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# Disability Supports and Employment Policy

Sherri Torjman and Anne Makhoul

October 2016

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## INTRODUCTION

There is no definitive or well-articulated work disability policy in Canada.

A policy implies a set of systematic and consistent procedures that can be clearly identified and described. Stated principles and guidelines are set out in order to reach desired objectives.

The presence of a policy typically involves a commonly accepted or understood set of procedures, which are often made public on a website, in a booklet or in some other widely accessible format. Anyone involved with that system – whether as user or provider – can readily describe how the processes work. They can articulate the nature of the good or service, the eligibility criteria to qualify for those provisions, the application procedures, and the associated expectations or requirements.

This is not the case when it comes to work disability policy. Unfortunately, there are no such distinctly defined provisions within the diverse set of programs and measures that comprise the work disability landscape. Rather, there are several major streams into which individuals fall depending upon their relationship – in, temporarily out or none at all – with the paid labour market. The work disability policy 'system' (the term is used advisedly) consists of various programs and services whose purpose is to enable persons with disabilities to find a job, maintain their employment or re-enter the labour market.

Engaging with the work disability system also depends, in some jurisdictions, on the nature of the disabling condition. There are special vocational programs, for example, for persons with developmental disabilities. Ontario has a designated employment program for people living with HIV/AIDS. Because the trajectory of this condition can be unpredictable, it requires a supportive work environment that permits flexible schedules.

In short, the way in which individuals came to the world of disability and their link – or not – to the paid labour market are major factors in determining access to disability supports. The system is complicated but perhaps far more so than it needs to be. The way in which the system of disability supports is constructed and organized seriously impedes access to its provisions.

It is important to note that transportation was not included in this study. Several key informants made reference to problems related to the availability of affordable, accessible transportation and, in its absence, the associated barriers to employment. One individual explained that, in theory, he could use accessible subway stations in Toronto to get to and from work. But the trains are so crowded at certain times that it is impossible to maneuver his wheelchair and a guide dog in the very tight spaces. What appears to be accessible on paper may not be accessible in practice.

Affordable, accessible transportation is essential for participation in the paid labour market. However, it is considered a distinct policy area and is administered separately from disability supports.

Similarly, access to prescription medications was not included in this study. While certain drugs are crucial to well-being – sometimes even essential for survival – they are not typically considered as disability supports. From a policy perspective, they are addressed as a separate domain, related primarily to health care. There have been discussions and studies on a national Pharmacare program. The Council of the Federation comprising provincial and territorial Premiers, for example, has considered various policy options for a national system of drug purchase and pricing.

Finally, assistance in finding employment is an essential disability-related support that is discussed in this paper. However, it is not considered as part of "disability supports," which have a distinct meaning within the context of this work: technical aids/equipment and essential personal supports, such as attendant care and homemaker services.

## KEY OBJECTIVE

This study was undertaken as part of the Centre for Research on Work Disability Policy (CRWDP) initiative. The material focuses primarily on disability supports in Ontario because this work was carried out in association with the CRWDP disability cluster in that province.

The primary objective of this study was to explore the issue of access to disability supports and links to paid employment.

For the purposes of this study, disability supports are an umbrella term that consists of two main components. The first stream involves technical aids and equipment, which may be used at home, at work or in the community. They also involve work-related aids and equipment required for the performance of a job or paid employment. The second component comprises personal services, such as attendant care and home care.

## METHODOLOGY

The material in this report derives from three main sources:

- a scan of relevant federal and Ontario programs
- a literature review
- interviews with individuals with lived experience of disability and with key informants from organizations representing persons with disabilities. There is no attribution to specific respondents (with the notable exception of the former Lieu-

tenant Governor of Ontario). The quotes in the body of this report are taken from selected interviews, unless otherwise indicated.

A list of key informants is attached in Appendix A. Interview guidelines are attached as Appendix B. Respondents varied in their employment circumstances: Some were students about to enter the paid labour market, others were looking for work and still others were employed on a full- or part-time basis.

Some key informants made reference to specific programs that were helpful to them and to selected employers with which they have had personal experience. We recognize that there are many other exemplary programs and organizations. The examples discussed in this report represent an illustrative rather than an exhaustive list.

We heard in many interviews how important it is to share positive 'good news' stories. We acknowledge, however, that there may be individuals who have not had positive experiences with the identified programs and organizations. Our findings reflect the information that was relayed to us in the interviews with respondents.

The findings of this report are presented in the following sections:

- disability overview
- barriers to employment
- pathways to employment
- disability supports
- key problems
- policy strategies
- selected federal and Ontario programs (Appendix C).

## DISABILITY OVERVIEW

An estimated 3.8 million Canadians – close to 14 percent of the adult population – were formally identified in 2012 as limited in their daily activities due to a disability [Statistics Canada 2013].

But disability supports are relevant to far more than this designated population. They also provide crucial assistance to thousands of elderly individuals not formally classified as having a disability. This is potentially a very large group. Canada is aging rapidly; 25 percent of the population will be over age 65 by 2030.

While many Canadians remain active and healthy well into their senior years, the incidence of disability rises with age:

... 2.3 million working-age Canadians (15 to 64), or 10.1 percent, reported having a disability in 2012, compared to 33.2 percent of

Canadian seniors – those ages 65 or older. Within the working-age population, those reporting a disability was 4.4 percent for people ages 15 to 24; 6.5 percent for those 25 to 44; and 16.1 percent for those 45 to 64. This proportion reaches 26.3 percent for those ages 65 to 74 and 42.5 percent among those 75 and older [Statistics Canada 2013].

There is also a substantial proportion of the Canadian population that experiences a chronic health condition and may require disability supports as a result. The Public Health Agency of Canada estimates that chronic disease rates are increasing at 14 percent each year [Elmslie nd: 5]. Three in five Canadians older than age 20 have a chronic disease and four out of five are at risk [Public Health Agency of Canada 2013: 2]. In 2000, six major chronic diseases (cardiovascular diseases, chronic respiratory diseases, cancer, mental illness, digestive diseases and musculoskeletal diseases) represented \$31 billion in direct health care costs and \$64 billion in indirect costs related to lost productivity [Public Health Agency of Canada 2013: 2].

Disability is a complex policy area. The complexity arises from several factors.

The term 'disability' is an umbrella concept that covers a wide range of conditions. These include physical limitations, such as mobility, visual and hearing impairment. Disability is often equated with visible conditions that are readily observable and identifiable. While the international symbol of disability is a person in a wheelchair, it is far too narrow a representation of disability.

There are a range of invisible disabilities that can be equally debilitating but are not readily visible or identifiable. They include mental health conditions, such as schizophrenia or manic depression. They also include serious learning disabilities and social difficulties in the form of autism spectrum disorder. A person may be able to function physically and mentally but may have difficulty with social interactions and relationships.

Individuals who are critically ill often suffer from some form of functional impairment. They experience problems accessing disability supports.

Persons with developmental disabilities typically experience a degree of cognitive impairment. While most have a full range of physical capacity, many require assistance with the activities of basic living.

A significant proportion of the Canadian population experiences problems related to mental health that interfere with their ability to live independently in the community, let alone find and maintain a job. An estimated 20 percent of workers face some form of mental illness. Depression and anxiety ultimately cost the Canadian economy \$50 billion

in lost productivity and are responsible for 30 percent of all short- and long-term disability claims [Conference Board 2016]. The Mental Health Commission of Canada notes that mental health problems and illnesses are rated as one of the top three drivers of both short- and long-term disability claims by more than 80 percent of Canadian employers.

As noted, recent years have seen a rising incidence of chronic illness in Canada. The good news is that, because of medical, technological and social advances and new treatments, people are living longer with conditions that used to mean certain incapacitation or death. Cancer, HIV/AIDS, diabetes and multiple sclerosis are conditions that may involve more intensive health surveillance and require medication and/or technical aids and equipment in order to function independently at work or in the community.

The link between chronic diseases and disability is becoming increasingly blurred as more and more people with chronic disease face challenges similar to those of persons with disabilities. Again because of medical advances, improved technology and adaptive equipment, many Canadians are living longer with chronic diseases that are episodic in nature. They are chronic in that they are longer term and permanent in duration. But they are episodic because their associated symptoms recur and remit.

At times, these individuals can function well and experience no limitations as a result of their condition. At other times and unpredictably, persons with episodic conditions face serious symptoms that limit their ability to work or to function independently in the community. Multiple sclerosis is a case in point; Canadians experience the highest rate of multiple sclerosis in the world.

As if this complexity were not enough, there's more. Many individuals are born with a disability as a result of a congenital condition or accident at birth, such as lack of oxygen. Other individuals acquire a disability throughout the course of their life due to an accident or injury at work or home. Still others experience functional limitations as a result of normal aging. Hearing, sight, cognition and mobility are all affected with age.

The reality is that disability is not black or white – present or not. It is a matter of degree along a continuum.

Moreover, disability is part of the human condition. Every individual experiences some form of functional limitation in varying degrees and at various points in their lives. Temporary impairment is a normal part of living and may occur throughout life, especially in the later years. The need for support at some time in life is not the exception but the rule. Disability is more prevalent than immediately apparent.

On a positive note, the effects of a disabling condition can be mitigated through the appropriate technical aids and equipment as well as human supports, such as attendant care. Individuals need not be limited in capacity just because they have a physical, mental, emotional or cognitive impairment. They are rendered disabled by virtue of environments that do not accommodate their unique needs. The impact of disability can be reduced or virtually eliminated.

In fact, a growing movement throughout the world seeks to understand disability from a social perspective. A medical or health-related condition need not be disabling in itself. The handicap arises from lack of disability supports or an environment that creates artificial barriers to participation.

The social approach shifts away from the medical model based on diagnosis of disability to an understanding of disability based on its impact on the individual. The “experience” of disability can be reduced by the way in which society responds to it [Saskatchewan 2015: 5].

## BARRIERS TO EMPLOYMENT

While the purpose of this study is to focus on barriers to disability supports, virtually all key respondents identified lack of employment opportunities as a major obstacle. Access to employment is a significant problem for people with disabilities.

Close to 10 percent of the working-age population between 15 and 64 years, representing 2.3 million Canadians in this age group, report a disability. About half of working-age adults with disabilities are outside the labour force (1.15 million), while others who are in the labour force are employed (1.05 million) or unemployed (125,700) [Till et al. 2015].

The unemployment rate for persons with disabilities is almost twice the rate of Canadians without disabilities. In 2011, the unemployment rate of individuals ages 25 to 64 with disabilities was 11 percent, compared with 6 percent for those who did not report having a disability. The participation rate – the percentage of the population employed or seeking employment – was 55 percent for persons with disabilities, compared with 84 percent for persons without disabilities [Till et al. 2015].

Simply getting in the door to the paid labour market is a major problem, even with all the right qualifications. Several key informants listed their extensive credentials and impressive educational backgrounds that include multiple university degrees.

Moreover, many people with disabilities have important life skills that most employers do not recognize or appreciate. The fact that many of these individuals have had to coordinate their own supports and services, often from a young age, is invaluable managerial experience that employees without disabilities do not have.

