

*The Assemblée francophone et comité
interagences of the Ottawa Social Planning
Council in partnership with the Regroupement
des partenaires francophones*

Ottawa Francophones with a Disability

May 2006

A project funded by Centraide/United Way Ottawa



Copies of this report are available in English, French and in large type from:

Ottawa Social Planning Council
280 Metcalfe Street, Suite 501
Ottawa, Ontario K2P 1R7
Telephone: 613-236-9300
Fax: 613-236-7060
Web site: www.spcottawa.on.ca

SPC Project Team
Nathalie Leclerc, Program Coordinator
Marie-Josée Legault, Program Coordinator
Pierrette Lemieux, Office Manager
Hindia Mohamoud, Research Director
Dianne Urquhart, Executive Director

The SPC project team wishes to thank the following people for their support and contribution to this project:

Timothy Andrede, Rehabilitation Centre, Ottawa Hospital
Véronic Bédard, Student, School of Social Work, University of Ottawa
Madeleine Dubois, School of Social Work, University of Ottawa
Amélie Lesieur, School of Social Work, University of Ottawa
Diane Martin, City of Ottawa
Hélène Ménard, *Entraide budgétaire d'Ottawa*
Denise Leroux, *Regroupement des partenaires francophones*
Diane Desrochers, *Regroupement des partenaires francophones*
Julie Beaulieu, *Association de l'intégration sociale d'Ottawa*
Jean-Marc Collin, Ottawa Salus Corporation
David Welch, School of Social Work, University of Ottawa

ISBN 1-895732-43-3

Report filed May 2006

TABLE OF CONTENTS

SUMMARY

INTRODUCTION

METHODOLOGY

1. Demographic Profil.....	9
1.1 Representation in the population.....	9
1.2 Gender.....	9
1.3 Persons with disabilities by age and gender categories	10
1.4 Difficulties related to disabilities.....	12
2. Education.....	12
2.1 Level of education.....	12
2.2 Barriers to education	15
3. The labour market and employment	16
3.1 The labour market and age groups	17
3.2 Number of work weeks or hours	18
3.3 Barriers to the labour market and wage employment.....	19
4. Income	20
4.1 Income levels	20
4.2 Government transfers	21
4.3 Government transfers and age groups	21
4.4 Income of natural caregivers	22
5. Barriers to French-language services and the results of the lack services.....	23
5.1 Francophones are often inadequately served	23
5.2 Francophones face communication barriers	24
5.3 English-speaking Francophones accept English-language services	24
5.4 Access to information in French	25
5.5 Community workers and natural caregivers get exhausted	25

CONCLUSION

APPENDIX

GLOSSARY

BIBLIOGRAPHY

Figures and Tables

Liste of Figures

1. Distribution of persons with disabilities according to first official language spoken
2. Distribution of Francophones with disabilities by age and gender
3. Distribution of Francophones with disabilities according to highest academic level reached
4. Distribution of Francophones with disabilities who do not have a degree, certificate or diploma
5. Percentage of Francophones with disabilities according to gender and education
6. Percentage, labour market by population with disabilities
7. Percentage of income for Francophones with disabilities according to income source

Liste of Tables

1. Distribution of persons with disabilities by age
2. Percentage of people in the labour force

SUMMARY

Demographic Profile

1. Ottawa's Francophone community has 21,575 members with one or more disabilities that limit their activities (16% of the Francophone population).
2. Francophone boys with disabilities are over-represented in the 0 to 14 age group, while women are over-represented in the 15 and up age group.
3. The largest age group of Francophones with disabilities is the elderly.

Education

1. 54% of Francophones with disabilities aged 55 and up do not have any degree, diploma or certificate; this high rate contributes to the high percentage of the Francophone community as a whole that has not finished school.
2. The proportion of Francophone women with disabilities without any degree, diploma or certificate is significantly higher than that of their male counterparts; however more women have high school and post-secondary diplomas.

Employment

1. Only 34% of Francophones with disabilities in the 15 and up age group (6,945) are in the labour force compared with 68% for the Francophone population as a whole.
2. Francophones with disabilities declare lower activity and employment rates than the population with disabilities as a whole and significantly lower rates than the Ottawa and Francophone populations as a whole.
3. Francophones with disabilities aged 20 to 24 have a proportionately higher unemployment rate than other age groups, or 24% compared with 10% for Francophones of that age as a whole.
4. 66% of Francophones with disabilities in the 45 and up age group are not employed.
5. Francophone women with disabilities have the lowest participation and employment rates of all groups and the highest unemployment rate.

Income

1. 50% of Francophones with disabilities (10,112 people) have a personal income of less than \$20,000.

2. 57% (6,862) of Francophone women with disabilities earn less than \$20,000 compared with 39% of their male counterparts (3,270).
3. Francophones with disabilities have a slightly lower average total income than the disabled population as a whole, or \$28,091 compared with \$31,533.
4. Francophone women with disabilities have a lower average total income than their male counterparts, or \$23,539 a year compared with \$34,253.
5. Government transfer payments represent 27% of the income of Francophones with disabilities and 22% of the population with disabilities as a whole, compared with 7% for the population of Ottawa as a whole.
6. Government transfer payments account for 33% of the income of Francophone women with disabilities compared with 22% for their male counterparts and 27% for the French-speaking population with disabilities as a whole.

INTRODUCTION

Francophones represent a significant proportion of the Ottawa residents who have disabilities sufficient to reduce activity (18%). Not much information is available to develop a profile of Francophones with disabilities, and the most recent Statistics Canada census provides very little data in this regard. And yet such information is essential to plan services, programs and support mechanisms that will ensure the active participation of this group within the Ottawa community as a whole.

To fill some of the gaps, the *Assemblée francophone et comité interagences* established a partnership with the *Regroupement des partenaires francophones*, an organization working on behalf of developmentally disabled Francophones and their families, with the object of clarifying the demographic and socio-economic data on Francophones with disabilities. The project rounds out the statistical profile of the Francophone community entitled *The Francophones of Ottawa*, published in 2004 by the *Assemblée francophone et comité interagences*, by adding to it quantitative and qualitative data on Francophones with disabilities and thus providing a more complete profile of Ottawa's Francophone community.

The report begins with an analysis of available demographic data and highlights some of the difficulties faced by people with disabilities. The statistical profile is based on the most recent Statistics Canada data, taken from the 2001 census, and information taken from Statistics Canada's *Participation and Activity Limitation Survey* (PALS). To put these statistics into clearer perspective, the report compares Ottawa Francophones with disabilities with the population reporting disabilities as a whole. Where the data are relevant, we also compare Ottawa Francophones with disabilities with Ottawa's Francophone population as a whole.

Next, the report examines access to French-language services and the barriers encountered by Francophones with disabilities, based on information gathered in a series of discussion groups with Francophones with one or more activity-limiting disabilities, the natural caregivers who assist them and community workers and other stakeholders. Third, we provide a list of references, accessible on the Internet, that deal with issues pertaining to disabilities, social inclusion and access to French-language services. The study concludes with some avenues for reflection and a number of recommendations.

METHODOLOGY

For the purposes of this report, we have used Statistics Canada’s language to define a disability that limits activity and participation as:

any limitation on activity, restriction on participation or reduction in the quality or type of activities because of a physical, mental or health problem. Activity limitations include difficulties in hearing, seeing, speech, walking, climbing stairs, bending; learning or any other difficulty in carrying out similar activities.

It should be noted that the expression “with disabilities” includes those with one or more disabilities.

The report also uses the definition of “Francophone” adopted by the *Assemblée francophone et comité interagences*, which focuses more on language of use than on first language learned. This definition allows for a fuller and more representative portrait of Ottawa’s Francophone community, and includes:

- people whose first language or languages are French or French plus a non-official language, and who can conduct a conversation in French;
- people whose first language is not English or French but whose first official language is French;
- people who speak primarily French or French plus a non-official language at home;
- An equal distribution of individuals who have both French and English as first languages spoken.¹

Data collection

As well as analyzing 2001 census data, our study uses the results of three discussion groups, held in March 2006, whose objective was to identify obstacles to French-language services and their consequences, as well as difficulties such as access to education and work faced by those with disabilities. Thirty people, including people with disabilities leading to activity limitation, their natural caregivers and community workers and stakeholders, participated.

¹ Splitting the numbers of this category in two is a certified methodology used by Statistics Canada for questions allowing multiple responses.

