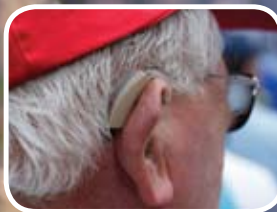




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FEDERAL DISABILITY REPORT

Seniors with
Disabilities
in Canada



2011



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Message from the Minister



I am pleased to introduce the *2011 Federal Disability Report* on behalf of the Government of Canada.

This report, now in its ninth year, provides valuable information on the many programs and services in Canada, all designed to help support people with disabilities and ensure their full participation in society.

This year's report is themed specifically around seniors with disabilities, reflecting Canada's changing demographics and aging population.

As our country's demographics change, so too will our labour market. Right now, there are four working Canadians for every retiree; by 2030, there will be two working Canadians for every senior.

As a government, we will need to anticipate and respond to the changing needs of an aging society. This means, without question, that seniors are going to play an increasing role in contributing to a vibrant and competitive Canada—in our communities and in our workplaces.

I am very proud that together with partners and organizations from coast to coast, our government continues to remove barriers, promote independence and create opportunities for people with disabilities in Canada. Together, we are delivering real results toward ensuring the full inclusion of seniors—and all people with disabilities—both for today and for tomorrow.

The Honourable Diane Finley, P.C., M.P.
Minister of Human Resources and Skills Development

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INTRODUCTION

The *2011 Federal Disability Report* provides a portrait of seniors with disabilities in Canada. With vital information on who they are, how they live their lives and what their needs are, this report helps Canadians understand seniors with disabilities.

Canada's population is aging. Of all age groups—from children to seniors—seniors are the fastest growing group. Out of Canada's population of nearly 31 million people in 2006, over 4 million are over the age of 65.

Disability affects many people in Canada. While overall, 14 percent of Canadians have disabilities, the disability rate is much higher among seniors. About 43 percent of Canadian seniors have disabilities. Over 30 percent of people aged 65 to 74 have disabilities, as well as more than 50 percent of those over the age of 75.

Aging and disability are very closely connected. Canadians with disabilities often require disability-specific supports, such as access to rehabilitation, aids and devices. As Canada's population of seniors with disabilities grows, more people will need income supports and health care services.

The Report has five sections that look at important aspects of the lives of seniors with disabilities.

- **Section 1** defines seniors with disabilities, exploring the types and number of disabilities they have and their severity.
- **Section 2** considers the health of seniors with disabilities.
- **Section 3** explores care for seniors with disabilities.
- **Section 4** looks at participation among seniors with disabilities, exploring aids and devices that help them, and examining employment, retirement, transportation and volunteering.
- **Section 5** presents facts on the income of seniors with disabilities and explores additional expenses that they have because of their disabilities.

Each section also concludes with a spotlight on a Government of Canada program that supports seniors with disabilities.

The report concludes with an appendix that highlights federal disability spending for the 2010–2011 fiscal year relating to the themes of inclusion and supports, income supports, learning, skills and employment, health and well-being and tax measures.

Data in this report are taken from several Statistics Canada surveys:

- the 2009 Canadian Community Health Survey (CCHS);
- the 2008 Survey of Labour and Income Dynamics (SLID);
- the 2008 General Social Survey, Social Networks (GSS); and
- the 2006 Participation and Activity Limitation Survey (PALS).

Statistics Canada surveyed people across Canada to ask questions about their daily lives. Only people living at home were surveyed; therefore, seniors with disabilities living in assisted-living residences, nursing homes and long-term care facilities did not answer the surveys.

In its surveys, Statistics Canada used two general types of questions to determine whether a person had a disability:

- questions that identify whether a person has any difficulty with certain activities; and
- questions that identify whether in some part of everyday life a person feels limited because of a condition or health problem.

Information sources for this report often compare the experiences of people in four key age groups. The age groups are:

Older Canadians:

- 55 to 64 years

Seniors:

- 65 to 74 years
- 75 to 84 years
- 85 years and over

Older Canadians are included to help compare the experiences of seniors with the experiences of people who will soon be seniors.

SECTION 1

Defining seniors with disabilities

Age groups of seniors

Generally, in Canada, people are considered seniors when they reach 65 years of age.



Age 65 and over

In Canada, the age of 65 is the most common benchmark for retirement. When people turn 65, they can access senior-specific income supports such as Old Age Security and the Guaranteed Income Supplement. At 65, many people who were receiving disability-specific income supports move from disability programs into senior-specific income support programs.

Three age subgroups

It is useful to subdivide seniors into subgroups to understand the differences between younger and older seniors. Seniors aged 65 to 74 have different health experiences, different interests and different lifestyles than those aged 75 to 84. Even larger differences are found when comparing younger seniors with those aged 85 and over.

Age 55 to 64

In addition to seniors, this report looks at adults aged 55 to 64 to help paint a picture of what happens when people are on the way to becoming seniors. Including these older adults allows comparisons to be drawn with seniors.

Data in this section come from the 2006 Participation and Activity Limitation Survey (PALS).

Definition of disability

The definition of disability from surveys used in this report is based on the World Health Organization's framework of disability provided by the International Classification of Functioning (ICF). This framework defines disability as impairment, activity limitation or participation restriction that is the result of the interaction between contextual factors (personal and environmental) and health conditions. The ICF is a multi-dimensional classification that takes into account both the medical and social model of disability.

Perception plays a role

Beliefs or attitudes about disability vary depending on age, culture, location and many other factors. In general, no two individuals experience the same disability in the same way. In fact, the same individual may well experience a disability differently if it were to occur at different times during his or her life. Another factor to keep in mind is that some seniors may not feel that they have disabilities, but may instead consider problems to be a natural part of aging.

Number of seniors with disabilities

**Of all seniors in Canada,
about 43 percent have disabilities.**

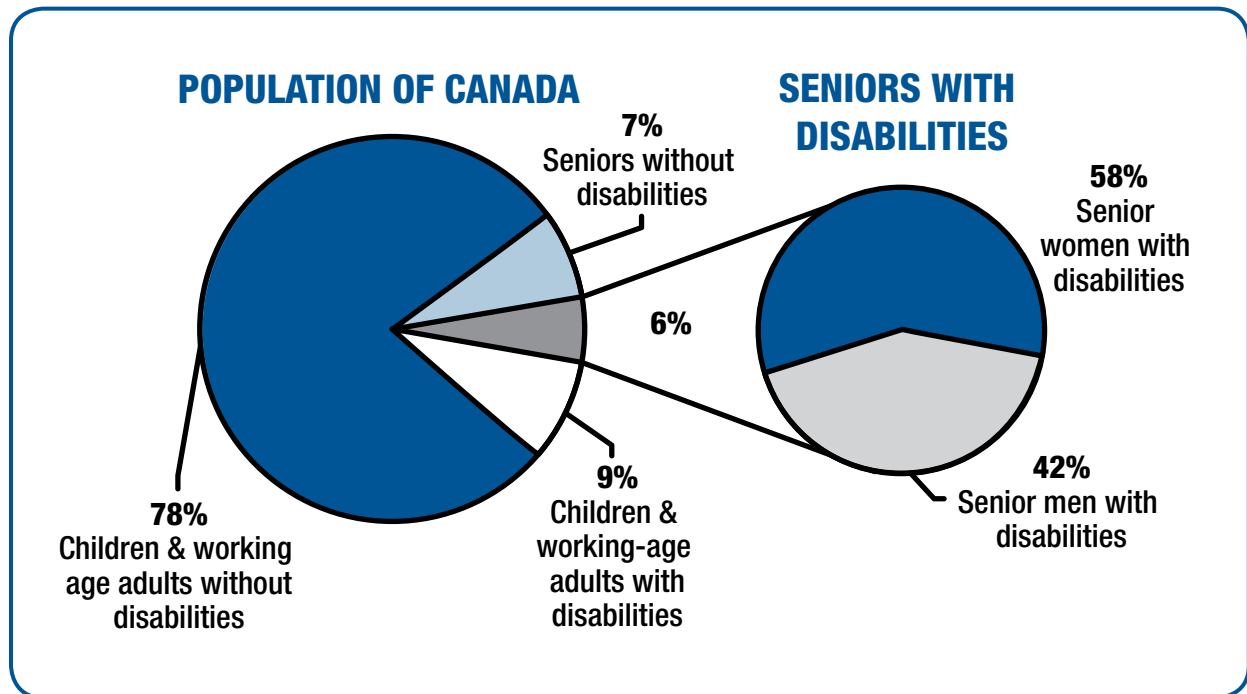


In 2006, nearly 31 million people lived in Canada. Of these, approximately 4.4 million (or 14 percent) reported having a disability.

The senior population of Canada consists of approximately 4.05 million people; 1.76 million of whom have a disability. Disability is more prevalent among seniors than any other age group. For example, the disability rate for seniors is 43 percent, nearly double what it is for the 55 to 64 age group (23 percent). Overall, the disability rates are higher for senior women than for senior men (45 percent versus 41 percent respectively).

Figure 1.1 shows that seniors make up 13 percent of the Canadian population. Almost half have a disability. In other words, 6 percent of all Canadians are seniors with disabilities.

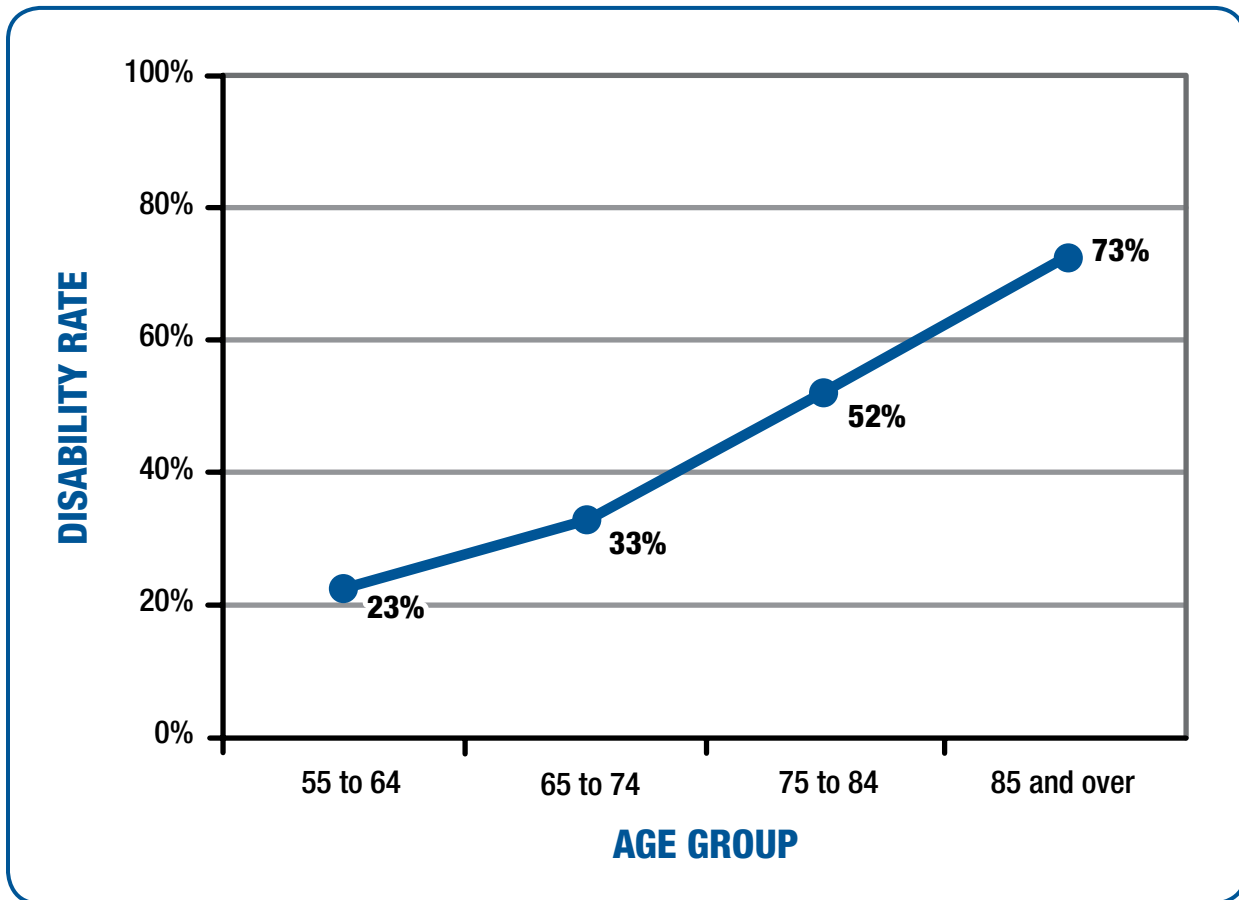
Figure 1.1 Proportion of seniors with disabilities in Canada (%), 2006



Source: 2006 Participation and Activity Limitation Survey

People are more likely to have disabilities as they get older. Figure 1.2 shows the increase in the disability rate as people age. The disability rate triples from 23 percent among individuals age 55 to 64 to 73 percent among individuals age 85 and older.

Figure 1.2 Disability rates, by age group (%), 2006



Source: 2006 Participation and Activity Limitation Survey

The disability rate among Canadian Aboriginal people is higher than the overall disability rate. Regardless of age, Aboriginal Canadians are more likely to have disabilities than Canadians who are not Aboriginal. Among Aboriginal seniors, 49 percent have disabilities, compared to 43 percent of non-Aboriginal seniors.

Types of disabilities

The most common disabilities experienced by seniors include mobility, agility and pain disabilities.



Seniors experience a wide range of disabilities. To illustrate this, the table below describes the different types of disabilities seniors may have and what someone with each disability may experience in daily life.

Disability type	Description	Information
Mobility disability	<ul style="list-style-type: none"> difficulty walking up and down a flight of stairs, standing in one spot for 20 minutes or moving from one room to another 	<ul style="list-style-type: none"> most common disability type among seniors experienced more by women than men
Agility disability	<ul style="list-style-type: none"> difficulty bending down, dressing or undressing, getting in and out of bed or grasping small objects 	<ul style="list-style-type: none"> second most common type of disability among seniors more common in women than men
Pain disability	<ul style="list-style-type: none"> constant pain or recurring periods of pain resulting in a notable reduction in the amount or kind of activities someone can do 	<ul style="list-style-type: none"> third most common type of disability among seniors women more likely than men to report a pain disability
Hearing disability	<ul style="list-style-type: none"> difficulty hearing another person talking (either face to face or on the telephone) 	<ul style="list-style-type: none"> becomes increasingly common with age experienced by almost half of seniors aged 85 and over more common among men
Seeing disability	<ul style="list-style-type: none"> difficulty seeing the face of someone across the room, even when wearing glasses 	<ul style="list-style-type: none"> more likely to develop with age slightly more common among women
Memory disability	<ul style="list-style-type: none"> frequent periods of confusion or difficulty remembering things 	<ul style="list-style-type: none"> increasingly common with age similar rates among sexes
Communication disability	<ul style="list-style-type: none"> difficulty making oneself understood while speaking 	<ul style="list-style-type: none"> common to also have another disability, such as memory or mobility experienced with slightly more frequency by men than women
Learning disability	<ul style="list-style-type: none"> difficulty learning new things possibly diagnosed with a condition such as attention deficit disorder or dyslexia 	<ul style="list-style-type: none"> not as common as other disabilities higher rates among seniors aged 85 and over equal rates for men and women
Emotional disability	<ul style="list-style-type: none"> difficulty taking on day-to-day tasks because of conditions such as depression or anxiety 	<ul style="list-style-type: none"> living independently in community decreases likelihood of emotional disabilities (compared to younger adults) similar rates for men and women

Mobility disabilities are experienced by 17 percent of older Canadians. This statistic increases to 24 percent of seniors aged 65 to 74, and then jumps to 41 percent of seniors aged 75 to 84, and 61 percent of seniors aged 85 and over. This means that for people aged 55 to 64, less than two in ten have mobility disabilities. By the time they are over age 85, six in ten will have mobility disabilities.

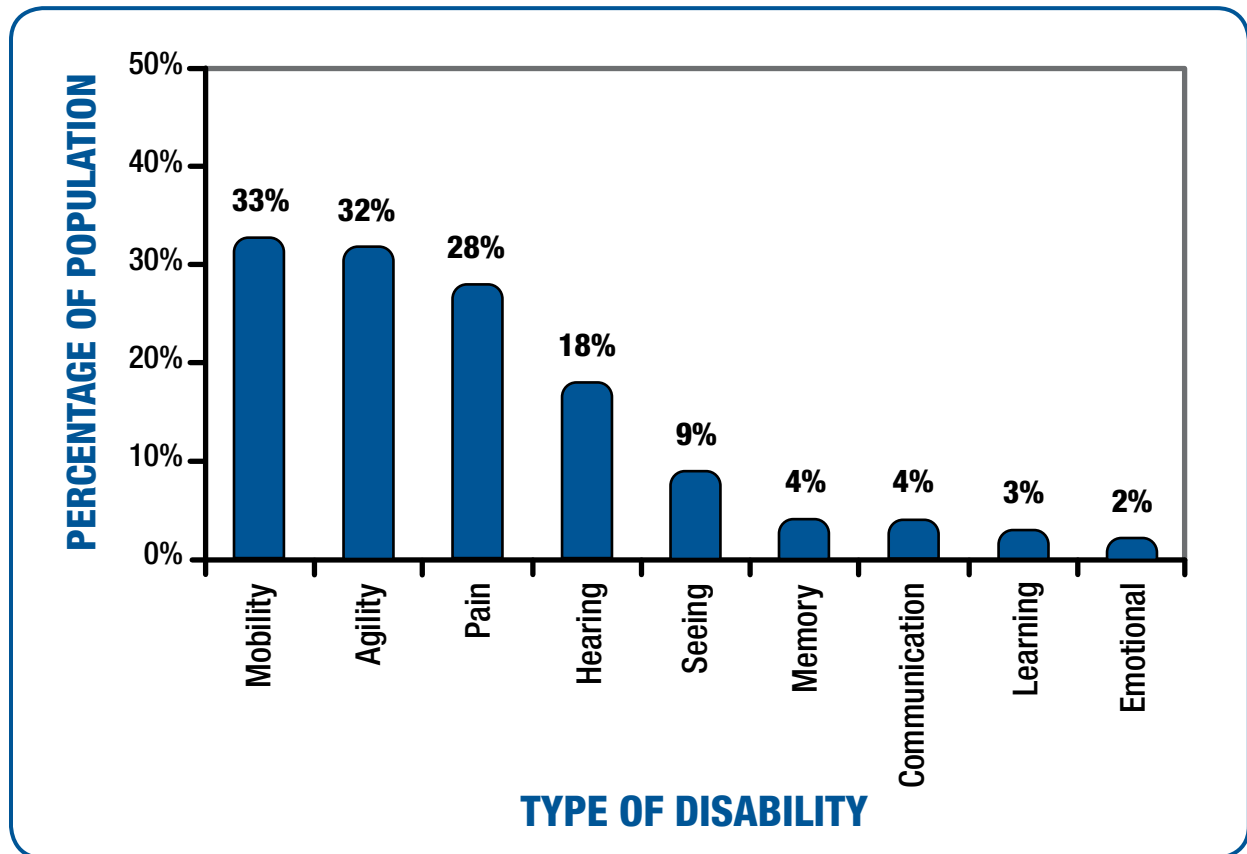
Figure 1.3 shows the percentage of older Canadians and seniors who have each type of disability. The likelihood of developing a disability increases with age for almost every type of disability but does so at different rates. For example, while pain disabilities are the third most common type for seniors aged 65 to 74 and seniors aged 75 to 84, at age 85, hearing disabilities become more common than pain disabilities.

Figure 1.3 Frequency of type of disability, by age group (%), 2006

	Age group			
Type of disability	55 to 64	65 to 74	75 to 84	85 and over
Mobility	17	24	41	61
Agility	16	23	38	57
Pain	17	23	33	42
Hearing	6	12	21	44
Seeing	4	6	11	25
Memory	2	3	5	13
Communication	2	2	4	10
Learning	3	2	2	6
Emotional	3	2	2	2

Source: 2006 Participation and Activity Limitation Survey

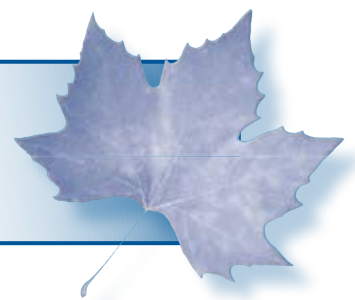
Figure 1.4 shows mobility and agility disabilities are the most common disabilities experienced by seniors followed by pain and hearing.