We heard about an employer, for example, who told one job seeker that he could not be considered for employment because he had no managerial experience. The prospective employee pointed out, by contrast, that he has had a lifetime of such experience – coordinating and managing all his supports. In fact, he likely has had more of this experience than any other candidate applying for the job. He is articulate because he has been directing his personal care since he was age 4. He also thinks creatively out of necessity. While he views his disability as an asset within an employment context, this perception is not shared by Canadian employers.

Work opportunities – if they do come – typically take the form of short-term casual contracts, often with disability-related or human rights organizations. Finding full-time employment in many fields has been difficult for most. The current economic context in which full-time jobs are shifting toward short-term, contractual arrangements as the new norm has exacerbated the employment challenge for all workers, including those with disabilities.

Because the labour market is so tight for prospective job seekers in general, disability poses an additional barrier. We were told that two candidates may be equal in every way. But if one presents a list of required workplace accommodations, the other candidate will always be hired. People with disabilities have to go the extra mile. Many feel they need not only to make a good impression in an interview but also go well beyond the job description.

Several key informants spoke about the fact that they have experienced months with no income, years with no decent employment and periods of abject poverty and near-homelessness. A significant portion of injured workers, in particular, end up homeless. “Their lives fall apart” because they often lose their livelihoods, their capacity to sustain their living arrangements and ultimately, their spouses and family.

One respondent told us that he had a Bachelor’s degree and had studied philosophy, history and political science. He owned and operated three businesses before losing his sight 20 years ago. He finally managed to get a contract position to evaluate an organization’s website for accessibility. It is only the second job he has had since 2005.

One job seeker with a learning disability applied for a position with a government organization. The position involved assessing people with disabilities and designing accommodation plans. Realizing he had left out

key information, the individual contacted the hiring authority to explain the situation, but his request to amend the application was denied. Ironically, the admissions process for the Disability Management Advisor position was not set up to be accessible for people with disabilities.

Our group of interviewees included the former Lieutenant Governor of Ontario David Onley who was more than willing to have his name identified with his concerns. He told us that despite persistent efforts, he had no gainful income from high school until after he left university. He was turned down for the multiple jobs for which he interviewed and, in desperation, turned to social assistance for financial support. He was not able to get a full-time job until he was age 33.

Another individual told us that she has been employed for four months and full-time work has changed her life. Prior to securing his current position, she had applied for 104 jobs. When a person hears so often that he or she is not needed or not good enough for the available position, personal confidence is eroded. Yet another well-educated, articulate individual in his late 50s told us that he has been looking for paid work for more than 30 years.

Those fortunate enough to get in the door for a job interview often struggle with the question of disclosure. This is not an issue when someone has an obvious physical disability. But it is a concern for people who experience invisible disabilities or episodic conditions in which the symptoms are temporarily under control. Non-disclosure makes it difficult to raise the need for possible accommodation at some later time. Yet these individuals know that if they disclose their disability upfront, they may close the employment door before it even opens.

David Onley believes that the problem is rooted in what he calls “disabilaphobia” – i.e., negative attitudes rooted in falsehoods, misperceptions and uninformed bias. Society often has low expectations of persons born with a disability. It is the low expectations of parents, teachers and others that make it more difficult for many persons with disabilities to believe that they can be successful at a job or in other situations. David Onley contends that Canada needs a frank and blunt conversation with and about persons with disabilities similar to the Truth and Reconciliation discussions the country has been having with Indigenous peoples.

Persons with disabilities face three kinds of barriers when they seek employment [Torjman 1997].

*Physical barriers* refer to the physical aspects of the workplace. The individual with a disability may not be able to enter the premises. Those who actually get a job may be unable to use the facilities, such as cafeteria, training areas or washroom. There may be no accommodation for visual or hearing impairment. There may be no accessible transportation to get to the job in the first place.

*Procedural barriers* refer to the procedures involved in the hiring process and often exclude many potential candidates. Visually impaired persons, for example, may be unable to complete an employment application form. Hearing impaired persons may require an interpreter for a job interview. The designated skill requirements for a given position may be unnecessarily elaborate. The job requirements may include, for example, a driver's license when the job does not actually involve any driving. In cases where deliveries may be required, ride-sharing services open the door to other options. Once on the job, employers vary a great deal in their approach to accommodations. While some work closely with the new hire to ensure proper accommodations are made, others make spending decisions that leave no room for discussion or compromise.

*Attitudinal barriers* are rooted in false assumptions and lack of understanding of capacity. As noted, employers may be less willing to hire persons with disabilities because of a belief that these individuals will be less productive than other employees. Employers may not want to assume the additional costs of retrofitting or special equipment. The stringent interpretation of safety regulations also acts as a barrier to employment.

Employers are often less willing to hire persons with disabilities for fear that these individuals will be a liability or safety risk. Employers generally are not anxious to hire employees who are perceived as less productive and may represent an added cost if retrofitting or special equipment is required. It is assumed that workers with disabilities will not perform to the standard of other staff.

This assumption is incorrect. But it remains in place because many people with disabilities lack the opportunity to prove otherwise. Neither do they have a platform or vehicle to tell their story. Because most are underemployed and often likely to participate in the community, they have fewer opportunities to change the narrative about their capacity.

Many employers fear higher rates of absenteeism, lower productivity and retention, greater risk of accidents and increased costs. Yet several employment studies have found precisely the opposite results. Companies that hire persons with disabilities report higher productivity and lower absenteeism – all contrary to the stereotypes. On the whole, persons with disabilities have been found to be productive and an asset to the company [Winn and Hacker 2009].

Employers and human resource personnel often believe that persons with disabilities have a condition that can be readily seen or perceived. This is not the case; the mindset that disability is simply a person in a wheelchair or with a cane must change. Persons with episodic and mental health conditions are often less well served because their needs are invisible – and there is pressure to hide the condition. If it does not look like a person has a disability, it is assumed that the individual does

not require any special assistance. There is little understanding of episodic or invisible conditions and associated needs.

Unfortunately, lack of understanding or tolerance of difference are not the only challenges. Several female respondents noted that women face additional barriers. Women of child-bearing age often lose out on opportunities to men (this challenge is not confined to the disability community). A few workers noted that they have been considered too old to be eligible for newer assist devices because the cost involved in the purchase would not be worth the investment.

These barriers can be reduced through job or workplace accommodation, such as rearrangement of internal spaces or adaptation of existing equipment. But many reasonable adjustments involve little or no cost and include activities such as making changes to the work activities, providing training or mentoring, or allowing flexible hours or work schedules.

Some jobs can also be done at home, an arrangement that is helpful for people who may have to work with special equipment, such as a 'sip and puff' computer. One respondent noted that he was frequently absent from work because his attendant or transportation would not show up on time or his equipment would malfunction. None of these issues would have been a problem had he been allowed to work at home.

Another interviewee was turned down when he applied to take advantage of an option to work at home. His manager determined that his spotty attendance – the result of problems with his accommodations that would have been easily managed at home – made him a risky candidate for working in an unsupervised setting.

Flexible deadlines may be especially beneficial for persons with episodic disabilities who may be able to work a full complement of hours one week but not the next. A flexible schedule may help workers who need to avoid crowds during rush hour travel.

We heard that relatively easy and cost-free accommodation can be made in the case of people with chronic fatigue syndrome.

I worked with a woman who dealt with chronic fatigue. In order to do her job effectively she required a nap each day. She worked in a cubicle so she put up a cloth in the cubicle opening, sat in her chair with headphones on and all of us knew not to disturb her or she would not be able to work. It was simple and only required tolerance. I think that more of the focus needs to be on the partnership between the employer and the employee, the tolerance of differences as well as the need for funds for equipment. My fear is that people will get the equipment and still will not be hired.

In fact, a study on employment in the private sector identified little or low cost for accommodating most employees with disabilities [Panel on Labour Market Opportunities 2013]. The majority of employers indicated the accommodations required by employees cost nothing, while 37 percent reported a one-time expenditure. Only 4 percent said the accommodation resulted in an ongoing, annual cost to the company. Of those accommodations that did have a cost, the average one-time expenditure by employers was a modest \$500 [Panel on Labour Market Opportunities 2013].

individuals do not fall 'neatly' into a given category or may cross from one category into another over the course of their lives.

The *first stream* involves workers who have experienced accident or injury on the job. These individuals generally are covered under workers' compensation programs, whose specific title, policies and practices vary by jurisdiction. In Ontario, the program is known as the Workplace Insurance and Safety Board (WSIB). The regulations identify the specific

TABLE 1 PATHWAYS INTO THE DISABILITY SYSTEM	
Condition	Income program
work-related injury or illness	workers' compensation
severe and prolonged disability, and significant attachment to the paid labour market	Canada Pension Plan disability benefit
severe and prolonged disability, and little or no significant attachment to the paid labour market	social assistance

Accommodation is best addressed as a human resource issue in which the entire team or associated co-workers are involved in understanding the circumstances and any special arrangements. This engagement helps ensure that co-workers understand why a given individual is granted flexible hours or received special equipment. Ideally, colleagues become part of a supportive work team.

sectors covered by the WSIB; banking and insurance sectors, for example, are not included. Neither are some new sectors of the economy – e.g., certain high-tech industries that have emerged subsequent to the adoption of the provincial regulations.

**PATHWAYS TO EMPLOYMENT**

The work disability policy 'system' consists of a set of programs and services whose purpose is to enable persons with disabilities to re-enter the labour market, maintain their employment or find work in the first place. While the precise pathway to employment varies by jurisdiction, there are generally three streams when it comes to employability programs and persons with disabilities. The pathway typically is linked to the income security program for which the individual would qualify. While these streams are described as discrete entities, the reality is that many

Coverage of workers who are engaged as "contractors" is important as they be eligible for voluntary coverage. But many are not aware of this option or find it too difficult to access coverage so are often not covered by workers' compensation. A growing proportion of the workforce will be vulnerable in future as more and more workers are employed in precarious or unstable work arrangements.

For the majority of workers covered under the WSIB, the program works well. About 10 percent of injured workers experience problems with the WSIB. While only a minority, the latter group nonetheless comprises a sizeable number – over time, at least an estimated 20,000 workers in Ontario alone.

Employers are obliged to take back workers within one year of the accident – though there is no active enforcement of this obligation. Once the WSIB assesses a worker as able to return to work, employers must find a position for that individual. In Ontario, the WSIB follows an international standard or hierarchy in terms of job placement: same job, different job, different employer if the former options do not work and retraining if all other possibilities have been exhausted.

Injured workers can gain access to disability supports through various programs and services linked to the workers' compensation system (see Appendix C). In theory, injured workers have an advantage over other persons with disabilities in that they are part of a system that purportedly is set up to meet their unique needs. In practice, however, serious problems have been reported in recent years regarding the shrinking coverage of assistance, more stringent work expectations and less effective forms of support. Since the introduction in 1998 of new legislation in Ontario, there has been growing concern for fiduciary responsibility and fiscal management – sometimes, it seems, at the expense of the health and well-being of the worker.

While the majority of injured workers go back to work, an estimated 45 percent get reinjured when they do – often because of inappropriate accommodation, incorrect assessment of workplace risks and/or returning to work too soon. At times, workers may push themselves too hard because of peer pressure or management pressure to perform well.

