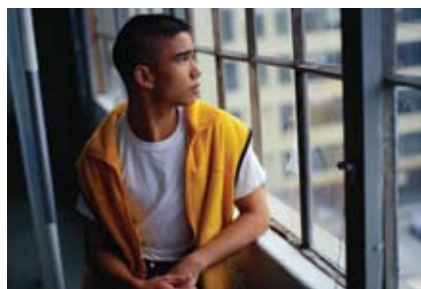




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# 2007 Federal Disability Report



## Advancing the Inclusion of People with Disabilities

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## Table of Contents

<b>Introduction.....</b>	<b>1</b>
<b>Chapter 1: Human Rights and the Justice System .....</b>	<b>4</b>
1. Protecting the rights of people with disabilities .....	4
<b>Chapter 2: Accessible Communities and Disability Supports .....</b>	<b>9</b>
1. Transportation .....	9
2. Housing .....	12
3. Communications and culture .....	18
4. Breaking barriers to participation in the community .....	29
5. Correctional Services .....	32
6. Disability supports – assistive devices .....	34
7. International co-operation.....	35
<b>Chapter 3: Income Support, Benefits and Service Delivery .....</b>	<b>37</b>
1. Canada Pension Plan Disability .....	37
2. Employment Insurance sickness benefits .....	38
3. Registered Disability Savings Plan: Canada Disability Savings Grants and Bonds .....	39
4. Service Canada .....	41
<b>Chapter 4: Learning, Skills, and Employment .....</b>	<b>46</b>
1. Learning and skills.....	47
2. Employment .....	48
<b>Chapter 5: Health and Well-Being.....</b>	<b>62</b>
1. Programs directly related to health .....	63
2. Veterans .....	64
3. Seniors and home and continuing care.....	69
4. Women .....	71
5. Research on health issues .....	72
6. Programs and initiatives for particular conditions.....	75

<b>Chapter 6: Tax Measures .....</b>	<b>81</b>
1. General.....	81
2. Measures for children with disabilities.....	82
3. Registered Disability Savings Plan.....	83
4. Surveys and service evaluation.....	83
5. Not-for-profit voluntary and charitable organizations.....	83
6. Working Income Tax Benefit.....	84
 <b>Chapter 7: Aboriginal People with Disabilities .....</b>	 <b>85</b>
1. Disability supports .....	86
2. Income supports.....	87
3. Learning and skills.....	88
4. Employment / Labour Market Programs.....	89
5. Health .....	92
 <b>Appendix A – Principal Disability-Related Benefits and Programs for     2005-06 and 2006-07 fiscal years .....</b>	 <b>95</b>
 <b>Appendix B – Acronyms Used in this Report .....</b>	 <b>98</b>
 <b>Appendix C – Contributing Departments and Agencies.....</b>	 <b>101</b>
 <b>Index by Department/Program .....</b>	 <b>102</b>
 <b>Index by Topic.....</b>	 <b>104</b>

## Introduction

The Government of Canada supports a wide range of programs and initiatives with the goal of creating an inclusive society that allows for the full participation of people with disabilities.

In the past year, Canada played a key role in the negotiation of the United Nations Convention on the Rights of Persons with Disabilities, and was among the first countries to sign on March 30, 2007. Canada's signature signals continued commitment to advancing the rights of people with disabilities and human rights in general.

Other achievements were announced in Budget 2007, including:

- the extension of the Labour Market Agreements for Persons with Disabilities (LMAPD) until March 21, 2008, with annual funding of \$223 million to the provinces and territories;
- the Registered Disability Savings Plan to help parents and others save for the long-term financial security of a child with a disability;
- the development of the Enabling Accessibility Fund with \$45 million over three years to contribute to the cost of improving physical accessibility for people with disabilities; and
- the introduction of the new Working Income Tax Benefit which includes an additional disability supplement for low-income Canadians.

The federal government, through its departments and agencies, provides a vast array of policies, integrated programs and initiatives to facilitate the participation of people with disabilities in all aspects of Canadian society.

The Office for Disability Issues (ODI) within Human Resources and Social Development Canada serves as the focal point within the Government of Canada for key national and international partners working to promote the full participation of people with disabilities in all aspects of society and community life. ODI is also responsible for ensuring that issues affecting people with disabilities are reflected in all federal policies and programs through collaboration with external stakeholders, including non-governmental organizations (NGOs) and the provinces and territories.

*Advancing the Inclusion of People with Disabilities 2007* is the fifth annual federal progress report on disability. It provides an overview of key initiatives that federal departments have implemented, individually or in collaboration, or are in the course of implementing in 2006-07 and beyond.

This report contributes to improved accessibility by providing information on all federal government programs and initiatives related to disability. It updates and complements information on federal government programs that are directly and indirectly targeted at people with disabilities. The report is divided into thematic chapters detailing the wide variety of programs and initiatives aimed at people with disabilities. In response to comments received on previous reports, the information on Aboriginal people, on income supports and on tax measures, each comprise a separate chapter.

## **Summary Overview of Thematic Chapters:**

### **Chapter 1: Human Rights and the Justice System**

Canada has a strong legislative framework that supports equality of opportunity for people with disabilities. This chapter describes the Government of Canada initiatives to promote the human rights of people with disabilities and a culture of inclusiveness. It focuses on the work of the Department of Justice and the Canadian Human Rights Commission, and also includes information on the new United Nations Convention on the Rights of Persons with Disabilities.

### **Chapter 2: Accessible Communities and Disability Supports**

This chapter describes the key federal initiatives and programs related to accessibility and disability supports, including transportation, housing, communications and cultural initiatives. These accessibility and disability supports are the backbone to inclusion and full participation of people with disabilities in Canadian society. This chapter also includes information on Correctional Service Canada's work to accommodate the needs of both offenders and employees with disabilities. This chapter also describes the federal government's support to people with disabilities abroad through Canadian International Development Agency (CIDA).

### **Chapter 3: Income Support, Benefits and Service Delivery**

This chapter provides information on the programs and initiatives that the Government of Canada has in place to provide income support and related benefits for people with disabilities. The aim of these programs is to reduce the impact of market forces and the threat of poverty and exclusion which affect many people with disabilities.

### **Chapter 4: Learning, Skills and Employment**

Opportunities for learning and skills development are crucial to allowing people with disabilities to reach their full potential. However, people with disabilities may face barriers to accessing such opportunities. This chapter examines programs that support people with disabilities in their pursuit of inclusion in learning and employment related activities. It focuses on government initiatives in the areas of student loans, vocational rehabilitation, and employment programs.

## **Chapter 5: Health and Well-Being**

People with disabilities are less likely to report that they are in good health than people without disabilities. This chapter includes information on the key disability-related initiatives by Health Canada and the Public Health Agency of Canada. As well, it includes information on research and on programs specifically targeted at the well-being of Veterans, seniors and women with disabilities.

## **Chapter 6: Tax Measures**

People with disabilities often face disability-related expenses and experience lower income. The Government of Canada provides tax measures to people with disabilities and their caregivers to recognize that these individuals face extra disability-related expenses that reduce their ability to pay tax. This chapter describes the tax measures directed at people with disabilities to defray costs associated with having a disability.

## **Chapter 7: Aboriginal People with Disabilities**

Aboriginal people with disabilities often face multiple disadvantages that act as a barrier to participation. This chapter describes the various programs and instruments in place to address the needs of Aboriginal people with disabilities, including those related to disability supports and income supports, learning and skills, employment and health.

## Chapter 1: Human Rights and the Justice System

### 1. Protecting the rights of people with disabilities

The Government of Canada's approach to disability relies on the notion of participation—the full and equal involvement of all society's members in all areas of life. Through a number of ongoing initiatives, the Government of Canada encourages society to support the full participation of all its members.

Canada has a strong legislative framework that supports equality of opportunity for people with disabilities. In Canada, the enactment of the *Canadian Charter of Rights and Freedoms* provided an equality guarantee under Section 15 that prohibits discrimination based on mental or physical disability across all jurisdictions in Canada. The Charter limits the ability of governments to pass laws or take actions that infringe on human rights. Section 15 of the *Charter* guarantees the rights of people with disabilities to equality before and under the law, and to equal protection and benefit of the law without discrimination. The Charter has been the basis for a number of key cases related to disability, and can be credited with helping Canada to become a more accessible and inclusive society.

In addition to the Charter, the Government of Canada has put in place legislation to prevent discrimination against people with disabilities and improve access to employment, services, and facilities in areas of federal jurisdiction. The *Canadian Human Rights Act* (CHRA) protects people with disabilities from discrimination in the context of employment and in the provision of goods, services, facilities, and accommodation customarily available to the general public. The *CHRA* requires both public and private sector employers, unions, and service providers to accommodate the needs of people with disabilities to the point of undue hardship.

Related to the CHRA is the *Employment Equity Act*. Its purpose is to ensure that members of four groups – women, Aboriginal people, people with disabilities and visible minorities – have equal access to jobs and are fairly represented in the workplace. It aims to foster equality in the workplace and to remedy the employment disadvantages experienced by members of these groups.

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*The enactment of the Canadian Charter of Rights and Freedoms provided an equality guarantee under Section 15 that prohibits discrimination based on mental or physical disability across all jurisdictions in Canada.*

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## A. JUSTICE SYSTEM

The system of justice in Canada is directly supported by the work of the Department of Justice and the Canadian Human Rights Commission.

The Department of Justice works to ensure that Canadians enjoy a system of justice that is fair, accessible, and efficient. The Department helps the federal government to develop policy and to make and reform laws as needed. Its mission includes providing high-quality legal services and counsel to the federal government, and promoting respect for rights and freedoms, the law and the Constitution for the benefit of all Canadians, including people with disabilities.

The Justice Partnership and Innovation Program is a discretionary grants and contributions program that provides funding for short-term projects that are aimed at working to improve the justice system, including access to justice. During fiscal years 2005-06 and 2006-07, the Department of Justice provided funding to Reach Canada, an organization aimed at improving equality for people with disabilities, to enable it to develop booklets to foster greater understanding of issues on disability and the law.

The Canadian Human Rights Commission (CHRC) administers the *Canadian Human Rights Act* and is responsible for monitoring compliance with the *Employment Equity Act*.

The CHRC tries to resolve complaints of discrimination filed against federally regulated employers, unions, and service providers. To reduce the impact of the adversarial nature of a complaint-driven system, the CHRC offers mediation as an alternate approach to resolving complaints at an early stage. If the matter cannot be resolved by this means, the complainant can file a formal complaint. If a complaint cannot be resolved, the CHRC may investigate the case further, and may ultimately request that the Canadian Human Rights Tribunal hear the case.<sup>1</sup>

The CHRC<sup>2</sup> receives many complaints based on disputes occurring during the transition back to work after a prolonged employee absence. The CHRC is committed to helping employers manage these cases so that the employee can return to work safely, quickly, and efficiently. It has developed, *A Guide to Managing the Return to Work* to support managers and supervisors in handling return-to-work situations. The guidelines include: an outline of the key legal principles that apply to return-to-work situations, step-by-step procedures to guide case management, and a series of case studies.<sup>3</sup>

CHRC's annual reports show that complaints of discrimination by people with disabilities represent the largest proportion of accepted complaints. In 2006, for example, disability was cited in 41 percent

<sup>1</sup> A full description of the complaints process is available in Chapter 1 of Federal Disability Report 2006, p. 10.

<sup>2</sup> More information on the Canadian Human Rights Commission is available at: [www.chrc-ccdp.ca/default-en.asp](http://www.chrc-ccdp.ca/default-en.asp).

<sup>3</sup> A copy of the guide is available at: [www.chrc-ccdp.ca/pdf/GMRW\\_GGRT\\_en.pdf](http://www.chrc-ccdp.ca/pdf/GMRW_GGRT_en.pdf).

(344) of signed complaints. This year, the CHRC embarked on a research project analyzing disability complaints closed by the CHRC between January 1, 1997 and December 31, 2006. The focus will be on complaints which allege the denial of a good, service, facility or accommodation, and complaints which allege a discriminatory policy or practice that results in systemic discrimination.

The CHRC's goal is to create an inventory of barriers or obstacles to equality reported in disability complaints. By conducting this mapping exercise, the CHRC hopes to gain insight into the typical complainant and respondent, the sectors from which these complaints arise, and the specific nature of discrimination reported by complainants. The CHRC can also assess if there are changes, over the ten-year period, in the types of discrimination alleged by complainants. Ultimately, the research findings will provide more insight into the needs of people with disabilities, which can inform the CHRC's long-term strategy of removing systemic barriers to equality on the basis of disability.

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*Disability, both mental and physical, continued over the years to be the most frequently listed ground of discrimination complaints.*

*Disability-related grounds of complaints in the area of employment continue to represent the most cited area of discrimination for complaints filed to Human Rights Commissions and Tribunals in Canada across jurisdictions.*

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In addition to the CHRC, Provincial and Territorial Human Rights Commissions and Tribunals also strive to foster equality and reduce discrimination in certain areas. Disability, both mental and physical, continued over the years to be the most frequently listed ground of discrimination complaints across all provinces and Territories compared to other forbidden grounds of discrimination such as sex, age, national or ethnic origin, religion/creed, marital/family status, source of income, pardon/crimination conviction, sexual orientation and political belief.

Moreover, the most frequently cited area of discrimination over time is work and employment. Therefore, over the years, disability-related grounds of complaints in the area of employment continue to represent the most cited area of discrimination for complaints filed to Human Rights Commissions and Tribunals in Canada across jurisdictions.

## **B. PROMOTION OF HUMAN RIGHTS**

The Department of Canadian Heritage plays an important role in the promotion and enjoyment of human rights in Canada.<sup>4</sup> It does this by funding eligible educational and promotional activities on human

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<sup>4</sup> More information on the Department of Canadian Heritage is available at: [www.canadianheritage.gc.ca/progs/pdp-hrp/index\\_e.cfm](http://www.canadianheritage.gc.ca/progs/pdp-hrp/index_e.cfm).

rights through a limited number of grants and contributions<sup>5</sup>. Canadian Heritage is also responsible for coordinating, with provincial and territorial governments, the domestic implementation of international human rights instruments and the preparation of Canada's reports to the United Nations.

Canadian Heritage also administers a number of programs and initiatives aimed at promoting the full participation of people with disabilities in different domains, including culture, community and sports. These are described in detail in Chapter 2.

**Table: Complaints based on disability grounds as a percentage of the total number of all complaints/grounds filed to the Canadian Human Rights Commissions and Human Rights Commissions/Tribunals of the Provinces and Territories, for the year 2005-06**

Canada/Provinces and Territories	%
Canadian Human Rights Commission	41%
Alberta Human Rights and Citizenship Commission	50%
British Columbia Human Rights Tribunal	38%
Manitoba Human Rights Commission	37%
New Brunswick Human Rights Commission	46%
Newfoundland Human Rights Commission	44%
Nova Scotia Human Rights Commission	45%
Northwest Territories Human Rights Commission	21%
Nunavut Human Rights Tribunal	14%
Ontario Human Rights Commission	54%
Prince Edward Island Human Rights Commission	21%
Quebec <i>La Commission des droits de la personne et des droits de la jeunesse</i>	26%
Saskatchewan Human Rights Commission	52%
Yukon Human Rights Commission	17%

SOURCE: Canadian Human Rights Commission, Provinces and Territories Human Rights Commissions/Tribunals

## C. UNITED NATIONS CONVENTION

Since 2001, Canada has been actively involved in the creation of a new United Nations (UN) *Convention* on the rights of people with disabilities. While existing international treaties guarantee human rights and fundamental freedoms to all persons, including people with disabilities, there has nevertheless been growing recognition in the international community that people with disabilities are subject to systemic and widespread human rights abuses. The new *Convention* prohibits discrimination

<sup>5</sup> More information on this funding program is available at [www.pch.gc.ca/progs/pdp-hrp/canada/grant\\_e.cfm](http://www.pch.gc.ca/progs/pdp-hrp/canada/grant_e.cfm).

against people with disabilities in all aspects of life, and elaborates on the steps for countries to take to promote and protect the enjoyment of human rights by people with disabilities. Negotiations on the draft *Convention* concluded in August 2006.

On December 13, 2006, the United Nations General Assembly adopted by consensus the *Convention on the Rights of Persons with Disabilities* and its Optional Protocol. The adoption of the final text of the *Convention* concluded five years of negotiations that involved hard work and compromise among delegations from United Nations' Member States and the active participation of NGOs. Canada played an active role throughout the process, often taking a leadership role in the negotiations.

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*Canada's signature on the United Nations Convention is a signal of Canada's continued commitment to advancing the rights of people with disabilities and human rights in general.*

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The purpose of the *Convention* is: "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all people with disabilities, and to promote respect for their inherent dignity". According to the *Convention*: "Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others". The *Convention* does not create new rights. Instead, it sets out specific measures intended to ensure that States extend internationally recognized human rights fully and equally to people with disabilities.

The *Convention* opened for signature on March 30, 2007. Canada was present at the special signing ceremony in New York and was among the first countries to sign this historic *Convention*. Canada's signature is a signal of Canada's continued commitment to advancing the rights of people with disabilities and human rights in general.

Many of the provisions contained in the *Convention* relate to matters of provincial/territorial jurisdiction in Canada. Therefore, the Government of Canada will engage in a detailed review of this treaty with provinces and territories prior to moving forward on ratification. Twenty states must ratify the *Convention* before it comes into force and becomes a binding international treaty.

The Department of Foreign Affairs and International Trade (DFAIT), Justice Canada and Human Resources and Social Development Canada (HRSDC) have been the main departments involved in the development and the process to sign and ratify this *Convention*. DFAIT leads the elaboration of all international treaties for Canada. Justice Canada is responsible for the legal analysis of the treaty. The Office for Disability Issues at HRSDC has been involved in elaborating the content of the *Convention*.

More information about this *Convention* is available at: [www.un.org/esa/socdev/enable/rights/adhoccom.htm](http://www.un.org/esa/socdev/enable/rights/adhoccom.htm).

## Chapter 2: Accessible Communities and Disability Supports

Accessibility refers to creating an environment where systemic barriers are reduced or eliminated to allow for the full and equal participation of people with disabilities in all dimensions of society. While accessibility concerns the community as a whole, disability supports are tailored to individual needs. These goods, services, and supports facilitate active participation at home, at school, and in the community and help people maximize personal and economic independence.<sup>6</sup>

This chapter describes the key initiatives and programs with which the Government of Canada supports accessible communities in Canada, and its support of the assistive device community. It also provides information on some of the ways the Government of Canada helps to ensure the availability of accessible devices, and the Government's role in supporting people with disabilities abroad.

### 1. Transportation

#### A. TRANSPORT CANADA

Transport Canada provides policy leadership to improve accessibility and remove undue obstacles from the federal transportation system. Transport Canada consults with seniors, people with disabilities, government bodies, and the transportation industry as well as facilitates solutions to problems and improvements to the system.

Transport Canada developed and distributed its disability awareness training program entitled, *Getting on Board*, to small transportation service providers operating within the national transportation system. The disability awareness training kit contains a training video with testimonials by people with disabilities and scenarios depicting interaction between people with disabilities and transportation industry employees, a disability awareness training manual, a workshop guide, and a guide to physically assisting persons with mobility disabilities.

Transport Canada continues to maintain and update the *Access to Travel* Web site. This Web site provides information on accessible transportation and travel across Canada with the aim of making traveling an easier and more enjoyable experience for Canadians with disabilities.

Transport Canada hosted the 11<sup>th</sup> World Conference on Mobility and Transport of the Elderly and Persons with Disabilities (TRANSED) entitled "Benchmarking, Evaluation and Vision for the Future," from June 18-21, 2007 in Montréal. This event allowed international experts to exchange ideas and

<sup>6</sup> In Unison 2000: Persons with Disabilities in Canada (available at: [www.socialunion.ca/In\\_Unison2000/iu00300e.html](http://www.socialunion.ca/In_Unison2000/iu00300e.html)).

showcase innovative and technological solutions for the transportation needs of an aging population and of people with disabilities and special needs. A complete report of the Conference's success will be tabled at the U.S. Transportation Research Board Conference in January 2008.

Furthermore, Transport Canada's Transportation Development Centre (TDC) manages a multi-modal Research and Development program aimed at improving the safety, security, energy efficiency, and accessibility of the Canadian transportation system, while protecting the environment.

## **B. CANADIAN TRANSPORTATION AGENCY**

The Canadian Transportation Agency's (the Agency) mission is to administer transportation legislation and federal government policies to help achieve an efficient and accessible transportation system through education, consultation, complaint adjudication, and essential regulation. The Agency examines concerns raised by people with disabilities who encounter barriers in using a part of the federally regulated transportation system. The Agency addresses accessibility issues on a case-by-case basis through facilitation, mediation, and complaint adjudication. It also addresses these issues on a systemic basis by developing regulations, codes of practice, and standards concerning the level of accessibility.

To date, the Agency has issued two sets of regulations. Under the Terms and Conditions of Carriage of Persons with Disabilities regulations, air carriers are required to provide services to make travelling easier for people with disabilities.<sup>7</sup> The Agency's Personnel Training regulations require that carrier and terminal personnel in the federal air, rail, and marine transportation networks have the knowledge, skills, and attitudes necessary to help people with disabilities effectively and sensitively.

In addition to the regulations, the Agency has issued five voluntary codes of practice including a new Code of Practice launched in June 2007: Passenger Terminal Accessibility (Terminal Code).<sup>8</sup> The purpose of the Terminal Code is to improve the accessibility of air, rail, and marine terminals for people with disabilities.

The Terminal Code applies to airports in the National Airports System,<sup>9</sup> as well as rail and ferry terminals where 10,000 or more passengers embark and disembark annually. In addition, any security agency or authority responsible for pre-board screening of passengers and their belongings, operating in any terminal covered by the Code, is expected to meet its provisions.

<sup>7</sup> For example, mobility devices (such as canes, walking sticks, wheelchairs, scooters, and walkers) must be carried free of charge as priority baggage and, if space permits, in the cabin of passenger aircraft.

<sup>8</sup> The Agency's other voluntary codes of practice are: Aircraft Accessibility for Persons with Disabilities Code of Practice; Ferry Accessibility for Persons with Disabilities Code of Practice; Passenger Rail Car Accessibility and Terms and Conditions of Carriage by Rail of Persons with Disabilities Code of Practice; and Code of Practice - Removing Communication Barriers for Travellers with Disabilities Code of Practice and Guide.

<sup>9</sup> National Airports System is comprised of a number of Canadian airports as determined by Transport Canada and includes airports serving the national, provincial and territorial capitals. Refer to [www.tc.gc.ca/programs/airports/policy/nap/NAS.htm](http://www.tc.gc.ca/programs/airports/policy/nap/NAS.htm) for more details.



The Terminal Code includes technical specifications for accessibility as well as facility, service, and security screening considerations. The Code sets out provisions for the physical aspects of terminals in terms of the Canadian Standards Association's design standard, CAN/CSA-B651, *Accessible Design for the Built Environment*.

In addition, the Guide for Passenger Terminal Accessibility (Guide) was also launched. The Guide provides resources, tips, and contacts to help passenger terminal operators implement the accessibility criteria in the Code<sup>10</sup>. Examples of best practices highlighting businesses that provide beneficial facilities or services to people with disabilities are also provided.

## HANDLING COMPLAINTS

### **FACILITATION**

A traveller with a disability may have accessibility concerns when planning a trip or making a reservation. Agency staff take early action to avert or alleviate situations that could cause obstacles to the mobility of people with disabilities and to remedy situations thereby avoiding the filing of a formal complaint. In some cases, where complaints are filed, consultations between the transportation service providers, Agency staff and the traveller, addressing the concerns raised, has resulted in the withdrawal of the complaints.

### **MEDIATION**

Mediation continues to also be offered as an option for settling accessible transportation disputes quickly and effectively. Trained Agency mediators and the parties work together as joint problem solvers to find solutions tailored to each situation.

Four cases were in progress at the start of the year and four new requests for mediation were received during the course of the year. All eight files were settled in 2006.

The Agency has settled accessible transportation disputes with VIA, Canada's major passenger rail carrier, Canadian airport authorities, several major air carriers, and private citizens. Issues addressed through mediation include those pertaining to mobility, vision, hearing and intellectual disabilities.

### **COMPLAINT ADJUDICATION**

Under the *Canada Transportation Act*, a complaint can be filed with the Agency where it is perceived that there has been an undue obstacle to the mobility of a person with a disability within the federal transportation network.

<sup>10</sup> Codes of Practice and Guides are available by contacting the Agency at [www.cta-otc.gc.ca](http://www.cta-otc.gc.ca).

Under subsection 172(1) of the Act, the Agency considers a complaint using a three-step process to determine:

- whether the person has a disability for the purposes of the Act;
- whether there was an obstacle to the mobility of the person; and
- whether the obstacle was undue.

If an undue obstacle to the mobility of a person with a disability is found, the Agency can order corrective action. The Agency can impose measures including purchasing or modifying equipment, changing or developing a policy or procedure, training staff, enhancing a training program or reimbursing expenses related to the undue obstacle.

In 2006, the Agency received 46 accessibility-related formal complaints. It issued 42 decisions, some for complaints received prior to January 1, 2006, and others for complaints received in 2006. Of these decisions, 21 resolved new complaints and 20 determined whether corrective measures ordered by the Agency in previous decisions had been implemented. One ruling was made in respect of an application for review of an Agency decision. 128 procedural and other interlocutory decisions were issued regarding matters still under consideration. 21 were resolved informally through facilitation and eight were resolved through mediation. Finally, 8 complaints were withdrawn and 10 were closed due to the lack of response from the complainants.

## 2. Housing

### A. CANADA MORTGAGE AND HOUSING CORPORATION

Canada Mortgage and Housing Corporation (CMHC) administers a number of initiatives that contribute to accessible housing for people with disabilities: i) the Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D); ii) the Home Adaptations for Seniors' Independence Program (HASI); iii) the Residential Rehabilitation Assistance Program – Secondary/Garden Suite; iv) the Shelter Enhancement Program (SEP); and v) FlexHousing™. Generally, assistance is in the form of a fully forgivable loan provided the owner adheres to the program's conditions.

In December 2006, the Government of Canada announced \$256.2 million for a two-year extension of CMHC's renovation programs. This follows up on a November 2005 announcement of a one-year extension of CMHC's renovation programs for 2006-07 with funding of \$128.1 million.

In some areas of Canada, funding for these programs is provided jointly by the Government of Canada and the provincial or territorial government. In these areas, the provincial or territorial housing agency may be responsible for delivering the program and program variations may exist.