METHODOLOGICAL LIMITATIONS

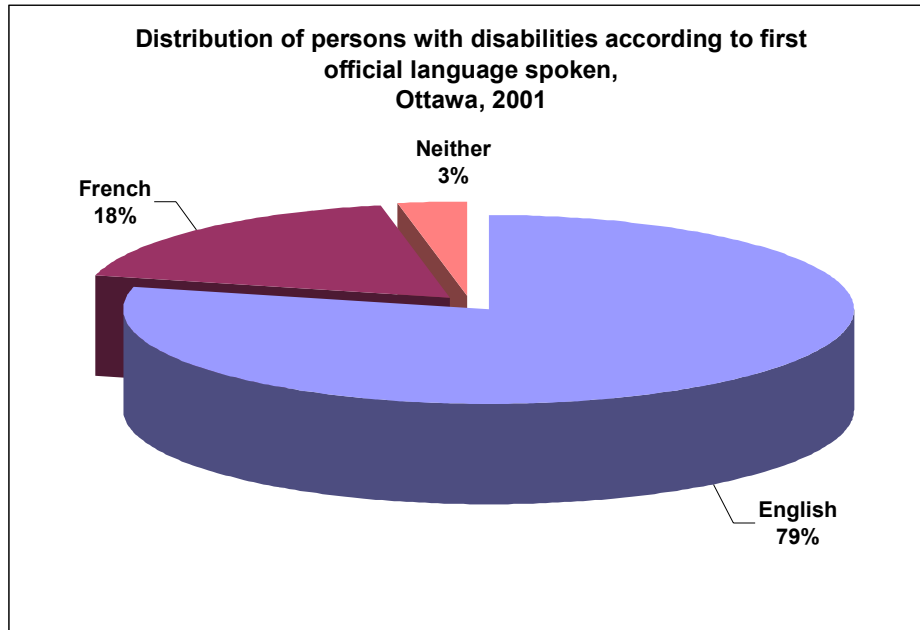
It should be noted that this study has some methodological limitations. First of all, census data give us no indication of the nature or degree of disability. Also the data do not provide a representative portrait of the population with disabilities, because they do not include those who were institutionalized at the time of the census. Moreover, the numbers could be under-representative because they include only those who self-identified themselves as having disabilities. Finally, the activity limitation variable is based on two questions from the 2001 census. Statistics Canada excluded those who did not answer one or both of these questions from their study. For this reason, the total Francophone population as defined by the *Assemblée francophone et comité interagences*, on which our statistical analysis is based, is less than that given in *The Francophones of Ottawa*. Because of these limitations, the report should be seen as a starting point. Further research is essential to further our understanding of this issue.

1. DEMOGRAPHIC PROFILE

1.1 Representation in the population

Ottawa's Francophone community numbers some 135,210 persons, including 21,575 (or 16%) who report one or more disabilities resulting in activity limitation.² Francophones account for 18% of the total population of Ottawa residents with disabilities. In all, 119,850 Ottawa residents report a limitation on activity, or 16% of the population as a whole.

Figure 1

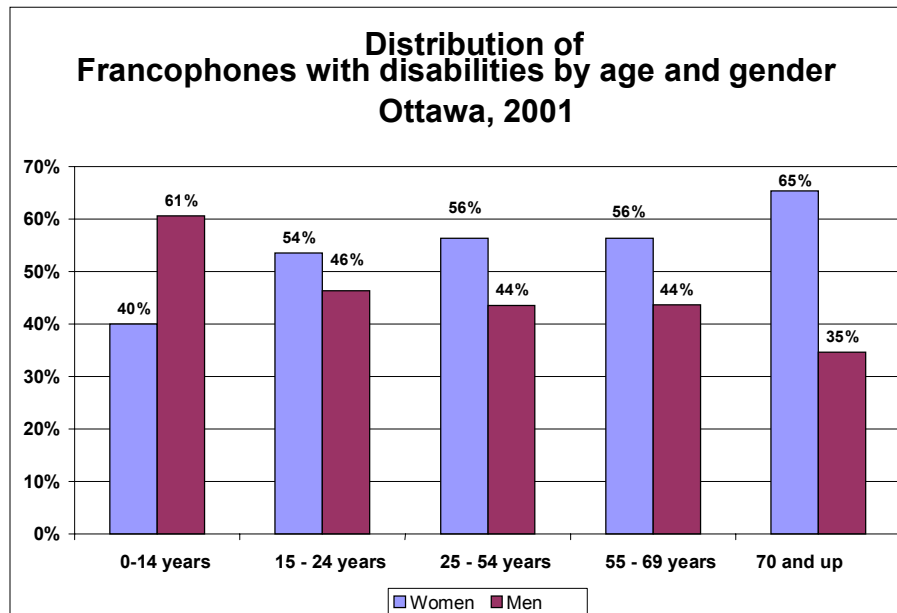


1.2 Gender

Of the population of Ottawa Francophones declaring disabilities, 58%, (12,505 persons), are women, and 42% (9,065) are men. Of the total population of Ottawa residents reporting disabilities (119,850), 54% (64,290) are women and 46% (54,560) are men. Figure 2 shows us that the proportion of Francophone women with disabilities increases steadily with age.

² From this point, percentages will be based on the total population that answered the census questions on activity limitation.

Figure 2



1.3 Persons with disabilities by age and gender categories³

Early childhood

In the pre-school group, aged 0 to 4, 3% of Francophone children have disabilities. Boys are over-represented in this group, with 54% of the Francophone pre-schoolers having disabilities. Developmental delay⁴ is the most common disability in this age group. The *Participation and Activity Limitation Survey* (PALS) says that more early childhood disabilities tend to be severe or very severe compared with those affecting working-age adults and the elderly.

Children

Among Francophone children of school age (5 to 14 years), 5% (790 children) have disabilities. Boys are over-represented in this age group, with 62% of the total compared with 38% for girls. According to the PALS results, chronic health problems and learning and speech difficulties are the most common disabilities in this group.

The data for Francophone children with disabilities are probably under-representative. As many disabilities are difficult to diagnose or are not evident in pre-school children, they are frequently overlooked. Difficulties in accessing French-language services and long waiting lists for French-speaking specialists may delay identification and diagnosis of disabilities.

³ The report presents the three most common disabilities by age group according to the *Participation and Activity Limitation Survey* (PALS). For a more detailed list, please consult the report at <http://www.statcan.ca/english/freepub/89-577-XIE/>

⁴ Developmental difficulties or disabilities include pervasive disorders such as autism.

Young adults

Among Francophones aged 15 to 24, 6% have one or more disabilities, most commonly involving pain, learning difficulties and/or mobility. Women are over-represented in this group, at 54% compared with 46% for men. Table 1 shows that among young adults with disabilities, there is little difference between Francophones and the rest of the population.

Adults

Among Francophone adults aged 25 to 54, 13% have disabilities, with a greater proportion (17%) in the 40 to 54 group. This age group is most affected by disabilities involving pain, mobility and/or agility. According to the PALS, disabilities in the group aged 55 and up are primarily the result of age-related illnesses and longer exposure to the risk of accident, resulting in pain and limitations to agility and mobility. Figure 2 shows that women outnumber men in this age group, with 61%.

The reduction, with age, in the male disability rate does not necessarily mean a reduction in the number of men with disabilities. In childhood, it is parents who report disabilities in their children. Adult males may not wish to confront stereotyping or discrimination and therefore may be less inclined to report activity-limiting disabilities such as mental health problems.

Seniors

The risk of disability increases significantly with age; research shows that seniors report a greater number of disabilities than any other age group. Among Francophones, higher rates of certain physical disabilities are age related.⁵ At this age, disabilities tend to be persistent and frequent. According to the PALS, problems related to mobility, agility and pain are the most commonly reported in this age group. In the 70 and up group, 4,210 Francophones report disabilities. Although the proportion of seniors is higher among Francophones than for the population as a whole, the proportion of elderly Francophones with disabilities is comparable to the general population with disabilities (64% compared with 65%).

In the 70 and up group of Francophones with disabilities, 68% are women (14,505 people) and 36% are men (8,165 people). This can be explained by women's longer life expectancy, regardless of language. The PALS shows that women are also more likely to suffer chronic health problems than men.

It is important to note that these rates could be under-represented because many people do not see age-related physical conditions, such as sight and hearing loss, as activity limiting disabilities.

⁵ *“Programme de recherche d'éducation et de développement en santé publique”*, 2000

**Table 1 Distribution of persons with disabilities by age,
Ottawa, 2001**

Age	Francophones	Total population
0 to 4 years	1%	1%
5 to 14 years	4%	5%
15 to 24 years	5%	6%
25 to 54 years	37%	38%
55 to 69 years	26%	22%
70 to 84 years	24%	23%
85 and up	4%	4%

1.4 Difficulties related to disabilities

70% of the Francophones who declare disabilities experience difficulty with everyday activities and 30% state that their home activities are limited.⁶ 70% of the first group are aged 50 and up, whereas the age of those reporting reduction in domestic activities is much more varied and only 45% are 50 years and up.

59% of those declaring difficulties with everyday activities are women and 41% are men, while 56% of women and 44% of men find their home activities limited. According to a Canadian government study,⁷ women with disabilities are more likely to be single mothers, divorced or separated than women who do not have disabilities. This could explain why they report more difficulties with everyday activities and reduced household activities than their male counterparts. The same study states that men with disabilities are more likely to ask for help with domestic duties, whether the disabilities warrant it or not.

