onreop_002.cfm

Home Adaptation for Seniors' Independence (HASI) - On Reserve, Off Reserve

The Home Adaptations for Seniors' Independence (HASI) program helps homeowners and landlords pay for home adaptations to extend the time that low-income seniors can live in their own homes independently.

www.cmhc-schl.gc.ca/en/prfias/hasi/readaspr_002.cfm

FlexHousing

FlexHousing is a new and innovative concept to housing design developed by CMHC. It takes into account, at the design and construction stage, the ability to make future home adaptations easily and at minimum expense. This flexibility helps to meet the evolving needs of today’s families and supports independent living for senior citizens and people with disabilities.

www.cmhc.ca/en/imquaf/flho/index.cfm

Canadian Forces

Service Income Security Insurance Plan (SISIP)

The Service Income Security Insurance Plan provides disability, life and dependant life insurance for CF personnel. As well it provides rehabilitation and vocational retraining for CF personnel released due to injuries.

www.dnd.ca/hr/cfpsa/engraph/sisip_e.asp

Transition Assistance Program

The Transition Assistance Program assists injured CF personnel in finding employment within the Department of National Defence.

hrapp.dnd.ca/tap/engraph/home_e.asp

Canadian Heritage

Support for Athletes with Disabilities

Funding is available for high-performance athletes with disabilities, if they are involved in either a Paralympic sport or a non-Paralympic sport approved by the Department. The funding may be allocated to transportation needs, or equipment for their particular sport. Additional funding is available to aid training needs for their particular sport. Coaches that are disabled or coach teams of Paralympic sports or other high-performance sports played by persons with disabilities may receive funding to subsidise training costs and equipment.

www.pch.gc.ca/progs/sc/prog/index_e.cfm

Canadian Human Rights Commission

The Canadian Human Rights Commission's mandate is to help make the Canadian Human Rights Act work. To this end, it provides effective and timely means for resolving individual complaints; promotes knowledge of human rights in Canada encouraging people to follow principles of equality; and works to help reduce barriers to equality in employment and access to services.

www.chrc-ccdp.ca/

Canadian International Development Agency

Adaptive Computer Technology (ACT) Centre

The Canadian International Development Agency's ACT Centre provides a place where technical staff and employees with disabilities can work together to identify adaptive computer technology solutions that will make it easier for people with disabilities to use computer systems to perform their work by reducing or even eliminating technological barriers associated with standard computer equipment. The accessibility of new initiatives is also verified and evaluated prior to installation.

Canadian Transportation Agency

Complaints and Dispute Resolution: Accessibility Complaints Resolution

The Agency has responsibilities for ensuring that all Canadians, including those with disabilities, can use Canada's federally-regulated passenger rail, ferry and air transportation systems without encountering "undue obstacles" when they travel. If passengers have had difficulty traveling because of a disability, they can file a complaint with the Agency. Complaints can relate to the company that operates the transportation service or the terminal.

www.cta-otc.gc.ca/access/common/plaint_e.html

Public Awareness:

Agency Accessibility Advisory Committee and Working Group Participants

The Agency's Accessibility Advisory Committee and Working Group participants help the Agency develop regulations, codes of practice and industry guidelines on accessibility. In addition to meeting annually with the Committee, the Agency consults it regularly for all of its regulatory projects.

www.cta-otc.gc.ca/publications/ann-rpt/2000/28_e.html

Air Travel Guide

The Canadian Transportation Agency produced a booklet entitled Taking Charge of the Air Travel Experience: A Guide for Persons with Disabilities designed to help travelers with disabilities plan and prepare their trip by air within Canada.

www.cta-otc.gc.ca/access/guide/index_e.html

Canadian Transportation Agency's Moving Ahead Newsletter

This newsletter is widely read and highlights advances in accessible transportation:

www.cta-otc.gc.ca/access/newsletter/index_e.html

Reservations and Travel Agent Check-list for meeting the needs of travelers with disabilities (Air Travel)

A step-by-step guide for meeting the needs of travelers with disabilities, this checklist is intended to be a tool for travel agents to use when booking travel for a person with a disability.

www.cta-otc.gc.ca/access/reservation/index_e.html

Travel Resources

People who travel are paying more attention to the travel resources available to them. Accordingly, tour operators and agencies are starting to recognize the market potential of travelers with disabilities.

www.cta-otc.gc.ca/access/newsletter/summer2000/index_e.html#9

Monitoring of Codes and Regulations: Accessible Transportation Directorate

Information on the codes of practice, surveys, complaint process, laws and regulations related to accessible transportation.