Figure 1.4 Frequency of type of disability among seniors (%), 2006

Source: 2006 Participation and Activity Limitation Survey

Multiple disabilities

Seniors are more likely to have multiple disabilities as they get older.



Most people in Canada who have disabilities have more than one type of disability. This is also true for seniors with disabilities. Among seniors with disabilities, less than two in ten have only one disability; the remaining eight in ten have two or more disabilities. Multiple disabilities can be caused by a common condition. For example, a person who has arthritis might develop pain, mobility and agility disabilities as a result.

Figure 1.5 shows that many seniors develop multiple disabilities as they grow older. For seniors with disabilities aged 75 to 84, 82 percent have two or more disabilities. This increases to 91 percent or nine in ten for seniors aged 85 and over. Seniors aged 85 and over are more than twice as likely to have five or more disabilities when compared with younger seniors.

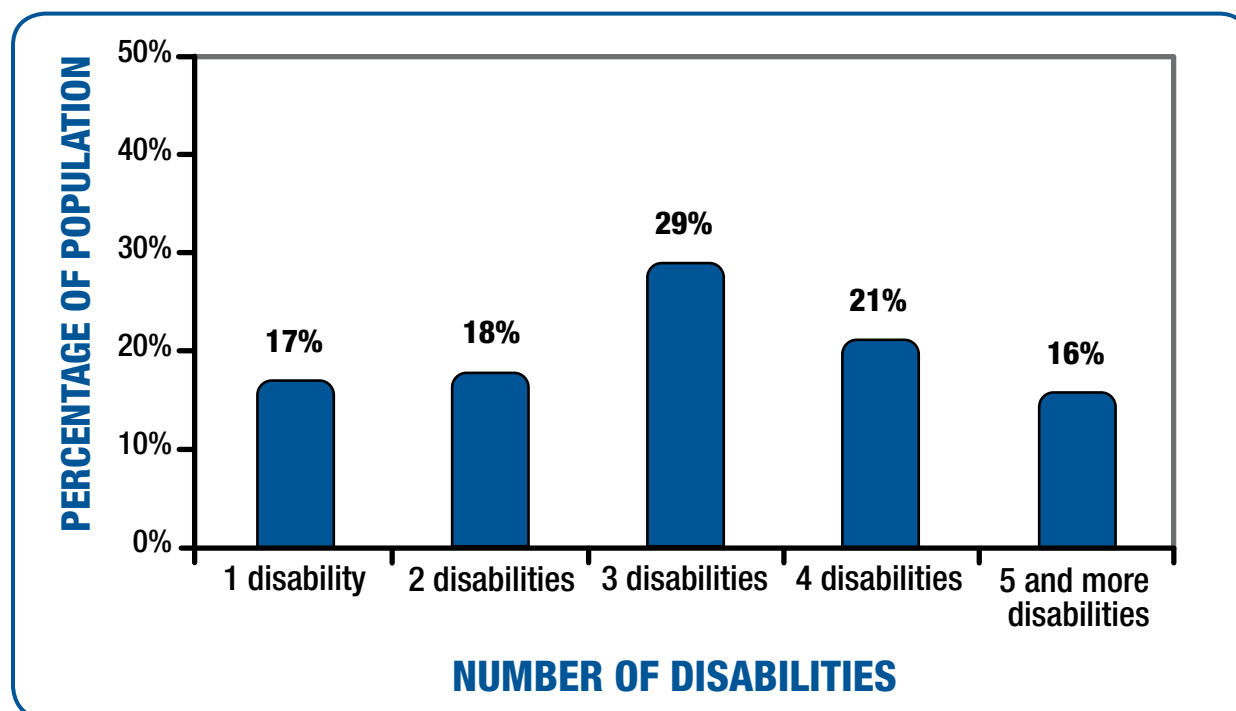
Figure 1.5 Number of disabilities, by age group (%), 2006

	Age group			
Number of disabilities	55 to 64	65 to 74	75 to 84	85 and over
1	17	18	18	9
2	15	18	17	18
3	31	32	28	21
4	20	18	23	24
5 and more	17	13	14	28

Source: 2006 Participation and Activity Limitation Survey

Figure 1.6 illustrates the percentage of seniors with one to five or more disabilities. Seniors are most likely to have 3 disabilities (29 percent).

Figure 1.6 Number of disabilities for seniors (%), 2006



Source: 2006 Participation and Activity Limitation Survey

Severity of disabilities

Seniors often develop more severe disabilities as they age.



Severity is a term that is used to discuss how serious people's disabilities are, or to what extent they are able to do everyday tasks. Some seniors experience mild disabilities while others experience more severe disabilities.

The severity of a disability plays a large role in how it affects people's lives. For example, one senior with a mobility disability might use a wheelchair to move around, while another might use a cane.

Disability severity can be closely related to the number of disabilities a senior has. As seniors develop more than one type of disability, they are more likely to experience more limitations in everyday life, or increased disability severity.

Figure 1.7 shows that with age, people are more likely to have more severe disabilities. Older adults and seniors have similar disability experiences with respect to severity. Their rates of mild, moderate and more severe disabilities do not change very much. However, age 85 is a turning point for seniors: Seniors aged 85 and over are much more likely to have more severe disabilities.

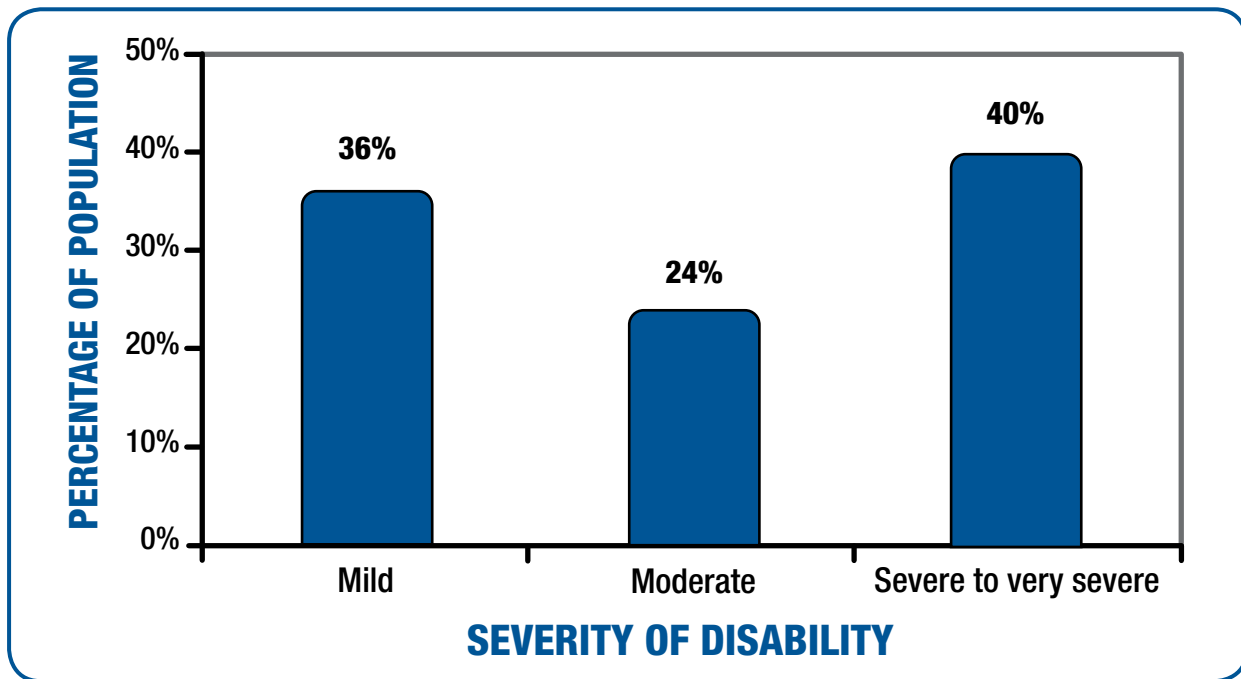
Figure 1.7 Disability severity, by age group (%), 2006

Disability severity	Age group			
	55 to 64	65 to 74	75 to 84	85 and over
Mild	33	41	36	25
Moderate	25	25	25	17
Severe to very severe	42	34	39	58

Source: 2006 Participation and Activity Limitation Survey

Figure 1.8 shows seniors are most likely to have a severe to very severe disability (40 percent).

Figure 1.8 Disability severity among seniors (%), 2006



Source: 2006 Participation and Activity Limitation Survey

Projected population of seniors with disabilities in Canada

By the year 2036, it is expected that there will be between 4.6 million and 5.1 million seniors with disabilities in Canada.



In 2006, there were 1.8 million seniors with disabilities in Canada. Based on what is known about Canadians with disabilities, and what is known about seniors with disabilities, the population of seniors with disabilities will likely increase to somewhere between 4.6 million and 5.1 million by 2036. Figure 1.9 shows that the population of seniors with disabilities in Canada is expected to more than double over the next 25 years, while the overall population of people with disabilities will increase at a slower rate.

Figure 1.9 Population estimates, 2006 and 2036 (Millions)

Population	2006	2036
Number of people in Canada	30.9	43.8
Number of people with disabilities	4.4	7.7 – 8.7
Number of seniors	4.0	9.9 – 10.9
Number of seniors with disabilities	1.8	4.6 – 5.1

Source: 2006 Participation and Activity Limitation Survey and *Population Projections for Canada, Provinces and Territories, 2009 to 2036*

It is likely that the number of people with disabilities in Canada will grow from 4.4 million in 2006 to between 7.7 and 8.7 million in 2036, assuming that disability rates by age and gender do not suddenly change. Seniors with disabilities will make up most of this growth.

SPOTLIGHT ON GOVERNMENT OF CANADA PROGRAMS:



New Horizons for Seniors Program

The Government of Canada's New Horizons for Seniors Program helps improve the quality of life for seniors and their communities.

Projects are aimed at enabling seniors to share their knowledge, wisdom and experiences with others, improving facilities for seniors' programs and activities, and raising awareness of elder abuse.

For more information, visit

www.hrsdc.gc.ca/eng/community_partnerships/seniors/index.shtml.

Spotlight on the Preserving the French Language Literacy Project

Many of Yellowknife's Francophone residents are retiring and returning south, taking with them their stories and experiences. To prevent the erosion of language, culture and heritage, the Fédération franco-ténoise organized a series of hugely successful literacy events that reached out to the Francophone community's senior population.

"There is a lot of mobility here; we had to find a way to preserve our history because these are the people who have stories to tell, who know how French Canadians used to live 50 years ago. They are the timekeepers," explained Dorice Pinet, the project organizer.

A number of reading and writing activities focused on preserving the seniors' memories of days gone by in the Northwest Territories and on keeping the French language alive. Classes on writing newspaper stories and learning computer and Internet skills allowed Francophone seniors to enter the world of information technology. An evening dinner theatre with Manitoba storyteller and musician Gérald Laroche, along with Sunday teas, gave seniors a chance to restore their sense of community and share their experiences and needs.

"These activities made me realize that, even at an advanced age, we can still do interesting and rewarding things. Sharing with others, having a sense of humour and our health allow us to enjoy life more. The warmth of the people in the North is contagious. Thanks to the activities organized by the Fédération, I feel less isolated and have made many friends in this lovely part of the country," said participant Pierrette Lévesque.

For more information, visit

www.hrsdc.gc.ca/eng/success_stories/seniors/21/index.shtml.

SECTION 2

Health

Disability and health are closely related. In the past, disability was believed to result directly from health problems. Now, disability is thought of differently—disability results from personal conditions and environmental factors that combine to make everyday life challenging.

Good health facilitates participation in many areas of everyday life. Continuing employment, the ability to travel and participating in civic activities, such as volunteering, are all dependent on good health. In this sense, understanding the challenges for full participation in all areas of everyday life for seniors with disabilities requires an understanding of issues related to health.

Data in this section come from the 2009 Canadian Community Health Survey (CCHS).

General health profile

**With age, there is
a gradual decline in health.**



Regardless of disability status, all seniors are less likely to report good health as they age. However, seniors with disabilities are consistently much less likely to report good health than seniors without disabilities. Almost 40 percent of seniors with disabilities aged 65 to 74 and 50 percent of seniors with disabilities aged 75 and over report their general health as being either fair or poor.

Seniors with disabilities report that their health is getting worse over time. Three in ten seniors (33 percent) who have disabilities report that their health was worse in 2009 than in 2008. In comparison, only one in ten seniors without disabilities (11 percent) report their health as worse.

Older seniors with disabilities are more likely to feel that their health is declining. Nearly four in ten seniors (38 percent) aged 75 and over with disabilities have deteriorating health year after year, compared to fewer than three in ten seniors (29 percent) aged 65 to 74 with disabilities.

Chronic health conditions

Most seniors with disabilities have chronic health conditions, and six in ten have at least three conditions.



A chronic health condition is a health problem that is ongoing, or that does not go away. Chronic health conditions are very common among seniors with disabilities. These conditions often emerge with age.

Figure 2.1 shows some of the most common chronic health conditions experienced by seniors and the percentage of seniors with and without disabilities who experience them.

Figure 2.1 Chronic health conditions among seniors (%), 2009

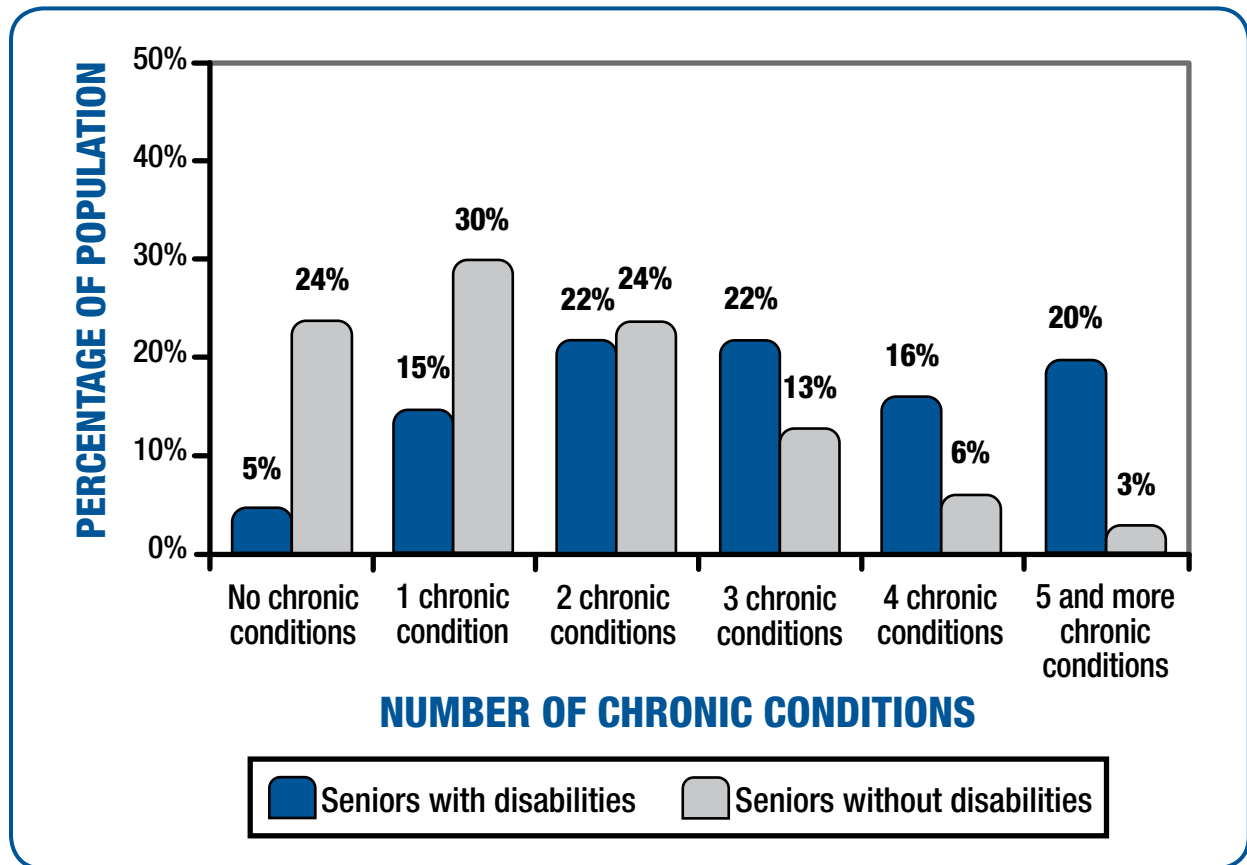
Type of chronic condition	Seniors with disabilities	Seniors without disabilities
Arthritis	60	30
High blood pressure	54	45
Back problems	42	16
Heart disease	26	11
Diabetes	22	15

Source: 2009 Canadian Community Health Survey

These chronic health conditions are often associated with specific types of disabilities. For example, arthritis is a very common underlying cause of mobility, agility and pain disabilities.

Having multiple chronic health conditions increases the likelihood that a senior will have a disability, as the combination of the multiple conditions means the senior is more likely to have difficulties with everyday activities. Figure 2.2 shows that many seniors with disabilities have multiple chronic health conditions—59 percent of seniors with disabilities have at least three, and 20 percent have five or more.

Figure 2.2 Number of chronic conditions for seniors, by disability status (%), 2009



Source: 2009 Canadian Community Health Survey

Mental health

Most seniors with disabilities report they have very good mental health.



This section presents information that focuses on seniors with disabilities who live on their own, in the community. It is important to remember that the data do not include seniors who live in assisted-living residences, nursing homes and long-term care facilities. Past research has shown that seniors living in such facilities have much higher rates of mental illness than seniors who live independently.

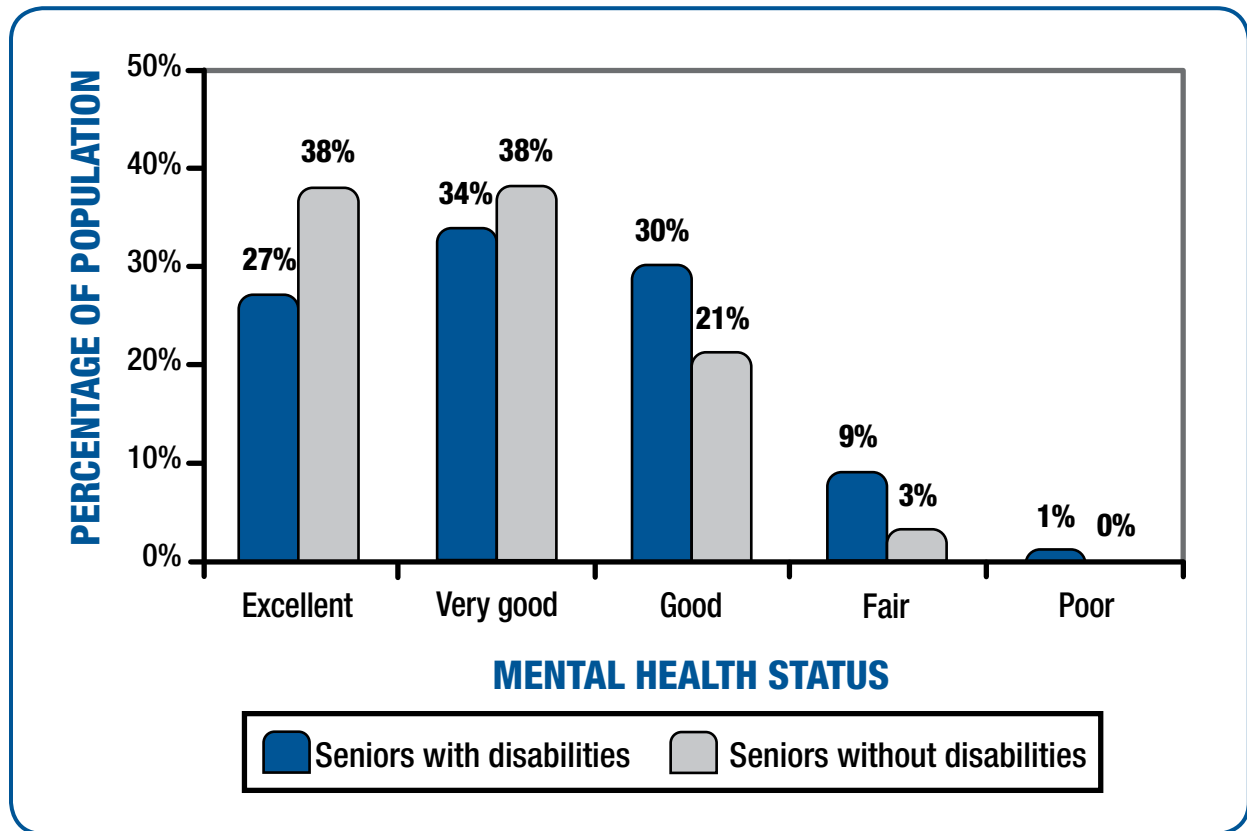
Mental health among seniors is an important issue. Good mental health is critical for good quality of life. Seniors with disabilities are most likely to perceive their mental health as very good (34 percent), good (30 percent), or excellent (27 percent), as shown in Figure 2.3. However, compared to seniors without disabilities, seniors with disabilities are more likely to feel that their mental health is only fair or poor.