2. Education

2.1 Level of education

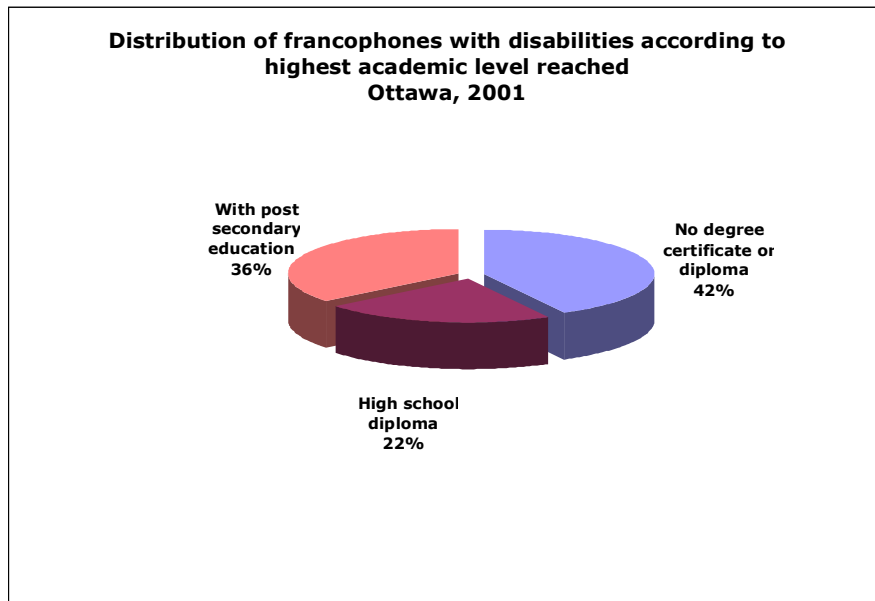
Although previous studies on education show that Francophones, in general, have a lower level of education than the population as whole,⁸ there is a fairly wide gap between the number of Francophones 15 and up with disabilities who do not have a degree, certificate or diploma and the total population with disabilities (42% and 34% respectively). There is also a gap between Francophone women with disabilities who do not have a degree, certificate or diploma and the total population of women with disabilities (44% and 37% respectively). This is a higher rate than that of their male counterparts (40%), as shown in Figure 3.

⁶ Everyday activities include difficulties at school or at work as well as other activities.

⁷ Government of Canada, 1996

⁸ Office of Francophone Affairs, 2003

Figure 3



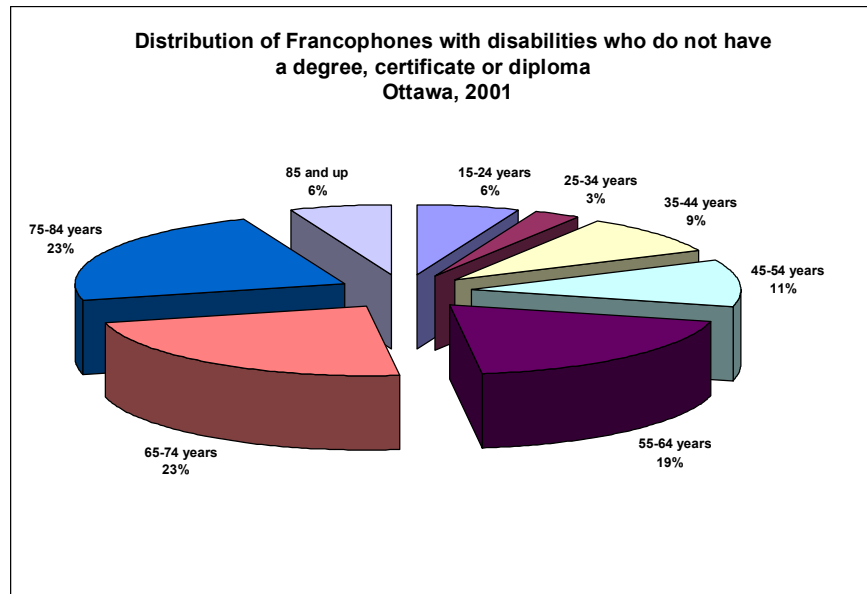
In the 15 to 24 age group, 48% of Francophones with disabilities do not have any degree, certificate or diploma. The explanation for this lies in the fact that 51% of those with disabilities in this age group are full-time students. According to the PALS, people with disabilities take longer to finish their education. Another study on education levels among persons with disabilities has found that the obstacles they may encounter in the labour market leads persons with disabilities to stay in school longer and reach higher levels than they might have originally intended.⁹

In the 25 to 34 age group, the proportion of Francophones with disabilities who have not completed a degree, certificate or diploma drops to 9%, which is lower than the proportion of this age group among Francophones with disabilities as a whole (14%). In the 55 and up group, 54% of Francophones with disabilities do not have a degree, certificate or diploma, a rate higher than for the population with disabilities as a whole (42%).

Figure 4 shows that rates of Francophones with disabilities who do not have a degree, certificate or diploma are low for the 15 to 54 age group and high for the group aged 55 and up, which contributes to the high average rate in this category for Francophones with disabilities.

⁹ Ross and Shillington, 1990

Figure 4



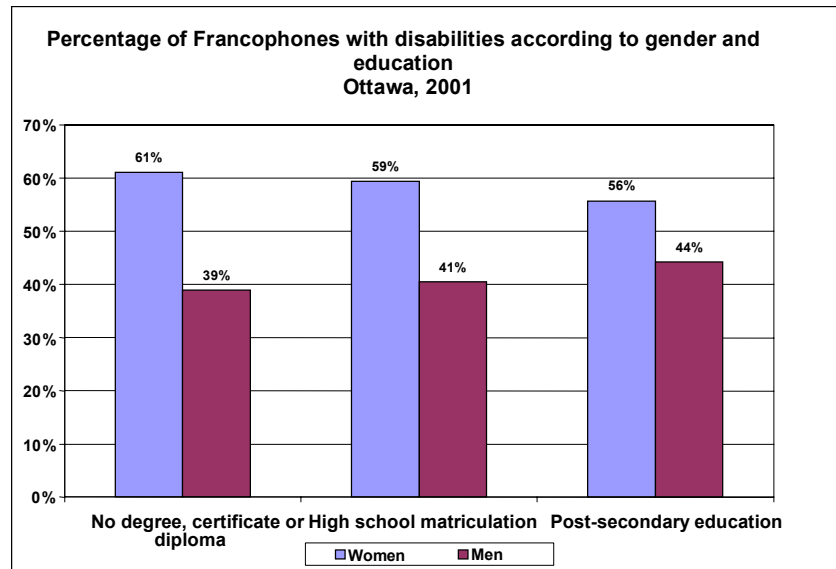
In the 15 and up age group with disabilities, the percentage of Francophones who have graduated from high school graduates is slightly higher than for this age group with disabilities as a whole (22% compared with 21%). In the 15 to 24 age group, 36% of Francophones have graduated from high school compared with 33% for this age group with disabilities as a whole. The lowest rates of high school graduation among persons with disabilities are found in the 65 and up age group in the general population and in the Francophone community (19% and 18% respectively).

In terms of post-secondary education, however, there is a significant gap between the population with disabilities as a whole and Francophones with disabilities¹⁰. Among the latter, 36% have some kind of post-secondary diploma as opposed to 44% of the population with disabilities as a whole. It should be noted that for both groups, these figures are lower than for both Ottawa's Francophone community as a whole and the total population (52% and 56% respectively).

Figure 5 shows that the percentage of Francophone women with disabilities and without a degree, certificate or diploma is significantly higher than for Francophone men. However, more women have high school or post-secondary diplomas.

¹⁰ Includes vocational, collegial and university diplomas and beyond.

Figure 5



Analysis of data by age group for Francophones with disabilities with post-secondary diplomas or certificates shows that 50% of Francophones in the 25 to 44 age group have diplomas or certificates compared with 56% of the population with disabilities as a whole. In the 45 to 64 age group, the difference is 42% to 51% respectively.

2.2 Barriers to education

Person with disabilities often face barriers to learning. One study by the Canadian Council on Social Development states that the experience of school-age children with disabilities is less conducive to learning than that of their peers without disabilities, which could certainly contribute to lower education levels. There are still many barriers to accessibility in school premises and surroundings. Some educational institutions are not accessible to students with physical or sensory impairment and lack functioning equipment and devices, support services and other forms of disability assistance.

According to the accounts of participants with disabilities in our discussion groups, schools, particularly post-secondary institutions, are not adequately prepared to accommodate persons with disabilities. In the classroom, those with disabilities usually receive whatever assistance is necessary, but they are often not able to attend workshops and training offered outside the classroom because they are required to pay the costs of assistance required for such things as interpretation, note taking, etc.

“There’s a major lack in terms of the cost of accessibility. They do it all orally and I can’t follow. I need an interpreter and that costs a lot. I’m missing information and training because it’s just too expensive for me. I keep myself to the minimum, to the basic, because it’s so difficult to do what would be required and I want to avoid the expense. It’s a drag ...I mean, it goes with my handicap... There are some things you just don’t get.”

Discussion-group participants also reported that even though services for young Francophones with severe learning disabilities seem excellent, access to them is nevertheless limited. There is only one French-language educational centre in the whole province and waiting lists for services are very long. While waiting for services and support, young people are not always adequately supported in the normal school environment. One natural caregiver was told to send her son to an English-language school because the necessary support services were not available in French schools in Ottawa's west end. Lack of services and inaccessible surroundings limit educational possibilities, which in term can impact future access to the labour market and career possibilities.

Nevertheless, despite shortcomings and limited resources, participants with intellectual disabilities appreciate the support they get in the school environment. Observations made by natural caregivers also indicate that the individual they were assisting had, on the whole, a positive school experience.