www.cta-otc.gc.ca/access/index_e.html

Air Travel Accessibility Regulations (Terms and Conditions of Carriage Regulations and Training Regulations)

Under the Air Transportation Regulations, certain air carriers are required to provide various services and information to travelers with disabilities. The regulations cover Canadian air carriers operating services within Canada with aircraft of 30 or more seats.

www.cta-otc.gc.ca/access/regs/air_e.html

Code of Practice on Aircraft Accessibility for Persons with Disabilities

With this Code of Practice, the Canadian Transportation Agency is now addressing the physical accessibility of equipment used in air transportation. It deals with features to make aircraft more accessible to persons with disabilities. It offers practical, functional, operations-oriented solutions to problems faced by persons with disabilities who travel by air.

www.cta-otc.gc.ca/access/codes/air/index_e.html

Code of Practice on Ferry Accessibility for Persons with Disabilities

With this Code of Practice, the Canadian Transportation Agency is now addressing the physical accessibility of equipment used in marine transportation. It deals with features to make ferries more accessible to persons with disabilities. It offers practical, functional, operations-oriented solutions to problems faced by persons with disabilities who travel by ferry.

www.cta-otc.gc.ca/access/codes/ferry/index_e.html

Code of Practice on Passenger Rail Car Accessibility and Terms and Conditions of Carriage for Persons with Disabilities

With this Code of Practice, the Agency is now addressing the provision of services and the equipment used in rail transportation. It deals with services that should be provided so that passengers with disabilities may expect to travel by

rail with a reliable and consistent level of service. It also deals with features to make passenger rail cars more accessible to persons with disabilities. It offers practical, functional, operations-oriented solutions to problems faced by persons with disabilities who travel by rail. Previous decisions and orders issued by the Agency and its predecessors, the National Transportation Agency of Canada and the Canadian Transport Commission, are reflected in this Code.

www.cta-otc.gc.ca/access/codes/rail/index_e.html

Elections Canada

Polling Station Access

Information about services for voters and candidates with disabilities are disseminated by various means, including: an information brochure sent to all households, advertisements in print and electronic media, Elections Canada's Web site, a toll free telephone enquires service, information kits sent to various organizations, the returning officer's station in each electoral district, and information officers at polling places.

www.elections.ca/

Environment Canada

Adaptive Computer Technology (ACT) Program

The Adaptive Computer Technology (ACT) Program's mandate is to assist in the integration into the workplace of Environment Canada employees with disabilities who require computer access. It consists of three separate Adaptive Computer Technology Centres focusing on three separate areas, i.e. client services, training and accessibility testing.

www.ec.gc.ca/act-tia/

Finance (see Canadian Customs and Revenue Agency programs)

Foreign Affairs and International Trade

Youth International Internship Program

The Youth International Internship Program (YIIP) provides youth with a first paid career-related international work experience. The program furthers the objectives of Canada's foreign policy, specifically the promotion of prosperity and employment, the promotion of peace and global security, and the projection of Canadian values and culture abroad. One of the principles of the project is to provide equitable opportunities for youth across the country consistent with gender equity, including rural and/or disadvantaged youth.

www.dfait-maeci.gc.ca/english/culture/youth/intern/agp0621e.htm

Health Canada

Aboriginal Diabetes Initiative (includes both on and off-reserve)

A part of the Canadian Diabetes Strategy announced in the 1999 Federal Budget, the Aboriginal Diabetes Initiative (ADI) is designed to address the epidemic of diabetes in Aboriginal communities... The program is overseen by a national steering committee with representation from the national Aboriginal representative organizations (Assembly of First Nations, Inuit Tapiriiksat Kanatami, Métis National Council,

Congress of Aboriginal Peoples, Native Women's Association of Canada), as well as the National Aboriginal Diabetes Association. The program is divided into two components (the First Nations On-reserve and Inuit in Inuit Communities Program and the Métis, Off-reserve Aboriginal and Urban Inuit Prevention and Promotion Program), each with a separate framework and funding formula.

www.hc-sc.gc.ca/fnihb/cp/adi/

Active Living Alliance For Canadians With Disabilities

The Active Living Alliance is a community of individuals, agencies and national associations that facilitates and coordinates partnerships among the members of its network. Their vision is full and equitable access to active living opportunities for Canadians with disabilities. The Alliance promotes inclusion and active living lifestyles of Canadians with disabilities by facilitating communication and collaboration among organizations, agencies, and individuals.

www.ala.ca

Canadian Working Group on HIV Rehabilitation (CWGHR)

CWGHR is an innovative, multi-sectoral group representing a diverse range stakeholder including people living with HIV, AIDS service organizations, HIV care providers, private industry and government. CWGHR undertakes work in coordination and advisory capacity, as well as, funding short projects in rehabilitation, disability, income maintenance, and work and workplace issues. The group also has a partnership with other stakeholders in these areas. CWGHR is supported by public and private sector funds. CWGHR is ideally placed to identify new and emerging trends in HIV-related disability and to develop and promote innovative programs and services.