Seniors with disabilities are more likely to consult a mental health professional compared to seniors without disabilities (9 percent versus 3 percent respectively). On average, seniors with disabilities consult a mental health professional four times per year. For those who consult a professional for mental health issues, the majority seek assistance from a family doctor (64 percent), psychiatrist (18 percent) or psychologist (11 percent).

Stress

High stress can have a negative impact on overall health. More seniors with disabilities report being stressed than seniors without disabilities. Seventeen percent of seniors with disabilities report they have high stress, compared to 8 percent of seniors without disabilities. Similarly, 36 percent of seniors with disabilities consider themselves to be a bit stressed, compared to 29 percent of seniors without disabilities.

Figure 2.3 Self-reported mental health status among seniors, by disability status (%), 2009



Source: 2009 Canadian Community Health Survey

Physical activity

Almost seven in ten seniors with disabilities are inactive.

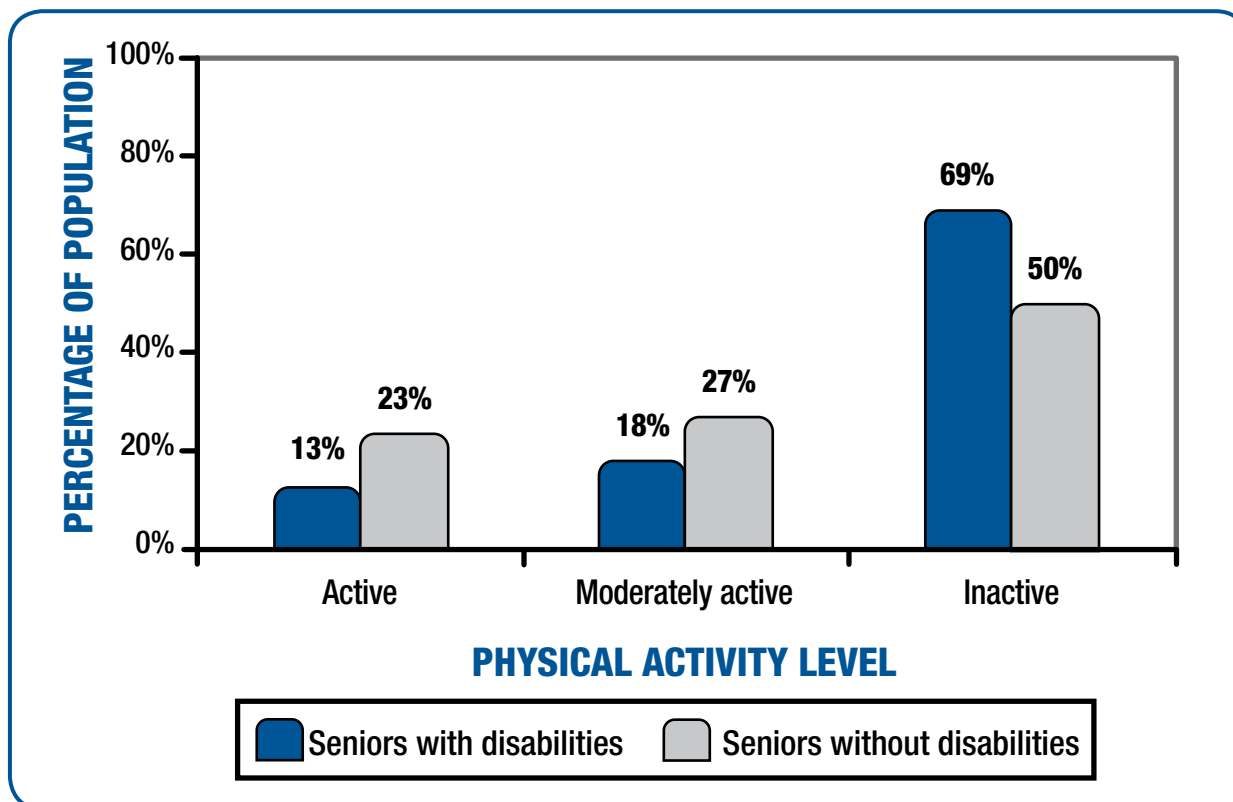


Exercise is an important contributor to good overall health. For the 2009 Canadian Community Health Survey, Statistics Canada created the *Leisure Time Physical Activity Index*¹, which measured the level of physical activity among respondents

¹ More information on the *Leisure Time Physical Activity Index* can be found at www.statcan.gc.ca/pub/82-221-x/2011002/def/defl-eng.htm.

by asking about the frequency, nature and duration of participation in certain activities such as swimming, bicycling or skating. Respondents were classified as active, moderately active or inactive based on their participation over the three months prior to being surveyed.

Figure 2.4 Physical activity level among seniors, by disability status (%), 2009



Source: 2009 Canadian Community Health Survey

The physical activity levels of seniors are displayed by disability status in Figure 2.4. Seniors with disabilities are significantly more likely to be classified as inactive when compared to seniors without disabilities. In contrast, seniors aged 75 and older with disabilities (not shown in the figure) are also significantly more likely to be classified as inactive compared to younger seniors aged 65 to 74 with disabilities (76 percent versus 63 percent). Older Canadians aged 55 to 64 with disabilities have similar activity levels to those aged 65 to 74 (18 percent active, 22 percent moderately active and 60 percent inactive). Senior men with disabilities are more likely to be active than senior women with disabilities (18 percent versus 9 percent).

Injuries

Seniors with disabilities are more likely to experience injuries as a result of falls.



Seniors with disabilities are more likely to experience an injury than seniors without disabilities (12 percent versus 7 percent). Three in ten seniors with disabilities who have had injuries in the past year have experienced sprains and/or broken bones. Senior men with disabilities are more likely to experience sprains than broken bones, and senior women with disabilities are more likely to experience broken bones.

Seven in ten seniors with disabilities have experienced injuries in the past year as a result of a fall, compared to six in ten seniors without disabilities.

For seniors with disabilities who have experienced injuries, over six in ten (or 65 percent) have experienced injuries in or near their home. Just over three in ten have experienced injuries while walking, and just over two in ten have experienced injuries while doing household chores, outdoor yard maintenance or similar activities. Senior women with disabilities are more likely to experience an injury than senior men (14 percent versus 10 percent).

Medical care

Seniors with disabilities are more likely to have chronic health conditions and an increased need for medical specialists.



Family doctors

Canada's health care system is designed so that the primary point of contact with the medical system is a family doctor. Family doctors are responsible for providing ongoing general medical care to patients, and arranging for specialized medical

care where needed. Having a disability does not affect a senior's overall chance of having a family doctor. For both seniors with disabilities and those without, about 95 percent have family doctors.

Having disabilities does, however, seem to have something to do with problems in trying to find a new family doctor. Seniors with disabilities are more likely than seniors without disabilities to require medical care, and those who do not have a doctor are much more likely to be actively trying to find one. For those without a family doctor, 85 percent are trying to find a doctor, compared to 63 percent of those without disabilities. In contrast, 37 percent of seniors without disabilities and 15 percent of seniors with disabilities who do not have family doctors have not tried to contact one.

Medical specialists

Generally, consultations and diagnoses are needed for new and existing health conditions. These medical appointments are in addition to yearly visits to family doctors. Seniors with disabilities are much more likely than those without disabilities to need to visit medical specialists (e.g. cardiologists, allergists, gynaecologists and psychiatrists) for diagnoses or consultations (52 percent versus 31 percent). Those without disabilities are less likely to have chronic health problems, and are therefore less likely to need medical treatment.

Among those who need to see medical specialists, seniors with disabilities are more likely to have difficulty obtaining appointments (19 percent versus 13 percent). The most common problem experienced by seniors with disabilities is that they have to wait too long between booking the appointment and the actual visit—among seniors with disabilities who have problems, 71 percent find they need to wait a long time, compared to 64 percent of seniors without disabilities.

SPOTLIGHT ON GOVERNMENT OF CANADA PROGRAMS:



Veterans Independence Program

The Veterans Independence Program helps clients remain healthy and independent in their homes and communities. Services include home care (i.e. grounds maintenance, housekeeping, personal care) and health support services. This program is available to people who have needs related to the condition for which they receive a Veterans Affairs Canada disability pension or award and to wartime veterans or overseas civilians who qualify due to low income.

For more information, visit

www.vac-acc.gc.ca/clients/sub.cfm?source=services/vip.

Spotlight on Phil Bradbury

Second World War veteran Phil Bradbury, 85, of Toronto was surprised to learn that in civilian life he'd been missing in action for a couple of decades. Veterans Affairs Canada has been looking for veterans like Bradbury who qualify for, but aren't receiving benefits under the Veterans Independence Program (VIP). The VIP helps aging veterans live independently as long as possible by providing home care support like housecleaning and shovelling walkways, making meals and help with bathing, as well as home adaptation and health support services.

He's been receiving a VAC pension for service-related hearing loss and other injuries for over five decades. He retired in the late 1980s.

For more information, visit

www.legionmagazine.com/en/index.php/2008/11/veterans-independence-program-in-the-name-of-freedom-and-dignity/.

SECTION 3

Caregiving

Many seniors with disabilities need help with everyday activities. Care can be extensive, in which case people receive help with essential everyday functions, such as dressing, eating and moving around in their homes. It can also be occasional, such as help with household chores and yard work.

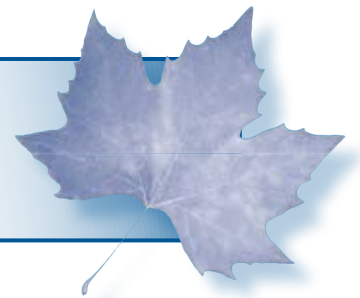
Seniors with disabilities have even more need for help than younger people with disabilities. This is because seniors with disabilities are more likely to have:

- multiple types of disabilities
- more severe disabilities
- underlying chronic health conditions

Data in this section come from the 2006 Participation and Activity Limitation Survey (PALS).

Need for care

**Seven in ten seniors with disabilities
have some need for care.**

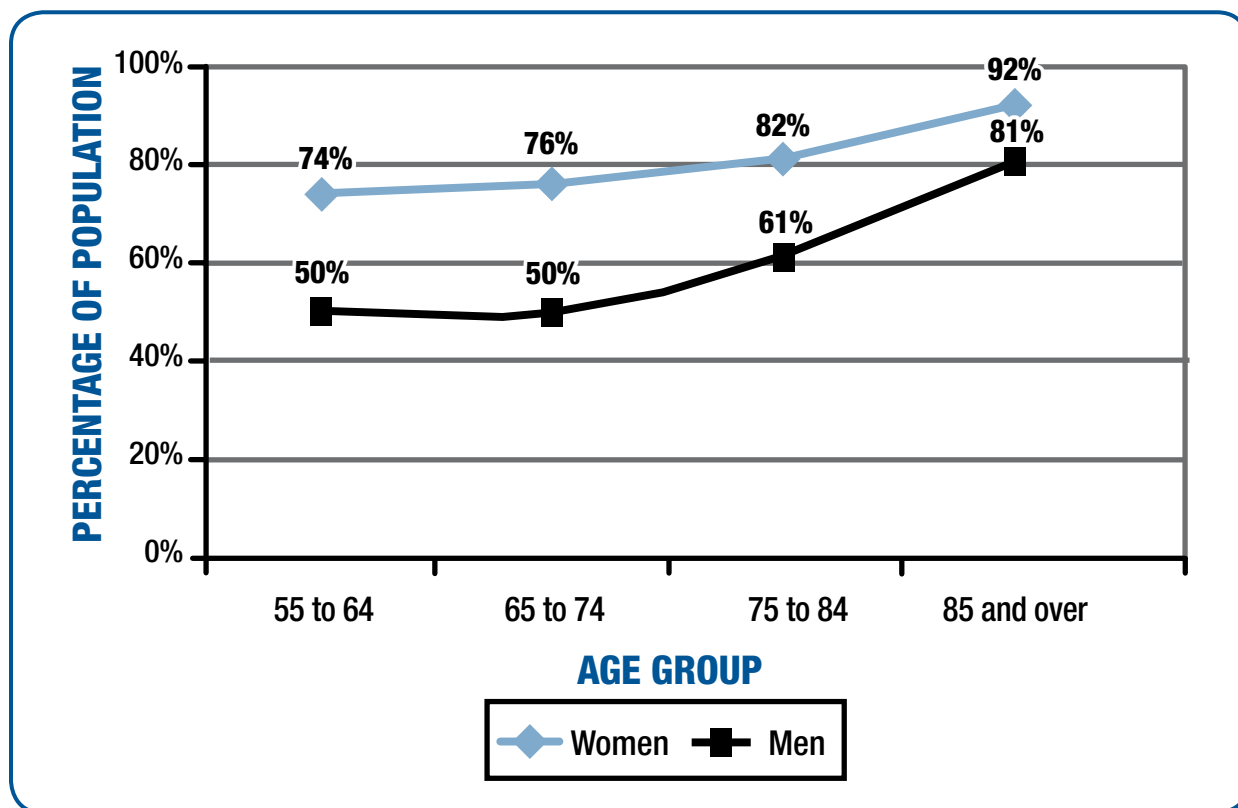


Of the 1.8 million seniors who have disabilities, over 1.2 million (or 72 percent) require help with some of their everyday activities.

Note: This section refers to seniors with disabilities who have expressed a need for care, whether or not they actually receive it.

The need for caregiving increases with age, and senior women with disabilities are more in need for caregiving help than senior men. Figure 3.1 shows that as seniors age the share of seniors with disabilities who require assistance increases continually from 74 to 92 percent for women, and from 50 to 81 percent for men. There are a number of possible reasons to explain why women may have a greater need for help, including the fact that women generally live longer than men.

Figure 3.1 Caregiving need among Canadians with disabilities, by sex and age group (%), 2006



Source: 2006 Participation and Activity Limitation Survey

As seniors with disabilities get older and develop multiple and more severe disabilities, the need for care increases—74 percent of those aged 75 to 84 require help, and 88 percent of those aged 85 or older require help. Overall, 93 percent of seniors who have more severe disabilities require help, compared to 58 percent of seniors with mild or moderate disabilities.

Figure 3.2 shows that the most common type of help needed by seniors with disabilities concerns heavy household chores, such as spring cleaning and yard work. Among seniors aged 85 and over, the need for help with all types of everyday activities increases. Help with housework and transportation to appointments and for running errands become very common needs among this age group.

Figure 3.2 Types of help needed by older Canadians and seniors with disabilities (%), 2006

Type of help needed	Age group			
	55 to 64	65 to 74	75 to 84	85 and over
Heavy household chores	54	53	59	70
Housework	35	34	45	67
Appointments and errands	30	32	47	70
Preparing meals	21	20	25	40
Finances	13	16	26	40
Personal care	9	11	17	33
Medical treatment or nursing	5	5	11	20
Moving about	4	6	8	12

Source: 2006 Participation and Activity Limitation Survey

There are some gender differences for the types of help needed. Women and men are about equally likely to need help with personal care, medical treatment or nursing and moving about. Women, however, are more likely to need help with heavy household chores, housework, transportation to appointments, running errands, preparing meals and finances.

Seniors with more severe disabilities are more likely to require help than seniors with mild or moderate disabilities. This is especially true in the area of moving about; seniors with more severe disabilities are 17 times more likely to require help than seniors with mild to moderate disabilities.

How well are needs being met?

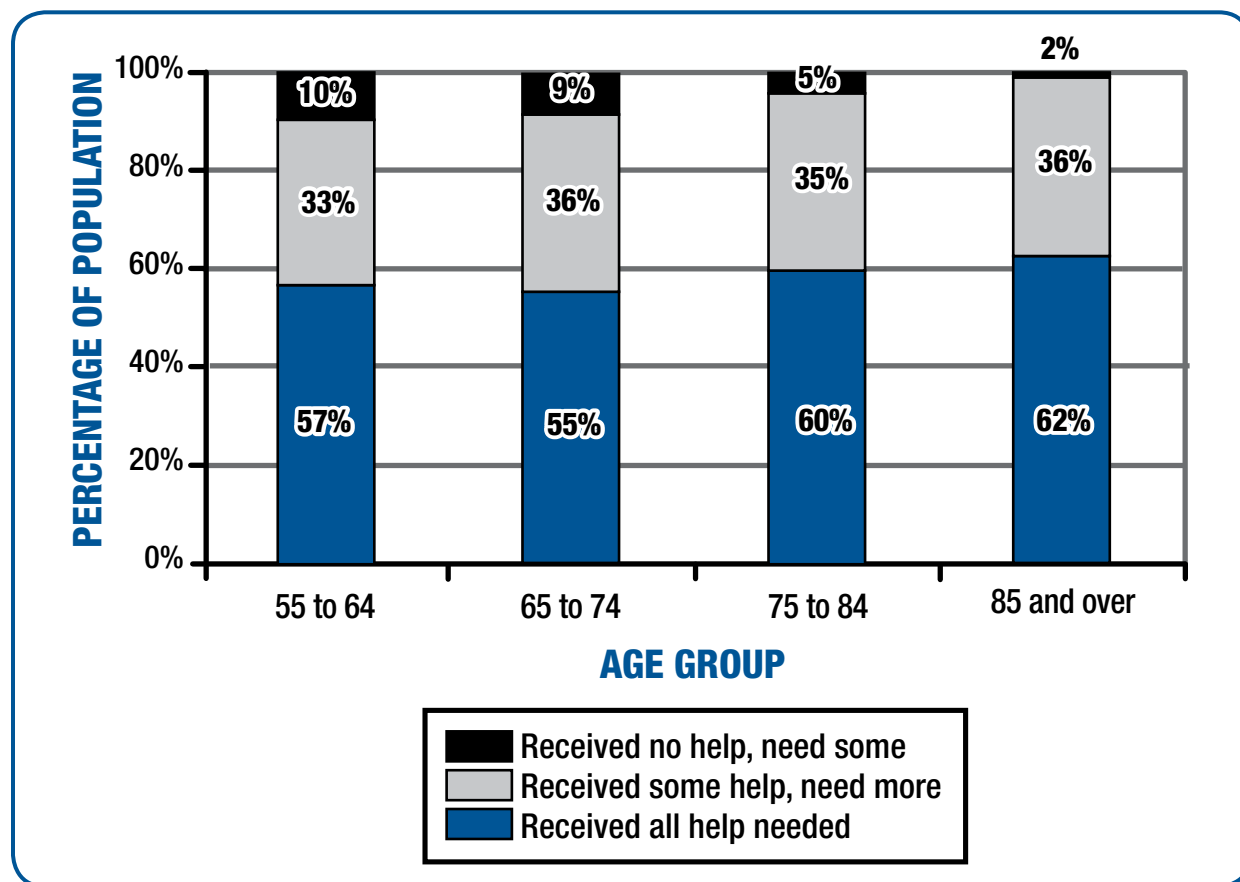
Half a million seniors with disabilities have unmet caregiving needs.