3. The labour market and employment¹¹

Only 34% of Francophones with disabilities aged 15 and up (6,945 people) are employed, compared with 68% for the Francophone community as a whole. Barriers to employment can be overwhelming for persons with disabilities, regardless of language. However, data show that there are differences between Francophones with disabilities and the population with disabilities as whole, 40% of whom are in the labour market.

Table 2 shows that Francophones have lower activity and employment rates than the population with disabilities as a whole, and significantly lower rates than the population of Ottawa and the Francophone population as a whole. The activity rate includes the number of individuals holding paying jobs or who were unemployed during census week. The employment rate shows the numbers of persons who had done any kind of work involving a salaried position, self-employment or unpaid pay on a farm, in a family business or a profession or who were temporarily absent from their work or business.¹²

The unemployment rate shows the percentage of the population that was unemployed compared with the active population during census week. It includes those without paid employment, those without work who were ready to work and actively looking for paid employment, and those who had been laid off at the time of the census but expected to be rehired. Table 2 shows that Francophone and non-Francophone groups with disabilities share a slightly higher unemployment rate than the population of Ottawa as a whole. This suggests that there are more people with disabilities looking for work than there are who actually have work.

¹¹ Persons 15 years and older, excluding those in residential institutions.

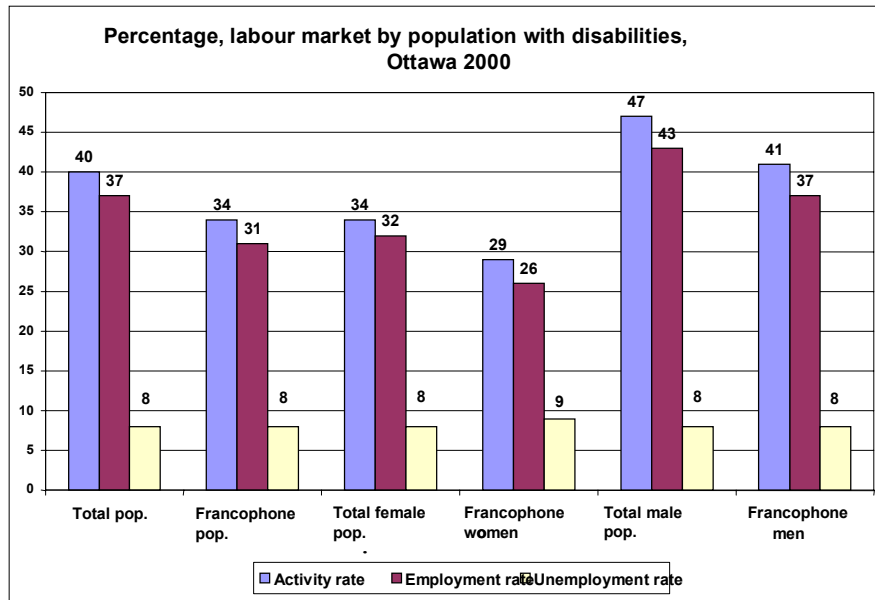
¹² Does not include non-paying activities involved in housework, looking after children or the elderly and volunteer work.

Table 2: Percentage of people in the labour force, Ottawa 2001

Group	Activity rate	Employment rate	Unemployment rate
Francophones with disabilities	34%	31%	8%
Total population with disabilities	40%	37%	8%
Francophone population (total)	68%	64%	4%
Population of Ottawa	70%	66%	5%

Francophone women with disabilities do even less well in terms of employment. Figure 6 shows that they have lower participation and employment rates than all other groups and a higher unemployment rate. Francophone men with disabilities, on the other hand, have higher participation and employment rates than the Francophone population, but definitely lower than the male population as a whole. Figure 6

Figure 6



3.1 The labour market and age groups

A disability can affect access to and success in the salaried job market regardless of when the disability strikes. A young adult who has had a disability from childhood and who received appropriate support and resources may develop mechanisms that enable him or

her to overcome barriers to employment, whereas someone whose disability appears as an adult may have more difficulty in adapting his or her professional life to it.

Francophones with disabilities aged 20 to 24 years have a very high unemployment rate compared with other age groups, 24% compared with 10% for the general Francophone population of the same age. According to the PALS, this group faces greater difficulties in making the transition from school to the labour market. In the 25 to 44 age group, Francophones with disabilities have a lower activity rate than the population with disabilities as a whole (65% compared with 71%), and a higher unemployment rate (10% compared with 8%).

Francophones aged 45 and up report a noticeably lower activity rate than other age groups: 44% compared with 54% for the population with disabilities as a whole. By this age, those who have never had a job are very unlikely to get one. As a result, 66% of Francophones with disabilities in this age group are not even in the labour market. They can become so disheartened by their chronic unemployment that they withdraw from the market altogether.

According to a report published by the Canadian government,¹³ severity and the presence of more than one disability can affect labour-market participation, depending on the type of disability.¹⁴ Those with severe disabilities have low labour-market participation rates. Multiple disabilities can further reduce participation. According to the PALS, persons with more than one disability report lower participation rates than those with only one.

3.2 Number of work weeks or hours

Census data suggest that those with disabilities are more likely to work for part of the year or part-time than for the full year or full-time or than persons without disabilities. Among Francophones with disabilities, 78% have full-time work or work a full year compared with 81% for the Francophone population and 79% for working people in Ottawa as a whole.

Depending on an individual's disability/ies or state of health, part-time work is often more suitable. For some of the Francophones with disabilities who participated in our discussion groups, part-time work provides the flexibility they need to manage their education, recreation and work. Others, however, while expressing the wish to work full time, have great difficulty finding suitable work. Part-time employment yields less income, no benefits and little protection, and often entails financial insecurity.

¹³ Government of Canada, 1996

¹⁴ Severity of disability is measured on the basis of points attributed to answers given to selected PALS question. Severity is categorized as mild, moderate or severe. Designations depend on the degree of difficulty or number of tasks that respondents had difficulty performing.

3.3 Barriers to the labour market and wage employment

“We accept our disabilities. Other people are the obstacle. We always have to prove that we can do the work despite our disabilities, whether visual, auditory, physical or intellectual. I’ve got a brain, you know—I can do that kind of work!”

For many people, whatever the disability, having a job brings a great sense of pride and growth. Unfortunately, Francophone participants in the discussion groups stated that they had experienced many barriers in their dealings in the labour market. Employer attitudes and prejudices constitute a major obstacle. Regardless of education level or previous work experience, many people said they had to work harder to prove they possessed the necessary skills.

Some participants said they feel limited in the surroundings where they can work, because so few organizations and businesses comply with equity policies requiring them to be ready to spend money to make their workplaces accessible, by providing adapted equipment or workstations for example. Some participants would like to work for the federal government, which is seen as an equal opportunity employer not discriminating against those with disabilities.

“At the placement agency, I have to prove that I can do the job like anyone else. I have to prove myself...it’s more of an attitude barrier. I have a handicap so I have to prove that my handicap isn’t important ...that I can do more.”

According to their testimony, people with cognitive impairments have enormous difficulty in getting work that pays, is interesting and meets their needs (suitable working hours, acceptable distances, etc.). Several spoke of doing volunteer work in the hope that they would eventually be hired. However, community workers and natural caregivers report that very few organizations and businesses offer paying work to those with cognitive disabilities, even if volunteer work has shown them to be fully capable of meeting the employer’s requirements. Organizations and business often offer work that provides no opportunity for growth of potential or skills, such as recycling or cleaning bathrooms. Even though participants get a great sense of satisfaction out of volunteering, they still state a preference for salaried work.

A study of Ottawa’s population with disabilities by the Disabled Persons Community Resources says that many people do not work at all, either as volunteers or for pay, citing lack of access, shortage of training opportunities and lack of awareness on the part of employers as reasons. In the words of one natural caregiver, *“Advocacy is needed so that people can work and earn a living.”*

4. Income

The data indicate that persons with disabilities generally have lower incomes than the rest of the population, regardless of language. However among the population with disabilities, Francophones have a lower average total income (\$28,091) than the population with disabilities as a whole (\$31,533).

Francophone women have an average total income of \$23,539—considerably lower than that of Francophone men (\$34,253), but comparable with the average total income of women with disabilities as a whole (\$25,477). It is worth noting that, as a whole, men with disabilities have an average total income that is slightly higher than that of the population of Ottawa as a whole (\$38,966 compared with \$38,584). However the average income for women lowers the average income for the total population.

As well, the *Report on the Health of Francophones in Ontario* indicates that Francophones with low incomes and low levels of education are more likely to report disabilities leading to activity limitations than the population as a whole.

4.1 Income levels

50% of Francophones with disabilities (10,112 people) have a personal income under \$20,000, whereas for the population as a whole the rate is 46%. Women generally make less money than men, but the gap between Francophone woman with disabilities and their male counterparts is very large: 57% of women (6,862) earn less than \$20,000 compared with 39% of men (3,270).

