

The Social Planning Council of Ottawa  
in collaboration with  
People with disABILITIES: A Community Coalition

# Living in Ottawa with a Disability



December 2006

A project funded by Centraide / United Way Ottawa



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## Executive Summary

“**Living in Ottawa with a Disability**” has been created by the Social Planning Council of Ottawa (SPC) on behalf of “People with disABILITIES: A Community Coalition” (the Coalition). It builds on earlier work of the SPC and the Coalition, including “**Maximizing Our Assets: Partnering For Participation And Inclusion A report of the experience of citizens living with a disability in the new City of Ottawa**” (2002).

Beginning in 2004, on behalf of the Coalition, the SPC conducted a series of 12 focus groups with people in Ottawa with diverse disabilities. Broadly we asked what are the most important issues with respect to inclusion and accessibility, and what has changed for people with disabilities in Ottawa since the release of “**Maximizing Our Assets**”. “**Living in Ottawa with a Disability**” is based on the feedback from the focus groups.

Focus group participants identified the following areas in which there continue to be substantial barriers in Ottawa:

- income and employment
- suitable housing options
- access to services available to the general public (such as transportation, buildings, health care, recreation and social opportunities)
- availability of disability related supports

The report further explores the issues through an analysis of statistical information from the 2001 Census. The terms “disability” and “activity limitation” are used inter-changeably in the report.

### A Portrait of People with Disabilities in Ottawa

15.5% of Ottawa’s total population has activity limitations (119,855 people). The percent of the general population with activity limitations increases substantially for older age groups. We can expect an increase in the number of persons with disabilities as the population of Ottawa ages.

Inclusion and accessibility is quite different for people with diverse disabilities, as well as for men and women, people of different ages, residents from different backgrounds, and rural, suburban and urban dwellers.

The percent of people with disabilities who live alone is twice that of the general population (20% compared to 10%). This is partly related to the age distribution among people with disabilities, in which a higher percentage are aged 65 and over than in the general population. Social isolation was a significant concern raised in the focus groups.

### Income

“Economic exclusion” was the barrier identified most strongly by focus group participants. 22% of people with disabilities live below the low income cut-off, compared to 15% of the general population. Compared to the general population, people with disabilities have lower personal incomes on average (Males: \$38,966 versus \$47,328; and females: \$25,477 versus \$30,230). Less than half of people with disabilities get their income from working (47.4 compared to 78.3 for the general population) and over one in five people with disabilities get their income from government transfers. One third get their income from other sources (which

would include pensions and savings). Low income is a “core issue” that impacts on many aspects of inclusion in community life for a significant percent of people with disabilities.

### Employment

Only 40% of people with disabilities over 15 years old participate in the labour force compared to 70% of the general population. Different factors affect labour market participation including personal situations, changes in the labour market and the nature of the individual’s disability. The rate of employment for people with disabilities is substantially below that of the general population (36.5% compared to 66%), while their level of unemployment is higher (8% compared to 5.8%). People with disabilities are more likely than the general population to be part time workers. In some cases, part time work may be more suitable. However, some people work part time because they cannot find suitable full time work. People with disabilities earn 13% less on average than the general population (\$34,673 compared to \$39,713). The average incomes are significantly reduced by the level of part time earnings. Women’s average earnings are even less than those of men.

### Education

38% of people with disabilities aged 15 – 24 are not attending school compared to 30% in the general population (30%). A lower percent of people with disabilities are attending full time (53% compared to 64% in the general population). 9% of people with disabilities aged 15 – 24 are attending part time compared to 6% of the general population. People with disabilities on average are not attaining education levels equal to the general population. A significantly higher percent have no secondary school graduation certificate (32.1% compared to 20.2% in the general population) and a significantly lower percent have a trades certificate (2.9% versus 7%) or a university degree or higher (18.7% versus 29.4%). It is encouraging that the percent of people with a college certificate or diploma is equal for people with a disability and the general population.

### Housing

People with disabilities face numerous challenges in accessing housing appropriate to their needs. Focus group participants identified problems in five areas: Accessibility, affordability, availability, safety and quality. Given the difficulties in finding suitable housing, it is not surprising that people with disabilities, in 2001, were less likely than the general population to have moved in the past year (11.2% versus 16.1% respectively) or in the past five years (38.1% versus 47.2% respectively). Many people who experience homelessness have disabilities. Of particular concern is the significant number of people with psychiatric disabilities who experience homelessness.

### Life in the Community

Access to public transportation is a central factor in increasing inclusion of people with disabilities in all aspects of community life.