Just over 1 million seniors with disabilities (or 94 percent) are receiving some form of care. Seniors with disabilities aged 85 and over are highly likely to receive at least some help with everyday activities. With age, seniors are more likely

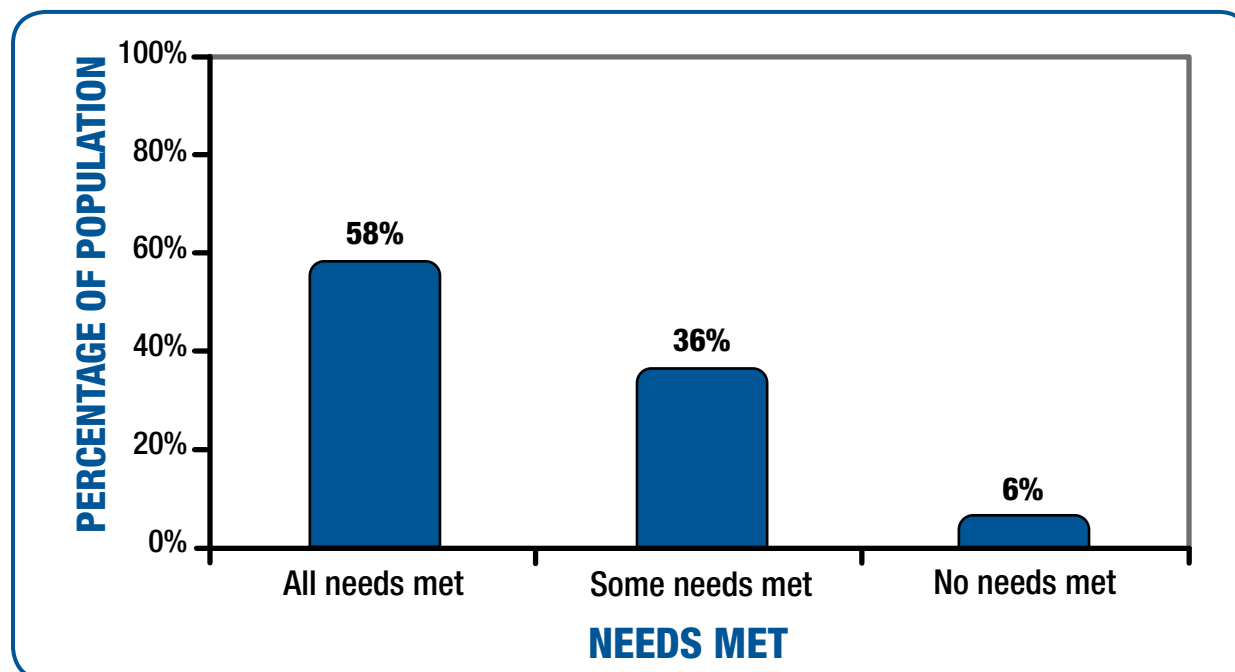
to receive the help they need. However, many seniors with disabilities who are receiving care still have unmet needs. Figure 3.3 shows the level of unmet care needs among those who require help, by age group.

Figure 3.3 Level of unmet care for older Canadians and seniors with disabilities, by age group (%), 2006



Source: 2006 Participation and Activity Limitation Survey

Figure 3.4 shows 42 percent of seniors with disabilities who need help have unmet needs. These include 6 percent who have none of their needs met, and 36 percent who have some of their needs met. There are just over 500 000 seniors with disabilities who have unmet needs for care.

Figure 3.4 Unmet needs among seniors with disabilities (%), 2006

Source: 2006 Participation and Activity Limitation Survey

Figure 3.5 shows the percentage of unmet needs by type. Almost two in ten seniors with disabilities have unmet needs for help with heavy household chores. In contrast, where help is needed with more essential activities, most seniors with disabilities have their needs met. Only two percent of seniors with disabilities have unmet needs for help with medical treatment or nursing.

Figure 3.5 Seniors with disabilities with unmet needs, by type of help needed, 2006

Type of help needed	Number of seniors with unmet needs	%
Heavy household chores	322 510	19
Housework	199 710	12
Appointments and errands	180 590	11
Preparing meals	78 640	5
Personal care	70 990	4
Finances	48 710	3
Moving about	45 390	3
Medical treatment or nursing	37 810	2

Source: 2006 Participation and Activity Limitation Survey

The most common reason why seniors are not receiving the care they need is that obtaining the help is too expensive (24 percent). Other common reasons are that seniors with disabilities do not know where to find the help they need (11 percent) and that informal help is not easily accessible (11 percent).

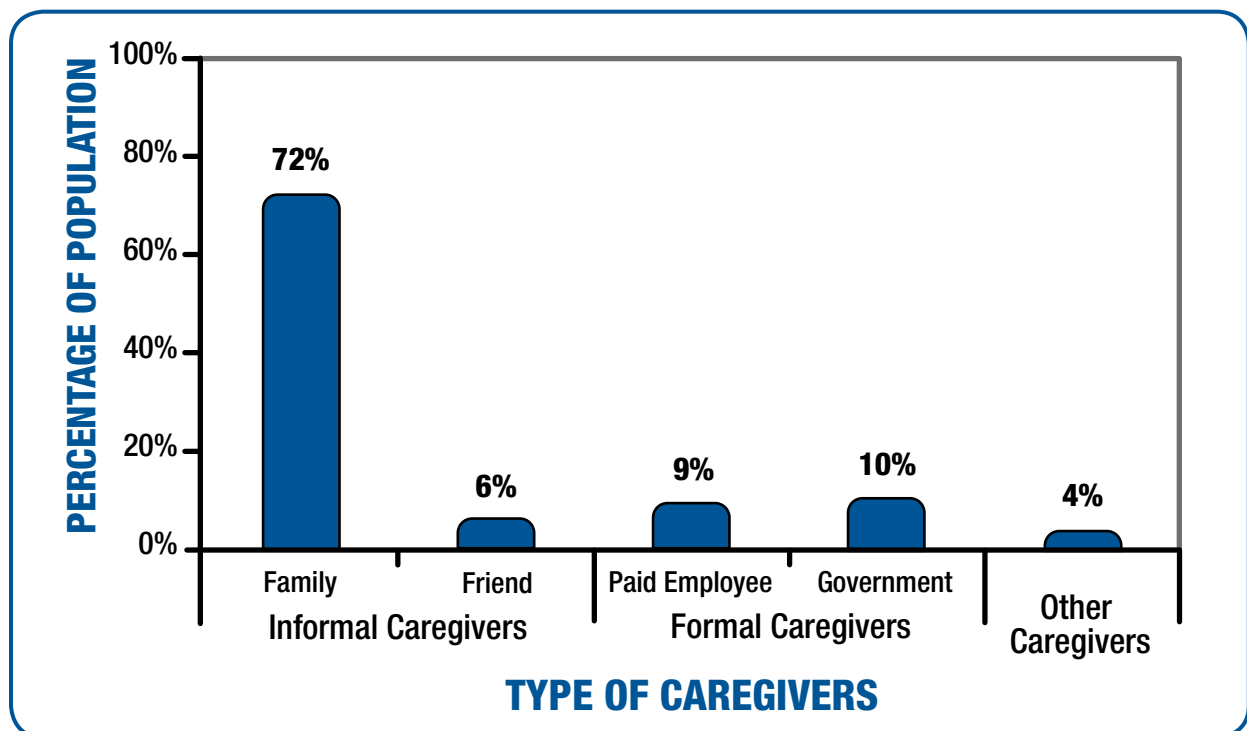
Caregivers: Who are they?

Family members are the most common caregivers for seniors with disabilities.



In Canada, family members are the most common caregivers for seniors with disabilities. Spouses often care for their partners and children often care for their parents. This type of care is called informal care. Formal care is provided by government agencies, and by non-profit and for-profit organizations, and there is usually a fee for the services. Figure 3.6 illustrates who provides care for seniors with disabilities.

Figure 3.6 Types of caregivers for seniors with disabilities (%), 2006



Source: 2006 Participation and Activity Limitation Survey

About seven in ten of the primary caregivers of seniors with disabilities are family members. Formal caregivers (government and paid employees) provide 19 percent of caregiving help to seniors with disabilities.

Older seniors aged 75 and over are more likely than younger seniors to receive help from sources other than family or friends. Family members are still the most common source of help for older seniors with disabilities (68 percent), but older seniors receive increased levels of care from government or non-profit organizations (12 percent) and paid employees (10 percent).

SPOTLIGHT ON GOVERNMENT OF CANADA PROGRAMS:



Family Caregiver Tax Credit

Budget 2011 proposed to provide new tax support for caregivers of infirm dependent family members by introducing a new family caregiver tax credit. This 15-percent non-refundable credit on an amount of \$2,000 will provide tax relief for caregivers of all types of infirm dependent relatives, including, for the first time, spouses, common-law partners and minor children.

Caregivers will benefit from the family caregiver tax credit by claiming an enhanced amount for an infirm dependant under one of the following existing dependency-related credits: the spousal or common-law partner credit, the child tax credit, the eligible dependant credit, the caregiver credit or the infirm dependant credit. It is estimated that over 500 000 caregivers will benefit from the family caregiver tax credit.

This measure will apply for the 2012 and subsequent taxation years.

Spotlight on families with new relief from the family caregiver tax credit

Manon is a teacher with a young family. Manon's mother, Claudine, is a low-income senior who lives with Manon's family. Claudine is infirm and is dependent on Manon's assistance for her personal needs. In addition to the tax relief that she receives through the existing caregiver credit, Manon will be able to claim the new 15-percent family caregiver tax credit on an amount of \$2,000.

For more information, visit
www.actionplan.gc.ca/eng/media.asp?id=4116.

SECTION 4

Participation in everyday life

Social participation is an important part of people's lives. The benefits of social participation include improved quality of life and personal well-being. Interacting with other people in the community is essential for independent and active living.

Both personal and environmental factors can have a positive impact on social participation. Accessible transportation, availability of disability aids, devices and home modifications and meaningful employment all play an important role in fostering inclusion and developing social networks.

Life changes, such as transitioning from work to retirement, can potentially disrupt social participation. Those with social connections at work may lose those networks when entering retirement. To maintain their quality of life, seniors may seek support groups, or engage in part-time or volunteer work to be involved in their community and meet new people. Whether by means of volunteering, employment or everyday interaction, seniors with disabilities can remain active and be included in community functions.

Social isolation of seniors and of those with disabilities can have negative effects on health and overall well-being. Seniors with disabilities may need special accommodations, such as in the areas of employment or transportation, so that they are able to participate in social activities.

Data in this section come from the 2008 Survey of Labour and Income Dynamics (SLID), the 2008 General Social Survey (GSS), Social Networks and the 2006 Participation and Activity Limitation Survey (PALS).

Disability aids and devices

**Sixty-seven percent of seniors
with disabilities require aids and devices.**



Seniors with mobility, seeing and pain disabilities are most likely to require aids and devices for everyday living. As shown in Figure 4.1, seniors with hearing

disabilities are the most likely to have unmet needs (20 percent) followed by seniors with mobility disabilities (10 percent) and seniors with seeing disabilities (7 percent).

Figure 4.1 Number of seniors with unmet needs for aids and devices, by disability type, 2006

Type of disability	Number of seniors with disabilities	Number of seniors with unmet needs for aids and devices	%
Mobility	1 342 230	130 240	10
Agility	1 281 850	56 740	4
Pain	1 135 770	54 410	5
Hearing	735 300	145 530	20
Seeing	367 730	26 480	7
Communication	143 390	4 260	3
Learning	100 660	4 260	4

Source: 2006 Participation and Activity Limitation Survey

Home modifications

Fourteen percent of seniors with disabilities have home modifications.



In addition to aids and devices, seniors with disabilities often require modifications to their homes so that they can feel safer and live more independently. Approximately 18 percent of seniors with disabilities aged 75 and over have some type of home modification because of their condition. In contrast, only 8 percent of younger seniors (aged 65 to 74) have home modifications.

Figure 4.2 shows the different types of home modifications that seniors use on a day-to-day basis. For all senior age groups, grab bars in the bathroom are found to be the most frequent modification for seniors' accessibility. Older seniors (75 and over) rely more on elevator or lift devices in their homes, while older Canadians (55 to 64) are more likely to have ramps installed.

Figure 4.2 Types of home modifications for older Canadians and seniors with disabilities (%), 2006

Type of home modifications	Age group			
	55 to 64	65 to 74	75 and over	65 and over
Ramps	59	46	40	41
Street level entrances	55	60	64	63
Automatic doors	25	34	40	38
Easy to open doors (including lever handles)	42	60	56	57
Widened doorways or hallways	38	45	42	43
Elevator or lift device	53	57	73	69
Visual alarms or audio warning devices	14	25	27	27
Grab bars (in the bathroom)	64	67	84	80
A bath lift	9	2	8	6
Lowered counters in the kitchen	9	6	7	7
Other	14	13	6	8

Source: 2006 Participation and Activity Limitation Survey

Note: Percentages include only those who have home modifications.

A small group of seniors with disabilities require accessibility features in their homes but do not have them: 6 percent of seniors aged 75 and over and 4 percent of seniors aged 65 to 74, for an overall total of 5 percent of all seniors with disabilities aged 65 and over.

In addition, 5 percent of seniors with disabilities have a hard time participating in activities they would like to (or need to) because the layout of their homes makes it very difficult. Figure 4.3 shows which types of activities are hard to do because of the layout or design of the home. Of all the activities made difficult because of the design of homes, seniors with disabilities have the most difficulty with: moving from floor to floor (57 percent), accessing the house through the front door (52 percent) and taking a bath (40 percent).

Figure 4.3: Difficult activities due to home layout for older Canadians and seniors with disabilities (%), 2006

Type of activity	Age group			
	55 to 64	65 to 74	75 and over	65 and over
Accessing the house through the front door	42	60	46	52
Accessing the backyard or balcony	33	30	42	37
Moving from room to room	15	26	6	14
Moving from floor to floor	76	65	52	57
Using the toilet	26	35	28	31
Taking a shower	26	36	31	33
Taking a bath	34	47	36	40
Preparing meals	26	33	17	23
Answering the door	22	26	18	21
Exiting in case of fire or other emergency	31	37	28	32
Other	14	7	9	8

Source: 2006 Participation and Activity Limitation Survey

Note: Percentages include only those who have home modifications.

Employment

Thirteen percent of seniors with disabilities aged 65 to 69 are employed year-round.

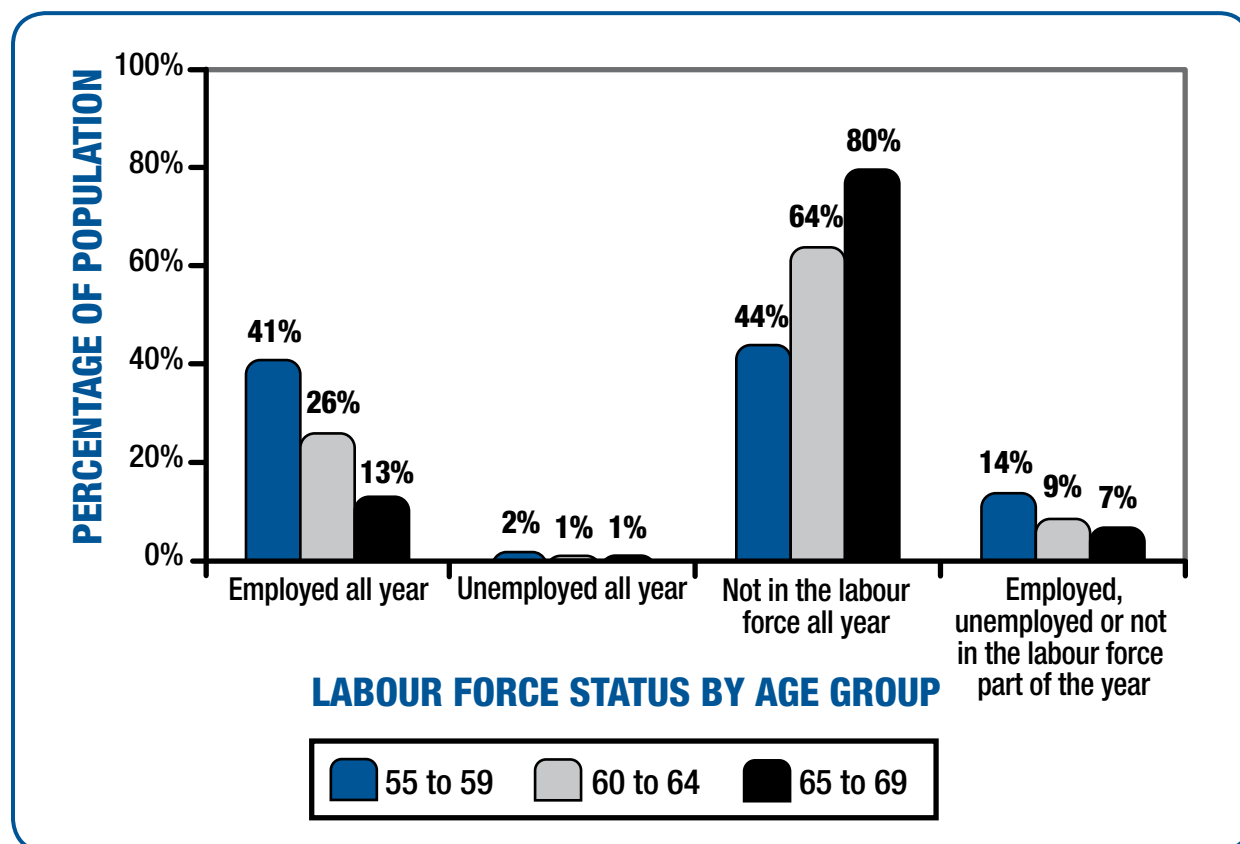


Note: The information presented in this subsection relates to older working age adults aged 55 to 64 and seniors aged 65 to 69. The survey that collected the information asked employment-related questions to people up to 69 years of age. No employment-related questions were asked of seniors aged 70 and over.

While most seniors in Canada are retired, some continue to work past the traditional retirement age of 65. Seniors with disabilities who continue in the labour force² can sometimes encounter barriers and challenges in the workplace that can limit their employment opportunities.

Figures 4.4 and 4.5 present the labour force status for Canadians aged 55 to 69 by disability status and age group. People with disabilities are generally much less likely to be employed than people without disabilities. Despite this, there is a sizable proportion of seniors with disabilities aged 65 to 69 who are employed throughout the year (13 percent). People with disabilities are also more likely to not be in the labour force. For example, 64 percent of seniors aged 60 to 64 with disabilities are not in the labour force, compared to 41 percent of seniors aged 60 to 64 without disabilities.

