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FEDERAL DISABILITY REPORT



2010



The Government
of Canada's
**ANNUAL
REPORT**
on Disability
Issues

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Paper

Cat. No.: HS61-1/2010

ISBN: 978-1-100-52363-7

PDF

Cat. No.: HS61-1/2010E-PDF

ISBN: 978-1-100-16832-6

MESSAGE FROM THE MINISTER



The Government of Canada has a longstanding commitment to uphold and protect the rights of people with disabilities and to help them participate fully in society. We are determined to remove obstacles and create opportunities for people with disabilities.

The *2010 Federal Disability Report* is the Government of Canada's eighth annual report on disability issues in Canada. This year's report explores the connections between accessibility and the elements of life that are key to ensuring that Canadians with disabilities are able to achieve the highest quality of life possible.

The Government reaffirmed its ongoing commitment to supporting people with disabilities on March 11, 2010, when Canada ratified the United Nations *Convention on the Rights of Persons with Disabilities*. Ratification of this convention is the result of extensive collaboration with many representatives of the disability community and with our partners in the provinces and territories. Together, we've done a great deal to ensure that Canadians with disabilities will be able to reach their full potential.

Our government continues to help address the needs of people with disabilities by investing annually in programs such as the Registered Disability Savings Plan, the Disability component of the Social Development Partnerships Program, Canada Pension Plan Disability, the Enabling Accessibility Fund, the Opportunities Fund for Persons with Disabilities, labour market agreements for persons with disabilities, and post-secondary education assistance measures for students with disabilities.

We also support the financial security of people with disabilities through a range of tax measures, including the Disability Tax Credit, the First-Time Home Buyers' Tax Credit and the Working Income Tax Benefit disability supplement.

Through these initiatives and investments, the Government of Canada will continue to work with our partners across the country to ensure that Canadians with disabilities have opportunities to excel in their communities.

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

ABOUT THE COVER

Left photo: British Columbia Easter Seals Camps provide free overnight summer camping experiences for children and teens with physical and/or mental disabilities. They operate three accessible camp locations: Camp Shawnigan on Vancouver Island, Camp Squamish located north of Vancouver, and Camp Winfield in the Okanagan Valley. Every summer over 800 kids with disabilities attend these camps and have a great week. Featured in this photograph are staff member Navi Bhatti and camper Corinne Eisenstein. More information about B.C. Easter Seals Camps can be found at www.eastersealscamps.ca. (Photo courtesy of B.C. Easter Seals Camps)

Middle photo: This photograph was taken at Propeller Dance's launch event in 2008. Based in Ottawa, Propeller Dance provides inclusive, integrated and accessible dance training, education and public performance opportunities to children, youth and adults with and without disabilities. Pictured (from left to right) are Alan Shain, Renata Soutter, Jessie Huggett, Robert Chartier, Shara Weaver and Christopher Wheeler. Propeller Dance is co-directed by Shara Weaver and Renata Soutter. For more information about Propeller Dance, visit www.propellerdance.com. (Photo courtesy of Propeller Dance)

Right photo: This photograph shows Lauren Woolstencroft skiing during the 2010 Paralympic Winter Games in Vancouver. Lauren was born without legs below the knees and with her left arm missing below the elbow. She began skiing at age 4 and has represented Canada at the 2002, 2006 and 2010 Paralympic Winter Games. Lauren won five gold medals at the 2010 Winter Paralympics (for giant slalom, slalom, super giant slalom, downhill skiing and super combined), setting the record for Canadian winter Paralympians and Olympians. More information about Lauren can be found at www.paralympic.ca/en/athletes-detail.html?profileid=37979. (Photo courtesy of the Canadian Paralympic Committee and Kevin Bogetti-Smith)

TABLE OF CONTENTS

Message from the Minister	i
About the cover	ii
Charts	1
Introduction	3
Overview	4
Chapter 1: Standard of living	7
Chapter 2: Health	15
Chapter 3: Learning	27
Chapter 4: Employment	39
Chapter 5: Community participation	54
Conclusion	63
Glossary	64
Appendices – Federal disability spending for the 2009–2010 fiscal year	
A – Inclusion and supports.....	70
B – Income supports.....	81
C – Learning, skills and employment.....	84
D – Health and well-being.....	90
E – Tax measures.....	96

CHARTS

Chapter 1

- 1.1: Adults living in households below the after-tax LICO by age group and disability status, 2006 – page 8
- 1.2: Average employment income by occupation, disability status and gender for working-age adults, 2006 – page 10
- 1.3: Unmet needs for residential accessibility features for adults with disabilities, 2006 – page 13

Chapter 2

- 2.1: Frequency of visits to physicians in 2005–2006 by severity of disability for adults – page 16
 - 2.2: Visits to various types of health professionals at least once in 2005–2006 for adults with disabilities – page 17
 - 2.3: Average out-of-pocket costs for visits to health professionals in 2005–2006 by severity of disability for adults who had out-of-pocket costs – page 18
 - 2.4: Reasons for unmet health care and social services needs by severity of disability for adults, 2006 – page 19
 - 2.5: Regular medication usage by severity of disability for adults, 2006 – page 20
 - 2.6: Average out-of-pocket costs for regularly taken medication by severity of disability for adults who had out-of-pocket costs, 2006 – page 21
 - 2.7: Average out-of-pocket costs for regularly taken medication by reimbursement sources for adults with disabilities, 2006 – page 22
-
- 3.1: Report card performance by severity of disability for older children, 2006 – page 29
 - 3.2: School supports used by severity of disability for older children, 2006 – page 30
 - 3.3: School enrolment in 2005–2006 by severity of disability for youth – page 31
 - 3.4: Effects of disability on education by severity of disability for youth, 2006 – page 32
 - 3.5: Type of education pursued by gender and severity of disability for youth, 2006 – page 34
 - 3.6: Highest level of education attained by gender and severity of disability for younger and older working-age adults, 2006 – page 36

Chapter 4

- 4.1: Representation rates and availability rates for working-age adults with disabilities – page 40
- 4.2: Representation rates in selected sectors within the private sector for working-age adults with disabilities, 2007 – page 41
- 4.3: Labour force participation rates by age group and severity of disability for working-age adults, 2006 – page 42
- 4.4: Employment rates by age group and severity of disability for working-age adults, 2006 – page 43
- 4.5: Occupations by disability status and gender for working-age adults, 2006 – page 45
- 4.6: Unemployment rates by age group and severity of disability for working-age adults, 2006 – page 46
- 4.7: Workplace accommodations for working-age adults with disabilities, 2006 – page 48
- 4.8: Barriers to job seeking by severity of disability for working-age adults not in the labour force, 2006 – page 50

Chapter 5

- 5.1: Participation in unpaid volunteer activities in 2005–2006 by age group and gender for adults with disabilities, 2006 – page 55
- 5.2: Participation in various types of volunteering by gender for adults with disabilities who volunteered, 2006 – page 56
- 5.3: Voter turnout for the last federal election by age group and disability status for adults ages 18 and over, 2008 – page 57
- 5.4: Participation in various political activities by disability status for adults, 2008 – page 58
- 5.5: Participation in various social activities by severity of disability for adults, 2006 – page 59
- 5.6: Barriers preventing participation in more cultural and leisure activities for adults with disabilities, 2006 – page 59

INTRODUCTION

The 2010 Federal Disability Report explores the key dimensions of the lives of people with disabilities, following a needs-based approach. The report begins by examining fundamental needs such as housing, income and health care, and progresses to exploring personal fulfillment through learning, working and community participation.

Canadians with disabilities have the same fundamental needs as Canadians without disabilities. All people living in Canada have requirements for adequate standards of living, for access to health services and supports, for lifelong learning opportunities, for jobs and gainful employment in adulthood, and for community participation.

In addition to these needs, people with disabilities also have disability-related requirements to enable full social participation. Disability-specific and disability-related barriers should be eliminated, and proper supports for accessibility should be put in place across all segments of Canadian life.

This year's report explores the interactions between accessibility and the above-mentioned elements of everyday life, using data from surveys conducted by Statistics Canada.¹

Age clusters

This report frequently groups people with disabilities into the following key age clusters:

- Children: ages 14 and under
- Younger children: ages 0 to 4
- Older children: ages 5 to 14
- Adults: ages 15 and over
- Working-age adults: ages 15 to 64
- Youth / young adults: ages 15 to 24
- Younger working-age adults: ages 25 to 54
- Older working-age adults: ages 55 to 64
- Seniors: ages 65 and over

Other age groupings are highlighted when interesting trends have been identified.

¹ This report presents data from Statistics Canada's 2006 Participation and Activity Limitation Survey, and the 2008 General Social Survey, Cycle 22.

OVERVIEW

CHAPTER 1: Standard of living

CHAPTER 2: Health

CHAPTER 3: Learning

CHAPTER 4: Employment

CHAPTER 5: Community participation

Chapter 1 explores standard of living. Findings include:

- Adults with disabilities are more likely to live in low income: 14.2% of adults with disabilities live in low-income families, compared to 10.1% of adults without disabilities.
- Adults with disabilities earn less than adults without disabilities: the average employment income for working-age adults with disabilities is \$29,393, which is 22.5% lower than the average of \$37,944 for working-age adults without disabilities.
- 9.9% of adults with disabilities live in “inadequate homes,” that is, homes that are in need of major repairs, compared to 6.4% of adults without disabilities.

Chapter 2 examines access to health care services and to health-related aids and devices. Findings include:

- 32.3% of adults with disabilities visit a physician at least once a month.
- 24.3% of adults with disabilities who visited a health professional in 2005–2006 had out-of-pocket expenses for these visits. Adults with severe to very severe disabilities spend about 50% more on their visits to health professionals than those with mild to moderate disabilities.
- 12.9% of adults with disabilities have unmet needs for medication due to cost. Among those with very severe disabilities, this percentage is 23.8%.

Chapter 3 looks at learning experiences from early childhood through to adulthood. Findings include:

- Many older children with disabilities (68.5%) often or almost always look forward to attending school. Of the 16.4% who rarely or almost never look forward to attending school, 56.2% have severe to very severe disabilities.

- 56.3% of youth with disabilities attend school, college or university. Most (89.8%) of them are enrolled as full-time students. Of the remaining 10.2% enrolled as part-time students, 50.9% are studying part time because of their disabilities.
- 28.2% of younger and older working-age adults with disabilities have gone back to school for retraining because of their disabilities. Adults who first experienced their disabilities between ages 25 and 34 are most likely to have gone back to school for retraining (38.5%), whereas adults who developed their disabilities between ages 45 and 64 are least likely to have done so (21.9%).

Chapter 4 explores employment equity experiences, participation in the labour market and workplace needs for people with disabilities. Findings include:

- Adults with disabilities are over-represented in the federal public service and under-represented in other regulated sectors of employment.
- Almost half (48.9%) of adults with disabilities are doing the same work as they were doing before they developed their disabilities. Of those who are doing different work after acquiring their disabilities, 77.5% attribute their change in work responsibilities to their disabilities.
- 74.7% of employed adults with disabilities have informed their employers of their disabilities.
- 26.1% of unemployed adults with disabilities perceive that they have been refused jobs because of their disabilities.

Chapter 5 looks at community involvement. Findings include:

- 34.4% of adults with disabilities participated in unpaid volunteer activities in 2005–2006. Of those who participated, 54.5% had the opportunity to help organize or supervise activities.
- Among adults of similar ages, adults with disabilities had slightly lower voter participation rates in the last federal election than adults without disabilities.
- Adults with disabilities are more likely to participate in smaller-scale recreational activities such as visiting friends and exercising than in activities such as attending community events or visiting museums, libraries, or national or provincial parks.

CHAPTER 1

STANDARD OF LIVING

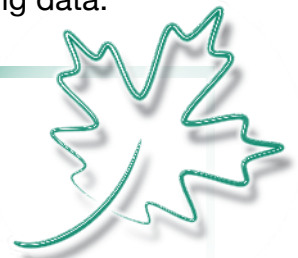
Standard of living touches on many issues that are important in our lives today: access to health services, quality education, gainful employment, and access to material goods and services. Quality of life indicators such as leisure, safety, social life, freedom of religion and culture, and a clean environment are sometimes included in the concept of standard of living.

Vulnerable groups, including people with disabilities, tend to have a lower standard of living than others due to factors such as low income, lower educational attainment, lack of affordable housing, and unmet needs for aids and devices.

Because standard of living is such a multi-dimensional concept, it is a challenge to find a suitable measure. Individual welfare is typically measured using a single monetary indicator, such as household income or household expenditures. Poverty rates and “income growth inequality” are popular measures of standard of living that use these monetary indicators. Recognizing that there are many ways of looking at standard of living, this chapter explores the standard of living for Canadians with disabilities using low income cut-offs, employment income, household income and housing data.

FEATURED TOPICS

Income
Housing



Income

People with disabilities are over-represented within the low-income population.² They are also more likely than people without disabilities to have less than a high school diploma and to live alone. Unattached individuals are particularly vulnerable to low income due to the absence of another earner in the household. Furthermore, the effects of disability on work (e.g. occupation, hours of work and earnings) help explain why low income is more common among people with disabilities.

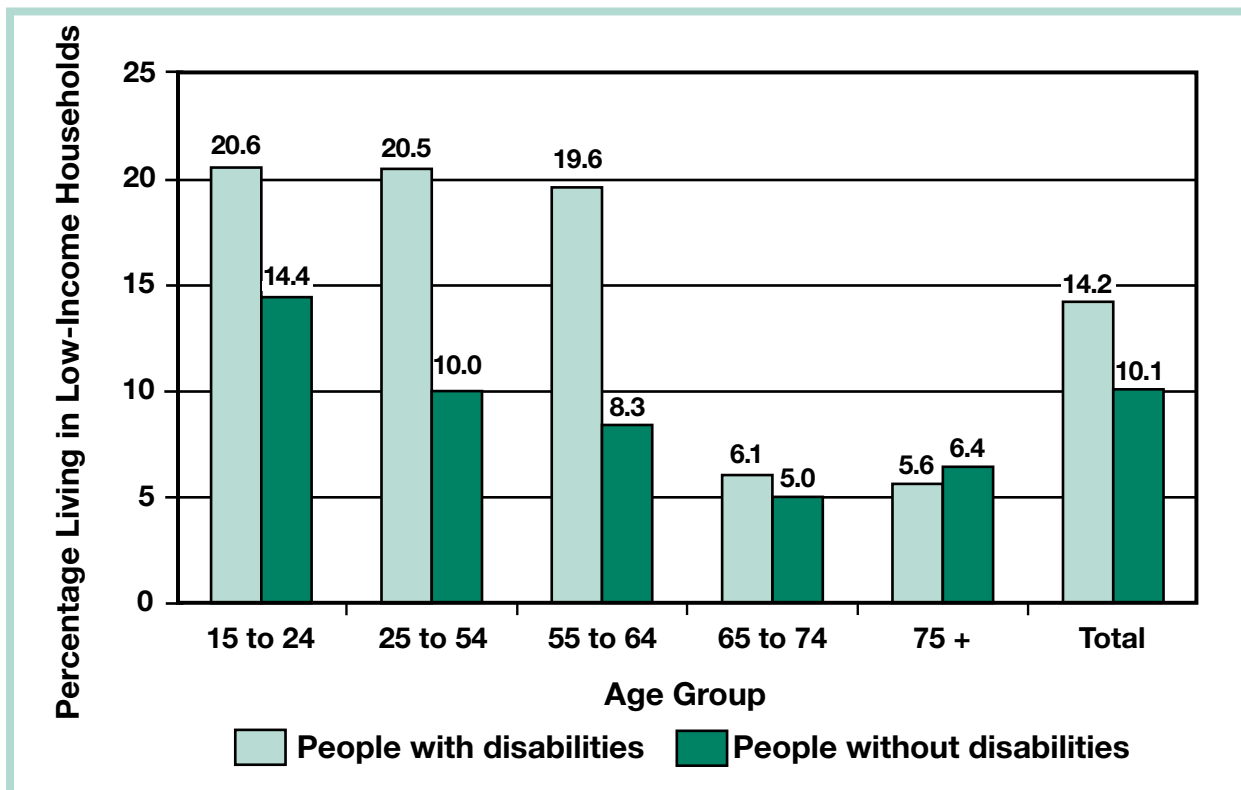
² Income data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey.

The low income cut-offs

One established way to calculate the incidence of low income in Canada is to use Statistics Canada’s “low income cut-offs” (LICO).³ A family is said to be living below the after-tax LICO if the proportion of their income that they spend on key necessities, such as food, shelter and clothing, is 20 percentage points more than the average family, adjusted for family size and community size.

Chart 1.1 depicts the percentage of adults with or without disabilities living in households below the after-tax LICO. Approximately one fifth (20.2%) of working-age adults with disabilities live in low-income households.

Chart 1.1: Adults living in households below the after-tax LICO by age group and disability status, 2006 (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

³ The LICO concept is not applicable in Yukon, the Northwest Territories, Nunavut and Indian reserves. After-tax LICOs are based on certain expenditure/income patterns that are not available for these populations.

As they age, people with disabilities are less likely to live below the after-tax LICO. When people with disabilities reach age 65 and begin to qualify for Old Age Security, the Guaranteed Income Supplement, the Canada Pension Plan or Quebec Pension Plan, and other government subsidies, these transfers decrease the low-income rate, bringing the rate for adults with disabilities closer to par with the rate for adults without disabilities.⁴ As Chart 1.1 shows, the overall percentage of adults with disabilities who live in low-income families is 14.2%, compared to 10.1% of adults without disabilities.

Employment income

Average employment income⁵ for working-age adults with disabilities is \$29,393, which is 22.5% lower than the average of \$37,994 for working-age adults without disabilities. Severity of disability affects income: the average employment incomes for those with severe disabilities and very severe disabilities are \$23,786 and \$19,447 respectively, compared to \$33,427 for those with mild disabilities.

In addition, working-age adults with different types of disabilities have very different workforce experiences. Those with developmental disabilities have the lowest average employment income (\$18,172), followed by those with mental health disabilities (\$19,063) and those with communication disabilities (\$19,485). In contrast, people with hearing disabilities earn the highest average employment income (\$32,676).

Different occupations often have different levels of employment income associated with them. For example, Chart 1.2 reveals that people who work in management occupations earn significantly more than people who work in sales and service occupations. Working-age adults with disabilities are more likely to be employed in certain occupations; since income is associated with occupation, and occupation is associated with disability, it is important to explore the relationship between average employment income and occupation.

As demonstrated in Chart 1.2, working-age adults with disabilities have a lower average employment income than working-age adults without disabilities in all occupation sectors. In the processing, manufacturing and utilities sector, the gap between those with and without disabilities is the smallest, with a difference of \$1,700. There are large gaps in earnings for both men and women in management occupations, health occupations, and business, finance and administrative occupations.

⁴ National Seniors Council, *Report of the National Seniors Council on Low Income Among Seniors*, February 2009.

⁵ Individuals with zero employment income were removed from calculations.

Chart 1.2: Average employment income by occupation, disability status and gender for working-age adults, 2006 (\$)

Occupation sector ⁶	Women			Men			Total		
	With Disabilities	Without Disabilities	Total	With Disabilities	Without Disabilities	Total	With Disabilities	Without Disabilities	Total
Management	33,278	45,900	45,003	42,052	68,252	66,233	39,047	60,278	58,690
Business, finance and administrative	22,208	29,963	29,270	32,785	50,550	49,243	24,773	35,637	34,711
Natural and applied sciences	41,724	45,711	44,728	44,702	53,208	52,986	43,050	51,583	51,302
Health	29,915	36,068	35,373	42,394	77,404	74,969	31,264	44,480	42,641
Social sciences, education, government service and religion	28,359	34,459	33,933	39,648	51,760	50,476	32,062	40,743	39,888
Art, culture, recreation and sport	23,400	24,744	24,856	27,287	31,125	29,641	23,834	27,816	27,151
Sales and service	13,906	17,474	17,102	26,598	33,673	33,066	18,540	24,372	23,774
Trades, transport and equipment operators	22,556	20,734	21,110	29,948	37,208	36,485	29,220	36,082	35,389
Primary industry	9,665	13,741	13,452	20,006	28,150	27,514	18,165	24,930	24,386
Processing, manufacturing and utilities	22,986	21,635	21,887	31,338	36,549	35,981	29,132	30,832	30,697

1. Average employment income by occupation is age-standardized.

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

⁶ Information on these ten occupational groups is available online at: www.statcan.gc.ca/subjects-sujets/standard-norme/soc-cnp/2006/noc2006-cnp2006-menu-eng.htm.

While, overall, working-age adults with disabilities earn less than working-age adults without disabilities, men and women have different experiences. Women with disabilities earn more on average than women without disabilities in the trades, transport and equipment operators sector and in the processing, manufacturing and utilities sector. Men with disabilities earn less on average than men without disabilities in all occupation sectors; however, the gap between men with and without disabilities is the smallest (\$3,838) in the art, culture, recreation and sport sector. Generally, the earnings of women with disabilities are closer to the earnings of women without disabilities, whereas men with disabilities earn much less on average than men without disabilities.

Household income

Whereas employment income provides information only on adults with disabilities who work, household income⁷ provides information on all sources of income within the household. Since many people with disabilities receive financial support from other people living in their households or from social transfers, household income can provide even more information on standard of living.

On average, adults with disabilities have lower household incomes than adults without disabilities. Working-age adults with disabilities have an average household income of \$64,565, compared to \$89,480 for those without disabilities. Overall, working-age adults with disabilities live in households with 27.8% less household income than working-age adults without disabilities. People with disabilities who are married or in a common-law relationship have an average household income of \$78,020, which is 19.7% lower than the average for married or common-law people without disabilities (\$97,140). Among younger working-age adults, single people with disabilities have an average household income of \$45,730, compared to \$68,180 for single people without disabilities.

Housing

For all people, both with and without disabilities, a home is the cornerstone of a person's independence and provides a sense of belonging. For people with disabilities, housing affordability, adequacy, accessibility and suitability are key to community inclusion and independent living.⁸

⁷ Households with zero household income were removed from calculations.

⁸ Housing data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey.

With the high incidence of low income among people with disabilities, it can be difficult for them to find adequate housing; 9.9% of adults with disabilities live in “inadequate homes” (i.e. homes that are in need of major repairs), compared to 6.4% of adults without disabilities. Of those who have disabilities and are living in low income, 13.9% live in housing that requires major repairs, compared to 9.2% of low-income adults without disabilities. Housing in need of major repairs can have serious negative effects on owners and tenants, including health complications, psychological distress and social withdrawal.