## i. Residential Rehabilitation Assistance Program for Persons with Disabilities

CMHC offers financial assistance under the Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D) to homeowners and landlords to undertake accessibility work to modify dwellings occupied or intended for occupancy by low income people with disabilities. The RRAP-D is available across Canada, including on-reserve communities.<sup>11</sup> Assistance is provided in the form of a forgivable loan. For homeowners, assistance covers 100 percent of the total cost of the modifications to the maximum loan amount for the area (ranging from \$16,000 to \$24,000 in southern and northern areas, respectively).

For landlords, 100 percent forgiveness is available for accessibility modifications up to the maximum loan amount for the area (ranging from \$24,000 to \$36,000 in southern and northern areas, respectively). Assistance is also available to landlords of rooming houses.<sup>12</sup> Modifications include exterior ramps, visual fire alarms, and task lighting. Supplementary assistance of 25 percent of the loan amount is available to homeowners and landlords in remote areas.

Based on a recent program evaluation (Residential Rehabilitation Assistance Program Evaluation, May 2003) of CMHC's renovation programs, the RRAP-D has encouraged homeowners and landlords to undertake accessibility modifications.

The RRAP-D is having a significant, positive impact on the accessibility of units modified under the program and on the resulting ability of people with disabilities to carry out daily living activities. A total of 87 percent of RRAP-D homeowners reported that the modifications had improved the overall quality of their housing. Also important, 92 percent of RRAP-D beneficiaries reported that the modifications had improved or significantly improved their ability to participate in daily living activities.

*In 2006, an estimated 1,605 households received some \$16.6 million in federal / provincial / territorial forgivable assistance under RRAP-D.*

Homeowners qualify for RRAP-D assistance if their house value is below a certain figure and their household income is at or below established limits based on household size and area. The homeowner or a member of the household must have a disability. Landlords may receive assistance to modify units if rents are at or below established levels and the units are occupied by tenants with a disability with incomes at or below the income ceilings. Assistance is also available to landlords who own rooming houses with rents below established levels.

<sup>11</sup> Over the years, changes to the RRAP-D were introduced, increasing the available housing stock suitable for low-income people with disabilities. The program is particularly important in situations where a recently disabled individual wished to remain in his or her home, as well as in rural areas where few alternative living arrangements existed. In addition, the Federal Disability Tax Credit is recognized as a reduction in income when a household is applying for RRAP-D, and other CMHC renovation programs.

<sup>12</sup> Properties must meet minimum health and safety requirements.

In 2006, an estimated 1,605 households received some \$16.6 million in federal / provincial / territorial forgivable assistance under RRAP-D.

## **ii. Home Adaptations for Seniors' Independence Program**

Launched in 1992 as a two-year pilot program, the Home Adaptations for Seniors' Independence Program (HASI) helps homeowners and landlords pay for minor home adaptations to extend the time low-income seniors can live in their homes independently.

Assistance is in the form of a forgivable loan up to \$3,500. The loan does not have to be repaid as long as the homeowner continues to occupy the unit for the loan forgiveness period of six months. If the adaptation is being done to a rental unit, the landlord must agree that rents will not increase as a result.

The adaptations are for relatively minor items that meet the needs of seniors with an age-related disability. The adaptations must also be permanent and fixed to the dwelling and include items like handrails, easy-to-reach work and storage areas in the kitchen, lever door handles, walk-in showers with grab bars, and bathtub grab bars and seats.

In a recent public consultation on CMHC's housing renovation programs, a large number of respondents emphasized that HASI was a flexible, responsive program that allowed needs, including urgent needs, to be addressed quickly. Moreover, many seniors' homes needed only minor modifications, at relatively low cost, to be able to remain in their home as they age, which the program allowed for (Renovation Consultation Report, Public Consultation on Housing Renovation Programs, CMHC, December 2002). HASI is also available to on-reserve Aboriginal people with disabilities.

The majority of HASI clients (80 percent) found that the adaptations to their homes made their lives more comfortable and safer, increasing their ability to live independently. The majority also responded that if they had not made the adaptation to their home they would have had to move. Also, many HASI clients (40 percent) would not have made the adaptations without the HASI program (Evaluation of Housing Initiatives under the National Strategy for the Integration of Persons with Disabilities, March 1998).

Homeowners and landlords may qualify for assistance as long as the occupant of the dwelling where the adaptations will be made meets the following eligibility criteria:

- he or she is 65 years of age or over;
- he or she has difficulty with daily living activities brought on by aging;
- the total household income is at or below a specified limit for the specified area; and
- the dwelling unit is a permanent residence.

In 2006, an estimated 1,945 households received some \$5.3 million in federal / provincial / territorial forgivable assistance under HASI.

*The majority of HASI clients (80 percent) found that the adaptations to their homes made their lives more comfortable and safer, increasing their ability to live independently.*

### **iii. Residential Rehabilitation Assistance Program – Secondary / Garden Suite**

The objective of the Residential Rehabilitation Assistance Program – Secondary / Garden Suite is to help create affordable housing for low-income seniors and adults with a disability by providing financial assistance to convert or develop existing residential properties that can reasonably accommodate a secondary self-contained unit.<sup>13</sup>

Eligible clients are homeowners, private entrepreneurs, and First Nations individuals who own residential properties that could create a bona fide, affordable, self-contained, rental accommodation. Eligibility is limited to existing family housing residential properties where a self-contained secondary or garden suite is being created—an affordable rental housing option for low-income seniors and adults with a disability. The property must also meet the requirements of the authority that has jurisdiction, including zoning and building requirements. Selected clients must enter into an operating agreement that establishes the rent that can be charged during the term of the agreement. A ceiling is also placed on the income of households that will occupy the newly created self-contained unit.

Assistance is in the form of a fully forgivable loan (up to \$24,000 for southern areas, \$28,000 for northern areas, and \$36,000 for far northern areas) provided the owner adheres to the program's conditions. Supplementary assistance of 25 percent is available in remote areas.

In 2006, an estimated 82 households received some \$1.8 million in federal / provincial / territorial forgivable assistance under RRAP - Secondary / Garden Suite.

### **iv. Shelter Enhancement Program**

The objective of the Shelter Enhancement Program (SEP) is to help repair, rehabilitate, and improve existing shelters for women and their children, youth, and men who are victims of family violence, and to acquire or build new shelters and second-stage housing where needed.<sup>14</sup> The SEP also improves shelter accessibility for clients with disabilities.

<sup>13</sup> The initiative was announced in the February 2004 Speech from the Throne. CMHC created and launched the RRAP – Secondary / Garden Suite Program in May 2005.

<sup>14</sup> Eligible repairs and work are those required to bring existing emergency shelters and second-stage housing up to health and safety standards, permit accessibility for disabled occupants, provide adequate and safe program and play areas for children, and ensure appropriate security for occupants.

For new developments, CMHC may contribute up to 100 percent of the project's capital cost. This assistance must be secured by a forgivable 15-year mortgage. For renovation, the maximum loan varies with the number of existing units/bed-units within the project and its location (ranging from \$24,000 to \$36,000 for southern and far northern areas of Canada, respectively). Supplementary assistance of 25 percent of the loan amount is available in remote areas.

The Shelter Enhancement Program was initiated in 1995-96 with \$1.9 million in annual funding under the federal Family Violence Initiative. The scope of the SEP was broadened in 1999 to include youth, and in 2003 to include men who are victims of family violence.

Based on a 2002 evaluation of the SEP, shelter repairs and enhancements had positive impacts with respect to women feeling more secure, meeting the needs of children, increasing client self-esteem and well-being, and improving access for people with disabilities. Clients indicated that the physical condition of shelters was a significant factor contributing to client satisfaction. In this regard, repeat clients observed improvements in shelter conditions since the SEP was introduced.

In terms of access, the evaluation concluded that the SEP contributed to improvements in accessibility for people with disabilities. Close to 40 percent of SEP-funded shelters reported making improvements in the accessibility of their buildings for clients with physical disabilities. Over two-thirds of family violence shelters are currently wheelchair accessible.<sup>15</sup>

Eligible clients include not-for-profit corporations and charities that house women and children, youth, or men who are victims of family violence as a principal objective. As funding is limited to capital assistance, sponsor groups must obtain the assurance of operating assistance for emergency shelters.<sup>16</sup> For second-stage housing, occupants are expected to make modest contributions to offset the project's operating costs.

In 2006, about 130 shelters (representing 1,875 shelter spaces), received \$27.8 million in federal / provincial / territorial forgivable assistance under SEP.

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*Close to 40 percent of SEP-funded shelters reported making improvements in the accessibility of their buildings for clients with physical disabilities. Over two-thirds of family violence shelters are currently wheelchair accessible.*

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<sup>15</sup> According to data from Statistics Canada's Transition House Survey (THS), the percentage of shelters that were wheelchair accessible increased from 44% in 1993-94 to 64% in 1997-98, and to 68% in 1999-2000 (Statistics Canada, Juristat, Canada's Shelters for Abused Women 1997-98, 1999-2000). Since the number of shelters has increased over this period, and new shelters are generally designed for wheelchair accessibility, the number of accessible shelters has more than doubled since 1994 (from 146 to 305).

<sup>16</sup> Provinces, territories, and Indian and Northern Affairs Canada may also provide regular operating funds to family violence shelters in their jurisdictions.

## v. FlexHousing™

FlexHousing™ is a practical approach to designing and building housing that allows residents to more economically convert space to meet their changing needs. Based on the principles of adaptability, accessibility, affordability, and Healthy Housing™, FlexHousing™ responds to the needs of today's families and supports independent living for people with disabilities and seniors.<sup>17</sup> For example, FlexHousing™ is fully wheelchair accessible, has wide corridors that make it easier to circulate with a walker, and has special features for people who are deaf, hard of hearing, blind or have low vision. FlexHousing™ also appeals to those who want to age in place because expensive renovations are not needed to make the housing more accessible when aging decreases mobility or vision.

In 1999, a review was undertaken to gauge the extent to which FlexHousing™ principles (e.g., on-grade access, straight-run stairs, main level living containing kitchen, living room, washroom, and space suitable for bedroom or home office) were adopted in the design of houses as standard features. Overall, the review suggested that FlexHousing™ principles are increasingly evident in the new home construction industry.

CMHC spent just over \$66,000 in 2006 to promote FlexHousing™ to the housing industry and the public through information products and dissemination activities.

## HOUSING RESEARCH AND PROGRAM EVALUATIONS

CMHC also undertakes housing research to improve housing choice and affordability for Canadians. This includes research on the distinct housing needs of seniors and persons with intellectual and physical disabilities. For example, in 2007, CMHC is undertaking research to study the housing conditions of Canadians with disabilities based on data from the 2001 Participation and Activity Limitations Survey (PALS) linked to CMHC's 2001 Census housing conditions data. Information from PALS 2006 is available on the Statistics Canada Web site at [www.statcan.ca/bsolc/english/bsolc?catno=89-628-x2007001](http://www.statcan.ca/bsolc/english/bsolc?catno=89-628-x2007001).

This research examines relationships between housing conditions, household characteristics, and other factors such as education, labour activity, and income. Various measures of housing conditions that are available through PALS and the Census will be explored by disability type, including need for home modifications related to disability type. Personal and household characteristics to be investigated include age, gender, education, disability severity, geography, and household type. The research is expected to be completed in 2008.

<sup>17</sup> Housing professionals (e.g., builders, renovators, designers, architects) are key to successfully implementing FlexHousing™.

CMHC is presently evaluating the RRAP, HASI, and SEP programs. The evaluations, which are expected to be completed in Fall 2008, will review the extent to which the programs met their objectives.

### 3. Communications and culture

#### A. RADIO-TELEVISION AND TELECOMMUNICATIONS

The Canadian Radio-television and Telecommunications Commission (CRTC) is an independent public authority in charge of regulating and supervising Canadian broadcasting and telecommunications.<sup>18</sup> It serves the public interest and is governed by the *Broadcasting Act* of 1991<sup>19</sup> and the *Telecommunications Act* of 1993.<sup>20</sup>

##### i. Broadcasting

#### ACCESS FOR PERSONS WHO ARE DEAF OR HARD OF HEARING

Access for persons who are deaf or hard of hearing is provided through closed captioning.<sup>21</sup> In May 2007, CRTC announced a new policy on closed captioning in *A new policy with respect to closed captioning*, Broadcasting Public Notice CRTC 2007-54, 17 May 2007 (PN 2007-54). Under this policy, over-the-air television broadcasters will be required to caption 100 percent of their programs over the broadcast day.<sup>22</sup> However, recognizing that 100 percent error-free captioning is impossible, largely due to technical and/or human error, the 100 percent requirement is subject to exceptions that take into account instances, but not patterns of, equipment/technical malfunctions and human errors beyond the broadcaster's control, or exceptional circumstances beyond the broadcaster's control where captioning may not be available. In the case of any complaint, the onus is on the broadcaster to demonstrate that the situation falls within this exception.

18 The CRTC has also undertaken internal initiatives that are directed at making the workplace more accessible. A description of these provisions is available in Chapter 2.

19 Section 3(1)p of the *Broadcasting Act* states:  
"programming accessible by disabled people should be provided within the Canadian broadcasting system as resources become available for the purpose."

20 Section 7 of the *Telecommunications Act* sets out the objectives for Canadian telecommunications policy. The objectives that relate to people with disabilities are:  
(a) to facilitate the orderly development throughout Canada of a telecommunications system that serves to safeguard, enrich, and strengthen the social and economic fabric of Canada and its regions;  
(b) to render reliable and affordable telecommunications services of high quality accessible to Canadians in both urban and rural areas in all regions of Canada;  
[...]  
(h) to respond to the economic and social requirements of users of telecommunications services.

21 Closed Captioning provides an on-screen textual representation of the audio component of a program.

22 Prior to issuing the new policy on captioning (CRTC Public Notice 2007-54), English language services were required to caption 100% of news and 90% of all other programming. The requirements were varied for French and third-language services for captioning, due to certain technical challenges associated with captioning in languages that use accents or other symbols.



As indicated in PN 2007-54, the CRTC is of the view that the underlying rationale of this policy applies equally to all broadcasters, including educational broadcasters and specialty, pay, pay-per-view, and video-on-demand services.

The CRTC generally expects all broadcasters to focus on improving the quality, reliability, and accuracy of their closed captioning, and to work with representatives of the deaf and hard of hearing community to ensure that captioning they provide continues to meet their needs.

However, recognizing that captioning quality is a growing concern, the CRTC called upon the industry to establish working groups in each of the English and French language markets to develop and implement universal standards and to propose and implement concrete solutions with respect to other aspects of captioning quality, including mechanisms aimed at reducing errors and technical malfunctions.

The CRTC has asked the Canadian Association of Broadcasters (CAB) to coordinate the establishment of the working groups. As of the date this Federal Disability Report was written, the association was expected to file an Action Plan for the CRTC's approval in November 2007.

In the meantime, the CRTC expects all broadcasters to take the necessary steps to be more vigilant in the monitoring of captioning quality and to demonstrate greater responsiveness to complaints from viewers.

## **ACCESS FOR PERSONS WHO ARE BLIND OR WHOSE VISION IS IMPAIRED**

The CRTC is also working to ensure that broadcasters provide improved access to television programming for persons who are blind or whose vision is impaired. Television broadcasters use two methods to do this: audio description and described video.<sup>23</sup> All broadcasters are expected to provide audio description and to broadcast described versions of their programming, wherever available. The CRTC generally requires the major conventional television stations to describe a minimum amount of Canadian programming, starting at two hours per week, increasing to four hours per week. Similar requirements are made in the context of licence renewals or applications for new services for pay, and specialty channels that are devoted to drama, documentary, and children's programming as this

<sup>23</sup> The CRTC distinguishes between the two kinds of description. Audio description is the voiceover of textual or graphic information displayed on screens (e.g. sports scores, weather information, and stock quotes). All broadcasters are generally expected to provide this. Described video (also known as video description) is the narrative description of a program's key visual elements, permitting a viewer to create a mental picture of what is happening on screen. This is generally delivered in a closed format and is accessible via the secondary audio programming channel. It requires special technology and involves some expenditure; therefore obligations are established on a case-by-case basis.

programming most lends itself to description. Distributors, including cable operators and satellite providers, are generally required to pass through all described video programming being provided to them by programming services.<sup>24</sup>

## **NATIONAL READING SERVICES**

The CRTC also licensed two national reading services to provide programming of benefit to persons who are blind, whose vision is impaired or who are print-restricted. VoicePrint and La Magnétothèque provide full-text readings of stories, information, news, and features published by various newspapers, magazines, and periodicals.

## **PRESENCE, PORTRAYAL, AND PARTICIPATION OF PEOPLE WITH DISABILITIES IN BROADCASTING.**

The CRTC also requires broadcasters to improve the presence and portrayal of all people with disabilities in programming and to increase the participation of people with disabilities in the broadcasting industry. Broadcasters are expected to establish and file with the CRTC objectives and specific initiatives designed to meet these goals.<sup>25</sup> Broadcasters are also required to report annually on the progress made in implementing their plans, which are available on the CRTC's Web site.<sup>26</sup>

To help the broadcasting industry develop strategies to include more people with disabilities in television, the CRTC called upon the CAB to develop and file an action plan to examine issues surrounding the presence, portrayal, and participation of people with disabilities.

Following its September 2005 report, the CAB has committed to addressing these findings through initiatives designed to:

- raise awareness among broadcasters and the public;
- help influence public perceptions;
- ensure accurate depiction in programming;
- provide useful information to the industry and the disability community;
- increase dialogue between broadcasters and the disability community; and
- create an environment that invites participation by people with disabilities in broadcasting.

<sup>24</sup> Distributors (i.e. cable companies or direct-to-home companies) must take the signal that comes from the broadcaster (e.g. CBC) and pass it through to the subscriber. They are to carry the signal from one place to another and pass it along without deleting it or changing it. There are certain exceptions for smaller operators, as set out in Broadcasting Public Notice 2006-6 (available at: [www.crtc.gc.ca/archive/eng/notices/2006/pb2006-6.htm](http://www.crtc.gc.ca/archive/eng/notices/2006/pb2006-6.htm)).

<sup>25</sup> This requirement was announced in Introduction to Broadcasting Decisions CRTC 2004-6 to 2004-27 renewing the licences of 22 specialty services, Broadcasting Public Notice CRTC 2004-2, 21 January 2004 (available at: [www.crtc.gc.ca/archive/eng/notices/2004/pb2004-2.htm](http://www.crtc.gc.ca/archive/eng/notices/2004/pb2004-2.htm)).

<sup>26</sup> To date, 17 broadcasters are required to file corporate plans and annual reports. They are: CTV, CanWest Global, TVA, TQS, Corus, Vision, Pelmorex, Astral (includes Teletoon), MusiquePlus, Rogers, CHUM, CPAC, TV5, LTA, Alliance Atlantis, The Score, and Canal Evasion. The corporate plans and annual reports include initiatives to improve the representation and portrayal of ethnocultural minorities, Aboriginal peoples, and people with disabilities.



The CAB reports annually to the CRTC on its progress in implementing its proposed initiatives. In its 2006-07 report, the CAB reported that it has implemented the following initiatives: the development of a Public Service Announcement regarding people with disabilities; the creation and publication of an information booklet for people with disabilities on Employment Opportunities in the Canadian Broadcasting and Affiliated Production Sector; and, the creation and publication of a booklet for radio and television newsrooms (in collaboration with the Radio and Television News Directors Association of Canada) entitled, "Recommended Guidelines on Language and Terminology – Persons with Disabilities: A Manual for News Professionals and Glossary." Finally, the CAB has also created a new self-regulatory Equitable Portrayal Code, to improve portrayal of people with disabilities, along with all other identifiable groups set out in the Charter of Rights and Freedoms.

## ii. Telecommunications

The objectives set out in the *Telecommunications Act* are applied in accordance with the policy direction published by the Governor in Council on 27 December 2006 (*Order Issuing a Direction to the CRTC on Implementing the Canadian Telecommunications Policy Objectives, P.C. 2006-1534*). The Policy Direction requires the CRTC to, among other things:

- rely on market forces to the maximum extent feasible as the means of achieving the objectives set out in section 7 of the *Telecommunications Act*, and
- when relying on regulation, use measures that are efficient and proportionate to their purpose and that interfere with the operation of competitive market forces to the minimum extent necessary to meet the policy objectives. If these measures are not of an economic nature, they should be implemented to the greatest extent possible in a symmetrical and competitively neutral manner.

### TELECOMMUNICATIONS SERVICES FOR PEOPLE WITH DISABILITIES MANDATED BY THE COMMISSION

There are various services for people with disabilities that have been mandated by the CRTC. Message Relay Service (MRS) is an operator service that allows people who are deaf, deafened or hard of hearing, or who have speech impairments, to place calls to standard telephone users via a teletypewriter (TTY) (also called a text telephone), an electronic device that enables text communication via a telephone line. Typed messages are relayed as voice messages by an MRS operator and vice-versa. MRS must be made available by all telephone companies which provide local residential telecommunications services. Registered TDD users also benefit from a 50 percent discount off Basic Toll Rates (long distance calls charged according to the Basic Toll Schedule). Some telephone companies offer long distance discounts to customers with disabilities.

For persons who are blind or visually impaired, there is the option to receive bills, bill inserts and information setting out the rates, terms and conditions of a service in an alternative billing format (for example in Braille, large print or electronic version). Alternative billing formats must be made available, upon request, as a condition of offering any telecommunications service to a consumer.

Two further services are Directory Assistance (DA) and Automatic Directory Assistance Call Completion (ADACC). People with disabilities who are registered as disabled with their telephone company can receive free DA and free ADACC to assist with finding and dialing telephone numbers. All telephone companies that provide directories also provide free DA to people with disabilities and certain other companies offer free or discounted DA to their customers with disabilities.

The CRTC also mandated various requirements for pay telephones. When replacing or upgrading or when installing new payphones, all telephone companies must provide the following functions to assist people with disabilities:

- key pads with larger buttons spread further apart;
- usual numbers and letters on the dial pad;
- bright, contrasting-colour coin and/or card mechanisms;
- a feature which enables the user to start the call over if a mistake is made;
- a screen displaying context-sensitive dialling instructions in larger size;
- a card-reader for a variety of telephone cards; and
- voice prompts to assist in placing calls or using features.

In addition, access for the physically disabled must be provided and the payphones must be hearing aid compatible. There are also requirements for payphones to include a minimum number of TTY-equipped payphones.

***Decisions and public proceedings issued during the 2006-07 fiscal year relating to accessibility for people with disabilities***

In Review of Proposals to Dispose of the Funds Accumulated in the Deferral accounts, Telecom Public Notice CRTC 2006-15 (PN 2006-15), 30 November 2006, the CRTC invited comments on proposals filed by Bell Aliant Regional Communications, Limited Partnership, Bell Canada, MTS Allstream Inc., Saskatchewan Telecommunications, and TELUS Communications Company to improve accessibility to telecommunications services for people with disabilities within their respecting operating territories. A public proceeding to examine the proposals is currently underway. This proceeding follows on from a previous CRTC decision, Disposition of Funds in the Deferral Accounts, Telecom Decision CRTC 2006-9, 16 February 2006, in which the CRTC considered that accessibility to telecommunications services for people with disabilities is an important public policy objective and that using funds from the deferral accounts will help provide telecommunications services to these Canadians without discrimination.

In Bell Aliant Regional Communications, Limited Partnership and Bell Canada – Application to extend certain time frames to equip payphones with teletypewriter units, established in Telecom Decision 2004-47, Telecom Decision CRTC 2007-12, 27 February 2007, the CRTC approved a request by Bell Aliant Regional Communications, Limited Partnership, and Bell Canada to extend certain time frames to equip payphones with Millennium Pay Telephone TTY units. The Millennium Pay Telephone TTY unit had been developed jointly by Bell Aliant and Bell Canada and a vendor in response to operational difficulties the two telephone companies encountered in upgrading their pay telephones with TTY units during the initial deployment phase. These difficulties included vandalism, extensive maintenance, and resistance from certain location providers. Decision 2007-12 followed on from a previous decision, Access to pay telephone service, Telecom Decision CRTC 2004-47, 15 July 2004, in which the CRTC found that Aliant Telecom Inc., Bell Canada, MTS Communications Inc., Saskatchewan Telecommunications, Télébec, Limited Partnership, and TELUS Communications Company were directed to implement a teletypewriter (TTY) program for certain pay telephones.

In Access to Specially Developed Services, Equipment, and Information by Persons who are Blind, Telecom Decision CRTC 2007-19, 30 March 2007, the CRTC found that there may be merit in expanding the scope of alternative format obligations and requiring that electronic information be made accessible to persons who are blind. The CRTC announced its intention, subsequent to the issuance of a decision related to the PN 2006-15 proceeding, to initiate a proceeding to address unresolved accessibility issues for people with disabilities. The Commission considered that these issues should be considered in the context of that planned proceeding.

In *Access to Certain Telecommunications Services by Persons who are Blind*, Telecom Decision CRTC 2007-20, 30 March 2007, the CRTC considered that its intervention is not warranted with respect to the regulation of terminal equipment as it relates to persons who are blind. The CRTC found that a market for terminal equipment with accessibility features for persons who are blind has developed over the past decade, that there is a range of features and prices from which to choose, and that there is no evidence to suggest that this market will not continue to develop in the future.

The CRTC also determined that a local residential wireline service would be considered inaccessible to persons who are blind if the service contained a visual component for which there was no non-visual alternative. The CRTC further noted that, in certain circumstances, access to a service may not be provided on an equivalent basis. For example, accommodation via a third person, which could raise privacy issues, might not constitute an equivalent alternative. The CRTC announced its intention, subsequent to the issuance of a decision related to the PN 2006-15 proceeding, to initiate a proceeding to address unresolved accessibility issues for people with disabilities. The CRTC considered that the issue of what constitutes a reasonable equivalent service should be considered in the context of that planned proceeding.

Finally, the CRTC considered that information on appropriate terminal equipment for persons who are blind might be difficult to obtain. The CRTC encouraged all telecommunications service providers to provide information on accessible terminal equipment on their Web sites.

## B. CULTURAL INITIATIVES

Canadian Heritage administers several programs and initiatives aimed at promoting the full participation of people with disabilities in different domains including culture, community, and sports.

For example, its Canadian Culture Online Program, which contributes to the development of a uniquely Canadian presence on the Internet, has funded some Canadian cultural Internet sites directed at people with disabilities. One such site is the National Film Board (Canadian Memory Fund, 2006-07) which digitized and made available a total of 224 films, 79 of which included video description, and 63 of which were subtitled. All sites funded by Canadian Culture Online are required to either conform to accessibility guidelines as defined by the W3C's *Web Accessibility Initiative (WAI) Guidelines 1.0* or make available alternate versions that comply with these guidelines.