Fall Prevention Initiative (Joint initiative with Veteran's Affairs Canada)

Health Canada and Veterans Affairs Canada have jointly established this initiative will provide funding to sustainable community-based projects whose primary objective is to promote the independence and quality of life of veterans and seniors by preventing the number and/or reducing the severity of falls. The target populations are community-dwelling veterans, seniors, and their caregivers.

www.hc-sc.gc.ca/main/hppb/seniors/seniors/hcvac/toc_en.htm

FAS/FAE Initiative; FAS/FAE Information Service

In 1999, the Government of Canada increased funding for the expansion of the existing Canada Prenatal Nutrition Program (CPNP), to allow for a sustained focus on FAS/FAE and to further improve the health of pregnant women at risk and their babies.

Funding of $11 million over three years is allocated to enhance activities related to:

- Public Awareness and Education
- FAS/FAE Training and Capacity Development;
- Early Identification and Diagnosis;
- Coordination;
- Integration of Services;
- Surveillance; and a
- Strategic Project Fund

www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/fas

Since the budget announcement in February 1999, the focus has been on:

National First Nations and Inuit Injury Prevention Working Group

The National First Nations and Inuit Injury Prevention Working Group (NFNIIPWG) supports mobilization and action on injury among First Nations and Inuit people at the national, provincial/territorial, regional and community levels. The Working Group held its inaugural meeting in February 2000.

www.hc-sc.gc.ca/fnihb/cp/ipc/working_group/backgrounder.htm

First Nations and Inuit Home and Community Care Program

This program aims to provide home and community care programs that are comprehensive, culturally sensitive, accessible, effective, equitable to that of other Canadians, and responsive to the unique health and social needs of First Nations and Inuit.

www.hc-sc.gc.ca/fnihb/phcph/fnihccp/index.htm

First Nations Head Start on Reserve

The Aboriginal Head Start On Reserve initiative is designed to prepare young First Nations children for their school years, by meeting their emotional, social, health, nutritional and psychological needs. This initiative encourages the development of projects that are comprised of the following program components: culture and language, education, health promotion, nutrition, social support and parental involvement.

www.hc-sc.gc.ca/fnihb/cp/fnhsor/

HIV/AIDS among Aboriginal people in Canada (includes both on and off-reserve)

The Community Health Programs (CHP) Directorate provides HIV/AIDS education and prevention programming and related health care services to First Nations and Inuit communities. After a country-wide consultation in 1997/98, the Aboriginal component on HIV/AIDS was introduced as a part of the Canadian Strategy on HIV/AIDS (CSHA). The CSHA Aboriginal component is designed to be complementary to the First Nations and Inuit HIV/AIDS programs.

www.hc-sc.gc.ca/pphb-dgspsp/publicat/epiu-aepi/hiv-vih/aborig_e.html

Home and Community Care Program

This program aims to fill gaps in the continuum of care by providing improved care for the elderly, those who have disabilities, the chronically ill and those requiring short term acute care services in the community. The program provides basic home and community care services that are comprehensive, culturally sensitive, accessible, effective and comparable to that of other Canadians, while responding to the unique health and social needs of First Nations and Inuit. The Program is a coordinated system of home and community based health related services which enable people with disabilities, chronic or acute illnesses and the elderly to receive the care they need in their home communities, and builds on and links to the current Health Canada home care nursing services and INAC's Adult

Care homemaking and other related programs.

National Clearing-house on Family Violence

The National Clearinghouse on Family Violence is a national resource centre for all Canadians seeking information about violence within the family and looking for new resources being used to address it. Professionals, front-line workers, researchers and community groups need to know what their colleagues and counterparts are doing across the country. By sharing the latest research findings and information on all aspects of prevention, protection and treatment, the Clearinghouse helps Canadian communities work toward the eventual elimination of all forms of family violence.