The high rate of Francophone women with incomes under \$20,000 is a cause for concern because a Canadian government study showed that women with disabilities are more likely to be single parents, divorced or separated than women without disabilities. More research is needed to investigate the linkages and effects.¹⁵

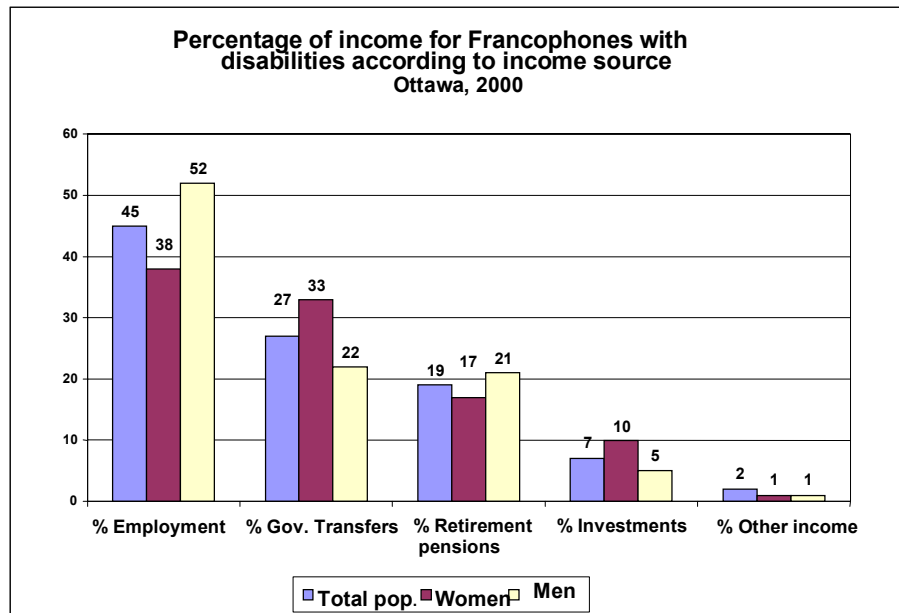
Only 9% of Francophones with disabilities earn more than \$60,000, compared with 12% of the population with disabilities as a whole. Fewer Francophone men with disabilities report incomes over \$60,000 than do their English-speaking counterparts, 15% versus 19%. But only 5% of Francophone women with disabilities report the same income level.

¹⁵ Government of Canada (1996)

4.2 Government transfers¹⁶

Persons with disabilities receive more social transfers than the population as a whole. These transfers include social security, the Ontario Disability Support Program and worker's compensation. This may be explained in part by the greater difficulties they experience in accessing the labour market. Census data show that social transfers represent 27% of the total income of Francophones with disabilities, 22% of the total income of persons with disabilities as a whole and 7% of income of the population of Ottawa as a whole (see Figure 7).

Figure 7



4.3 Government transfers and age groups

Recourse to government transfers varies with age; they play a larger part in the income of the elderly. Between 12% and 19% of the income of Francophones with disabilities comes from government transfers, compared with 9% to 15% for the population with disabilities as a whole. The differences are even more marked between Francophones with disabilities aged 65 to 84 and this age group as a whole. In this age group, between 44% and 50% of the income received by Francophones with disabilities comes from government transfers compared with 35% to 39% for the population with disabilities as a whole. It should be noted that for the population of Ottawa as a whole, the rate is 30% to 37%. More research is needed to explain why Francophones aged 65 to 84 are so much more dependent on government transfers, given that their numbers are proportionate to the total number of persons with disabilities in this age group.

¹⁶ Government transfers include Old Age Security, the CPP's disability benefits, the Ontario Disability Support Program, social assistance, etc.

Figure 7 shows that social transfers represent more of the income of Francophone women with disabilities they do for their male counterparts, with rates of 33% for women compared with 22% for men and 27% for the Francophone population with disabilities as a whole.

It is important to emphasize that government transfers offer absolutely no protection from poverty. Some programs operated through government transfers have very strict requirements, not allowing recipients to work more than a specified number of hours, for example, or requiring lengthy eligibility procedures. These tend to perpetuate poverty. The amounts paid are often inadequate to support even the basic needs of persons with disabilities, let alone families and their dependents. For example, the benefits paid by the Ontario Disability Support Program (ODSP) were cut by 21.9% in 1995. With inflation and the cost of living, this snowballed to 37%. Since then, the Ontario government increased the rate by 3%, in 2005, and plans to increase it by 2% in 2006.

4.4 Income of natural caregivers

“It’s difficult to get out of being poor. There aren’t any benefits.”

This statement by a natural caregiver who participated in our discussion groups supports the testimony of other caregivers who say that a disability affects not only the income of the person with disabilities but also of the people who support or care for him. Natural caregivers, especially where a family member has a disability, report difficulty in meeting their family’s needs. Government transfers are often hard to get and involve a long and tiresome procedure. Moreover they do not provide an adequate income, and families often find themselves slipping into poverty. Even with grants and social assistance, families have to spend large sums of money on medication, technical aids/devices, renovations to make the home accessible, etc. One nature caregiver said that *“the money that could help us is used up before you can even apply.”*

A near one’s disability can affect the natural caregiver’s employability. Several participants reported not being able to keep a job because they cannot afford the costs involved in specialized care for children or adults with severe disabilities. For others the disabilities of their near ones involve frequent visits to doctors and specialists and long hours in hospitals. One participant said she had to leave her job because her employer would not give her the time-off she needed to take her son to his doctor’s appointments.

“As parents we’re handicapped too. You can’t work. To have my child looked after costs me \$50 a day.”

5. Barriers to French-language services and the results of the lack services

“At what point do you become someone important enough to warrant services?”

This question, raised by a natural caregiver who participated in one of the discussion groups, expresses the general frustration with the lack of accessible, quality services in French. The paucity of services equivalent to those available in English is well documented.¹⁷ For Ottawa Francophones with disabilities, the lack of services can cause even greater limitations to their social participation. Our research has shown us that it is not only the persons with disabilities who have to live with the lack of French-language services, but also the community workers and natural caregivers who assist them.

5.1 Francophones are often inadequately served

According to natural caregivers and community workers, the lack of French-speaking professionals causes long wait times for specialized services, such as psychologists, physicians, etc. Participants describe situations where Francophone families decided to move to another province in the hope of getting better service in French and shorter waiting lists. One natural caregiver described another manifestation of this scarcity:

“Often there’s only one Francophone in an organization. When that person goes on holiday, I have to wait for him to get back for follow-up.”

In Ottawa West, there are few French-language services. Natural caregivers told us that persons with developmental difficulties living in the western part of Ottawa have to travel long distances to participate in day-time activities in Francophone community centres. This adds to their isolation and contributes to behavioural regression in those who cannot get to these specialized programs.

Community workers describe the economic costs of the lack of French services.

“Lack of spending generates more costs. If you don’t have access to French-language services because there’s no opening, your health deteriorates and you end up in hospital. Or you want to get out of hospital, but there are no services so you have to stay there. This costs the public purse a lot of money.”

¹⁷ Fédération des communautés francophones et acadienne du Canada for the Advisory Committee for French-Speaking Minority Communities.

5.2 Francophones face communication barriers

Being able to communicate in French was a top priority for all discussion group participants. According to the natural caregivers, ability to communicate in French, especially with medical specialists, reduces anxiety, because people can clearly understand the information being communicated and can express clearly and precisely their feelings, symptoms and needs. For example, for those with mental health disorders, communication is essential because it is the basis of their relationship with the practitioner. One participant with disabilities in the discussion group explained,

“Because of my disability, I have to communicate in French, but if the person doesn’t speak French very well, I’ll have trouble understanding the accent and enunciation. If I have trouble understanding, I’ll ask the person to speak English because then there won’t be any accent.”

Community workers report occasions where natural caregivers or persons with disabilities had trouble communicating with English-speaking workers or professionals. Sometimes they leave confused, without having grasped important information, because it is too embarrassing to explain that they have not understood what has been said in English. This is often the case with legal aid and medical services, where the language can be complicated. A community worker explains:

“Being Francophone is a cultural thing. Don’t forget that non-verbal language is often poorly understood. A client can become very frustrated because he has trouble making himself clear.”

Barriers to communication can also affect community workers. Some feel they are unable to serve or defend their clients when they have trouble finding the words in English.

Community workers also say that barriers to communication in French increases the dependence of persons with disabilities who have not mastered English, because they have to be accompanied by a worker or natural caregiver who can translate, ask questions or fill out forms. That also contributes to a sense of isolation from the community, especially if the person involved has a limited social network.

5.3 English-speaking Francophones accept English-language services

“We use English services as a survival strategy.”

As this statement from a natural caregiver illustrates, participants with disabilities and natural caregivers have to accept services in English in the absence of services in French. One community worker summed it up: *“You’re going to accept the first services you can get, whatever the language.”*

For those with disabilities, the service may be necessary and meet an urgent need, which tends to keep people from demanding their rights as Francophones.

Natural caregivers from visible minorities say that there are very few services that take their distinctive needs into consideration. Those that are culturally sensitive are generally offered in English. Thus they have no choice but to accept services in English.

“Services, what services? There are services in English, but I don’t know where to find them in French. I can’t find them.”

5.4 Access to information in French

“I’m bilingual, but I’m not a translator.”