Several key informants relayed troubling stories about being pushed back to work too soon and thereby incurring further injury, being incorrectly advised to pursue a course of study or work that actually was contraindicated in terms of the presenting condition and often experiencing an uncaring attitude. The so-called system of support seeks to get people off the Workplace Safety and Insurance Board caseload (and payroll) as quickly as possible. Many clients of the system feel rushed, uncared for and unheard.

Even for injured workers for whom there is a special program, access to disability supports is complex. There is a category of aids and services for people with severe injuries resulting in severe and prolonged disability, such as paraplegia or quadriplegia. They are the only group that qualifies for these wide-ranging supports, including attendant care and home care. All others rely on the regular 'system' of disability supports. Unfortunately, injured workers who go to a public program looking for disability supports often are instructed to go back to the Workplace Safety and Insurance Board. They literally are "caught in the middle."

The *second stream* involves workers who have been employed for a significant period of time and are no longer able to work because of a severe and prolonged disability. The disability may be due to work circumstances, may be related to an accident or injury outside of work, or may result from an illness or health condition, such as cancer or multiple sclerosis. The disability may also derive from a congenital condition.

These workers may be eligible for financial assistance and associated services under the Canada Pension Plan disability benefit. "May" is the key word; an estimated 50 percent of applicants are refused eligibility [Auditor General 2015].

The *third stream* of employability policy involves social assistance, also known as 'welfare.' The Ontario Disability Supports Program (ODSP) provides benefits and associated supports for persons considered not able to work or for those whose minimal or insecure attachment to the paid labour market. It leaves them with little or no coverage through the two main insurance programs intended for persons with disabilities – workers' compensation and the Canada Pension Plan disability benefit.

Those who receive income benefits through ODSP often lack information as to where to get help for what they need. Many incorrectly assume that they are not permitted to work if they are current beneficiaries. One respondent noted that he found the program confusing, despite the fact that he had studied human rights as part of his university studies. He claims to have been intimidated by ODSP staff and received "scary letters" that threatened him with a \$27,000 overpayment about being disqualified because he had exceeded the earnings exemption guidelines (ODSP staff actually had misinterpreted the rules in his case).

While the confusion was stressful, perhaps most unsettling was the lack of respect in delivering the information. Lack of respect emerged as a common thread in the interviews with key informants.

## DISABILITY SUPPORTS

Disability supports refer to various goods and services that help offset the effects of a disabling condition. These generally fall into two main categories: technical aids and equipment, and personal services. As noted earlier, this term does not include transportation, assistance with the cost of prescription medications or help with job search.

*Technical aids and equipment* include such items as wheelchairs, visual aids, volume control devices and prosthetic appliances, and work-related equipment such as scanners, teletypewriter devices (TTDs) and large computer screens. This category also includes health-related goods such as special dressings, breathing machines and dialysis equipment.

*Personal services* consist of several components. *Attendant services* provide assistance with personal needs such as feeding, bathing and dressing. *Homemaker services* help with household tasks such as shopping, meal preparation and home maintenance. *Home health care* involves the provision of health-related functions – e.g., administering medications, changing bandages, cleaning breathing tubes and carrying out services, such as dialysis, at home.

The federal government operates two major programs that provide some funding for accessibility and disability supports: the Opportunities Fund and Enabling Accessibility Fund (see Appendix C).

At the provincial/territorial level, the types of supports and services to which individuals have access depend, to a large extent, upon the income program for which they qualify. As noted, key income programs are workers' compensation (Workplace Safety and Insurance Board in Ontario), the Canada Pension Plan disability benefit (Québec operates a parallel program) and social assistance (Ontario Disability Supports Program or ODSP). ODSP also provides Employment Supports. In Ontario, disability supports are provided through the Workplace Safety and Insurance Board, Assistive Devices Program, Direct Funding, Community Support Services and Developmental Services. These programs are described in Appendix C.

The nature of the disabling condition is another major factor in determining access to supports. There are special employment programs, for example, for persons with developmental disabilities to respond to their particular needs.

The many problems identified through interviews with key informants and highlighted in the relevant literature can be grouped into three categories related to the availability, affordability and responsiveness of disability supports. Each of these areas is discussed below.

## KEY PROBLEMS

### AVAILABILITY

The current system for providing disability supports defies simple description. It is a mix of public and voluntary arrangements. The supports that may be delivered in one province or territory may not exist elsewhere. Availability problems are particularly acute in rural and northern regions of the country [Technical Advisory Committee 2004: 107].

The following description pertains primarily to Ontario; unfortunately, there is no jurisdiction in the country that has a seamless system for providing disability supports. While some provinces have introduced positive initiatives (noted below), there is no comprehensive model here at home.

The delivery of technical aids and equipment illustrates the complexities of the disability supports system. Patients in hospitals or nursing homes generally receive the aids and equipment they need as part of their health care treatment. But individuals living independently in the community must figure how to pull together the package of supports they require.

Students pursuing postsecondary education generally can access the disability supports – both assistive devices and personal services – directly through their college or university, or indirectly through student grants.

Workers who are participating in some form of rehabilitation or training funded under an employment or income program, such as workers' compensation, may receive these supports as part of that program if the injury results in severe and prolonged disability. Needs are assessed by the program, and the type and extent of interventions are then determined and approved. There are no guarantees.

Individuals not involved in rehabilitation or training generally must make provision for special needs on their own. They seek help from one or several of the programs identified in Appendix C.

The provision of disability-related services is equally complex. While provincial and territorial governments generally are responsible for financing these supports, not-for-profit organizations and small private companies typically are responsible for their delivery.

Services that are health-related or that pertain to the provision of physical services to individuals, such as attendant care, typically are funded through ministries of health. They may be delivered in an institutional setting or at home. Supports that tend to be social in nature, such as homemaker services, generally are paid for by ministries of social services and are delivered by not-for-profit organizations. Finally, ministries of education pay for the provision of services required for educational purposes.

Virtually every interviewee made reference to the complex network of programs and services that must be negotiated in order to access disability supports. It was referred to as a "giant bureaucratic, chopped-up system with too many departments" and as a maze that makes it difficult to know what is available and where to look.

Prospective workers need to piece together, to the best of their ability, a package of disability supports. There is no set pattern or single route other than "it depends." It depends on their condition, the type and extent of assistance they require, size of the workplace, willingness of the employer to assist with any costs and the presence of a specialized program for their particular circumstances.

One respondent described the access process as a matter of "advocating for your own interests and finding loopholes to maneuver the system. Various programs are available, but finding the precise supports you require is the problem." Another key informant said that he has to figure out where the supports are available, make numerous applications and then face the prospect of not qualifying.

There are many entry points to the disability supports maze, each with its own unique eligibility criteria. In order to access a program or service, applicants often have to tell their story to several people to receive what they need at a particular time. Time and resources are spent on multiple assessments. Sometimes lengthy delays in service provision mean that circumstances may change from the time of the initial contact. The assessment process must begin all over again.

A key informant described how he spent considerable effort “fighting for accommodations” through student services, which detracted considerably from his studies. He had lost his sight on a construction job and later attended university. While recovering from his injury, he ended up in a retirement home for a year because he could not live independently but was not incapacitated enough for hospital. This individual finally moved in with a blind couple with two sighted sons. He was told that with this new experience, he would have to “be prepared to fight for everything” when it comes to disability supports.

Another respondent noted that if he requires assistance at school or work, he needs to plan carefully about the most appropriate person to contact. It is typically a social worker or someone from the university-based support centre. But it is hard to know what to ask for since it is not possible to request what you don't know.

In addition to extensive attendant services, this individual needs a wide range of equipment for both personal care and work. He uses a power chair, commode chair, lift for transferring and equipment that helps him breathe at night. He has to follow a different eligibility procedure for every piece of equipment. For example:

To get a power chair, there's quite a process. You have to go to see an occupational therapist, who will assess your needs and qualifications. Everything needs to be justified, from seating to specialized chairs that tilt and recline. You are also only able to purchase a new chair every five years, unless you have some drastic change in your needs that can be readily justified. Once that step is complete, you apply for ADP (Assistive Devices Program). If they accept your case and justifications, then you/they can order your chair with the accepted specifications. Once it comes in, you go for one or multiple fittings and ensure that everything is suitable before you can take it home. ADP also has a co-payment requirement.

Certain specialized pieces of equipment can be borrowed or obtained through specialized sources. Equipment such as Bilevel Positive Airway Pressure (BiPap), which is often prescribed to people with lung disorders or certain neuromuscular disorders, can be borrowed for free from the Ventilator Equipment Pool. While it can be kept for as long as required, it does not belong to the user. The positive side of this arrangement is that it is fairly easy to get the equipment serviced or exchanged if the machine becomes faulty.

Another key informant described how the guide dog school provides a service animal at no cost. Again, the applicant must negotiate the arrangement for a guide dog, which typically is only one type of support required by persons with visual impairment. One key informant noted that when he first got a dog, the Seeing Eye school in the United States reimbursed him for care of the animal in the first year. But he was financially on his own after that point. The dog fell ill and needed stomach surgery, which was very expensive. The Seeing Eye school would provide only a low-interest loan to cover the procedure.

In other cases, there is no funding in Ontario for certain items, like specialized bathing equipment, other than through a charity like the March of Dimes. One respondent noted that he needs special bathing equipment to shower. He and his wife paid for the upgrades rather than wait between five and seven years to gain access to an apartment with the appropriate equipment. They rented a non-accessible apartment and had to pay \$6,500 for the accessibility modifications. If the equipment breaks, he is not able to go to work. There is no recognition in any program that bathing supports are intrinsically linked to maintaining employment.

An entirely different process is required in order to access work-related supports. One key informant described his needs: a microphone that takes dictation, controls messages and helps open computer programs. Much of his work involves programming language, which involves a keyboard. He has a wireless miniature keyboard for typing as well as an application on his phone to help with messages.

Fortunately, he was able to acquire his computer through the Vocational Rehabilitation Centre at a local hospital. Unfortunately, the funding program through the Rehabilitation Centre does not fund Macintosh computers, which are preferable for his type of work.

In fact, several respondents made reference to the fact that Macintosh computers were more suitable to their particular disabling condition (this is not the case for all visual impairment). However, they were not able to access that equipment unless they paid for it on their own. Most individuals are unable to afford the extra cost and there are limitations to existing tax provisions for this purpose. The cost issue is discussed below.

#### A. TIED TO PLACE

Several key informants noted that their disability supports are provided only at designated locations and cannot be used elsewhere – i.e., they are not portable. Attendant services, for example, may be delivered at home or at the university but not at a place of employment.

One key informant interviewed for this study gets access, as part of his supported living arrangement, to extensive in-home assistance. He lives in one of six independent living apartment buildings in which attendant services are made available on a 24-hour basis, seven days a week. On the one hand, the arrangement is excellent in that he has guaranteed access to essential care. But the fact that these services are delivered at the residence means that he can work only from home.

Moreover, he will have to continue living in that apartment and is unable to move to another residence or community for fear of losing essential supports. He certainly would not be able to move closer to his family who live in a small town. There are no comparable supports and no assistance for family members who may want to help.