/www.hc-sc.gc.ca/hppb/familyviolence/index.html

Office of Health and the Information Highway (OHIH)

The Office of Health and the Information Highway (OHIH) was created in the summer of 1997 as Health Canada's focal point for all matters concerning the use of information and communications technologies in the health sector. Within its mandate, the OHIH supports the development of provincial tele homecare projects. The Office works in close collaboration with the federal Health Transition Fund ($150M) and manages the Health Infostructure Support Program ($10M), which has identified homecare projects as a priority area.

www.hc-sc.gc.ca/ohih-bsi/about_apropos/index_e.html

Non-insured health benefits for First Nations and Inuit:

The Non Insured Health Benefits Program (NIHB) provides, to registered Indians and recognized Inuit and Innu, a range of health benefits to meet medical or dental needs not covered by provincial, territorial or other third party health plans. Non Insured Health Benefits include drugs, dental care, vision care, medical supplies and medical equipment, short term crisis intervention counseling and transportation to access medically required health services.

www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb/aboutnihb.htm

Human Resources Development Canada

Aboriginal Human Resource Development Strategy

The Aboriginal Human Resources Development Strategy (AHRDS) is a five year, $1.6B policy and funding commitment aimed at facilitating Aboriginal people's entry into the labour market. In April 1999, the Strategy expanded on the successful Regional Bilateral Agreement model, which transferred the responsibility for design and delivery of labour market programs directly to Aboriginal organizations. The AHRDS integrates a number of programs, including labour market development, child care, youth, capacity building, initiatives for people with disabilities and urban programming.

There are numerous features of the Strategy. Each feature focuses on expanding the employment opportunities of Aboriginal people across Canada. HRDC recognizes the uniqueness of Aboriginal groups in various

communities. Thus, the Strategy is flexible to ensure that Aboriginal organizations have the authority to make decisions that will meet the needs of their communities, while being accountable for clear performance results.

Aboriginal Reference Group on Disability Issues

Human Resources Development Canada established an Aboriginal Reference Group on Disability issues, providing a forum where Aboriginal people living with disabilities can speak for themselves. This group is aimed at helping Aboriginal people living with disabilities to participate more fully in their workplace, communities and in the mainstream of our society. It works closely with Aboriginal organizations holding Aboriginal Human Resources Development Agreements to help raise the profile of disability issues and to help integrate Aboriginal people living with disabilities into the workforce. These initiatives are about helping Aboriginal people participate in the social and economic life of our country.

Adaptive Computer Technology (ACT) Centre

The HRDC ACT Centre was established in June 1998 to help employees and managers find adaptive computer technology solutions for a more accessible workplace. assisting managers and employees to identify their adaptive computer technology requirements integrating adaptive technology with employees' computers providing on-going support

Canada Pension Plan Disability Benefit - Disability Vocational Rehabilitation

CPP Vocational Rehabilitation is designed to help clients in receipt of a Canada Pension Plan (CPP) Disability benefit return to work. The initiative centres on developing an individualized return-to-work rehabilitation plan for each participant. Some of the services provided include vocational assessment, planning, skills development and job search assistance. CPP Vocational Rehabilitation is administered by the Income Security Branch of Human Resources Development Canada. The goal of CPP Vocational Rehabilitation is to help interested CPP Disability beneficiaries with potential to successfully reintegrate into the labour market, either with their former employer or in a new field to which they can adapt their skills and abilities.

www.hrdc-drhc.gc.ca/isp/cpp/vocational_e.shtml

Canada Pension Plan Disability Benefits

The Canada Pension Plan pays a monthly benefit to people who have made sufficient contributions to the Plan and who have a physical or mental disability which is both severe and prolonged. "Severe" means the condition prevents the person from working regularly at any substantially gainful occupation, and "prolonged" means the disability is long-term or may result in death. The program also pays monthly benefits to the dependent children of beneficiaries and helps beneficiaries return to work if and when they are able to. This program does not operate in the province of Quebec, which runs a parallel program.

www.hrdc-drhc.gc.ca/isp/cpp/disabi_e.shtml

Canada Student Loans program

The Canada Student Loans Program helps post-secondary students who cannot afford to pay for post-secondary education without assistance. The program is based on the principle that the costs of post-secondary education rests primarily with the student and the student's family. Loans and grants offered under the Canada Student Loans Program supplement the funds that students are expected to save and the contributions their families are expected to make. The program provides assistance to both full-time and part-time students. Under the Canada Student Loans Program, the Government of Canada provides an interest subsidy on full-time loans while the student is in school. There is no interest subsidy on part-time loans. Quebec, the Northwest Territories and Nunavut do not participate in the Canada Students Loans Program. They receive alternative payments from the Government of Canada to operate their own student assistance programs.