Community workers, like the woman quoted above, say that much of the written documentation and information is not available in French, and when it is, the quality leaves something to be desired. In some cases, the French translation gives a lot less information. Often the responsibility for translation falls on the community workers, which adds to their already heavy workload. For those who do not speak English well, it is a difficult and time-consuming task. When there is no documentation available in French, persons with disabilities may have to do without important information.

Community workers also face barriers to their professional development because training programs are rarely offered in French. Organizations conducting workshops generally require a minimum number of participants and often the material is not available in French, thus obliging Francophones to use English handbooks or kits. Said one community worker,

“Training programs are given in English. Two years later, they give them in French. Trained professionals are needed now, not two years down the road.”

5.5 Community workers and natural caregivers get exhausted

Natural caregivers often feel abandoned by the system. While there are few services for the people they are looking after, services and assistance for caregivers are even rarer, regardless of language.

“You feel isolated, as if you were in your own universe.”

“You get worn out. You always have to threaten just to receive services.”

In several so-called bilingual organizations, there is not enough Francophone staff. Francophone workers often have to take on an extra workload, such as program

coordination, communication with Francophone clients or caregivers and translation of documents, and do not enjoy the same support structures as their English-speaking colleagues. Moreover, the constant daily need to press for French-language services so that their clients get the best services possible is exhausting and contributes to the risk of professional burn-out.

“In the developmental-difficulties network, you can’t count on anything as permanent. We constantly have to keep looking for the funding earmarked for Francophones. We always have to be watchful to make sure we get our fair share of the pie. That takes an enormous amount of lobbying, energy and support. And when the government changes, we have to start all over again.”

CONCLUSION

The *Assemblée francophone et comité interagences*, in partnership with the *Regroupement des Partenaires francophones*, conducted this study with the goal of clarifying the demographic and socio-economic situation of Francophones with one or more disabilities and providing a more complete portrait of Ottawa's Francophone community. The statistical analysis and the observations shared during the discussion groups have resulted in the following conclusions and recommendations for improving our understanding of the Francophone population.

First of all, we realize that Statistics Canada's data suffer from definite limitations. The *Participation and Activity Limitation Survey* (PALS) provides no data on language, ethnicity or country of origin. We recommend that Statistics Canada add questions on language and origin at the next census to provide a more complete portrait of the population with disabilities.

The 1977 *Canadian Human Rights Act* guarantees the equality of all. Nevertheless, we again and again heard discussion-group participants describe the discrimination and barriers they face at work, in school and in accessing French-language services. This discrimination may contribute to the undercount of the population with disabilities. Some people (particularly those with HIV/AIDS, mental health problems, etc.) may be reticent to state their disability for fear of stereotyping or discrimination. People often associate the word "disability" with something visible or severe, which can further discrimination and may contribute to the fact that many do not consider their activity limitations (such as loss of hearing or sight, or mental health problems) as disabilities. For this reason, to end discrimination and ensure that "invisible" disabilities are not neglected, greater awareness of the range of disabilities should be encouraged.

Discussion-group participants often raised the question of barriers to French services for those with disabilities, community workers and natural caregivers. These barriers are contrary to the right of Franco-Ontarians to be served in French, and they have definite cultural and economic repercussions. So-called bilingual agencies and organizations, such as government services and private or not-for-profit agencies, need to develop and ensure support measures that foster the development of programs, policies and services adapted to the needs of Francophones with disabilities and those who care for them.

Finally, the data analysis and literature survey show that Francophone women with disabilities are very seriously disadvantaged in the areas of income, education and barriers at home, not only compared with their Francophone male counterparts but also with women with disabilities as a whole. More research is needed to identify the causes of these barriers and their effects.

APPENDIX Canadian disability resources available online

The following is a reference list of Internet sites dealing with disabilities, social inclusion and access to French-language services.

Resources providing services for persons with disabilities

Citizens with Disabilities – Ontario www.cwd-o.ca/

An English-language province-wide organization promoting participation of persons with disabilities in the social, economic and political life of their community. Its primary objectives are to defend the rights of persons with disabilities and increase their community participation.

Lifetime Networks Ottawa www.lifetimenetworks.ca/

An organization that aims to facilitate the establishment and continuance of a loving, caring personal network for persons with disabilities.

Répertoire du Regroupement des partenaires francophones

www.regroupementdespartenaires.ca

A French-language Internet site that provides the names and addresses of resource people to contact in various relevant organizations in eastern Ontario.

<http://www.handicaps.ca/>

A directory of services assembled to ensure visibility of agencies useful to Francophones in eastern Ontario.

The site provides information and links to different sites dealing with accessibility, taxes, housing, health, education and training, justice and rights, income and jobs for persons with disabilities.

Disability WebLinks <http://www.disabilityweblinks.ca/pls/dwl/dl.home>

Bilingual disabilities network. Useful for finding programs, services and resources across Canada.

People with Disabilities www.cra-arc.gc.ca/disability

Revenue Canada's listing of various services, benefits and information for persons with disabilities (tax credits, special tax services, medical expenses, Child Disability Benefit, etc.)

Community Living Ontario www.communitylivingontario.ca/

A partly bilingual site that discusses daily life in Ontario and comments on subjects such as the aged, de-institutionalization, etc.

Community services

Ottawa Community Care Access Centre www.ottawa.ccac-ont.ca

An access point to community health services; cutting edge programs for the aged and infirm as well as those suffering from Alzheimer's or dementia.

Citizen Advocacy of Ottawa www.citizenadvocacy.org

Matches volunteers with those who are isolated and vulnerable because of age or disabilities. Volunteers enhance quality of life and offer friendship.

L'arche Ottawa www.larchecanada.org

Long-term housing for men and women aged 18 and up with developmental disabilities.

Canadian Association for Community Living www.cacl.ca

A Canada-wide association composed of more than 400 local associations and 13 provincial or territorial associations, with more than 400,000 members, working for the community integration and rights of those with intellectual disabilities and their families. The bilingual site offers resources, information and news on legal and government issues and community integration.

Association pour l'intégration sociale d'Ottawa www.aiso.org

Francophone organization aiming to encourage autonomy and promote the integration of Francophones with developmental disabilities into Ottawa's Franco-Ontarian community; it offers a variety of residential services and day programs for adults.

Service Coordination www.scsottawa.on.ca

Assists people in our community with developmental disabilities or autism.

Personal Choice Independent Living www.pcilcpva.org

A non-profit organization offering housing and support services to persons with physical disabilities.

The Ottawa-Carleton Association for Persons with Developmental Disabilities
www.ocapdd.on.ca

Supports community integration and personal well-being for children and adults with developmental disabilities.

Le Phénix <http://www.lephenix.on.ca/territoire/index.html>

Informs, provides resources and raises public awareness of the realities faced by persons with disabilities with the object of improving the quality of their community life.

Studies and reports of interest to persons with disabilities

Government of Ontario www.edu.gov.on.ca

Reports on education

- 1- *Education for All: The Report of the Expert Panel on Literacy and Numeracy for Students with Special Education Needs, Kindergarten to Grade 6 (2005)*
- 2- *Fact Sheet: Special Education Grants (March 1998)*
- 3- *Information: Student-Focused Funding—Promises Made, Promises Kept!*
- 4- *Special Education Funding Guidelines: Intensive Support Amount (ISA) Level 1 and Special Incidence ISA 2004-2005*
- 5- *Accessibility for All*
- 6- *The Opportunity to Succeed: Achieving Barrier-free Education for Students with Disabilities*
- 7- *Education and Disability*
- 8- *Policy and Guidelines on Disability and the Duty to Accommodate*

The Opportunity to Succeed: Achieving Barrier-free Education for Students with Disabilities www.ohrc.on.ca/english/consultations/ed-consultation-report.pdf

Identifies barriers to educational opportunities for persons with disabilities: inadequate funding, physical inaccessibility, cumbersome and time-consuming accommodation processes, negative attitudes, prejudices and a lack of understanding of the rights and responsibilities of all parties. This report canvasses human rights issues that arise in the provision of education to students with disabilities.

Supports and Services for Adults and Children Aged 5 to 14 with Disabilities in Canada: An analysis of data on needs and gaps (2004)

<http://www.socialunion.ca/pwd/gapsreport2004.html>

Report based on a survey and statistics on the aids/devices most commonly used by persons with disabilities: hearing aids and wheelchairs.

An Unequal Playing Field: Report on the Needs of People Who Are Blind or Visually Impaired Living in Canada <http://www.cnib.ca/eng/publications/research/needs-study-executive-summary.htm>

Report describes the difficulties persons with disabilities experience in finding work.

Final Report of the Review Specialized Psychiatric Mental Health Services: Day Treatment Phase I www.crossroadschildren.ca

Explains the organization's services for children 12 and under with serious emotional and behavioural difficulties and their parents.

Champlain District Mental Health Implementation Task Force: Navigating Mental Health Reform, 2002,

Describes a variety of mental health problems, including depression, psychosis, bipolar syndrome, etc., with tables comparing different age groups in different counties.

Mental Health, Mental Illness and Addiction: An Overview of Policies and Programs in Canada. The Report of the Senate Standing Committee on Social Affairs, Science and Technology (November 2004)

<http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/repintnov04-e.htm>

Outlines the state of mental health services and addiction treatments in Canada and examines the government's role in this area.