This individual is a student at a postsecondary educational institution that provides extensive disability supports. While the arrangement is positive for now, it raises questions as to what he will do upon completion of his studies. In fact, several interviewees identified the same concern.

The supports provided by postsecondary educational institutions are essential and enable students to complete their education. Students who face barriers to education and training – such as physical or learning disabilities – are being supported through a range of programs offered by postsecondary institutions. We heard, for example, that British Columbia is providing one-time, targeted investments of \$75,000 for 20 public postsecondary institutions. In addition, Vancouver Community College received \$275,000 to develop programs and supports for students with disabilities.

Despite the strengths of these arrangements, the supports are linked to these organizations. Once students complete their education, the supports do not follow them to the next stage of their lives – ideally, a place of employment. Prospective workers must arrange their own supports. Neither do they have transitional assistance or guidance about where to go for information or help. There generally is good support for students (though problems have been reported as noted) but the assistance tends to end abruptly upon transition to work.

The University of Regina (UR) has introduced a unique program in recognition of the transition challenge. Graduates who have participated in the UR Guarantee initiative through their undergraduate degrees and who are unable to secure career-related employment after six months of active job searching are eligible to take an additional 10 undergraduate classes for free, with tuition and course fees waived. The University of Regina is the only postsecondary educational institution in Canada to offer this type of support.

This transition problem must be addressed. One interviewee believes that discussions are under way between the federal govern-

ment and some larger employers to help graduates make a successful transition to work.

## B. LOW-TECH HELP

While this study focuses on supports in the form of disability-related goods and services, several respondents made reference to the need for “low-tech help” – i.e., kind, empathic people who provide some assistance at work to help access the washrooms, find suitable lunch spots or locate the easiest route to public transit. Workers with disabilities often feel like a burden when they have to ask a lot of additional questions to feel comfortable in a given environment.

Everybody asks about what technology I need. I need a real person to show me around. We've gone very far on the equipment side which is great, but you also need the human contact. It's very low tech, but high humanity. Sometimes we forget to use those lower-tech solutions.

This type of help can contribute immeasurably to worker productivity. It is especially important for individuals with visual impairment. A support person who provides a short period of individualized assistance can go a long way toward improving job performance – not to mention emotional well-being.

Injured workers are another group that would benefit from emotional support. We heard in the interviews that at least 45 percent of injured workers with permanent disabilities are also clinically depressed. Some have work-related injuries that result in cognitive impairment. Most have a psychological problem resulting from the serious physical injury they sustained at work.

Pain is an overwhelming, personal experience. If people feel supported emotionally (which includes income support), you heal more quickly and fully. The more worried you are, the slower the healing process. If that support came at the beginning, we'd be saving money. Most injured workers are not complaining about physical supports – they're lacking a social environment in which they can feel significant.

One key informant described the process at a major forestry company. It had a visionary human resources director who implemented an immediate intervention policy. If a person was off work and in hospital, the mill manager visited immediately to let him or her know that the company was available to provide assistance. This gesture is significant because most workers never hear anyone say they are sorry about the work accident and associated injury.

It is essential to start with people as human beings – saying I care for you as a person, I respect your contribution. That's key in the early days, and having that support to follow you along. How can we support your hobbies, education and you as a human being? Respectful and authentic human resource policies can help prevent a person from losing hope.

It was also noted that the federal Enabling Accessibility Fund (see Appendix C) is helpful to business in that it provides some financial assistance for workplace accessibility. But the program focuses only on modifications to the built environment. The reality is that informal human supports are equally important. Yet they are rarely recognized in the focus on formal goods and services. Peer and family support groups as well as spiritual counselling were identified as vital, but overlooked, interventions.

It would be helpful to have some guidance for employers to explain this important human resources issue. At the end of the day, there needs to be a partnership between the employer and employee. Assisting employers is discussed below under policy strategies.

#### AFFORDABILITY

Affordability is another serious problem when it comes to disability supports. Costs vary by type and extent of the goods and services that a given individual requires. They can range in the hundreds or even thousands of dollars a year. Often only limited financial assistance is available to help offset these costs.

One individual pointed out that it cost about \$400 each to grind lenses for his special glasses. He also had to pay \$980 for his sunglasses, which had not been changed in six years. ADP covers 75 percent of the cost, but private health insurance provides limited additional coverage for visual needs. While he pays a significant amount to contribute to extended health coverage through his employer, the most he can get back is between \$250 and \$300 on a bill of \$1,000.

As noted, provinces and territories may deliver disability services directly and/or purchase them from not-for-profit agencies and private businesses. The cost of services that relate primarily to health care typically are covered fully or partly by medicare. The provision of disability supports that are not deemed 'medically necessary' usually involves a user fee, which varies by level of income.

Beneficiaries of certain income security programs, such as social assistance, may be eligible for disability supports at little or no personal cost because they already qualify as a low-income household. While some respondents obtained disability supports through the special assistance provisions of social assistance, it meant staying on income

support in order to get that help. This requirement, not surprisingly, is a disincentive to work.

To offset this disincentive factor, the Ontario Disability Support Program provides a one-time employment start-up grant of \$500 to purchase equipment and clothing required to participate in the paid labour market. The problem is that it is available only after an individual has secured a job. But sometimes it is hard to get a job unless the prospective employee can bring to the position the appropriate supports.

Moreover, the start-up is a relatively small amount. One individual noted that he had to find an additional \$700 in order to pay for the \$1,200 computer he required.

Because most job postings are now made available online, a computer is not a luxury. In fact, it is essential to have a computer – or at least be able to access one – in order to carry out a job search in the first place. Similarly, for some people with disabilities, an iPhone is not a luxury but a vital technical aid. A key informant whose friend is deaf uses her iPhone to communicate. However, it is not considered a core technical aid by various programs because of its widespread use in the population.

Unfortunately, modest compensation is not limited to equipment. It appears to apply to services as well. A respondent who hurt his back and was hospitalized for 25 days needed care when he returned home. ODSP paid him a maximum \$20 a day for attendant care and he had to find funds to pay the balance of the cost. While this problem occurred several years ago, the amount barely kept pace with the associated cost even then.

A similar issue was raised with respect to the Workplace Safety and Insurance Board. It allows for a certain number of hours for home care for which it pays minimum wage. An injured worker reported that the going rate for home care was higher than the amount designated by the program – for which he had to pay the difference. He noted, with irony, that the WSIB can't seem to keep track of Ontario's minimum wage rates.

Problems related to transitions were raised as well. Postsecondary educational students can access grants of up to \$8,000 – though they have to qualify for a student loan. Those who have graduated or never attended postsecondary education need to purchase new equipment, related software and other accessibility modifications on their own.

The Assistive Devices Program in Ontario pays up to 75 percent of the costs of certain types of equipment, including aids for visual and hearing impairment. But it may not cover other kinds of work-related equipment. In fact, one respondent who was using his ADP-supported equipment for work purposes was explicitly instructed to keep quiet about it.

In most cases, workers with disabilities bring their own accommodation to work. At times, an employee may bring the required equipment to the place of employment because the software is already loaded on their computer – only to find out that it is not compatible with the main systems at work. One respondent used a ZoomText screen reader, which does not mesh with the government, university or workers' compensation systems. All of them run with a Banner data system, which is not compatible with her technology.

Several respondents pointed out that their employers purchased the initial equipment but would not pay for additional upgrades or new equipment. Another respondent said that the employer would pay for the software but not for the computer. Fortunately, most computers now come with screen readers that are built in or available for free. But the laptop needs to be purchased in the first place. Often the individual can't afford to get the basic equipment with enough memory to accommodate special software.

One interviewee employed in a highly specialized field pointed out that a new piece of sophisticated technology has been introduced that would greatly enhance his productivity. The employee would have had to purchase the \$4,600 piece of equipment with his own limited funds. He can barely afford this expense on his salary and there are limited tax provisions to reduce these work-related costs (see below).

Another challenge arises from the fact that technology is continually changing. Even the federal government and Parliamentary Committees have produced reports that cannot be accessed by current screen readers. Technology becomes out of date so quickly that individual workers find it difficult to keep up with the changes.

Most employers will not pay for continual upgrades – if they pay for accessibility modifications at all. Many workers are not even aware that new work-related technology has come on stream until they find themselves unable to do something with their old equipment. Unfortunately, their 'inability' to perform the task casts a shadow upon the employees, not the environment.

In addition to equipment upgrades, several respondents noted the ongoing problem of equipment repair. There is little financial assistance for basic repair of equipment, which deteriorates over time as a result of daily wear and tear.

Neither is there any consistent policy or protocol regarding the ownership of special accommodation upon termination of employment. Some employers allow workers to keep their respective devices while others require that these be returned. This practice was seen as unfortunate; workers had to begin again to find the supports they need when starting a new job.

## RESPONSIVENESS

There is no guarantee that persons with disabilities will have access to the supports they require. There is no absolute 'right' to any equipment or service. Assessors in the workers' compensation system, for example, will determine what they believe a given person requires in order to be employable. Social assistance may or may not provide funding for various goods and services, depending upon the assessment conducted by the welfare worker as well as the health of the special assistance budget, which is considered a discretionary item.

Yet even when these supports are available and affordable, problems arise around their responsiveness. Technical aids, equipment and services for persons with disabilities must be highly individualized. Each person requires a unique set of supports. But the needs of the individual may not line up with the eligibility conditions of the relevant program.

Disability supports are often not available at the place they are needed. While some services may be provided to individuals in their homes, these may not be delivered in settings such as schools, workplaces or recreation centres. Certain services operate as though they are used only between Monday and Friday, 9:00 am. to 5:00 pm., leaving individuals to make private arrangements in the evenings and on weekends.

There are also significant differences among jurisdictions in Canada, which create inequities for people in the same circumstances and even difficulties for individuals who are relocating. When one key informant moved from Saskatchewan to British Columbia, she brought six months of items that she needed, including medications and incontinence pads. This supply would allow her time to apply for benefits through an employer. Her concern was that BC's special assistance provisions may not cover these items as they did in Saskatchewan. (Every province has different rules regarding the provision of special assistance; the same rules may not apply to Ontario.)

Substantial differences among provinces and territories in the supports they provide can impede career mobility. One respondent had to fight to get access to essential supports and felt that he would not have the energy to go through this exhausting process once again in another province. It has also become a challenge to maintain what he has because "disability is a flag for audits."

Consumers generally have little say in how disability supports are organized, delivered and managed. Individuals are often afraid to voice their concerns for fear of personal reprisal or losing the service altogether. They would rather stick with something that is modestly adequate than end up with nothing at all.

One respondent spoke about the discretion in the decisions of the workers' compensation system. As noted, an assessor determines how best to meet the needs of the injured worker.

The workers' compensation system in Ontario, in particular, is huge with an estimated 1,000 case managers. They can put in place almost any supports to enable an individual's rehabilitation and return to work.

But in the last five to six years, access to equipment and services appears to have changed. Administrative processes have tightened up significantly. Fewer beneficiaries seem to be receiving further education. While it used to be common for injured workers to be sponsored to go back to school, that option is now employed less frequently. Another practice was identified that reduces applicants' prospects for improving their life conditions post-injury: Further educational opportunities are evaluated against their earnings at the time of injury. A cake decorator injured at a bakery may not re-train, for example, as a nutritionist.