In addition, Canadian Heritage funds projects that promote the inclusion of people with disabilities.<sup>27</sup> This year, the Department has funded a new initiative with Ryerson University. The initiative, *SignLink Studio*, is targeted at members of the deaf community who use sign language and forms of communication other than text when interacting with fellow citizens. The aim is to create innovative technologies to enable the deaf community to produce sign language web pages, allowing them to enjoy the presence of their culture and identity online in their own language. The results of this project will also be used to provide input into the principal international web standards for sign language accessibility.

Through its Youth Participation Directorate, Canadian Heritage also supports youth exchange and youth forum programs within Canada. Through the Exchanges Canada program, the Directorate funds the return transportation costs and any special measures that may be required (e.g., sign language interpreters, attendants, medical personnel, and specially adapted transportation) to ensure that youth with disabilities can participate fully. In total, 473 young people with disabilities participated in exchanges or forums through Exchanges Canada in 2005-06. For 2006-07, more than 500 have been confirmed.

The Active Living Alliance Youth Exchange brings youth from all provinces and territories to Ottawa every year for five days around Canada Day. The Active Living Alliance Web site can be found at [www.ala.ca/content/home.asp](http://www.ala.ca/content/home.asp). This exchange exposes participants to a wide variety of active living opportunities, provides a cultural experience through interaction with people from across Canada, and inspires and enhances personal leadership qualities. Participants in the exchange have the opportunity to learn about community involvement and the advocacy process, and to try new physical activities. A total of 49 youth and 33 leaders, chaperones, and organizers participated in the program in 2005-06 while 53 youth with a disability took part in the program in 2006-07.

Along with the Canadian Human Rights Commission, Canadian Heritage also helps to ensure that human rights are promoted and enjoyed in Canada. These are described in detail in Chapter 1.

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*In total, 473 young people with disabilities participated in exchanges or forums through Exchanges Canada in 2005-06.*

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<sup>27</sup> Materials previously mentioned in FDR 2006 are available at: [www.hrsdc.gc.ca/en/hip/odi/documents/advancingInclusion06/index.shtml](http://www.hrsdc.gc.ca/en/hip/odi/documents/advancingInclusion06/index.shtml).

### The National Film Board of Canada

The National Film Board of Canada (NFB) is a federal cultural agency under Canadian Heritage. Initially known as the National Film Commission, it was created by an act of Parliament in 1939. Its mandate, as set forth in the National Film Act of 1950, is, “to produce and distribute and to promote the production and distribution of films designed to interpret Canada to Canadians and to other nations.”

The NFB’s mandate has been revised several times over the years to take into account the changing audiovisual environment and financial and social situation.

The 2002-06 strategic plan set forth the NFB’s original mandate with the following mission statement: “The NFB’s mandate is to produce and distribute distinctive, culturally diverse, challenging and relevant audiovisual works that provide Canada and the world with a unique Canadian perspective.”

Examples of films produced and distributed by the NFB, which reflect the experience of the disability community, include:

- SHAMELESS: The ART of Disability [2006]
- Citizen Sam [2006]
- I Can Make Art ... Like Maud Lewis [2005]
- Harvest Queens [2005]
- John and Michael [2004]
- Medicine under the Influence [2004]
- The Ties that Bind [2004]
- Témoignage – Luke Melchior [2003]
- Mothers of Courage [2003]
- What’s Age got to do with it? [2003]
- OCD The War Inside [2001]
- What’s Next? What to do about sexual abuse [2000]
- Une nouvelle cartographie : comment répondre à la violence faite aux femmes handicapées [1996]
- De quel droit pouvez-vous me faire ça? [1991]
- Jeter des ponts [1988]

More information on these and other NFB films is available at: [www.nfb.ca](http://www.nfb.ca).

## C. SPORT

2006-07 saw the beginning of the implementation of the action plan associated with the Sport Canada Policy on Sport for Persons with a Disability, which was published in 2006. Contributions are being provided for major games (Paralympics, Special Olympics and Deaflympics), ongoing national team programs, hosting important international sport events for athletes with a disability, as well as direct athlete assistance grants. Investments in sport participation have been strengthened. \$1.45 million in participation funding has been specifically directed toward sport for persons with a disability, including support for the Canadian Paralympic committee's winter sport recruitment initiative, "Feel the Rush".

The Government of Canada is supporting the renewal of ParticipACTION through Sport Canada (a program of Canadian Heritage). Consistent with the targets of the Pan-Canadian Healthy Living Strategy, while the target populations for the ParticipACTION communication strategy will include all Canadians of all ages and backgrounds, one of its priority areas of focus will be Canadians with a disability.<sup>28</sup>

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*The Government of Canada has committed to making the 2010 Olympics the most accessible Olympic Games ever.*

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In addition, to promote fitness, sport, and healthy living, the Canadian Government has also introduced measures, including a Children's Fitness Tax Credit, the criteria of which have been modified to strengthen benefits for those eligible for the Disability Tax Credit. It is described in Chapter 6.

The Government of Canada also supports annual WinterActive and SummerActive initiatives for families to get involved in community activities. These include information directed at people with disabilities, particularly seniors, and a list of Motivation Tips for Canadians with a Physical Disability.<sup>29</sup>

### i. Olympics and Paralympics

The Government of Canada is making a contribution of \$552 million to the Vancouver 2010 Olympic and Paralympic Winter Games. A number of federal departments are working to coordinate the activities associated with this major event. With the establishment of the 2010 Olympic and Paralympic Winter Games Federal Secretariat (2010 Federal Secretariat) within the Department of Canadian Heritage and

28 Canadian Heritage, Canada's New Government Re-launches ParticipACTION, News Release, February 19, 2007 (available at: [www.canadianheritage.gc.ca/newsroom/index\\_e.cfm?fuseaction=displayDocument&DocIDCd=CHG060916](http://www.canadianheritage.gc.ca/newsroom/index_e.cfm?fuseaction=displayDocument&DocIDCd=CHG060916)).

29 SummerActive has information directed at people with disabilities, particularly seniors, including a list of Motivation Tips for Canadians with a Physical Disability (available at: [www.summeractive.org/en/index.php?section=t\\_sa2007\\_pa\\_disability](http://www.summeractive.org/en/index.php?section=t_sa2007_pa_disability)) and Overcoming Barriers to Becoming More Physically Active (available at: [www.summeractive.org/en/index.php?section=t\\_sa2007\\_pa\\_overcoming\\_barriers](http://www.summeractive.org/en/index.php?section=t_sa2007_pa_overcoming_barriers)). Similar information is available at WinterActive.



with the designation of a lead Minister of the Vancouver-Whistler Olympics, the Government of Canada demonstrated its commitment to support the coordination and comprehensive federal participation in the planning and delivery of high-quality services for the 2010 Olympic and Paralympic Winter Games.

The 2010 Federal Secretariat works horizontally, under formal and informal partnership frameworks and agreements, with its partners and stakeholders to provide leadership, advice and coordinating functions on behalf of the Government of Canada. Together with its partners and stakeholders the 2010 Federal Secretariat supports and promotes Canada's engagement in the 2010 Winter Games while working to ensure that the values and interests of all Canadians are respected. Through its coordination of the Government of Canada's commitments to deliver essential services, the 2010 Federal Secretariat seeks to ensure that the federal government's capital and legacy initiatives are reflected in the planning, delivery and international profile of the 2010 Winter Games.

## Did you know?

The Canadian Mint is releasing 10 25-cent coins featuring various winter games events to support the 2010 Olympic and Paralympic Winter Games. Two of the coins feature paralympic events: a wheelchair curling 25-cent coin, released in July 2007, and a sledge hockey 25-cent coin, to be released in June 2009. These coins are intended to celebrate and support past and future Olympic and Paralympic athletes.

More information on these commemorative coins and the Royal Canadian Mint is available at [www.mint.ca](http://www.mint.ca).

The 2010 Federal Secretariat will work with its partners and stakeholders to leverage the 2010 Games as an opportunity to advance public policy priorities.

The Government of Canada has committed to making the 2010 Olympics the most accessible Olympic Games ever.

## **D. LIBRARY SYSTEM**

Library and Archives Canada (LAC) has a mandate to ensure that knowledge is accessible to all, contributing to the cultural, social, and economic advancement of Canada. In support of equitable access for people with disabilities, LAC has developed tools and publications to ensure the accessibility of its own facilities and increase the accessibility of all Canadian libraries and archives.



LAC's own public buildings are fully accessible and its reference and consultation rooms include assistive devices for clients with disabilities. LAC provides a telephone service for clients who wish to communicate through a TTY device and has implemented many important accessibility features on its Web site.

The Council on Access to Information for Print-Disabled Canadians, a user-based group reporting to the Librarian and Archivist of Canada, provides advice, identifies funding requirements, monitors progress, and makes recommendations regarding access to information for people with print disabilities.

AMICUS, Library and Archives Canada's free catalogue, lists the holdings of libraries across Canada including items in alternative formats, and supports resource-sharing among Canadian libraries.

The *Accessible Canadian Library II* is a resource tool for libraries serving people with disabilities, enabling them to evaluate and improve their services.

## 4. Breaking barriers to participation in the community

### A. ENABLING ACCESSIBILITY FUND

Budget 2007 announced the creation of the new Enabling Accessibility Fund, which will contribute to the cost of improving physical accessibility for people with disabilities. The Fund will contribute \$45 million over three years to help Canadians, regardless of their physical ability, participate fully in their communities. This fund will be administered by the Department of Human Resources and Social Development.

### B. SOCIAL DEVELOPMENT PARTNERSHIPS PROGRAM

HRSDC's Social Development Partnerships Program (SDPP) is a broad-based and flexible grant and contribution instrument that makes investments to improve life outcomes for children, families, people with disabilities and other vulnerable populations. The program objectives are to enhance community level programs and services for Canadians and to inform government policies, programs, and services through the creation of knowledge and information. Funding is delivered through Calls for Proposals that focus on specific funding priorities. These priorities guide investment decisions and reflect key government and departmental objectives as they evolve. In 2006/2007, SDPP provided over \$14 million in grants and contributions.

Grants are delivered to national not-for-profit organizations to provide leadership for program and service improvements offered by their community member organizations. Funding can be used to develop tools for community outreach, strategic planning or for more effective financial and

administrative management which are often beyond the means of community-based organizations. Contributions are delivered to national and community-based not-for-profit organizations to allow them to identify and test innovative programs or services or to create and share new knowledge and information. Funding can be multi-year up to a maximum of five years.

### **SOCIAL DEVELOPMENT PARTNERSHIPS PROGRAM-DISABILITY COMPONENT (SDPP-D)**

HRSDC's Office for Disability Issues delivers the Social Development Partnerships Program – Disability Component (SDPP-D). The SDPP-D is an important part of the Government of Canada's support for people with disabilities. The SDPP-D provides \$11 million annually in grants and contributions to organizations working in the social not-for-profit sector for activities aimed at promoting the full participation of Canadians with disabilities in learning, work, and community life. Since 2003, SDPP-D has provided over \$23 million in grants to 18 not-for-profit disability organizations and over \$31 million in multi-year contribution funding for approximately 254 projects.

Grants provided through SDPP-D (\$5 million) may be provided to national not-for-profit disability organizations to improve service delivery. The mandates and primary activities of these national organizations support personal empowerment and independence of people with disabilities, as well as their full inclusion in one or more aspects of Canadian society. Organizations applying for grants through SDPP-D must also demonstrate that they are "consumer controlled" or "consumer focused." These terms have historic meaning for the disability community and are included as eligibility criteria to ensure that the organizations truly represent the voice of people with disabilities.

Seventeen organizations currently receive multi-year grant funding through the SDPP-D component. Each of these organizations must provide semi-annual progress reports regarding the agreed-upon objectives.

### **CONTRIBUTION FUNDING FOR PROJECTS**

As it relates to SDPP-D project funding through contributions (\$3 million), two factors figure prominently in the role of SDPP-D funding for social development projects. First, the funding aims to foster cooperation and development, rather than competition, across the disability community. In other words, it seeks to encourage a productive competition of ideas rather than competition between the voluntary organizations that generate these ideas. Second, the funding aims to achieve the greatest possible effect. In other words, the program should be able to show where its resources are having measurable effects in making progress or adding value to the issues, organizations, programs or processes in which they are invested. SDPP-D contributions are allocated through three project streams: Social Development, Accommodation Fund, and Community Inclusion Initiative.

In 2007-08, Social Development projects focused on seniors with disabilities, youth with disabilities or the promotion of accessibility, with preference being given to projects that enhance the quality of life for people with disabilities living in rural and remote areas.

SDPP-D funding has enabled the Canadian Council on Rehabilitation and Work (CCRW) to work with businesses of all sizes in all industries through its Job Accommodation Service, Skills Training Partnership Program, and the Disability Awareness Series. The CCRW also provides support to individual job seekers through its WORKink™ site and develops disability-positive educational material for children in grades 3-5.

SDPP-D funding helps maintain the National Educational Association of Disabled Students' (NEADS) Online Work System (NOWS) which is a free online tool where employers can post opportunities and search for job-ready candidates with disabilities. These candidates are either students or graduates who self-identify as having a disability/impairment. The system is very successful and is used by a diverse group of organizations (e.g. human resources and Employment Equity Organizations, universities, banks, federal government departments).

In 2007-08, the SDPP-D Accommodation Fund is providing up to \$20,000 to eligible organizations to enable people with disabilities to participate fully in conferences by ensuring events are accessible. Eligible expenses include accommodations such as sign language interpretation, real time captioning, readers and scribes, support persons, and interveners.

A total of \$3 million is also allocated annually by SDPP-D for the Community Inclusion Initiative (CII), which assists communities in developing the capacity required to successfully include people with intellectual disabilities in ways that promote their roles as full citizens. This was launched in 1997 as a national community development initiative to promote the economic inclusion, full participation and citizenship of Canadians with intellectual disabilities. It funds activities and projects that strengthen supports for individuals and families, including efforts towards facilitating and enriching personal relationships, employment and enabling citizenship and the development of communities which can support individuals and their families including changes to community structures, influencing the associational life of communities, and revising community systems, laws, and policies.

### **C. NEW HORIZONS FOR SENIORS PROGRAM**

HRSDC's New Horizons for Seniors Program (NHSP) provides grant funding for community-based projects that encourage seniors to contribute to their communities through their social participation and active living. Although not targeted directly at seniors with disabilities, projects funded under this program have both a direct and indirect impact on seniors with disabilities. The NHSP has provided funding for projects which have involved organizations dealing with people with disabilities.

Examples of funded project activities are: life skills development for seniors living with vision loss, computer and Internet skills training for handicapped seniors, and coping strategies and speech-reading training for hearing impaired seniors.

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*In 2007-08, the SDPP-D Accommodation Fund is providing up to \$20,000 to eligible organizations to enable people with disabilities to participate fully in conferences by ensuring events are accessible.*

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## **D. ELECTIONS CANADA**

Even in non-election years, Elections Canada continues its commitment to improving voter education and outreach programs for people with disabilities. This includes ongoing improvements to its Web site, to make it more accessible. All new web content is developed in accordance with the Treasury Board of Canada Secretariat accessibility guidelines.

Improvements undertaken for the 39th General Election of January 23, 2006 were described in *Advancing the Inclusion of People with Disabilities 2006*.<sup>30</sup>

## **5. Correctional Services**

Correctional Service Canada (CSC) continues to work to improve its resources for accommodating the needs of offenders with disabilities and the needs of its employees with disabilities.

CSC's representation rates have been consistent in the last year and CSC has almost met the prescribed individual workforce availability (WFA) per classification. CSC is only experiencing representation challenges in the Correctional Officers occupational group and is therefore embarking on examining the Bona Fide Occupational requirements for the Correctional Officers to determine if the WFA for this occupational group is valid.

In addition, because of a negotiation between the CSC and the Union of Canadian Correctional Officers in June 2006, CSC's Return to Work Program now includes the creation of Joint Labour Management Return to Work Committees at all levels (local, regional, and national). These committees review cases of employees who are away from work due to an occupational or non-occupational injury/illness and provide recommendations for successful return to work.

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<sup>30</sup> The description of these improvements is available in Chapter 2 of Federal Disability Report 2006, p. 27.

The Return to Work Program aims to:

- minimize negative effects of illness/injury;
- encourage early intervention;
- manage occupational and non-occupational injuries and illnesses;
- ensure that there are appropriate medical services;
- ensure that there is reasonable income replacement;
- demonstrate flexibility, support, and good management; and
- promote return to safe and suitable work as soon as medically possible.

Many CSC resources support the Return to Work efforts including: the Return to Work Manual, the CSC Guidelines on Workplace Accommodations, the Guideline on Return to Work (part of the Commissioner's Directive 254), various Treasury Board policies, and other external resources. A review of these resources is currently underway to ensure optimal program delivery.

CSC continues to make progress in addressing the needs of offenders with disabilities, including:

- Exploring options to allow the continuation of assessments and provision of specialized strategies for offenders with learning disabilities.
- Continuing review and implementation of the flags/alerts/needs in Operational Management System for disabilities. The list of flags/alerts/needs was reviewed in terms of adherence to the *Privacy Act*. Only the items relevant to the offender's day-to-day management that affect his/her ability to adhere to the correctional plan were retained from the Offender Management System list.
- Continuing to ensure that all CSC sites are reviewed to determine how sites can accommodate inmates with disabilities. CSC has a policy requiring 1 percent of the cells or bedrooms in all institutions, at all security levels to be accessible. CSC also provides for all new construction or major building retrofit to be fully accessibility in accordance with CAN/CSA B651-04 Accessibility Standard whether these are for staff, visitor or inmate usage.
- Adapting correctional programs for special need offenders at Regional Treatment Centres. Several programs have also been developed for offenders unable to function in National Correctional programs and all National programs have provisions for individual sessions for those offenders experiencing difficulties.
- Basic materials for Violence Prevention, Substance Abuse, and Family Violence Programs have been modified to make programs more accessible to offenders with intellectual or learning disabilities and attention deficits disorders.

CSC, as part of the Federal Public Service, is committed to having a workforce that is representative of Canadian society and the clients it serves.

## 6. Disability supports – assistive devices

Industry Canada's mission is to foster a growing, competitive, knowledge-based Canadian economy. The Department works with Canadians throughout the economy and in all parts of the country to improve conditions for investment, improve Canada's innovation performance, increase Canada's share of global trade, and build a fair, efficient, and competitive marketplace. Program areas include developing industry and technology capability, fostering scientific research, setting telecommunications policy, promoting investment and trade, promoting tourism and small business development, and setting rules and services that support the effective operation of the marketplace.

Industry Canada maintains the Assistive Devices Industry Office (ADIO) which is an industry support office. Its clients are the assistive technology and rehabilitation engineering sectors of industry. ADIO produces "Accessible News," a quarterly newsletter, and hosts the Web sites, "Accessible Procurement Toolkit" ([www.apr.gc.ca](http://www.apr.gc.ca)) and "AT-Links" ([www.at-links.gc.ca](http://www.at-links.gc.ca)). All Industry Canada Web sites are designed according to the Common Look and Feel Guidelines. ADIO is also active in the development and promulgation of national and international accessibility standards in such areas as electronic communications, built environments, bank machines, interactive devices and customer service.

The ADIO gives advice, support, and market intelligence to Canadian assistive device developers, producers, vendors, and service providers. The ADIO also provides its colleagues in other parts of Industry Canada with the information needed to ensure the rights and needs of consumers who are seniors or who have disabilities are respected. Despite its small size (it has a staff of three) and budget (\$70,000), the ADIO plays a major role in ensuring the availability of accessible devices.

### RESEARCH

The University of New Brunswick prepared a detailed quantitative study of the Canadian Assistive Devices Industry in partnership with ADIO and the Office for Disability Issues. This report was made available in late summer 2007.

## 7. International co-operation

Through international co-operation, the federal government also provides support to people with disabilities abroad. People with disabilities are often among the poorest and most marginalized in developing countries. The Canadian International Development Agency (CIDA), Canada's lead agency for development assistance, is committed to reducing poverty, promoting human rights, and increasing sustainable development in developing countries. The CIDA's development assistance includes funding to reduce the impact of poverty on the most excluded groups and individuals, such as people with disabilities, and to promote their active participation in civil, political, economic, social, and cultural life.

CIDA's development assistance directly and indirectly addresses disability issues, such as those resulting from armed conflicts, landmines, natural disasters, discrimination, and poor health and nutrition. Through its development programming in the health, education, and governance sectors among others, CIDA seeks to promote human rights and equal opportunities for people with disabilities by raising awareness about disability issues, addressing stigma and discrimination, reducing barriers to the integration of persons with disabilities into their societies, and improving the overall health, education, social and economic well-being of individuals and communities. Below are a few examples of CIDA disability-related programming and disbursements in the fiscal year 2006-07.



### Examples of disability-related programming funded by CIDA (2006-07)

**Comprehensive Mine Action Program:** CIDA contributed \$500,000 in 2006-07 to support the work of the Comprehensive Mine Action Program (AICMA) of the Organization of American States (OAS). These funds will support humanitarian de-mining, mine risk education, and victim assistance in five countries of Central and South America. Through this program, victims are identified and provided with physical and psychological rehabilitation in addition to vocational training and follow-up assistance, which ensures that victims are rehabilitated to ease their reintegration into society as productive members of their communities.

**Developing Democracy in Nepal Project:** In 2006-07, CIDA contributed \$90,000 to the Nepal Society for the Disabled to support its work in promoting and protecting the rights of people with disabilities. The objectives of the project include improving knowledge and enhancing the understanding of people with disabilities concerning their roles, rights, and opportunities for participation in constituent assembly, the body that will draft the new Constitution for Nepal. The project also aims to increase the participation of people with disabilities in the ongoing democratic electoral process leading to the formation of a socially inclusive constituent assembly. Further, it aims to increase the awareness and ability of women and men with disabilities to participate in informed debate related to democracy, inclusion, and other constitutional issues, including the development of fair electoral practices.

**Christian Blind Mission International (CBMI):** Since 1990, CIDA has supported CBMI projects in Jordan, Burkina Faso, Tanzania, Malawi, Kenya, and Uganda that impact poor people affected by blindness and other physical and sensory disabilities. These projects have resulted in increased diagnosis and access to treatment, strengthened community and home-based rehabilitation programs, and improved early intervention programs for children with physical disabilities. They have also contributed to reducing stigmatization of people with disabilities by encouraging families and the local community to accept them, invest in their development, and make use of their capacities, ultimately increasing their quality of life. At the same time, CBMI projects have increased Canadian awareness about issues related to poverty and disability within developing countries. CIDA contributed \$82,272 in 2006-07 to support a CBMI project in Malawi.

**Support to the Acid Survivors Foundation II:** In 2006-07, CIDA disbursed \$156,743 in funding to strengthen the management and programming capacity of the Acid Survivors Foundation. The main activities of the organization are to identify acid attacks, arrange for medical and psychological treatment of survivors, assist the victims in taking legal action against the perpetrators, helping the survivors reintegrate into society by providing assistance for skills training, education, finding jobs, and income generating activities. It also works with government and civil society to raise awareness about acid violence and to try to eliminate the problem.



## Chapter 3: Income Support, Benefits and Service Delivery

Research has shown that people with disabilities are more likely to have a low income, and to rely on government programs for income support. Based on the Survey of Labour and Income Dynamics, in 2005 the average earnings of working age Canadians with a disability were almost 10 percent lower than those without disabilities (\$33,600 versus \$37,200). In that same year, 59 percent of people with disabilities cited a source other than earnings as their main source of income. The Government of Canada is committed to improving the situation of people with disabilities and has many programs and initiatives which provide income support and related benefits that are directed at people with disabilities. They include: Canada Pension Plan Disability, Employment Insurance Benefit and the new Registered Disability Savings Plan. The Government of Canada is also working to improve the delivery of its programs and services to people with disabilities.

### 1. Canada Pension Plan Disability

In 2006-07, almost 304,000 individuals with severe and prolonged disabilities, along with 90,000 of their dependent children, received \$3.4 billion in Canada Pension Plan Disability (CPPD) monthly benefits. The 2007 maximum monthly benefit is \$1,054, and the average is \$777 per month. The children's monthly benefit in 2007 is \$204.68 for each eligible child.

The CPP is jointly managed by the federal and provincial/territorial governments and, in June 2006, Ministers of Finance approved changes to the contributory requirements for CPP Disability benefits for plan members with 25 or more years of contributions. These changes were included in Bill C-36, which amended the Canada Pension Plan in May 2007. The amendment allows individuals with 25 or more years of contributions to meet the contributory requirements for the disability benefit with valid contributions in three of the last six years, instead of the current requirement of four of the last six years. The amendment will come into force once formal approval has been received from the provinces/territories. Applicants will still have to demonstrate that they meet the medical eligibility criteria. The amendment extends CPPD coverage to thousands of contributors with a long history of labour force attachment and their children.

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Since January 31<sup>st</sup>, 2005, beneficiaries who stop receiving CPPD benefits because they returned to work have been entitled to have their benefits automatically re-instated if their disability returns within a period of two years and prevents them from working. During 2006-07, 319 CPPD clients were able to have their benefits quickly re-instated this way. Indications are encouraging that more CPPD recipients are attempting to return to work. Automatic Reinstatement provides a safety net for those who are ready to attempt to return to work but fear the loss of CPP benefits.

### **Enhancement to CPP Disability Benefits & Services**

To improve service for people applying for Canada Pension Plan (CPP) Disability Benefits, Service Canada piloted a new telephone application process. The pilots ran in Alberta and Nova Scotia and showed that the approach was very helpful for a number of people who would otherwise have difficulty completing the applications themselves. Because the pre-screening component of that project was so well received, a follow-up initiative involves creating mechanisms to do this function in all the service channels. Clients will only be asked to apply once it is reasonably certain that they have the required contributions to CPP. Testing of this process in the telephone channel is expected to start in fall 2007 and later be extended to other service channels.

Another initiative involves improving the CPP Disability application.<sup>31</sup> A new application designed specifically for applicants with terminal illnesses was created and was pre-tested from June to September 2007. A component of the test involves enlisting the help of community professionals working with terminally ill in the completion of this new form, with support from Service Canada. The goal is to significantly reduce the time required to complete an application.

Work is also underway to simplify the regular application and to customize some questions to specific types of disability. Current areas being considered are mental health and episodic disability. Community groups are being consulted. Service Canada hopes to have a product in testing phase before the end of March 2008.

## **2. Employment Insurance sickness benefits**

Employment Insurance provides up to 15 weeks of sickness benefits to help people who cannot work due to short-term illness, injury or quarantine. Sickness benefits are intended to complement a range of other supports that are available for longer-term illness and disability, including benefits offered through employer-sponsored group insurance plans, private coverage held by individuals, and long-term disability benefits available under the Canada Pension Plan and provincial/territorial plans. Annual spending for EI Sickness Benefits in 2005/06 was \$859.2 million.