Many people with disabilities have difficulty getting primary and preventative health services they need because of numerous barriers including lack of accessibility, lack of information, discriminatory attitudes and cost. People with disabilities have been disproportionately affected by the de-listing of many medical services and the reduction in access to others.

People with disabilities are active as volunteers in the community. However, many voluntary organizations are not attuned to the accommodation needs of people with specified needs.

While there are many social, cultural and recreational opportunities in Ottawa (including amenities like restaurants), many people with disabilities face significant barriers to participation. These include lack of accessibility, cost, inadequate information, transportation problems, waiting lists and exclusion by participants or staff.

### Giving and Receiving Supports Across the Lifespan

Many – although not all - people with disabilities get help for some activities of daily living. Focus group participants identified many problems with their access to appropriate services including cutbacks, de-listing, lack of coordination between different services, inadequate information, poor service, rigid policies, waiting lists and a shortage of workers in some areas.

Many people with disabilities are providers of care to others. A slightly higher percentage of people with disabilities are providing unpaid care to seniors – 23% (25,710 people) compared to 19.8% in the general population (122,545 people). A notably lower percent are providing care to children – 27% (30,505 individuals) compared to 36.9% in the general population (227,545 individuals). There are very few supports tailored to the needs of people with disabilities in their care-giving roles.

### Recommendations

Poverty is one of the key obstacles to inclusion. There is a need for all levels of government to implement strategies to address the high rates of poverty among people with disabilities.

While many individuals with disabilities have done very well in the labour market, it is clear that, in Ottawa, people with disabilities as a group experience “economic exclusion”. There is a pressing need to build a cross-sector partnership (including the public, private and non-profit sectors) to develop and implement a comprehensive strategy to address the economic exclusion and under-utilization of the skills of people with disabilities.

There is a need for education and training opportunities better suited to the diverse needs of people with disabilities on the one hand, and to the labour market on the other.

All levels of government, along with the non-profit and for-profit sectors, must do what they can to increase the supply of affordable, accessible housing to meet the full spectrum of needs. There is an urgent need for more housing of the types which currently have waiting lists. As well, universal design and flex housing need to be promoted.

There continues to be a need for basic public education to address concerning community attitudes, as well as information related to specific accessibility and inclusion issues for people who are involved in increasing inclusion for people with disabilities. Of particular note is the need for public education for drivers, people using public transportation and people designing and maintaining transportation infrastructure.

# Introduction

## Background

This report has been created by the Social Planning Council of Ottawa (SPC) on behalf of “People with disABILITIES: A Community Coalition” (the Coalition)<sup>1</sup>. It builds on earlier work of the SPC and the Coalition, specifically:

- In 2002, the Coalition released “**Maximizing Our Assets: Partnering For Participation And Inclusion A report of the experience of citizens living with a disability in the new City of Ottawa**” This report presented findings from a survey of the community life experience of over 1,000 people with physical disabilities, hearing and vision loss. Sixty percent of those who responded to the survey indicated they were prevented from participating fully in the community because of barriers they faced. As well, it highlighted a serious concern with respect to the number of people with disabilities living on low incomes. Finally, the report identified a number of areas where people with disabilities faced significant barriers including access to transportation and appropriate services. The release of the report was the beginning of a process to improve the participation of residents with disabilities. (See [www.dpcr.ca/EnglishSite/DPCR\\_publications.html](http://www.dpcr.ca/EnglishSite/DPCR_publications.html)).
- Building on the findings of the survey, and on input from extensive community consultation, the Social Planning Council of Ottawa held a community forum in 2003. Called “**Our Homes, Our Neighbourhoods: Building an Inclusive City**”, the forum focussed on strategies for developing inclusive neighbourhoods, with inclusive housing as the cornerstone. The event brought together almost 100 people interested in a plan to create “accessibility and inclusion by design”. Participants shared what they meant by “inclusion” and identified the need for on-going monitoring of accessibility and inclusion, to inform and support community actions. (See [www.spcottawa.on.ca/PDFs/Publications/InclusiveHousing\\_Forum\\_Eng.pdf](http://www.spcottawa.on.ca/PDFs/Publications/InclusiveHousing_Forum_Eng.pdf)).
- In response to a major issue raised in Maximizing Our Assets and in community consultations, the Transportation Sub-Committee of the Coalition, with leadership from the Canadian Mental Health Association Ottawa Chapter, worked with the City of Ottawa to develop a reduced fare bus pass for people with disabilities. In 2006, this resulted in the City creating a pilot project to provide a reduced fare bus pass for people with disabilities living on low incomes.
- In 2005, the Social Planning Council, on behalf of the Coalition, published “**Inclusion by Design. Meaningful Indicators of Inclusion and Accessibility in Local Communities for People with Disabilities**”. This manual has been developed as a practical tool to support people with disabilities, other community members, organizations, Accessibility Advisory Committees, funders and government representatives across Ontario to identify local strategies to improve inclusion and accessibility in their local community. It offers a resource to answer the question, “Is our community more inclusive of and