Low-income people are more likely to rent rather than own their dwellings. Among adults with disabilities who live in low income, only 35.5% own their homes, compared to 77.5% of adults with disabilities who do not live in low income. While there are similar trends among people without disabilities, a slightly higher number own their homes: of low-income adults without disabilities, 41.6% are homeowners, compared to 79.6% of adults without disabilities who do not live in low income.

Low-income adults with disabilities are more likely to live in apartments⁹ (55.6%) than in single detached houses (31.1%). The opposite is true for adults with disabilities who do not live in low income; they are more likely to live in single detached houses (63.0%) than in apartments (25.0%). Low income has the same effect on people without disabilities; 54.5% of low-income adults without disabilities live in apartments, while 32.5% live in single detached houses.

Building accessibility is most often looked at from the perspective of people with mobility disabilities who use wheelchairs, where ramps help them to enter or exit buildings. While ramps are an important feature for any building design to incorporate, people with mobility disabilities are not the only people with disabilities who encounter building inaccessibility. People with hearing disabilities, seeing disabilities, memory disabilities, chronic pain and other types of disabilities all face potential barriers in their residences and immediate surroundings. For example, people with hearing disabilities may be unable to hear fire alarms.

Many adults with disabilities (9.0% or 334 020 adults with disabilities) use accessibility features at home. Some examples of accessibility features are widened hallways or doorways, ramps or street-level entrances, visual alarms or audio warnings, and elevators or lift devices. Overall, 5.0% of adults with disabilities require an accessibility feature for their residence but do not have it.

While people with other types of disabilities do have unmet needs for home modifications, the most common unmet needs remain mobility-specific: elevators or lift devices, grab bars in the bathroom, and ramps for access to and from the residence are the most common unmet needs, as shown in Chart 1.3.

⁹ “Apartments” includes apartments, duplexes and condos.

Chart 1.3: Unmet needs for residential accessibility features for adults with disabilities, out of those who require a feature but do not have it, 2006 (%)

Residential accessibility feature	Number	Percentage
Elevator or lift device	59 160	31.8
Grab bars in the bathroom	41 890	22.5
Ramps	40 210	21.6
Bath lift in the bathroom	14 370	7.7
Automatic doors	9 650	5.2
Street-level entrances	8 860	4.8
Easy-to-open doors	7 680	4.1
Widened doorways or hallways	7 500	4.0
Lowered counters in the kitchen	6 070	3.3
Visual alarms or audio warning devices	3 150	1.7
Other features	55 970	30.0

1. Numbers are different from those in other reports due to different methodology.
2. Population consists of the 5.0% of adults with disabilities that require an accessibility feature for their residence but do not have it.
3. Respondents could choose more than one option.

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

In addition, 5.2% of adults with disabilities experience difficulties with participating in everyday activities due to inaccessible design and layout of their residences. Of those who experience difficulties, 52.2% experience some difficulty, 31.9% experience a lot of difficulty and 12.9% are completely unable to participate.

Conclusion

Supporting people with disabilities in maximizing independence and well-being is essential for adequate standard of living. Income and housing are some of the most important components of well-being; however, the statistics presented in this chapter reveal that some adults with disabilities have trouble meeting these basic needs. These difficulties decrease quality of life and ability to participate fully in society, and can have long-term negative consequences for social and economic outcomes. Through continued support of people with disabilities through government-funded and non-profit social programs, vulnerable people with disabilities can receive help in meeting their basic needs. Once these needs are met, doors can be opened to other areas of life such as education and employment.



SPOTLIGHT ON PROGRAMS: Residential Rehabilitation Assistance Program for Persons with Disabilities

Through the Residential Rehabilitation Assistance Program for Persons with Disabilities, Canada Mortgage and Housing Corporation (CMHC) offers financial assistance to support low-income homeowners with disabilities and landlords who have tenants with disabilities in modifying existing housing to improve dwelling accessibility.

Modifications must be related to housing and reasonably related to the occupant's disability. Examples of eligible modifications are ramps, handrails, chair lifts, bath lifts, height adjustments to countertops and cues for doorbells or fire alarms.

For more information about this program, please call CMHC toll free at 1-800-668-2642. TTY users can call CMHC toll free at 1-800-309-3388.

Spotlight on the old post office in Rocky Mountain House, Alberta

When Canada Post built a new post office building in Rocky Mountain House, Alberta, a town councillor recognized an opportunity to convert the old post office into affordable housing and community service space. That was the beginning of a partnership between the federal, provincial and municipal governments and community groups that led to the creation of affordable housing for lower-income families and single people with physical disabilities.

Like most government buildings, the old post office was built to last. This made it an ideal candidate for conversion to housing. The converted post office has five barrier-free units for people with disabilities, as well as an accessible women's emergency shelter and office space for five local community service agencies on the main floor of the building.

CMHC and the Government of Alberta provided \$350,000 through the Affordable Housing Initiative. Most of the remaining costs were covered through CMHC's Residential Rehabilitation Assistance Program, with \$168,000 from the conversion component and \$96,000 from the above-described component for people with disabilities.

CHAPTER 2

HEALTH

Health and disability are wholly intertwined: health problems can lead to disabilities, and disabilities can lead to health problems. Access to health care services is a key issue for Canadians both with and without disabilities. Many people with disabilities have increased requirements for health care services, and it is important to recognize those needs to ensure that all people have access to the same range, quality and standard of health care services.

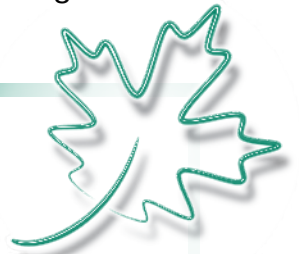
Since an individual's experience of his or her disability is unique to that individual, it is essential to recognize that the need for health care services will differ greatly among people with disabilities. This chapter focuses on understanding the important relationship between severity of disability and three aspects of health care services: visits to different types of health professionals, medication usage and the usage of health-related aids and devices.

FEATURED TOPICS

Health professionals

Drugs and medication

Health-related aids and devices



Health professionals

Access to needed health professionals¹⁰ is an important pillar of an accessible health care system. Since many people with disabilities have an increased need for health care services, it is important to understand the extent to which they use health professionals and the types of barriers that they may encounter.

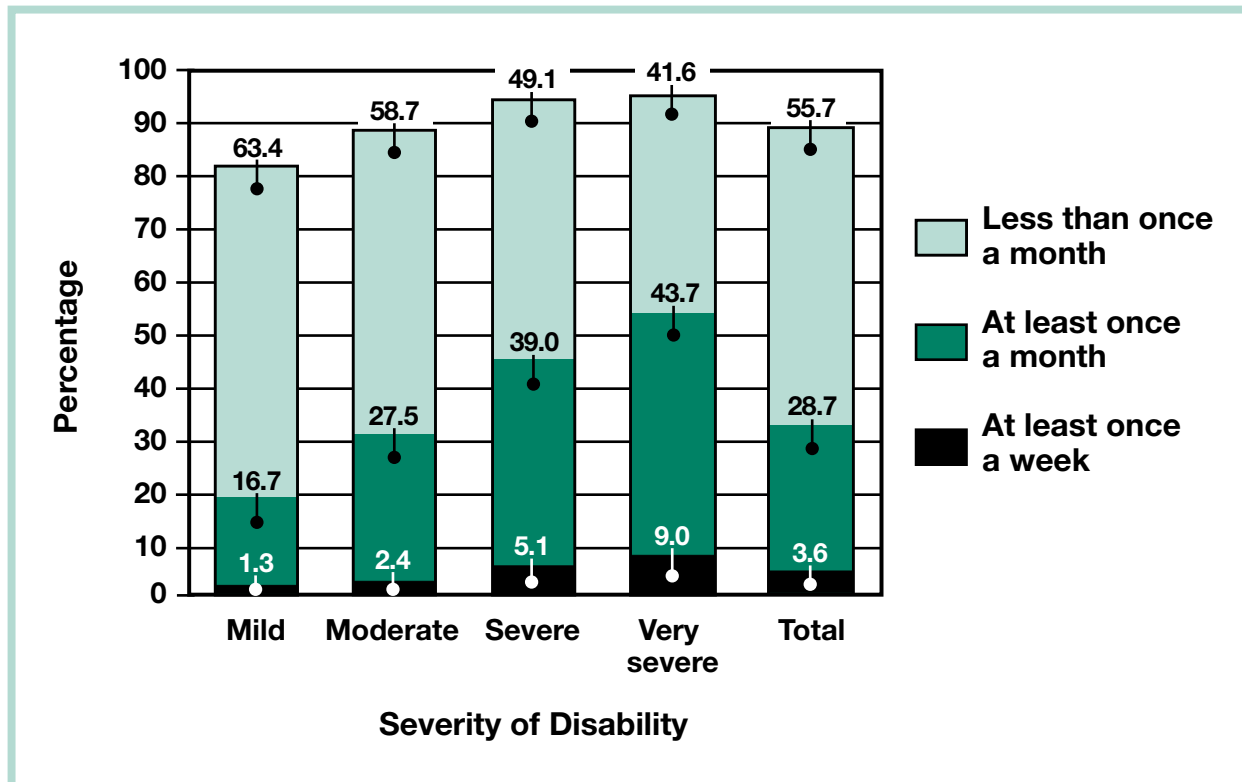
Visits to health professionals

Physicians, including family doctors and specialists, are the most common type of health professional sought by people with disabilities; 88.0% of adults with disabilities

¹⁰ Health professionals data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey.

visited a physician at least once in 2005–2006,¹¹ and 32.3% visited a physician at least once a month. Over half of adults with very severe disabilities visited a physician at least once a month. The frequency of visits to a physician in 2005–2006 by people with disabilities is shown in Chart 2.1.

Chart 2.1: Frequency of visits to physicians in 2005–2006 by severity of disability for adults (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

In addition to severity of disability, gender and age also influence health care experiences. Women with disabilities are slightly more likely than men with disabilities to have visited a physician in 2005–2006 (90.1% versus 85.4%). As age increases, so too does the likelihood of having visited a physician: 75.2% of young adults with disabilities visited a physician, compared to 91.2% of seniors.

People with disabilities also require the services of other health professionals. Chart 2.2 displays the percentage of all adults with disabilities who visited other types of health professionals at least once in 2005–2006.

¹¹ 2005–2006 is the most recent year for which data on this topic are available.

Chart 2.2: Visits to various types of health professionals at least once in 2005–2006 for adults with disabilities (%)

Type of health professional	Percentage
Physiotherapists or occupational therapists	20.3
Chiropractors	13.8
Massage therapists	12.6
Psychologists, social workers or counsellors	11.9
Audiologists or speech therapists	8.0

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

There are clear connections between disability type and type of health professionals visited. For example, 18.4% of adults with hearing disabilities visited an audiologist or a speech therapist in 2005–2006, compared to 3.5% of adults with disabilities who did not have hearing disabilities and 8.0% of people with disabilities overall. Likewise, 43.0% of adults with mental health disabilities visited a psychologist, social worker or counsellor, compared to 6.9% of adults with disabilities who did not have mental health disabilities and 11.9% of people with disabilities in general.

Children with disabilities also have health care needs. However, whereas 88.0% of adults with disabilities visited a family doctor or general practitioner at least once in 2005–2006, only 77.3% of children with disabilities did the same. Other common types of health professionals visited include pediatricians, speech therapists and medical specialists such as cardiologists and neurologists.

Out-of-pocket costs associated with visiting health professionals

While many Canadians have health care plans that help pay for at least part of their health-related expenses, out-of-pocket costs are still a reality: 24.3% of Canadian adults with disabilities who visited at least one health professional in 2005–2006 had out-of-pocket expenses for those visits. Among adults with disabilities who had out-of-pocket costs for health professional visits, the average amount was \$642.58. Younger working-age adults with disabilities are more likely to incur costs than seniors with disabilities (29.3% versus 20.2%).

Among those who had out-of-pocket expenses, there is a significant relationship between severity of disability and the level of out-of-pocket costs, as shown in Chart 2.3. Adults with severe to very severe disabilities spend about 40% more on average for health professional visits than those with mild to moderate disabilities.

Chart 2.3: Average out-of-pocket costs for visits to health professionals in 2005–2006 by severity of disability for adults who had out-of-pocket costs (\$)

Severity of disability	Average Expense
Mild to moderate	550.15
Severe to very severe	766.70
Total	642.58

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Unmet health care needs

In 2005–2006, 14.8% of adults with disabilities needed health care or social services because of their conditions but were unable to obtain them. Severity of disability is highly correlated with having such unmet needs. Of adults with very severe disabilities, 30.0% have unmet health care needs, compared to 7.0% of those with mild disabilities. Younger adults are also more likely to have unmet needs: 21.6% of younger working-age adults with disabilities have unmet needs, compared to 8.9% of seniors with disabilities.

As mentioned above, adults with disabilities have substantial out-of-pocket costs related to visits to health professionals. Not surprisingly, cost-related barriers—such as visits to health professionals being too expensive or visits not being covered by insurance—are the most common barriers experienced, regardless of severity of disability. Adults with severe to very severe disabilities are more likely than those with milder disabilities to not know how or where to obtain the health care they need. Chart 2.4 provides reasons why adults with disabilities have unmet health care and social services needs.

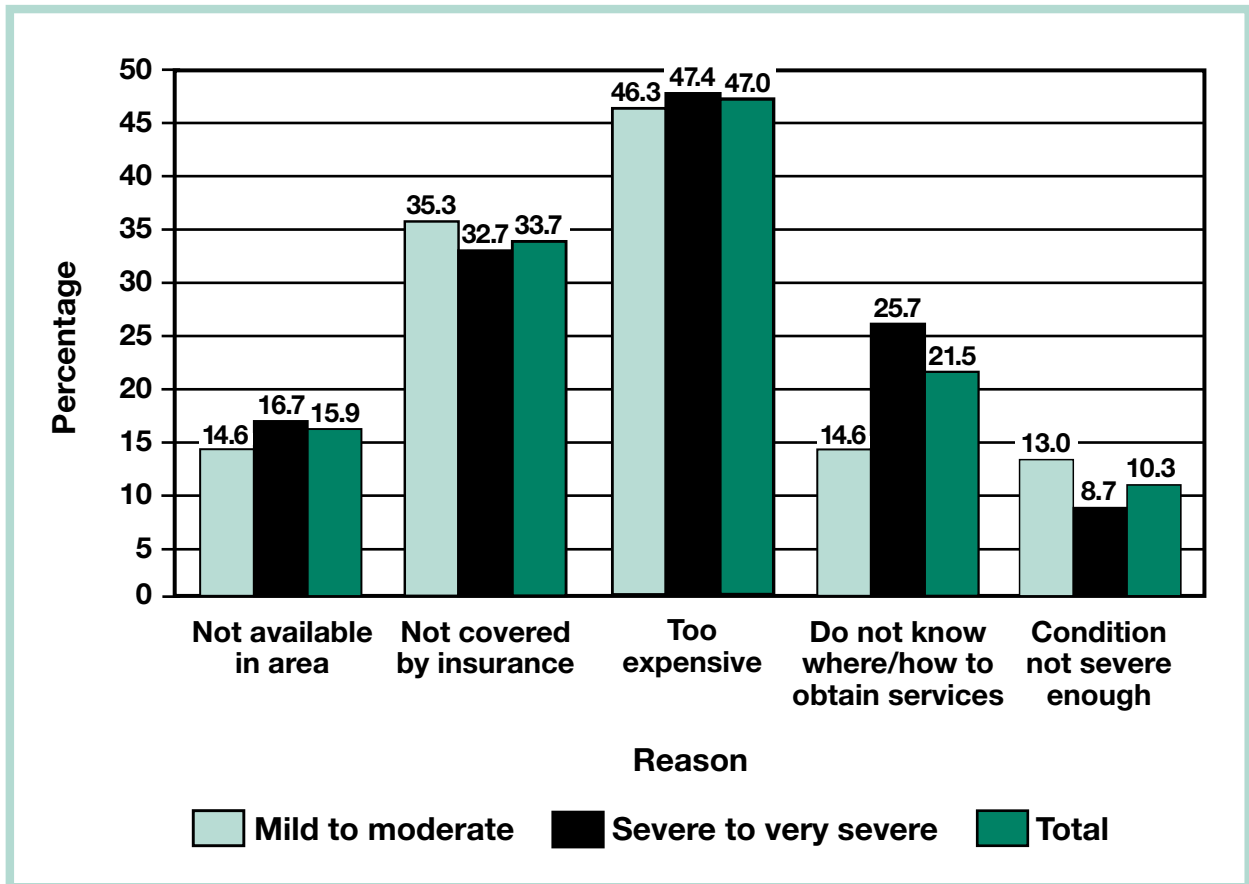
Drugs and medication

Drugs and medication^{12, 13} can be considered disability aids. In the same way that glasses or contact lenses enable some people with seeing disabilities to participate more fully in everyday life, medication enables people with conditions such as pain disabilities, agility disabilities or mental health disabilities to reduce barriers associated with their conditions.

¹² Medication data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey.

¹³ In this report, the terms "drugs" and "medication" are used interchangeably.

Chart 2.4: Reasons for unmet health care and social services needs by severity of disability for adults, 2006 (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

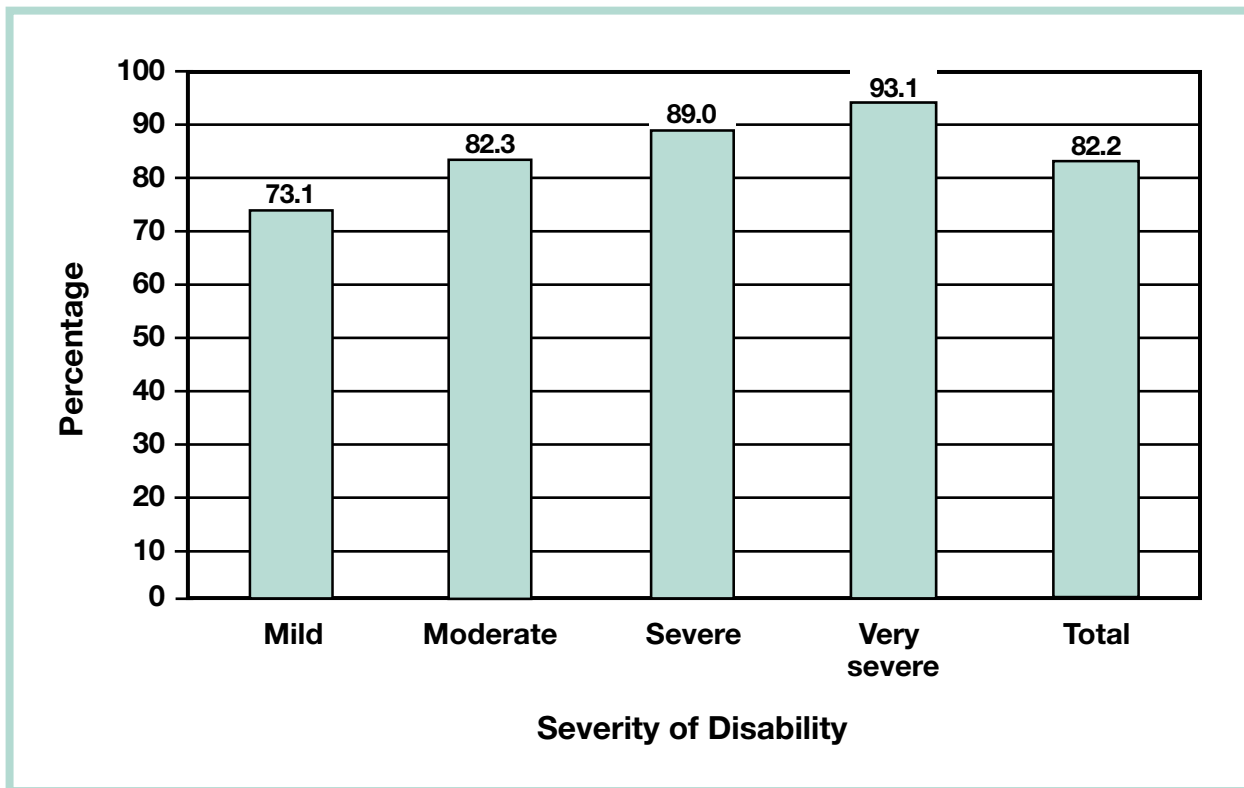
Medication usage

A total of 82.2% of adults with disabilities take medication on a regular basis.¹⁴ For the vast majority of these people (93.7%), some of the medication taken on a regular basis is prescription medication.

Regular medication usage is correlated with severity of disability. While regular usage of medication is common for all levels of severity, it is especially high for adults who have severe (89.0%) or very severe (93.1%) disabilities, as shown in Chart 2.5.

¹⁴ At least once a week.

Chart 2.5: Regular medication usage by severity of disability for adults, 2006 (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Regular medication usage increases with age. Roughly half (49.4%) of youth with disabilities use medication on a regular basis, compared to 72.3% of younger working-age adults, 86.2% of older working-age adults and 92.1% of seniors.

Of those who take medication on a regular basis, seniors are more likely to take prescription medication than youth and younger working-age adults (96.8% versus 89.2%). Usage of non-prescription medication is consistent across all age groups, with about 60% taking non-prescription medication at least once a week.

Women are more likely than men to take either prescription or non-prescription medication regularly: 85.7% of women with disabilities take medication at least once a week, compared to 78.0% of men with disabilities.