<sup>31</sup> In 1999, Maclean's magazine voted this 33-page product as the worst government form.

### 3. Registered Disability Savings Plan: Canada Disability Savings Grants and Bonds

An important consideration for parents caring for a child with a severe disability is how best to ensure that child's financial security when they are no longer able to provide support. Budget 2006 announced that the Government would establish a small group of experts to examine the issue and provide their advice. In July 2006, an Expert Panel on Financial Security for Children with Severe Disabilities was appointed. The Panel submitted its report, *A New Beginning*, in December 2006.<sup>32</sup>

In Budget 2007, the Government announced its intention to act on the recommendations of the Panel by announcing the introduction of a new Registered Disability Savings Plan (RDSP). As proposed, RDSPs will be available starting in 2008 and would be based generally on the existing registered education savings plan (RESP) design.

An individual eligible for the Disability Tax Credit (DTC), their parent or other legal representative, would be allowed to establish an RDSP. The DTC-eligible individual would be the plan beneficiary. The plan would consist of three main elements:

1. Parents, beneficiaries and others wishing to save would be able to contribute to an RDSP. Contributions to an RDSP for a beneficiary would be limited to a lifetime maximum of \$200,000. Contributions would be permitted up until the end of the year in which a beneficiary attains 59 years of age.
2. Annual RDSP contributions would attract Canada Disability Savings Grants (CDSGs) at matching rates that depend on family income and the amount contributed, up to a maximum lifetime CDSG limit of \$70,000. Where family net income does not exceed \$74,357, the matching rate on the first \$500 of contributions would be 300 percent, and the matching rate on the next \$1,000 of contributions would be 200 percent. Where family net income exceeds \$74,357, the matching rate on the first \$1,000 of contributions would be 100 percent. These income thresholds are for the 2007 taxation year and would be indexed to inflation for 2008, when RDSPs become operational, and for subsequent taxation years. An RDSP would be eligible to receive CDSGs up until the end of the year in which the plan beneficiary attains 49 years of age.
3. Canada Disability Savings Bonds (CDSBs) of up to \$1,000 per year will be provided to RDSPs established by low and modest-income families, up to a maximum lifetime CDSB limit of \$20,000, and would not be contingent on contributions. The maximum annual \$1,000 CDSB would be paid

<sup>32</sup> Finance Canada, The Report of the Minister of Finance's Expert Panel on Financial Security for Children with Severe Disabilities, 2006 (available at: [www.fin.gc.ca/activty/pubs/disability\\_e.html](http://www.fin.gc.ca/activty/pubs/disability_e.html)).

to an RDSP where family net income does not exceed \$20,883. The CDSB would be phased out gradually for those with family net income between \$20,883 and \$37,178. These income thresholds are for the 2007 taxation year and would be indexed to inflation for 2008, when RDSPs become operational, and for subsequent taxation years. An RDSP would be eligible to receive CDSBs up until the end of the year in which the plan beneficiary attains 49 years of age.

Only the plan beneficiary, or the beneficiary's legal representative, would be permitted to receive payments from an RDSP. Payments from an RDSP would be required to commence by the end of the year in which the beneficiary attains 60 years of age.

To ensure that RDSP payments do not reduce federal income-tested benefits, amounts paid out of an RDSP would not be taken into account for the purpose of calculating income-tested benefits delivered through the income tax system, such as the Canada Child Tax Benefit and the goods and services tax credit. In addition, amounts paid out of an RDSP would not reduce Old Age Security or Employment Insurance benefits.

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*RDSPs will help provide a brighter future for children with severe disabilities and give parents greater peace of mind in planning for that future.*

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Provinces and territories provide income support for people with disabilities through means-tested programs. The Expert Panel noted that, for the RDSP program to be effective, RDSP assets should not disqualify a plan beneficiary from receiving provincial or territorial income support provided to people with disabilities. The Expert Panel also noted that payments from the plan should supplement – not reduce – income support provided under these programs at least until the level of income support plus RDSP payments exceeds the Low Income Cut Off for the province or territory.

The Minister of Human Resources and Social Development, in collaboration with the Minister of Finance, will work with the provinces and territories to ensure that the RDSP is an effective savings vehicle to improve the financial security and well-being of children with severe disabilities.

It is estimated that this measure will increase federal expenditures by \$25 million in 2007–08 and \$115 million in 2008–09.

RDSPs will help provide a brighter future for children with severe disabilities and give parents greater peace of mind in planning for that future.

## 4. Service Canada

Service Canada provides one-stop easy access to Government of Canada benefits and services needs through channels “of choice,” whether in person, by phone, by mail or the Internet.

Service Canada’s Charter commits to providing clients with:

- choice in how to contact Service Canada;
- information that is easy to understand; and
- service in the official language of one’s choice.

People with disabilities face numerous challenges in carrying out their daily activities and Service Canada wants to minimize these challenges and ensure any issues are addressed with its clients with disabilities.

To this end, Service Canada’s Management Board approved a plan in December 2005 that aims to increase and enhance accessibility of Service Canada’s offices, Web sites, forms, applications, telephone, and mail services. This was also the impetus for the creation of a directorate to specifically focus on the service needs of people with disabilities. Work to implement the plan began in 2006. Part of this work included improvements of service to the deaf and hearing impaired. Employment Insurance (EI) TTY services were enhanced during the year and consolidated to one number: 1-800-678-2785.

In June 2006, Service Canada’s Management Board approved a 3-year Service Strategy for People with Disabilities. The Strategy aims to transform services for people with disabilities by ensuring accessibility through all channels (Internet, by mail, by phone and in-person) and simplified and bundled services to build a world class government service that has best practice in serving people with disabilities. Work is already underway on a Disability Benefits Service Offering with initiatives to simplify forms and processes, and to create internal and external linkages to improve the client experience when people with disabilities deal with Service Canada. This will also ensure they get information about all the programs and services to which they are entitled.

### A. EXTERNAL ADVISORY GROUP

An External Advisory Group (Advisory Group) enables Service Canada to seek advice, input, and feedback from non-governmental disability organizations involved in service delivery on ways to improve the accessibility and the delivery of Service Canada’s programs and services for people with disabilities. The membership represents a broad spectrum of disabilities and its members are drawn from across Canada.

## B. RESEARCH

Service Canada commissioned Strategic Counsel to conduct public opinion research with Organizations Supporting People with Disabilities. The contract for this undertaking was established in 2005 and the final report was received in March 2007.

A research study on International Best Practices in Service Delivery for People with Disabilities was also obtained by Service Canada in December 2006. The research was conducted by Dr. Michael Prince from the University of Victoria.

Highlights of these studies follow.

### **Research among Organizations Supporting People with Disabilities**

Using qualitative and quantitative approaches, this project aimed to better understand the needs, preferences, services, and operating environments of organizations supporting people with disabilities. It also illustrated the perceptions of supporting organizations about service delivery needs of people with disabilities. The report noted potential areas for enhancing Government of Canada services and communications with organizations supporting people with disabilities including, but not limited to: increasing in-person contacts; raising awareness of Service Canada and other government programs or services; and simplifying funding processes.

### **International Best Practices in Service Delivery for People with Disabilities**

This study examined international information on people with disabilities to identify best practices that could be learned and applied by Service Canada. The two most innovative and integrated realms of services were Australia's Centrelink, with which Service Canada shares some common features, and New Zealand's health and disability sector. The report references best practice examples such as: extending the range of languages in which service is provided; recognizing disability ranges; expanding accessible and integrated service provision across national agencies; establishing universal office design standards; valuing human interaction in client service; and ensuring a representative workforce from employment equity groups.

## C. COMMUNICATIONS

Service Canada has adapted desks in some of our offices to improve access for people with disabilities. The Service Canada Web site includes the “talk to me” option—an automated reading service for visually impaired users. The 11 most frequently requested forms are available online in formats accessible to people with disabilities. All Service Canada publications are produced in large print and available in alternate format.



# REGIONAL INITIATIVES

Service Canada is about improving the delivery of Government of Canada programs and services to citizens through easy-to-access, personalized service. It undertakes many regionally-based initiatives to accomplish this goal.



## NEW BRUNSWICK

- In conjunction with the Premier's Council on the Status of Disabled Persons, a Disability Awareness Strategy was implemented across the New Brunswick Service Canada region. Service Canada centres across the region planned and organized internal and/or external disability awareness activities. A final report containing best practices and recommendations was prepared. It will be distributed throughout the New Brunswick Service Canada network.
- A profile to improve service offerings is being developed and a reference group has been established. The working group finished the first of three phases of the People with Disabilities Client Segment Profile and is currently working on the second phase.
  - Phase I included a diagnostic (snapshot of New Brunswick People with Disabilities situation) and an inventory of programs and services.
  - Phase II involves a needs assessment and gap analysis. A consultation group was organized in early 2007 to obtain feedback on service offerings and service gaps.
  - Phase III will lead to recommendations to management, based on the results of previous phases.



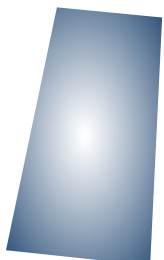
## MANITOBA

- In Winnipeg, Service Canada provides leadership and input to the Opportunities Fund (OF) Community Planning Group which meets quarterly to address common issues and provide input to OF programming.
- In Brandon, the OF Project (Enhanced Employment Assistance Service) is located in the Youth Office. Career and Employment Youth Services (CEYS) provides people with disabilities with client assessment services and case management services, utilizing appropriate interventions which will help people with disabilities successfully integrate into the labour market or educational system.



## SASKATCHEWAN

- In southwest Saskatchewan, Service Canada is involved with a committee that is focusing on youth with disabilities as they complete secondary education. Staff will provide transition services to achieve specific outcomes which promote the transition from school to work.
- Service Canada in northern Saskatchewan is a stakeholder on the Employment Networking Initiative. This coalition of Human Service Agencies provides integrated services for people with disabilities, ultimately leading to full inclusion and employment.
- Service Canada in Saskatchewan has completed a community profile of people with disabilities. This will help the province to ensure that the bundling of services are relevant and effective for the disability community.





## ONTARIO

- Under the Opportunities Fund for Persons with Disabilities, Ontario Region partnered with the Canadian Working Group on HIV and Rehabilitation to sponsor an event aimed at raising awareness of workplace issues related to the employment of persons with episodic disabilities, thereby reducing systemic barriers to their participation in the labour force.
- The Adaptive Technology Workstation in Windsor is equipped with a variety of unique features enabling the person to customize their individual situation including: adjustable speaker volume and table housing; touch screens or various pointing devices to assist persons with limited manual dexterity; alternative keyboards; and adjustable font sizes and magnifying features to assist those with reduced vision.
  - All Citizen Service Agents in the Service Canada Centre have been provided with soft-skill training (ADAPT), to remove service barriers and better equip them to welcome and assist people with disabilities.
- A partnership between Service Canada and the Province of Ontario where Service Canada Ontario Region and the Ontario Disability Support Program (ODSP) Toronto Region has initiated a pilot for the bundling of CPPD benefit and ODSP benefit information in the Service Canada Centres (Toronto East / West) and the ODSP Toronto Regional Offices.
  - This bundling provides a holistic approach to the income support information that is provided to people with disabilities in the Service Canada Centres and the Ontario Disability Support Program Income Support offices.



## ALBERTA / NWT / NUNAVUT REGION

- Clients reported a very positive assessment of the CPP Disability/Assured Income for the Severely Handicapped (AISH) pilot in Central Alberta. This partnership provides an improved overall experience for mutual clients of Service Canada and the province of Alberta. Phase 2 (Southern Alberta) commenced February 2007.
- Six International Medical Graduates were offered one year terms as Disability Officers and gained experience in the Canadian work environment.
- The region made contact with the provincial and municipal governments to explore their interest in collaborating on a Centre of Excellence for People with Disabilities for Alberta.



## BRITISH COLUMBIA AND YUKON

- With the establishment of the Disability Action Plan (DAP), the BC/Yukon Region committed to developing a “coordinated approach to disability policy and programming.” The region-wide action plan offers a way for staff from various departmental responsibility areas to improve program coordination by sharing disability-related information.
- Service Canada in the BC/Yukon Region works closely with the BC Government through a senior level regional federal/provincial committee to address common disability issues. These include initiatives regarding personal supports under the BC Government Disability Strategy, as well as improved federal/provincial coordination of employment programming for people with disabilities.
- Service Canada has taken an initial step towards integrating benefit delivery between the two governments. An agreement between Service Canada and the BC Ministry of Employment and Income Assistance will allow clients to provide consent for one set of Medical Records to be used in adjudication of both the federal and provincial programs, thereby providing clients with a streamlined and cost-effective application process.

## Chapter 4: Learning, Skills, and Employment

People with disabilities are less likely to have higher levels of education and be engaged in full-time employment than those without disabilities. Regardless of disability status, people with post-secondary education are more likely to be employed. Overall, 61.6 percent of people with disabilities with post-secondary education are employed compared to 40 percent of those with high school or less. This suggests the possibility of improving employment opportunities for Canadians with disabilities by improving education opportunities. However, education does not explain all of the differences in employment status between those with disabilities and those without. Even with similar education levels, people with disabilities do not have the same employment rates as people without disabilities. There are many other barriers to an equal standing in Canadian society for people with disabilities including negative attitudes, inaccessible infrastructure, and lack of various supports.

People with disabilities face barriers to post-secondary education and in making the transition from school to work. These barriers include:

- financial barriers;
- an inaccessible physical infrastructure resulting in limited ability to attend classes, navigate campus, use various facilities, do research or use libraries and labs; and
- a lack of necessary supports such as adequate career and employment counselling services, which makes entering the labour force more challenging.

Based on data from the Participation and Activities Limitation Survey (PALS) of 2001, 52 percent of people with disabilities who are not in the labour market, 28 percent want to work and indicate that it is environmental barriers – not their functional limitations – that prevent them from working. To minimize these types of barriers, the federal government, in collaboration with other government levels, disability organizations, and the private sector, put in place a number of programs and policies that are discussed below. With increasing numbers of baby boom generation workers exiting the workforce, annual labour supply per capita is projected to decline starting in about 2010. Consequently, people with disabilities, as well as youth and immigrants, are crucial in addressing future labour market shortages.

*In the 2005-06 loan year, 9,794 students with permanent disabilities were awarded a Canada Access Grant totalling \$18.8 million, and 8,488 students received the Canada Study Grant for the Accommodation of Students with Permanent Disabilities for a total of \$19.4 million.*

*In addition, 482 students with permanent disabilities benefited from loan forgiveness through the Permanent Disability Benefit at an approximate cost of \$5.2 million.*

**Based on data from the Survey of Labour and Income Dynamics:**

The percentage of people with disabilities who were fully employed increased from 42.4 percent in 1999 to 48.9 percent in 2005. This increase in employment rates was greater for people with disabilities than for people without disabilities (6.5 percent versus 2.6 percent, respectively). However, in 2005, people with disabilities were still much less likely to be fully employed throughout the year compared to people without disabilities (48.9 percent versus 65.4 percent, respectively).

People with disabilities have lower average salaries than people without disabilities. In 2005, people with disabilities had average earnings of \$33,600 compared to \$37,200 for people without disabilities (average earnings for all Canadians was \$36,100).

## 1. Learning and skills

### A. STUDENT FINANCIAL ASSISTANCE

The mission of the Canada Student Loans Program (CSLP) is to promote accessibility to post-secondary education for students with a demonstrated financial need.

The Government of Canada recognizes the financial challenges faced by students with permanent disabilities in their pursuit of post-secondary education. Under the CSLP, post-secondary students with permanent disabilities receive assistance with relaxed eligibility criteria for full- and part-time education and an extended lifetime limit of 520 weeks of loan assistance, compared to students without permanent disabilities who are eligible for 340 weeks.

The CSLP also offers two grants targeting students with permanent disabilities. Under the *Canada Access Grant for Students with Permanent Disabilities*, up to \$2,000 per loan year is awarded to students with permanent disabilities who demonstrate financial need. Under the *Canada Study Grant for the Accommodation of Students with Permanent Disabilities*, up to \$8,000 per loan year is provided to cover exceptional education-related costs associated with students' disabilities, such as tutors, interpreters or technical aids.

In the 2005-06 loan year, 9,794 students with permanent disabilities were awarded a Canada Access Grant totalling \$18.8 million, and 8,488 students received the Canada Study Grant for the Accommodation of Students with Permanent Disabilities for a total of \$19.4 million.

In addition, the CSLP offers a *Permanent Disability Benefit*, in the form of loan forgiveness, for students who, due to their permanent disability, cannot repay their loans without exceptional hardship. In the

2005-06 loan year, 482 students with permanent disabilities benefited from this permanent disability forgiveness at an approximate cost of \$5.2 million.

**Table: Canada Student Loans Program expenditures**

Program/Initiative	Amount* (\$ millions/loan year 2005-06)	Recipients*
Canada Access Grant for Students with Permanent Disabilities	\$18.8	9,794
Canada Study Grant for the Accommodation of Students with Permanent Disabilities	\$19.4	8,488
Permanent Disability Benefit	\$5.2	482

\*Preliminary data

## B. ADULT LEARNING, LITERACY AND ESSENTIAL SKILLS

People with disabilities are less likely than people without disabilities to have adequate literacy skills.<sup>33</sup> The Adult Learning, Literacy and Essential Skills Program (ALLESP)<sup>34</sup> works to promote literacy as an essential component of a learning society and to make Canada's social, economic, and political life more accessible to people with low literacy skills. These people include the non-employed or under-employed, Aboriginal people, new Canadians, and people with disabilities such as deafness, blindness or learning disabilities. In 2006-07, the ALLESP funded 34 projects targeted primarily at people with disabilities. These projects received a total of \$3,088,443 in funding.

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## 2. Employment

### A. LABOUR MARKET AGREEMENTS FOR PERSONS WITH DISABILITIES

Under the Labour Market Agreements for Persons with Disabilities (LMAPD), the Government of Canada shares costs with provincial and territorial programs and services to improve the employment situation of Canadians with disabilities by enhancing their employability, increasing available employment opportunities, and building on the existing knowledge base.

Provincial and territorial labour market programs and services funded under the LMAPD are consistent with select priority areas, one of which is connecting employers and people with disabilities.

<sup>33</sup> Costa Kapsalis, *The Effect of Disabilities on Literacy Skills*, (Nepean, ON: Data Probe Consulting), 1999.

<sup>34</sup> ALLESP was previously known as the National Office of Literacy and Learning (NOLL). More information on ALLESP is available at: [www.hrsdc.gc.ca/en/hip/lld/olt/ADULTLESP.shtml](http://www.hrsdc.gc.ca/en/hip/lld/olt/ADULTLESP.shtml).

Ministers agree to report on societal indicators of labour market participation for their jurisdiction or at the national level, subject to data availability. Common indicators include:

- employment rate of working age people with disabilities;
- employment income; and
- education attainment.

The Government of Canada contributes 50 percent of the costs incurred by provinces/territories for funded programs and services up to the amount of the federal allocation identified in each bilateral agreement.

<b>2006-07 Federal Contribution for Labour Market Agreements for Persons with Disabilities</b>	
Newfoundland & Labrador	\$4,578,367
Prince Edward Island	\$1,375,659
Nova Scotia	\$8,290,346
New Brunswick	\$5,950,848
Quebec	\$45,892,915
Ontario	\$76,411,477
Manitoba	\$8,964,971
Saskatchewan	\$10,852,608
Alberta	\$25,190,332
British Columbia	\$30,744,084
<b>Total Contribution</b>	<b>\$218,251,611</b>
Source of funds: Consolidated Revenue Fund	

The agreements expire on March 31, 2009. The future of the LMAPDs is being discussed as part of HRSDC's work on the new labour market architecture.

Efforts are also underway to formally evaluate the LMAPDs through a joint partnership with the Government of Canada in three jurisdictions: Manitoba, Nova Scotia, and Prince Edward Island. Work has begun on all three, but Manitoba's is the most advanced. Evaluations are both costly and time-consuming to complete. The Manitoba evaluation was conceived in 2003-04 and its expected completion date is December 2007. Its total estimated cost is \$300,000.



## **B. THE OPPORTUNITIES FUND FOR PERSONS WITH DISABILITIES**

The Opportunities Fund for Persons with Disabilities program (OF) is designed to assist people with disabilities to return to work if they are otherwise ineligible for employment programs through the Employment Insurance program.

The objectives of the OF are:

- to assist eligible people with disabilities to prepare for and obtain employment or self-employment, as well as to develop the skills necessary to maintain it;
- to support effective and innovative activities such as, but not limited to:
  - encouraging employers to provide individuals with work opportunities and experience;
  - assisting individuals to increase their employment skill level; and
  - helping individuals to start their own business; and
- to work in partnership with organizations for people with disabilities, including the private sector, to support innovative approaches to integrate individuals with disabilities into employment or self-employment; and to address barriers to an individual's labour market participation.

Outcomes focus on the degree to which the program helped people with disabilities achieve greater employability, attain employment or return to school.

### **FUND RECIPIENTS**

The OF serves businesses, organizations (such as public health and educational institutions), tribal/ band councils, municipal governments, and individuals. Provincial/territorial government departments and agencies require Ministerial approval to be included in the class of recipients.

### **SUMMARY OF ACTIVITIES**

In 2006-07, there were over 700 agreements that provided direct financial assistance to individuals with disabilities to obtain skills for employment, to establish a new business or to obtain the necessary supports and services to become employed.

There were approximately 500 agreements with employers and non-governmental organizations (NGOs), including seven projects delivered under the OF National Projects option.

On average, about 4,800 clients have been served each year since the program was established in 1997. Over the last 3 years an average of 5,000 clients were served and it is expected that over 5,000 clients will be served in 2007. Approximately 33 percent of clients served have gained



employment. The remaining clients continue to work with service providers on their return-to-work action plans. Some clients return to school, some are referred to a more appropriate resource, and some drop out for health reasons.

## **TOTAL EXPENDITURES UNDER THE OPPORTUNITIES FUND FOR PERSONS WITH DISABILITIES**

The OF is a \$30-million-a-year contribution program. Contribution agreements designed to assist people with disabilities prepare for, find and maintain employment account for \$26.7 million.<sup>35</sup> About \$21.5 million (80 percent) of the contribution budget is delivered through regional Service Canada Centres and the remaining 20 percent (\$5.2 million) is reserved for the program's national projects. Funds come from the Consolidated Revenue Fund.

*Outcomes of the Opportunities Fund focus on the degree to which the program helped people with disabilities achieve greater employability, attain employment or return to school. In 2006-07, there were over 700 agreements that provided direct financial assistance to individuals with disabilities to obtain skills for employment, to establish a new business or to obtain the necessary supports and services to become employed.*

## **C. WESTERN ECONOMIC DIVERSIFICATION**

Western Economic Diversification Canada (WD) assists individuals with disabilities through a targeted program, the Entrepreneurs with Disabilities Program (EDP), and through funding support for individual projects within each of the department's strategic priorities.

### **ENTREPRENEURS WITH DISABILITIES PROGRAM (EDP)**

In 2006-07, WD spent \$1.5 million on the EDP.<sup>36</sup> The EDP provides a range of services to entrepreneurs in western Canadian urban and rural communities who are seeking to start-up or expand small and medium-sized businesses, including:

- assistance with developing business plans;
- mentoring and counselling services;
- training in business management;
- help to identify requirements for specialized equipment;
- referrals to other government resources; and
- access to business loans.

<sup>35</sup> The remaining \$3.3 million is for the operating costs of the program.

<sup>36</sup> In April 2006, WD consolidated its Entrepreneurs with Disabilities Program with the former Urban Entrepreneurs Disabilities Initiative (UEDI) and a five-year commitment to provide funding of up to \$1.5 million annually was approved. Previous funding for the two programs was \$775,000 per annum.

## DELIVERY CHANNELS

Western Canadians who have a disability can access a network of business professionals and a world of resources through the EDP.

In rural communities, the program is delivered through Community Futures offices.<sup>37</sup> In urban areas, WD works with a number of partners to deliver the program.

Province	Community Futures Development Corporation
British Columbia	Community Futures Development Association of BC
Alberta	Community Futures Network Society of Alberta
Saskatchewan	Community Futures Partners of Saskatchewan
Manitoba	Community Futures Partners of Manitoba

City	Delivery Agent
Vancouver, BC	VanCity Credit Union
Victoria and Lower Mainland, BC	Coast Capital Savings
Calgary, AB	Momentum
Edmonton, AB	Distinctive Employment Counselling Services of Alberta
Regina, SK	South Saskatchewan Independent Living Resource Centre
Saskatoon, SK	North Saskatchewan Independent Living Resource Centre
Winnipeg, MB	Independent Living Resource Centre

## LOAN PROVISIONS

The EDP provides entrepreneurs with disabilities, who are unable to obtain financing from a traditional financial institution, with access to business loans. The loan terms are flexible and tailored to meet an individual's needs.

## BACKGROUND

From their inception in 1997-98 till 2005, the EDP was composed of two programs: the Urban Entrepreneurs with Disabilities Initiative (UEDI) and the Entrepreneurs with Disabilities Program (EDP) in rural areas. The two have been consolidated into one program: the EDP.

<sup>37</sup> Information on the Community Futures Development Corporations is available at: [www.wd.gc.ca/pos/cfdc/xindex\\_e.asp](http://www.wd.gc.ca/pos/cfdc/xindex_e.asp).

From EDI and UEDI's inception in 1997-98 to 2005:

- 765 loans totalling \$16.2 million were issued to clients under both programs;
- 65 percent of the clients were operating businesses in 2005, up 54 percent before approaching the programs; and
- of the 89 percent of clients who were not in business, 69 percent subsequently started-up operations and, of those, 55 percent were still operating at the end of 2005.

Meanwhile, the program's loan component resulted in:

- 3400 person years of incremental employment; and
- \$145 million in incremental revenues (\$9.16 for every dollar in loans).

### **SUPPORT THROUGH OTHER INITIATIVES THAT ALIGN WITH WD'S STRATEGIC PRIORITIES**

WD also supports individual projects that benefit people with disabilities by enhancing economic well-being through activities that assist entrepreneurial growth; improve quality of life through research and development; increase access to community facilities; and enhance the capacity of organizations that serve the disability community.

In 2006-07, WD approved the allocation of a total of \$2.07 million to support six projects under various programs. The funding has generated additional investments of \$8.16 million from other sources.