Another problem arises from some of the rules related to the provision of disability supports. The Workplace Safety and Insurance Board might pay for a given service, for example, but limit the time of use. As a result, injured workers must now put in a full day and then go for therapy after work. Many are struggling to carry out the required eight hours and then add more time for rehabilitation, such as physiotherapy. In addition to exhaustion, many experience stress related to the reduced time for family life, which is usually more difficult and complex than before. "The circumstances are driving injured workers over the top" – with a clearly negative impact on health and well-being.

A study on the mental health status of Ontario injured workers with permanent impairments found that a significant portion of these workers experienced serious mental health problems as well [O'Hagan, Ballantyne and Vienneau 2012].

Sleeplessness, problems concentrating, symptoms of depressed mood, diagnosed depression, and symptoms of anxiety are identified as present for a large proportion (36% or greater) of respondents. Twelve percent reported ill effects from medication abuse. For those with diagnosed depression, symptoms of depression, anxiety, problems concentrating, memory impairment, medication abuse, and reports of sleeplessness, reported onset is higher in the post-injury period [O'Hagan, Ballantyne and Vienneau 2012: 305].

With work settings, employees typically are powerless to advocate for themselves. There is often no negotiation process with human resources personnel, which is essential to ensure an appropriate work arrangement. In one case, an employee with severe visual impairment was instructed to go to the occupational health department, which

subsequently sent an ergonomist to check the position of his computer monitor. The response was entirely inappropriate as he required special visual aids and not an adjusted seating arrangement.

Another key informant spoke about the responsiveness – or lack thereof – of the Vocational Rehabilitation Services program that assisted her in university. This woman had her first contact with the program in high school. The purpose of the intervention was to determine her vocational interests in order to guide her studies. Despite the fact that she had already been accepted to university, the program insisted on administering an IQ test because that was standard procedure. Even the staff agreed that the unbending rules represented a waste of time and resources.

Another individual was told by Vocational Rehabilitation Services that she had to join an employment support group. She found the group "depressing and unhelpful" because no member of the group actually had a job. She felt that there was nothing to be gained through her participation in these meetings and preferred to spend her time on individual job search.

In yet another case of questionable practice, one respondent told us that she was employed on a part-time basis. She applied to a career service program that was financed by the federal Opportunities Fund (see Appendix C). She was told that she could get access to the disability-related equipment she required if she were fired from her job and then got re-hired. That way, the program could count her as a success on their books.

## POLICY STRATEGIES

The preceding discussion of problems related to the availability, affordability and responsiveness of disability supports points to the need for wide-ranging reforms in order to enable access to employment. This section on policy strategies identifies various options for reform put forward by key informants. It includes recommendations discussed in the relevant literature and highlights successful measures implemented by governments both in Canada and elsewhere in the world.

Key policy strategies include the following:

- formulate a national disability employment strategy
- change the conceptualization of disability
- implement person-centred approaches
- improve access to disability supports
- assist employers
- detach supports from income programs
- reduce the cost of disability supports.

## FORMULATE A NATIONAL DISABILITY EMPLOYMENT STRATEGY

The first step in enabling access to disability supports involves leadership. There is no coherent strategy or policy regarding the employability of persons with disabilities. If there is one, it is clearly not working.

The current federal-provincial Labour Market Agreements for Persons with Disabilities, a federal-provincial/territorial cost-sharing mechanism that supports investment in disability-related employment programs. Unfortunately, they have not appeared thus far to play a strategic role. They have acted more as administrative arrangements that enable the flow of funds to various programs. But they do not represent a coherent pan-Canadian statement of desired objectives and associated indicators of success.

The federal government should assume an active leadership role and formulate a national employment strategy for persons with disabilities [Prince 2016]. A disability employment strategy should articulate a plan for ensuring access to personal and work-related disability supports. It should set out clear objectives and benchmarks for success, including such measures as employment rates and wages. It should require regular public progress reports.

The elements of a national employment strategy were laid out in a recent report, which proposes a six-point action plan for governments to improve the labour force participation by persons with disabilities [Prince 2016]. The components include renewing the Canadian vision on disability and citizenship; improving transition planning for youth; expanding postsecondary education; fostering improvement in workplace practices; enhancing employment services and supports; and modernizing labour market agreements.

As a start to any national strategy, several respondents in our study noted the importance of raising awareness about disability and capability. The focus should be on capacity rather than quotas. The federal and provincial/territorial governments can play a leadership role by assembling teams of individuals with various disabilities to make presentations to companies, governments, non-governmental organizations and educational institutions about the employability of persons with disabilities.

## CHANGE THE CONCEPTUALIZATION OF DISABILITY

The next important step in enabling access to disability supports involves modifying the conceptualization of disability. The medical model of disability, which focuses primarily upon health conditions, has been the dominant way of understanding and dealing with disability.

This model is still alive and well. Physicians and other health-related personnel must attest to the presence of severe and prolonged disability in order for applicants to be eligible for various income security programs, supports and services. Many disability supports are delivered through ministries of health or long-term care, which restricts their use in work settings.

This approach typically creates gaps and inequities when people with similar needs have different diagnoses. The newer thinking on disability seeks to shift away from diagnosis to an understanding of disability based on its impact on daily living. When disability is accommodated, its impact can be reduced and, in some cases, eliminated.

While the *Accessibility for Ontarians with Disabilities Act* is a step in the right direction, its implementation has been plagued by myriad problems that have hampered efforts to enable full participation in the community. There is still significant work to be done to make this legislation effective. On a more hopeful note, it has helped alter employer attitudes and create awareness of their accommodations responsibilities. Similarly, current human resources training entrenches the concept of workplace diversity.

## IMPLEMENT PERSON-CENTRED APPROACHES

Disability programs and services are often designed with the needs of the delivery system as the priority consideration. Individuals must adapt to program rules and processes in order to receive assistance or support. Shifting toward a person-centred approach helps create a flexible system that is more responsive to the unique needs of every person [Government of Saskatchewan 2015: 5].

A person-centred service system places the person experiencing disability at the centre of the process. It is organized to achieve that person's desired outcomes. It respects dignity and autonomy by allowing people to control and make decisions about the supports and services they receive [Government of Saskatchewan 2016: 9].

The health care field has been moving increasingly toward patient-centred approaches and family-centred care. Other social services are adopting similar approaches. In the so-called wraparound approach, a set of supports and services is created around youth with serious or complex needs. As part of the wraparound process, a team of individuals who are relevant to the well-being of the young person collaboratively develop an individualized plan of care, implement the plan and evaluate its success over time.

One practical way to put people before systems is to actively engage people with disabilities in identifying the disability supports they need. Right now, programs are organized with a designated assessor determining a person's needs and the required supports – typically according to a fixed list of items and services. The role of this 'gatekeeper' is to set out a prescribed course of action and identify an associated set of disability supports. Disability-related programs should be organized, instead, to enable individuals to figure out the various ways in which their unique needs can be met.

Fortunately, again, and in particular for my graduate degrees, the University of Toronto was both understanding and accommodating – and, more to the point, very creative in helping me achieve the set of accommodations I required for my education. I learned that flexibility, communication and partnership were critical to my then and future success.

If nothing else, the effective provision of disability supports requires flexibility. Strict rules with single pathways and uniform choices should be replaced by general guidelines. Rules can be both restrictive and limited in their effectiveness because they cannot possibly cover every scenario. An overly prescriptive system creates responsiveness problems [Government of Saskatchewan 2015: 5].

One respondent who worked for a national organization described how she tried to get a specialized wheelchair from the Assistive Devices Program. Because this equipment was not on the ADP designated list, she had to choose from the equipment that was offered. Ideally, the program should have given her the equivalent credit for the wheelchair they had and required her to pay the outstanding balance for the one she needed. Because users must contribute 25 percent of the cost under the rules of the program, she would have had to pay only a modest additional amount.

In short, disability does not – and should never – be equated with one size fits all. Any program that assumes a one-design solution is usually out of step with the flexibility that is required.

There were other stories about inflexible rules. The Workplace Safety and Insurance Board helps pay for home renovations for injured workers with severe disabilities. In one case, a woman's request for a backyard renovation was turned down. The inflexible rule was that the program would only allow the woman to renovate her house, not her yard. She had been injured and couldn't manage the front stairs of her home. The renovation for her backyard would have allowed her to get outside for fresh air; otherwise, she was basically trapped inside her home. But her request for home renovation did not fit the precise rules of internal modifications only and her case ended up going to appeal. This stressful and expensive route could have been avoided had a more accommodating approach been employed.

Flexibility should also apply to places of employment. One respondent made clear that the more control a person has over his or her work environment, the easier it is to accommodate workplace needs. This individual, who lost his arm in a construction work injury, decided to start his own company. He held meetings with his crew and they discussed the various tasks to be carried out and by whom. It is usually straightforward to reorganize a work environment if a person can modify a given milieu and have a say in the distribution of work.

Another way to move toward the person-centred delivery of disability supports is through a financing system known as individualized funding, which involves the provision of dollars directly to individuals. It is not simply a transfer of dollars to allow consumers greater choice among existing options. Individualized funding represents a form of purchasing power that can play a vital role in generating a greater supply of supports.

Several provinces employ individualized funding for certain health- and disability-related programs. Direct Funding in Ontario is based in the principle of individualized funding (see Appendix C). Manitoba, Alberta and BC also use this form of financing for various disability-related services.

One respondent described how fortunate he is to be covered by Direct Funding in order to hire his own support workers. The flexibility of the program enables him to work full time. He can vary the hours of the attendants according to his needs. If he has an early meeting, he requests an early morning routine. Most people who are served by community agencies have to wait until the designated organization assigns a worker to them. Their schedule is determined by the agency hours and they don't have the flexibility afforded through an individually funded approach.

A major strength of Direct Funding is that the services are portable across sectors (i.e., home, school, work) and within the province. The advantage of individualized funding is that disability supports are "attached" or assigned to the person. The supports are not tied to a specific place. It means that the individual can use those supports in whatever venue these are required – at home, school, work or anywhere else in the community. A person who moves into a different life phase (e.g., from school to work or training to job search) can keep the required supports.

Portability is a significant guiding principle when it comes to disability supports. Ontario not only should preserve Direct Funding but also should consider extending the hours of service and the types of support it covers.

Other nations have taken significant steps toward individualized funding. The UK has introduced the Personalisation Agenda initiative

that aims to give individuals choice and control over how their needs are met [Government of UK]. Under this approach, consumers are actively involved in producing a support plan, which takes into account not only health but also personal, family, social, economic, educational, mental health, ethnic and cultural background and circumstances. They then receive an associated package of funds based on these assessed needs. The plan is paid for by direct payments and/or the provision of appropriate goods and services.

Australia is another country that has seen growing support for individualized and self-managed funding with a full range of choices within the service system. New Zealand also employs individualized funding to enable the development of a holistic approach to assessment and service provision, which applies across agencies and funding sources.