A Call for Action – Building a Consensus on a National Action Plan for Mental Illness and Mental Health, 2000, Canadian Alliance on Mental Illness and Mental Health

<http://www.camimh.ca/cfa/english/engCAMIMH2003.pdf>

Presents a statistical profile of persons with mental health difficulties, a profile of the system of services available to them and recommendations for improving services.

Disability Supports in Canada, 2001, Government of Canada

<http://www.statcan.ca/english/freepub/89-581-XIE/89-581-XIE2003001.pdf>

Summary of results of PALS survey questions in table form. Principal topics of the report and research are special assistive aids/devices, need for help with everyday activities, need for specialized features in the home, specialized transit and travel services and tax credits. Support measures for adults (15 years and up) are also covered.

A Profile of Disability in Canada, 2001, Government of Canada

<http://www.statcan.ca/english/freepub/89-577-XIE/>

Analysis of 2001 census data on persons with disabilities. Lists different disabilities for children and adults and defines disability.

Children with disabilities and their families, Government of Canada

<http://dsp-psd.pwgsc.gc.ca/Collection/Statcan/89-586-X/89-586-XIE2003001.pdf>

Results of the PALS survey of children with disabilities and their parents. Topics covered include: help with everyday activities received by children with disabilities; parents access to formal and informal help; impacts of the child's disability on the family's employment situation, children's access to specialized aids and services.

In Unison: Persons with Disabilities in Canada, Government of Canada

http://www.socialunion.ca/In_Unison2000/iu00100e.html

Outlines avenues of action identified by persons with disabilities, government and other sectors. Presents three types of information: indicators, effective practices and personal histories. The broad themes of the report are disability supports, employment and income

Self-Employment Opportunities for People with Disabilities – A Community Building Initiative Serving People with Disabilities 2003-2004, Social and Enterprise Development Innovations www.sedi.org

Report on a pilot project based on five forums that gave participants the opportunity to discuss the barriers to self-employment for persons with disabilities and solutions for reducing these barriers. Recommendations have been made, based on the forums, but the report isn't linked to the services offered.

Roeher Institute www.roeher.ca

Bilingual institute aiming to generate information, knowledge and skills to secure the inclusion, citizenship, human rights and equality of people with intellectual and other disabilities.

National Advisory Council on Aging: Writings in Gerontology – Mental Health and Aging, October 2002, www.naca-ccnta.ca

Profile of seniors with age-related mental disabilities.

Disability Community Capacity: A Framework for Preliminary Assessment, 2002, Canadian Centre on Disability Studies

www.disabilitystudies.ca

The study developed a framework for assessing disability community capacity in Canada.

Studies on the social inclusion of persons with disabilities

Our Homes, Our Neighbourhoods: Building an Inclusive City, Sept. 2003 Ottawa Social Planning Council

www.spcottawa.on.ca/PDFs/Publications/InclusiveHousing_Forum_Eng.pdf

Report on a community forum to discuss strategies for building inclusive neighbourhoods.

Inclusion by Design: Meaningful Indicators of Inclusion and Accessibility in Local Communities for People with Disabilities, 2005, Ottawa Social Planning Council

<http://www.spcottawa.on.ca/PDFs/Publications/Inclusion%20Indicators%20Resource.pdf>

A manual developed as a practical tool to support people with disabilities, other community members, organizations, funders and government representatives across Ontario to identify local strategies to improve inclusion and accessibility for people with disabilities in their local community.

Government of Canada, Response to “Accessibility for All,” the Eighth Report of the Standing Committee on Human Resources, Social Development, Skills Development and the Status of Persons with Disabilities, (October 2005) The Social Planning Council of Peel www.spcpeel.com

[www.sdc.gc.ca/en/isp/pub/cpp/disability/8threport/8thpg1.shtml]

Provides an overview and assessment of accessibility within the federal jurisdiction and deepens the understanding of the broad and complex role that the Government of Canada plays in the lives of people with disabilities. The report deals with and builds its recommendations around five major themes: leadership and instruments for accessibility; accessibility to Canadian government buildings; accessibility to programs and services; accessibility of public service positions; measures to guarantee accessibility of the parliamentary precincts.

Social Inclusion and Community Economic Development: Literature Review, August 2004, by Michael Toye and Jennifer Infanti www.ccednet-rcdec.ca

A literature review on social inclusion and related concepts, the publication examines the strengths of integrated community-based responses such as community economic development to promote social inclusion.

An Inclusion Lens: Workbook for Looking at Social and Economic Exclusion and Inclusion, 2002, Health Canada,

www.phac-spc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/index.html

The workbook presents definitions of socio-economic inclusion and an inclusion perspective.

Building Inclusive Communities: Cross-Canada Perspectives and Strategies, 2003, Laidlaw Foundation, <http://www.ccsd.ca/events/inclusion/papers/gilbert.pdf>

Definitions of social inclusion and exclusion.

Advancing the Inclusion of Persons with Disabilities 2005, Government of Canada

www.sdc.gc.ca/en/hip/odi/documents/advancingInclusion05/TOC.shtml

Statistical profiles and needs of persons with disabilities.

Canadian Attitudes towards Disability Issues, 2004, Government of Canada

www.sdc.gc.ca/en/hip/odi/documents/attitudesPoll/benchmarkSurvey/benchmarkSurvey.pdf

Results of a national survey of public awareness and attitudes towards disability in Canada.

Access to services in French

Vers une action concertée : Réflexion sur la planification et la gestion efficace des services de santé en français pour la région de l'Est ontarien, 2002, French Language Health Services Network of Eastern Ontario www.rssfes.on.ca

Underlines the importance of health services being equally accessible in both official languages and discusses the current state of services offered in the mental health field.

Study on the Availability of French Language Services in Long-Term Care Facilities and Private Retirement Homes: Living Your Senior Years in a French Environment, 2002, French Language Health Services Network of Eastern Ontario www.rssfes.on.ca

Report intended to assess the availability of services in French for Francophone seniors in the Eastern Ontario region (Ottawa, Prescott-Russell, Stormont, Dundas and Glengarry, and Renfrew). The study concludes that “Francophones prefer to live in not-for-profit long-term care facilities offering a homogeneous Francophone cultural environment.” These facilities are in short supply and are widely sought after by Francophone seniors.

Transformational Assessment Report: Bringing People Together French Language Health Services Network of Eastern Ontario www.rssfes.on.ca

A look back over the network’s achievements, through 61 individual interviews and nine group discussion sessions (training institutions, Ministry of Health and Long-Term Care, Health Canada, etc.).

Needs and Gaps in French Language Health Services in Eastern Ontario (Sept. 1999) French Language Health Services Network of Eastern Ontario www.rssfes.on.ca

Identifies needs and gaps in mental health services in French in the eastern part of the Ottawa-Carleton region (Vanier, Lower Town, Overbrook-Forbes, Gloucester and Cumberland). The report covers five sectors: hospital care, mental health and addiction, community health, public health and long-term care.

French Language Health Services in Eastern Ontario: Training Needs in Health Care Professions (April 2000) French Language Health Services Network of Eastern Ontario www.rssfes.on.ca

Interview assessment on the shortage of Francophone health care professionals in Eastern Ontario and the training possibilities available in French. Results show that there is a shortage of bilingual physicians in the areas of psychiatry, family medicine, anaesthesia, orthopaedics, obstetrics, paediatrics, physiatrics, clinical oncology and geriatrics. French services in mental health and addiction are also underdeveloped and inadequate.

Le Réseau des services de santé en Français de l'est de l'Ontario : présentation du modèle et de ses possibilités (1999). French Language Health Services Network of Eastern Ontario www.rssfes.on.ca

Meetings with small groups of key stakeholders in six Canadian provinces. The main objective of the meetings was the exchange of information on current health practices and interventions in Francophone communities, to identify primary needs, examine existing communication structures, facilitate information sharing and networking between key stakeholders, and identify the common needs of Francophone communities.

La recherche, un levier pour améliorer la santé: Premier forum national sur l'état de la recherche sur la santé des communautés francophones en situation minoritaire (First national forum on research into the health of Francophone minorities, final report <http://www.cnfs.ca/>

Report of the first national forum, organized by the Consortium national de formation en santé, on the health of Francophone minority communities across the country. Contains recommendations for improving the health sector and Francophones' access to services.

Champlain District Health System Monitoring Project Report Key Findings (July 2002) Conseil régional de santé Champlain www.champlain-dhc.org

Identifies geographical difficulties to serving the community.

Conseil régional de santé Champlain – Access Equity & Integration Indicators for Local Health System Monitoring in Ontario (2004)

<http://www.dhcarchives.com/protected/uploaded%5Cpublication%5Ccdmonitoringprojectreportkeyfindingseng.pdf?lang=en>

Identifies indicators that can be used by local health services.

Evaluation of the Opportunities Fund for Persons with Disabilities (Phase I), Government of Canada Nov. 1998 <http://www11.hrdc-drhc.gc.ca/pls/edd/OFPD.shtml>

Results of the first phase of research into labour market access and integration for persons with disabilities.