### **EXAMPLES OF PROJECTS FUNDED**

In June 2006, WD provided \$27,000 to the World Urban Forum's Accessible Urban Space discussion project, which was undertaken by the Social Planning and Research Council of British Columbia (SPARC BC). The project facilitated interaction and exchange among international, national, regional, and local participants regarding urban space design and the impact it has on social inclusion in varying cultural and economic settings. SPARC BC worked proactively to engage people with disabilities in these discussions and to ensure that all requisite technology and space requirements necessary for their participation were met.

WD contributed \$475,000 to Cosmopolitan Industries Ltd. (Cosmo) of Saskatoon for a \$1.5 million project designed to expand and upgrade its paper recycling facility. Cosmo is a not-for-profit corporation established in 1970 by the Saskatoon branch of the Saskatchewan Association of Community Living, in cooperation with Mental Health Saskatchewan Abilities Council that provides work for adult program clients with intellectual disabilities. It is expected that the project will significantly improve the efficiency of operations and triple the capacity of its paper waste recycling operations, increasing employment opportunities for program participants.

## D. EMPLOYMENT WITHIN THE PUBLIC SERVICE

The Government of Canada is committed to accessible employment within the Public Service. The Public Service Commission and the National Council of Federal Employees with Disabilities have both played a significant role in ensuring that there are government-wide improvements. In addition, each individual department is responsible for ensuring that employment equity concerns are addressed, and barriers are eliminated.

### i. The Public Service Commission

The Public Service Commission (PSC) is dedicated to building a public service that strives for excellence. It protects merit, non-partisanship, representativeness, and the use of both official languages. The PSC safeguards the integrity of staffing in the Public Service and the political impartiality of public servants.

It develops policies and guidance for public service managers and holds them accountable for their staffing decisions. It conducts audits and investigations to confirm the effectiveness of the staffing system and to make improvements. As an independent agency, the PSC reports its results to Parliament.

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*The Employment Equity Act requires the Public Service Commission to identify and eliminate barriers and institute positive policies and practices in the public service appointment system to achieve a representative workforce.*

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## PROGRAMS AND INITIATIVES OF THE PSC

The PSC is accountable for employment equity in all appointment activities it administers or oversees under the *Public Service Employment Act* (PSEA). In addition, the *Employment Equity Act* (EEA) requires the PSC to identify and eliminate barriers and institute positive policies and practices in the public service appointment system to achieve a representative workforce.

The PSC has an appointment framework that includes an overarching policy on employment equity and the duty-to-accommodate requirements pertaining to staffing. In addition, the PSC has guides and tools to support departments in integrating employment equity into the appointment process.<sup>38</sup> The PSC will continue to monitor their impact on recruitment and staffing activities.

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<sup>38</sup> Guidance on how to integrate employment equity, including the duty to accommodate, in all phases of the appointment process is available on the PSC Web site at [www.psc-cfp.gc.ca/psea-lefp/guides/equity/guidance\\_e.htm](http://www.psc-cfp.gc.ca/psea-lefp/guides/equity/guidance_e.htm).

The PSC is updating its systems and tools and developing new ones to assist departments and agencies in implementing the provisions of the PSEA. Tools such as the jobs.gc.ca Web site, Public Service Resourcing System (PSRS), and the Infotel service at 1-800-645-5605, are monitored and maintained to ensure that they are inclusive and barrier-free. All Canadians, including people with disabilities, can access employment opportunities in the federal Public Service. The PSC Guidelines for Assessing Persons with Disabilities are being revised to ensure they conform to current legislative requirements and policies, and to make them more user-friendly.

As part of its contribution to the five year Parliamentary review of the EEA, the PSC has highlighted its objectives and a number of issues on the operations and effectiveness of the EEA in a Consultation Document which was used to seek feedback from key stakeholders, including deputy heads, heads of bargaining agents, and chairs of national employment equity employee councils.<sup>39</sup> The main issues for consultation are: merit and representativeness; self-identification and self-declaration; access and drop-off rates of designated group members; employment equity plans and programs; and the duty to accommodate. Feedback received will be used to develop the PSC's position.

### Highlights of the Drop-Off Study on Employment Equity Groups

In fall 2005, the PSC commissioned a study of external recruitment processes from 2000 to 2005 to identify the extent and key patterns of drop-off for each employment equity group, and to provide more information for further research and analysis of the causes and factors involved. "Drop-off" is the difference between the share of applications and the share of appointments in external recruitment processes, and is important because it may indicate systemic and other barriers in the appointment process that are not related to merit, and that may have a negative impact on the achievement of a representative public service. Previous studies on drop-off for employment equity groups (Aboriginal peoples, women, people with disabilities, and visible minorities) have confirmed its existence, especially for visible minorities.

In its 2005 study, the PSC found that the appointment rates for all four employment equity groups exceeded their workforce availability. Although the study confirmed a drop-off for visible minorities, it found no overall drop-off for other employment equity groups, including people with disabilities. The PSC will undertake further research to determine whether drop-off persists under the new *Public Service Employment Act*, and if so, what are the causes and factors.

SOURCE: [www.psc-cfp.gc.ca/ee/drp-dcln/highlights\\_e.htm](http://www.psc-cfp.gc.ca/ee/drp-dcln/highlights_e.htm)

<sup>39</sup> The document is available at: [www.psc-cfp.gc.ca/ee/consultation/index\\_e.htm](http://www.psc-cfp.gc.ca/ee/consultation/index_e.htm).

## ii. The National Council of Federal Employees with Disabilities

The National Council of Federal Employees with Disabilities (NCFED) represents the interests of federal public servants with any type of physical or mental disability by raising awareness and getting involved in all employment processes, from recruitment and retention to training, career development, accommodation, and accessibility. The NCFED provides information, advice, analysis, and recommendations on relevant issues, as well as the actions required to address them, to federal public service management and other key players. The ultimate goal is to ensure a respectful and inclusive work environment.

### Examples of the NCFED Key Activities and Achievement

- The NCFED was instrumental in ensuring that the House of Commons “Question Period” successfully implemented a pilot project providing French captioning through the use of voice recognition. It is hoped that this initiative will lead the way towards ensuring print interpretation services in the near future for public servants with hearing loss.
- Continued collaboration with its counterparts, the National Council of Aboriginal Federal Employees (NCAFE) and the National Council of Visible Minorities (NCVM) to discuss common issues. Joint meetings were held with the Public Service Alliance of Canada (PSAC) which resulted in the development of a Secretariat within the Agency to assist the three groups in attaining their objectives.
- NCFED continues to support and encourage the adoption of the Universal Design building code, which the Department of National Defence and the Canadian Forces developed, within other departments and agencies throughout the Public Service.
- The Council participated and contributed to the proposed amendments to the *Employment Equity Act* and ensured the needs of public servants with disabilities were recognized and taken into consideration.
- The NCR, Ontario Region and Quebec Region held townhall sessions to inform constituents and engage them in the participation with the Council. The Pacific Region teamed up with the Pacific Visible Minority Council and Pacific Federal Council to provide information sessions in Victoria and Vancouver. In April 2007, an information booth for the Federal Government Middle Managers Professional Development Forum attracted much attention. Much awareness building has been achieved over the past year.
- The NCFED will be concentrating on obtaining and ensuring sustainable ongoing support for addressing and/or resolving key projects and issues. This tangible support must come from the Clerk of the Privy Council, Treasury Board, the Public Service Agency and all government departments and agencies. Most of all, the active participation of all government departments in the resolution of issues faced by federal public servants with disabilities will be the key to success.

Easy access to appropriate accommodations is only the most obvious component of inclusiveness for employees with disabilities. The NCFED's vision also focuses on subtler and more profound changes to the corporate culture of federal departments and agencies. The work environment is much more than a workplace. As the workplace must be accessible, so too must the work environment, which includes the rapport of NCFED constituents with co-workers, supervisors, line managers and senior managers.

The NCFED is made up of nine federal public servants with disabilities who have been elected by federal public servants and two full time office workers. The NCFED's voluntary work through the Council is in addition to their everyday job.<sup>40</sup>

### **iii. Examples of departmental initiatives**

As well as the above-noted government-wide bodies, individual federal government departments and agencies have taken steps to ensure an accessible workplace. This section describes the steps taken by some of these departments and agencies.

#### **I. CANADIAN RADIO-TELEVISION AND TELECOMMUNICATIONS COMMISSION (CRTC)**

The CRTC is a regulatory agency of approximately 420 employees. As of June 2006, 35 employees had self-identified as persons with a disability and various job accommodations have been implemented based on the specifics of the disability.

The CRTC has a very active Diversity and Equity Committee. Part of its mandate is to work towards creating:

- a workplace that is welcoming to employees from diverse backgrounds, free from discrimination based on religion, gender, sexual orientation, disability, ethnic and cultural background, political opinion, and age;
- access to a career path for all employees by eliminating barriers and behaviours that could hinder their progress or discriminate against them; and
- measures to correct historic employment disadvantages for these designated groups and to promote their employment within the work force.

To this end, the CRTC has carried out several initiatives this year directly related to people with disabilities.

<sup>40</sup> More information about the NCFED is available at: [www.hrma-agrh.gc.ca/ee/ncfspd-cnehfpf/index\\_e.asp.ehfpf/index\\_e.asp](http://www.hrma-agrh.gc.ca/ee/ncfspd-cnehfpf/index_e.asp.ehfpf/index_e.asp).



## **STEERING COMMITTEE FOR INCLUSION**

The CRTC is now in its 16<sup>th</sup> year of an employment program targeted to persons with intellectual disabilities. There are currently 5 employees in this program and the goal is to ensure that they continue to have a work experience that is fulfilling and inclusive.

Over time, due to reorganization, movement of supervisors to other positions and ever-evolving changes brought about by technology, it became apparent that a review of the duties performed by these employees was required in order to enhance their work experiences. Also, because their computer skills vary, some did not have access to the internal online newsletter and were unaware of social events occurring throughout the building. The goal was for these employees to have a more inclusive work environment.

The Steering Committee, which consists of supervisors, a representative of the Diversity and Equity Committee, and a Human Resources representative, was set up to review work assignments for these employees, create support networks, address concerns, and promote the benefits of this program and these employees throughout the CRTC. One issue that was identified was the lack of training opportunities for these employees. As a result, these employees now receive weekly training on various topics or skills.

## **INFORMATION SESSIONS AND AMERICAN SIGN LANGUAGE CLASSES**

Throughout the year, the Diversity and Equity Committee presents information sessions on topics of interest to the four designated groups. A session on Adaptive Computer Technology (ACT) was held in January 2006, delivered by the Environment Canada Adaptive Computer Technology group.

The CRTC also offered American Sign Language Levels 1 and 2 to interested employees from various divisions between September 2006 and April 2007.

## **II. ENVIRONMENT CANADA**

In May 2006, Environment Canada adopted an inclusiveness strategy aimed at developing and supporting a flourishing culture of inclusiveness in which people's diverse skills and competencies are harnessed in the pursuit of a common goal. Important elements in such a strategy include updating key people management strategies and practices, ensuring representativity, introducing national funding mechanisms for corporate priorities, taking a second look at ways to establish good relations and reworking the accountability system.

Following the adoption of this strategy, the Department set up a central fund to handle employee accommodation needs. It began with an initial allocation of \$100,000 and more will be allocated if required. A departmental policy on accommodation, procedures for requesting accommodation, guidelines for accommodation in a staffing process and guidelines regarding employees who are injured or ill in the workplace were developed. An information leaflet describing the central fund was also produced.

In addition, Environment Canada has a very active and successful adaptive computer technology (ACT) program. The program is designed to support the workplace integration of Environment Canada employees with disabilities, functional limitations, injuries or ergonomic needs, through the use of adaptive computer technology. The program provides direct services to clients at Environment Canada and in other federal government departments.

Since 1991, the ACT program has been a leader in the field of accessibility and Adaptive Computer Technology and it is recognized internationally for its unique services to people with disabilities. The staff provide a wide range of services, including assessment of client needs, client training, client support, accessibility evaluation of applications and Web sites, and specialized training for technical staff on supporting people with disabilities and developing applications and Web sites that are accessible to everyone.

The objective of the program is to enable access to computer resources by compensating for visual, sensory or mobility impairments. Every year, the ACT program answers thousands of enquiries, gives over 250 information sessions, provides multidimensional training for over 300 developers and technicians, and manages over 75 projects for active clients. Finally, the ACT program offers consultation and testing services in the accessibility field.

### III. NATURAL RESOURCES CANADA

Since its beginning, Natural Resources Canada (NRCan) has worked with Canadians to provide responsible leadership and effective stewardship of our natural resources. The department is currently engaging all its employees in the “North Star” project to ensure that NRCan continues to be the leader, champion and centre of knowledge for natural resources in Canada. The North Star engagement is in step with Public Service modernization and Human Resources renewal.

At the heart of NRCan’s renewal is the engagement of all its employees. Employee participation at all levels reinforces the values, talent, and diverse perspectives that designated group members bring to the department, particularly people with disabilities. This involvement supports NRCan in implementing its third Employment Equity Action Plan (EEAP) 2006-11 to foster an inclusive workplace, to retain and advance the careers of designated employees, and to build a representative workforce.

The key achievements of previous EEAPs in regard to people with disabilities include: the Reintegration to the Workplace Policy and the Alternative Work Arrangement Guidelines. As well, the Technology Accessibility Centre (TAC) was established to assist employees requiring adaptative technologies.

This past year, the TAC has undergone a complete revamp of its facility through the acquisition of new technologies. The departmental EE and Diversity Champions, the Persons with Disabilities Network, the December 3<sup>rd</sup> International Day of Disabled Persons and the Accessibility Awareness Day serve to educate the department on disability, accommodation, and health and safety issues.

For most accommodations requested by employees, procedures are in place and well refined. They include telework arrangements, assessments for fitness to work and ergonomics, accommodation for testing during staffing processes, and accommodation during language training.

NRCan has put in place a procedure to systematically track information on how the department is implementing accommodation requests. This information is used to identify areas for improvement in creating a welcoming workplace for people with disabilities.

At present, NRCan is also collaborating with central agencies to develop a horizontal policy approach in providing sign language interpretation services to Canadians who are deaf or hard of hearing when accessing government services, programs or consultation.

#### IV. SERVICE CANADA

The Adaptive Computer Technology (ACT) Centre provides Service Canada and HRSDC employees with disabilities with information, tools, and equipment to create more accessible and effective work spaces. The Centre also offers guidance and advice on various adaptive technologies that can be used to create documents, web pages and programs to ensure increased accessibility for people with disabilities. Solutions are targeted to individual employee needs.

Service Canada is striving to be a world leader in the provision of accessible government services. To enable this objective, Management Board approved an expanded mandate for the ACT Centre -- to ensure the provision of accessible services through Service Canada for people with disabilities. The ACT Centre was also re-aligned from the Innovation and Information Technology Branch (IITB) to the Services for People with Disabilities Directorate.

#### V. TREASURY BOARD SECRETARIAT

Treasury Board Secretariat (TBS) is committed to meeting its obligations in terms of taking measures to promote a supportive, diverse and inclusive work environment based on respect and equality. The initiatives taken include the following:

### **Accommodation for employment and work**

— To facilitate employment and work, the government's guidelines on accommodation measures and other references are in place for employees and managers. These guidelines and references are posted permanently on TBS' intranet site. Employees can avail themselves of such measures by contacting their managers directly. Managers must earmark funds in their budgets for this purpose.

### **Human resources activities**

— Participants in human resources activities such as competitions, training, and ceremonies are offered the opportunity to indicate the type of accommodation measures they need to participate in full equality and without impediment.

### **Employee guide to emergency situations**

— An initiative aimed at preparing employees for emergency situations has been taken for TBS. Copies of the resulting employee guide have been handed out to every workstation. The guide contains practical information and references. Many potential emergencies are identified as well as evacuation procedures for persons needing special assistance.

### **Protocol for returning to work after an accident or illness**

— A draft protocol for returning to work after an accident or illness has been developed. The protocol will allow employees who have suffered an accident or illness to return to work gradually.

## **E. VETERANS**

### **Veterans Affairs Canada's (VAC) Job Placement Assistance:**

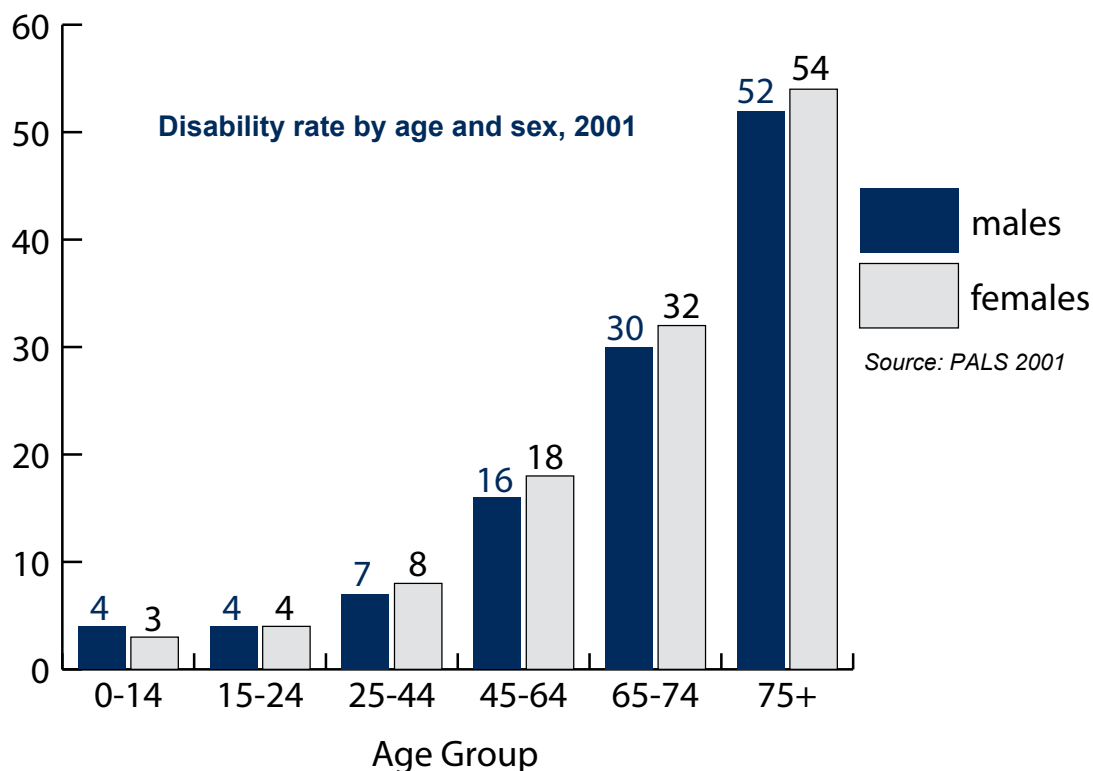
Job placement assistance provides practical help in finding a civilian job. This program is available to all members on release from Regular Force service.

### **Veterans Affairs Canada's Vocational Assistance Services:**

VAC's vocational assistance services support independence and wellness and are designed to ensure that Canadian Forces Veterans who have been recently released obtain the necessary learning, if it is possible, to transfer skills and education from a military job to a similar civilian job. If not, the Veteran may qualify for training for another kind of job.

## Chapter 5: Health and Well-Being

People with disabilities are less likely to report that they are in good health,<sup>41</sup> and experience shorter life expectancy.<sup>42</sup> While only 12 percent of Canadians report experiencing a disability at any one time, the majority experience disability at some point in their lives. Some experience it as a periodic episode. Frequently, it is experienced with age, with over half of all people 75 years of age and older experiencing a disability.



There are two major models of disability. The medical model of disability views disability as an individual problem that needs to be 'cured'. By contrast, under the social model, it is the barriers created by society that are the problem and need to be removed. The health and well-being of people with disabilities is one of the areas in which these two views of disability compete. For both people with and without disabilities, health can itself be understood in two senses: a narrow, medical sense and a broader sense of well-being: "the state of being happy, healthy, or prosperous" [Merriam-Webster]. Many studies have shown that in both senses the experience of people with disabilities is substantially worse than that of people without disabilities.

41 Shelley Hourston, "Health Learning and People with Disabilities," *Abilities* magazine, July (2007), pp. 45.

42 Mary Ann McColl, Jerome Bickenbach, William Boyce, Janice Miller, Louise Ogilvie, Sam Shortt, and Daryl Sturtevant, "Access to Primary Health Care New Information for People with Disabilities," Queen's University Centre for Health Services and Policy Research, 2003 (available at: [http://chspr.queensu.ca/downloads/Reports/Consumer\\_Fact\\_Sheet.pdf](http://chspr.queensu.ca/downloads/Reports/Consumer_Fact_Sheet.pdf)).

People with disabilities are also in a less advantageous position in the broader sense of well-being, which includes social well-being. Well-being, in this sense, is tied to the idea of social capital. Essentially, social capital is the relationships that allow individuals to succeed in society, using the various resources and assistance provided through these relationships. People with more social capital tend to be happier, healthier, and live longer.

An inclusive community is one that provides opportunities for every individual. The disability community, like Canadian society as a whole, is a diverse group, and full inclusion can only be achieved by recognizing these differences. Thus, it is important to recognize, for example, that the experience of women<sup>43</sup> or Aboriginals<sup>44</sup> with disabilities may differ significantly from that of others with disabilities. This chapter focuses not just on general health programs, but also programs that promote well-being, including programs and initiatives that support people with disabilities based on their multiple-identities.

This chapter describes health programs in general and for specific groups (such as veterans or seniors) as well as provides information on broader health issues and conditions.

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*While only 12 percent of Canadians report experiencing a disability at any one time, the majority experience disability at some point in their lives.*

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## 1. Programs directly related to health

The Government of Canada initiates several programs through Health Canada (HC) and the Public Health Agency of Canada (PHAC) that rely on an understanding of the complex relationships between health and disability. These programs aim to eliminate the barriers to well-being.

HC is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. HC does this by providing national leadership in developing health policy and enforcing health regulations. It is also responsible for administering the *Canada Health Act*. The PHAC focuses on preventing chronic diseases, preventing injuries, and responding to public health emergencies and infectious disease outbreaks. It works closely with provinces and territories to keep Canadians healthy and to help reduce pressures on the health care system. HC and the PHAC work closely together to adapt programs to suit the needs of all Canadians.

43 Helen Wagle, "Women with Disabilities: The revolving door of training," 1993.

44 Douglas Durst and Mary Bluechart, *Urban Aboriginal Persons with Disabilities: Triple Jeopardy!*, 2001.

## INJURY PREVENTION AND WORKPLACE HEALTH AND PUBLIC SAFETY

### A. Workplace health and public safety

The Workplace Health and Public Safety Program assists Canadian private and public sector employers in maintaining and improving the health of their workers. The program provides national leadership to develop health policy and best workplace practices, and to enhance healthy living for all working Canadians.

### B. Injury prevention

Injury is an important public health concern. Health Canada manages product safety by administering the *Hazardous Products Act*, and manages many programs and initiatives in safety promotion, public education, surveillance, and injury prevention. On its own and in collaboration with other federal departments and jurisdictions, the PHAC conducts several programs and proposes initiatives to reduce injury rates and other prevention activities in Canada.<sup>45</sup> The scope of these initiatives extends to enhancing health and opportunities for Canadians living with impairments or disabilities.

Through the Canadian Hospitals Injury Reporting and Prevention Program, the PHAC collects and analyzes data on injuries treated in the emergency departments of 15 paediatric and general hospitals across the country. Injury prevention stakeholders use the resulting information on the nature of injuries and the circumstances in which they occur to develop programs and policies.

## 2. Veterans

The mission of Veterans Affairs Canada (VAC) is to provide exemplary, client-centred services and benefits that respond to the needs of Veterans, other clients, and their families, in recognition of their services to Canada.<sup>46</sup>

### DISABILITY PENSION AND DISABILITY AWARD PROGRAMS

VAC administers the *Pension Act*, which provides a monthly disability pension designed to compensate Veterans and their dependants if the Veteran becomes permanently disabled or dies as a result of military service.<sup>47</sup>

<sup>45</sup> This includes programs related to road safety, water and fire safety, mental health, and suicide and violence prevention.

<sup>46</sup> The Veteran population includes Canada's traditional war Veterans – the men and women who served during the First World War, the Second World War, and the Korean War – and also incorporates former Canadian Forces members in recognition of their service to Canada in modern-day operations, such as international peacekeeping missions. Clients also include Canadian Forces members, past and present members of the Royal Canadian Mounted Police (RCMP), their survivors, and dependants, as well as certain allied Veterans and eligible civilians. The Department also serves Canadians more broadly through Remembrance activities, both in Canada and overseas. More information on VAC and its mandate and services is available at: [www.vac-acc.gc.ca/general/](http://www.vac-acc.gc.ca/general/).

<sup>47</sup> Disability pensioners may also be eligible for a special award paid in addition to the disability pension in the form of an Attendance Allowance, an Exceptional Incapacity Allowance and a Clothing Allowance.



Effective April 2006, VAC also administers the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, which provides a lump-sum disability award to compensate members and Veterans of the Canadian Forces, and, in some cases, surviving spouses or common-law partners and surviving dependent children, for the non-economic effects of a service-related disability. These effects can include pain and suffering, functional loss, and the diminished enjoyment of life attributable to a permanent impairment and the resulting impact on the member's or Veteran's ability to contribute to the family household. The award is a tax-free lump-sum payment, based on the extent of the disability.

## TREATMENT BENEFITS PROGRAM

The objective of the Treatment Benefits Program is to ensure that eligible clients are provided with reasonable and timely treatment benefits that VAC considers to be an appropriate response to their health needs. Many of these benefits are available through "Programs of Choice," where clients with specific health needs can obtain benefits from the health professional or provider of their choice.<sup>48</sup>

## VETERANS INDEPENDENCE PROGRAM

The purpose of the Veterans Independence Program (VIP) is to help clients remain healthy and independent in their homes and communities.<sup>49</sup> Services include home care (such as grounds maintenance, housekeeping or personal care) and health and support services. The VIP is available to recipients of a VAC disability pension or award who have needs related to the condition for which they receive the disability pension or award and to wartime Veterans or overseas civilians who qualify because of low income.<sup>50</sup>

## LONG-TERM CARE

Veterans Affairs provides assistance to over 3,000 Veterans who reside in 172 facilities with contract beds across the country and another 7,500 Veterans who reside in more than 1,500 community care facilities.<sup>51</sup>

48 Veterans with a disability pension are the primary clients of the Treatment Benefits Program. Other clients must first access provincial health care programs. Clients include:

- Wartime pensioners who are severely disabled (pensioned at 78 percent or higher) or moderately disabled (pensioned between 48 percent and 77 percent); and
- Prisoners of War who are totally disabled and are eligible for the Veterans Independence Program.