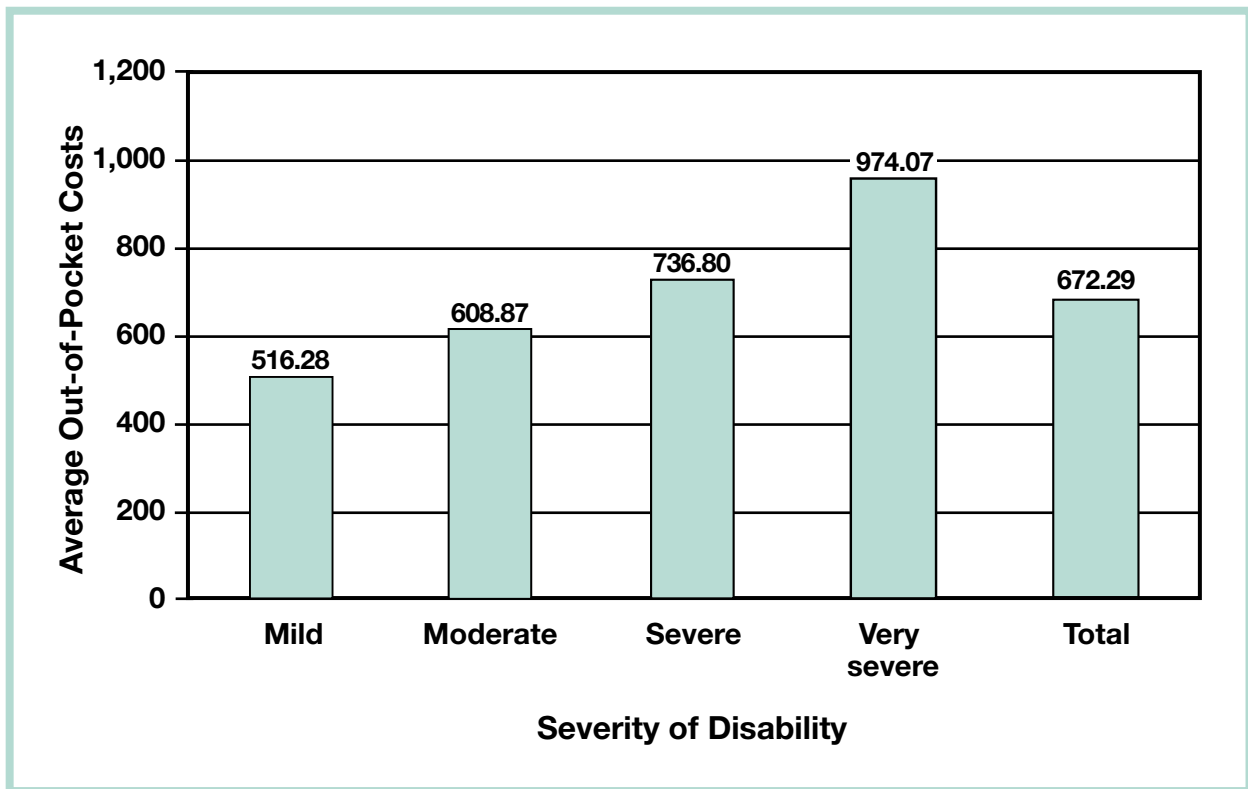
An estimated 48.7% of children with disabilities take either prescription or non-prescription medication on a regular basis. For children with severe to very severe disabilities, this rate is 57.1%. Among children, age has no effect on medication usage: younger and older children with disabilities are equally likely to take medication at least once a week.

Out-of-pocket costs for medication

An estimated 68.5% of adults with disabilities who use medication on a regular basis have out-of-pocket costs associated with their medication. This percentage is consistent across different levels of disability severity and, to a lesser degree, across different age groups. The only age group that differs significantly is young adults, 51.5% of whom have out-of-pocket costs for medication. Older working-age adults have the highest average out-of-pocket expenses; among those who have out-of-pocket expenses, the average cost is \$809.53.

The average amount of out-of-pocket costs differs greatly by severity of disability. Chart 2.6 reveals that average out-of-pocket expenses for both prescription and non-prescription medication among those with very severe disabilities are almost double the costs among those with mild disabilities.

Chart 2.6: Average out-of-pocket costs for regularly taken medication by severity of disability for adults who had out-of-pocket costs, 2006 (\$)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Nearly four out of ten parents of children with disabilities (37.3%) have out-of-pocket costs for prescription and non-prescription medication taken regularly by their children. For parents who had out-of-pocket costs in 2005–2006, the average cost was \$541.31.

Many people with disabilities may have access to resources that help them pay for medication. Two common reimbursement sources are social assistance programs and private health plans. Chart 2.7 shows average out-of-pocket costs for medication by available sources of reimbursement.

Chart 2.7: Average out-of-pocket costs for regularly taken medication by reimbursement source for adults with disabilities, 2006 (\$)

Reimbursement source	Average Expense
No reimbursement source	670.22
Only government sources	597.25
Private health insurance	760.12

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Interestingly, those with private health insurance have higher average out-of-pocket expenses than those who have no source of reimbursement at all. Since private health insurance plans are commonly linked to employment, this could be an indication that those who do not have any available source of reimbursement may be forgoing medication because they cannot afford it.

Unmet medication needs

Overall, 527 690 adults with disabilities were unable to get medication, or had to take less medication, because of cost at least once in 2005–2006; this represents about 12.9% of adults with disabilities. Among those with very severe disabilities, this percentage is 23.8%.

Unmet needs vary by gender and age. Women are more likely than men to have unmet needs for medication due to cost (15.3% versus 10.0%). Younger working-age adults have the highest percentage of unmet needs due to cost (20.3%). In addition, 7 430 children with disabilities (3.7%) have unmet needs for medication. In over two thirds of these cases, cost is the main barrier.

Health-related aids and devices

Some people with disabilities require health-related aids and devices¹⁵ as a direct result of their condition. Such aids include respiratory aids, pain management aids, diabetic aids, and abdominal, back or neck supports.

Respiratory aids

An estimated 68 940 adults and 6 070 children with disabilities use a respiratory aid such as a puffer or an inhaler; this represents 1.7% of people with disabilities overall. Among adults with very severe disabilities, 2.8% use a respiratory aid. Men with disabilities are slightly more likely than women to use respiratory aids (1.9% versus 1.4%).

For adults who use respiratory aids, the health care system or a government program is the most common funder: in 40.9% of cases, one of these pays the most for the aid or device, whereas the user or the user's family assumes the bulk of the responsibility for paying for the aid 30.4% of the time, and insurance companies pay the most 22.6% of the time.

In addition, 6 570 adults and 670 children with disabilities need a respiratory aid but do not have one; this represents 0.2% of people with disabilities in Canada.

Pain management aids

A small number (19 270) of adults with disabilities (0.5%) use a pain management aid, such as a TENS machine.¹⁶ Almost half of the users of pain management machines have very severe disabilities. Pain management machines are more commonly used among working-age adults with disabilities (0.6%) than among seniors with disabilities (0.2%). Men and women are equally likely to use pain management aids.

¹⁵ In the 2006 Participation and Activity Limitation Survey, before answering questions about specific health-related aids, respondents were asked if they needed any other aids or specialized equipment not specific to key disability types. If they answered "no" to this question, they did not go on to indicate use of respiratory aids, diabetic aids, etc. It is possible that the estimates presented in this report underestimate the usage of health-related aids.

¹⁶ Pain management aids discussed here do not include medication; A TENS machine is a "transcutaneous electrical nerve stimulation" machine. This aid treats pain through electrical nerve stimulation.

In 57.9% of cases, users or their families pay the majority of the cost of the pain management aid. In addition, 11 580 adults with disabilities need a pain management aid but do not have one; 73.2% of those who have unmet needs are women and 52.8% are younger working-age adults.

Diabetic aids

An estimated 59 210 Canadians with disabilities use diabetic aids, such as blood glucose monitors or needles. This number represents approximately 1.4% of adults with disabilities. The percentage is similar across age groups, gender and, to a lesser extent, severity of disability.

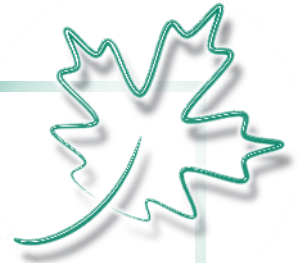
For 43.4% of diabetic aid purchases among adults with disabilities, the user or the user's family pays the most. In 21.8% of cases, a government program pays the most, and in 18.3% of cases, an insurance company makes the largest contribution. The health care system is the primary contributor 8.7% of the time.

Abdominal, back or neck supports

An estimated 64 630 adults and 850 children with disabilities (1.5% of all people with disabilities) use abdominal, back or neck supports such as ergonomic cushions or support belts. Among those with very severe disabilities, this percentage is 2.6%. Usage of this type of aid is most common among youth and younger working-age adults, for whom the percentage is also 2.6%. For 85.2% of the adults with disabilities who use such aids, the user or the user's family covers the majority of the cost.

Conclusion

Ensuring that all people with and without disabilities have access to the health care services they require is a critical part of our society's health and well-being. All people require support from health professionals at some point in their lives. However, the statistics presented in this chapter reveal that some people with disabilities are not receiving the health care that they need due to barriers including cost and lack of information. Cost is also the largest barrier preventing people with disabilities from obtaining needed medication and other health-related aids. Unmet health care needs have far-reaching implications: ill health can interfere with education, employment and the ability to meet basic everyday needs. Understanding reasons for unmet needs helps to ensure that the proper health supports can be put in place so that people with disabilities have equal opportunities to participate fully in society.



SPOTLIGHT ON PROGRAMS: Enabling Accessibility Fund

Budget 2007 announced the creation of the Enabling Accessibility Fund (EAF) in the amount of \$45 million over three years to assist communities with projects that improve accessibility for people with disabilities. Budget 2010 builds on the success of this program by extending the EAF and providing \$45 million for an additional three years to remove barriers for Canadians with disabilities. Budget 2010 also expands the EAF to include contribution funding in support of mid-sized projects, allowing communities to undertake larger retrofit projects or to foster partnerships for new facilities.

Through the Small Project Component of the EAF, grants may be provided in support of projects that improve the built environment through renovation, construction and retrofitting of buildings; modification of vehicles for community use; and provision of accessible information or communication technologies.

The objective of the EAF is to support community-based projects across Canada that improve accessibility and enable Canadians, regardless of physical ability, to participate in and contribute to their communities and the economy.

In 2009, the EAF funded 163 projects across Canada. To find out how to apply for financial assistance or for more information about this program, please call the EAF toll free at 1-866-268-2502.

Spotlight on the Alzheimer Society of Canada's national bilingual online portal

Since 1978, the Alzheimer Society has provided care, support and information to people with Alzheimer's disease and their families. In 2009, the EAF contributed \$50,000 in the form of a grant to the Alzheimer Society of Canada's national bilingual online portal to support making information and communication technologies more accessible. The portal will provide Canadians throughout the country with access to information on Alzheimer's disease and local programs. The Alzheimer Society estimates that approximately 500 000 Canadians are currently living with Alzheimer's disease, and it is expected that prevalence will increase by up to 50% within 5 years.

The content redevelopment and redesign will ensure that the site will meet accessibility standards and guidelines for websites. This will result in a website that is a user-friendly portal for its target group—seniors and people with Alzheimer’s disease or related dementia. The portal will have enhanced usability through improved design and offer enriched content based on user feedback. Some of the design improvements will facilitate access to important health information for people who are colour-blind, use bifocals, have attention deficit disorders or other cognitive impairments, or have challenges related to fine motor skills. The Alzheimer Society of Canada’s website can be found at www.alzheimer.ca.



CHAPTER 3

LEARNING

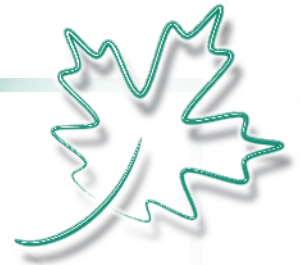
Lifelong learning is important for lifelong well-being and satisfaction. In childhood, access to education helps children develop both intellectually and socially. In adolescence and young adulthood, equitable access to education and experiences with barriers impact not only educational paths and choices but also career aspirations. Among working-age adults, access to retraining is an essential part of keeping people with disabilities integrated in the workforce, while access to training within the workplace contributes to lifelong career development.

FEATURED TOPICS

Childhood education and supports

Disability and youth learning aspirations

Adult learning



Childhood education and supports

Childhood learning experiences have a lifelong impact.¹⁷ Encouragement and support from parents and teachers at an early age have lasting effects on educational attainment, career aspirations and overall life satisfaction. Many children with disabilities and their families experience barriers that disrupt the learning process. These barriers include increased costs for families raising children with disabilities, perceptions that children with disabilities are not career-oriented and the notion that it is difficult to educate children with disabilities in a mainstream education system.

An estimated 60 220 girls and 104 170 boys with disabilities ages 5 to 14 attend schools and/or kindergarten programs. In addition, 3 010 children with disabilities are tutored at home, and 3 910 neither go to school nor are tutored at home. Most children with disabilities are enrolled in mainstream schools: 64.7% of children with disabilities

¹⁷ Childhood education and supports data presented in this report are from Statistics Canada's 2006 Children's Participation and Activity Limitation Survey. All data on children in this section are based on self-reports from the parents or caregivers of older children with disabilities. The education data are based on questions asked about experiences during the 2005–2006 school year.

attend regular school, and an additional 24.9% attend regular school with special education classes. Only 7.9% of children with disabilities attend special education schools, and 77.6% of those who do have severe to very severe disabilities.

Many older children with disabilities (68.5%) often or almost always look forward to attending school. Of the 16.4% who rarely or almost never look forward to attending school, 56.2% have severe to very severe disabilities.

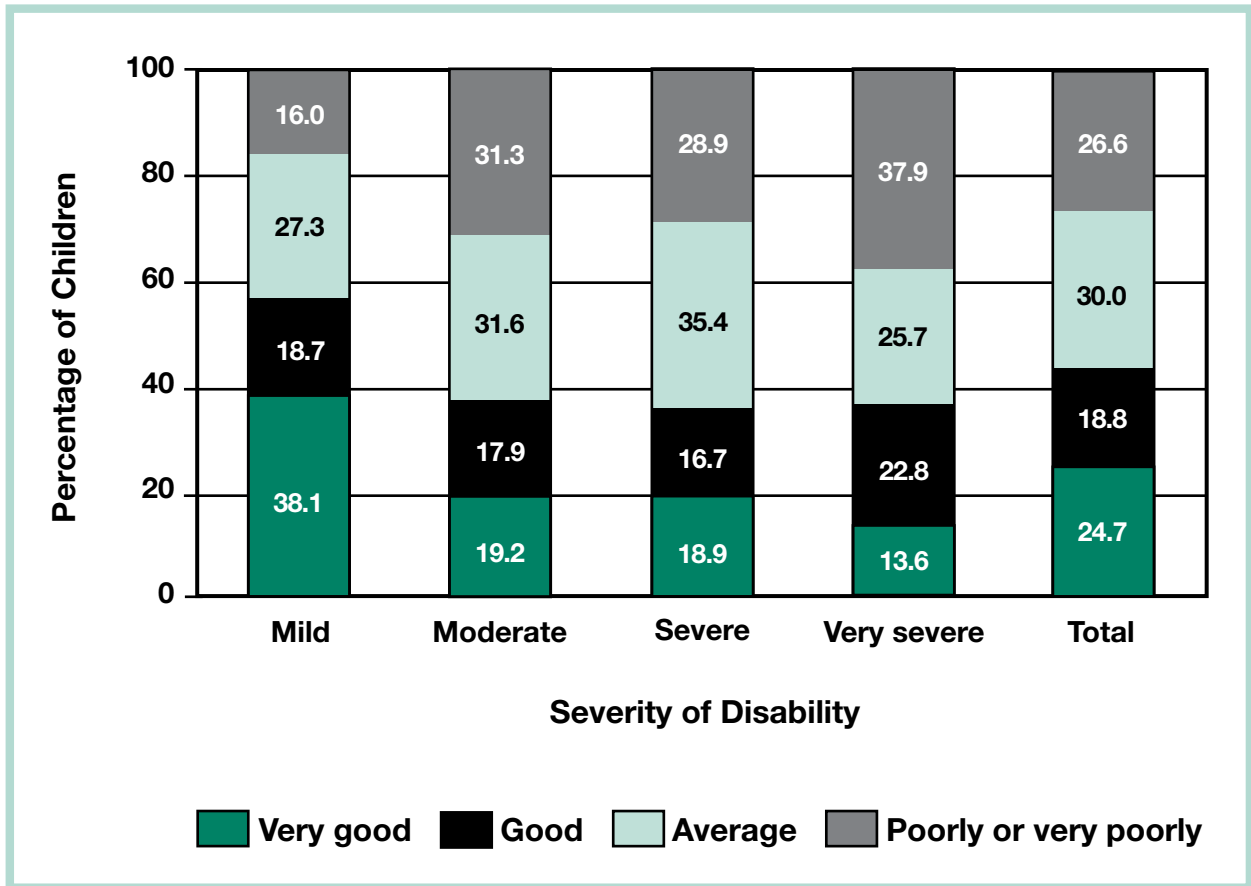
Support from parents and teachers helps children with disabilities enjoy school, participate in meaningful classroom discussion and excel academically and socially. Whether it is through encouragement or involvement with teachers, parents play an important role in their children's early learning experiences.

The vast majority (97.0%) of parents of children with disabilities speak to or visit their children's teachers. In addition, 78.4% of parents attend school events that their children participate in, such as plays, sports competitions and science fairs, and 40.0% of parents participate in parent advisory committees or parent council meetings. Many parents (90.4%) believe that their children's schools provide them with opportunities to be involved in their children's school activities, and 86.6% of parents indicate that their children's schools accommodate their children's conditions.

Checking homework and encouraging academic success promotes children's achievements in school, recreation and all areas of life. Only 3.7% of children with disabilities rarely or never have their homework checked; 67.0% of parents of children with disabilities check their children's homework on a daily basis. Parents of children who have severe and very severe disabilities are more likely to check their children's homework (73.4% and 75.6% respectively).

Report card performance is a good indicator of whether children are grasping information taught to them and applying new knowledge to assigned work. Overall, many children with disabilities (43.4%) have good to very good report card performance. Children with different levels of disability severity have different experiences. As seen in Chart 3.1, 38.1% of children with mild disabilities have very good report card performance, compared to 13.6% of children with very severe disabilities. In addition, 31.3%, 28.9% and 37.9% of children with moderate, severe and very severe disabilities respectively have poor or very poor report card performance.

Chart 3.1: Report card performance by severity of disability for older children, 2006 (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

In addition to parental participation, children with disabilities have their own experiences in school settings. Children with more severe disabilities experience increased barriers to classroom participation. Only 13.8% of children with mild disabilities have limited classroom participation; however, 64.6% of children with severe disabilities have limited classroom participation due to their condition. Among children with very severe disabilities, 71.1% of boys have limited classroom participation, compared to 52.3% of girls.

For older children with disabilities, support for education can come in different forms. Counselling and therapy supports are excellent resources that can help children with disabilities increase school performance and social skills; 91.0% of children with disabilities receive some form of special education support in studying academic subjects (e.g. math, science and English). Furthermore, 55.1% receive life skills training, and 27.0% receive speech and language therapy. In addition, regardless of disability type, 23.4% of children with severe to very severe disabilities receive mental health supports.

Support through aids, devices and services is necessary to foster developmental growth and enable children with disabilities to participate to their fullest capacity in the school system. Among children with disabilities, physical or human supports are the most common types of aids reported: 67.5% of older children use aids or assistive devices, with tutors or teacher's aides being the most commonly used, followed by note takers or readers. Chart 3.2 breaks down the usage of aids and assistive devices by severity of disability. Children with all levels of disability severity use aids and assistive devices.

Chart 3.2: School supports used by severity of disability for older children, 2006 (%)

Assistive device or service used at school	Mild Disability	Moderate Disability	Severe Disability	Very Severe Disability	Total
Tutors or teacher's aides	36.8	53.8	76.6	81.2	58.4
Note takers or readers	7.9	20.8	22.4	25.7	17.7
Attendant care services	x	x	9.0	26.5	7.9
Talking books	3.3	2.6	10.2	19.7	7.7
Recording equipment	1.4	2.6	6.3	17.9	5.8
Amplifiers, such as FM or infrared	4.1	5.1	7.4	5.1	5.3
A computer with Braille or speech access	0.9	5.0	5.6	12.3	5.1
Touch screen	x	x	6.5	13.4	4.3
Magnifiers	2.0	1.1	2.9	2.5	2.1
Sign language interpreters	x	x	2.6	5.1	1.8
Other aid or service	7.8	11.3	11.9	22.1	12.2

1. An "x" indicates that the number was suppressed due to low response counts.

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Many children with disabilities (17.9% or 27 970 children) need aids and devices at school but do not receive them. Among children with very severe disabilities, 36.9% need aids and devices but do not receive them. Boys are more likely than girls to have unmet needs for aids and devices at school (19.7% versus 14.6%).

Children with disabilities with unmet needs do not receive needed aids and devices for numerous reasons. In 78.9% of cases, parents cite school funding cutbacks or lack

of funding in the school system as the main reason. More than a quarter of parents (26.1%) indicate that their children's schools do not feel it is necessary for their children to have assistive devices or services for school.

Disability and youth learning aspirations

Expectations and goals that youth with disabilities have for their education and occupational achievement influence positive outcomes in the future.¹⁸ Motivation and self-confidence enable youth to overcome barriers and challenges that are frequently experienced by people with disabilities and improve the likelihood of higher educational attainment. In particular, career aspirations can help provide a positive transition to adulthood for youth with disabilities.

An estimated 103 370 youth with disabilities (56.3%) attend school, college or university. Most (89.8%) of them are enrolled as full-time students. Of the remaining 10.2% enrolled as part-time students, 50.9% are studying part time because of their disabilities.

Among youth with disabilities who are attending some type of school, 60 630 or 58.7% are enrolled in mainstream primary or secondary school. As shown in Chart 3.3, rates of post-secondary enrolment in college and university are similar (15.5% and 15.1% respectively).

Chart 3.3: School enrolment in 2005–2006 by severity of disability for youth (%)

Type of school	Mild to Moderate Disability	Severe to Very Severe Disability	Total
University	18.0	7.6	15.1
Community college, CEGEP, technical institute or private training institute (e.g. business school, trade/vocational school)	15.9	14.6	15.5
Special education school	2.5	16.3	6.3
Regular primary or secondary school	59.8	55.7	58.7
Other	3.8	5.7	4.4

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

¹⁸ Youth learning aspirations data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey. The data reported are for the school year from September 2005 to April 2006.

Youth with disabilities sometimes need assistive devices or services to follow their courses and complete their school work. Overall, 22.4% of youth with disabilities need some type of assistive device or service to follow their courses. Youth with severe to very severe disabilities are more likely to need assistive devices or services than youth with mild to moderate disabilities (42.4% versus 14.4%).

Age of disability onset also plays a role: 35.7% of youth who acquired their disabilities at birth or before age 6 require assistive devices or services, compared to 10.2% of youth who acquired their disabilities between ages 11 and 24.