It is important to acknowledge that there are potential weaknesses to individualized funding. If, for example, an attendant calls in sick in the morning, it may be difficult to get a back-up in place right away. Many individuals prefer not to have to worry about the obligations involved in being an employer. In some cases, specialized supports may not be available even if the person has the dollars to purchase them. Several respondents spoke to the importance of choice in selecting an individualized funding approach or not.

#### IMPROVE ACCESS TO DISABILITY SUPPORTS

The Caledon Institute has identified a detailed set of steps for improving access in the report *Five-Point Plan for Reforming Disability Supports* [Torjman 2007]. These reforms can be grouped into five main categories, which are discussed in the report:

- provide information
- ease access
- improve delivery
- develop a citizen-centred approach
- change the broader context.

An important start is to engage consumers in the governance of disability services in order to ensure the appropriateness and responsiveness of these programs. The consolidation of certain measures as well as the provision of navigation or brokerage services would also ease access to the complex world of disability supports. In fact, virtually all key informants spoke about the need for some kind of integration or centralization of access to disability supports.

The rationale for moving in this direction is clear: siloed approaches to service delivery do not work well for either citizens or governments. Traditional, program-based service delivery misses the mark for many citizens, delivering either too much or too

little service, and missing some highly vulnerable citizens entirely. Continuing to invest in such under-performance at a time when governments are dealing with significant budgetary shortfalls is, increasingly, not an option governments are prepared to pursue [KPMG 2013: i].

This integration could take the form of a single-entry window that would direct people to the appropriate place or one central point that would provide the required supports. People with disabilities should not have to “scrounge for information and assistance.” Even with the Assistive Devices Program in Ontario, clients have to go different programs for certain work-related devices and services, such as attendant care.

At the very least, there is a need for a centralized source of information on disability supports for both prospective employees and employers. Respondents spoke about the importance of a simplified process on where to go for assistance and how to gain access to those supports. A single web page would be helpful.

Moreover, staff need to be well trained in the complexities of disability and associated program options. They often lack information about the range of available supports and the need for the customization of living and employment arrangements. Staff should be accessible to clients, with inquiries answered within reasonable time frames. Quality control policies should be in place to ensure appropriate and responsive service.

It would also be useful to create a central place for applications in order to reduce the time and effort involved in qualifying for disability supports. In its recent Disability Strategy, the Government of Saskatchewan called for the creation of an online portal to apply for disability-related services. Such an arrangement would reduce the inappropriate use of health care personnel in completing multiple forms on behalf of a given individual.

Individuals and families experiencing disability in Saskatchewan struggle to find the information and supports they need in a system that is highly fragmented and complex. People experiencing disability are frustrated with having to continually prove they have a disability and repeatedly provide personal information because service providers do not or cannot share information. Processes and policies need to be changed to support a more seamless and co-ordinated approach to serving people experiencing disability. As well, information about disability services must be made easier to find [Government of Saskatchewan 2015: 18].

Several initiatives in Canada seem to be doing a good job in enabling access to supports. The non-profit Neil Squire Society runs a program that provides essential equipment and services to address disability-related barriers in the workplace.

The program allows individuals to submit an application online or by mail. A telephone interview is conducted in which applicants explain the nature of their disability and the barriers that exist in their workplace. The interviews are client centred and individualized and may cover a range of devices or services. Cost-sharing is always explored with the individual and/or the employer.

The BC Association for Individualized Technology and Supports is another exemplary program that enables people with severe disabilities, who need assistive technologies, respiratory services and supports, to live independently in the community. The program provides a comprehensive range of equipment and supplies and parts, respiratory therapies, biomedical engineering and peer support within a community-based environment. A registered respiratory therapist is available around the clock to provide individualized information and advice. Biomedical engineers maintain and repair respiratory equipment for clients, including mounting ventilators on wheelchairs.

The resource centre at Simon Fraser University was identified as another positive example. The person in charge was open to experimentation, which is essential when trying to figure out appropriate accommodation suitable to the unique needs of each individual. Equipment upgrades were also possible – a positive feature that many programs do not provide even though technology changes all the time. The program included an employment division to enable transition to the paid labour market after the completion of postsecondary education.

One respondent proposed that when governments update their respective inventories, they could make available this older equipment at little or no cost. Thousands of potential users could benefit from giving the older equipment a 'second life.'

The Canadian Council on Rehabilitation and Work noted that New Brunswick has introduced some effective programs. It has a robust disability action plan that is linked to its employment action plan. Both plans identify the players specifically responsible for the identified actions.

The province focuses on clients through its Training and Employment Support Services initiative (TESS) – though New Brunswick has also designed a special program intended for employers, discussed below. TESS seeks to reduce or remove the impact of a person's disability in order to enable participation in training or help the prospective worker obtain or resume employment. Any person with a disability, whether or not receiving income benefits, may be eligible for services under TESS. Disability supports are decoupled from income programs.

Through its focus on both prospective employees and employers, New Brunswick has taken full advantage of the federal-provincial Labour Market Agreement on Persons with Disabilities, which enables jurisdic-

tions to design programs that are best suited to their respective populations. A wide range of activities can be financed through the agreements, which include reimbursement for the provision of disability supports.

Every province and territory has entered into a similar labour market agreement with the federal government. It allows for sharing the cost of disability supports. But this provision raises questions as to whether this funding arrangement itself is creating problems as these supports are used only for work purposes and are funded exclusively through these agreements.

By contrast, supports and services at home typically fall under health care financing. If a person receives equipment through the Assistive Devices Program, it is not supposed to be used for work because it is funded through the Ministry of Health and Long-Term Care. Employers are expected to fund these items.

Similarly, the provision of funds for disability supports at postsecondary educational institutions means that the monies can be used only for supports employed in that venue. They are tied to the place rather than the person. Multiple funding arrangements attached to specific venues are contributing to the complex array of programs that comprise the disability supports 'system.'

To address this issue and the supply problem more generally, Caledon has called for the creation of a national Disability Supports Fund that would harness federal and provincial/territorial investment in disability supports [Torjman 2015; 2000]. While governments would be the primary funders of disability supports, the disability community in each jurisdiction would be actively involved in decisions regarding their design, delivery and governance.

The proposed financing arrangement would allow flexibility in provincial/territorial design and delivery. But in order to receive federal funds, provinces and territories would be required to adhere to a set of guiding principles related to portability and responsiveness. The *Canada Health Act* represents a policy precedent for linking conditions to dollars – though it played this role far more effectively in the past than it does today.

A major strength of this proposal is that a Disability Supports Fund would be able to finance disability supports whether they are used at home, at work or anywhere in the community. It would do away with the need for provinces and territories to maximize their revenue by tapping into separate and distinct pools of money, which result, not surprisingly, in the creation of separate and distinct programs.

Moreover, a Disability Supports Fund would establish a national mechanism to enable the provision of disability supports completely apart

from income programs. It no longer would be necessary for persons with disabilities to rely on a given income program, such as welfare, in order to obtain essential supports (discussed below). Ideally, the integration of disparate programs and services would also reduce the barriers created by current funding arrangements, which basically make artificial distinctions among health, social and educational services.

One respondent proposed the creation of a pan-Canadian Assistive Devices Program intended for employment. Employers and prospective/current employees could apply for grants – say worth 80 percent of the projected costs – to offset a substantial portion of total expenditure. Such a program not only would meet the needs of current employees but would also help many prospective employees find work. Often they can't get a job because they lack the associated aids or equipment. For employers, the proposed new program would provide a central and reliable source of information as well as reduce their own financial contribution.

A group of representatives from various disability organizations is preparing a report on the *UN Convention on the Rights of Persons with Disabilities* to be presented in the fall in Geneva. It is proposing investment in a national accommodation fund.

#### ASSIST EMPLOYERS

Attitudinal barriers are a serious impediment to employment. Most employers have limited knowledge about disability and accommodation. They generally assume that disability involves additional costs.

Other employers seemed to be benefitting from some form of wage subsidy by having done the hiring but were slow to incur any additional costs in respect of that person. In some cases, employers were willing to hire people on short-term contracts that took advantage of government wage subsidy supports, but were unable or unwilling to hire the individual permanently once the initial work period ended.

Even if employers want to hire a person with a disability, there typically is no place to go to ask for information or guidance. One way to tackle this tough problem is to identify positive efforts under way in the country and to build on that good work.

New Brunswick Employer Support Services, for instance, is an exemplary initiative. It sends staff throughout the province to talk to employers and ask whether they would be interested in hiring persons with disabilities. The program provides information about accommodation and assists in accessing the required resources. It is funded by the Department of Post Secondary Education, Training and Labour. The federal government contributes to the program through the Canada-New Brunswick Labour Market Agreement for Persons with Disabilities.

New Brunswick Employer Support Services receives advice from a voluntary advisory committee that includes representation from the Department of Post Secondary Education, Training and Labour, the New Brunswick Disability Executives Network and New Brunswick employers. Employers can call for a toll-free consultation that provides individual support, information, access to training, and linkages for hiring and retaining skilled employees with disabilities. Employers typically need advice in determining how best to set up an appropriate work station and environment for employees with disabilities.

New Brunswick has also asked the Canadian Council on Rehabilitation and Work to develop an Employers Guide. The project is being undertaken in association with the Community Business Development Corporation, a network of 41 not-for-profit organizations working with government and the private sector to meet the needs of small business in the Atlantic region.

The Magnet program in Toronto was identified as another excellent initiative. It is a not-for-profit social innovation founded by Ryerson University in association with the Ontario Chamber of Commerce. The initiative is a partnership among post-secondary institutions, not-for-profit organizations, government, labour and industry partners working together to tackle the unemployment and underemployment of Canadians.

The program has a network of more than 75,000 job-seekers, 6,000 employers, 28 post-secondary educational institutions in Canada and 170 labour and community-based organizations. While it serves all Canadians, it focuses on tackling the unemployment and under-employment of youth, newcomers to Canada, Indigenous peoples and persons with disabilities.

Magnet incorporates a number of features that are particularly innovative when it comes to disability. It allows job seekers to privately self-identify as a member of an equity group and for employers to create targeted postings. It matches candidates to jobs based on their entire skills profile rather than their education/experience alone. Its analytics engine has the potential to generate powerful data about job-seekers with disabilities, including aggregate information on education levels, which can be used for presentations to employers.

Finally, several respondents noted the importance of highlighting positive stories from employers who have had a good experience hiring employees with disabilities. Positive references were made to the practices at CIBC, the Royal Bank of Canada, Sasktel, Volunteer Ottawa and Mark Wafer at Tim Hortons. It is important to ensure that these exemplary employers have an opportunity to share their good practice with others.

## DETACH SUPPORTS FROM INCOME PROGRAMS

Canadians with little or no income or those who cannot afford to pay for high health-related costs often turn to social assistance (i.e., welfare) in their respective jurisdictions. The primary role of welfare is to provide financial aid for basic needs – food, clothing, shelter and utilities. But the program may also pay for additional items, such as wheelchairs, hearing aids, prosthetic equipment, medications, special eyeglasses or other assistive devices, arising from a health-related or disabling condition.