Canada Study Grants for students

Canada Study Grants consist of four (4) programs that expand opportunities for students with special needs:

- Students with permanent disabilities may be eligible for grants from the Government of Canada of up to $8 000 per year to cover certain education-related expenses and services;
- High-need, part-time students may be eligible for grants from the Government of Canada of up to $1 200 per year to help pay the direct costs of their studies;
- A grant of up to $3 120 per year is available to qualifying students with dependents to help pay the direct costs of their studies.

www.canlearn.ca/english/nslsc/tools/index.cfm?var=csg

Community Inclusion Fund (CIF)

The CIF is a national community capacity building initiative to advance fuller social and economic inclusion for people with intellectual disabilities and their families. In just four years the initiative has grown to encompass partners and activities in over 500 communities across Canada - north, south, east and west. It is supported through the organizational capacities of provincial, territorial, and national Associations for Community Living, and People First of Canada. An annual contribution from HDRC of 3$ million makes the initiative operational and helps to leverage substantial financial and in-kind resources.

Employability Assistance for People with Disabilities (EAPD)

EAPD is a federal-provincial initiative whereby the Government of Canada co-funds provincial programs and services to help people with disabilities prepare for, obtain, and maintain employment. Examples of provincial programs and services funded under EAPD include post-secondary education, employment counseling and assessment, skills development, assistive devices and wage subsidies. HRDC only transfers funds to the province and territories, not directly to individuals. The first National Annual Report on EAPD will cover fiscal years 1999-2000 and 2000-2001.

www.hrdc-drhc.gc.ca/hrib/sdd-dds/odi/content/eapd.shtml

Federal Workers Compensation Services

The government provides benefits to employees under the Government Employees Compensation Act administered by Human Resources Development Canada. Instead of establishing its own system for compensation and treatment, the government uses the services already available through provincial workers' compensation boards (in Québec, Commission de la santé et de la sécurité au travail, CSST). There is no cost to the employee for these services; the government of Canada reimburses the provincial boards for the cost of compensation to employees. The Act covers all employees of the Government of Canada and most Crown agencies, regardless of rank or earnings. The Act, however, excludes members of the regular forces of the Canadian Forces or the Royal Canadian Mounted Police. It also excludes persons engaged to perform a service on a fee or contract basis.

info.load-otea.hrdc-drhc.gc.ca/fwcs/accident.shtml

Opportunities Fund for persons with disabilities

The fund aims to help persons with disabilities who do not qualify for EI Part II Employment Benefits to improve their employability and prepare for work. It supports innovative projects by organizations aimed at helping persons with disabilities get work or start their own business. The Fund also provides assistance through its Targeted Wage Subsidies, Skills Development, Self-Employment and Job Creation Partnership components. The Fund pays benefits both directly to beneficiaries, and to third parties.

www.drhc.gc.ca/epb-dgpe/ofpd-fiph/menu/ofinternetcoord.shtml

Social Development Partnership Program (SDPP)

The Social Development Partnerships Program is a research and development Program that supports activities of the non-profit sector in line with HRDC's mandate to conduct new, nationally significant social development research. The Office for Disability Issues administers the disability component of this program, funding approved projects that have disability as their focus. The objectives of this research are to identify, develop and promote nationally significant best practices and innovative models of service delivery, and build community capacity to meet the social development needs and aspirations of persons with a disability. Projects must be national in scope and application. The disability component of SDPP also provides organizational funding to strengthen the capacity of national disability organizations.

www.hrdc-drhc.gc.ca/bcph-odi/content/funding.shtml

Indian and Northern Affairs Canada

A full continuum of care includes a range of services beginning with social services, often in the home, and progresses with the needs of the client group, up to and including the more intensive levels of care normally associated with institutional care.

Adult Care Program (includes in-home supports for First Nations persons with disabilities)

The main objective of the Adult Care program is to assist First Nations people

with functional limitations (because of age, health problems or disability), to maintain their independence, to maximize their level of functioning, and to live in conditions of health and safety.

www.ainc-inac.gc.ca/ps/acp_e.html

Elementary/Secondary Education Program (includes resources for special education)

The Department of Indian Affairs and Northern Development (DIAND) provides funding to band councils or other First Nation education authorities to support instructional services for status Indians residing on reserve. This includes provisions for instructional services in on-reserve schools, (First Nation-operated and federal), the reimbursement of costs of on-reserve students attending provincial schools and funding for the provision of student support services such as transportation, counseling, accommodation and financial assistance. The objective of the Elementary/Secondary Education Program is to ensure that eligible Indians have access to the education programs and services available in public schools in the province in which the reserve is located.

www.ainc-inac.gc.ca/ps/edu/elem_e.html

Disability Initiative

Indian and Northern Affairs provides a total of $1 million annually to Aboriginal organizations for the purposes of public education on disability issues. Those receiving funds include non-profit organizations such as the B.C. Aboriginal Network on Disability Society and the Aboriginal Disability Society of Alberta, and other regional Aboriginal organizations across the country.