Many youth (66.7%) acquire their disabilities before completing all of their formal education and training. Attending school with disabilities creates barriers to having strong academic performance and completing education on time. Chart 3.4 lists barriers experienced by youth with disabilities.

Chart 3.4: Effects of disability on education by severity of disability for youth, 2006 (%)

Effect	Mild to Moderate Disability	Severe to Very Severe Disability	Total
Began school later	8.8	19.6	12.0
Experienced school interruptions	16.9	36.3	22.7
Changed schools	13.6	38.9	21.2
Discontinued formal education or training	13.3	30.7	18.5
Had choice of career influenced	32.3	66.2	42.3
Changed course of studies	16.8	41.4	24.1
Took fewer classes	23.9	58.8	34.2
Had additional expenses	8.8	16.2	11.0
Attended special education classes	23.9	55.2	33.3
Undertook home study	12.0	16.0	13.2
Left community	8.6	22.8	12.8
Took longer to achieve present level of education	24.9	57.8	34.5

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Over one quarter (27.9%) of youth with severe to very severe disabilities who have had their disabilities since birth began school later than their peers. Youth who developed their disabilities after age 16 are roughly twice as likely as youth who have had their disabilities since birth to experience school interruptions for long periods of time (31.6% versus 16.6%). Youth with severe to very severe disabilities are more than twice as likely as youth with mild to moderate disabilities to have school interruptions (36.3% versus 16.9%).

The paths youth with disabilities take to enter the labour force or further their education are different from the paths taken by youth without disabilities. Although youth with disabilities have the same types of aspirations as youth without disabilities—that is, to complete their education and find successful employment—they often encounter barriers and challenges in pursuing their goals.

Many youth with disabilities report that their career aspirations have been influenced by their conditions. Youth who have had their disabilities since an early age (birth to age 5) are more likely than youth who acquired their disabilities later in their lives (between ages 16 and 24) to report that their disabilities influenced their career goals (55.8% versus 34.8%). Youth with severe to very severe disabilities are twice as likely as youth with mild to moderate disabilities to report that their conditions influenced their choice of career (66.2% versus 32.3%).

Similarly, youth with disabilities with an early age of onset (birth to age 5) are more likely to report having changed their course of studies (30.3%), taken fewer classes (46.5%) and taken longer to achieve their present education (43.9%). Conversely, 28.1% of youth who acquired their disabilities between ages 16 and 24 discontinued their education due to their disabilities, compared to 12.6% of youth who had their disabilities since birth. This suggests that later onset of disabilities can result in sudden effects on education and career goals.

The type of education pursued can be one indicator of career aspirations for youth with disabilities. Chart 3.5 lists the breakdowns of type of education pursued by gender and severity of disability.

Chart 3.5: Type of education pursued by gender and severity of disability for youth, 2006 (%)

	Trades Certificate	College	University	Post-Graduate	Other
Girls and women					
Mild to moderate	11.7	28.2	51.3	x	4.8
Severe to very severe	15.8	35.4	33.9	x	13.5
Total	12.6	29.8	47.5	x	6.8
Boys and men					
Mild to moderate	19.9	25.0	42.1	x	10.1
Severe to very severe	21.8	32.8	17.0	x	18.6
Total	20.4	26.8	36.5	x	12.0
Both genders					
Mild to moderate	15.2	26.9	47.3	x	7.1
Severe to very severe	18.4	34.3	26.6	x	15.7
Total	15.9	28.5	42.7	2.6	9.0

1. An “x” indicates that the number was suppressed due to low response counts.
2. Population consists of youth who are enrolled in post-secondary education.
3. “Other” consists of youth who are enrolled in post-secondary education but are not pursuing a trades certificate, diploma or degree (e.g. youth enrolled in single classes).

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Adult learning

Adult learning¹⁹ is an important aspect of lifelong learning and plays a role in the productivity, innovation and employability of individuals. Participation in adult learning is connected to a number of factors related to workforce participation. This section discusses adult learning in the workplace and training for adults with disabilities.

¹⁹ Adult learning data presented in this report are from Statistics Canada’s 2006 Participation and Activity Limitation Survey. Data regarding workplace training cover a 12-month period during 2005 and 2006.

Over a quarter (28.2%) of younger and older working-age adults with disabilities have gone back to school for retraining because of their disabilities.²⁰ Adults who first experienced their disabilities between ages 25 and 34 are most likely to have gone back to school for retraining (38.5%). Adults who acquired a disability near the end of their working years (ages 45 to 64) are least likely to have returned to school for retraining (21.9%). Increased severity of disability increases the likelihood that a worker will return to school: 36.5% of adults with severe to very severe disabilities have returned to school because of their disabilities, compared to 22.4% of adults with mild to moderate disabilities.

Positive job outcomes can be associated with workplace training. In 2005–2006, 32.9% of adults with disabilities received formal classroom training related to their job. In addition, 31.9% of adults with disabilities received informal training (i.e. on-the-job training) related to their job, and 12.8% took other work-related training to improve their skills or acquire new ones.

Adults with more severe disabilities are more likely than adults with mild disabilities to report that classroom and informal training benefit them in their work: 85.5% of adults with very severe disabilities apply the knowledge and skills learned in classroom training to their work, compared to 62.3% of adults with mild disabilities. As well, 77.2% of adults with very severe disabilities find they use the skills and knowledge learned through informal training to a great extent in their work. This indicates that access to workplace training may have greater benefits for those with more severe disabilities.

Educational attainment reflects the skills and knowledge a person acquires through schooling and can be an indicator of likelihood of success in the workforce. However, gender and severity of disability can affect educational attainment. Chart 3.6 lists the highest level of educational attainment by gender and severity of disability for working-age adults.

²⁰ People who acquire their disabilities later in life may retrain for new occupations if their disabilities present a fundamental barrier to continuing in their previous occupations. For example, a truck driver who sustains an acquired brain injury and develops a seizure disorder may not be able to continue driving trucks. However, he or she could potentially retrain to work in the truck company's dispatch centre by studying computer skills and customer service skills.

Chart 3.6: Highest level of education attained by gender and severity of disability for younger and older working-age adults, 2006 (%)

	No High School Diploma	High School Diploma	Trades Certificate	College Diploma	University Degree	Post-Graduate
Women						
Mild	20.7	27.7	10.1	27.0	9.2	5.4
Moderate	20.9	24.5	11.5	27.0	10.8	5.3
Severe	28.8	24.4	12.2	22.3	5.8	6.4
Very severe	28.8	28.1	8.0	21.2	10.8	3.1
Total	24.2	26.0	10.7	24.8	8.9	5.3
Men						
Mild	18.7	25.1	18.4	18.8	11.1	7.9
Moderate	23.5	21.8	23.3	18.7	7.1	5.6
Severe	37.4	20.6	17.9	15.5	6.4	2.2
Very severe	35.3	19.9	15.5	22.3	1.8	5.2
Total	26.8	22.4	19.2	18.4	7.7	5.5
Both genders						
Mild	19.7	26.4	14.3	22.8	10.1	6.7
Moderate	22.1	23.3	16.9	23.2	9.1	5.4
Severe	32.5	22.7	14.7	19.4	6.1	4.6
Very severe	31.6	24.5	11.3	21.7	6.9	4.0
Total	25.4	24.3	14.7	21.8	8.3	5.5

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Although the gap between men and women has decreased with respect to educational attainment, there are still large gender differences in certain areas, such as trades and, to a lesser degree, college. Only 1.8% of men with very severe disabilities have a university degree as their highest level of educational attainment, compared to 10.8% of women with very severe disabilities. Compared to men, women more often have only a high school education (22.4% of men versus 26.0% of women).

People with severe or very severe disabilities (32.5% and 31.6% respectively) are more likely not to have a high school diploma than those with mild or moderate disabilities (19.7% and 22.1% respectively). Overall, people with mild disabilities are more likely to have a university or post-graduate degree than those with more severe disabilities; however, the difference between the university and post-graduate degree attainment rates for those with moderate, severe and very severe disabilities is minimal.

Conclusion

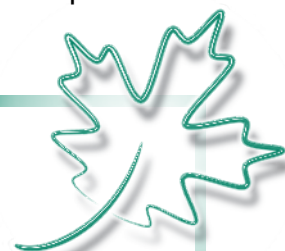
Many people with disabilities face disability-related challenges throughout their lifelong learning journeys. In childhood, support from educators and parents is an invaluable resource that enables children with disabilities to succeed. In adolescence and young adulthood, access to technical supports (e.g. aids and devices) and human supports (e.g. tutors and note takers) opens doors to post-secondary education for many students with disabilities. In adulthood, access to retraining has a considerable impact on the ability of adults with late-acquired disabilities to remain gainfully employed. With the right kinds of supports, people with disabilities can benefit tremendously from lifelong learning. However, the statistics presented in this chapter reveal that for many people with disabilities, especially those with more severe disabilities, there is still some room for improvement in ensuring that all potential learners have equitable access to education.

SPOTLIGHT ON PROGRAMS: Enabling Accessibility Fund

The spotlight in Chapter 2 (page 25) described a health-related Enabling Accessibility Fund (EAF) initiative that improved the accessibility of the Alzheimer Society of Canada's website.

This chapter presents a second EAF project, related to learning. As part of the EAF's commitment to remove barriers for Canadians with disabilities and fund projects across Canada, this funded project is designed to support child development, an essential part of early education and life skills development.

To find out how to apply for financial assistance or for more information about this program, please call the EAF toll free at 1-866-268-2502.



Spotlight on the Fort St. John Child Development Centre

The EAF contribution of \$47,200 is helping to build the Life Skills Centre at the Fort St. John Child Development Centre in the city of Fort St. John, British Columbia. The Life Skills Centre will provide after-school programming, a “Saturday Club” and peer mentoring opportunities for many local children and youth ages 6 to 19, including children and youth with disabilities.

“The Life Skills Centre project is a much-needed enhancement to the current services and programs offered by the Child Development Centre. It will provide an opportunity to increase service access for youth with special needs through mentoring and life skills programs,” said Ms. Penny Gagnon, Executive Director of the Child Development Centre. “Once completed, the Life Skills Centre will allow youth to develop daily living activity skills and will host peer mentoring programs.”

For more information on the Fort St. John Child Development Centre, visit www.cdcfsj.ca/project-build-a-fort.html.



CHAPTER 4

EMPLOYMENT

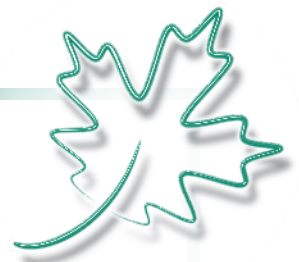
Employment is an important aspect of adult living. Fulfilling work leads to positive outcomes for workers, such as employment income, a sense of accomplishment and enlarged social networks. In Canada, the *Employment Equity Act* is designed to eliminate systemic barriers to employment and open doors for workers with disabilities. However, even with open doors, many potential workers with disabilities must overcome barriers and use accommodations in order to gain and retain employment.

FEATURED TOPICS

Employment equity

Labour force participation

Workplace needs



Employment equity

Every year, large employers²¹ in the federal jurisdiction report on their progress in meeting legislated employment equity benchmarks set by the federal government.²² These benchmarks outline the percentage of the workforce that should be occupied by the four designated employment equity groups: people with disabilities, women,

²¹ Employers who report under the *Employment Equity Act* include the federally regulated private sector, Crown corporations, the federal public service, separate employers (i.e. federal public sector organizations with 100 or more employees that are listed in Schedule I, Part II of the *Public Service Staff Relations Act* [e.g. Canada Revenue Agency, Canadian Food Inspection Agency, Parks Canada]), and other public sector employers (e.g. Canadian Forces, Royal Canadian Mounted Police). Provincially regulated employers subject to the Federal Contractors Program do not submit annual reports. Therefore, representation data for the designated groups in the entire Federal Contractors Program workforce are not available.

²² All data reported in this section are taken from *Employment Equity Act: Annual Report 2008*, which is available online at www.rhdcc-hrsdc.gc.ca/eng/labour/publications/equality/annual_reports/2008/docs/2008report.pdf. The data cover 2007.

Aboriginal people and members of visible minorities. The benchmarks are set to match each designated group's percentage availability in the share of the workforce from which employers hire.²³

From 2006 to 2007, the workforce representation rate for people with disabilities remained stable. However, people with disabilities remain under-represented in the federally regulated private sector (this sector includes banks and radio and television broadcasting).²⁴ The federal public service continues to employ people with disabilities at a rate higher than the availability rate.

Chart 4.1 lists the 2006 and 2007 representation rates and the 2001 availability rates for people with disabilities in each sector governed by the *Employment Equity Act*. In the public sector, the representation rate has remained stable since 2001, with minimal increases between 2001 and 2007.

Chart 4.1: Representation rates and availability rates for working-age adults with disabilities (%)

	Representation Rate		Availability Rate
	2007	2006	2001
Private sector			
Total private sector	2.7	2.7	5.8
Public sector			
Federal public service	5.9	5.7	3.6
Separate employers	4.9	5.0	5.8
Other public sector employers	1.4	1.4	5.8
Total public sector	4.2	4.1	4.7
Total for both sectors	3.2	3.2	5.4

Source: *Employment Equity Act: Annual Report 2008*

²³ For example, an employer in the banking sector will have benchmarks to meet for hiring people with disabilities in the banking sector. The benchmark is based on the availability of people with disabilities who are qualified to work in banking.

²⁴ About 12 000 enterprises and 840 000 of their employees make up the federally regulated sector. These include banks; marine shipping, ferry and port services; air transportation, including airports, aerodromes and airlines; railway and road transportation that involves crossing provincial or international borders; canals, pipelines, tunnels and bridges (crossing provincial borders); telephone, telegraph and cable systems; radio and television broadcasting; grain elevators, feed and seed mills; uranium mining and processing; businesses dealing with the protection of fisheries as a natural resource; many First Nation activities; most federal Crown corporations; and private businesses necessary to the operation of a federal act.

In the private sector, banks have the highest representation rate for people with disabilities. Chart 4.2 shows that representation rates have increased steadily in the banking sector. In contrast, representation rates have stayed level or dropped in the transportation sector since 2001.

Chart 4.2: Representation rates in selected sectors within the private sector for working-age adults with disabilities, 2007 (%)

Sector	2001	2006	2007
Banking	2.0	3.4	3.6
Communications	2.3	2.5	2.5
Transportation	2.4	2.3	2.1
Other	2.7	2.3	2.3
All	2.3	2.7	2.7

Source: *Employment Equity Act: Annual Report 2008*

Employment equity and human rights legislation are legal avenues for policy-makers to ensure access to the labour market for all people with disabilities. Canada's aging population is affecting the disability community in multiple ways. Disability rates rise with age—disability is likely to become more prevalent in our aging workforce. As a result, one way to increase the labour supply and respond to the skilled worker shortage is to maximize participation in the labour force for people with disabilities.

Labour force participation

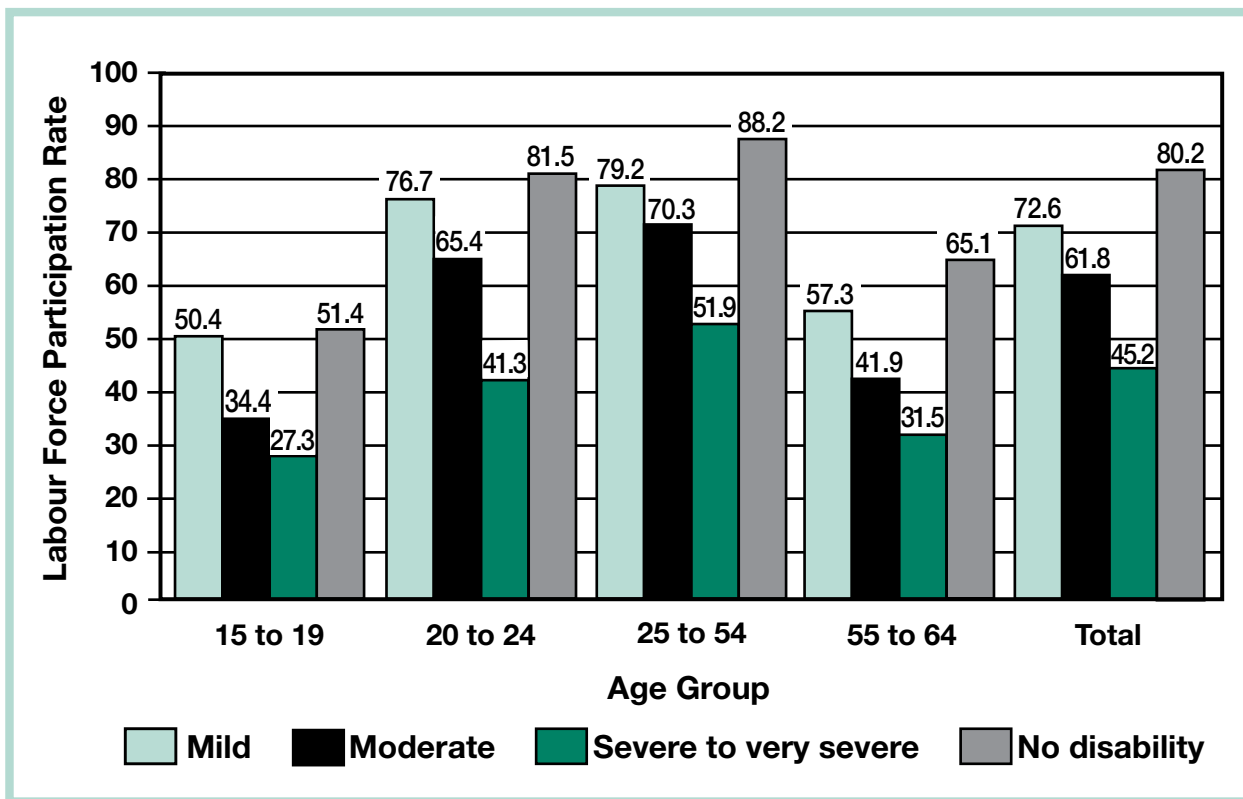
Participation in the labour market²⁵ is important for financial security and personal independence. Many people with disabilities have to overcome work-related barriers and challenges that people without disabilities do not. People with disabilities may be limited in the amount of work they can do in the workplace, or they may require workplace modifications or flexible working arrangements that employers are sometimes reluctant to support or pay for.

²⁵ Labour force participation data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey. Labour force participation, employment and unemployment rates are all age-standardized.

In addition to accommodation challenges, workers with disabilities face the possibility of employer discrimination and social exclusion. Accumulated case law requires Canadian employers to accommodate worker needs to the point of “undue hardship.” Examining the characteristics of working-age adults with disabilities who do not participate in the labour force may provide some answers as to why many people with disabilities forgo participation in the labour market, as well as ideas for types of modifications and solutions that could enable them to enter the labour market.

The overall labour force participation rate for working-age adults with disabilities is 59.6% (1 379 325 people). In comparison, the participation rate for working-age adults without disabilities is 80.2% (15 163 250 people). Chart 4.3 shows that people with mild disabilities have higher labour force participation rates than people with moderate, severe or very severe disabilities.

Chart 4.3: Labour force participation rates by age group and severity of disability for working-age adults, 2006 (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Labour force participation rates are highest among younger working-age adults with disabilities, at 66.0%. Although this is above the overall participation rate for people

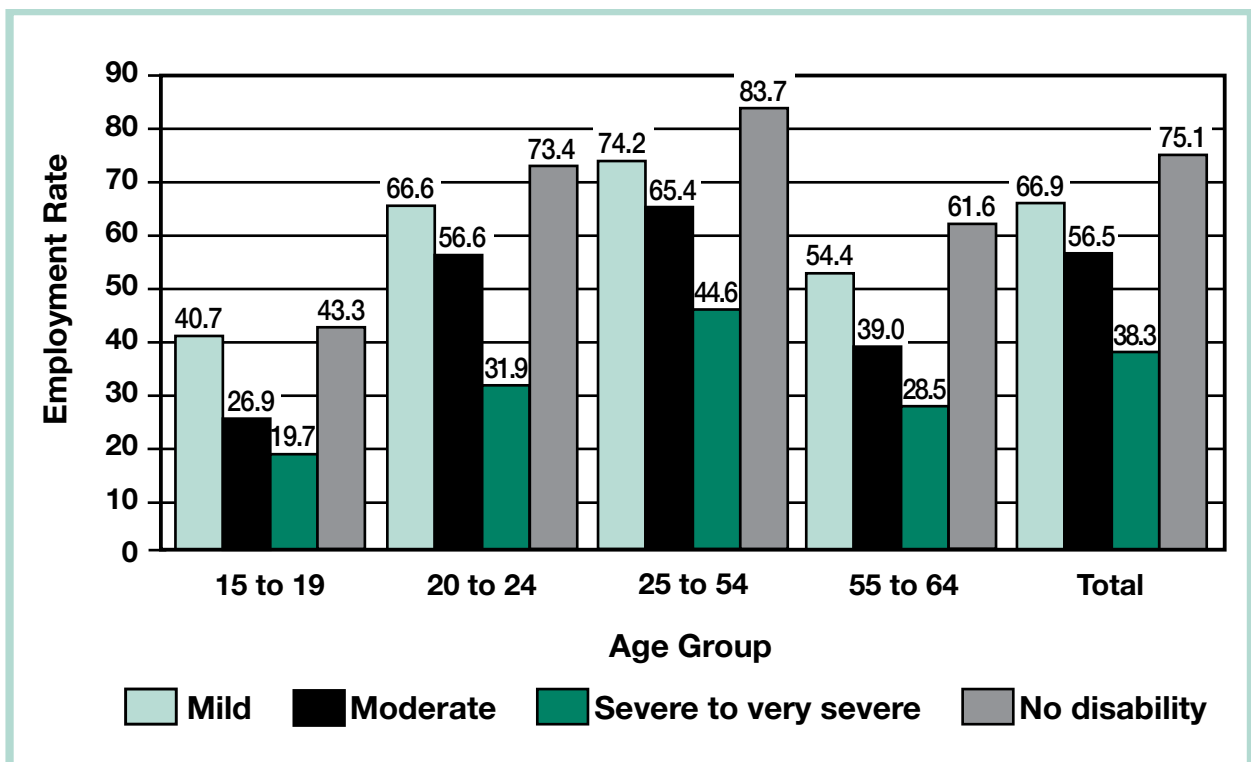
with disabilities, it is 14.2% lower than the overall rate for people without disabilities. Adults with severe to very severe disabilities, especially those ages 20 to 24, have much lower labour force participation rates than adults with mild and moderate disabilities (41.3% versus 76.7% and 65.4% respectively).