There are considerable limitations to welfare, however, in that certain goods may not qualify as special assistance items. There are also fiscal restraints. If a province or territory has exceeded its special needs allocation prior to the end of the fiscal year, it may simply stop paying for special assistance items until the start of the next budget cycle.

Unfortunately, these special needs provisions can create a ‘Catch 22’ for social assistance recipients. The availability of this form of in-come-in-kind makes it difficult to move off the program for fear of losing essential disability supports. It may be better to stay on welfare than to find low-paying employment that does not cover these high additional costs. Caledon identified this welfare wall problem in a series of analyses carried out in the 1990s [Torjman and Battle 1993].

We recommended at the time and continue to push for the provision of health- and disability-related services outside of the social assistance. These supports should be available to the general population and should not be linked to any program of income support – welfare or otherwise.

Current and future users of disability supports should not have to rely on an income security program in order to receive the supports they require. This linkage acts as a significant disincentive to work – precisely the opposite outcome to the one being sought. Ideally, the integration of disparate programs and services would also reduce the barriers created by current funding arrangements, which basically make artificial distinctions among funding arrangements for health, education and work.

In fact, Caledon’s recommendations for the reform of welfare have gone beyond detaching disability supports from income programs. We have called for the dismantling of welfare – aside from maintaining an emergency assistance function.

We have proposed that Canadians who qualify for welfare because of severe and prolonged disabilities be eligible for a new Basic Income that would be paid for and delivered by the federal government [Mendelson, Battle, Torjman and Lightman 2010]. It would resemble in its design the federally-delivered Guaranteed Income Supplement (GIS) for seniors. Just like the GIS, payments would fall with increases in other income, allowing recipients the option of working to the extent that they

are able. Labour market participation would not jeopardize their eligibility for income support.

As noted, assistive technology purchases should be separate from the student loan/grant system. University and college disability supports require that applicants have a student loan. If family net income exceeds the income loans cut-off, students (even those with disabilities) do not qualify for disability supports.

## REDUCE THE COST OF DISABILITY SUPPORTS

A final policy action involves improving various tax measures in order to reduce the cost to the consumer of disability supports.

Several provinces, including Alberta, Saskatchewan, Ontario and Prince Edward Island, have special programs to provide disability supports. In addition, selected programs in these jurisdictions operate programs to offset the extraordinary costs of certain conditions, such as spinal injury. The “piecemeal” approach in other provinces leaves the additional cost of disability as a cost as a personal responsibility.

The federal government provides some financial relief in the form of the medical expense tax credit, which reduces the costs incurred for the purchase of designated health- and disability-related items. Only expenses in excess of the lesser of \$2,208 for 2015 or 3 percent of net income can be claimed for the federal tax credit. Because the credit may be claimed for health-related expenses, it is available to all Canadians and not just to persons with disabilities. Some of the amounts for medical expenses claimed in Ontario differ slightly from the federal amount.

In addition to the medical expense tax credit, a federal refundable medical expense supplement is available to low-income Canadians who have paid medical expenses or disability supports expenses. To be eligible for this supplement, the individual must have employment or self-employment income exceeding \$3,421 in 2015.

For 2015, the maximum supplement is the lesser of \$1,172 or 25 percent of both medical expenses and disability supports expenses. The supplement is reduced by 5 percent of combined net income that exceeds \$25,939. It is eliminated entirely when combined net income reaches \$49,379.

Another measure, the disability supports deduction (including attendant care expenses), may be claimed by taxpayers who have incurred the expenses in order to:

- earn employment or self-employment income
- attend an educational institution
- do research for which a grant was received.

Finally, individuals experiencing a severe and prolonged mental or physical impairment can claim a disability tax credit worth \$1,185 in tax savings for 2015 (based on an amount of \$7,899 for 2015). Its purpose is to help offset the costs of disability. Unfortunately, the credit is helping only a small number of Canadians with disabilities who qualify for it, and least of all those in the poorest families who receive an average of only \$29 annually [Simpson and Stevens 2016].

The good news is that there are at least four tax measures in place to help offset disability-related costs. The bad news is that these measures come with serious limitations.

First, the medical expense tax credit, medical expense supplement and disability supports deduction can be claimed only against a list of designated items. If an item does not appear on the list, even though it was used for a health-related purpose, then it cannot be claimed.

Most people are unaware not only of the approved items but also of the presence of these lists. In fact, a *Globe and Mail* article on this provision referred to the “shadowy” medical expense tax credit. It noted that the list typically includes expenses related to treating a medical condition but not preventing it. “The rules are quite complicated in terms of what’s eligible and what’s not eligible.” The article also quoted a chartered accountant who noted that the “medical expense tax credit is probably one of the more complicated ones to calculate” [Carrick 2016].

Second, non-refundable tax credits are problematic. Their main shortcoming is that they are of limited value to modest- and low-income households, which pay little or no income tax and so cannot benefit from a tax reduction. Fortunately, the medical expense supplement was introduced in 2004 by the federal government in order to address this very issue. It was one of the recommendations of the Technical Advisory Committee on Tax Measures for Persons with Disabilities and is a hidden gem of which most taxpayers, likely even most accountants, are unaware [Technical Advisory Committee 2004].

But both the medical expense supplement and its parent medical expense tax credit require that a certain amount of eligible expenses be paid by the taxpayer. While non-refundable and refundable credits reduce income tax payable, they do not provide any assistance to help offset the original purchase costs.

Even individuals with modest salaries may have a difficult time paying for costly supports. They may not be considered ‘low income’ relative to other persons with disabilities or to a given poverty measure. But they face straitened circumstances if they need to pay on their own for expensive items that they require, which are not covered under any particular program.

Most people with disabilities are unaware of the disability supports deduction that allow them to reduce their net income. But a deduction – and even non-refundable and refundable tax credits – are intended only for tax filers. Canadians who are seeking employment or who are unable to work derive no benefit from these provisions. They are back at square one, navigating the complex maze of disability supports.

Finally, it is important to engage the private sector – especially the manufacturers of disability aids and equipment – in considering possible ways to reduce the cost of their respective products. The federal and provincial/territorial governments could also explore options for bulk purchase in order to reduce the price of these goods and services for consumers. There is precedent for this approach in federal-provincial/territorial discussions around the joint purchase of prescription drugs [Gagnon 2012]. Strong leadership is required at the federal level to enable this important policy strategy.

## CONCLUSION

Canada needs a national disability employment policy that improves access to disability supports and detaches them from income programs. The policy should ensure that programs are person-centred – i.e., as responsive as possible to the needs of the individual. It should include the active engagement of employers in creating meaningful job opportunities for persons with disabilities. Several tax measures can be modified to provide greater financial assistance with the cost of disability supports.

Canada needs to pay special attention to investment in and provision of disability supports. The need is great and will only grow in future with an aging population and rising incidence of chronic disease.

All the respondents interviewed for this study were confident and independent. They were not asking for sympathy or a hand-out. They wanted only the same opportunity that all other Canadians seek: to show their resilience and capacity.

## REFERENCES

- Carrick, R. (2015). “Medical expenses: Why it’s worth boning up on this tax credit.” *Globe and Mail*, April 6. <http://www.theglobeandmail.com/globe-investor/personal-finance/taxes/the-medical-expense-tax-credit-a-bit-complicated-but-worth-the-effort/article23814054/>
- Conference Board of Canada. (2016). *Healthy Brains at Work: Estimating the Impact of Workplace Mental Health Benefits and Programs*. Ottawa: Conference Board of Canada, September.

- Elmslie, K. (nd). *Against the Growing Burden of Disease: Protecting Canadians from Illness*. Ottawa: Public Health Agency of Canada. [www.ccgh-csih.ca/assets/Elmslie.pdf](http://www.ccgh-csih.ca/assets/Elmslie.pdf)
- Gagnon, M-A. (2012). "Provinces must stand together on drug purchases." *Globe and Mail*, July 31.
- Government of New Zealand. (2001). *The New Zealand Disability Strategy: Making a World of Difference*. Auckland: Ministry of Health, April.
- Government of Saskatchewan. (2015). *People before Systems: Transforming the Experience of Disability in Saskatchewan. The Saskatchewan Disability Strategy*. Saskatoon, June.
- Government of the UK. *Employing disabled people and people with health conditions*. Website, updated August 15, 2016. Department for Work and Pensions. <https://www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions#help-employing-disabled-people>
- KPMG International. (2013). *The Integration Imperative: Reshaping the delivery of human and social services*. Toronto: KPMG International and the Mowat Centre for Policy Innovation.
- Mendelson, M., K. Battle, S. Torjman and E. Lightman. (2010). *A Basic Income Plan for Canadians with Severe Disabilities*. Ottawa: Caledon Institute of Social Policy, November.
- O'Hagan, F., P. Ballantyne and P. Vienneau. (2012). *Mental Health Status of Ontario Injured Workers with Permanent Impairments*. Canadian Journal of Public Health 103(4): 303-308.
- Organisation for Economic Co-operation and Development. (OECD). (2010). *Sickness, Disability and Work: Breaking the Barriers*. Paris, November.
- Panel on Labour Market Opportunities for Persons with Disabilities. (2013). *Rethinking Disability in the Private Sector*. Ottawa: Human Resources and Social Development Canada (HRSDC).
- Prince, M. (2016). *Inclusive Employment for Canadians with Disabilities: Toward a New Policy Framework and Agenda*. Policy Study 60. Montréal: Institute for Research on Public Policy, August.
- Roulstone, A. and J. Williams. (2013). "Being disabled, being a manager: 'glass partitions' and conditional identities in the contemporary workplace." <http://www.tandfonline.com/doi/abs/10.1080/09687599.2013.764280>
- Simpson, W. and H. Stevens. (2016). "The Disability Tax Credit: Why It Fails and How to Fix It." *School of Public Policy SPP Research Papers*, 9(24). Calgary: University of Calgary, June. <http://www.policyschool.ca/wp-content/uploads/2016/07/disability-tax-credits-simpson-stevens.pdf>
- Statistics Canada. (2013). *Disability in Canada: Initial findings from the Canadian Survey on Disability*. Ottawa. <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2013002-eng.htm>
- Technical Advisory Committee on Tax Measures for Persons with Disabilities. (2004). *Disability Tax Fairness*. Ottawa: Department of Finance, December.
- Till, M., T. Leonard, S. Yeung and G. Nicholls. (2015). *A Profile of the Labour Market Experiences of Adults with Disabilities among Canadians Aged 15 Years and Older, 2012*. Ottawa: Statistics Canada, catalogue no. 89-654-X2015005.
- Torjman, S. (2015). *Disability Supports: Missing on the Policy Radar*. Ottawa: Caledon Institute of Social Policy and Mowat Centre for Policy Innovation, May. <http://www.caledoninst.org/Publications/PDF/1072ENG.pdf>
- Torjman, S. (2007). *Five-Point Plan for Reforming Disability Supports*. Ottawa: Caledon Institute of Social Policy, October. <http://www.caledoninst.org/Publications/PDF/649ENG.pdf>
- Torjman, S. (2000). *Proposal for a National Personal Supports Fund*. Ottawa: Caledon Institute of Social Policy, October. <http://www.caledoninst.org/Publications/PDF/1-894598-27-X.pdf>
- Torjman, S. (1997). *National Framework on Disability Income and Supports*. Paper prepared for the Federal Provincial Working Group on Disability Incomes and Supports. Ottawa.
- Torjman, S. and K. Battle. (1993). *Breaking Down the Welfare Wall*. Ottawa: Caledon Institute of Social Policy, October.
- Turcotte, M. (2014). *Persons with disabilities and employment*. Catalogue no. 75-006-X ISSN 2291-0859. Ottawa: Statistics Canada, December 3.
- Tweddle, A., K. Battle and S. Torjman. (2015). *Welfare in Canada 2014*. Ottawa: Caledon Institute of Social Policy, November. <http://www.canadasocialreport.ca/WelfareInCanada/2014.pdf>
- Winn, C. and C. Hacker. (2009). *2009 Employer Study Key Findings*. Powerpoint presentation slides prepared by COMPAS Research and Join Opportunity Information Network – Toronto Region.