Maximizing Our Assets: Partnering for Participation and Inclusion- A report on the experience of citizens living with disabilities in the new City of Ottawa, Nov. 2002 (pdf) <http://www.dpcr.ca/documents/MaximizingOurAssets.pdf>

A report on the experience of citizens living with disabilities in the new City of Ottawa: employment barriers, participation, income, housing, etc.

Strengthening Education in Rural and Northern Ontario: Report of Rural Education Strategy by James Downey, 2003

<http://edu.gov.on.ca/eng/document/reports/ruraled/finalreport.pdf>

Presents an education strategy for rural areas that includes Francophone communities.

Education for All: The Report of the Expert Panel on Literacy and Numeracy for Students with Special Education Needs, Kindergarten to Grade 6 (2005)

<http://www.edu.gov.on.ca/eng/document/reports/speced/panel/index.html>

Recommends practices to improve and strengthen teaching to students with special education needs.

Government sites

Ministry of Children and Youth Services www.children.gov.on.ca

The Ministry of Children and Youth Services provides help and support for children and youth with autism and funds services for families through nine regional service providers across the province.

Ministry of Community and Social Services www.cfcs.gov.on.ca

Describes the services offered or funded by the province (services for persons with developmental deficiencies and funding to encourage them to stay in school).

Government of Ontario www.gov.on.ca

Information about provincial programs and services and eligibility criteria for persons with disabilities, children with mental health problems.

Government of Canada, Ministry of Human Resources and Social Development

<http://www.sdc.gc.ca/en/home.shtml>

Information about federal programs and services for persons with disabilities.

Laws, policies and rights of persons with disabilities

Government of Ontario www.gov.on.ca

Accessibility Ontario <http://www.mcass.gov.on.ca/accessibility/index.html>

This provincial site provides links to Ontario's accessibility laws.

Ontarians with Disabilities Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/01o32_e.htm Duties of the province, municipalities and other agencies to persons with disabilities, including access to premises, information and provincial programs.

Law covering services to persons with developmental disabilities (Developmental Services Act?), Ministry of Community and Social Services,

<http://www.mcass.gov.on.ca/CFCS/en/legislation/default.htm>

Provincial law on funding of institutional services and facilities for those with developmental disabilities.

Special Education Regulations, Ministry of Education

<http://www.edu.gov.on.ca/eng/general/elemsec/speced/regs.html>

The Expert Panel (Advisory Council?) adopted an approach based on inclusion rather than categorization. This report was prepared to assist teachers to facilitate success for all Ontario students, including those students whose abilities different significant from expectations for their age and grade.

Local municipality

2006 City of Ottawa Municipal Accessibility Plan

http://ottawa.ca/city_services/accessibility/municipal_plan_en.shtml

“The 2006 Municipal Accessibility Plan reports on work that was done in 2005, including the identification of barriers. The Plan looks at how the City will remove these barriers and prevent new ones so that all residents and visitors can use City facilities, programs and services.”

Federal government

Future Directions to Address Disability Issues for the Government of Canada: Working Together for Full (HRSDC)

Office for Disability Issues (ODI)

<http://www.sdc.gc.ca/en/cs/sp/sdc/socpol/publications/reports/1999-000046/page01.shtml>

GLOSSARY

Impairment: Defect in a physical, mental or anatomical structure or function.

Incapacity: Effect of an impairment on activities considered as normal daily activities.

Disability: Difficulty experienced by someone interacting in his environment, resulting from an impairment or incapacity.

Sensory impairment: Loss of the functions of taste, smell, proprioception, touch, loss of the sense of temperature and other stimuli and the sensation of pain.

Hearing impairment: Hearing loss, either partial or total.

Visual impairment: Vision problems caused by eye injury or ocular opacity.

Physical disabilities: Most commonly caused by amputation or deformity, bone abnormalities, or impairments of a physical, psychomotor or neurological origin that limit mobility or agility.

Developmental disabilities and pervasive developmental disorders: Developmental disorders are disabilities characterized by cognitive limitations and limitations on conceptual, social and practical adjustment abilities. Pervasive developmental disorders are characterized by difficulties in verbal and non-verbal communication and social relations and limited interests/ and or repetitive conduct.

Psychiatric and mental health disorders: A person is considered to have mental health disorders when his thinking, emotions or behaviour are affected to the extent that his conduct becomes incomprehensible or unacceptable to those around him. Psychiatric disorders encompass a wide range of difficulties affecting the brain and personality to varying degrees.

Cranial trauma: Brain damage characterized by cranial tissue destruction or dysfunction caused by a sudden contact between the brain tissue and the skull. Can have serious physical, emotional, development and mental consequences. Usually accompanied by disturbances in normal behaviour patterns in family, social, education and professional life.

BIBLIOGRAPHY

- ALCOHOL AND DRUG ADDICTION RESEARCH FOUNDATION. (1995). *L'usage des drogues en Ontario*. Toronto: Authors.
- BOUCHARD, Louise, Roy, Jean-François; Lemyre, Louise et Anne Gilbert avec Institut de recherche sur la santé des populations (2002), *Santé des francophones en Ontario : Sommaire des données descriptives*, Ottawa : Centres de recherche, Faculté des sciences sociales, Université d'Ottawa.
- BOUDREAU, F., and Farmer, D. (1997). *Project santé et services sociaux en milieu francophone ontarien : Volet 1. Profil épidémiologique des francophones de l'Ontario au niveau de la santé et du mieux-être : Les faits saillants revisités et comparés*. Toronto: Glendon College, Department of Sociology.
- COMITÉ DE L'ÉTUDE DES BESOINS EN SANTÉ MENTALE DES FRANCOPHONES (1996). *L'étude des besoins des francophones du Toronto Métropolitain ayant des problèmes de santé mentale sévères : Je connais seulement les mots en français*. Toronto : Metropolitan Toronto District Health Council.
- COUCIL ON AGING OF OTTAWA. (1995). *Plan stratégique de l'Assemblée des affaires francophones pour la période de 1995-1998*. Ottawa.
- COOPÉRATIVE CONVERGENCE. (1993). *Sommaire des résultats : Consultation des femmes francophones de 50 ans et plus : Rapport pour le Programme pour la santé des femmes*. Ottawa.
- DISABLED PERSONS COMMUNITY RESSOURCES, November 2002, *Maximizing Our Assets: Partnering for Participation and Inclusion*, Ottawa: Author.
- FÉDÉRATION DES COMMUNAUTÉS FRANCOPHONES ET ACADIENNE DU CANADA (2001). *Improving Access to French-Language Health Services*: Ottawa, p. 15-16.
- FEDERAL, PROVINCIAL AND TERRITORIAL ADVISORY COMMITTEE ON POPULATION HEALTH. (1996). *Strategies for Population Health: Investing in the Health of Canadians* Ottawa, Health Canada.
- FRENCH LANGUAGE HEALTH SERVICES NETWORK OF EASTERN ONTARIO (2002), with the Champlain District Mental Health Working Group. *Capacité du système : services de santé mentale en français*. Ottawa (forthcoming).
- GILBERT, A., and Langlois, A. (1994). *Regard sur les nouvelles réalités franco-ontariennes : Les francophones tels qu'ils sont*. (3e.d.). Association canadienne française de l'Ontario.

- GOVERNMENT OF CANADA (1996). *Living with disability in Canada: An Economic portrait, The Office for Disability Issues*, Ottawa: Minister of Supply and Services Canada.
- GOVERNMENT OF CANADA (2001). *Disability in Canada: A 2001 Profile*, Ottawa: Human Resources Development Canada.
- HEALTH CANADA and PRICE WATERHOUSE LIMITED. (1996). *Francophones and Tobacco Use in Canada: Lessons Learned from the Tobacco Demand Reduction Strategy (1994-1997)* Ottawa, Health Canada
- MESSIER-MANN, Johanne; Romulus, Wesley; Savoie, Gérald; Jean, Pierre; Seely, John (1995). « *Je me sens en meilleure santé lorsqu'on me traite en français* », *Rapport du Comité d'examen du Programme des services de santé en français*; Ontario Ministry of Health, Toronto, p.7.
- NADEAU, Beaulieu et Associées. (1995). *Les cordes sensibles des Franco-Ontariens : Résumé d'un ensemble de sondages réalisés auprès des Franco-Ontariens en 1993 et 1994*. Ottawa
- OTTAWA-CALRETON HEALTH DEPARTMENT and NADEAU, Beaulieu & Associées (1995). *Franco-Ontarians and Their Health: Knowing What to Look For*. Ottawa: Author.
- PRICE WATERHOUSE. (1993). *Strategic mental health services plan for Ottawa-Carleton*. Ottawa: Ottawa-Carleton Regional District Health Council.
- ROSS, David P. and E. Richard Shillington. (1990). *An Economic Profile of Persons with Disabilities in Canada*, Ottawa: Secretary of State of Canada.
- XU, J. (2005), *The effect of disability/health problems onset on labor force exits of older workers: A discrete survival analysis of differences across race*, Baltimore, Maryland : Johns Hopkins University.
- ZOLLNER, H., and Lessof, S. (1998). *Santé de la population : Mettre les concepts en application : Final Report [online]*. Available: <http://www.hc-sc.gc.ca/hppb/ddsp/report-f.htm>.