Employment

The employment rate for working-age adults with disabilities is significantly lower than the rate for working-age adults without disabilities (53.5% versus 75.1%). Among those who are employed, 82.8% of people with very severe disabilities are limited by their disabilities at work, compared to 27.2% of people with mild disabilities.

Chart 4.4 shows that the largest gap between the employment rates for people with and without disabilities is among younger working-age adults. The employment rate for people with disabilities in this age group is 60.2%, compared to 83.7% for people without disabilities.

Chart 4.4: Employment rates by age group and severity of disability for working-age adults, 2006 (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Employment rates for people with severe to very severe disabilities are much lower than rates for people with mild disabilities across all age groups. Among working-age adults, the employment rate for people with mild disabilities is 66.9%, compared to 38.3% for people with severe to very severe disabilities. In fact, the employment rates for people with mild disabilities are only slightly lower than those for people without disabilities.

Almost half (48.9%) of people with disabilities are doing the same work as they were doing before they developed their disabilities. Of those who are doing different work after acquiring their disabilities, 77.5% changed their work responsibilities because of their disabilities. With the onset of new disabilities, over half of people (55.7%) are doing less work. Only 11.6% are doing more work, and 32.7% have not seen a change in the amount of work they are doing.

In terms of career advancement or ability to change jobs, 62.0% of workers with disabilities believe that their disabilities will not have an impact. Most of these workers are people with mild to moderate disabilities. Not surprisingly, those with more severe disabilities have a more reserved view: 69.7% of people with very severe disabilities believe their disabilities will make it very difficult to change jobs or advance in their current job.

Occupation

Participation in the labour market goes beyond simply generating income. Rewarding jobs are contingent on factors such as level of education and type of occupation.²⁶ The types of occupations people with disabilities choose vary depending on gender, educational attainment, area of residence, and disability type and severity, among numerous other factors that are similar to those that influence people without disabilities.

Chart 4.5 reveals that people with disabilities are more likely to be employed in certain occupations. Overall, compared to people without disabilities, people with disabilities more often work in art, culture, recreation and sport occupations; sales and service occupations; trades, transport and equipment operators occupations; and occupations unique to primary industry.

Women with disabilities are more likely to work in business, finance and administrative occupations; sales and service occupations; occupations in social sciences, education, government service and religion; and health occupations, rather than in occupations

²⁶ More information on the link between occupation and income can be found in Chapter 1.

Chart 4.5: Occupations by disability status and gender for working-age adults, 2006 (%)

Occupation sector	Women			Men			Total		
	With Disabilities	Without Disabilities	Total	With Disabilities	Without Disabilities	Total	With Disabilities	Without Disabilities	Total
Management	4.1	7.2	6.9	8.6	11.2	11.0	6.3	9.3	9.0
Business, finance and administrative	24.1	27.0	26.7	9.1	9.7	9.6	16.8	17.9	17.8
Natural and applied sciences	2.0	3.0	2.9	7.8	10.3	10.1	4.8	6.8	6.6
Health	8.4	9.2	9.2	1.0	1.9	1.8	4.8	5.3	5.3
Social sciences, education, government service and religion	10.6	11.3	11.2	3.8	4.7	4.7	7.3	7.9	7.8
Art, culture, recreation and sport	4.3	3.7	3.8	3.5	3.0	3.0	3.9	3.3	3.4
Sales and service	37.7	30.3	31.0	24.4	20.8	21.1	31.3	25.4	25.8
Trades, transport and equipment operators	2.9	2.0	2.1	27.3	25.7	25.9	14.8	14.4	14.5
Primary industry	1.7	1.7	1.7	6.2	5.5	5.6	3.9	3.7	3.7
Processing, manufacturing and utilities	4.2	4.7	4.6	8.5	7.2	7.3	6.2	6.0	6.0

1. Numbers are age-standardized.

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

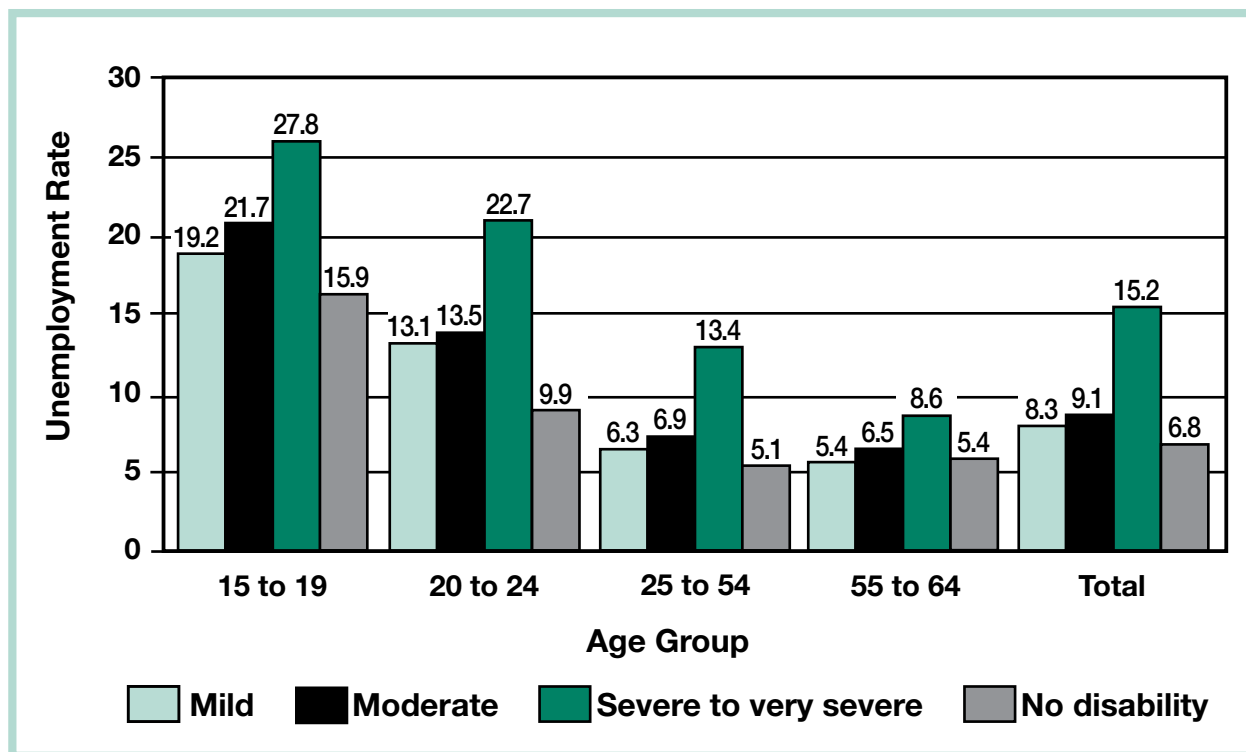
relating to manufacturing or trades. Men with disabilities are more likely to work in the trades, transport and equipment operators occupations than both women in general and men without disabilities.

Unemployment

People with disabilities are more likely to be unemployed than people without disabilities. The unemployment rate is a key economic indicator for people with disabilities because not all people with disabilities are able to work. The unemployment rate measures labour market success for people with disabilities and can be directly compared to the rate for people without disabilities, because it is based only on those who are available to work. The unemployment rate for working-age adults with disabilities is 10.4%, compared to 6.8% for working-age adults without disabilities.

Chart 4.6 shows that unemployment is higher among people with severe to very severe disabilities (15.2%) than among those with other levels of disability severity.

Chart 4.6: Unemployment rates by age group and severity of disability for working-age adults, 2006 (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Unemployment rates decrease sharply for younger working-age adults with disabilities (by almost 50% for people with severe to very severe disabilities) once they complete their schooling and enter the workforce in their prime working years. For older working-age adults with disabilities, there are small differences in unemployment rates across disability status and severity.

Severity of disability can have a significant impact on the ability of people who are unemployed to pursue employment: 87.9% of people with very severe disabilities are limited in their ability to look for work, compared to 66.5%, 42.4% and 21.8% of people with severe, moderate and mild disabilities respectively. Among those who are unemployed and looking for work, 52.5% want only full-time work, with the majority (70.9%) of these individuals having mild disabilities. People with very severe disabilities are least likely to desire full-time work (20.5%) but are more flexible in working either part time or full time (42.0%). Men are more likely to prefer full-time work than women (57.5% versus 46.2%), while the opposite is true for a preference for part-time work (38.4% of women and 22.3% of men).

Not in the labour force

In 2006, there were approximately 1 million working-age adults with disabilities (43.8%) not in the labour force. The most common barriers to labour force participation for people with disabilities are their disabilities themselves. Most people with disabilities who are not in the labour force are either limited in the kind of work they can do or completely prevented from working due to their disabilities. In fact, 65.0% of people with disabilities who are not in the labour force are completely prevented from working, including 76.1% of people with severe disabilities and 83.9% of people with very severe disabilities. Additionally, 12.1% of people with disabilities who are not in the labour force are limited in their ability to look for work.

Workplace needs

Employer awareness of employees' disabilities is important to ensure that proper workplace modifications are in place so that employees with disabilities have the same opportunities as employees without disabilities.²⁷ Nearly three quarters (74.7%) of employed people with disabilities have informed their employers of their disabilities. People who have mild to moderate disabilities are less likely than those with severe to very severe disabilities to inform their employers (72.7% versus 82.4%).

²⁷ Workplace needs data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey. Workplace needs data cover working-age adults.

Three quarters (75.7%) of people with disabilities believe they are given the opportunity to use their education, skills and work experience in their current jobs. Furthermore, 71.3% indicate that their jobs require the education they have attained. However, among those whose jobs do not require the level of education they currently have, 80.5% are doing less work than what their education prepared them for.²⁸ In other words, although people with disabilities have the required education and are using some skills they learned in school on the job, for many, the skills and knowledge required for their jobs are not nearly as extensive as their qualifications.

Employed people with disabilities are more likely to have all of their needs for aids and devices met (60.4%) than people with disabilities who are unemployed (56.0%)

Chart 4.7: Workplace accommodations for working-age adults with disabilities, 2006 (%)

Type of accommodation	Requires Accommodation	Workplace Has Made Accommodation Available
Job redesign (modified or different duties)	14.1	45.4
Modified hours or days, or reduced work hours	20.0	58.9
Human support, such as a reader, sign language interpreter, job coach or personal assistant	2.7	34.3
Technical aids, such as a voice synthesizer, a TTY or TDD, an infrared system or portable note-takers	1.5	31.6
A computer with Braille, large print, voice recognition or a scanner	1.6	30.4
Communication aids, such as Braille or large print reading material or recording equipment	0.8	24.9
A modified or ergonomic workstation	10.6	54.3
A special chair or back support	16.3	50.3
Handrails and ramps	2.0	38.1
Appropriate parking	3.8	48.6
An accessible elevator	3.1	45.1
Accessible washrooms	3.6	62.4
Accessible transportation	2.6	45.5
Other equipment, help or work arrangements	3.6	N/A

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

²⁸ Versus the alternative—that they are doing more work than what their education prepared them for.

or not in the labour force (51.0%). Chart 4.7 shows needs for and provision of workplace accommodations. Many people with disabilities are working in places where accommodations have already been made available, regardless of whether a need for them has been identified.

Whether they consist of job redesign, human support or appropriate handrails and ramps, modifications in the workplace enable people with disabilities to participate more fully in the workplace environment. The most common modifications required by workers with disabilities include modified hours (20.0%), a special chair (16.3%) and job redesign (14.1%).

Among employed people with disabilities who do not receive the workplace accommodations they need, 12.6% indicate their employers believe that the workplace modifications are too expensive to buy and maintain, 8.8% say their requests were refused by their employers, 14.7% are afraid to ask, and 21.8% simply have not asked for the needed accommodations.

Among people with disabilities who are unemployed, 11.6% have none of their employment-related needs for aids and devices met, while 32.4% have some needs met and 56.0% have all of their needs met. Severity of disability has an impact on the level of met needs: 5.0% of unemployed people with mild disabilities have all of their needs for aids and devices met, in contrast to 41.2% of those with very severe disabilities.

Workplace arrangements, modified duties and technical aids provided by employers may enable some people with disabilities to enter the labour force. However, only a small percentage (15.4%) of people with disabilities who are not in the labour force²⁹ and have a condition that completely prevents them from working report that the modifications listed above would enable them to work in a paid job or business.

Chart 4.8 shows barriers experienced by working-age adults who are not in the labour force. Generally, people with severe to very severe disabilities encounter more barriers that discourage them from looking for work than those with milder disabilities.

Approximately 17.6% of people who are not in the labour force are discouraged from looking for work because of the potential of losing some or all of their current social transfer income if they work, while 11.5% are worried about losing access to their drug plans or housing subsidies. Recent discrimination, fear of isolation from co-workers,³⁰

²⁹ "Not in the labour force" does not include those who are unemployed.

³⁰ Fear of isolation from co-workers is the belief that a person's co-workers will avoid interacting with him or her because of his or her disability, and that the person will thus be isolated within the workplace.

Chart 4.8: Barriers to job seeking by severity of disability for working-age adults not in the labour force, 2006 (%)

Barrier	Mild Disability	Moderate Disability	Severe Disability	Very Severe Disability	Total
Training is not adequate	9.3	18.0	25.2	31.5	19.3
Lose some or all income	12.4	15.3	23.4	21.6	17.6
No jobs available	10.6	14.3	20.1	17.1	15.2
Prevented by family responsibilities	18.9	10.9	11.6	9.3	13.3
Lack of accessible transportation	9.2	8.6	14.5	24.6	12.8
Been a victim of discrimination	8.7	8.3	16.6	20.9	12.7
Lose some or all current supports	4.7	11.8	15.2	17.8	11.5
Information about jobs not adapted to needs	3.1	7.2	16.5	12.2	9.3
Worried about being isolated by workers on the job	3.3	9.3	11.7	13.8	8.8
Family and friends discouraged working	3.9	5.6	6.1	4.5	5.0
Other reason	24.6	18.1	30.1	38.7	26.5

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

lack of training and lack of accessible transportation are other barriers that people with disabilities report encountering on a daily basis that discourage them from looking for future work.

People with disabilities who are not in the labour force are more likely to have none of their needs for employment-related aids and devices met (12.4%) and less likely to have all of their needs met (51.0%) than people with disabilities who are employed or unemployed. In terms of disability severity, people with moderate disabilities are the most likely to have none of their needs met (16.0%, compared to 10.4% of people with very severe disabilities), while people with very severe disabilities are the most likely to have some needs met (58.4%). This may be an indication that those who have more severe disabilities have a better chance of gaining recognition that they require supports.

Discrimination

Unfortunately, disability-related discrimination³¹ still exists in Canada today. Discrimination can take many forms, including physical discrimination (e.g. refusing reasonable requests to modify existing facilities to make them physically accessible), verbal discrimination (e.g. harassing comments), and non-verbal discrimination (e.g. rejecting job applications from people with disabilities).

People with disabilities who are unemployed are most likely to report perceived employment-related discrimination, followed by people who are not in the labour force and then by those who are employed. Among those who are unemployed, 18.6% perceive that they have been refused job interviews due to their disabilities, and 26.1% believe that they have been refused jobs because of their disabilities.

The likelihood of reporting discrimination also increases with severity of disability: 22.7% of people with very severe disabilities believe they have been refused jobs due to their disabilities, compared to 3.9% of those with mild disabilities. Among people with disabilities who are unemployed, 75.7% of those with very severe disabilities believe they have been refused a job due to their disabilities, compared to 7.9% of those with mild disabilities.

Among people with disabilities who are employed, 6.4% believe they were given less responsibility than their co-workers without disabilities because of their disabilities. In fact, 40.4% of people with disabilities believe their current employer or any potential employer would likely consider them disadvantaged in their employment. This figure is much higher for people with very severe disabilities (82.6%).

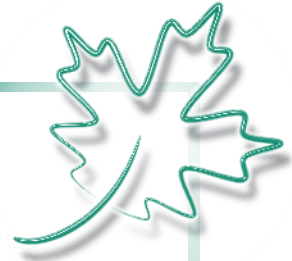
Conclusion

Workers with disabilities make up a significant portion of the workforce, and a number of unemployed working-age adults with disabilities are qualified and ready to work.

However, despite the *Employment Equity Act*³² and a growing need for skilled workers, the statistics presented in this chapter reveal that many people with disabilities remain underemployed and discriminated against. With growing built accessibility of workplaces and social accessibility of employers in supporting workers' needs for accommodations and workplace modifications, Canada can benefit greatly from integrating adults with disabilities into the workforce.

³¹ Perceived discrimination data cover the five-year period from 2001 to 2006.

³² The full text of the *Employment Equity Act* is available online at <http://laws.justice.gc.ca/eng/E-5.401/index.html>.



SPOTLIGHT ON PROGRAMS: Entrepreneurs with Disabilities Program

Western Economic Diversification Canada funds the Entrepreneurs with Disabilities Program. This program provides Western Canadians with disabilities access to business information, training and development, mentoring and one-on-one counselling services, and financing in their pursuit of self-employment and entrepreneurship.

The Entrepreneurs with Disabilities Program is designed to benefit Western Canadians who have a disability that impairs their ability to perform at least one of the basic activities of self-employment or entrepreneurship. To be considered for support, entrepreneurs must:

- have been unsuccessful in acquiring funding for business from other sources;
- be restricted in the ability to perform at least one of the basic activities of entrepreneurship or self-employment;
- have a physical or mental disability;
- have a viable business plan and be a new or current small business owner with a disability; and
- reside in Western Canada.

The types of projects supported by this program include:

- starting or expanding a business;
- purchasing and applying new technology;
- upgrading facilities and equipment;
- developing marketing and promotions materials; and
- establishing working capital for anticipated sales increases.

For more information about the Entrepreneurs with Disabilities Program, please visit www.wd.gc.ca/eng/273.asp.

Spotlight on Ellen Frank

Ellen Frank is one of the many individuals who have established business ventures through the Entrepreneurs with Disabilities Program. Ellen was diagnosed with multiple sclerosis many years ago, eventually losing most of her mobility. It was from this perspective that she discovered the need for an accessibility guidebook for travelers visiting British Columbia's Lower Sunshine Coast. Ellen's previous experiences in the

travel industry provided her with the background to research and write the *Sticks and Wheels* guidebook.

Ellen received support through the Entrepreneurs with Disabilities Program to develop her idea. In addition to the guidebook, Ellen went on to create Sticks and Wheels Accessibility Services, which provides consultation services for businesses regarding accessibility issues. Most recently, Sticks and Wheels Accessibility Services was hired to conduct accessibility surveys of Lower Mainland businesses for the Vancouver 2010 Olympic and Paralympic Winter Games. In the future, Ellen plans to continue consulting, speaking at workshops and expanding the *Sticks and Wheels* guidebook to other B.C. communities.

For more information about Ellen's company, please visit www.sticksandwheels.net/portal/.



CHAPTER 5

COMMUNITY PARTICIPATION

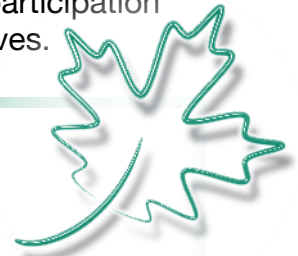
Discussions about the full inclusion of people with disabilities often centre on certain aspects of social participation, such as workplace and classroom participation. However, community participation outside of business hours also plays an important part in the lives of Canadians. Participation in civic and political life and participation in cultural activities are also important aspects of leading fully enriched lives.

FEATURED TOPICS

Participation in civic life

Participation in political life

Participation in cultural activities



Participation in civic life

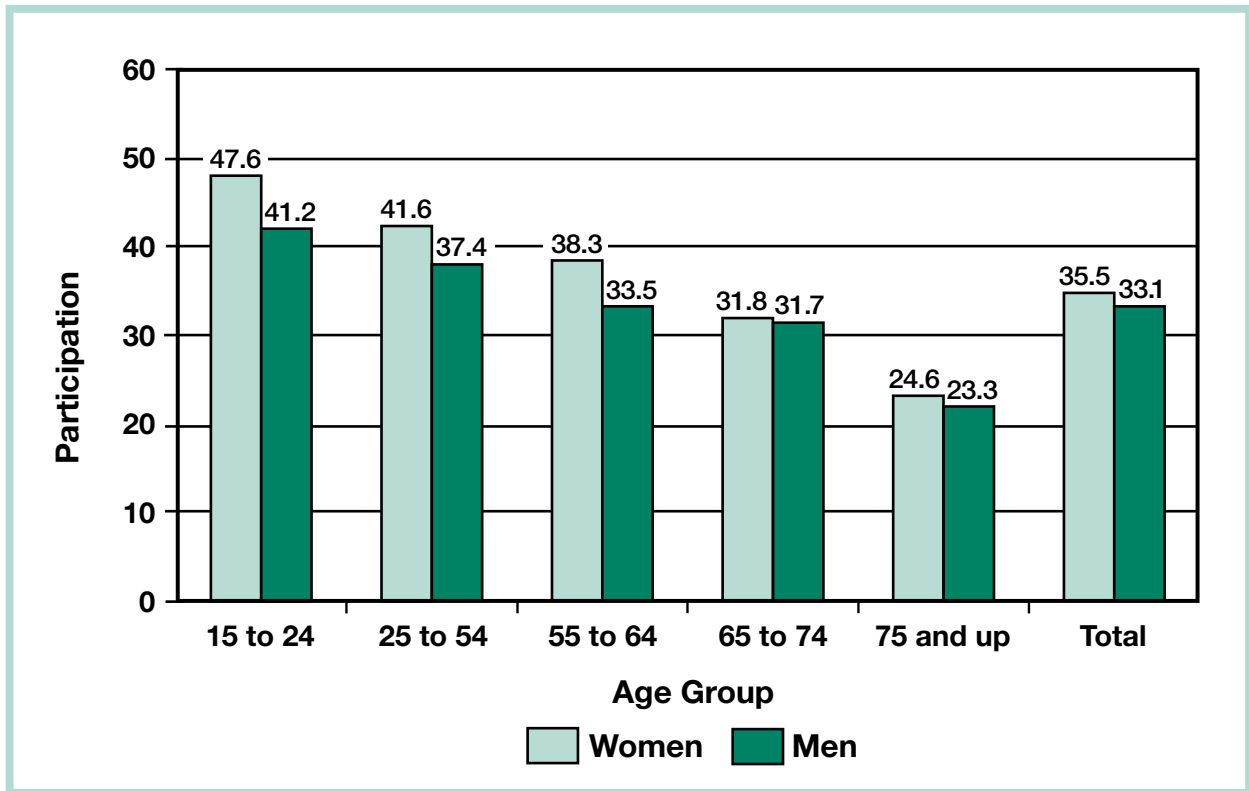
Full inclusion for people with disabilities extends beyond full inclusion in the workplace and classroom. It also includes the ability to participate fully in volunteering, campaigning, unions and many other organizations and activities that exist in communities across Canada. This section explores the participation of people with disabilities in unpaid volunteer activities.³³

In 2005–2006,³⁴ 34.4% of adults with disabilities participated in unpaid volunteer activities. This rate decreases with severity of disability: 39.6% of people with mild disabilities participated in volunteer activities, compared to 20.6% of people with very severe disabilities. Chart 5.1 shows that women with disabilities are typically more likely to volunteer than men and that younger adults are more likely to volunteer than older adults.