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<sup>1</sup> The Coalition was established in 2001 and is made up of organizations that have an interest in improving the quality of life for people with disabilities. The Coalition works to maximize the potential for full participation and inclusion of people with disabilities. The Coalition can be reached by contacting Teena Tomlinson at Disabled Persons Community Resources ([ttomlinson@dpcr.on.aibn](mailto:ttomlinson@dpcr.on.aibn)) or Dianne Urquhart at the SPC ([dianneu@spcottawa.on.ca](mailto:dianneu@spcottawa.on.ca)).

accessible for people with disabilities?" The proposed set of indicators (questions or data) would allow local communities to create a general picture of improvements or deterioration over time in many aspects of community life. The results of this monitoring will help identify priority issues and form the basis of action planning to increase inclusion. (See

[www.spcottawa.on.ca/PDFs/Publications/Inclusion%20Indicators%20Resource.pdf](http://www.spcottawa.on.ca/PDFs/Publications/Inclusion%20Indicators%20Resource.pdf).)

- In 2006, the Social Planning Council published "**Ottawa Francophones with a Disability**", in partnership with the Assemblée francophone et comité interagences and the Regroupement des partenaires francophones. The report clarifies the demographic and socio-economic data on Francophones with disabilities and examines access to French-language services. (See [www.spcottawa.on.ca/PDFs/Publications/Final%20Francophones%20with%20disabilities.pdf](http://www.spcottawa.on.ca/PDFs/Publications/Final%20Francophones%20with%20disabilities.pdf).)

### The Purpose

Following the release of "Maximizing our Assets" the coalition identified the need to get a more complete picture of people with disabilities in Ottawa and to hear from segments of the disability community who were not fully represented in the initial survey (particularly people with developmental, psychiatric and some sensory disabilities). As well, the Coalition wanted to know what had changed since the release of the survey report.

### The Process

Beginning in 2004, on behalf of the Coalition, the SPC conducted a series of focus groups with people in Ottawa with diverse disabilities. A total of 12 focus groups were held, with people with psychiatric, developmental, physical, sensory, learning and cross-disabilities, as well as a focus group with caregivers of people with developmental disabilities and another with parents who have disabilities. Participants included a full spectrum from teenagers to seniors, people from across the incomes scale, in many forms of housing, and those living alone or with others. Accommodations were provided to facilitate participation. Broadly we asked what are the most important issues with respect to inclusion and accessibility, and what has changed for people with disabilities in Ottawa since the release of "**Maximizing Our Assets**".

This report is based on the feedback from the focus groups. It confirms and expands on the issues identified in "**Maximizing our Assets**". In particular, it provides more detail of the nature of the barriers which were identified in the earlier report and provides greater understanding of the different ways these barriers impact on diverse individuals. The quotes in italics throughout the report are from people who participated in the focus groups.

The report further explores the issues through an analysis of statistical information from the 2001 Census. Unless otherwise specified, the statistics presented are from Statistics Canada's 2001 Census product, "Target Group Profile for People with Activity Limitations", which is available from the Ottawa Gatineau Social Data Consortium at the SPC. In particular, the data provides a comprehensive portrait of people with disabilities in Ottawa.

### A Few Interpretation Notes

Instead of using the term “person with a disability”, Statistics Canada uses the term “person with an activity limitation”. Statistics Canada defines this 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 limitation includes difficulties in hearing, seeing, speech, walking, climbing stairs, bending, learning or any other difficulty in carrying out similar activities, and conditions or health problems that have lasted or are expected to last six months or more.”

Throughout this report we use “activity limitation” and “disability” interchangeably, although they are slightly different. It should be noted that the expression “with disabilities”, “with a disability”, “with activity limitation” and “with activity limitations” includes those with one or more disabilities. It is important to note that the data does not include people living in institutions.

### Thanks

We are grateful to the United Way / Centraide of Ottawa for resourcing the production of this report. As well, thanks to the Community Foundation of Ottawa and the The Government of Ontario through The Ministry of Citizenship and Immigration for their support of the focus groups and of People with disABILITIES: A Community Coalition. Resources were also been provided by Human Resources Development Canada for a summer student to assist with this report.