Treatment benefits include any medical, surgical, or dental examination or treatment provided by a health professional; any surgical or prosthetic device or any aid approved by the Minister and the maintenance of the device or aid and any home adaptation that is necessary to accommodate or facilitate its use; preventive health care approved by the Minister; and pharmaceuticals prescribed by a physician, dentist, or other person authorized to prescribe pharmaceuticals under the laws in force in the province or country where the pharmaceuticals are provided.

49 More information on the Veterans Independence Program (VIP) is available at: [www.vac-acc.gc.ca/clients/sub.cfm?source=services/vip](http://www.vac-acc.gc.ca/clients/sub.cfm?source=services/vip).

50 Moderately and seriously disabled pensioners, as well as those who have multiple health conditions that, when combined with their pensioned condition, place them at risk due to frailty may receive VIP services for any health need. The benefit is also available to non-pensioned prisoners of war who have extensive disabilities and other eligible pensioners (who may not have disabilities).

51 Eligible war service Veterans and some civilians may qualify for long-term care at Ste. Anne's Hospital, which VAC administers, at facilities with beds under contract with VAC, and at community facilities of their choice. Canadian Forces pensioners may qualify for residential care assistance in a community facility if the need for the care is related to a service-related pensioned condition. More information on long-term care is available at: [www.vac-acc.gc.ca/clients/sub.cfm?source=salute/summer2002/long\\_term\\_care](http://www.vac-acc.gc.ca/clients/sub.cfm?source=salute/summer2002/long_term_care).

*Veterans Affairs provides assistance to over 3,000 Veterans who reside in 172 facilities with contract beds across the country and another 7,500 Veterans who reside in more than 1,500 community care facilities.*

## **REHABILITATION PROGRAM**

VAC's Rehabilitation Program aims to help Canadian Forces Veterans who have been recently released from medical care, and those with disabilities who need support to re-enter civilian life. The Rehabilitation Program will support independence and wellness and is designed to ensure that Veterans participate to the best of their ability at home, at work and in their community. Health care experts will work to stabilize and restore health, make it easier to cope with health problems, and help body and mind functioning. Psycho-social services will help restore independence and facilitate the adjustment to a Veteran's current situation. Vocational services are also offered.

## **FINANCIAL BENEFITS FOR VETERANS**

Financial benefits are various forms of compensation for the economic loss resulting from a service-related or career-ending impact of an injury or impairment. Benefits include temporary support for lost earnings while a Veteran is undergoing rehabilitation, as well as longer-term support to Veterans who can no longer work because their disability is permanent.<sup>52</sup>

## **MENTAL HEALTH SERVICES**

VAC is committed to addressing the needs of clients living with mental health conditions as a result of military service. Building on the solid experience in the services and benefits that help traditional war-service Veterans live with dignity and independence, the New Veterans Charter uses the principles of sound disability management by providing Canadian Forces Veterans and their families access to services and programs that are tailor-made for them, increasing their chances of making a successful transition from military to civilian life. The implementation of this Charter was a major step toward this goal. It modernized the Department's programs and services for Canadian Forces clients by establishing a rehabilitation program that recognized the linkages among physical, psycho-social and vocational rehabilitation and ensured a continuing stream of family income and supports.

More specifically, the Department's Mental Health Strategy aims to provide a continuum of mental health services and policies that can assist Veterans, eligible members of the Canadian Forces and the RCMP, and their families in receiving the support that they need to deal with their mental health conditions. In support of this continuum of mental health services and supports, VAC has established a national

<sup>52</sup> The New Veterans Charter means that Veterans who have a service-related or career-ending condition may qualify for Earnings Loss Benefits, Permanent Impairment Allowance, Supplementary Retirement Benefit, and Canadian Forces Income Support.

network of Operational Stress Injury (OSI) clinics where an interdisciplinary team of mental health professionals provide assessment, treatment and outreach services. In recognition of the importance of these services, Canada's New Government announced in Budget 2007 that \$9 million per year would be provided to establish five additional OSI clinics across the country. VAC and the Department of National Defense (DND) also work closely in developing and managing the Operational Stress Injury Social Support Program (OSISS), a peer support network whose mission is to establish, develop and improve social support programs for Canadian Forces members, Veterans and their families affected by operational stress. Budget 2007 also provides \$1 million per year to improve services to families of Canadian Forces members and veterans of those affected by operational stress. VAC is also extending its network of local service providers and has introduced the services of Clinical Care Managers who can be retained to assist the case management of clients living with complex mental health conditions.

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*The implementation of New Veterans Charter was a major step in modernizing VAC's programs and services, increasing the chances of making a successful transition from military to civilian life.*

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## GROUP HEALTH INSURANCE PROGRAM

The Health Benefits Program under the New Veterans Charter ensures that Canadian Forces Veterans and their families have access to health coverage, so that health needs do not act as a barrier to successful transition into civilian life. This is accomplished by offering eligible Veterans the opportunity to voluntarily purchase lifetime, post-release health coverage for themselves and their families through the Public Service Health Care Plan (PSHCP). Changes in 2006 expanded eligibility for this program to include former members of the Canadian Forces who have been approved for benefits under Service Income Security Insurance Long-Term Disability and who are not otherwise eligible for the PSHCP, and Veterans of the Canadian Forces with a rehabilitation need that is service-related, identified by VAC, who are not otherwise eligible for post-release PSHCP.<sup>53</sup>

## REDRESS MECHANISMS

The Veterans Review and Appeal Board is a quasi-judicial tribunal that operates independently of VAC and provides avenues of redress for applicants dissatisfied with service-related disability compensation decisions. The Board ensures that each individual is treated fairly, efficiently, and in accordance with

<sup>53</sup> The Health Benefits Program intends to fill gaps in post-release health coverage by ensuring that eligible medically released Canadian Forces Veterans, Veterans with a rehabilitation need, and some survivors have access to group family health insurance through the PSHCP. Effective April 1, 2006, eligibility to participate in the PSHCP was expanded to include:

- former members of the Canadian Forces who have been approved for benefits under Service Income Security Insurance Long-Term Disability and who are not otherwise eligible for the PSHCP;
- Veterans of the Canadian Forces with a rehabilitation need that is service-related, identified by VAC, who are not otherwise eligible for post-release PSHCP; and
- survivors of Veterans and of members of the Canadian Forces who have died as a result of military service when the survivors are not otherwise eligible for the PSHCP.

More information on the Health Benefits Program and the PSHCP is available at: [www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/programs/ghi&CFID=5467333&CFTOKEN=69962369](http://www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/programs/ghi&CFID=5467333&CFTOKEN=69962369).

the appropriate legislation. The main priority for the Board is to carry out its mandate to render well-reasoned disability pension, disability award, and War Veterans Allowance decisions while working toward implementing priorities identified in its strategic plan. Table [below] summarizes the number of decisions the Board finalized over the last five years.

**Table: Veterans Review and Appeal Board, Summary of finalized decisions 2002-06**

Finalized Decisions	2002-03	2003-04	2004-05	2005-06	2006-07
Reviews	5,213	5,015	4,911	4,870	5,743
Appeals	1,363	1,755	1,756	1,532	1,271
Reconsiderations	120	258	194	222	107
War Veterans Allowance	56	26	23	21	11
<b>Total</b>	<b>6,752</b>	<b>7,054</b>	<b>6,884</b>	<b>6,645</b>	<b>7,132</b>

In addition to the Veterans Review and Appeal Board, VAC has many internal redress mechanisms and has recently introduced a Veterans Bill of Rights and established a Veterans Ombudsman.

## LEGAL SERVICES

The Bureau of Pensions Advocates within VAC provides free advice, assistance, and representation for individuals dissatisfied with decisions VAC renders about their claims for entitlement to disability benefits, or any assessment awarded for their pensioned conditions.<sup>54</sup>

## VETERANS BILL OF RIGHTS AND VETERANS OMBUDSMAN

On April 3, 2007, the Government announced the creation of the Veterans Bill of Rights and the Veterans' Ombudsman. The Veterans Bill of Rights is a comprehensive declaration of rights for all war-service Veterans, Veterans and serving members of the Canadian Forces (Regular and Reserve), members and former members of the Royal Canadian Mounted Police, spouses, common-law partners, survivors and primary caregivers, other eligible dependants and family members, and other eligible clients.

The Veterans Ombudsman is an impartial, arms-length and independent officer with the responsibility to review individual complaints and systemic issues raised by Veterans regarding benefits and services they receive from Veterans Affairs Canada. However, the Ombudsman will not review decisions for which there is a right of appeal to the Veterans Review and Appeal Board. The Ombudsman will uphold

<sup>54</sup> More information on The Bureau of Pensions Advocates is available at: [www.vac-acc.gc.ca/clients/sub.cfm?source=department/organization/bpa1](http://www.vac-acc.gc.ca/clients/sub.cfm?source=department/organization/bpa1).

the Veterans Bill of Rights and will review individual and systemic issues arising from it. Budget 2007 provided \$13.7 million per year to enhance services to veterans as well as to respond to any issues identified by the new Ombudsman.

### 3. Seniors and home and continuing care

#### A. SENIORS

The Division of Aging and Seniors (DAS), Public Health Agency of Canada, provides federal leadership on health issues related to aging and seniors (including seniors with disabilities).<sup>55</sup> The DAS serves as a focal point for information and centre of expertise in this area. As part of this focus, the DAS directs much of its efforts towards the prevention of injury and disability. In addition, Health Canada and the PHAC support and participate in many intergovernmental and intra-governmental bodies that affect seniors with disabilities in various ways.

In 2006, the Agency held a *National Key Stakeholder Workshop on Alzheimer's Disease and Related Dementias*. PHAC is currently working with federal and non government partners, including the Canadian Institute for Health Research and the Alzheimer's Society of Canada, to follow-up on the workshop's recommendations.

**The following table contains information on projects funded through the Population Health Fund in fiscal year 2006–07:**

<b>Applicant: Victorian Order of Nurses (VON) Canada</b>
<b>Project Title:</b> Senior Health: VON Canada's Functional Fitness Continuum – A Population Health Approach
<b>Abstract:</b> To develop, implement, and evaluate an innovative continuum model of physical activity interventions to reach isolated, homebound and non-participating seniors. This project will build on the VON's Population Health Fund supported project <i>Seniors Maintaining Active Roles Together (SMART)</i> .
<b>FY 06/07: \$92,385</b>
<b>Applicant: Canadian Association of Occupational Therapists (CAOT)</b>
<b>Project Title:</b> Post-Fall Support: Enabling Seniors
<b>Abstract:</b> CAOT will develop a model and component strategies for seniors who have experienced a fall to enable them to maintain or resume engagement in home and community activities. Seniors who have experienced a fall are at risk for subsequent falls and decreased participation in activities of daily life. This project will address fear of falling, and personal, environmental, and activity related risk factors for subsequent falls.
<b>FY 06/07: \$151,710</b>

<sup>55</sup> More information on Aging and Seniors health is available at: [www.phac-aspc.gc.ca/seniors-aines/index\\_pages/whatsnew\\_e.htm](http://www.phac-aspc.gc.ca/seniors-aines/index_pages/whatsnew_e.htm).

**Applicant: Neil Squire Foundation**

Project Title: A Community Based Approach to Reducing the Barriers to the Acceptance of New Assistive Technologies by Older Adults

Abstract: This project will develop and pilot a community-based education and support program that will introduce seniors to new technologies and teach them how to use them effectively.

FY 06/07: **\$82,169**

**Applicant: British Columbia Institute of Technology, Technology Centre**

Project Title: Overcoming Assistive Device Stigma: A Campaign to Improve the Daily Lives of Non-Metropolitan Canadian Seniors

Abstract: This project will develop, deliver, and evaluate a program that will focus on a face-to-face grassroots delivery of a *Assistive Device Anti-Stigma Program*. It will include content and delivery of materials by and for seniors, have personal and community relevance, and facilitate an open dialogue of the barriers to assistive devices use.

FY 06/07: **\$101,426**

**Applicant: Canadian National Institute for the Blind (CNIB)**

Project Title: Age-Related Vision Loss: Just the Facts

Abstract: The goal of this project is to enable seniors to better manage their own vision health by creating public education and awareness tools about age-related vision loss and vision rehabilitation.

FY 06/07: **\$147, 045**

**Applicant: World Health Organization**

Project Title: Strengthening Active and Healthy Aging

Abstract: As one of three main components of this project, a major outcome will be the development of an “age-friendly” tool kit for urban communities in several countries, including the production and dissemination of a Global Age-Friendly City Index that will guide intersectoral action to globally improve the age-friendliness of urban communities.

FY 06/07: **\$258,386**

**TOTAL DAS DISABILITY CONTRIBUTIONS FOR FY 06/07: \$833,481**

*Please note this summary reflects Population Health Fund (PHF) contributions for which the Division of Aging and Seniors has the lead. It does not constitute a total amount for ‘PHF and health-related grants.’*

**B. HOME AND CONTINUING CARE**

Both Health Canada and the Public Health Agency Canada have undertaken programs related to home and continuing care. Health Canada’s Home and Continuing Care unit is responsible for policy advice on long-term care in Canada that is based in the home, community, and in facilities. In addition to funding reports, the unit collaborates with stakeholders, including the provinces and territories, to advance the federal goal of achieving comparable levels of access to home and continuing care services across Canada.



## ? Did you know?

Initial results from a study of continuing care patients in hospital found that:

- almost one in five is younger than 65;
- Signs of depression were reported in nearly one quarter (24 percent) of patients; and
- among continuing care patients who had been in the hospital for more than 15 weeks, 59 percent had limited or no social involvement, likely related to their serious health conditions or disabilities.

Data collected from a sample of nursing homes in Nova Scotia suggest that, in 2004–05, on average nursing home residents were:

- 8 years older than their counterparts in hospital-based care; and
- experiencing more stable health and less likely to be totally dependent on others for the activities of daily living (15 percent).

SOURCE: Canadian Institute for Health Information (CIHI), “Not Just for Canada’s Elderly,” *Facility-Based Continuing Care in Canada, 2004–2005* (available at: [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=media\\_22mar2006\\_e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_22mar2006_e)). This initial analysis includes data from facilities in Ontario and Nova Scotia.

One area of concern in relation to home and continuing care is family violence. PHAC’s National Clearinghouse on Family Violence is responsible for developing and disseminating publications, disseminating videos, coordinating disability issues for the Department, and chairing PHAC’s Disability Working Group.<sup>56</sup>

## 4. Women

It has long been recognized that the experience of disability varies by gender. Women make up the majority of people with disabilities in Canada and typically live longer than men, making them more likely to experience chronic health conditions associated with aging. Women also experience disability differently in the sense that the frequency, type, and severity of disability varies by gender.

Status of Women Canada (SWC) is a federal government agency that promotes the full participation of women in the economic, social and cultural life of Canada. SWC’s current policy priorities are to improve women’s economic security and to prevent violence against women. These priorities are particularly relevant to women with disabilities, who report some of the lowest incomes and may experience vulnerability to violence.

<sup>56</sup> More information on Family Violence and Violence Prevention is available at: [www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio_e.html).



SWC's Women's Program continues to fund initiatives supporting women with disabilities. In 2006-07, the Women's Program supported organizations to:

- document disabled women's experience of violence;
- make recommendations related to housing and socio-economic challenges;
- identify obstacles faced by immigrant women with disabilities;
- promote volunteerism among disabled young women;
- develop solutions to ensure services are accessible to Deaf women who face family violence;
- improve the healthcare system by identifying gaps, as well as the difficulties caused by multiple discrimination;
- educate senior women on the Canadian pension system; and
- build community support for accessible home care.

## 5. Research on health issues

Beyond the area specific research supported by various departments, and the research undertaken through Health Canada and the Public Health Agency, two institutes are responsible for research on health in Canada: the Canadian Institutes of Health Research (CIHR) and the Canadian Institute for Health Information.

### A. THE CANADIAN INSTITUTE FOR HEALTH INFORMATION

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential data and analysis on Canada's health system and Canadians' health. Its data and reports inform health policies, support the effective delivery of health services, and raise awareness among Canadians of the factors contributing to good health.

CIHI tracks data in many areas, through information supplied by hospitals, regional health authorities, medical practitioners, and governments. Other sources provide further data to help inform CIHI's in-depth analytic reports.

CIHI's data and reports focus on:

- health care services;
- health spending;
- health human resources; and
- population health.

CIHI also identifies and promotes national health indicators (measures such as life expectancy or spending on health per capita) that are used to compare health status and health-system performance and characteristics. To make sure these measurements are comparable and meet the same quality requirements, CIHI coordinates national health information standards.

Although focused on health, rather than disability, several of CIHI's reports highlight areas of overlap with disability-related research. For example, its 2006 report, *Facility-Based Continuing Care in Canada, 2004–05* explores this type of care, offering a snapshot of continuing care facilities and their patients.<sup>57</sup> Its 2007 release, *Availability of Hospital Mental Health Data, 2004–05* on discharges related to mental illness in 2004–05.<sup>58</sup> Other reports and analyses to be published in 2007 include further information on the Continuing Care Reporting System, and a special report on “The Burden of Neurological Diseases, Disorders and Injuries in Canada.”

## B. THE CANADIAN INSTITUTES OF HEALTH RESEARCH

The Canadian Institutes for Health Research (CIHR) was created in 2000 as the Government of Canada's lead agency for health research. Today, more researchers are being funded with higher levels of funding in more disciplines and more institutions than ever before. Since its inception, CIHR increased the number of CIHR-funded researchers and trainees from approximately 5,600 to over 11,000, many of whom are working to address the issues faced by Canadians with disabilities.

Support of disability research is primarily provided through CIHR's open grants and awards competitions. Through these programs, CIHR funds a large range of health research projects relevant to disability, including:

- depression—the leading cause of disability (World Health Organization);
- lower back pain—a common disability in adults;
- fetal and child disability due to complications of pregnancy;
- arthritis and osteoarthritis—which results in joint pain and poor quality of life;
- skin wounds and bone fractures which require significant healing times;
- chronic pain and associated difficulties in performing activities of daily living;
- blindness and/or deafness;
- physical, developmental and neurological disabilities (e.g. multiple sclerosis, spinal cord injuries, autism, Parkinson's disease, Alzheimer's disease); and
- mental illnesses (e.g. schizophrenia, personality disorders).

57 *Facility-Based Continuing Care in Canada, 2004–05* is available at: [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=PG\\_390\\_E&cw\\_topic=390&cw\\_rel=AR\\_103\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_390_E&cw_topic=390&cw_rel=AR_103_E).

58 *Availability of Hospital Mental Health Data, 2004–05* is available at: [http://secure.cihi.ca/cihiweb/en/downloads/hmhdb\\_hospital\\_mental\\_health\\_statistics\\_2004\\_2005\\_e.pdf](http://secure.cihi.ca/cihiweb/en/downloads/hmhdb_hospital_mental_health_statistics_2004_2005_e.pdf).

### International Classification of Functioning, Disability and Health-Children and Youth (ICF-CY)

As a new member of World Health Organization Family of International Classifications, the International Classification of Functioning, Disability and Health (ICF) describes how people live with their health condition. ICF is a classification of health and health-related domains that describe body functions and structures, activities and participation. The domains are classified from body, individual and societal perspectives. Since an individual's functioning and disability occurs in a context, ICF also includes a list of environmental factors.

ICF is useful to understand and measure health outcomes. It can be used in clinical settings, health services or surveys at the individual or population level.

In October 2007, the WHO officially launched the International Classification of Functioning, Disability and Health – Children and Youth version (ICF-CY). Prior to the ICF-CY, there was no classification specifically dedicated to children and youth. This was highly problematic as functioning in children is often age-specific and different from that of adults. As a result, the ICF-CY contains new classes and definitions to describe functioning at different phases of development and factors that influence a child or youth's environment. The ICF-CY provides a common language to describe children's functional needs and the environmental barriers they face.

The ICF-CY design is consistent with the organization and structure of the ICF and has been expanded to include body functions and structures, activities, participation, and environmental factors in children and youth (birth through 18 years). Applicable ICF codes for this age group were retained and more codes were added such as behaviour organization, sensory exploration, pre-verbal communication, motor coordination, symbolic and social play, and home, school, and community environments. The ICF-CY has 237 new codes, including 33 in body function, 7 in body structure, 168 in activities and participation, and 29 in environment. The ICF-CY allows for a specific examination of children and youth that would otherwise not be possible, or would be highly inaccurate, with the ICF.

More information about ICF and ICF-CY is available at: [www.who.int/classifications/icf/en/](http://www.who.int/classifications/icf/en/).

SOURCE: [www.cihi.ca/cihiweb/en/downloads/10NACC\\_Conf\\_Report\\_FINAL\\_e.pdf](http://www.cihi.ca/cihiweb/en/downloads/10NACC_Conf_Report_FINAL_e.pdf).

## STRATEGIC INITIATIVES AND PROGRAMS

The *CIHR Injury Initiative* has brought together leading Canadian researchers and decision makers representing four domains: unintentional injury prevention, intentional injury prevention, acute care, and post-care/rehabilitation of injury. Research activities focus on solutions to enhance quality of life through preventive strategies and innovative approaches to helping those with disabilities. In 2005-06, CIHR invested \$32 million in injury research.

The *Reducing Health Disparities & Promoting Equity for Vulnerable Populations initiative* (RHD) is designed to build research capacity that assesses and reduces health disparities and promotes equity for vulnerable populations, such as those with disabilities. The initiative enables interdisciplinary groups of researchers in health and other sectors to develop research programs that describe, investigate, and reduce health disparities. Since RHD's inception in 2002, over \$5 million has been invested.

Grants programs, such as the *Knowledge Translation: Research to Action Grants* promote the inclusion of researcher users within the scope of research activities. For example, AutismCONNECTS is a virtual community of autism spectrum stakeholders supported by CIHR. Members of the consortium have established a knowledge translation program aimed at disseminating research findings and fostering communication among autism stakeholders (e.g. persons with autism and their families, volunteers, agencies, advocacy groups, researchers and policy makers).

CIHR supports research to help the public better understand a variety of physical and mental disabilities. This research is being conducted in collaboration with health professionals, government officials, patient advocates, and other stakeholders to encourage the translation of the results into more effective policies, programs, and products. Through these efforts, CIHR hopes to improve the health and quality of life of Canadians living with disabilities and their families.

### C. RICK HANSEN FOUNDATION

The Canadian government also supports spinal cord injury research. In February 2007, the Government announced that it intends to provide \$30 million in funding over five years for the Spinal Cord Injury Translational Research Network (SCI-TRN), established by the Rick Hansen Foundation.<sup>59</sup>

## 6. Programs and initiatives for particular conditions

Different jurisdictions, and even different departments within a single jurisdiction, can take vastly different approaches to defining disability. As a result, some types of disability are recognized for some program purposes and not others. This is particularly the case for some of the most contentious health issues such as obesity, asymptomatic HIV infection, and environmental sensitivity.<sup>60</sup>

<sup>59</sup> More information about this announcement is available at: [www.pm.gc.ca/eng/media.asp?id=1516](http://www.pm.gc.ca/eng/media.asp?id=1516).

<sup>60</sup> Office for Disability Issues, *Defining Disability: A Complex Issue*, 2003 (available at: [www.hrsdc.gc.ca/en/hip/odi/documents/Definitions/Definitions000.shtml](http://www.hrsdc.gc.ca/en/hip/odi/documents/Definitions/Definitions000.shtml)).

## Did you know?

### Percentage of people that believe obesity or HIV/AIDS constitutes a disability:

- Obesity 44 percent
- HIV/AIDS 42 percent

SOURCE: "How Canadians Define 'Disability'" in *Public Conceptions of Human Disabilities*, 2004 Benchmark Survey

## A. DIABETES

Since 1999, the Government of Canada has led the Canadian Diabetes Strategy (CDS). The CDS, a federal initiative, involves provinces, territories, various national health bodies, and interest groups, and targets the prevention and control of diabetes. The CDS set the foundation for moving forward on diabetes prevention and control in Canada. The CDS raised awareness of diabetes and its risk factors and created the first integrated national surveillance for chronic disease based on provincial/territorial health administration data and allowed all relevant players to develop goals and strategic directions towards a national diabetes strategy.

Within the authorities and resources available for chronic disease and healthy living, \$18 million is available for 2006-07 for the renewed CDS. Based on learnings from the evaluations of the first CDS, the new direction of the renewed CDS is to: support approaches for the early detection of type 2 diabetes and management of types 1 and 2 diabetes, and prevent diabetes among populations who are a higher risk of developing type 2 diabetes.

In 2005, there was an expansion of eligibility for the Disability Tax Credit (DTC). With these changes, it was expected that some children with Type 1 diabetes who require many insulin injections and several additional blood sugar tests to monitor their condition, in many cases under supervision from their parents would become eligible for the DTC.<sup>61</sup> Expenses such as insulin, insulin pumps, devices to measure blood sugar levels, needles, syringes and lancets are eligible under the Medical Expense Tax Credit.<sup>62</sup>

## B. ENVIRONMENTAL SENSITIVITIES

Environmental sensitivities are a group of poorly understood medical conditions that cause people to react adversely to environmental triggers. In 2007, the Canadian Human Rights Commission published two research reports.<sup>63</sup>

<sup>61</sup> This expansion was mentioned in the 2005 report.

<sup>62</sup> More information on the Disability Tax Credit and the Medical Expense Tax Credit is available in Chapter 6.

<sup>63</sup> Available on the CHRC's Web site at: [www.chrc-ccdp.ca](http://www.chrc-ccdp.ca).

*The Medical Perspective on Environmental Sensitivities*<sup>64</sup> summarizes scientific information about environmental sensitivities. This report addresses issues such as: the definition and prevalence of environmental sensitivities; recognition by medical authorities; education and training within the medical community; origins, triggers, and symptoms of sensitivities; impact of environmental sensitivities in the workplace; government policies and standards for building codes, air quality, and ventilation as they affect individuals with environmental sensitivities; the costs and benefits associated with accommodation in the workplace; and guidelines for workplace accommodation.

*Accommodation for Environmental Sensitivities: Legal Perspective*<sup>65</sup> examines environmental sensitivities in light of international definitions of disability and evidentiary difficulties that may arise for litigants due to the minimal understanding of the condition within the medical community. The researchers consider the types of accommodations that may be requested by a person with environmental sensitivities and to jurisprudential consideration of the reasonableness of these accommodations in Canada, the United States, and Australia. The researchers examine specific barriers or shortcomings in building codes and government standards on construction that are detrimental to individuals with environmental sensitivities. This report concludes by providing employers, providers of goods, services, facilities or accommodations, and employee organizations subject to the *Canadian Human Rights Act*, descriptions of best practices in relation to accommodation of environmental sensitivities and principles of universal design. This discussion includes a review of sample policies specific to accommodation for environmental sensitivities, such as fragrance or smoking policies.