Social Assistance and Social Support Services

The Government funds the costs of particular income security and social support services to on-reserve families and individuals in need, as defined by provincial legislation. These may be individuals or heads of families who are unemployed, unemployable, aged, disabled or individuals who are abused. The Social Assistance Program ensures that people's basic needs for food, shelter, clothing and other essentials are met.

Industry Canada

Assistive Devices Industry Office

Information and tools for both businesses and consumers concerning the research, development, production, and marketing of assistive devices and technology for people with disabilities. Includes Accessible News bulletins, accessible procurement toolkits and a list of Canadian research and development groups and referral centres.

Strategis.ic.gc.ca/adio

www.apt.gc.ca

National Library

Council on Access to Information for Print-Disabled Canadians

The Council's role is to provide advice, identify funding requirements, monitor progress and make recommendations regarding the implementation of Fulfilling the Promise: The Report of the Task Force on Access to Information for Print-Disabled Canadians.

www.nlc-bnc.ca/accessinfo/index-e.html

National Defence

Assistance Service for former Canadian Military Members and their Families (The Centre) (join initiative with Veterans Affairs)

The Centre is a new and unique initiative in interdepartmental co-operation, designed to bring the efforts of both the Department of National Defence (DND) and Veterans Affairs Canada (VAC) together in providing information and services to injured and retired members and their families.

www.dnd.ca/hr/thecentre

Canadian Forces / Royal Canadian Mounted Police Disability Priority Program

This program aids in the re-integration of CF/RCMP members who become disabled into the civilian workforces of these organizations.

Public Service Commission

Provides advice, guidance and training to assist in the implementation of the policy on the Duty to Accommodate Employees with Disabilities in the Federal Public Service, and the Personnel Psychology Centre (PPC) Guidelines on the Assessment of Persons with Disabilities, focusing on barrier-free recruitment and selection processes, including assessments of candidates for employment.

www.psc-cfp.gc.ca/ppc/disability/disability_preface_e.htm

Public Works and Government Services Canada (PWGSC)

Accessible Federal Office Facilities and Workplaces

Since 1991, PWGSC has been providing accessibility to its facilities and workplaces in accordance with the requirements of the Treasury Board Secretariat Real Property Accessibility Policy (RPA) and the CAN CSA B651 Barrier-Free Design Standard. The Appendix: Barrier-Free Design: Implementation Requirements of RPA identifies what specific building elements have to be accessible. It can be accessed at:

www.tbs-sct.gc.ca/pubs_pol/dcgpubs/RealProperty/acp_e.html

The CAN CSA B651 Barrier-Free Design Standard, which is the mandatory technical standard for accessibility under RPA, specifies the technical requirements for accessible building elements. The standard is available from the Canadian Standards Association at:

www.csa-intl.org/onlinestore/ISO_Search_Results.asp?query=B651&submit1

Sign Language Interpretation

The Translation Bureau provides conference interpreting for the federal public service to hearing, hearing-impaired or deaf federal public servants who, in the performance of their duties, must communicate with each other. When a hearing-impaired or deaf person from the private sector (non public servant) requests the services of an interpreter or intervener, it is the

responsibility of the Government department or agency to ensure that the client's needs are met. In this case, the Conference Interpretation Service can provide a list of local agencies.

Services provided by the Translation Bureau include American Sign Language, Langue des signes québecoise, English and French oral interpreting and deaf-blind intervener.

Government employees can make a request for service by telephone at (613) 996-3332 or by TTY at (613) 992-3056.

Universal Design in Federal Office Facilities

PWGSC is implementing various pilot projects to examine the application of universal design solutions to federal office facilities. The pilot projects will be used to assist the department and other authorities having jurisdiction in decision making on the broader application of universal design in federal office facilities, with the objective of better supporting its clients and the public at large.

For additional information, refer to Chapter 8; "Disability Supports; Promote Universal Design of products, services and environments…" of this report.

Transport Canada

Accessible Transportation

This site quotes the National Transportation Policy (1996) and provides a variety of information pertaining to accessible transportation. Details of the Canadian-European Parking Agreement for Persons with Disabilities are found here.

www.tc.gc.ca/pol/en/Accessibility/default.htm

Public Consultation: Minister's Advisory Committee on Accessible Transportation

This Advisory Committee is comprised of several disability service and advocacy groups and transportation service providers. The Committee meets twice a year to develop advice for the Minister of Transport on improving the accessibility of the federal transportation system.