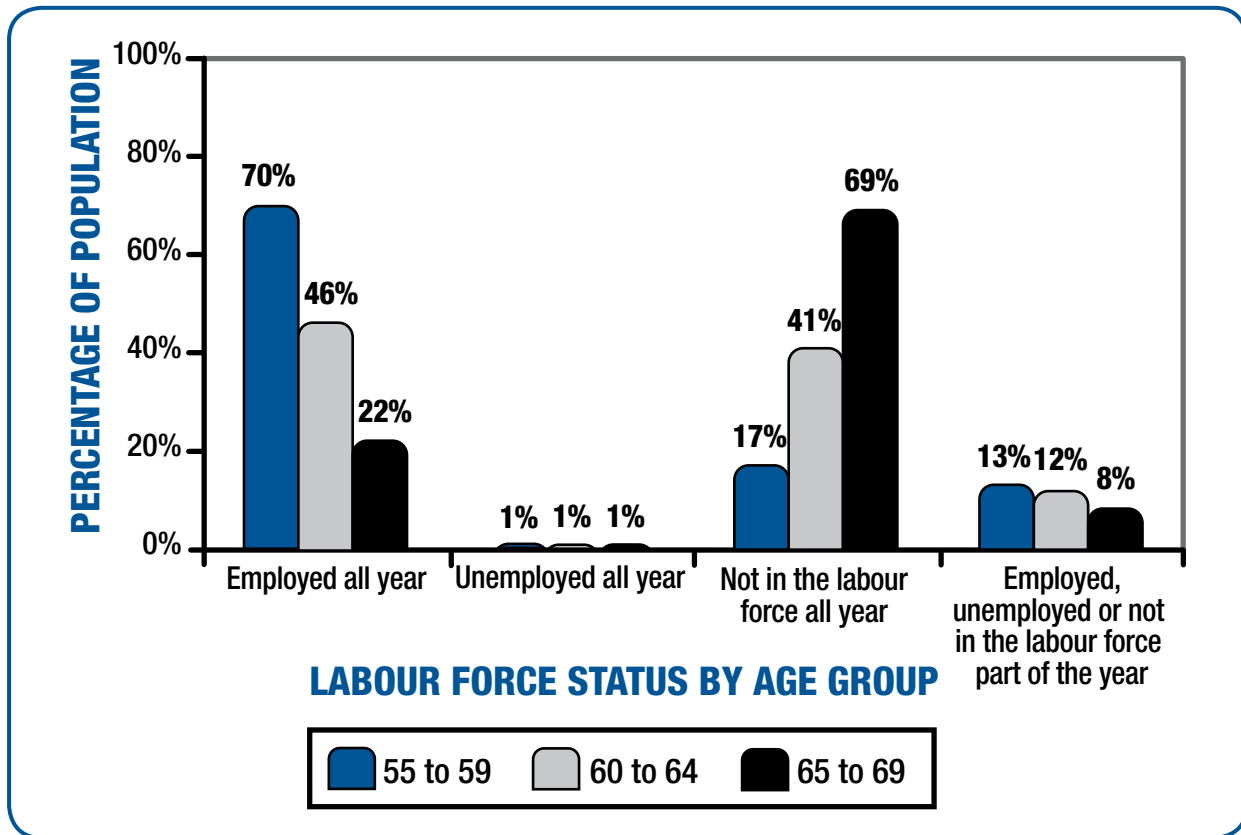
Figure 4.4 Labour force status for older Canadians and seniors with disabilities, by age group (%), 2008



Source: 2008 Survey of Labour and Income Dynamics

² Labour force refers to people over the age of 15 who are employed or looking for employment.

Figure 4.5 Labour force status for older Canadians and seniors without disabilities, by age group (%), 2008



Source: 2008 Survey of Labour and Income Dynamics

Self-employed seniors

Seven percent of seniors with disabilities and 13 percent of seniors without disabilities that choose to remain in the labour force after the age of 65 are self-employed, whether out of necessity or personal choice. Self-employment is ideal for seniors because it allows them flexibility in their schedules and generates additional income for them. Seniors with disabilities may transition into self-employment from previous salaried work due to their disabilities or lack of paid employment opportunities.

Discrimination at work

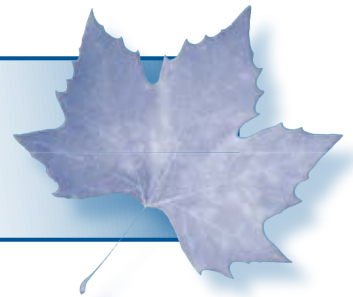
Some seniors with disabilities who continue to participate in the labour force feel that they are discriminated against at work. In addition, even though Canadian law prohibits discrimination on the grounds of disability and age, many older workers

with disabilities may not self-identify or ask for accommodations in the workplace out of fear that they will be discriminated against.

Two in ten seniors with disabilities (21 percent) consider themselves to be disadvantaged in employment because of their condition, and about one quarter (26 percent) believe that their current employers or potential employers would be likely to consider them disadvantaged in employment.

Retirement

Sixteen percent of seniors with disabilities retire solely because of their disability.



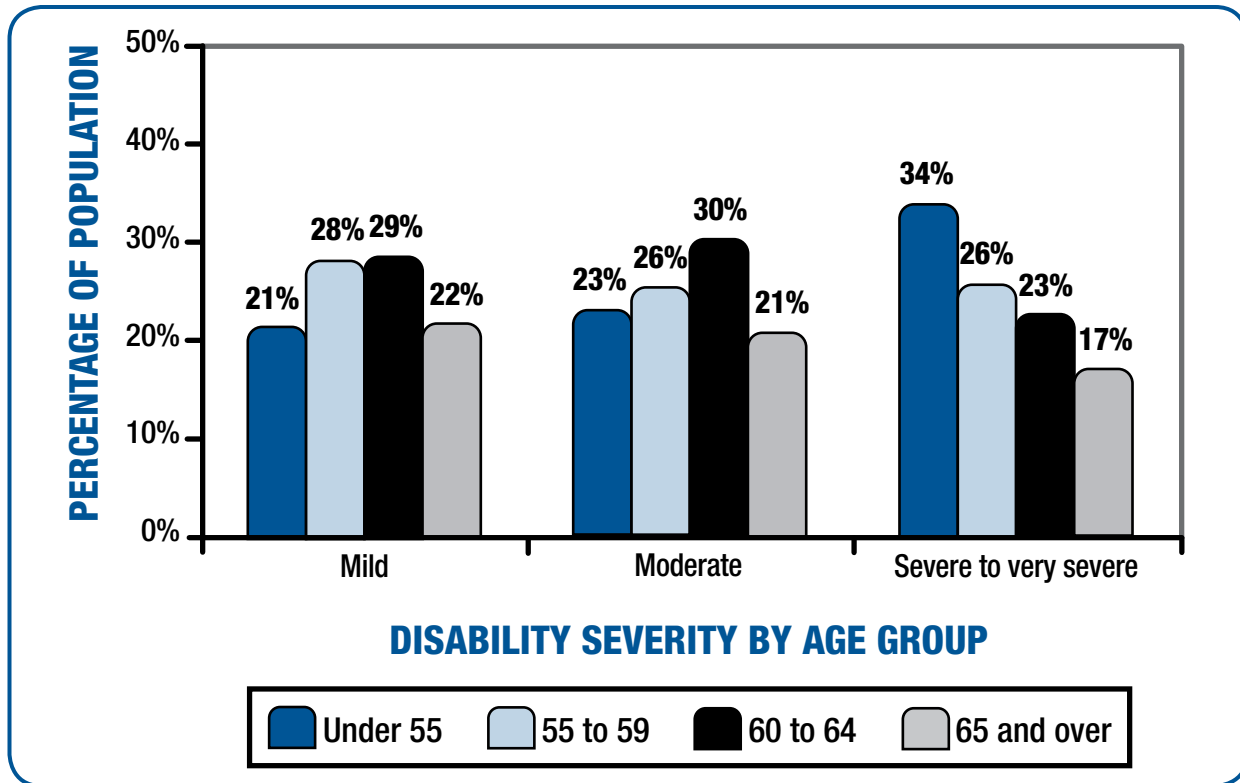
Deciding when to retire can be a difficult choice for seniors. The reasons to retire can range from disability or health concerns to level of job satisfaction, work pressures or wanting to enjoy life outside work. What is certain is that the decision to retire affects an individual's economic circumstances for the rest of his or her life. As a result, the transition from work to retirement requires careful preparation and adjustment. Sometimes, the occurrence of disability has an effect on the choice to retire or not. Overall, 16 percent of seniors with disabilities reported their disability as the sole reason why they permanently retired.

Retiring before age 55

The average age for seniors with disabilities to retire for the first time is 57 years of age. Senior men retire later than their female counterparts (59 versus 54 years of age). Senior women with disabilities are also more likely to retire before the age of 55 (39 percent) compared to men (19 percent). Eighty-five percent of seniors with disabilities retire before the age of 65.

Figure 4.6 shows how the severity of disabilities plays a role in the age of retirement for seniors. Seniors with more severe disabilities are more likely to retire before the age of 55.

Figure 4.6 Age of retirement among seniors, by disability severity (%), 2006



Source: 2006 Participation and Activity Limitation Survey

Sixty-two percent of seniors not in the labour force have a disability that completely prevents them from working. For those not completely prevented from working, there are 32 percent of seniors that are limited at work due to their disability. Moreover, 16 percent of seniors report their disability negatively impacts their ability to look for work.

Transportation

Most seniors with disabilities need help to travel in their communities.



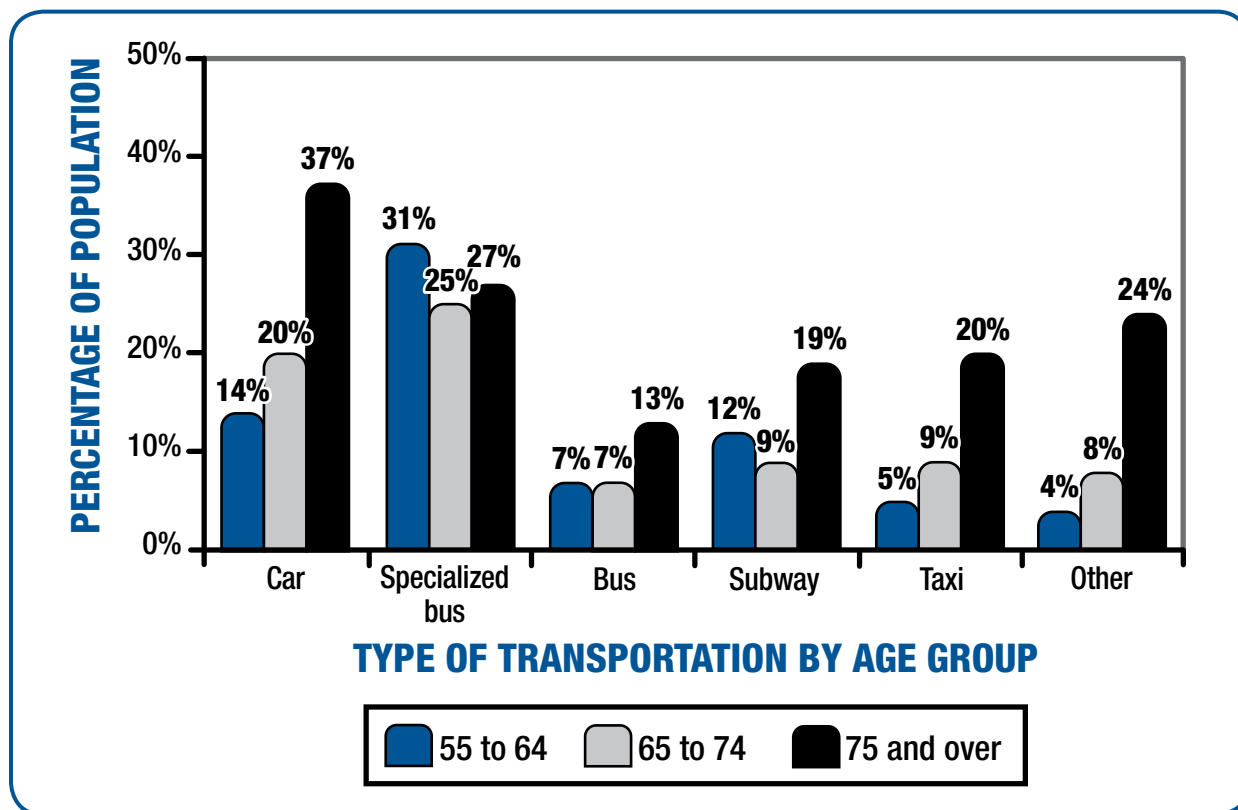
As the population ages, the demand for accessible, reliable transportation services increases. Transportation is an essential part of community life—it is part of the infrastructure that helps people buy goods and services, maintain social contacts and participate in many other areas of society.

However, as people age, changing health and physical conditions and barriers in the environment can limit mobility and hinder transportation. To understand how disability and transportation interact for seniors, it is helpful to consider how they travel, their personal needs and desires.

Need for local travel attendants

Due to a variety of factors, including the severity of disability and level of accessibility of the mode of transportation, seniors with disabilities may require assistance for travel. Figure 4.7 displays the modes of transportation that are most common for older Canadians and seniors with disabilities to require an attendant.

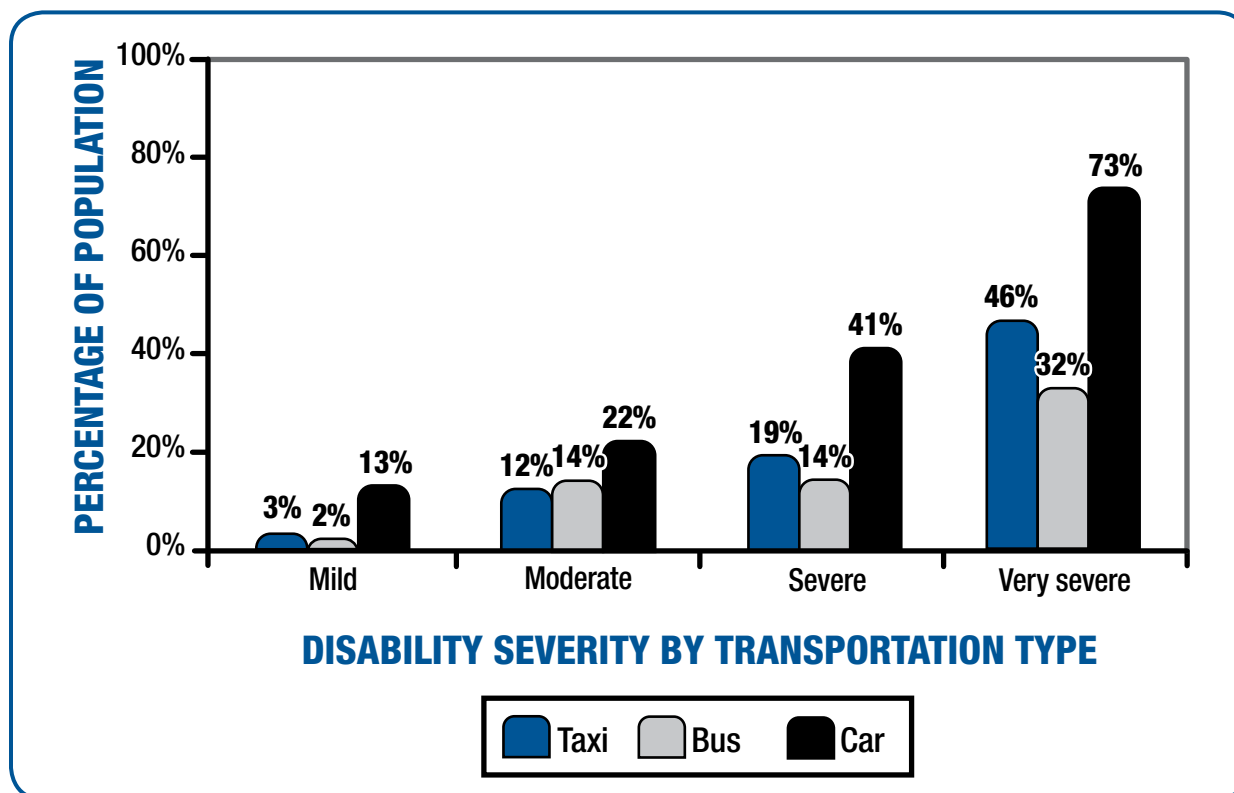
Figure 4.7 Type of local transportation needed with an attendant for older Canadians and seniors with disabilities (%), 2006



Source: 2006 Participation and Activity Limitation Survey

Seniors aged 75 and older most often require an attendant to travel locally by car (37 percent). Seniors aged 75 and over travelling locally are about two times more likely than those aged 65 to 74 to need an attendant when travelling by bus, subway, taxi or other form of transportation.

Figure 4.8 Type of local transportation needed with an attendant for older Canadians and seniors, by disability severity (%), 2006



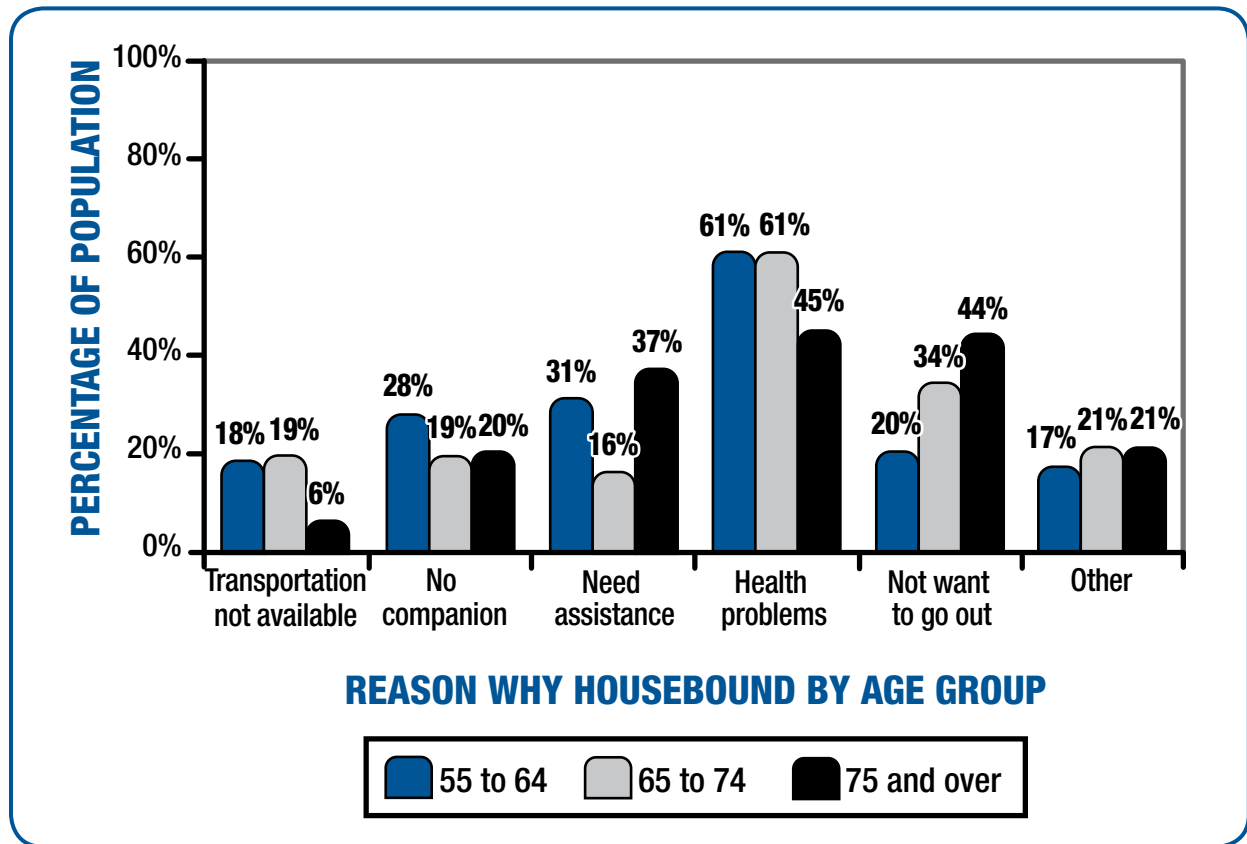
Source: 2006 Participation and Activity Limitation Survey

Seniors with more severe disabilities require the use of an attendant more often to travel locally. Figure 4.8 shows that, among seniors with very severe disabilities, 73 percent who travel by car need an attendant with them, which is a much higher percentage than for those who travel by bus (32 percent) or by taxi (46 percent). Seniors with mild disabilities are the least likely to need an attendant when travelling locally.

Housebound seniors with disabilities

For seniors with disabilities that do not travel locally, 56 percent consider themselves housebound. Seniors that are housebound list health problems as the number one reason (48 percent). Besides health problems, the main reasons why seniors with disabilities are housebound differ for each age group: Older seniors are more likely to not want to go out (44 percent) and need assistance (37 percent) than younger seniors, who are more likely to feel that transportation is not available (19 percent). Older Canadians however, are more likely to not go out because they have no companion (28 percent). This information is shown in Figure 4.9.