³³ Civic participation data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey.

³⁴ 2005–2006 is the most recent year for which data on this topic are available.

Chart 5.1: Participation in unpaid volunteer activities in 2005–2006 by age group and gender for adults with disabilities, 2006 (%)



Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

While volunteering itself is an important activity for people with disabilities, it is also important that people with disabilities have the opportunity to help organize and supervise activities to the same degree as all Canadians.

Among adults with disabilities who participated in volunteer activities in 2005–2006, 54.5% acted in an organizational or supervisory role at least some of the time. Among those with mild to moderate disabilities, 56.4% participated in such roles, and among those with severe to very severe disabilities, this figure is 49.6%. Men with disabilities are slightly more likely to act in organizational or supervisory roles than women with disabilities, and older working-age adults with disabilities are more likely to do so than younger working-age adults or seniors with disabilities.

Chart 5.2: Participation in various types of volunteering by gender for adults with disabilities who volunteered, 2006 (%)

Type of volunteering	Women	Men
Canvassing, campaigning or fundraising	35.7	40.3
Teaching, coaching, providing care or friendly visits through an organization	35.7	36.7
Sitting as an unpaid member of a board or committee	33.3	39.8
Collecting, serving or delivering food or other goods	26.1	21.5
Consulting, executive, office or administrative work	25.0	24.6

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Participation in political life

In Canada, the most obvious way to participate in political life³⁵ is to vote. The participation rates for voting in the last federal election are displayed by age group and disability status in Chart 5.3. Within each age group, participation among people with disabilities was slightly lower than among people without disabilities.

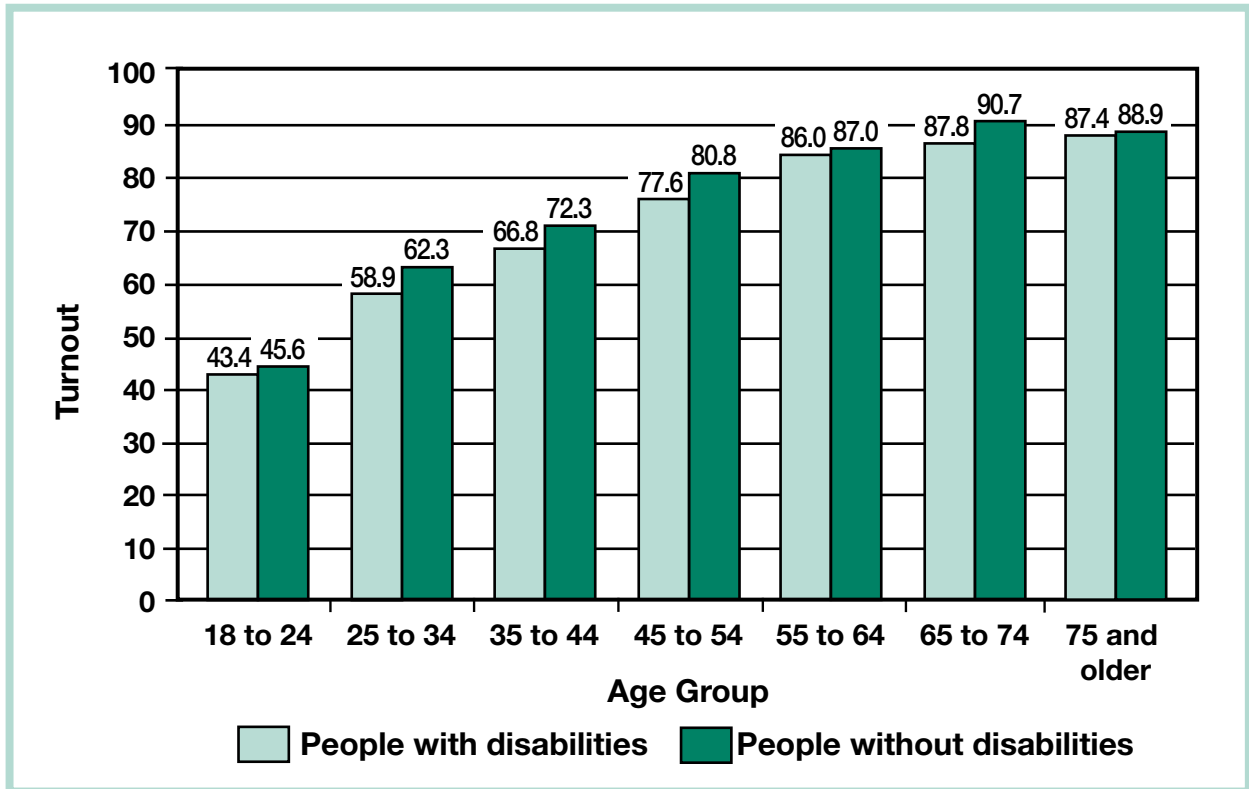
The overall voter participation rate in the last federal election was 75.8% for adults with disabilities, compared to 72.0% for adults without disabilities. Age plays a role in voter participation rates: older adults account for a much larger percentage of Canadians with disabilities than Canadians without disabilities, and older adults are more likely to vote than younger adults.

Provincial election participation rates for people with disabilities across Canada were almost identical to the federal election rates, and municipal voter turnout was approximately 80% of the federal and provincial rates.

Another avenue for participation in political life is joining and participating in political parties themselves. Among adults with disabilities, 7.3% are members of or participants in political parties or groups. This is slightly higher than the figure for people without disabilities (5.2%).

³⁵ Political participation data presented in this report are from Statistics Canada's 2008 General Social Survey, Cycle 22: Social Networks. The disability rate from this survey was 34%.

Chart 5.3: Voter turnout for the last federal election by age group and disability status for adults ages 18 and over, 2008 (%)



Source: Statistics Canada, 2008 General Social Survey, Cycle 22

Although participation in political parties or groups tends to increase with age, the relative rates for people with and without disabilities remain quite similar. Men both with and without disabilities are significantly more likely than women to participate in political parties and groups: among those with disabilities, the participation rates for men and women are 8.8% and 6.0% respectively, while among those without disabilities, the participation rates are 6.3% for men and 4.0% for women.

In addition to the above-mentioned activities, many people with disabilities search for information on political issues (31.0%), boycott products or choose products for ethical reasons (30.8%), or sign petitions (28.1%).

Chart 5.4 reveals that rates of participation in activities are higher among people with disabilities than among those without disabilities. There are many activities in which people with disabilities have especially higher levels of involvement, including expressing views on an issue by contacting a newspaper or politician and boycotting a product for ethical reasons.

Chart 5.4: Participation in various political activities by disability status for adults, 2008 (%)

Type of activity	With Disabilities	Without Disabilities
Searching for information on a political issue	31.0	30.0
Boycotting a product or choosing a product for ethical reasons	30.8	25.6
Signing a petition	28.1	24.1
Attending a public meeting	20.3	16.9
Expressing views on an issue by contacting a newspaper or politician	14.6	9.7
Speaking out at a public meeting	8.1	5.5
Participating in a demonstration or march	5.7	3.8
Volunteering for a political party	3.4	2.7

Source: Statistics Canada, 2008 General Social Survey, Cycle 22

Participation in cultural activities

Participation in leisure and recreation³⁶ is an important part of a healthy lifestyle. Attending events, visiting public places and socializing, both in person and, more recently, over the Internet, are all areas in which full inclusion of people with disabilities is important. Participation in these areas is important not only for the enrichment people with disabilities themselves provide, but also because participation in cultural activities can lead to progression in other areas, such as employment and education.

Cultural and leisure participation

People with disabilities are more likely to participate in activities such as visiting friends and exercising than in activities like attending community events and visiting public places. As severity of disability increases, there is a consistent decline in participation in all of these activities. Chart 5.5 outlines participation rates in various activities for adults with disabilities.

³⁶ Cultural participation data presented in this report are from Statistics Canada's 2006 Participation and Activity Limitation Survey.

Chart 5.5: Participation in various social activities by severity of disability for adults, 2006 (%)

Type of activity	Mild Disability	Moderate Disability	Severe Disability	Very Severe Disability
Visiting family or friends	91.5	89.6	83.4	74.1
Physical activities, such as exercising, walking or playing sports	80.7	72.7	56.5	38.9
Attending sporting or cultural events, such as plays or movies	54.5	48.7	36.8	26.0
Visiting museums, libraries, or national or provincial parks	52.1	43.4	31.2	24.2

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Just over half (50.6%) of people with disabilities who would like to participate in more cultural and leisure activities in their spare time are prevented from doing so by barriers. While their conditions and costs are the two largest barriers, the need for someone's assistance, inaccessible facilities and transportation, and the need for specialized equipment are all commonly reported barriers as well.

Chart 5.6: Barriers preventing participation in more cultural and leisure activities for adults with disabilities, 2006 (%)

Barrier	Percentage
Prevented from doing more by condition	65.3
Too expensive	23.6
Need someone's assistance	12.3
Transportation services inadequate or not accessible	10.9
No facilities or programs available in community	7.4
Facilities, equipment or programs not accessible	6.0
Needed specialized equipment not available	5.4

1. Percentages are based on adults with disabilities who first indicated that they had a desire to do more leisure activities.

Source: Statistics Canada, 2006 Participation and Activity Limitation Survey

Among all adults with disabilities, 9.3% have difficulty participating in leisure activities due to inaccessible layout of buildings and places in their communities. People with severe to very severe disabilities are more likely to experience these difficulties than those with mild to moderate disabilities (17.8% versus 4.1%). Adults with memory disabilities are more likely than people with any other type of disability to have difficulty with the layout of buildings and places (16.2%).

Internet participation

As the first decade of the 21st century comes to a close, the Internet is becoming more and more pivotal to social and cultural participation. New forms of technology may overlook accessibility, and it is important that accessible features be discussed and addressed from the very beginning.

Approximately 49.5% of adults with disabilities used the Internet in 2005–2006. Age is strongly correlated with Internet use: 91.0% of young adults with disabilities used the Internet, compared to 13.2% of people with disabilities ages 75 and over. Disability severity also affects Internet use: 55.6% of adults with mild disabilities used the Internet, compared to 36.2% of adults with very severe disabilities.

Older children with disabilities are more likely than adults to use the Internet: 61.3% used the Internet at home sometime in 2005–2006. Severity of disability again played a role in Internet usage for older children, as 57.3% of those with severe to very severe disabilities used the Internet at home, compared to 67.3% of those with mild to moderate disabilities.

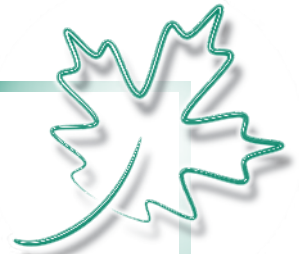
Of adults with disabilities who use the Internet, 4.0% require a special aid or device to do so. Adults with seeing disabilities are more likely than those with any other type of disability to require aids or devices (9.1%). Of those who need special aids and devices to use the Internet, 14.7% have problems because of a lack of availability of the aid in their own home. Lack of availability of aids and devices in public places such as public libraries, work, school and Internet cafés are also barriers experienced by people with disabilities.

For older children who did not use the Internet at home in 2005–2006, there are a variety of barriers that help explain why. For example, 15.8% of older children with disabilities do not have either a computer or Internet access at home, and 3.2% cannot use the Internet because of their conditions or health problems. In 6.3% of cases, parents feel their children are too young or not ready.

Conclusion

There are many venues for people with disabilities to participate in civic, political and cultural settings. The statistics presented in this chapter reveal that people with disabilities enjoy volunteer work, political activism and leisure activities. However, some people with disabilities encounter barriers when they try to become involved in their communities. In particular, built environment barriers make it difficult for many people with disabilities to participate in cultural and leisure activities. Within the home, people with disabilities face additional barriers to social participation through difficulties such as affording accessible access to the Internet. With growing recognition of the importance of full participation in society, increased accessibility within communities and increased financial supports will help eliminate barriers.

SPOTLIGHT ON PROGRAMS: Social Development Partnerships Program – Disability



The Disability component of the Social Development Partnerships Program (SDPP-D) provides \$11 million per year in grants and contributions to not-for-profit social organizations to help improve life outcomes for people with disabilities by enabling them to participate fully in the community.

SDPP-D consists of three types of funding:

- **Grants:** Grants in the amount of \$5 million are provided to 18 national disability organizations to assist in building their capacity, to increase their effectiveness and/or to encourage their viability as partners in furthering the disability agenda at the national level.
- **Community Inclusion Initiative:** This initiative is designed to promote the social and economic participation and full citizenship of Canadians with intellectual disabilities. Contribution funding in the amount of \$3 million is provided to provincial Associations for Community Living and People First of Canada.
- **Project funding:** Contribution funding supports activities that respond to the evolving needs of people with disabilities by improving services, promoting accessibility and increasing awareness about disabilities and the barriers facing people with disabilities. SDPP-D project funding promotes innovation, networks for collaboration, program and services enhancements, and dissemination of best practices that support the full participation of people with disabilities.

In 2009–2010, SDPP-D supported 57 projects of national scope. For more information about this program, please call SDPP-D toll free at 1-800-622-6232.

Spotlight on Independent Living Canada

The SDPP-D grant of \$5.75 million over three years will enable Independent Living Canada (IL Canada) to continue to advance the principles of independent living for people with disabilities.

IL Canada is a national umbrella disability organization that represents and supports a network of 27 independent living centres across Canada.

Founded in 1986, IL Canada and the independent living centres advance the principles of independent living by providing support and services to help serve the needs of people with disabilities. Responding to the needs of their communities, independent living centres provide programs and services involving employment, skills development, literacy, health, recreation, accessible and adaptive technology, peer support, self-managed attendant services, disability support services and much more.

For more information on IL Canada, please visit www.ilcanada.ca.



CONCLUSION

The *2010 Federal Disability Report* explored the key dimensions of the lives of people with disabilities, following a needs-based approach. The report began by examining fundamental needs such as housing, income and health care, and progressed to exploring personal fulfillment through learning, working and community participation.

Canadians with disabilities have the same standards for quality living and the same desires as Canadians without disabilities. However, the statistics presented in the *2010 Federal Disability Report* reveal that Canadians with disabilities must also navigate unique circumstances that disability status brings. For example, Canadians with disabilities face barriers to finding adequate, affordable and accessible housing. In addition, many Canadians with disabilities have increased health care needs as a result of their disabilities.

Despite these barriers, progress is being made in some areas: accessible learning is opening doors for people with disabilities to not only learn, but also become assets to the Canadian workforce. In addition, the reduction of barriers to community participation is enabling more Canadians with disabilities to make invaluable contributions to society by volunteering and participating in political activities.

The Government of Canada delivers many programs and initiatives that support Canadians with disabilities. The spotlights at the end of each chapter highlight examples of these initiatives. An extensive listing of programs and initiatives can be found in the appendices at the back of this report.



GLOSSARY

adults: Ages 15 and over. (See also working-age adults, seniors)

age of onset: The age at which the disability first occurred.

age standardization:³⁷ When the age distributions of two separate populations are very different, age standardization can be used to adjust the statistics for one population (e.g. people with disabilities) so that they are more comparable with the statistics for the other population (e.g. people without disabilities). For example, people with disabilities tend to be older, so their labour force characteristics will be different from those of people without disabilities. By age-standardizing the population of people with disabilities to the age structure of the population of people without disabilities, the actual difference between the two groups can be captured rather than the difference in their age structures. This is done within the context of the labour force. Labour force participation rates, employment rates and unemployment rates listed in the *2010 Federal Disability Report* are age-standardized.

availability rate: The rate at which qualified designated group members are available in the labour market.

Canada Pension Plan Disability program:³⁸ The part of the Canada Pension Plan designed to replace a portion of income for Canada Pension Plan contributors who cannot work because of a disability that is both severe and prolonged (as defined by the Canada Pension Plan legislation). It is the largest long-term disability insurance program in Canada.

children: Ages 14 and under. (See also younger children, older children)

designated groups: The four designated groups outlined by the *Employment Equity Act*: women, visible minorities, people with disabilities and Aboriginal peoples.

³⁷ Adapted from: Statistics Canada, *2006 Participation and Activity Limitation Survey: Labour Force Experience of People with Disabilities in Canada*, July 2008, page 8. Statistics Canada catalogue no. 89-628-X no. 007.

³⁸ Adapted from: Service Canada, "Canada Pension Plan Disability Benefits," March 2008.

disability:³⁹ An activity limitation or participation restriction associated with a physical or emotional condition or a health problem. The World Health Organization's framework of disability provided by the International Classification of Functioning defines disability as the relationship between daily activities and social participation, while recognizing the role of environmental factors.

disability type:⁴⁰ For the purposes of this report, there are ten types of disabilities: hearing, seeing, mobility, agility, communication, memory, learning, developmental, psychological and pain. The following are some examples of each disability type:

- **Hearing:** Difficulty hearing what is being said in a conversation with one other person.
- **Seeing:** Difficulty seeing ordinary newsprint or clearly seeing someone's face from four metres away.
- **Mobility:** Difficulty walking half a kilometre or standing for long periods of time.
- **Agility:** Difficulty bending, dressing, getting into or out of bed, or grasping tiny objects.
- **Communication:** Difficulty speaking or being understood.
- **Memory:** Difficulty remembering details or things to do.
- **Learning:** Difficulty learning or paying attention, dyslexia, or hyperactivity.
- **Developmental:** Cognitive limitations due to an intellectual or developmental disability such as Down's syndrome or autism.
- **Psychological:** Limited in the activities one may choose to do due to emotional, psychological or psychiatric conditions like phobias, depression, schizophrenia, or drinking or drug problems.
- **Pain:** Limited in the activities one may choose to do because of long-term pain that reoccurs from time to time.

employment income:⁴¹ Total income received by adults during calendar year 2005 as wages and salaries, net income from a non-farm unincorporated business and/or professional practice, and/or net farm self-employment income.

³⁹ Adapted from: Statistics Canada, *2006 Participation and Activity Limitation Survey: Technical and Methodological Report*, December 2007, page 8. Statistics Canada catalogue no. 89-628-XIE no. 001.

⁴⁰ Adapted from: Statistics Canada, *2006 Participation and Activity Limitation Survey: Analytical Report*, December 2007, page 30. Statistics Canada catalogue no. 89-628-XIE no. 002.

⁴¹ Adapted from: Statistics Canada, *2006 Census Dictionary*, January 2010, page 38. Statistics Canada catalogue no. 92-566-X.

employment rate: The number of people who are employed expressed as a percentage of the total population ages 15 and over.

$$\text{Employment rate} = \frac{\text{Number of employed individuals}}{\text{Population ages 15 and over}} \times 100$$

Guaranteed Income Supplement:⁴² A monthly benefit paid to residents of Canada who are eligible to receive an Old Age Security pension and have little or no other income.

household income:⁴³ The sum of the total incomes of all members of a household.

labour force:⁴⁴ Members of the civilian non-institutional population ages 15 and over who, during the reference week, were employed or unemployed.

- **Employed people** are those who:
 - did any work at all; or
 - had a job but were not at work.
- **Unemployed people** are those who:
 - were without work, had actively searched for work in the past four weeks (ending with the reference period), and were available for work;
 - had not actively looked for work in the past four weeks but were on temporary lay-off and were available for work; or
 - had not actively looked for work in the past four weeks but had a new job to start in four weeks or less from the reference week and were available for work.

labour force participation rate:⁴⁵ The labour force (employed and unemployed) expressed as a percentage of the population ages 15 and over.

$$\text{Participation rate} = \frac{\text{Labour force (employed + unemployed)}}{\text{Population ages 15 and over}} \times 100$$

⁴² Adapted from: Service Canada, *Old Age Security and the Canada Pension Plan: A Reference Guide*, March 2008, page 7. Catalogue no. SD18-7/2008E.

⁴³ Adapted from: Statistics Canada, *2006 Census Dictionary*, January 2010, page 155. Statistics Canada catalogue no. 92-566-X.

⁴⁴ Adapted from: Statistics Canada, *Labour Force Information: June 13 to 19, 2010*, July 2010, page 58. Statistics Canada catalogue no. 71-001-X.

⁴⁵ Adapted from: Statistics Canada, *Low Income Lines, 2008–2009*, Income Research Paper Series, June 2010. Statistics Canada catalogue no. 75F0002M, no. 005.

low income cut-offs (LICO):⁴⁶ This report uses after-tax low income cut-offs, which are an estimate of the threshold at which families are expected to spend 20 percentage points more of their after-tax income than the average family on food, shelter and clothing. To reflect the fact that the cost of necessities varies among different community and family sizes, LICOs are defined for five categories of community size and seven categories of family size. After-tax LICOs are used because they take into account the reduction in families' spending power due to income taxes paid.

not in the labour force:⁴⁷ Members of the civilian non-institutional population ages 15 and over who, during the reference week, were neither employed nor unemployed.

occupation:⁴⁸ The kind of work a person was doing during the reference week, as determined by the description of the main activities in his or her job. For people with two or more jobs, the information pertains to the job at which they worked the most hours. This report analyzes data covering ten broad occupational categories.