Monitoring Code of Practice: Intercity Bus Code of Practice

This Intercity Bus Code of Practice covers operators that transport passengers and goods by bus between or within the provinces and territories of Canada. The Code is a set of guidelines for offering accessible intercity bus transportation to persons with disabilities through the provision of accessible buses and terminals and the provision of services by trained staff.

www.tc.gc.ca/pol/en/Accessibility/accessCodeE.htm

Mediation: Intercity Bus Code of Practice

Persons with a disability who have faced a barrier to mobility when attempting to travel by intercity bus may seek recourse by pursuing a complaint process based upon mediation and administered by Transport Canada.

www.tc.gc.ca/pol/en/Accessibility/accessComplaintE.htm

Travel Resources: Access to Travel website

The Access to Travel website provides information on accessible transportation and travel across Canada with the aim of making travel easy and enjoyable.

www.accesstotravel.ca

Transportation Development Centre - Working for Innovation in Transportation

The Transportation Development Centre (TDC) is Transport Canada's centre of excellence for research and development in all transportation modes. TDC's accessibility program is recognized worldwide. Its goal is a transportation system that meets the needs of elderly and disabled travelers throughout a journey, whether by air, rail, bus, ferry, taxi, or personal vehicle.

www.tc.gc.ca/pol/en/accessibility/TDC% 20explanations% 20.htm

Treasury Board Secretariat of Canada

Web-based tool for Employment Equity Positive Practices

Because the Program has now ended one of the final objectives of the EEPMP

Group was to create an e-tool to keep providing continued assistance to departments and agencies with positive practices, lessons learned and other valuable information supporting the implementation of employment equity in the FPS. For each of the 167 funded projects the tool provides a summary that will allow readers to learn about the various tools and products developed through the Program. This web-based tool is EEPMP's long-term contribution to the ongoing and continuous efforts towards the integration of employment equity in the Federal Public Service.

www.tbs-sct.gc.ca/ee

Veterans Affairs Canada

Disability Pension Program

You may be eligible for disability pension benefits if you have a permanent disability resulting from an injury or disease that was attributable to, incurred during, or aggravated by service during the First World War, the Second World War, the Korean War or a Special Duty Area (SDA).

www.vac-acc.gc.ca/clients/sub.cfm?source=services/pensions

Health Care Benefit Program

Veterans Affairs Canada provides treatment and other health-related benefits, Veterans Independence Program benefits and services and long-term care in its one remaining departmental facility, as well as community or contract facilities to veterans and other eligible persons. The Health Care Program is designed to enhance the quality of life of VAC clients, promote independence, and assist in keeping clients at home and in their own communities by providing a continuum of care.

www.vac-acc.gc.ca/clients/sub.cfm?source=services/healthcare

Residential Care

Canada's commitment to provide quality care to injured, disabled and aging veterans is a long-standing priority, dating back more than 80 years to the end of the First World War. As a key pillar of this commitment, Veterans Affairs Canada has been a pioneering force in establishing, managing and

supporting residential care facilities that address the evolving needs of veterans and other seniors.

www.vac-acc.gc.ca/clients/sub.cfm?source=services/residentcare

Special Awards:

Attendance Allowance

A disability pensioner in receipt of a pension assessed at 1% or greater who is disabled to the extent that he is in need of attendance, may be eligible to receive an additional monthly allowance. The amount is based on the degree of attendance needed in the day-to-day personal care of the pensioner.

www.vac-acc.gc.ca/clients/sub.cfm?source=services/pensions

Clothing allowance

Pensioners who are amputees, wear special appliances, require specially-made clothing or who suffer from a pensionable disability which causes them to soil their clothing excessively, may receive an additional monthly allowance to purchase special clothing.

www.vac-acc.gc.ca/clients/sub.cfm?source=services/pensions

Exceptional Incapacity Allowance

An additional monthly allowance is provided to pensioners who are exceptionally incapacitated in whole or in part by their pensioned disability. The amount of the allowance is based on the extent of the helplessness, pain, loss of enjoyment of life and shortened life expectancy of the pensioner.

www.vac-acc.gc.ca/clients/sub.cfm?source=services/pensions

Veterans Independence Program (VIP)

The Veterans Independence Program (VIP) assists clients to remain healthy and independent in their own homes or communities. It does this by offering a variety of services to those who meet the eligibility requirements. VIP is not intended to replace other federal, provincial or municipal programs. It is combined with these other available services to best meet the needs of each client. The services veterans receive depend on their particular circumstances and health needs.

www.vac-acc.gc.ca/clients/sub.cfm?source=services/vip

Assistance Service for former Canadian Military Members and their Families (The Centre) (join initiative with National Defence)