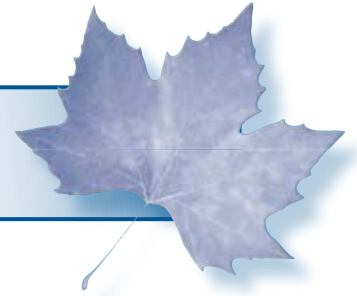
Figure 4.9 Reason why older Canadians and seniors with disabilities are housebound, by age group (%), 2006



Source: 2006 Participation and Activity Limitation Survey

Volunteering

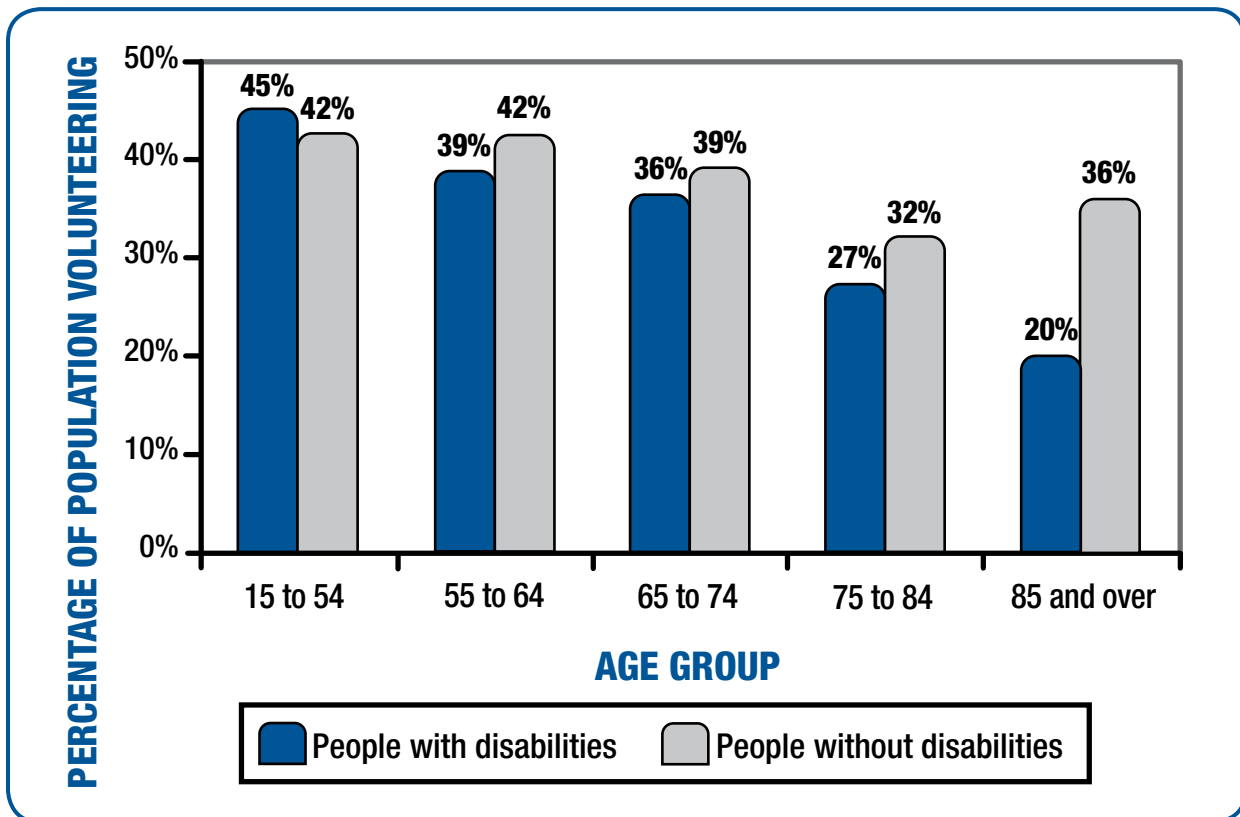
Volunteering decreases as seniors age.



Volunteering is an important part of Canadian society. In addition to providing essential services and supports, volunteering also represents a mechanism for Canadians with similar interests to get together and work towards a common goal.

In general, the percentage of the population that participates in volunteering declines with age. The rates of participation in volunteer activities are displayed in Figure 4.10. Until the age of 85, participation levels for seniors with disabilities are only slightly lower than for seniors without disabilities, indicating that most seniors with disabilities volunteer almost to the same degree as those without disabilities.

Figure 4.10 Participation in volunteer activities, by disability status and age group (%), 2008



Source: 2008 General Social Survey

The number of hours per month committed to volunteering are shown in Figure 4.11. In total, seniors spend more time volunteering than younger age groups. Seniors with disabilities, who have monthly time commitment over fifteen hours, volunteer more than their counterparts without disabilities.

Figure 4.11 Volunteer hours per month, by disability status and age group (%), 2008

	Age group					
	55 to 64		65 to 74		75 and over	
Volunteer hours per month	With disabilities	Without disabilities	With disabilities	Without disabilities	With disabilities	Without disabilities
0 to 4 hours	36	44	29	33	34	34
5 to 14 hours	40	35	38	36	37	39
15 or more hours	24	21	33	31	29	27

Source: 2008 General Social Survey

Approximately two in ten seniors with disabilities and seniors without disabilities aged 65 to 74 have increased the amount of time they spend volunteering over the years. For seniors aged 75 and over, those with disabilities are more likely than those without to have reduced the number of hours they spend volunteering over the years (25 percent versus 19 percent). About 63 percent of seniors with and without disabilities say that their participation levels have remained the same—61 percent of seniors with disabilities and 64 percent of seniors without.

On average, seniors with disabilities volunteer for 18 years, compared to 17 years for seniors without disabilities. Most seniors with disabilities began volunteering during their working-age years.

Types of volunteer organizations

Seniors with and without disabilities generally volunteer with the same kinds of organizations, but there are some differences. Volunteering rates by type of organization are displayed in Figure 4.12.

Two areas in which older Canadians with disabilities are relatively less likely to volunteer are unions and professional organizations, and sports and recreational leagues. The former is likely related to the lower participation levels in the labour force of seniors with disabilities, while the latter is most likely related to health status. However, seniors with disabilities are more likely to volunteer with service clubs or fraternal organizations than seniors without disabilities.

Figure 4.12 Volunteering rates for different types of organizations, by disability status and age group (%), 2008

	Age group					
	55 to 64		65 to 74		75 and over	
Type of volunteer organization	With disabilities	Without disabilities	With disabilities	Without disabilities	With disabilities	Without disabilities
Unions or professional organizations	28	36	12	17	7	8
Political parties or groups	9	8	9	10	9	8
Sports or recreational leagues	20	24	20	23	13	14
Cultural or hobby groups	22	23	24	22	17	17
Religious or affiliated groups	19	19	21	22	23	23
Community associations	17	17	18	16	10	11
Service clubs or fraternal organizations	16	14	16	18	20	16

Source: 2008 General Social Survey

SPOTLIGHT ON GOVERNMENT OF CANADA PROGRAMS:



Social Development Partnerships Program

The Disability component of the Social Development Partnerships Program (SDPP-D) supports innovative projects that are designed to improve the participation of people with disabilities in all aspects of Canadian society.

The program provides \$11 million per year in funding through grants and contributions to the not-for-profit sector for projects that meet the social development needs and aspirations of people with disabilities.

For more information, visit

http://www.hrsdc.gc.ca/eng/community_partnerships/sdpp/call/disability_component/page00.shtml.

Spotlight on the Tetra Society of North America

“People are not handicapped by their disabilities but by obstacles in their living environments.”—*The Tetra Society of North America*

This simple statement by the Tetra Society of North America (Tetra) summarizes the thoughtful, problem-solving approach that makes Tetra so effective at helping people. Through its skilled volunteers, Tetra develops assistive devices for people with physical disabilities so that they can participate fully in all aspects of life, including work, family, community life and recreation.

The main obstacle faced by Vince Matthews, a dog owner living in Vancouver who uses a manual wheelchair, was rain. Walking his dog in the rain posed significant challenges: How could he wheel his chair, support an umbrella, clutch a leash and scoop up after his dog, all without getting soaking wet? Tetra volunteer Brian Johnson built a special brace that holds a large umbrella securely to Vince's wheelchair, even in windy conditions, and does not interfere with him pushing his chair.

Tetra operates 45 chapters throughout North America, supported by over 300 expert volunteers. Since its inception in 1987, Tetra has completed 5,000 projects like Vince's, partially through support like that provided by the Government of Canada. Each completed project allows people with disabilities to participate a little more fully in all aspects of their lives.

For more information, visit

http://www.hrsdc.gc.ca/eng/success_stories/people_disabilities/03/index.shtml.

SECTION 5

Financial well-being

People with disabilities generally have lower incomes than people without disabilities. As a group however, seniors with disabilities actually do well in terms of income. Income levels for seniors with and without disabilities are closer than for any other age group in Canada.³

This is a result of government transfers—direct payments to seniors that come primarily from the federal government, but also from the provincial and municipal governments. Yet, while overall income levels may be adequate, they do not reflect the fact that having a disability is expensive. Despite Canada’s comprehensive medical supports and social programs, people with disabilities often have to pay out-of-pocket to meet their disability-related needs. These out-of-pocket, disability-related costs can add up and sometimes push seniors with disabilities with otherwise adequate incomes into the low-income population.

Data in this section come from the 2008 Survey of Labour and Income Dynamics (SLID) and the 2006 Participation and Activity Limitation Survey (PALS).

Income sources

Government transfers are the main source of income for 70 percent of seniors with disabilities.



The vast majority of Canadian seniors (with and without disabilities) receive most of their income through the Canada Pension Plan (CPP) or Quebec Pension Plan (QPP), the Old Age Security (OAS) program and the Guaranteed Income Supplement (GIS). Since the Government of Canada introduced these programs, low income rates among seniors have steadily declined. These programs are delivered to seniors regardless of disability status.

³ Statistics Canada (2008) – Catalogue number 89-628-X – No. 11

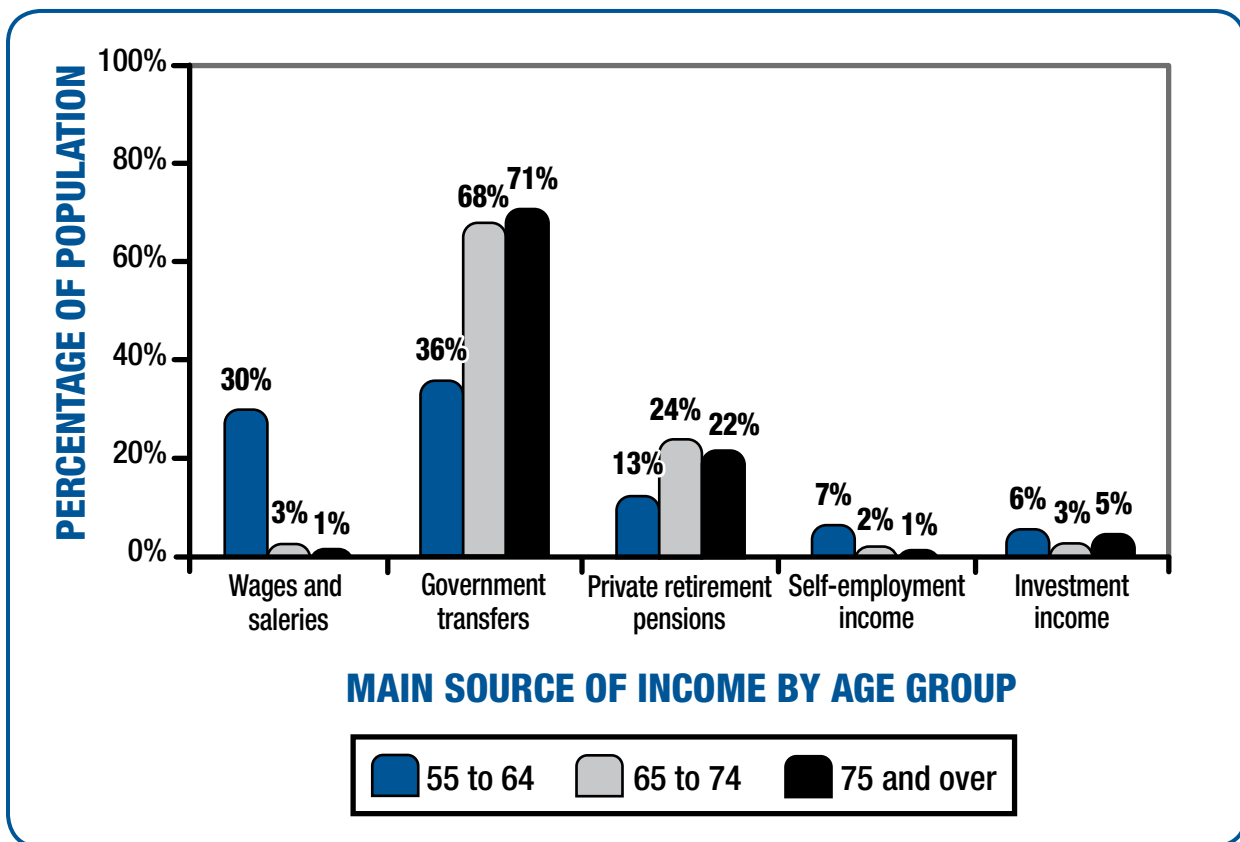
Government transfers

Government transfers are the main source of income for over 60 percent of Canadian seniors, both with and without disabilities. For 70 percent of seniors with disabilities, government transfers are their main source of income, compared to 59 percent of seniors without disabilities.

Among younger seniors aged 65 to 74, those with disabilities are much more reliant on government transfers as their main source of income than those without disabilities (68 percent versus 55 percent). While older seniors with disabilities aged 75 and over are also more reliant on government transfers than those without disabilities, the gap is smaller (71 percent versus 67 percent).

When people become seniors, they are very likely to start relying on government transfers for income stability. Figure 5.1 shows that, for older Canadians (aged 55 to 64), jobs are the main source of income for 30 percent of those who have a disability. After the age of 65, there is a big drop in the number of people depending on job income—for younger seniors, only 3 percent of those with disabilities still have job income as their main source of income. The main source of income after government transfers is private retirement pensions. Just over two in ten seniors with disabilities depend primarily on private retirement pensions.

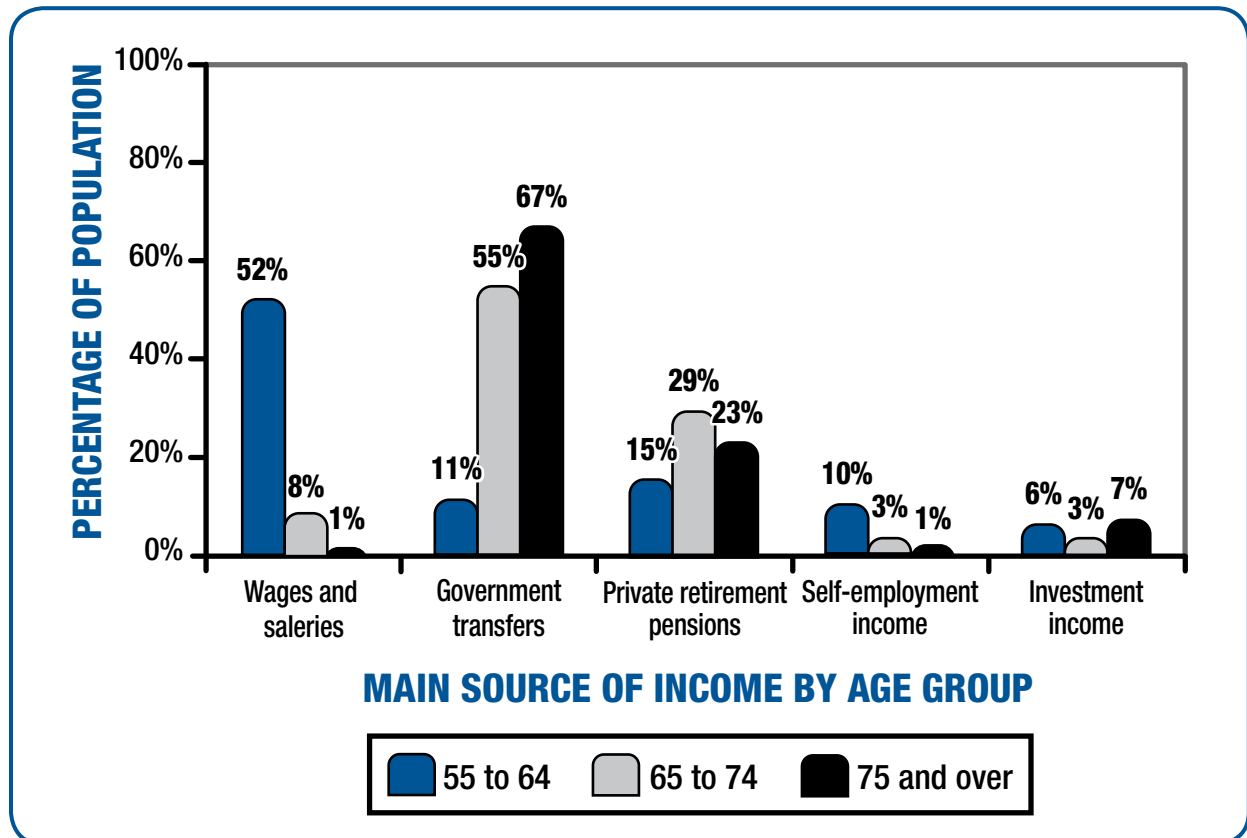
Figure 5.1 Main source of income for older Canadians and seniors with disabilities, by age group (%), 2008



Source: 2008 Survey of Labour and Income Dynamics

Older Canadians and seniors without disabilities, as shown in Figure 5.2, rely less on government transfers than those with disabilities. In the 55 to 64 age group, for example, only 11 percent of older Canadians without disabilities have government transfers as their main source of income, compared to 36 percent of older Canadians with disabilities.

Figure 5.2 Main source of income for older Canadians and seniors without disabilities, by age group (%), 2008



Source: 2008 Survey of Labour and Income Dynamics

As shown in Figure 5.3, a little more than half of seniors with disabilities aged 65 to 74 receive OAS and GIS as their main government transfer—slightly higher than seniors without disabilities (48 percent) in the same age group. Seniors, regardless of disability status, either receive OAS and GIS or CPP/QPP as their main government transfer. Most older Canadians aged 55 to 64 receive CPP/QPP as their main government transfer but also receive other forms of government transfers, such as social assistance. Among older Canadians, 17 percent of those with disabilities receive social assistance as their main government transfer, compared to 4 percent of those without disabilities. Since most seniors stop working at age 65 and obtain the majority of their income through programs like OAS, GIS and CPP/QPP, they tend not to receive other government transfers in large amounts, such as Workers' Compensation or social assistance (shown in Figure 5.3 by the letter x).

Figure 5.3 Main government transfer received by disability status and age group (%), 2008

	55 to 64		65 to 74		75 and over	
Main government transfer received	With disabilities	Without disabilities	With disabilities	Without disabilities	With disabilities	Without disabilities
OAS & GIS	4	3	52	48	51	53
CPP/QPP	40	37	44	49	47	46
Social Assistance	17	4	x	x	x	x
Employment Insurance benefits	9	13	x	x	x	x
Workers' compensation benefits	8	3	x	x	x	x
GST/HST Credit	12	17	x	x	x	x
Provincial/territorial tax credits	9	19	x	x	x	x

x = suppressed due to low counts

Source: 2008 Survey of Labour and Income Dynamics

Income levels

Seniors with disabilities have slightly lower income levels than seniors without disabilities.



In general, seniors with disabilities are at lower income levels compared to seniors without disabilities, from both personal and household perspectives. The median⁴ annual personal income for seniors with disabilities is \$20,827, compared to \$22,821 for seniors without disabilities. Similarly, the adjusted median household income⁵ is \$29,703 for seniors with disabilities, which is about 8 percent less than the income for seniors without disabilities (\$32,125).

Marital status

Marital status has an impact on household income level for seniors with and without disabilities. Seniors with disabilities who are separated or single (never married) have 40 percent and 16 percent lower median household income respectively than seniors without disabilities. The two lowest median household incomes, \$21,521 and \$24,272, are observed for separated and divorced seniors with disabilities. However, the median household income for widows with disabilities is 7 percent higher than widows without disabilities, which is partly because many widows continue receiving government disability compensation or benefits after their partners are deceased.

⁴ Median is defined as the middle value of a set of given numbers in their ascending order.

⁵ The adjusted median household income allows for household income to be comparable across different households by taking account of two factors, household size and structure, which affect comparing the actual household income per capita. It equals the total after-tax household income divided by the square root of the household size.