Old Age Security:⁴⁹ A program that provides income support for seniors. Benefits include the Old Age Security pension, the Guaranteed Income Supplement, the Allowance and the Allowance for the Survivor.

older children: Ages 5 to 14; also sometimes referred to as "school-age children." (See also children, younger children)

older working-age adults: Ages 55 to 64. (See also working-age adults, youth / young adults, younger working-age adults)

⁴⁶ Adapted from: Statistics Canada, *Low Income Lines, 2008–2009*, Income Research Paper Series, June 2010. Statistics Canada catalogue no. 75F0002M, no. 005.

Adapted from: Statistics Canada, *2006 Census Dictionary*, January 2010, page 142. Statistics Canada catalogue no. 92-566-X.

⁴⁷ Adapted from: Statistics Canada, *Labour Force Information: June 13 to 19, 2010*, July 2010, page 58. Statistics Canada catalogue no. 71-001-X.

⁴⁸ Adapted from: Statistics Canada, *Research Data Centres: 2006 Census Code Book*, October 2008, pages 647–48.

⁴⁹ Adapted from: Service Canada, *Old Age Security and the Canada Pension Plan: A Reference Guide*, March 2008. Catalogue no. SD18-7/2008E.

out-of-pocket costs: Expenses that a person must pay personally for things like drugs, visits to health professionals, aids and devices, or medical treatment. Includes amounts not covered by insurance, such as exclusions, deductibles, copayments and expenses over coverage limits. Excludes amounts that have been or will be reimbursed by any insurance or government program.

Quebec Pension Plan disability program: The province of Quebec delivers its own pension plan disability program. As with the Canada Pension Plan Disability program, the Quebec program's primary role is to replace income for contributors who cannot work because of a disability that is both severe and permanent.

representation rate: The percentage of the workforce occupied by people with disabilities. This rate is the basic measure of equity.

seniors: Ages 65 and over. (See also adults, working-age adults)

severity of disability:⁵⁰ The disability severity scale is divided into four classes: mild, moderate, severe and very severe. If sample sizes are too small, restricting data disclosure, severity classes are combined to create two severity classes: mild to moderate and severe to very severe. For example, a person who has trouble climbing stairs or standing for long periods of time but has no problem walking can be classified as having a mild or moderate disability. A person who requires a wheelchair to move would have his or her mobility more severely limited, and a person who is bedridden for a long period of time would have a very severe mobility-related disability.

standard of living:⁵¹ Standard of living is a multi-dimensional concept that takes into account the necessities, material comforts and luxuries enjoyed or aspired to by an individual or group. This includes not only private consumer goods and services, but also collective consumer goods and services provided by the government, such as public utilities, access to safe drinking water or political freedoms.

unemployment rate: The number of people who are unemployed expressed as a percentage of the labour force.

$$\text{Unemployment rate} = \frac{\text{Number of unemployed}}{\text{Labour force}} \times 100$$

⁵⁰ Adapted from: Statistics Canada, *2006 Participation and Activity Limitation Survey: Analytical Report*, December 2007, page 35. Statistics Canada catalogue no. 89-628-XIE no. 002.

⁵¹ Adapted from: "standard of living," *Encyclopædia Britannica*, 2010. Encyclopædia Britannica Online. 25 Aug. 2010 <www.britannica.com/EBchecked/topic/344816/standard-of-living>.

vulnerable groups: Groups at risk. This includes people with disabilities, seniors, racial and ethnic minorities, single parents, immigrants, those with low income, and the homeless, among others.

working-age adults: Ages 15 to 64. (See also adults, seniors, youth / young adults, younger working-age adults, older working-age adults)

younger children: Ages 0 to 5. (See also children, older children)

younger working-age adults: Ages 25 to 54. (See also working-age adults, youth / young adults, older working-age adults)

youth / young adults: Ages 15 to 24. (See also working-age adults, younger working-age adults, older working-age adults)



APPENDIX A

Federal disability spending for the 2009–2010 fiscal year: Inclusion and supports

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Direct spending¹		
Athlete Assistance Program for athletes with disabilities Canadian Heritage	Sport Canada's Athlete Assistance Program provides funding to support individual Canadian athletes with disabilities identified as performing at or having the greatest potential to achieve a top-16 result at the Paralympic Games or World Championships. For more information, please visit: www.pch.gc.ca/pgm/sc/pol/athl/index-eng.cfm	3.95
Canadian Deaf Sports Association Canadian Heritage	Canadian Deaf Sports Association is a multi-sport service organization providing programs to athletes who are deaf. For more information, please visit: www.assc-cdsa.com	0.3
Canadian Paralympic Committee Canadian Heritage	The Canadian Paralympic Committee is a multi-sport service organization providing programs to athletes with disabilities. For more information, please visit: www.paralympic.ca	1.1
Excellence Canadian Heritage	Excellence funds are allocated by Own the Podium to develop Canadian sports in order to achieve sustainable podium performances at Olympic and Paralympic Games. For more information, please visit: www.ownthepodium2010.com	7.2

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

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Federal-provincial/territorial projects related to sports programs for people with disabilities</p> <p>Canadian Heritage</p>	<p>Federal-Provincial/Territorial (F-P/T) bilateral agreements are a means of advancing the goals of the <i>Canadian Sport Policy</i>. The opportunity for such bilateral agreements was approved by Federal-Provincial/Territorial Ministers Responsible for Sport, Physical Activity and Recreation when they endorsed the <i>Federal-Provincial/Territorial Priorities for Collaborative Action 2002–2005</i>, revised for the 2007–2012 period, as a collective action plan, complementary to those of the F-P/T governments and of the sport community.</p> <p>The Government of Canada has signed generic bilateral agreements with all provincial and territorial governments and is contributing up to \$4.4 million per year to support these agreements. Provincial/territorial governments are required to match the federal contribution, thereby leveraging the investment by the Government of Canada.</p> <p>The objective of the agreements is to enhance the sport participation of children and youth and under-represented groups including: Aboriginal people, people with disabilities, visible minorities, youth at risk, and women and girls.</p> <p>For more information, please visit: www.pch.gc.ca/pgm/sc/pol/actn07-12/index-eng.cfm</p>	<p>0.5²</p>
<p>Funding for national sport organizations' Long-Term Athlete Development (LTAD) Model for sports programs for athletes with disabilities</p> <p>Canadian Heritage</p>	<p>All Sport Funding and Accountability Framework eligible sports that have a paralympic component receive specific funds to either develop a separate long-term athlete development (LTAD) model for that sport or integrate the athletes with disabilities (AWAD) specific components and information into their able-bodied model.</p> <p>For more information, please visit: www.canadiansportforlife.ca</p>	<p>See footnote³</p>

² Amount extrapolated based on 2008–2009 reports for people with disabilities.

³ \$0.65 million: This amount is for the development of the model, which extends beyond the 2009–2010 fiscal year.

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Hosting program funding (major international games for people with disabilities, international single-sport events) Canadian Heritage	<p>Hosting program funding is provided for major international games for people with disabilities hosted in Canada.</p> <p>Hosting program funding for international single-sport events is financial support provided to National Sport Organizations who are hosting international single-sport events for athletes with disabilities in Canada. These events promote sport awareness for people with disabilities in Canada, encourage local participation for athletes with disabilities, and increase the number of competitive opportunities for high-performance athletes with disabilities.</p> <p>For more information, please visit: www.pch.gc.ca/eng/1267381185953/1254452405938</p>	0.3
Special Olympics sports funding Canadian Heritage	<p>Special Olympics Canada is a multi-sport service organization providing programs to athletes with intellectual disabilities.</p> <p>For more information, please visit: www.specialolympics.ca</p>	1.5
Sports participation funding – disability component, base funding for national sport organizations' sports programs for athletes with disabilities Canadian Heritage	<p>This total includes core funding for national sport organizations' disability sports programs and sport participation projects for people with disabilities. It includes funding to National Sport Organizations to develop sports programs for athletes with disabilities.</p> <p>For more information, please visit: www.pch.gc.ca/pgm/sc/pgm/cfrs/index-eng.cfm</p>	4.1 ⁴

⁴ The total spending amount is \$4.08 million. This includes \$3.05 million for National Sport Organizations' (NSO) core funding for disability sports programs and \$1.03 million for NSO people with disabilities (PWAD) sport participation projects.

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Canadian Institutes of Health Research funding related to disability</p> <p>Canadian Institutes of Health Research</p>	<p>Canadian Institutes of Health Research (CIHR) funds health research related to disabilities through its open grants program and through strategic initiatives targeted to disability research. In 2009–2010, CIHR expenditures for grants and awards funded under CIHR strategic initiatives targeted towards disability research amounted to approximately \$10.8 million.</p> <p>For more information, please visit: www.cihr-irsc.gc.ca/e/193.html</p>	<p>10.8⁵</p>
<p>Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D)</p> <p>Canada Mortgage and Housing Corporation</p>	<p>Canada Mortgage and Housing Corporation (CMHC) offers financial assistance to allow homeowners and landlords to pay for modifications to make their property more accessible to people with disabilities. These modifications are intended to eliminate physical barriers imminent safety risks and improve the ability to meet the demands of daily living within the home.</p> <p>Modifications must be related to housing and reasonably related to the occupant's disability. Examples of eligible modifications are ramps, handrails, chair lifts, bath lifts, height adjustments to countertops and cues for doorbells / fire alarms.</p> <p>For more information, please visit: www.cmhc-schl.gc.ca/en/co/prfinas/prfinas_003.cfm</p>	<p>13.7⁶</p>
<p>Residential Rehabilitation Assistance Program, Secondary/ Garden Suite</p> <p>Canada Mortgage and Housing Corporation</p>	<p>Canada Mortgage and Housing Corporation (CMHC) offers financial assistance for the creation of a Secondary or Garden Suite for a low-income senior or adult with disabilities, making it possible for them to live independently in their community, close to family and friends.</p> <p>For more information, please visit: www.cmhc.ca/en/co/prfinas/prfinas_002.cfm</p>	<p>1.4⁷</p>

⁵ It should be noted that open grants expenditures related to disability are not captured in this total. The total provided only includes the total disability spending for strategic initiatives.

^{6,7} Federal commitment amounts for the 2009 calendar year.

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Home Adaptations for Seniors' Independence program (HASI) Canada Mortgage and Housing Corporation	<p>The Home Adaptations for Seniors' Independence (HASI) program offers financial assistance to homeowners and landlords for minor home adaptations that will help low-income seniors to perform daily activities in their homes independently and safely. Examples of eligible adaptations are handrails in hallways, easy-to-reach work and storage areas in the kitchen, lever handles on doors, and grab bars in the bathroom.</p> <p>For more information, please visit: www.cmhc-schl.gc.ca/en/co/prfinas/prfinas_004.cfm</p>	4.7 ⁸
Housing for Persons with Disabilities Canada Mortgage and Housing Corporation	<p>Canada's Economic Action Plan is providing \$75 million over two years (2009–2010 and 2010–2011) to build new rental housing for people with disabilities. To ensure a quick start to construction, funding is being delivered through existing arrangements with provinces and territories. Through the amended agreements, provinces and territories cost-share federal funding on a 50-50 basis and are responsible for program design and delivery. Program details are available through the appropriate provincial or territorial government or housing agency.</p> <p>For more information, please visit the provincial or territorial websites listed at: www.cmhc.ca/en/inpr/afhoce/fias/fias_017.cfm</p>	25.0 ⁹
Ensure that our national transportation system is accessible, particularly to people with disabilities Canadian Transportation Agency	<p>The Canadian Transportation Agency helps to protect the interests of users, service providers and others affected by the federal transportation system through access to a specialized dispute resolution system of formal and informal processes and economic regulation of air, rail and marine transportation. It resolves disputes between travellers and transportation providers over undue obstacles to the mobility of people with disabilities within the federally regulated transportation system. It also develops regulations, codes of practice, standards, and educational and outreach programs to ensure that undue obstacles to the mobility of people with disabilities are removed from the federal transportation system.</p> <p>For more information, please visit: www.otc-cta.gc.ca</p>	2.3

⁸ Federal commitment amounts for 2009 calendar year.

⁹ \$25 million allocated in the 2009–2010 fiscal year.

Program/ Initiative	Description	Amount (\$ Millions) 2009-2010
<p>Voting Services for Persons with Special Needs Elections Canada</p>	<p>Elections Canada offers information, education and accessibility services to people with special needs, seniors, and those with limited reading and writing skills to facilitate the voting process. In 2009–2010, in preparation for the next electoral event, Elections Canada produced a series of sign language video clips and accessibility tools, such as Voting Templates for Visually Impaired Electors, for a total cost of \$210,420. Other services for voters include Special Ballot services, information in multiple formats, interpreter services on request, and more.</p> <p>For more information, please visit: www.elections.ca/content.asp?section=vot&dir=spe&document=index&lang=e</p>	<p>0.2</p>
<p>Enabling Accessibility Fund Human Resources and Skills Development Canada</p>	<p>The objective of the Enabling Accessibility Fund (EAF) is to support community-based projects across Canada that improve accessibility, remove barriers and enable Canadians with disabilities to participate in and contribute to their communities.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/disability_issues/eaf/cfp/</p>	<p>13.2</p>
<p>Multiple Formats Human Resources and Skills Development Canada and Service Canada</p>	<p>Human Resources and Skills Development Canada (HRSDC) and Service Canada provide the public with multiple formats of publications, forms or letters upon request. The term “multiple formats” refers to any non-traditional publishing format such as audio cassette, Braille, computer diskette and CD, described video, large print, multimedia, and on-screen text.</p> <p>Service Canada publications can be ordered in multiple formats by calling 1 800 O-Canada.</p> <p>HRSDC’s Publications Catalogue offers the possibility of ordering publications in multiple formats at www12.hrsdc.gc.ca.</p>	<p>0.5</p>

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Social Development Partnerships Program (SDPP-D) grants and contributions</p> <p>Human Resources and Skills Development Canada</p>	<p>The Disability component of the Social Development Partnerships Program (SDPP-D) provides \$11 million per year in grants and contributions to not-for-profit social organizations to help improve life outcomes for people with disabilities by enabling them to participate fully in the community.</p> <p>SDPP-D consists of three types of funding:</p> <ul style="list-style-type: none"> • Grants: Grants in the amount of \$5 million are provided to 18 national disability organizations to assist in building their capacity, to increase their effectiveness and/or to encourage their viability as partners in furthering the disability agenda at the national level. • Community Inclusion Initiative: This initiative is designed to promote the social and economic participation and full citizenship of Canadians with intellectual disabilities. Contribution funding in the amount of \$3 million is provided to provincial Associations for Community Living and People First of Canada. • Project funding: Contribution funding supports activities that respond to the evolving needs of people with disabilities by improving services, promoting accessibility and increasing awareness about disabilities and the barriers facing people with disabilities. SDPP-D project funding promotes innovation, networks for collaboration, program and services enhancements, and dissemination of best practices that support the full participation of people with disabilities. <p>For more information, please visit: www.hrsdc.gc.ca/eng/community_partnerships/sdpp/call/disability_component/2009_2012/overview.shtml</p>	<p>11.0</p>

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

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Justice Canada programs, disability component Justice Canada	<p>The Department of Justice is dedicated to developing and maintaining a fair and accessible Canadian justice system and has a number of programs that help to test various approaches to improving Canada's justice system and to contribute to policy development that supports an accessible, equitable and efficient justice system for Canadians. In 2009–2010, through the Justice Partnership and Innovation Program (JPIP), Victims Fund, and the Youth Justice Fund, the Department supported projects aimed at building knowledge, awareness and an informed dialogue among justice stakeholders and the public with respect to Canadians with disabilities. Specific initiatives included the <i>Reach Canada: Equality in Practice – Sharing the Knowledge</i> project, the <i>Human Rights and Persons with Intellectual Disabilities 2010 Conference</i>, the <i>Communication Access to the Justice System for Victims Who Have Complex Communication Disabilities</i> project, and the <i>Understanding Youth with FASD and Making Accommodations</i> project.</p> <p>For more information, please visit: www.justice.gc.ca/eng/pi/pb-dgp/prog.html</p>	0.2
Indirect spending¹⁰		
Sport Canada expenditures on Official Languages Canadian Heritage	<p>Through its programs, Sport Canada allocated additional funding to sports organizations to help them meet official languages requirements. Funding for these targeted official languages initiatives included funds for translation, interpretation and linguistic training.</p> <p>For more information, please visit: www.canadianheritage.gc.ca/pgm/sc/lang/lan_sys-eng.cfm</p>	1.1

¹⁰ Indirect spending is defined as initiatives, programs and services that benefit everyone (people with and without disabilities).

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Canadian International Development Agency programs, disability component</p> <p>Canadian International Development Agency</p>	<p>This total spending includes programs that were tagged with the Disabled Issues policy marker. These programs also include other policy markers and are meant only to be illustrative of the types of projects that address disabilities issues at the Canadian International Development Agency (CIDA).</p>	<p>66.1^{11,12}</p>
<p>Shelter Enhancement Program (SEP)</p> <p>Canada Mortgage and Housing Corporation</p>	<p>Canada Mortgage and Housing Corporation (CMHC) offers financial assistance to assist in the repair, rehabilitation and improvement of existing shelters for women and their children, youth and men who are victims of family violence, and to assist in the acquisition or construction of new shelters and second-stage housing.</p> <p>Eligible repairs are those required to help preserve the quality of existing shelters and second-stage housing by bringing the structure and systems up to a minimum standard of health and safety (including heating, structural, electrical, plumbing and fire safety). Repairs and improvements can also be made to provide safe play areas for children, provide appropriate levels of security for occupants, and increase accessibility for people with disabilities.</p> <p>For more information, please visit: www.cmhc-schl.gc.ca/en/co/prfinas/prfinas_011.cfm</p>	<p>10.9¹³</p>

¹¹ In 2009–2010, approximately \$66.11-million worth of CIDA aid spending included disabled issues as a significant project objective.

¹² CIDA uses policy markers to track and capture the cross-cutting nature of the Agency's work by tracking areas of interest that are important to the Agency's policy objectives. CIDA recently revamped the manner in which such information is captured by using a Policy Marker Coding scheme, which replaces the previous Theme coding which was not mandatory.

¹³ Represents total Shelter Enhancement Program assistance—the amount for accessibility cannot be broken out. Comprises federal commitment amounts for the 2009 calendar year.

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>New Horizons for Seniors Program</p> <p>Human Resources and Skills Development Canada</p>	<p>The New Horizons for Seniors Program helps to ensure that seniors can benefit from, and contribute to, the quality of life in their communities through active living and participation in social activities.</p> <p>Through grants and contributions, the Program funds projects that help improve the quality of life for seniors and their communities—from enabling seniors to share their knowledge, wisdom and experiences with others, to improving facilities for seniors’ programs and activities, to raising awareness of elder abuse. The Program is comprised of three funding components: Community Participation and Leadership; Capital Assistance; and Elder Abuse Awareness.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/community_partnerships/seniors/index.shtml</p>	<p>1.6</p>



APPENDIX B

Federal disability spending for the 2009–2010 fiscal year: Income supports

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Direct spending¹⁴		
Child Disability Benefit Finance Canada and Canada Revenue Agency	The Child Disability Benefit is a supplement to the Canada Child Tax Benefit and Children's Special Allowances payments. It provides assistance to nearly all families caring for a child who is eligible for the Disability Tax Credit. For more information, please visit: www.cra-arc.gc.ca/bnfts/dsblty-eng.html	179.5 ¹⁵
Canada Pension Plan Disability program Human Resources and Skills Development Canada	The Canada Pension Plan Disability (CPPD) program is a key federal program for supporting people with disabilities. As a social insurance program, CPPD provides basic earnings replacement to Canada Pension Plan contributors who can no longer work due to a severe and prolonged disability. The program promotes beneficiaries' return to work, should they regain work capacity over time. A monthly benefit is also provided to eligible dependent children of contributors with disabilities. For more information, please visit: www.servicecanada.gc.ca/eng/isp/cpp/disaben.shtml	3,779.1
Canada Pension Plan Disability Vocational Rehabilitation Program Human Resources and Skills Development Canada	The Canada Pension Plan Disability (CPPD) program offers vocational rehabilitation supports to help CPPD beneficiaries make a successful transition from income support to regular employment. Services could include vocational counselling, financial support for training, and job search assistance. For more information, please visit: www.servicecanada.gc.ca/eng/isp/pub/factsheets/vocrehab.shtml	2.2

¹⁴ Direct spending is defined as initiatives, programs and services that benefit people with disabilities only.

¹⁵ Estimate of payments for the July 2009 to June 2010 benefit year.

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Federal Workers' Compensation benefits Human Resources and Skills Development Canada	<p>Through the <i>Government Employees Compensation Act</i> (GECA), the federal government provides compensation benefits to federal employees who have sustained an occupational injury or illness in the course of their work. The benefits include salary replacement, health care and rehabilitation support, as well as assistance to ensure early and safe return to work.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/labour/workers_compensation/federal/index.shtml</p> <p>The <i>Merchant Seamen Compensation Act</i> (MSCA) provides workers' compensation benefits to injured seamen or to their dependants for accidents arising out of or in the course of employment. Coverage is limited in scope to those seamen who are engaged in "home trade voyages" and "foreign voyages" as defined in the MSCA and who are not covered under a provincial workers' compensation scheme.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/labour/workers_compensation/merchant_seamen/index.shtml</p>	188.5 ¹⁶
Registered Disability Savings Plan Human Resources and Skills Development Canada	<p>The Registered Disability Savings Plan (RDSP) is a long-term savings plan to help Canadians with disabilities and their families save for the future. To encourage savings, the Government will pay a matching Canada Disability Savings Grant of up to \$3,500 a year on paid contributions. It will also pay a Canada Disability Savings Bond of up to \$1,000 a year into the RDSPs of low-income and middle-income Canadians. No contributions are required to receive the bond. Grants and bonds are paid into the RDSP until the year the beneficiary turns 49 years old.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/disability_issues/disability_savings/index.shtml</p>	136.3 ¹⁷

¹⁶ Includes the compensation costs under the federal statutes, i.e. the *Merchant Seamen Compensation Act* and the *Government Employees Compensation Act*. These funds represent the compensation costs for fiscal year 2009–2010 and the injury-on-duty leave for calendar year 2008.

¹⁷ From December 2008, when the RDSP became available to Canadians, to the end of March 2010, the Government of Canada contributed \$91.1 million in matching grants and \$45.2 million in bonds.