The Centre is a new and unique initiative in interdepartmental co-operation, designed to bring the efforts of both the Department of National Defence (DND) and Veterans Affairs Canada (VAC) together in providing information and services to injured and retired members and their families.

www.dnd.ca/hr/thecentre

Western Economic Diversification

Entrepreneurs with Disabilities Program

The Entrepreneurs with Disabilities Program (EDP) ensures access to

business services and other support mechanisms needed to consider self-employment a viable option for persons with disabilities. The EDP confirms the government's commitment to reducing barriers and increasing opportunities for people with disabilities by specifically helping rural Western Canadian entrepreneurs with disabilities build their business future. This program is designed to provide value-added services to entrepreneurs with disabilities and Community Futures Development Corporations (CFDCs) throughout rural western Canada.

www.wd.gc.ca/eng/finance/programs/EDP.html

Urban Entrepreneurs with Disabilities Program

The Urban Entrepreneurs with Disabilities Initiative (UEDI) assists people living in urban centres in western Canada who have disabilities and are interested in pursuing their self-employment goals. The UEDI supports the Government's ongoing commitment to help reduce barriers and increase self-employment opportunities for western Canadians with disabilities. The UEDI is designed to provide value-added services to entrepreneurs with disabilities as well as access to a loan fund.

Vancouver/Victoria:

www.cbsc.org/english/search/display.cfm?code=2960&Coll=FE_FEDSBIS_E

Edmonton:

www.cbsc.org/english/search/display.cfm?code=2791&Coll=FE_FEDSBIS_E

Calgary:

www.cbsc.org/english/search/display.cfm?code=2818&Coll=FE_FEDSBIS_E

Saskatoon/Regina:

www.cbsc.org/sask/sbis/search/display.cfm?code=2815&Coll=FE_FEDSBIS_E

Winnipeg:

www.cbsc.org/english/search/display.cfm?code=2792&Coll=FE_FEDSBIS_E

Government of Canada Principal Disability-related benefits and programs

The following table 9.1 provides a summary of the major disability-related benefits and programs provided by the Government of Canada. For purposes of completeness, the table includes both tax expenditures and program expenditures. Unless otherwise noted, amounts are for the fiscal year 2001-2002.

Table 9.1: Principal Disability-Related Benefits and Programs (2001-2002)

Program/Initiative	Amount ($ Millions)
Disability Supports	
Residential Rehabilitation Assistance Program for Persons with Disabilities[1]	11.4
Home Adaptation for Seniors' Independence[1]	8.4
Flex Housing	0.25
Veterans Health Care Program	388
Tax Assistance [2]	
Disability Tax Credit (DTC)	400
DTC Supplement for Children with a Prolonged and Severe Impairment	Amount is included in DTC
Medical Expense Tax Credit	580
Caregiver Tax Credit	48
Infirm dependant Credit	10
Employment, Skills Development and Learning	
Opportunities Fund	30
Employability Assistance for Persons with Disabilities	193
Canada Study Grants for Students with Disabilities (2000-2001)	
Grants to Individuals	11.2
Block Grants to Quebec, Nunavut, Northwest Territories	3.8
Canada Pension Plan-Vocational Rehabilitation Program	4.6
Special Education Funding for First Nations and Inuit	0.0 ($30M for 2002-2004)
Office of Learning Technologies (Disability-Specific Projects)	0.5($1.9M over three years)
Tax Assistance[2]	
Refundable Medical Expense Supplement	52
Attendant Care Deduction	--[3]
Child Care Expense Reduction for Children having a Severe and Prolonged Impairment	--[3]
Income	
Canada Pension Plan Disability Benefits	2 800
Federal Workers Compensation Benefits	97
EI Sickness Benefits	523
Veterans Disability Pension Programs	1 335
Injury Prevention and Health Promotion	
Sport Canada Funding for Athletes with Disabilities	6
Canadian Diabetes Strategy	23.0 ($115 over 5 years)
FAS/FAE Initiative	5.0
Active Living Alliance	0.4
Falls Prevention Initiative	2.5 ($10M over 4 years)
Correctional Services Canada-FAS/FAE and Learning Disabilities Initiatives	0.0 ($3M in 2002-03, 2003-04)

Program/Initiative	Amount ($ Millions)
Disability Community Capacity	
Voluntary Sector Initiative	0.0 (0.34 in 2002-2003)
Social Development Partnerships	12.5
INAC Disability Initiative	1.0
Total	**$6547.8**

Note 1: Amounts are for calendar year 2001
Note 2 : Amounts are estimates for year 2002
Note 3: Less than $2.5 million each. Included $2.5M in final total
Source of Tax Expenditures: Tax Expenditures and Evaluation