Household income gap

Analysis has shown that the household income gap between seniors with and without disabilities widens as income level increases. As shown in Figure 5.4, there is a difference of \$141 in the median household income between those with and without disabilities in the bottom 5 percent household income bracket, compared to a difference of \$7,137 between those in the top 5 percent bracket.

Figure 5.4 Adjusted median household income for seniors, by disability status (\$), 2008

	Age group		
	65 and over		
Income percentile level	With disabilities	Without disabilities	Difference
5%	\$15,975	\$16,117	\$141
10%	\$17,523	\$18,127	\$604
25%	\$21,397	\$22,559	\$1,162
50%	\$29,703	\$32,125	\$2,422
75%	\$42,106	\$46,026	\$3,920
90%	\$57,440	\$61,611	\$4,170
95%	\$69,416	\$76,553	\$7,137

Source: 2008 Survey of Labour and Income Dynamics

Low income

Seniors are the least likely age group to live on a low income, compared to all other age groups in Canada. Overall, 6 percent of seniors (with and without disabilities) live in low income households.

Some interesting observations exist among different age groups. For seniors aged 65 to 74, 6 percent of those with disabilities live in low income, compared to 5 percent of those without disabilities. In contrast, for seniors aged 75 and over, seniors with disabilities are slightly less likely to live in low income than those without disabilities (6 percent compared to 7 percent, respectively).

Seniors with disabilities who live alone are more likely to fall into the low income level than those who live with one or more other people. Seniors with disabilities living with other people have a median household income of \$32,991, which is significantly higher than the median \$21,653 for those living alone.

Disability-related costs

Disability-related costs are an additional financial concern for many seniors with disabilities.



While financial support is available for some disability-related costs, many seniors with disabilities must cover the cost of their disability-related expenses. Out-of-pocket costs can be related to extra health care or social services associated with disability, or to home modifications or aids and devices that allow people with disabilities to live independently. In all cases, out-of-pocket costs can be very high.

These costs include amounts that are not covered by insurance, such as deductibles, co-payments and expenses over coverage limits. They do not include any costs that are reimbursed by insurance or a government program.

Data about out-of-pocket costs come from the 2006 Participation and Activity Limitation Survey.

Disability aids and devices

Seniors with more severe disabilities pay more than twice as much in out-of-pocket costs for aids and devices than seniors with less severe disabilities.

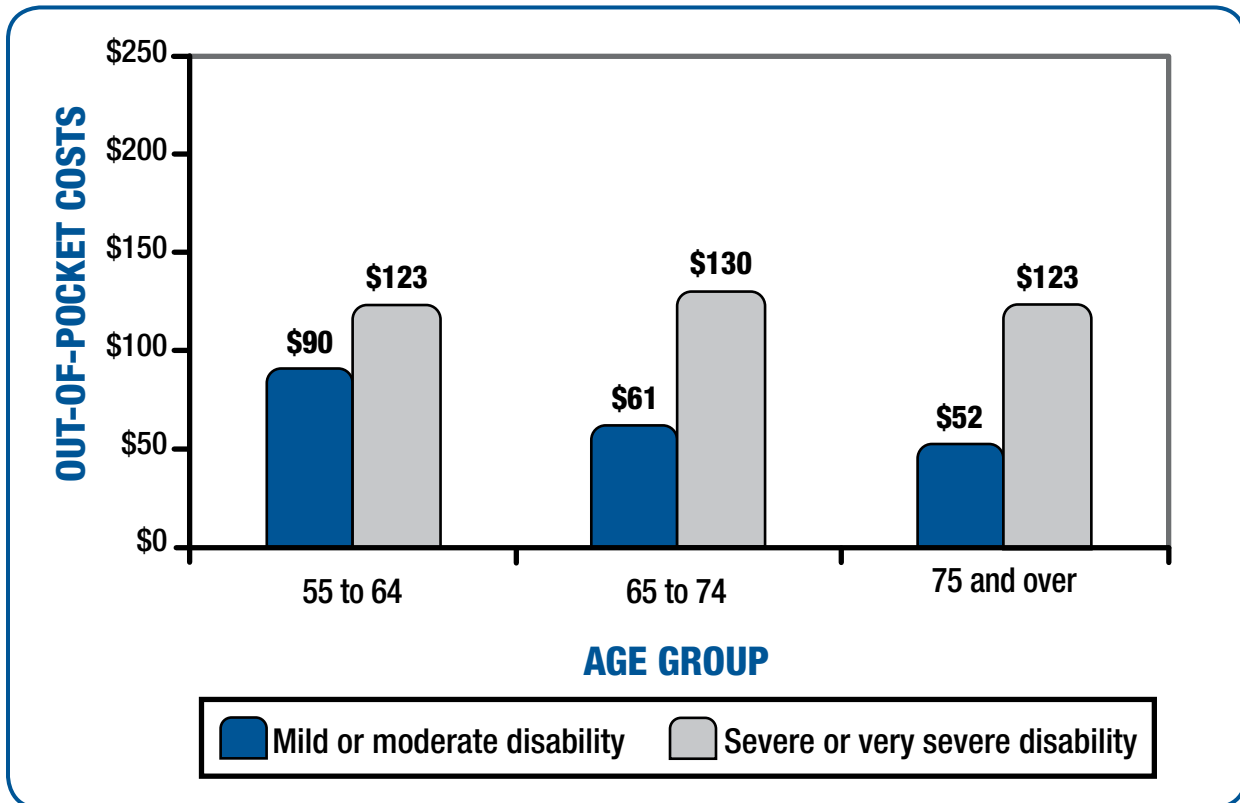


About 67 percent of seniors with disabilities require disability-related aids or devices. Of those, 28 percent have out-of-pocket costs associated with obtaining needed aids and devices and 19 percent spend more than \$500 per year on their aids and devices.

About 32 percent of seniors with more severe disabilities who have disability-related aids and devices have out-of-pocket expenses, compared to 22 percent of seniors with mild or moderate disabilities.

Figure 5.5 shows that older Canadians and seniors with more severe disabilities have higher out-of-pocket costs for aids and devices. Seniors with more severe disabilities are more likely to need more complex equipment and multiple pieces of equipment, which partially explains why average out-of-pocket expenses for seniors with more severe disabilities are higher.

Figure 5.5 Annual out-of-pocket costs for aids and devices, by disability severity and age group (\$), 2006



Source: 2006 Participation and Activity Limitation Survey

Home modifications

The average out-of-pocket cost for home modifications among seniors aged 75 and over is \$4,814.



Seniors with disabilities often require modifications inside their homes so that they can feel safer and live more independently. Lowered shelving, ramps, support bars and wider hallways are all examples of home modifications that prevent injuries and help seniors with disabilities move freely within their homes.

Overall, 6 percent of seniors with disabilities have out-of-pocket costs for modifications to their residence because of their condition. This number is slightly higher for seniors aged 75 and over (7 percent). Among seniors aged 75 and over who have out-of-pocket costs, the average out-of-pocket cost for home modifications is \$4,814.

Health care and social services costs

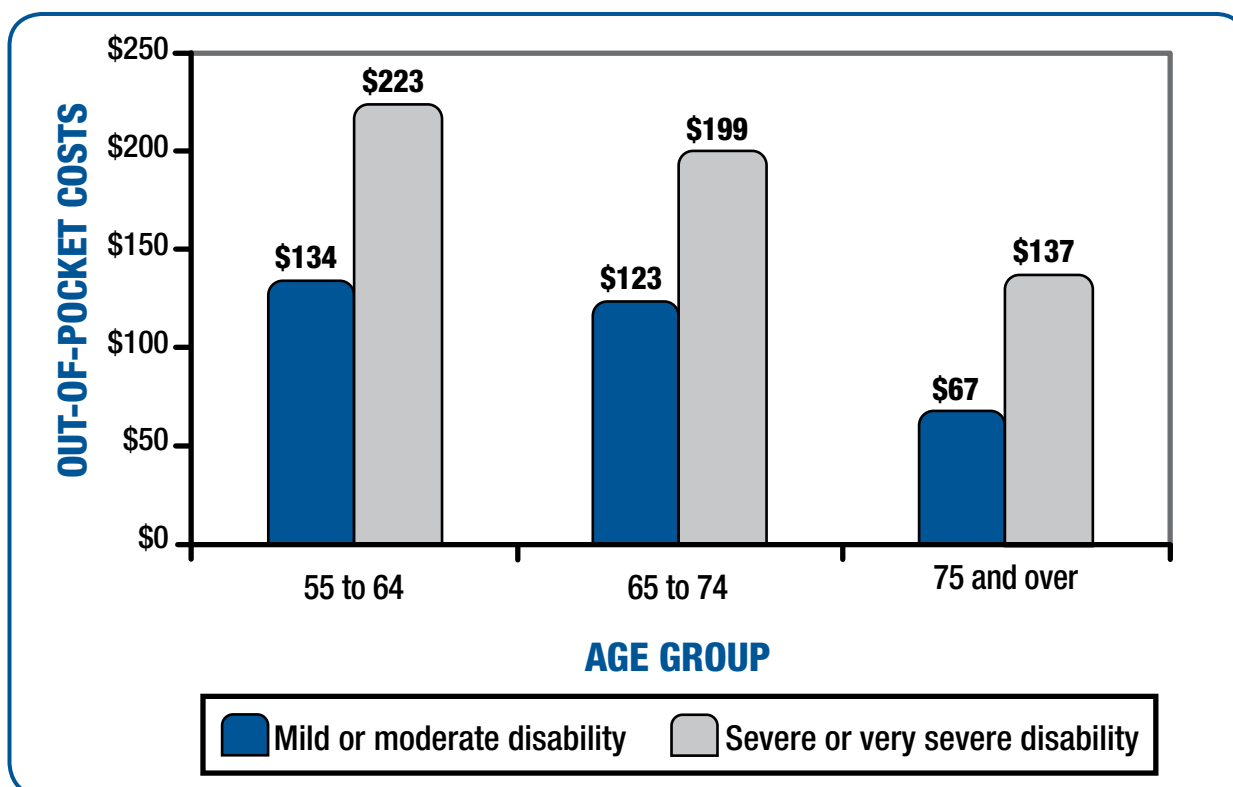
Of the 1.5 million seniors with disabilities who make use of either health care or social services, 20 percent have out-of-pocket costs.



In 2006, 1.5 million seniors with disabilities made use of either health care or social services. Of these, 20 percent reported that they had direct out-of-pocket costs for those services and 34 percent spent more than \$500. The overall average cost for older Canadians and seniors with disabilities that used health care and social services, including those that did so without personal costs, was \$138.

Figure 5.6 presents the average annual out-of-pocket costs for health care and social services by age and severity of disability. Those with severe or very severe disabilities experience nearly double the costs on average compared to those with mild or moderate disabilities.

Figure 5.6 Average annual out-of-pocket costs for health care and social services, by disability severity and age group (\$), 2006



Source: 2006 Participation and Activity Limitation Survey

Caregiving costs

The cost of informal care provided by family members is often not considered.



Family members make up the large majority of caregivers for seniors with disabilities. For this reason, there is often not a financial cost to the care recipient or to the immediate family.

These costs are often not documented. For example, a senior who needs help with housework may not perceive that there is a cost, but a family member may have incurred expenses for gas to drive to and from the senior's home or for laundry detergent or laundromat fees, etc. These undocumented out-of-pocket costs can quickly add up. Figure 5.7 shows how seniors think their help is paid for.

Figure 5.7 Main spenders for seniors' care, by type of help (%), 2006

Type of help	No one pays	Care recipient or live-in family member	Public source (e.g. government)
Heavy household chores	62	28	4
Housework	51	34	7
Appointments and errands	79	15	2
Preparing meals	72	19	5
Finances	88	5	1
Personal care	62	13	13
Medical treatment or nursing	32	14	27
Moving about	73	12	5

Source: 2006 Participation and Activity Limitation Survey

The two types of help for which people most often pay for themselves are housework and heavy household chores. For help with medical treatment or nursing, public sources, such as government health insurance plans, are much more likely to pay the bill.

When there is a financial cost to the care recipient, the total cost over a one-year period can become quite significant. Figure 5.8 shows the average annual caregiving expense to seniors with disabilities who have costs, by type of help. Preparing meals, personal care and housework are the top three caregiving activities that have costs \$500 and over.

Figure 5.8 Caregiving costs for seniors with disabilities, by type of help (\$), 2006

Type of help	\$0–\$499		\$500 and over	
	Number of seniors	%	Number of seniors	%
Heavy household chores	105 610	54	88 400	46
Housework	52 230	32	111 490	68
Appointments and errands	48 660	66	25 330	34
Preparing meals	10 880	21	41 940	79
Finances	8 200	62	5 120	38
Personal care	6 980	32	14 580	68
Medical treatment or nursing	5 100	44	6 400	56
Moving about	2 830	35	5 230	65

Source: 2006 Participation and Activity Limitation Survey

SPOTLIGHT ON GOVERNMENT OF CANADA PROGRAMS:

Old Age Security and Guaranteed Income Supplement

The Old Age Security program, also called OAS, provides Canadians who have lived in Canada for at least 10 years with a modest pension at age 65. Low-income seniors may be eligible for other benefits as early as age 60.

For more information, visit
www.servicecanada.gc.ca/eng/isp/oas/oastoc.shtml.

The Guaranteed Income Supplement (GIS) provides additional money, on top of the Old Age Security pension, to low-income seniors living in Canada. To be eligible for the GIS benefit, individuals must be receiving an OAS pension.

For more information, visit
www.servicecanada.gc.ca/eng/isp/pub/oas/gismain.shtml.

Spotlight on connecting with the Elders of St. Mary's First Nation

Fredericton, New Brunswick—During a visit from the Service Canada outreach team, the Elders of St. Mary's First Nation received vital information about their pension benefits.

Spotlight continues on next page

Spotlight continues from previous page

SPOTLIGHT ON GOVERNMENT OF CANADA PROGRAMS:



"I consider it a great success that we were invited to speak there for the first time," said Sue Olsen-Doyle, an outreach officer with Service Canada in Saint John.

"We are making inroads here like never before," she added.

In January 2007, Service Canada began providing outreach service two days a month to St. Mary's First Nation. That spring, a Band Councillor for St. Mary's First Nation called to request that Service Canada outreach officers deliver information on pension benefits to a group of Elders in the community.

An initial meeting was held with a Band Councillor to discuss an approach for the meeting. That month, Sue delivered a successful seminar on OAS and Canada Pension Plan (CPP) benefits to 16 Elders of the St. Mary's First Nation.

"While this seems like a small feat, for the New Brunswick Outreach team, this is viewed as a huge accomplishment," said Sue.

St. Mary's First Nation is one of six Maliseet Nations along the St. John River and is part of New Brunswick's capital, Fredericton. The band has a membership of 1,394 people, with 696 living on reserve.

While the presentation focused on OAS, it prompted many questions about income tax legislation, the North American Indian Status and residency requirements and the CPP disability benefit.

Sue did her best to answer the group's questions and followed up the seminar by sharing resources, such as the websites of Service Canada, the provincial prescription drug program, and the low income seniors' benefit for seniors receiving the GIS.

"This highlighted some areas where the outreach team could partner with other federal government departments to provide a more comprehensive package for Aboriginal communities in New Brunswick," she said.

As a result of the seminar, an intra-departmental group met to discuss working together on outreach activities for the province's Aboriginal communities.

For more information, visit

www.hrsdc.gc.ca/eng/success_stories/seniors/11/index.shtml.

APPENDIX A

Federal disability spending for the 2010–2011 fiscal year; Inclusion and supports

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹			
Canadian Institutes of Health Research funding related to disability Canadian Institutes of Health Research	Canadian Institutes of Health Research (CIHR) funds health research related to disabilities through its open grants program and through strategic initiatives targeted to disability research. In 2009–2010, CIHR expenditures for grants and awards funded under CIHR strategic initiatives targeted towards disability research amounted to approximately \$10.8 million. For more information, visit www.cihr-irsc.gc.ca/e/193.html . Telephone: 613-941-2672 Toll free: 1-888-603-4178	10.8 ²	15.2

¹ Direct spending is defined as initiatives, programs and services that benefit people with disabilities only.

² It should be noted that open grants expenditures related to disability are not captured in this total. The total provided only includes the total disability spending for strategic initiatives.

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹			
Residential Rehabilitation Assistance Program for Persons with Disabilities Canada Mortgage and Housing Corporation	<p>Canada Mortgage and Housing Corporation offers financial assistance to allow homeowners and landlords to pay for modifications to make their property more accessible to people with disabilities. These modifications are intended to eliminate physical barriers and imminent safety risks and to improve daily living within the home.</p> <p>Modifications must be related to housing and reasonably related to the occupant's disability. Examples of eligible modifications are ramps, handrails, chair lifts, bath lifts, height adjustments to countertops and cues for doorbells and fire alarms.</p> <p>For more information, visit www.cmhc-schl.gc.ca/en/co/prfinas/prfinas_003.cfm. Telephone (toll free): 1-800-668-2642</p>	13.7 ³	16.6 ³
Residential Rehabilitation Assistance Program, Secondary or Garden Suite Canada Mortgage and Housing Corporation	<p>Canada Mortgage and Housing Corporation offers financial assistance for the creation of a secondary or garden suite for a low-income senior or adult with disabilities, making it possible for them to live independently in their community, close to family and friends.</p> <p>For more information, visit www.cmhc.ca/en/co/prfinas/prfinas_002.cfm. Telephone (toll free): 1-800-668-2642</p>	1.4 ⁴	1.1 ⁴

³ Federal commitment amounts for the 2009 and 2010 calendar years. Includes on- and off-reserve commitments.

⁴ Federal commitment amounts for the 2009 and 2010 calendar years. Includes on- and off-reserve commitments.

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Home Adaptations for Seniors' Independence program (HASI) Canada Mortgage and Housing Corporation	<p>HASI offers financial assistance to homeowners and landlords for minor home adaptations that will help low-income seniors to perform daily activities in their homes independently and safely. Examples of eligible adaptations include: handrails in hallways, easy-to-reach work and storage areas in the kitchen, lever handles on doors, and grab bars in the bathroom.</p> <p>For more information, visit www.cmhc-schl.gc.ca/en/co/prfinas/prfinas_004.cfm. Telephone (toll free): 1-800-668-2642</p>	4.7 ⁵	4.5 ⁵
Housing for Persons with Disabilities Canada Mortgage and Housing Corporation	<p>Canada's Economic Action Plan is providing \$75 million over two years (2009–2010 and 2010–2011) to build new rental housing for people with disabilities. To ensure a quick start to construction, funding is being delivered through existing arrangements with provinces and territories. Through the amended agreements, provinces and territories cost-share federal funding on a 50-50 basis and are responsible for program design and delivery. Program details are available through the appropriate provincial or territorial government or housing agency.</p> <p>For more information, visit the provincial or territorial websites: www.cmhc.ca/en/inpr/afhoce/fias/fias_017.cfm. Telephone (toll free): 1-800-668-2642</p>	25.0 ⁶	50.0 ⁶

⁵ Federal commitment amounts for the 2009 and 2010 calendar years. Includes on- and off-reserve commitments.

⁶ \$25 million allocated in the 2009–2010 fiscal year. Fifty million allocation in the 2010–2011 fiscal year. Amounts allocated are for off-reserve.