## Appendix A: Key Informants

1. Jessica Bonish
2. Roger Burse
3. Pat Danforth
4. Alec Farquahar
5. Andrew Gurza
6. Maureen Haan
7. James Hicks
8. Allen Jones
9. Kim Kilpatrick
10. Nancy Lear
11. Steve Mantis
12. Anthony Micaloff
13. Sean Nixon
14. Alyas Omead
15. David Onley
16. Wendy Porch
17. Brandon Prevost
18. Joanne Psaila
19. Tim Rose
20. Jewelles Smith
21. Jeff Sparks
22. Mahadeo Sukhai
23. Kailha Winter-Smith

## Appendix B: Interview Questions

1. Have you ever had to use disability supports? If so, which ones?
2. Can you describe the process involved in accessing these supports? Were they available through a community organization, the province directly, an employment program or an income program?
3. Can you describe your experience? What worked well for you? What challenges did you face?
4. What was your experience regarding employment, in particular? Were you able to gain access fairly easily to the supports you required? If not, what was the problem?
5. Did you ever have to change jobs? Were the employment supports and services portable (i.e., did they move with you when you changed jobs, moved to another province for work, went on disability-related or sick leave, returned to school)?
6. How would you make supports and services more available for training and employment?
7. What kinds of follow-up are in place (if any) to ensure that the supports are appropriate and are continuing to work well for you?
8. Do you have any suggestions related to the system of disability supports and services in your province?
  - a. What parts of it do you think are working well?
  - b. Which parts are not working well?
  - c. How would you change the current set of disability supports and services to tackle some of the challenges you identified (e.g., related to accessibility, affordability, portability and/or responsiveness)?
9. Are you aware of programs in other jurisdictions in Canada that you would like to see adopted in your province?
10. Are you aware of exemplary disability support initiatives in other countries?
11. Is there anything else – barriers or problems – that you have had to face in regard to accessing employment or support programs?
12. Is there anything else you would like to tell us that we need to know about the disability support system in your province?
13. Is there anyone else to whom we should be speaking? Studies of which you're aware that are relevant to this effort?

## Appendix C: Selected Federal and Ontario Programs

### *OPPORTUNITIES FUND*

The federal Opportunities Fund makes available grants to eligible applicants including not-for-profit and for-profit organizations, municipal governments, Indigenous organizations (including band councils, tribal councils and self-government entities), provincial and territorial governments, institutions, agencies and Crown Corporations.

Participants are recruited by the grants recipients. To participate in the Opportunities Fund, individuals must have a permanent physical or mental disability that restricts their ability to perform daily activities. They must require assistance to prepare for, obtain and keep employment or self-employment. Eligible activities include skills for employment, wage subsidy, self-employment, enhanced employment assistance services and employer awareness.

Skills for employment must be combined with an employment experience intervention (either self-employment or wage subsidy). Self-employment funds help persons with disabilities start a business. Wage subsidies provide financial support to employers to encourage them to hire persons with disabilities whom they would not normally hire. The Opportunities Fund also supports special services that help individuals prepare for, find and maintain employment. These include employment counselling, assistance with job placement and job coaches to enable integration into the workforce.

Finally, the Opportunities Fund makes available funding for employer awareness projects that highlight the capabilities and skills of workers with disabilities. Activities may include working with employers to address barriers and increase employment opportunities for persons with disabilities. Applicants are encouraged to explain how they will share lessons, successful models and tools to raise employer awareness.

### *ENABLING ACCESSIBILITY FUND*

The Enabling Accessibility Fund is a federal program that supports the capital cost of construction and renovation related to improving physical accessibility and safety for people with disabilities. The program consists of two funding streams.

The workplace accessibility stream provides funding to eligible recipients for projects that improve accessibility in workplaces across Canada. Projects may include renovating, retrofitting or constructing workplaces in which job opportunities for people with disabilities could be created or maintained, retrofitting motor vehicles for work use, and providing information and communications technologies for work use. The community accessibility stream supports projects that improve accessibility in communities across the country.

### *WORKERS' COMPENSATION*

Provincial workers' compensation agencies pay income benefits for wage losses arising from disabling disease or injury caused by work exposures. In Ontario, workers' compensation is administered by the Workplace Safety and Insurance Board (WSIB).

If an employee misses time from work because of a work-related injury or illness, the WSIB will pay for loss of earnings – generally 85 percent of take-home pay. The program is guided by work reintegration principles that emphasize appropriate and early work reintegration. If the workplace parties have not been successful in returning the injured worker to work, the WSIB assesses the case no later than 12 weeks from the date of injury. It provides specialized work transition services a few months after the injury.

Return-to-work specialists help employees and employers develop a plan for return to a pre-injury job with or without accommodations. Work transition specialists provide advice, plan vocational rehabilitation and coordinate work reintegration. The latter may include modified work and/or transition to a different job with the employer or with a new employer, if necessary. Prospective workers have access, upon approval by an assessor, to a designated list of health care equipment and supplies, to improve or maintain independent living.

## CANADA PENSION PLAN DISABILITY BENEFIT

The Canada Pension Plan disability benefit (CPPD) pays monthly benefits to workers who have to leave their employment because of a disability that is both severe and prolonged. 'Severe' refers to a mental or physical disability that regularly stops the individual from carrying out any type of substantially gainful work. 'Prolonged' means that the disability is long term and of indefinite duration or is likely to result in death. Applicants must have contributed to the Canada Pension Plan in four of the last six years, or three of the last six years if they have made contributions for at least 25 years.

CPPD beneficiaries receive monthly taxable payments that are based on a flat rate plus an amount determined by how much they contributed to the program during their working careers. In 2016, the maximum monthly benefit was \$1,291; the average monthly benefit was \$934. At age 65, beneficiaries stop receiving the monthly CPPD benefit and begin receiving the Canada Pension Plan retirement pension.

## ONTARIO DISABILITY SUPPORTS PROGRAM

The Ontario Disability Supports Program (ODSP) consists of two main categories of assistance: income support and employment supports.

Income support is the financial assistance provided each month to help with the costs of basic needs, like food, clothing and shelter. Income support also includes special benefits, like drug coverage and vision care, for clients and their eligible family members. This program is described in detail in the annual *Welfare in Canada* series [Tweddle, Battle and Torjman 2015].

Employment supports help clients with disabilities find and keep a job. Applicants do not have to receive ODSP income benefits to be eligible for employment supports. To qualify for this assistance, an individual must have a substantial physical or mental disability that is expected to last a year or more, and makes it hard for them to find or keep a job.

ODSP employment supports include:

- help preparing for work, finding a job and keeping a job
- job coaching and on-the-job training
- software and mobility devices
- interpreter or intervenor services
- transportation assistance
- assistive devices and training to use them
- job-related tools, equipment and special clothing
- specialized computer training.

## ASSISTIVE DEVICES PROGRAM

The Ontario Ministry of Health and Long-Term Care operates the Assistive Devices Program (ADP), which helps people with long-term physical disabilities get access to required equipment and supplies. In most cases, ADP pays 75 percent of an approved price. Social assistance recipients of Ontario Works or the Ontario Disability Support Program may be eligible for help with the 25 percent co-payment fee. If the required equipment is worn out, no longer under warranty and beyond repair at a reasonable cost, ADP may pay up to 75 percent of the replacement cost.

ADP funds the following types of assistive devices:

- communication aids
- feeding equipment and supplies
- hearing devices: hearing aids, cochlear implant processors and teletypewriters for the deaf
- home oxygen

- insulin pumps and supplies, and syringes for seniors
- orthotic devices
- ostomy supplies
- pressure modification devices
- prosthetic devices
- respiratory equipment and supplies
- visual aids
- wheelchairs, positioning devices and ambulation aids
- ventilator equipment and supplies.

A different assessment process applies to each type of support. Medical certification of need typically is required.

### *DIRECT FUNDING*

Direct Funding enables adults with physical disabilities to become employers of their own attendants. Attendants assist with routine activities of living, such as dressing, grooming, bathing and transferring.

Direct Funding beneficiaries receive monthly funds for attendants of their own choice, to schedule as they require – whether their needs are at home, at work or in the community. The program is portable, which means that participants can live and travel anywhere in Ontario, taking their services with them.

As employers, participants are fully responsible for managing their own employees within a budget that is developed on an individualized basis. The amount of service is individually negotiated. Current guidelines specify that the total service funded for any one person is a maximum of 7 hours per day or 212 hours per month.

Direct Funding is administered by the Centre for Independent Living in Toronto in partnership with the Ontario Network of Independent Living Centres. It is funded by the Ontario Ministry of Health and Long-Term Care.

### *COMMUNITY SUPPORT SERVICES*

Community Care Access Centres in Ontario provide a range of community support services for seniors and persons with disabilities who may need help to live independently in the community. Assistance varies by location and may include:

- helping seniors live independently at home
- arranging for delivery of government-funded home and community support services
- determining eligibility for government-funded services and settings, and the availability of financial subsidies for particular services
- helping apply for admission to day programs, supportive housing or assisted living programs, or certain chronic care or rehabilitation facilities
- providing information about local health care and community services.

While some services may be paid for by government, other services are provided for a fee – though government assistance may be available to help offset these costs. Specific services vary by location but may include:

- acquired brain injury services
- adult day programs
- Alzheimer disease and related dementias
- blindness and impaired vision
- care for the caregiver
- congregate dining

- deafness and impaired hearing
- foot care
- friendly visiting
- home help and homemaking
- hospice care
- meal delivery services
- palliative care education and consultation programs
- personal emergency response systems
- personal support and independence training
- respite care
- seniors intervention and assistance services
- service arrangement and coordination
- social and recreational programs for seniors
- supportive housing
- telephone reassurance and security checks
- transportation for seniors and people with disabilities.

#### *DEVELOPMENTAL SERVICES*

Developmental Services helps adults with developmental disabilities connect to services and supports in their communities. Services are provided through nine agencies across the province and are funded by the Ontario Ministry of Community and Social Services.

The program provides the following assistance:

- residential supports
- caregiver respite
- community participation supports (like recreation, volunteering, employment, or in-home supports)
- professional and specialized services
- person-directed planning
- other supports to help people with developmental disabilities become more involved in their communities.