### C. HIV/AIDS

The Public Health Agency of Canada is responsible for the coordination of *The Federal Initiative to Address HIV/AIDS in Canada*. The goals of this Initiative are to: prevent the acquisition and transmission of new infections; slow the progression of the disease and improve quality of life; reduce the social and economic impact of HIV/AIDS; and contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease. The Federal Initiative supports increased action in the areas of prevention and access to diagnosis, care, treatment and support for those populations most affected by the HIV/AIDS epidemic. HIV/AIDS is addressed not only from a biological point of view but also from a social, economic and human rights perspectives, taking into account the root causes, determinants of health and other dimensions of the epidemic.

64 Margaret E. Sears, "The Medical Perspective on Environmental Sensitivities," Canadian Human Rights Commission (2007) (available at: [www.chrc-ccdp.ca/research\\_program\\_recherche/esensitivities\\_hypersensibilitee/toc\\_tdm-en.asp](http://www.chrc-ccdp.ca/research_program_recherche/esensitivities_hypersensibilitee/toc_tdm-en.asp)).

65 Cara Wilkie and David Baker, "Accommodation for Environmental Sensitivities: Legal Perspective," Canadian Human Rights Commission (2007) (available at: [www.chrc-ccdp.ca/research\\_program\\_recherche/esensitivities\\_legal\\_hypersensibilitee/toc\\_tdm-en.asp](http://www.chrc-ccdp.ca/research_program_recherche/esensitivities_legal_hypersensibilitee/toc_tdm-en.asp)).

## PEOPLE LIVING WITH HIV<sup>66</sup>

At the end of 2005, an estimated 58,000 people were living with HIV in Canada. People living with HIV may face challenges and problems in body functions or structures, activity limitations, and participation restrictions that range from moderate and inconvenient to severe and debilitating.

## HIV/AIDS AND DISABILITY

As one way to support the goals of the Federal Initiative, the Public Health Agency of Canada administers several national and regional HIV/AIDS funding programs.

The Canadian Working Group on HIV and Rehabilitation ([www.hivandrehab.ca](http://www.hivandrehab.ca)), the Canadian AIDS Society ([www.cdnaids.ca](http://www.cdnaids.ca)), the Interagency Coalition on AIDS and Development ([www.icad-cisd.com](http://www.icad-cisd.com)), and the Canadian AIDS Treatment Information Exchange ([www.catie.ca](http://www.catie.ca)) are examples of organizations receiving project funding under the Federal Initiative that support various initiatives in relation to HIV/AIDS and disability. Relationships between HIV, disability and rehabilitation in domestic and international contexts; provincial income supports for people living with HIV/AIDS; disability related barriers that prevent people from volunteering; and employment-related concerns for people living with HIV/AIDS and other episodic disabilities are some of the relevant issues that have been examined. Additionally, resources and fact sheets have been developed for people living with HIV/AIDS and health providers, and workshops and consultations to identify the needs of people living with HIV and other disabilities and appropriate support activities have been funded through national and regional grant and contribution program funding.

## D. MENTAL HEALTH

The World Health Organization (WHO) defines mental health as, “the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.”<sup>67</sup> Mental disorders, such as depression or anxiety disorders, have been said to be the world’s leading cause of disability, as they can impede an individual’s ability to function on a daily basis.<sup>68</sup> As with other disabilities, there is a tendency to view mental disorders from a medical perspective, rather than acknowledge the social forces that exacerbate disadvantages associated with some mental health conditions.

66 D. Boulos, P. Yan, D. Schanzer, R.S. Remis, and C.P. Archibald, “Estimates of HIV Prevalence and Incidence in Canada, 2005” Canadian Communicable Disease Report 32, 15 (2006) (available at: [www.phac-aspc.gc.ca/publicat/ccdr-rmtc/06vol32/dr3215e.html](http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/06vol32/dr3215e.html)).

67 World Health Organization, [www.who.int/en/](http://www.who.int/en/).

68 Kristy Sanderson and Gavin Andrews. “Mental Disorders and Burden of Disease: How was Disability Estimated and is it Valid?” Australian and New Zealand Journal of Psychiatry 35, 5 (2001): 668-676.



The Participation and Activity Limitation Survey (PALS) identifies people as having a disability related to mental health if they have activity limitations resulting from emotional, psychological or psychiatric conditions. Based on this definition, in 2001, 2.2 percent of persons aged 15 and over reported a disability related to mental health. In addition, one study estimated that mental health problems cost \$14.4 billion per year (1998 figures).<sup>69</sup> Studies examining the ability of people to maintain employment have found that early detection and treatment significantly impact a person's ability to remain in or return to work. People who experienced a mental health problem and obtained treatment in the first few months of their illness, were more likely to experience an early recovery and had a reduced likelihood that the mental health problem would become chronic. When short-term disability becomes long-term, there is a lesser chance that the person will be able to return to previous proficiency levels.<sup>70</sup> This can lead to significant savings in the cost of prescription drugs, sick leave, and average wage replacement. Employees who are diagnosed with depression and take appropriate medication will save their employer, an average, 11 days a year in prevented absenteeism.<sup>71</sup>

The Public Health Agency of Canada published a report "The Face of Mental Health and Illness in Canada"<sup>72</sup> in October 2006 in collaboration with several external partners to increase awareness about mental illness, a major cause of disability in Canada. Work continues to identify new data sources to better understand how mental illness affects individuals in Canada.

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*In 2001, 2.2 percent of persons aged 15 and over reported a disability related to mental health.*

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## E. OBESITY

Obesity is now popularly referred to as an epidemic. According to the World Health Organization (WHO), "obesity is an excess of body fat leading to negative consequences on health" (1997 report). The WHO estimated that, in 2005, there were approximately 1.6 billion overweight adults (age 15+) and that at least a quarter of these were obese. Moreover, it projected that within ten years, the number of overweight people would increase by over 40 percent.

A Canadian study has shown that weight problems are an almost irreversible phenomenon. Once overweight, people are more likely to become obese (25 percent) than to change to a healthy weight range (10 percent). This translated into more than a million additional cases of obesity between the years of the study (1994-95 to 2002-03).

69 Thomas Stephens and Natacha Joubert. "The Economic Burden of Mental Health Problems in Canada," *Chronic Diseases in Canada* 22, 1 (2001). More recent calculations, including indirect costs, suggest that upwards of \$30 billion is lost to the Canadian economy annually due to mental health and addiction problems.

70 Mental Health Works, *Why Mental Health in the Workplace Matters* (available at: [www.mentalhealthworks.ca/facts/why\\_it\\_matters.asp#note5](http://www.mentalhealthworks.ca/facts/why_it_matters.asp#note5)).

71 Wilson, Joffe, and Wilkerson.

72 This report can be found at: [www.phac-aspc.gc.ca/publicat/human-humain06/index.html](http://www.phac-aspc.gc.ca/publicat/human-humain06/index.html).

Obesity has been linked to chronic health problems such as type-2 diabetes, cardiovascular disease, high blood pressure, and certain forms of cancer. In 2001, obesity costs represented \$4.3 billion (or 2.2 percent of Canada's total health care budget).

Few studies have attempted to explain obesity's impact on activity limitations and participation restrictions. However, one study that did so used data from the 1994 National Population Health Survey showing that obese people (BMI  $\geq 27$ ) were 1.39 times more likely to be limited in their activities.

The government has sought to address obesity in part by supporting obesity-related research. For example, through the Canadian Institutes of Health Research the Government of Canada invested approximately \$19.9 million in 2005-06 in research on obesity across Canada.<sup>73</sup>

In part to address growing problems with obesity, the Government of Canada is supporting the renewal of ParticipACTION through Sport Canada (a program of Canadian Heritage). This program is described in chapter 2 in the section on sport.

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<sup>73</sup> Canadian Institutes of Health Research, Environmental Scan of Obesity Research Funding and Trends, 2006 (available at: [www.irsc.gc.ca/e/34292.html](http://www.irsc.gc.ca/e/34292.html)).

## Chapter 6: Tax Measures

One of the ways that the Government of Canada assists people with disabilities and their care providers is through tax measures, particularly personal income tax provisions.

There are two departments that play a crucial role in developing and administering the income tax system. The Department of Finance Canada (Finance Canada) analyzes and designs tax policy and introduces new tax legislation. The Canada Revenue Agency (CRA) administers the tax laws as well as various social and economic benefit incentive programs through the tax system. In addition, the Department of Justice provides legal advice and litigation services to both the CRA and Finance Canada.

In addition to the Registered Disability Savings Plan, a new initiative announced in the 2007 Budget, there are various longstanding tax measures that provide tax relief to people with disabilities. People with disabilities also benefit from tax measures available to all Canadians.

### 1. General

The personal income tax system provides a number of tax measures for people with disabilities and their caregivers, including the:

- Disability Tax Credit (DTC);
- Disability Tax Credit Supplement for Children;
- Medical Expense Tax Credit (METC);
- Caregiver Credit;
- Infirm Dependant Credit;
- Disability Supports Deduction;
- Refundable Medical Expense Supplement; and
- Working Income Tax Benefit.

These tax measures recognize that people with disabilities and their caregivers face extra disability-related expenses that reduce their ability to pay tax. This function of recognizing costs in the tax system helps to level the playing field for people with disabilities and their caregivers.

The Government of Canada also offers a benefit delivered through the tax system to families caring for children with disabilities, the Child Disability Benefit.

### What is the difference between a tax credit and a tax deduction?

A tax credit is a non-refundable amount that reduces the amount of income tax that a person would otherwise have to pay. Examples include the disability tax credit.

By contrast, a tax deduction is an amount deducted from total income to arrive at taxable income. The disability supports deduction is an example of this type of tax measure.

SOURCE: [www.fin.gc.ca/gloss/gloss-t\\_e.html#TaxCredit](http://www.fin.gc.ca/gloss/gloss-t_e.html#TaxCredit).

## 2. Measures for children with disabilities

There are two measures directed specifically at families with children with disabilities:

- **DTC supplement for children:** The DTC supplement for children provides additional tax relief for families caring for children who are eligible for the DTC. For 2007, the supplement amount is \$4,019, which provides a federal tax reduction of up to \$623. The supplement amount is reduced dollar-for-dollar by the amount of child care expenses or attendant care expenses claimed in respect of the child which are over \$2,354.
- **Child Disability Benefit (CDB):** The CDB is a supplement of the Canada Child Tax Benefit payable in respect of children who meet the eligibility criteria for the DTC. Eligible recipients receive their annual CDB entitlement as part of their monthly CCTB issuance. The maximum annual Child Disability Benefit was increased to \$2,300 from \$2,044 effective July 2006, indexed to \$2,351 effective July 2007.

Further, eligibility for the DTC results in enhancements under a number of other tax measures:

- **Enhancements to the Children's Fitness Tax Credit:** For children eligible for the DTC, it is proposed that an additional flat amount of \$500 (subject to incurring a minimum amount of registration fees) be available to provide general recognition of the extra costs that these children encounter in becoming more active, that the age limit be raised to under 18 years of age, and that the requirements for programs of physical activity be relaxed to cover a broader range of programs.
- **Enhancements to the child care expense deduction:** The limit under the deduction is generally \$7,000 for children under 7 years of age and \$4,000 for other children. This limit is more generous in respect of children who are eligible for the DTC (\$10,000), and infirm children are considered eligible for the purposes of the deduction at any age.

### 3. Registered Disability Savings Plan

As outlined in Chapter 3, in Budget 2007, the Government announced the introduction of a new Registered Disability Savings Plan (RDSP). As proposed, RDSPs would be available starting in 2008 and would be based generally on the existing Registered Education Savings Plan (RESP) design. For details on this initiative, please see page 39.

### 4. Surveys and service evaluation

Based on one of the recommendations made in the report of the Technical Advisory Committee on Tax Measures for Persons with Disabilities, entitled *Disability Tax Fairness* and published in 2004 concerning awareness of the DTC, and to further evaluate whether or not Canada Pension Plan Disability (CPPD) recipients (who do not claim the DTC on their tax returns) are aware of the DTC, it was decided to conduct a telephone survey of approximately 500 such individuals. These individuals were identified from CRA's assessing database in the context of the 2005 tax year. While the implication is that most CPPD recipients contacted will not likely be eligible for the DTC, awareness of the DTC and other tax measures was improved.

Since 2004, the CRA has held consultations with external partners, including lawyers, physicians, and representatives of various health organizations. These consultative sessions resulted in some very positive changes to letters from the CRA to the public, and to Form T2201, the Disability Tax Credit Certificate form.

In an ongoing effort to increase awareness of the tax measures available to people with disabilities, the CRA continues to attend a number of conferences throughout the year, both as an exhibitor and presenter.

### 5. Not-for-profit voluntary and charitable organizations

Not-for-profit voluntary and charitable organizations are central to the well-being of communities. One of the ways that the Government of Canada promotes the full participation of Canadians with disabilities in community life is by making tax privileges available to groups that work with and for people with disabilities.

*The Income Tax Act* distinguishes non-profit organizations (NPOs) from registered charities. A non-profit organization is an association organized and operated exclusively for social welfare, civic improvement, pleasure, recreation, or any other purpose except profit (e.g., a club, society, or association). By contrast, in order for an organization to be registered as a charity, its purposes

must be charitable.<sup>74</sup> While both classes of organizations are all or partially tax-exempt, registered charities have the additional privilege of issuing official donation receipts to their donors. Donors can use these tax receipts to claim a corresponding tax receipt. The federal and provincial tax credits combined will reduce a cash donation by 45 cents on the donated dollar. On the other hand, registered charities are publicly accountable through the CRA, and have to meet more stringent operational requirements.<sup>75</sup>

Many organizations that work with people with disabilities qualify as registered charities. This contributes to building the capacity of the disability community by providing tax benefits to registered charities and people who donate to these organizations. Of the 79,828 registered charities that filed a 2005 return, 1,946, or 2.44 percent listed “services for the physically or mentally challenged” as the most important field in which they operate. An additional 1.06 percent listed this as the second (579) or third (266) most important field.

## 6. Working Income Tax Benefit

Budget 2007 introduced a new Working Income Tax Benefit of up to \$500 for individuals and \$1,000 for families, including an additional disability supplement of up to \$250, for low-income working Canadians with disabilities.

<sup>74</sup> The courts have recognized as charitable those organizations that have been established to prevent and relieve sickness and disability (both physical and mental). For example, this includes hospitals, clinics, nursing and convalescent homes, and home care services. More information on registered charities is available at: [www.cra.gc.ca/charities](http://www.cra.gc.ca/charities).

<sup>75</sup> More information on the difference between a registered charity and a not-for-profit organization is available in Registered Charities Newsletter No. 19 (available at: [www.cra-arc.gc.ca/E/pub/tg/charitiesnews-19/README.html](http://www.cra-arc.gc.ca/E/pub/tg/charitiesnews-19/README.html)).

## Chapter 7: Aboriginal People with Disabilities

Aboriginal people in Canadian society have been disadvantaged historically and often continue to be disadvantaged today due to various social barriers. Laws, public policies, and negative attitudes and actions have hindered the ability of many Aboriginal people to participate meaningfully in Canadian society. Aboriginal people with disabilities often experience a double disadvantage.<sup>76</sup> There is little research on Aboriginal people with disabilities. However, existing research suggests not only that the rate of people experiencing disabilities is higher among the Aboriginal population than in the general population, but that having a disability can compound other disadvantages experienced by Aboriginal people. In addition, the disadvantages associated with disability status may be more frequent and more severe than for other Canadians that have disabilities.

For example:

- 30 percent of Aboriginal adults report a disability – almost twice the national rate. Among Aboriginal people, the 15-34 age group has a disability rate three times the national average.<sup>77</sup>
- 3.9 percent of Aboriginal people with disabilities complete university compared to 5.8 percent of those without disabilities.<sup>78</sup>
- The average household income of Aboriginal adults with disabilities was 85 percent of that of Aboriginal adults without disabilities (\$16,755 compared to \$19,800).<sup>79</sup>
- Levels of employment are lower among Aboriginal adults with disabilities than Aboriginal adults without disabilities (41 percent vs. 61 percent).<sup>80</sup>
- 30 percent of Aboriginal people with disabilities rated their health as fair or poor compared to only 5 percent of Aboriginal people without disabilities.<sup>81</sup>

This chapter describes some of the various programs and instruments in place to address the needs of Aboriginal people with disabilities. These programs are delivered primarily by Indian and Northern Affairs Canada's (INAC), HRSDC's Aboriginal Affairs Directorate (AAD), and through targeted areas and programs of Health Canada and the Public Health Agency.

Indian and Northern Affairs Canada's (INAC) primary role is to support First Nations and Inuit in developing healthy, sustainable communities and in achieving their economic and social aspirations. It is responsible for delivering services such as education, housing, and community infrastructure to Status

<sup>76</sup> Durst and Bluehardt.

<sup>77</sup> In Unison 2000: Persons with Disabilities in Canada.

<sup>78</sup> Statistics Canada, 2001 Census.

<sup>79</sup> Participation and Activity Limitation Survey, 2001.

<sup>80</sup> Office for Disability Issues, Advancing the Inclusion of Persons with Disabilities, 2004, pp. 45-46 (available at: [www.hrsdc.gc.ca/en/hip/odi/documents/advancingInclusion04/index.shtml](http://www.hrsdc.gc.ca/en/hip/odi/documents/advancingInclusion04/index.shtml)).

<sup>81</sup> The 2002-03 Canadian Community Health Survey (CCHS) is a cross-sectional survey that gathers information concerning health status, health care utilization, and health determinants for the Canadian population.



Indians on reserve, and for delivering social assistance and social support services to eligible recipients ordinarily resident on reserve with the goal of ensuring access to services comparable to those available to other Canadian residents. INAC'S programs therefore encompass more than one area.<sup>82</sup>

In addition, both Health Canada and the Public Health Agency have health programs directed particularly at Aboriginal people.

**Table: Disability Rates by Aboriginal identity and for Canadian population as a whole (Census 2001)**

	ALL AGES	AGE 15-64		
	Total pop.	Total pop.	Pop. with disabilities	% with disabilities
Canadian Population	29,639,035	20,276,510	2,629,355	13.00%
All Aboriginal identity	976,305	596,720	113,250	19.00%
North American Indian identity	608,850	371,155	66,765	18.00%
Métis identity	292,310	195,095	41,465	21.30%
Inuit identity	45,070	26,200	3,685	14.10%

## 1. Disability supports

### A. ASSISTED LIVING PROGRAM

INAC's Assisted Living Program<sup>83</sup> was part of the federal government's general policy to provide First Nations people on reserves with access to care services reasonably comparable to those provided by the provinces and territories to other Canadians. It came into existence in 1981-82.

The Assisted Living Program supports First Nations people 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.

The program is divided into four components:

- In-Home Care – provides financial assistance for non-medical personal care services such as attendant care, housekeeping, and meal preparation;
- Institutional Care – reimburses some expenses for social care in designated facilities;

<sup>82</sup> More information on INAC is available at: [www.ainc-inac.gc.ca/index\\_e.html](http://www.ainc-inac.gc.ca/index_e.html).

<sup>83</sup> More information on the Assisted Living Program is available at: [www.ainc-inac.gc.ca/ps/mnl/alp/alp\\_e.html](http://www.ainc-inac.gc.ca/ps/mnl/alp/alp_e.html).

- Foster Care – provides funding for supervision and care in a family-like setting to individuals who do not require 24-hour care but are unable to live on their own; and,
- Disabilities Initiative – provides funding for projects to improve the coordination and accessibility of existing disability programs and services on reserves. These may include such things as advocacy, public awareness, or regional workshops.

## PROGRAM OBJECTIVES AND SERVICES

The objective of the Assisted Living Program is to provide social support services, based on an assessed need, that meet the special needs of individuals with functional limitations due to age, chronic illness, or disability, at a standard that is comparable to the reference province or territory of residence, regardless of age.

The program provides individuals with social support services and assistance with their daily activities, allowing them to remain at home and in their communities whenever possible. When providing services at home is not feasible and institutional care is required, the Assisted Living Program may fund non-medical care for people in designated provincial or territorial facilities.

## PROGRAM IMPACT AND RESULTS

The anticipated results of the program are to:

- alleviate hardship;
- support individuals in maintaining functional independence in their homes or in supportive housing environments or foster placements that are in or close to their communities. This support is provided through social support services that are comparable to those that the reference province or territory provides to the general population; and
- encourage greater self-sufficiency for First Nations individuals and communities.

The 2006-07 national allocation for the Assisted Living Program was \$89 million; for 2007-08 it is \$90.6 million.

## 2. Income supports

As is the case for Canadians as a whole, Aboriginal people with disabilities tend to have lower incomes than those without.

- The lowest individual incomes among Aboriginal people aged 15 and over occur among First Nations people with disabilities, both on and off reserve (\$13,848 and \$16,226). The highest occur among the Métis (\$18,984).

- Looking at off-reserve population, Aboriginal people with disabilities are more likely to live in households with income below the pre-tax LICO than are Aboriginal people without disabilities (42 percent vs. 32 percent).

According to data from the 2001 Aboriginal Peoples Survey, most activity limitation is reported in the lower income range (\$10,000 to \$14,999). 38 percent of First Nations elders with disabilities age 55 and over living on reserve have household incomes below \$20,000. A higher rate of disability in lower incomes groups is not surprising since similar findings have been reported in other surveys, including PALS 2001.

### **A. INCOME ASSISTANCE PROGRAM**

INAC's Income Assistance (IA) program<sup>84</sup> provides funding for First Nations communities to administer income assistance activities with the objective of providing all eligible individuals and families on reserve with the means to meet the basic needs of food, clothing, and shelter. INAC adopts the rates and eligibility requirements of the host provincial or territorial income assistance program, and, following those criteria, may fund special needs such as dietary requirements, personal incidentals, household items, guide dogs, transportation, accommodation, and equipment which are essential to the physical or social well-being of a final recipient, but may not be included as items of basic needs. Financial need is determined through an income test and other eligibility requirements.

In fiscal year 2005-06, program expenditures totalled \$682 million divided as follows: \$611 million for basic needs, \$31 million for special needs, and \$40 million for program/service delivery. Although some IA recipients may have a disability, the exact amount of money that goes to IA recipients with disabilities is not tracked separately.

## **3. Learning and skills**

Aboriginal students are less likely to stay enrolled and to complete education than non-Aboriginal students. Completion rates are even lower for those with disabilities.

### **A. SPECIAL EDUCATION PROGRAM**

INAC's Special Education Program (SEP) was created in 2002-03 to provide critical programs and support to elementary and secondary First Nations children residing on reserve whose special education needs cannot be met within the resources intended for the general student population. Such services are fundamental components of every elementary and secondary education program in Canada.

<sup>84</sup> More information on Indian and Northern Affairs Canada's Income Assistance Program is available at: [www.ainc-inac.gc.ca/ps/mnl/afv/afv\\_e.html](http://www.ainc-inac.gc.ca/ps/mnl/afv/afv_e.html).

Special education programming is provided by all provinces and territories, usually as a matter of education law or regulation. This type of programming is intended to meet the unique needs of students suffering the effects of moderate-to-severe and severe-to-profound physical, emotional, behavioural, communication, cognitive, or learning disabilities or disorders.

### **OBJECTIVES AND SERVICES OF THE SPECIAL EDUCATION PROGRAM (SEP)**

The objective of the SEP is to improve the educational achievement levels of First Nations students resident on reserve by providing access to special education programs and services that are culturally sensitive and meet the provincial/territorial standards in the locality of the First Nations. Resources are targeted to improve the quality of education and levels of support services for eligible elementary and secondary students with special needs classified as moderate to severe and severe to profound.

The program utilizes an intervention-based approach, which requires formal assessments of students and the development of individual education plans. However, schools are afforded the flexibility to employ intervention strategies to address the students' immediate needs while awaiting formal assessment. SEP is an investment in programs and services which include, but are not limited to, the provision of special education teaching staff and classroom para-professionals, the development and monitoring of individual education plans, access to professional services such as speech and language pathologists, education psychologists, counsellors, specialized programs and assistive technologies.

In 2007-08, the funding for SEP was increased to \$129 million.<sup>85</sup>

## **4. Employment / Labour Market Programs**

Aboriginal People with disabilities face many type of barriers to labour market participation, including: lack of information about available jobs, adverse public attitudes, social stigma and low self-esteem; absence of needed supports to participate in education, training or employment; and concerns about the possibility of losing certain health benefits upon entering the labour force.<sup>86</sup> Aboriginal People with disabilities, like all people with disabilities, sometimes face significant financial disincentives to accessing training or employment.

As well as being less likely to be employed than Aboriginals without disabilities, Aboriginal adults with disabilities are almost twice as likely to be out of the labour force (48 percent compared to 25 percent); and less likely to have full-year, full-time employment (21 percent vs. 35 percent) and more likely to part-time or part of the year (31 percent vs. 40 percent).

<sup>85</sup> More information on the Special Education Program is available at: [www.ainc-inac.gc.ca/ps/edu/rep03/educ\\_e.html](http://www.ainc-inac.gc.ca/ps/edu/rep03/educ_e.html).

<sup>86</sup> Leah Fleetwood and Liz Parkin, HRSDC Post 2009 Strategy- Issue Workbook: Aboriginal Disabilities Issue Workbook, May 16, 2007, draft version, pp. 3.

Among Aboriginal adults with disabilities, First Nations people living on reserve have the lowest employment rates (35 percent) and Métis people the highest (48 percent). Among Aboriginal adults with disabilities, Métis are also the most likely to be employed all year and full-time (25 percent).<sup>87</sup>

The Aboriginal Affairs Directorate (AAD) of HRSDC undertakes the policy and program design of Aboriginal labour market programming, and is responsible for the administration and management of service delivery for the Government of Canada's two major Aboriginal labour market programs: the Aboriginal Human Resources Development Strategy (AHRDS) and the Aboriginal Skills and Employment Partnership program (ASEP).

### **i. Aboriginal Human Resources Development Strategy**

On behalf of HRSDC, Service Canada manages the regional delivery of the Aboriginal Human Resources Development Agreements (AHRDAs), a key pillar of the Aboriginal Human Resources Development Strategy (AHRDS). The AHRDAs contain authorities and provisions to design and deliver:

- (i) labour market development programs to assist Aboriginal people, including Aboriginal people with disabilities, prepare for, obtain, and maintain meaningful and sustainable employment;
- (ii) special programs to assist Aboriginal youth make successful transitions from school to work or to support their return to school; and
- (iii) child care programs.