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹			
<p>Ensure that our national transportation system is accessible, particularly to people with disabilities</p> <p>Canadian Transportation Agency</p>	<p>The Canadian Transportation Agency helps to protect the interests of users, service providers and others affected by the federal transportation system through access to a specialized dispute resolution system of formal and informal processes and economic regulation of air, rail and marine transportation. It resolves disputes between travellers and transportation providers over undue obstacles to the mobility of people with disabilities within the federally regulated transportation system. It also develops regulations, codes of practice, standards, and educational and outreach programs to ensure that undue obstacles to the mobility of people with disabilities are removed from the federal transportation system.</p> <p>For more information, visit www.otc-cta.gc.ca. Telephone (toll free): 1 800 0-Canada (1-800-622-6232)</p>	2.3	2.7
<p>Services for Voters with Special Needs</p> <p>Elections Canada</p>	<p>At the polls, Braille voting templates and large-print candidate lists are available. Elections Canada also provides special ballot services, sign language interpretation (on request) and a TTY information line. In 2010–2011, Elections Canada upgraded its training programs and field resource materials to increase awareness and improve delivery of services to people with disabilities. In addition, a new polling site accessibility feedback process was implemented with forms and posters at all polling locations and is now available on the Elections Canada website.</p> <p>For more information, visit www.elections.ca/content.asp?section=vot&dir=spe&document=index&lang=e. Telephone: 613-993-2975 Toll free: 1-800-463-6868 TTY (toll free): 1-800-361-8935</p>	0.2	0.3

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹			
Enabling Accessibility Fund (EAF) Human Resources and Skills Development Canada	<p>The objective of EAF is to support community-based projects across Canada that improve accessibility, remove barriers and enable Canadians with disabilities to participate in and contribute to their communities.</p> <p>The EAF funds four components: major projects, mid-sized projects, small projects, and the Abilities Centre Durham.</p> <p>In 2010–2011, \$16 million in funding was provided to major projects, and \$9.4 million in funding was provided to small projects.</p> <p>For more information, visit www.hrsdc.gc.ca/eng/disability_issues/eaf/cfp/index.shtml. Telephone (toll free): 1-866-268-2502</p>	13.2	25.4
Multiple Formats Human Resources and Skills Development Canada and Service Canada	<p>Human Resources and Skills Development Canada (HRSDC) and Service Canada provide the public with multiple formats of publications, forms or letters upon request. The term multiple formats refers to any non-traditional publishing format such as audio cassette, Braille, computer diskette and CD, Digital Accessible Information System, CD containing audio or text files, large print and tagged PDF.</p> <p>Service Canada publications and forms can be ordered in multiple formats by calling 1 800 0 Canada (1-800-622-6232).</p> <p>HRSDC's Publications Catalogue offers the possibility of ordering publications in multiple formats at www12.hrsdc.gc.ca</p>	0.5	0.092

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹			
Social Development Partnerships Program grants and contributions Human Resources and Skills Development Canada	<p>The disability component of the Social Development Partnerships Program (SDPP-D) provides \$11 million per year in grants and contributions to not-for-profit social organizations to help improve life outcomes for people with disabilities by enabling them to participate fully in the community.</p> <p>SDPP-D consists of three types of funding:</p> <ul style="list-style-type: none"> • Grants: Grants totalling \$5 million are provided to 18 national disability organizations to assist in building their capacity, to increase their effectiveness and/or to encourage their viability as partners in furthering the disability agenda at the national level. • Community Inclusion Initiative: This initiative is designed to promote the social and economic participation and full citizenship of Canadians with intellectual disabilities. Contribution funding totalling \$3 million is provided to provincial Associations for Community Living and People First of Canada. • Project funding: Contribution funding supports activities that respond to the evolving needs of people with disabilities by improving services, promoting accessibility and increasing awareness about disabilities and the barriers facing people with disabilities. SDPP-D project funding promotes innovation, networks for collaboration, program and services enhancements, and dissemination of best practices that support the full participation of people with disabilities, including a one-time grant to the Canadian National Institute for the Blind in the amount of \$7.05 million over two fiscal years (\$4.6 million in 2010–2011, and \$2.45 million in 2011–2012). <p>For more information, visit www.hrsdc.gc.ca/eng/community_partnerships/sdpp/call/disability_component/page00.shtml. Telephone (toll free): 1 800 0 Canada (1-800-622-6232) TTY (toll free): 1-800-926-9105</p>	11.0	15.84

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹			
Assisted Living Program Aboriginal Affairs and Northern Development Canada	<p>The Assisted Living Program of Aboriginal Affairs and Northern Development Canada provides funding to support First Nations people ordinarily resident on reserve who have functional limitations due to age, health problems or disability in maintaining their independence, to maximize their level of functioning and to live in conditions of health and safety.</p> <p>The Assisted Living Program has four components:</p> <ul style="list-style-type: none"> • in-home care, which provides homemaker and non-medical support services; • adult foster care, which provides supervision and care in a family setting; and • institutional care, which provides services in residential care for individuals requiring only limited supervision and assistance with daily living activities for short periods of time each day, and extended care for individuals requiring some personal care on a 24-hour basis, under medical and nursing supervision (but does not cover costs for medical services). • Disabilities Initiative – provides funding for projects to improve the coordination and accessibility of existing disability programs and services on reserves, which can include advocacy, public awareness or regional workshops. <p>For more information, visit www.ainc-inac.gc.ca/hb/sp/alp-eng.asp. Telephone (toll free): 1-800-567-9604 TTY (toll free): 1-866-553-0554</p>	92.1	92.6

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹			
Justice Canada programs, disability component Justice Canada	<p>The Department of Justice is dedicated to developing and maintaining a fair and accessible Canadian justice system. The Department manages a number of programs that help to test various approaches to improving Canada's justice system, including the youth justice system, and to contribute to policy development that supports an accessible, equitable and efficient justice system for Canadians. In 2010–2011, through the Justice Partnership and Innovation Program, the Victims Fund, and the Youth Justice Fund, the Department supported projects aimed at building knowledge, awareness and an informed dialogue among justice stakeholders and the public with respect to Canadians with disabilities. Specific initiatives included the Human Rights and Persons with Intellectual Disabilities Conference, the Sturgeon Region Family Violence Prevention Program, the Communication Access to Justice System for Victims who have Complex Communication Disabilities and the Understanding Youth with Fetal Alcohol Spectrum Disorder and Making Accommodations project.</p> <p>For more information on the various departmental funding programs, visit http://justice.gc.ca/eng/pi/pb-dgp/prog.html.</p> <p>The Department is committed to the maintenance of Justice Canada's laws website (http://laws.justice.gc.ca) which stores official electronic versions of the Consolidated Acts and Regulations of Canada. In 2010–2011 a new version of this website was designed to comply with the most recent international standards for Web access, in order to make it even more accessible. Upgrades in the design of the site ensure that content is accessible to people with visual disabilities.</p> <p>Telephone: 613-957-4222 TTY: 613-992-4556</p>	0.2	0.47

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹			
Legislative and policy framework for accessible transportation in the national transportation system Transport Canada	<p>Transport Canada establishes the legislative and policy framework for accessible transportation in the national transportation system and provides policy leadership and facilitation for its implementation.</p> <p>The Department also conducts a research and development program based in part on the theme of accessibility and changing demographics, and facilitates accessibility through a variety of education and information initiatives, such as the Access to Travel website, the Disability Awareness Training Program for service providers, the Canadian-European parking agreement, the Tips for Travellers web tool and the 1-800 general public assistance line.</p> <p>Telephone (toll free): 1-888-222-2592 TTY (toll free): 1-800-669-5575</p>	n/a	n/a
Indirect spending⁷			
Canadian International Development Agency programs, disability component Canadian International Development Agency (CIDA)	<p>This total spending includes programs that were tagged with the Disabled Issues policy marker. These programs also include other policy markers and are meant only to be illustrative of the types of projects that address disabilities issues at the Canadian International Development Agency.</p> <p>Telephone: 819-997-5456 Telephone (toll free): 1-800-230-6349 TTY: 819-953-5023 TTY (toll free): 1-800-331-5018</p>	66.1 ^{8, 9}	76.63

⁷ Indirect spending is defined as initiatives, programs and services that benefit everyone (people with and without disabilities).

⁸ In 2009–2010, approximately \$66.11-million worth of CIDA aid spending included disabled issues as a significant or principal project objective.

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Indirect spending⁷			
Shelter Enhancement Program (SEP) Canada Mortgage and Housing Corporation	<p>Canada Mortgage and Housing Corporation offers financial assistance to assist in the repair, rehabilitation and improvement of existing shelters for women and their children, youth and men who are victims of family violence, and to assist in the acquisition or construction of new shelters and second-stage housing.</p> <p>Eligible repairs are those required to help preserve the quality of existing shelters and second-stage housing by bringing the structure and systems up to a minimum standard of health and safety (including heating, structural, electrical, plumbing and fire safety). Repairs and improvements can also be made to provide safe play areas for children, provide appropriate levels of security for occupants, and increase accessibility for people with disabilities.</p> <p>For more information, visit www.cmhc-schl.gc.ca/en/co/prfinas/prfinas_011.cfm. Telephone (toll free): 1-800-668-2642</p>	10.9 ¹⁰	10.4 ¹⁰

⁹ CIDA uses policy markers to track and capture the cross-cutting nature of the Agency's work by tracking areas of interest that are important to its policy objectives. CIDA recently revamped the manner in which such information is captured by using a policy marker coding scheme, which replaces the previous theme coding which was not mandatory.

¹⁰ Represents total Shelter Enhancement Program assistance—the amount for accessibility cannot be extracted. Comprises federal commitment amounts for the 2009 and 2010 calendar years. Includes on- and off-reserve commitments.

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Indirect spending⁷			
New Horizons for Seniors Program Human Resources and Skills Development Canada	<p>The New Horizons for Seniors Program (NHSP) is a federal grants and contributions program that supports projects led or inspired by seniors who make a difference in their communities and in the lives of others.</p> <p>NHSP supports projects that aim to address one or more of the following five program objectives:</p> <ul style="list-style-type: none"> • promoting volunteerism among seniors and other generations; • engaging seniors in the community through the mentoring of others; • expanding awareness of elder abuse, including financial abuse; • supporting the social participation and inclusion of seniors; and • providing capital assistance for new and existing community projects and/or programs for seniors. <p>For more information, visit www.hrsdc.gc.ca/eng/community_partnerships/seniors/index.shtml. Telephone (toll free): 1-800-277-9914 TTY (toll free): 1-800-255-4786</p>	26.0	33.8

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Indirect spending⁷			
Settlement Program Citizenship and Immigration Canada (CIC)	<p>CIC's Settlement Program helps permanent residents to integrate into Canadian society through third-party delivery of programming such as language and employability training. The support services stream of the program serves to reduce barriers to permanent resident uptake of programming. Elements of support services include provisions for disabilities, childminding, settlement counselling, transportation assistance, translation and interpretation.</p> <p>Disability supports under the Settlement Program can include visual aids (magnifiers, large print reading materials), speech devices such as teletypewriters, and non-prescription hearing aids (sound amplifiers). Other services include special training materials; transportation assistance; translation and interpretation (e.g. sign language interpreters). The Settlement Program can also fund capital expenditures (e.g. wheelchair ramps) to support newcomer access to service providers.</p> <p>For more information: Telephone (toll free): 1 800 0 Canada (1-800-622-6232)</p>	n/a	n/a

APPENDIX B

Federal disability spending for the 2010–2011 fiscal year; Income supports

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹¹			
Earnings Loss and Supplementary Retirement Benefit Veterans Affairs Canada	<p>This benefit help veterans with disabilities pay their bills and support their families. The Earnings Loss Benefit ensures that the income of veterans with disabilities does not fall below 75% of their gross pre-release military salary while taking part in the rehab or vocational assistance program. The Supplementary Retirement Benefit makes up for the lost opportunity to contribute to a retirement fund after release from the forces. It is a lump sum payment that is taxable.</p> <p>For more information, visit www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/programs/fb. Telephone (toll free): 1-866-522-2122 (English) or 1-866-522-2022 (French)</p>	28.3	40.2
Veterans Disability Pension and Disability Awards Programs Veterans Affairs Canada	<p>The Disability Award is meant to recognize and compensate for the non-economic impacts of a service-related disability. The disability award is a tax-free lump sum payment, depending on the extent of the disability.</p> <p>The Disability Pension provides pension and other benefits for service-related death and disability to war service veterans, released and still serving members of the Canadian Forces and RCMP, and certain civilians, as well as survivors and dependants.</p> <p>For more information, visit www.vac-acc.gc.ca/clients/sub.cfm?source=dispen or www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/programs/da. Telephone (toll free): 1-866-522-2122 (English) or 1-866-522-2022 (French)</p>	2,030.2	2,118.5

¹¹ Direct spending is defined as initiatives, programs and services that benefit people with disabilities only.

APPENDIX C

Federal disability spending for the 2010–2011 fiscal year; Health and well-being

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Direct spending¹²			
Veterans Independence Program Veterans Affairs Canada	<p>The Veterans Independence Program helps clients remain healthy and independent in their homes and communities. Services include home care (i.e. grounds maintenance, housekeeping, personal care) and health support services. This program is available to people who have needs related to the condition for which they receive a Veterans Affairs Canada disability pension or award and to wartime veterans or overseas civilians who qualify due to low income.</p> <p>For more information, visit www.vac-acc.gc.ca/clients/sub.cfm?source=services/vip. Telephone (toll free): 1-866-522-2122 TTY (toll free): 1-800-465-7735</p>	338.0	354.4
Indirect spending¹³			
First Nations and Inuit Home and Community Care Program Health Canada	<p>The First Nations and Inuit Home and Community Care Program provides basic home and community care services to eligible First Nations and Inuit communities. The program provides assessment and case management services, nursing, personal care supports, and respite to caregivers.</p> <p>For more information, visit www.hc-sc.gc.ca/fniah-spnia/pubs/services/_home-domicile/prog_crit/index-eng.php. Telephone: 613-957-2991 Telephone (toll free): 1-866-225-0709 TTY (toll free): 1-800-267-1245</p>	108.0	108.0

¹² Direct spending is defined as initiatives, programs and services that benefit people with disabilities only.

¹³ Indirect spending is defined as initiatives, programs and services that benefit everyone (people with and without disabilities).

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Indirect spending¹³			
Non-Insured Health Benefits Health Canada	<p>The Non-Insured Health Benefits program provides eligible First Nations and Inuit people, including those with disabilities, with a limited range of medically necessary health-related goods and services not provided through private insurance plans, provincial/territorial health or social programs, or other publicly funded programs.</p> <p>For more information, visit www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php. Telephone: 613-957-2991 Telephone (toll free): 1-866-225-0709 TTY (toll free): 1-800-267-1245</p>	989.1 ¹⁴	1,028.1
Canadian Diabetes Strategy Public Health Agency of Canada	<p>The Canadian Diabetes Strategy (CDS) is a national partnership that includes the provinces and territories, national health organizations and interest groups representing populations at high risk of developing diabetes and its complications. The purpose of the CDS is to establish effective diabetes prevention and control strategies for Canada with the aim of reducing the prevalence, incidence and severity of diabetes in Canada.</p> <p>For more information, visit www.phac-aspc.gc.ca/cd-mc/diabetes-diabete/strategy_funding-strategie_finance-eng.php. Telephone (toll free): 1 800 0-Canada (1-800-622-6232) TTY (toll free): 1-800-926-9105</p>	9.9	4.3 ¹⁵

¹⁴ Excludes H1N1 costs.

Program or Initiative	Description	Amount (\$ Millions) 2009–2010	Amount (\$ Millions) 2010–2011
Indirect spending¹³			
Treatment Benefits Program Veterans Affairs Canada	<p>The Treatment Benefits Program ensures that eligible veterans are provided with reasonable and timely treatment benefits that Veterans Affairs Canada (VAC) considers to be an appropriate response to their health needs. Many of these benefits are available through Programs of Choice, through which individuals with specific health needs can obtain benefits from the health professional or provider of their choice. Veterans with a disability pension are the primary clients of the Treatment Benefits Program. Other clients must first access provincial health care programs.</p> <p>For more information, visit www.vac-acc.gc.ca/clients/sub.cfm?source=services/identcard. Telephone (toll free): 1-866-522-2122 (English) or 1-866-522-2022 (French)</p>	279.0	268.0

¹⁵ During fiscal year 2010–2011, projects were funded that focused on the early detection and self-management of diabetes among high risk populations. These projects aim to help reduce and/or mitigate the complications of diabetes, which include cardiovascular disease, mental illness, kidney disease (which may lead to dialysis), diabetic eye disease (which may lead to blindness), and wound complications (which may lead to limb amputation). The amount cited is the total grants and contributions for all these projects (national and regional combined) in 2010–2011 but does not include associated staff salaries or operation and maintenance.

APPENDIX D

Federal disability spending for the 2010–2011 fiscal year; Tax measures

Program or Initiative	Description	Amount (\$ Millions) 2009–2010 ¹⁷	Amount (\$ Millions) 2010–2011
Direct spending¹⁶			
Disability Tax Credit (including the supplement for children) Canada Revenue Agency	<p>The Disability Tax Credit (DTC) provides tax relief to individuals with severe and prolonged mental or physical impairments. The DTC recognizes the impact of non-itemizable disability-related costs on an individual's ability to pay tax. Families caring for minor children eligible for the DTC may receive additional tax relief through the DTC supplement for children. Part or all of the DTC can be transferred to a spouse, common-law partner or other supporting person if the recipient does not use all of the tax credit because he or she has little or no income. Claimants must have a qualified medical practitioner complete the Disability Tax Credit Certificate (Form t2201) and return it to the Canada Revenue Agency for approval.</p> <p>For more information, visit www.cra-arc.gc.ca/disability. Telephone (toll free): 1-800-267-6999 TTY (toll free): 1-800-665-0354</p> <p>In addition, a number of tax measures contain enhancements for DTC-eligible individuals in recognition of their special needs and circumstances. These include the Working Income Tax Benefit, the Children's Fitness Tax Credit, the Child Care Expenses Deduction, the Home Buyers' Plan and the Home Buyers' Tax Credit, the Education Amount, and the Registered Education Savings Plan.</p> <p>For more information, visit www.cra-arc.gc.ca/E/pub/tg/rc4064/rc4064-e.html. Telephone (toll free): 1-800-267-6999 TTY (toll free): 1-800-665-0354</p>	817.0	831.0

¹⁶ Direct spending is defined as initiatives, programs and services that benefit people with disabilities only.

Program or Initiative	Description	Amount (\$ Millions) 2009–2010 ¹⁷	Amount (\$ Millions) 2010–2011
Direct spending¹⁶			
Infirm Dependant Credit Canada Revenue Agency	<p>The Infirm Dependant Credit offers assistance to eligible individuals providing support to an infirm dependent relative. The credit may be claimed by taxpayers supporting a child or grandchild age 18 or over, parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is dependent due to an intellectual or physical infirmity.</p> <p>For more information, visit www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/lns300-350/306/menu-eng.html Telephone (toll free): 1 800 0-Canada (1-800-622-6232) TTY (toll free): 1-800-665-0354</p>	5.0	5.0
Indirect spending¹⁸			
Caregiver Credit Canada Revenue Agency	<p>The Caregiver Credit provides tax relief to individuals providing in-home care for a parent or grandparent age 65 or over, or for an infirm dependent relative, including a child or grandchild age 18 or over, brother, sister, niece, nephew, aunt or uncle who resides with the taxpayer.</p> <p>For more information, visit www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/lns300-350/315/menu-eng.html Telephone (toll free): 1-800 0-Canada (1-800-622-6232) TTY (toll free): 1-800-665-0354</p>	85.0	87.0

¹⁷ Tax expenditure amounts are estimates for the 2009 tax year. (Source: Department of Finance, Tax Expenditures and Evaluations, 2009. Catalogue N° F1-27/2009E.)

¹⁸ Indirect spending is defined as initiatives, programs and services that benefit everyone (people with and without disabilities).

Program or Initiative	Description	Amount (\$ Millions) 2009–2010 ¹⁷	Amount (\$ Millions) 2010–2011
Indirect spending¹⁸			
GST/HST Relief Canada Revenue Agency	<p>Some services used by people with disabilities are exempt from the Goods and Services Tax/Harmonized Sales Tax, including basic health care services, such as the services of physicians, dentists and registered nurses, as well as occupational therapy and physiotherapy services. In addition, certain medical devices are tax-free, such as wheelchairs, walkers and other mobility aids specially designed for use by people with disabilities.</p> <p>For more information, visit www.cra-arc.gc.ca/tx/ndvdl/sgmnts/dsblts/gsthst-tpstvh/menu-eng.html. Telephone (toll free): 1-800-959-1953 TTY (toll free): 1-800-665-0354</p>	840.0	875.0
Medical Expense Tax Credit Canada Revenue Agency	<p>The Medical Expense Tax Credit provides tax relief for qualifying above-average medical or disability-related expenses incurred by taxpayers on behalf of themselves, a spouse or common-law partner, or a dependent relative.</p> <p>For more information, visit www.cra-arc.gc.ca/E/pub/tg/rc4064/rc4064-e.html#P633_58944. Telephone (toll free): 1-800-267-6999 TTY (toll free): 1-800-665-0354</p>	1010.0	1010.0