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Earnings Loss and Supplementary Retirement Benefit Veterans Affairs Canada	These benefits help veterans with disabilities pay their bills and support their families. The Earnings Loss Benefit ensures that the income of veterans with disabilities does not fall below 75% of their gross pre-release military salary while taking part in the rehab or vocational assistance program. The Supplementary Retirement Benefit makes up for the lost opportunity to contribute to a retirement fund after release from the forces. It is a lump sum payment that is taxable. For more information, please visit: www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/programs/fb	28.3
Veterans Disability Pension and Disability Awards Programs Veterans Affairs Canada	The disability award is meant to recognize and compensate for the non-economic impacts of a service-related disability. The disability award is a tax-free lump sum payment, depending on the extent of the disability. The Disability Pension provides pension and other benefits for service-related death and disability to war service veterans, released and still serving members of the Canadian Forces and RCMP, and certain civilians, as well as survivors and dependants. For more information, please visit: www.vac-acc.gc.ca/clients/sub.cfm?source=dispen www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/programs/da	2,030.2
Indirect spending¹⁸		
Employment Insurance sickness benefits Human Resources and Skills Development Canada	Employment Insurance provides Sickness Benefits to individuals who are unable to work because of sickness, injury or quarantine. For more information, please visit: www.servicecanada.gc.ca/eng/sc/ei/benefits/sickness.shtml	See footnote ¹⁹

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

¹⁹ \$1.01 billion (2008–2009): In 2008–2009, the number of sickness claims reached 332 220, a 4.1% increase over the previous year, while sickness benefit payments increased by 5.6% to \$1.01 billion.

APPENDIX C

Federal disability spending for the 2009–2010 fiscal year: Learning, skills and employment

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Direct spending ^{20,21}		
Canada Student Grant for Students with Permanent Disabilities Human Resources and Skills Development Canada	<p>The Canada Student Grant for Students with Permanent Disabilities replaced the Canada Access Grant for Students with Permanent Disabilities in August 2009. The grant is an up-front grant awarded to students with permanent disabilities who have demonstrated financial need. It is intended to assist in covering the costs of accommodation, tuition, books and other education-related expenses.</p> <p>Note: Effective August 2009, the Canada Access Grant for Students with Permanent Disabilities became the Canada Student Grant for Students with Permanent Disabilities. The purpose of and eligibility criteria for the grant remain the same, but the grant now provides \$2,000 per loan year (August 1 to July 31) for eligible students with permanent disabilities who have at least a \$1.00 of demonstrated financial need.</p> <p>For more information on the Canada Access Grant for Students with Permanent Disabilities, please visit: www.hrsdc.gc.ca/eng/learning/canada_student_loan/grant2.shtml</p> <p>For more information on the Canada Student Grant for Students with Permanent Disabilities, please visit: www.canlearn.ca/eng/postsec/money/grants/gpd.shtml</p>	See footnote ²²

²⁰ Direct spending is defined as initiatives, programs and services that benefit people with disabilities only.

²¹ Note: The Canada Access Grant for Students with Permanent Disabilities, the Canada Study Grant for the Accommodation of Students with Permanent Disabilities, the Permanent Disability Benefit, the new Canada Student Grants, the Repayment Assistance Plan for Borrowers with a Permanent Disability, and the amended Permanent Disability Benefit are based on a student loan year (August 1 to July 31).

²² \$30.0 million (2008–2009)

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Canada Student Grant for Services and Equipment for Students with Permanent Disabilities</p> <p>Human Resources and Skills Development Canada</p>	<p>The Canada Student Grant for Services and Equipment for Students with Permanent Disabilities replaced the Canada Study Grant for the Accommodation of Students with Permanent Disabilities in August 2009. This grant provides money to help students with permanent disabilities pay for exceptional education-related costs associated with their disabilities. These costs may include tutors, oral or sign interpreters, attendant care for studies, specialized transportation (to and from school only), note takers, readers and brailers.</p> <p>Note: Effective August 2009, the Canada Study Grant for the Accommodation of Students with Permanent Disabilities became the Canada Student Grant for Services and Equipment for Students with Permanent Disabilities. The grant's purpose remains the same, and the grant provides a maximum of \$8,000 per loan year.</p> <p>For more information on the Canada Study Grant for the Accommodation of Students with Permanent Disabilities, please visit: www.hrsdc.gc.ca/eng/learning/canada_student_loan/grant2.shtml</p> <p>For more information on the Canada Student Grant for Services and Equipment for Students with Permanent Disabilities, please visit: www.canlearn.ca/eng/postsec/money/grants/gsepd.shtml</p>	<p>See footnote²³</p>
<p>Labour Market Agreements for Persons with Disabilities</p> <p>Human Resources and Skills Development Canada</p>	<p>Labour Market Agreements for Persons with Disabilities (LMAPDs) are bilateral cost-shared agreements between the Government of Canada and each province based on the <i>Multilateral Framework for Labour Market Agreements for Persons with Disabilities</i>. The objectives of LMAPDs are to enhance the employability of people with disabilities, increase the number of employment opportunities available to them, and build on the existing knowledge base.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/disability_issues/labour_market_agreements/index.shtml</p>	<p>222.0</p>

²³ \$21.5 million (2008–2009)

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Opportunities Fund</p> <p>Human Resources and Skills Development Canada</p>	<p>The Opportunities Fund for Persons with Disabilities assists people with disabilities in preparing for, obtaining and keeping employment or becoming self-employed, thereby increasing their economic participation and independence.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/disability_issues/funding_programs/opportunities_fund/index.shtml</p>	<p>26.8</p>
<p>Permanent Disability Benefit</p> <p>Human Resources and Skills Development Canada</p>	<p>The Permanent Disability Benefit helps people with permanent disabilities that are experiencing exceptional financial hardship repaying their Canada Student Loans (CSL) due to their permanent disabilities. Eligible borrowers may have their CSL loan obligations cancelled.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/learning/canada_student_loan/permanent_disability.shtml</p> <p>Note: Effective August 2009, the Permanent Disability Benefit regulations were amended. In order to qualify for the Permanent Disability Benefit, a borrower must have a severe permanent disability. Under this benefit, borrowers may be eligible to have their Canada Student Loans immediately cancelled.</p> <p>The Canada Student Loans Program defines a severe permanent disability as preventing a person from working and from participating in post-secondary education.</p> <p>Also, students with severe permanent disabilities who received loans between 1995 and 2000 are eligible for immediate loan cancellation regardless of when the severe permanent disability occurred, provided that they meet the eligibility criteria and their loan remains with the financial institution.</p> <p>For more information on the current Permanent Disability Benefit, please visit: www.canlearn.ca/eng/after/repaymentassistance/rppd.shtml</p>	<p>See footnote²⁴</p>

²⁴ \$15.5 million (2008–2009)

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Repayment Assistance Plan for Borrowers with a Permanent Disability (RAP-PD) Human Resources and Skills Development Canada</p>	<p>Under the Repayment Assistance Plan for Borrowers with a Permanent Disability (RAP-PD), student loan borrowers only pay back what they can reasonably afford, based on their family income, family size and any exceptional medical expenses related to their permanent disability. Affordable monthly payments are limited to less than 20% of a borrower's family income, and in certain cases, borrowers may not have to make any student loan payments until their income increases. To ensure that their repayment period is not longer than 10 years, the Canada Student Loans Program covers any interest and principal not met by the monthly affordable payment of a borrower with permanent disabilities (even if that payment is \$0).</p> <p>For more information, please visit: www.canlearn.ca/eng/after/repaymentassistance/rppd.shtml</p>	<p>See footnote²⁵</p>
<p>Special Education Program Indian and Northern Affairs Canada</p>	<p>The Special Education Program provides additional investments to schools who offer special education programs and learning services to First Nations students who live on reserves, are between ages 4 and 21, and have been identified as having moderate to profound learning disabilities.</p> <p>The objective of the program is to support the special education needs of First Nations students so they may be able to achieve their fullest potential and be contributing members of society. It also aims to increase the number of high-cost special needs students acquiring a regular high school diploma.</p> <p>For more information, please visit: www.ainc-inac.gc.ca/edu/ep/sep-eng.asp</p>	<p>131.3</p>
<p>Entrepreneurs with Disabilities Program Western Economic Diversification Canada</p>	<p>The program provides western Canadians with disabilities with easy access to business information, training and development, mentoring and one-on-one counselling services, and financing in their pursuit of self-employment and entrepreneurship.</p> <p>For more information, please visit: www.wd.gc.ca/eng/273.asp</p>	<p>1.5</p>

²⁵ Figures for the 2009–2010 loan year were not available at time of publication.

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Indirect spending²⁶		
Aboriginal Skills and Employment Training Strategy Human Resources and Skills Development Canada	<p>The Aboriginal Skills and Employment Training Strategy (ASETS) is an initiative that helps all Aboriginal people, including those with disabilities, to upgrade their skills and find employment.</p> <p>Note: ASETS is the successor program to the Aboriginal Human Resources Development Strategy (AHRDS), which expired in March 2010.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/employment/aboriginal_employment/disabilities/index.shtml</p> <p>To find out more about training under ASETS, individuals can contact their Aboriginal Agreement Holder by visiting: www.hrsdc.gc.ca/eng/employment/aboriginal_employment/locations/index.shtml</p>	335.5
Adult Learning, Literacy and Essential Skills Program (ALLESP) Human Resources and Skills Development Canada	<p>The Adult Learning, Literacy and Essential Skills Program (ALLESP) is administered by the Office of Literacy and Essential Skills (OLES). It is delivered through grants and contributions which funds projects that build knowledge and expertise; develop, adapt and disseminate tools, supports and best practices; and sustain partnerships with partners (e.g. provinces and territories, employers, unions, and literacy organizations). ALLESP also provides core funding to 22 literacy and essential skills organizations across the country.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/workplaceskills/oles/olesindex_en.shtml www.hrsdc.gc.ca/eng/hip/lld/olt/ADULTLLES/CFP-2006/Qs-As-CFP-2006.shtml</p>	1.5

²⁶ Indirect spending is defined as initiatives, programs and services that benefit everyone (people with and without disabilities).

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>The Legislated Employment Equity Program and Federal Contractors Program</p> <p>Human Resources and Skills Development Canada</p>	<p>The <i>Employment Equity Act</i> requires employers in these two programs to assess whether people with disabilities are adequately represented on their staff. If gaps occur, the employers must implement equity plans to close these gaps.</p> <p>For more information, please visit: www.hrsdc.gc.ca/eng/labour/equality/index.shtml</p>	<p>See footnote²⁷</p>
<p>Vocational Services</p> <p>Veterans Affairs Canada</p>	<p>The Vocational Services aim to help Canadian veterans who have recently been released from medical care and those with disabilities who need support to re-enter civilian life. Experts help them learn if skills and education from their military job can be transferred to a similar civilian job. Services include: vocational counselling and evaluation to help find a job, possible support for training, and other costs related to training such as child care.</p> <p>For more information, please visit: www.vac-acc.gc.ca/clients/sub.cfm?source=forces/nvc/programs/canvet</p>	<p>6.0</p>

²⁷ Approximately \$3.2 million (largely salary dollars) is allocated to these programs for the 2009–2010 fiscal year. Approximately one fifth or \$640,000 could be attributed to people with disabilities.

APPENDIX D

Federal disability spending for the 2009–2010 fiscal year: Health and well-being

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
Direct spending²⁸		
Veterans Independence Program Veterans Affairs Canada	<p>The Veterans Independence Program helps clients remain healthy and independent in their homes and communities. Services include home care (i.e. grounds maintenance, housekeeping, personal care) and health support services. This program is available to people who have needs related to the condition for which they receive a Veterans Affairs Canada disability pension or award and to wartime veterans or overseas civilians who qualify due to low income.</p> <p>For more information, please visit: www.vac-acc.gc.ca/clients/sub.cfm?source=services/vip</p>	338.0
Indirect spending²⁹		
Aboriginal Diabetes Initiative Health Canada	<p>The Aboriginal Diabetes Initiative (ADI) aims to reduce type II diabetes in First Nations and Inuit communities by supporting health promotion and disease prevention activities and services delivered by trained community diabetes workers and health service providers. More than 600 First Nations and Inuit communities have access to diabetes prevention and health promotion activities delivered by trained community health service providers and community diabetes workers. The ADI benefits communities by increasing awareness and knowledge of risk factors, providing access to diabetes prevention activities, and promoting access to screening and case management services.</p> <p>For more information, please visit: www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/diabete/index-eng.php#a7</p>	49.1

²⁸ Direct spending is defined as initiatives, programs and services that benefit people with disabilities only.

²⁹ Indirect spending is defined as initiatives, programs and services that benefit everyone (people with and without disabilities).

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Fetal Alcohol Spectrum Disorder Program: First Nations and Inuit Component Health Canada</p>	<p>The Fetal Alcohol Spectrum Disorder (FASD) Program aims to reduce the number of babies born with FASD and to improve outcomes for those affected. First Nation and Inuit communities are supported to develop culturally appropriate and evidence-based prevention and early intervention programs through:</p> <ul style="list-style-type: none"> • Mentoring projects developed using an evidence-based in-home visitation model in which the mentor helps a woman to identify her strengths and challenges and then links her to appropriate services and supports that can help to reduce her risk of having a baby affected by FASD; and • Community Coordinator positions that increase families' access to multi-disciplinary diagnostic teams and other services and support that incorporate a wide variety of expertise, including doctors, social workers, psychologists, elders and educators. <p>For more information, please visit: www.hc-sc.gc.ca/fniah-spnia/famil/preg-gros/intro-eng.php</p>	<p>13.8</p>
<p>First Nations and Inuit Home and Community Care Program Health Canada</p>	<p>The First Nations and Inuit Home and Community Care Program provides basic home and community care services to eligible First Nations and Inuit communities. The program provides assessment and case management services, nursing, personal care supports, and respite to caregivers.</p> <p>For more information, please visit: www.hc-sc.gc.ca/fniah-spnia/pubs/services/_home-domicile/prog_crit/index-eng.php</p>	<p>108.0</p>

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
National Native Alcohol and Drug Abuse Program and the National Youth Solvent Abuse Program Health Canada	<p>The main objectives of the National Native Alcohol and Drug Abuse Program (NNADAP) are to prevent and treat the high levels of alcohol and drug abuse in First Nations and Inuit communities. NNADAP supports an infrastructure managed and delivered by First Nations and Inuit communities south of the 60th parallel. This infrastructure includes a national network of treatment programs which provide culturally appropriate in-/out-patient non-medical treatment services. NNADAP also provides over 500 community-based drug and alcohol prevention programs employing over 700 addictions staff in First Nations and Inuit communities.</p> <p>For more information, please visit: www.hc-sc.gc.ca/fniah-spnia/substan/ads/nnadap-pnlaada-eng.php</p> <p>The National Youth Solvent Abuse Program (NYSAP) is a community-based prevention, intervention, after-care and in-patient treatment program that targets First Nations and Inuit youth who are addicted to, or at risk of, inhaling solvents. Run through a network of Youth Solvent Addictions Centres, the NYSAP provides culturally appropriate in-patient and out-patient treatment services to First Nations and Inuit youth.</p> <p>For more information, please visit: www.hc-sc.gc.ca/fniah-spnia/substan/ads/nysap-pnlasj-eng.php</p>	75.0
Non-Insured Health Benefits Health Canada	<p>The Non-Insured Health Benefits program provides eligible First Nations and Inuit people, including those with disabilities, with a limited range of medically necessary health-related goods and services not provided through private insurance plans, provincial/territorial health or social programs, or other publicly funded programs. The preliminary expenditures figure for 2009–2010 is \$989.1 million (excluding H1N1 costs).</p> <p>For more information, please visit: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php</p>	989.1 ³⁰

³⁰ Excludes H1N1 costs.

Program/ Initiative	Description	Amount (\$ Millions) 2009-2010
<p>Canadian Diabetes Strategy Public Health Agency of Canada</p>	<p>The Canadian Diabetes Strategy (CDS) is a national partnership that includes the provinces and territories, many national health organizations and interest groups, and Aboriginal communities across the country. The purpose of the CDS is to articulate and establish effective diabetes prevention and control strategies for Canada.</p> <p>For more information, please visit: www.phac-aspc.gc.ca/cd-mc/diabetes-diabete/strategy_funding-strategie_finance-eng.php</p>	<p>9.9</p>
<p>Fetal Alcohol Spectrum Disorder (FASD) Initiative Public Health Agency of Canada</p>	<p>The Pan-Canadian Fetal Alcohol Spectrum Disorder Initiative is a collaborative effort designed to ensure that everyone committed to action on fetal alcohol spectrum disorder (FASD) is working towards common goals. The Pan-Canadian FASD Initiative has evolved from the original expansion of the Canada Prenatal Nutrition Program to enhance fetal alcohol syndrome / fetal alcohol effects (FAS/FAE) activities.</p> <p>For more information, please visit: www.phac-aspc.gc.ca/fasd-etcaf/what-eng.php</p>	<p>2.3</p>

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010
<p>Healthy Living Fund Public Health Agency of Canada</p>	<p>The Healthy Living Fund (HLF) is a program that makes strategic investments to address the conditions that lead to unhealthy eating, physical inactivity and unhealthy weights. Projects supported through the fund will aim to reduce health disparities by focusing on vulnerable populations and related settings for action.</p> <p>In 2009–2010, the HLF provided funding to the Active Living Alliance for Canadians with a Disability for their project “Physical Activity and Healthy Eating: A Project for Children and Youth.” This project aims to improve the overall health of young Canadians with disabilities by increasing active living and healthy eating through promotion and inclusion education. The Alliance provides nationally coordinated leadership, support, encouragement, promotion and information that facilitate healthy, active living opportunities for Canadians of all abilities across all settings and environments.</p> <p>The HLF also provided funding to Independent Living Canada for their project “Food For Thought: A Pan-Canadian Initiative Addressing the Healthy Eating Goals of Persons with Disabilities.” This project explores how food can be used as a vehicle to connect people, encourage physical activity and healthy eating, and reduce isolation. Independent Living Canada is a national non-profit association of Independent Living Centres run by and for people with disabilities who promote the Independent Living Philosophy.</p> <p>For more information, please visit the following three sites:</p> <ul style="list-style-type: none"> • www.phac-aspc.gc.ca/hp-ps/hl-mvs/hlu-umvs/hlfund-fondspmvs-eng.php • www.ala.ca • www.ilcanada.ca/article/food-for-thought-429.asp 	<p>0.15</p> <p>0.15</p>

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



APPENDIX E

Federal disability spending for the 2009–2010 fiscal year: Tax measures

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010 ³²
Direct spending³¹		
Disability tax credit (including the supplement for children) Canada Revenue Agency	<p>The Disability Tax Credit (DTC) provides tax relief to individuals with severe and prolonged mental or physical impairments. The DTC recognizes the impact of non-itemizable disability-related costs on an individual's ability to pay tax. Families caring for minor children eligible for the DTC may receive additional tax relief through the DTC supplement for children. Part or all of the DTC can be transferred to a spouse, common-law partner or other supporting person if the recipient does not use all of the tax credit because he or she has little or no income. Claimants must have a qualified medical practitioner complete the Disability Tax Credit Certificate (Form T2201) and return it to the Canada Revenue Agency for approval.</p> <p>For more information, please visit: www.cra-arc.gc.ca/E/pbg/tf/t2201/README.html</p> <p>In addition, a number of tax measures contain enhancements for DTC-eligible individuals in recognition of their special needs and circumstances. These include the Working Income Tax Benefit (WITB), the Children's Fitness Tax Credit, the Child Care Expenses Deduction, the Home Buyers' Plan and the Home Buyers' Tax Credit, the Education Amount, and the Registered Education Savings Plan (RESP).</p> <p>For information on how individuals with disabilities and those who care for them may benefit from these measures, please visit: www.cra-arc.gc.ca/E/pub/tg/rc4064/rc4064-e.html</p>	415.0

³¹ Direct spending is defined as initiatives, programs and services that benefit people with disabilities only.

³² Tax expenditure amounts are estimates for the 2009 tax year. (Source: Department of Finance, *Tax Expenditures and Evaluations*, 2009. Catalogue no. F1-27/2009E.)

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010 ³²
Disability Supports Deduction Canada Revenue Agency	The Disability Supports Deduction provides tax relief for the cost of disability supports incurred for the purposes of employment or education (e.g. sign language interpretation services and talking textbooks). This deduction eliminates the income tax payable on income (including government assistance) used to pay for these expenses and exempts this income from the calculation of income-tested benefits. For more information, please visit: www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/Ins206-236/215/menu-eng.html	2.5
Infirm Dependant Credit Canada Revenue Agency	The Infirm Dependant Credit offers assistance to eligible individuals providing support to an infirm dependent relative. The credit may be claimed by taxpayers supporting a child or grandchild age 18 or over, parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is dependent due to an intellectual or physical infirmity. For more information, please visit: www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/Ins300-350/306/menu-eng.html	5.0
Indirect spending³³		
Caregiver Credit Canada Revenue Agency	The Caregiver Credit provides tax relief to individuals providing in-home care for a parent or grandparent age 65 or over, or for an infirm dependent relative, including a child or grandchild age 18 or over, brother, sister, niece, nephew, aunt or uncle who resides with the taxpayer. For more information, please visit: www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/Ins300-350/315/menu-eng.html	85.0

³³ Indirect spending is defined as initiatives, programs and services that benefit everyone (people with and without disabilities).

Program/ Initiative	Description	Amount (\$ Millions) 2009–2010 ³²
GST/HST Relief Canada Revenue Agency	Some services used by people with disabilities are exempt from the Goods and Services Tax / Harmonized Sales Tax, including basic health care services, such as the services of physicians, dentists and registered nurses, as well as occupational therapy and physiotherapy services. In addition, certain medical devices are tax-free, such as wheelchairs, walkers and other mobility aids specially designed for use by people with disabilities. For more information, please visit: www.cra-arc.gc.ca/tx/ndvdl/sgmnts/dsblts/gsthst-tpstvh/menu-eng.html	760.0
Medical Expense Tax Credit Canada Revenue Agency	The Medical Expense Tax Credit provides tax relief for qualifying above-average medical or disability-related expenses incurred by taxpayers on behalf of themselves, a spouse or common-law partner, or a dependent relative. For more information, please visit: www.cra-arc.gc.ca/E/pub/tg/rc4064/rc4064-e.html#P633_58944	955.0
Refundable Medical Expense Supplement Canada Revenue Agency	The Refundable Medical Expense Supplement provides assistance for above-average disability and medical expenses to low-income working Canadians. For more information, please visit: www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/Ins409-485/452-eng.html	135.0