The AHRDS is a \$1.6 billion initiative launched in 1999 and subsequently renewed at the same level of funding until March 31, 2009. Since April 1999, the AHRDS has been helping Aboriginal communities strengthen the ability of Aboriginal people to compete in the Canadian job market. Delivered through 79 AHRDA holders, the Strategy has been designed with flexibility to meet the needs of individual Aboriginal communities and to respect the wide-ranging cultural diversity of those communities while ensuring accountability measures are in place. The Strategy is aimed at helping Aboriginal people increase self-sufficiency, build stronger communities, and develop long-term employment. The largest share of the total funding goes towards the creation and delivery of employment programs and services.

While there is a disability component in the Strategy, wherever possible, HRSDC encourages Agreement holders, national Aboriginal organizations and other labour market partners to include people with disabilities in all services and activities. To that end, the collective challenge is to ensure that Aboriginal people with disabilities benefit fully from all aspects of the Strategy including funds under other components of the Strategy (labour market, urban and youth).

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<sup>87</sup> Advancing the Inclusion of Persons with Disabilities (2004), pp. 45-46.

Program Allocation under the AHRDAs is \$3 million nationally per year, earmarked for programs and services for Aboriginal people with disabilities. However AHRDA's may also support programs and services for Aboriginal people with disabilities through the labour market or other funding envelopes of their agreements.

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*Since April 1999, the AHRDS has been helping Aboriginal communities strengthen the ability of Aboriginal people to compete in the Canadian job market.*

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## **ii. Aboriginal Skills and Employment Partnership program**

The Aboriginal Skills and Employment Partnership program (ASEP) is an opportunity-driven initiative launched initially in 2003 (\$85 million) and expanded in 2007 (with an additional \$105 million) to maximize long term sustainable employment for Aboriginal people in major economic opportunities across Canada. Multi-year training and employment strategies are developed and managed by formalized partnerships of Aboriginal organizations, employers and other stakeholders and are jointly funded by the provinces/territories and ASEP.

## **iii. Research/evaluations**

Research and evaluations have been undertaken to ensure that labour market programs meet the needs of the communities they serve. A description of these is given below.

*A Disability Strategy Paper*, which examines stakeholder engagement on disability issues with respect to training and employment, is expected to be complete by early 2008.

*Disability Best Practices SYNTHESIS Report* by Dr. Rose-Alma J. MacDonald (2007) - final report to be finalized. Three focus groups were conducted in 2007 with the Assembly of First Nations, Métis Nation Council and Inuit Tapiriit Kanatami to assess if there are effective disability-related employment strategies in place that could be extended or adapted to a wider Aboriginal community?

Specific questions addressed during the focus groups included:

- What makes for particularly successful strategies in providing and accessing information about employment-related options and supports?
- How do we go about effectively sharing and disseminating information on what has been successful?
- Are there identifiable gaps in information/awareness limiting options available to Aboriginal people with disabilities in the labour market?
- Are there options available elsewhere under the Strategy (e.g. labour market, youth, etc.) that could be better integrated into disability-related programming?

- Are there barriers, which make these wider options difficult to implement in addressing the need of Aboriginal people with disabilities?
- Are there identifiable information-related program gaps that require further policy-related research?

*Study on the Northern and Remote Costs of Aboriginal Employment and Skills Development Services:*

The objective of the study is to provide an analysis of Northern and remote cost elements and impacts on the delivery of employment and skills development services, including policy and program implications for Aboriginal sub-populations including people with disabilities.

*Formative and Summative Evaluation of the AHRDS:* The formative evaluation of the AHRDAs has been undertaken by means of case-studies of thirteen AHRDAs, using multiple lines of inquiry, including a review and analysis of client administrative data, review and analysis of files/documents, key informant interviews, and focus group discussions. The objective of the summative evaluation is to address program relevance, success and cost-effectiveness. The results of the formative and summative evaluations will be available in 2008.

## 5. Health

### A. GENERAL

The objectives of Health Canada's First Nations and Inuit health program activity are to improve health outcomes, ensure the availability of and access to quality health services, and support greater control of the health system by First Nations and Inuit.<sup>88</sup> Public Health Agency of Canada managed the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project fund.

### B. SPECIFIC CONDITIONS

#### I. DIABETES

Diabetes rates among Aboriginal people in Canada are three to five times higher than those of the general Canadian population. The Aboriginal Diabetes Initiative (ADI) has been developed in partnership with Aboriginal people to help address the issue of diabetes both on and off reserve).

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*Diabetes rates among Aboriginal people in Canada are three to five times higher than those of the general Canadian population.*

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<sup>88</sup> More information on the First Nations and Inuit Health Program is available at: [www.hc-sc.gc.ca/fnih-spni/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/index_e.html).



First Nations On-reserve and Inuit in Inuit Communities Program (FNOIIC) is administered through the regional offices in partnership with First Nations and Inuit in the region. Through the FNOIIC program, the ADI will ensure access to prevention and promotion, care and treatment, and lifestyle support programs for First Nations on-reserve and Inuit living in Inuit communities.

The Métis, Off-reserve Aboriginal and Urban Inuit Prevention and Promotion (MOAUIPP) Program provides time limited funding for diabetes prevention and health promotion projects.<sup>89</sup>

## II. HIV/AIDS

Aboriginal persons account for a disproportionately high percentage of the individuals living with HIV infections in Canada. The Federal Government of Canada has committed through the Federal Initiative to Address HIV/AIDS in Canada to develop discrete approaches to addressing the HIV/AIDS epidemic for eight specific target populations, including Aboriginal Peoples.<sup>90</sup>

## C. OTHER HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION AND CONTROL INITIATIVES

Although not aimed solely at Aboriginals with Disabilities, the Public Health Agency of Canada (PHAC) has several programs that support overall well-being for all Aboriginals.

Aboriginal Head Start Initiative and Early Childhood Development Program (a transfer payment program) contributions to various Aboriginal organizations and institutions for the purpose of developing early intervention programs for Aboriginal pre-school children and their families. One of the expected results of this program is an increase in training offered to project staff in areas such as services to special-needs children.<sup>91</sup> The Aboriginal Head Start in Urban and Northern Communities is a Health Canada-funded early childhood development program for First Nations, Inuit and Métis children and their families.<sup>92</sup>

The National Collaborating Centre for Public Health in British Columbia (NCCAH), one of six such centres, which provide national focal points to examine priority areas in public health, has Aboriginal health as its specialization and will work closely with Aboriginal groups and look at various means and strategies to improve the health status of Canada's Aboriginal citizens. For example, NCCAH has

89 More information on the Métis, Off-reserve Aboriginal and Urban Inuit Prevention and Promotion Program is available at: [www.hc-sc.gc.ca/dc-ma/diabe/aborig-autoch/index\\_e.html](http://www.hc-sc.gc.ca/dc-ma/diabe/aborig-autoch/index_e.html).

90 Estimates for 2005 show that Aboriginal people represent 6 to 9 percent of people currently living with HIV infection and 6 to 12 percent of new HIV infections, despite representing only 3.3 percent of the total population. More information on this program is available at: [www.phac-aspc.gc.ca/aids-sida/fi-if/index.html](http://www.phac-aspc.gc.ca/aids-sida/fi-if/index.html).

91 Public Health Agency of Canada, Report on Plans and Priorities 2006-07, 2006 (available at: [www.tbs-sct.gc.ca/rpp/0607/PHAC-ASPC/PHAC-ASPC\\_e.asp](http://www.tbs-sct.gc.ca/rpp/0607/PHAC-ASPC/PHAC-ASPC_e.asp)).

92 More information on Aboriginal Head Start in Urban and Northern Communities is available at: [www.phac-aspc.gc.ca/dca-dea/programs-mes/ahs\\_overview\\_e.html#top](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/ahs_overview_e.html#top).

commissioned a research report on fetal alcohol syndrome and fetal alcohol spectrum disorder, which provides both an overall assessment of the true scope of FAS/FASD in the Canadian First Nations, Inuit and Métis population and a good starting point for concrete research.<sup>93</sup>

First Nations and Inuit Home and Community Care Program, funded by Health Canada, provides basic home and community care services that meet the unique health and social needs of First Nations people and Inuit. The program's coordinated services allow people with disabilities, people with chronic or acute illnesses, and elders to receive care in their own home or community. The support services offered depend on the availability of resources to respond to the needs identified in the planning phase. For communities that already have certain services, the program offers to augment them by building on existing investments in health and community-based services. Funding for the program was \$90 million in both 2004-05 and 2005-06.

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93 Michael Pacey, *Research Perspectives on Fetal Alcohol Syndrome & Fetal Alcohol Spectrum Disorder: Prevalence and Future Research*, upcoming (available at: [www.unbc.ca/nccah/english/papers/index.html](http://www.unbc.ca/nccah/english/papers/index.html)).

## Appendix A –Principal Disability-Related Benefits and Programs for 2005-06 and 2006-07 fiscal years

PROGRAM/INITIATIVE	AMOUNT (\$ millions/ year 2005-06)	AMOUNT (\$ millions/ year 2006-07)
<b>Inclusion &amp; Supports</b>		
Canada Mortgage and Housing Corporation Programs (RRAP-D, HASI, RRAP-Secondary/Garden Suite, SEP) <sup>(1)</sup>	40.4	51.5
Canadian Culture Online Program (Canadian Heritage)	2.57	1.9
Canadian Transportation Agency Programs – Disability Component	2.1	2.1
Paralympics sports funding (Canadian Heritage) <sup>(2)</sup>	9.8	7.59
Social Development Partnerships Program's Grants and Contributions (HRSDC)	13.6	11.0
Special Olympics and Deaflympics sports funding (Canadian Heritage)	0.9	1.97
Sport participation funding – Disability component (Canadian Heritage) <sup>(3)</sup>	*	1.45
<b>Income Supports</b>		
Canada Pension Plan Disability (HRSDC)	3,300.0	3,376.4
Canada Pension Plan Disability, vocational rehabilitation program (HRSDC)	2.8	2.8
Child Disability Benefit (Finance Canada and CRA)	90.0 <sup>(4)</sup>	115.0 <sup>(5)</sup>
Earnings Loss and Supplementary Retirement Benefit (VAC) <sup>(6)</sup>	*	3.5
Employment Insurance sickness benefits (HRSDC)	859.2	*
Federal workers compensation benefits (HRSDC) <sup>(7)</sup>	155.1	157.5
Veterans Disability Pension and Disability Awards Program (VAC)	1,656.0	1,790.9

<b>Learning, Skills, and Employment</b>		
Adult Learning, Literacy and Essential Skills Program (HRSDC) <sup>(8)</sup>	*	3.1
Canada Access Grant for Students with Permanent Disabilities (HRSDC)	18.8	*
Canada Study Grant for the Accommodation of Students with Permanent Disabilities (HRSDC)	19.4	*
Entrepreneurs with Disabilities Program (WD)	0.8	1.5
Labour Market Agreements for Persons with Disabilities (HRSDC)	219.9	218.3
Opportunities Fund (HRSDC)	23.6	26.7
Permanent Disability Benefit (HRSDC)	5.2	*
Vocational Services (VAC) <sup>(6)</sup>	*	0.2
<b>Health and Well-being</b>		
Active Living Alliance for Canadians with a Disability (PHAC)	0.4	0.4
Canadian Diabetes Strategy (Health Canada)	18.0	18.0
Canadian Hospitals Injury Reporting and Prevention Program (PHAC)	1.54	1.54
Fetal Alcohol Spectrum Disorder (PHAC)	1.2	1.49
Fetal Alcohol Spectrum Disorder / First Nations and Inuit Component (HC)	16.7	16.7
Federal Initiative to Address HIV/AIDS in Canada (PHAC)	55.2	63.2
Population Health Fund and other health-related grants and contributions (Health Canada)	6.0	6.0
Veterans Independence Program (VAC)	273.6	286.7
Veterans Treatment Benefits Program (VAC) <sup>(9)</sup>	293.2	290.9
<b>Tax Measures (Finance Canada and CRA)</b>	<sup>(10)</sup>	<sup>(11)</sup>
Caregiver Credit	80.0	80.0
Disability Supports Deduction	5.0	8.0
Disability Tax Credit (including supplement for children)	430.0	445.0

Infirm Dependant Credit	6.0	6.0
Medical Expense Tax Credit	855.0 <sup>(12)</sup>	925.0 <sup>(12)</sup>
Refundable Medical Expense Supplement	105.0 <sup>(12)</sup>	110.0 <sup>(12)</sup>
<b>Aboriginal People</b>		
Aboriginal Human Resources Development Strategy – Disability component (HRSDC)	3.0	3.0
Aboriginal Skills and Employment Partnership Program (HRSDC)	*	*
Assisted Living Program (INAC)	86.0	89.0
Special Education Program (INAC)	106.0	118.08

Please note: The figures in this table are based on departmental estimates.

Some of the estimates for 2005-06 have been revised since the 2006 report.

\* Amounts are not available.

- (1) Commitment amounts are for the 2005 and 2006 calendar years respectively.
- (2) Includes contributions to the Canadian Paralympic Committee, the National Sport Organization and the Athlete Assistance Program Grants.
- (3) Amounts for 2005-06 related to disability component were not identified. The total amount spent on Sport participation funding in 2005-06 was \$3 Million, which included the disability component.
- (4) Department of Finance estimate based on payments for the calendar year, as published in last year's report.
- (5) Department of Finance estimate of payments for the July to June benefit year.
- (6) There were no expenditures in 2005-06 since the program started only in April 2006.
- (7) This benefit is administered under the *Government Employees Compensation Act*.
  - a) Compensation Benefits (includes wage replacement, medical, pension and other benefits): with expenditures of \$107.7 million for 2005-06 and \$110.3 million for 2006-07;
  - b) Workers Compensation Boards Administration costs (includes adjudication, monitoring of files, return to work, etc.): with expenditures of \$26.4 million for 2005-06 and \$26.2 million for 2006-07; and
  - c) Injury-on-duty leave (paid by departments and Crown corporations covered under Government Employees' Compensation Act): \$21 million for 2005-06 and 2006-07 (the estimated \$21 million is the portion equivalent to what was awarded by the WCBs).
- (8) This program began in April 2006 and replaces the National Literacy Program (with expenditures of \$0.9 million in 2005-06) and the Office of Learning Technologies Program (with expenditures of \$1.6 million in 2005-06).
- (9) While most clients of the Veterans Treatment Benefits Program are people with disabilities, the program provides general health-related benefits not necessarily related to disability.
- (10) Tax expenditure amounts are estimates for the 2006 tax year rather than fiscal years 2005-06. Source: Department of Finance, Tax Expenditures and Evaluations, 2007.
- (11) Tax expenditure amounts are estimates for the 2007 tax year rather than fiscal years 2006-07. Source: Department of Finance, Tax Expenditures and Evaluations, 2007.
- (12) The tax expenditures for the medical expense tax credit and the refundable medical expense supplement include the tax relief offered to all taxpayers.

## Appendix B – Acronyms Used in this Report

AAD	Aboriginal Affairs Directorate
ADIO	Assistive Devices Industry Office
ACPD	Advisory Committee of Persons with Disabilities
ACT	Adaptive Computer Technology
AHRDS	Aboriginal Human Resources Development Strategy
AHRDA	Aboriginal Human Resources Development Agreement
AMD	Age-related macular degeneration
ASEP	Aboriginal Skills and Employment Partnership
BCCPD	British Columbia Coalition of People with Disabilities
BMI	Body Mass Index
CAB	Canadian Association of Broadcasters
CAD	Canadian Association of the Deaf
CAOT	Canadian Association of Occupational Therapists
CAT	Computer Adapted Technology
CCTB	Canada Child Tax Benefit
CDB	Child Disability Benefit
CDS	Canadian Diabetes Strategy
CDSB	Canada Disability Savings Bond
CDSG	Canada Disability Savings Grant
CERA	Centre for Equality Rights in Accommodation
CHIRPP	Canadian Hospitals Injury Reporting and Prevention Program
CHRC	Canadian Human Rights Commission
CIDA	Canadian International Development Agency
CIHI	Canadian Institute for Health Information
CIHR	Canadian Institutes of Health Research
CMHC	Canada Mortgage and Housing Corporation
CNIB	Canadian National Institute for the Blind
CPP	Canada Pension Plan
CPPD	Canada Pension Plan – Disability component
CRA	Canada Revenue Agency
CRTC	Canadian Radio-television and Telecommunications Commission
CSLP	Canada Student Loans Program
CTA	Canadian Transportation Agency
DAS	Division of Aging and Seniors
DAWN	Disabled Women's Network

DND/CF	Department of National Defence and the Canadian Forces
DTC	Disability Tax Credit
DWC	Deaf Women Caucus
EDP	Entrepreneurs with Disabilities Program
EE	Employment Equity
EEAP	Employment Equity Action Plan
EI	Employment Insurance
FAS/FAE	Fetal Alcohol Syndrome/Fetal Alcohol Effects
FASD	Fetal Alcohol Spectrum Disorder
FC	Finance Canada
FNIHB	First Nations and Inuit Health Branch
FNOIIC	First Nations on Reserve and Inuit in Inuit Communities
FY	Fiscal Year
HASI	Home Adaptations for Seniors Independence Program
HC	Health Canada
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immuno-Deficiency Syndrome
HRSDC	Human Resources and Social Development Canada
ICF	International Classification of Functioning, Disability and Health
ICF-CY	International Classification of Functioning, Disability and Health-Children and Youth
IITB	Innovation and Information Technology Branch
INAC	Indian and Northern Affairs Canada
LAC	Library and Archives Canada
LICO	Low Income Cut-Off
MOAUIPP	Métis, Off-reserve Aboriginal and Urban Inuit Prevention and Promotion
LMAPD	Labour Market Agreements for Persons with Disabilities
NCAFE	National Council of Aboriginal Federal Employees
NCCAH	National Collaborating Centre for Public Health in British Columbia
NCFED	National Council of Federal Employees with Disabilities
NCVM	National Council of Visible Minorities
NPO	Non-Profit Organization
NRCan	Natural Resources Canada
PALS	Participation and Activity Limitation Survey
PHAC	Public Health Agency of Canada
PHF	Public Health Fund
PSAC	Public Service Alliance of Canada
PSC	Public Service Commission of Canada
PSHCP	Public Service Health Care Plan
RCMP	Royal Canadian Mounted Police



RDSP	Registered Disability Savings Plan
RESP	Registered Education Savings Plan
RHD	Reducing Health Disparities (and Promoting Equity for Vulnerable Populations Initiative)
RRAP-D	Residential Rehabilitation Assistance Program for Persons with Disabilities
SAP	Secondary Audio Program
SCI-TRN	Spinal Cord Injury Translation Research Network
SDPP	Social Development Partnerships Program
SDPP-D	Social Development Partnerships Program's disability component
SE	Special Education
SEP	Shelter Enhancement Program
SEP	Special Education Program
SLID	Survey of Labour and Income Dynamics
SMART	Seniors Maintaining Active Roles Together
SWC	Status of Women Canada
TAC	Technology Accessibility Centre
TBS	Treasury Board Secretariat
TDD	Telecommunications Device for the Deaf
TTY	Teletypewriter
UN	United Nations
VAC	Veterans Affairs Canada
VIP	Veterans Independence Program
VON	Victorian Order of Nurses
WD	Western Economic Diversification Canada
WHO	World Health Organization

## Appendix C – Contributing Departments and Agencies

The departments and agencies listed below contributed information to this report and assisted with reviews and comments. Their participation is gratefully acknowledged.

Canada Mortgage and Housing Corporation  
Canada Revenue Agency  
Canadian Heritage  
Canadian Human Rights Commission  
Canadian Institute for Health Information  
Canadian Institute of Health Research  
Canadian International Development Agency  
Canadian Radio-Television and Telecommunications Commission  
Canadian Transportation Agency  
Correctional Service Canada  
Elections Canada  
Environment Canada  
Finance Canada  
Health Canada  
Human Resources and Social Development Canada  
Indian and Northern Affairs Canada  
Industry Canada  
Justice Canada  
Library and Archives Canada  
National Council of Federal Employees with Disabilities  
Natural Resources Canada  
Public Health Agency of Canada  
Public Service Commission of Canada  
Service Canada  
Status of Women Canada  
Transport Canada  
Treasury Board of Canada Secretariat  
Veterans Affairs Canada  
Western Economic Diversification Canada

## Index by Department/Program

- Canada Revenue Agency (CRA) (see Finance\*): pg 81
- Canada Mortgage and Housing Corporation (CMHC): pg 12
  - Flex Housing: pg 17
  - Home Adaptations for Seniors' Independence Program (HASI): pg 14
  - Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D): pg 13
  - Residential Rehabilitation Assistance Program- Secondary/Garden Suite: pg 15
  - Shelter Enhancement Program (SEP): pg 15
- Canadian Heritage: pg 6
  - Canadian Culture Online Program: pg 24
  - Promotion of Human Rights: pg 6
  - Sport Canada: pg 27
- Canadian Human Rights Commission (CHRC): pg 5; Environmental Sensitivities: pg 76
- Canadian Institutes for Health Information (CIHI): pg 72
- Canadian Institutes for Health Research (CIHR): pg 73
  - Reducing Health Disparities & Promoting Equity for Vulnerable Populations Initiative: pg 75
- Canadian International Development Agency (CIDA): pg 35
- Canadian Radio-television and Telecommunications Commission (CRTC): pg 18 & 57
- Canadian Transportation Agency: pg 10
- Elections Canada: pg 32
- Environment Canada: pg 58
- Finance Canada: pg 81
  - Child Disability Benefit: pg 82
  - Disability Tax Credit Supplement for Children: pg 82
  - Registered Disability Savings Plan: pg 39 & 83
  - Working Income Tax Benefit: pg 84
- Health Canada (HC): pg 63
  - Canadian Diabetes Strategy (CDS): pg 76
  - Federal Initiative to Address HIV/AIDS in Canada: pg 77
- Human Resources and Social Development Canada (HRSDC): pg 29
  - Aboriginal Human Resources Development Strategy (AHRDS): pg 90
  - Aboriginal Skills and Employment Partnership Program (ASEP): pg 91
  - Adult Learning, Literacy and Essential Skills Program (ALLESP): pg 48
  - Canada Pension Plan Disability (CPPD): pg 37
  - Canada Student Loans Program (CLSP): pg 47
  - Employment Insurance Sickness Benefits (EI): pg 38
  - Labour Market Agreements for Persons with Disabilities (LMAPD): pg 48

- New Horizons for Seniors Program (NHSP): pg 31
- Opportunities Fund (OF): pg 50
- Social Development Partnership Program- Disability Component (SDPP-D): pg 30
- Indian and Northern Affairs Canada (INAC): pg 85
  - Assisted Living Program: pg 86
  - Income Assistance Program: pg 88
  - Special Education Program: pg 88
- Industry Canada: pg 34
- Justice Canada (Department of Justice): pg 5
  - Justice Partnership and Innovation Program: pg 5
- Library and Archives Canada (LAC): pg 28
- National Council of Federal Employees with Disabilities (NCFED): pg 56
- Natural Resources Canada (NRCan): pg 59
- Public Health Agency of Canada (PHAC): pg 63
- Public Service Commission (PSC): pg 54
- Service Canada (See HRSDC): pg 41
  - Canada Pension Plan Disability (CPPD): pg 37
  - Regional Initiatives: pg 44
- Status of Women Canada (SWC): pg 71
- Transport Canada (TC): pg 9
- Treasury Board Secretariat (TBS): pg 60
- Veterans Affairs Canada (VAC): pg 64
  - Disability Pension and Disability Award Programs: pg 64
  - Treatment Benefits Programs: pg 65
  - Veterans Independence Program: pg 65
  - Veterans Affairs Canada's Vocational Assistance Services: pg 61
  - Mental Health Strategy: pg 66
  - Health Benefits Program: pg 67
- Western Economic Diversification (WD): pg 51
  - Entrepreneurs with Disabilities Program (EDP): pg 51

The Department of Finance and the Canada Revenue Agency have been grouped together because of their shared responsibility for tax related programs. While the CRA is responsible for the administration and enforcement of the *Income Tax Act*, the Department of Finance is responsible for tax-related policy.

## Index by Topic

- Aboriginal programs: pg 85; Disability Supports: pg 86; Education (Learning & Skills): pg 88; Employment: pg 89; Health: pg 92; Income Supports: pg 87
- Charities, Tax Measures: pg 83
- Children: Tax Measures pg 82. International Classification of Functioning, Disability and Health – Children and Youth (ICF-CY): pg 74; Children’s Fitness Tax Credit: pg 27 & 82; Registered Disability Savings Plan (RDSP): pg 39 & 83; First Nations Special Education and Early Childhood Development Programs: pg 89
- Communications: pg 18
- Community: pg 9
- Cultural Initiatives: pg 18
- Diabetes: pg 76; Aboriginals pg 92
- Disability Supports: pg 34; Aboriginals: pg 86
- Elections: pg 32
- Education (Skills & Learning): pg 47; Public Service Commission study: pg 55
- Employment: pg 48; Aboriginals: pg 89; Employment Equity: pg 4
- Environment: pg 58
- Environmental Sensitivities: pg 76
- Family Violence: Home and continuing care: pg 70, Shelter enhancement: pg 15; Women: pg 70
- Health: pg 62; Aboriginals pg 92
- HIV/AIDS: pg 79; Aboriginals pg 93
- Home Adaptation: pg 14
- Housing: pg 12
- Home and Continuing Care: pg 70
- Human Rights: pg 4
- Income Supports: pg 37; Aboriginals: pg 86
- Injury Prevention: pg 64
- International: International Cooperation pg 35; Olympics and Paralympics pg 27. United Nations Convention pg 7. International Classification of Functioning, Disability and Health – Children and Youth: pg 74
- Learning and skills: pg 46; Aboriginals pg 88
- Library system: pg 28
- Mental Health: pg 78
- Obesity: pg 79
- Olympics and Paralympics: pg 27
- Public Safety: pg 64
- Radio-television and telecommunications: pg 18

- Research: Aboriginal research/evaluations: pg 91; Environmental sensitivities pg 76; Health: pg 72; International Best Practices in Service Delivery: pg 42; National Collaborating Centre for Public Health (Aboriginal Health): pg 93 ; Public opinion: pg 42; Public Service Commission study of Drop-Off of Employment Equity Groups: pg 55
- Residential Rehabilitation: pg 13
- Rights: pg 4
- Seniors: New Horizons for Seniors Program pg 31; Home Adaptations pg 14; Home and continuing care: pg 70; Social Development projects pg 29; Sport pg 27
- Sport: pg 27
- Supports: pg 37
- Tax Measures: pg 81
- Children: pg 82
- Non-Profit voluntary and charitable organizations: pg 83
- Registered Disability Savings Plan: pg 39 & 83
- Transportation: pg 9
- United Nations Convention: pg 7
- Veterans: pg 64
- Well-Being: pg 62
- Women: pg 71
- Working Income Tax Benefit: pg 84
- Workplace Health: pg 64