As well, we offer sincere thanks to all the people with disabilities who participated in focus groups and shared their experiences.



## Perspectives on “Disability” and “Inclusion”

There are many different types of disability. A disability may begin at any stage of life, may be temporary or permanent, and may be progressive (i.e. get worse over time) or sporadic (become active or dormant at different points in time).

Information available from Statistics Canada about people with disabilities in Ottawa is not broken down by type of disability. However, there is information available at the national level. Table 1 shows the distribution of different disabilities for people across Canada using national survey data called the Participation and Activity Limitation Survey.<sup>2</sup> Please note that many people reported more than one type of disability, reflecting the reality that many people have multiple- or cross-disabilities.

Mobility	71.7 %
Pain	69.5 %
Agility	66.6 %
Hearing	30.4 %
Seeing	17.4 %
Psychological	15.3 %
Learning	13.2 %
Memory	12.3 %
Speech	10.6 %
Developmental	3.5 %
Unknown	2.8 %

Source: Statistics Canada, Participation and Activity Limitation Survey: A profile of disability in Canada

### An Inclusion Perspective

People with disabilities may be challenged more by systemic barriers and inadequate accessibility within the community than by their own circumstances. What was strongly communicated in the focus groups is that it is the functional difficulty not the disability which determines the life experience of people in Ottawa, whatever the type of disability.

*What we call an “ability” and a “disability” has a long way to go. There are many people with profound disabilities who are up and working and involved. The key is to broaden the definition of “access”. Make sure it includes the reality for people with sensory, physical, developmental, psychiatric, learning and multiple disabilities. If your basic needs are met through appropriate income and access then “disability” means something completely different.*

<sup>2</sup> Statistics Canada, The Daily “Participation and Activity Limitation Survey: A profile of Disability in Canada”. Tuesday, December 3, 2002, page 4. Accessed at [www.statcan.ca/Daily/English/021203/d021203a.htm](http://www.statcan.ca/Daily/English/021203/d021203a.htm). Please note: These data exclude Yukon, Northwest Territories and Nunavut.

*Society likes to believe it embraces difference but everyone is striving for conformity. When you have a disability a label follows you. You have to fit into a criteria.*

Focus group participants placed the emphasis on the way society is organized, rather than on particular impairments which the individual may have. This reflects an understanding of disability which is very widely held internationally.

...while many individuals have physical or sensory impairments or learning difficulties or are living with mental health needs, it is the way society responds to these which create disability and not the individual's impairment. ... 'Barriers' or elements of social organisation, which take little or no account of people who have impairments, cause disability. It follows that ... the way society is organised must be changed. Removing the barriers that exclude (disabled) people who have impairments can bring about this change.

*The Greater London Authority. Disability Equality Scheme Moving Towards Equality for Disabled and Deaf Londoners. January 2005.*

### Moving Forward on Inclusion in Ottawa

People with disabilities are as individual as anyone else in the general population with respect to personality, interests, coping mechanism, intelligence, and so on. As this report will show, people with disabilities are very diverse in terms of age, background, living situation and income. Coupled with the huge range of "disabilities" and environmental differences, all of this diversity results in a very diverse experience with respect to participation and inclusion. It is critical that governments, service providers, the private sector and society in general understand this diversity so that more appropriate and comprehensive policies, programs and services are developed. For too long people with disabilities have been "grouped" according to some artificial or vague "type of disability" label that assumes everyone in the group has the same needs.

Focus group participants identified the following areas in which there continue to be substantial barriers in Ottawa:

- income and employment
- suitable housing options
- access to services available to the general public (such as transportation, buildings, health care, recreation and social opportunities)
- availability of disability related supports
- autonomy and choice.

## A Portrait of People with Disabilities in Ottawa

15.5% of Ottawa's total population has activity limitations (119,855 people). 46% of those with activity limitation are male (54,565) and 54% are women (65,290).

The percentage of the general population which has activity limitations changes for each age group. Table 2 shows that, the percent of the general population with activity limitations is small for younger age groups, and increases substantially for older age groups. The percentage jumps significantly after age 65, with a majority of people aged 75 and over in Ottawa experiencing activity limitations. We can expect an increase in the number of persons with disabilities as the population of Ottawa ages.<sup>3</sup>

Age	Percent of General Population With Activity Limitation
0 – 4	3.7
5 – 14	6.4
15 - 24	6.7
25 - 34	7.9
35 - 44	11.8
45 - 54	17.5
55 – 64	26.0
65 - 74	39.3
75 and over	55.3

### Diversity Among People with Disabilities

There is a lot of diversity among people with disabilities, leading to very different experiences of inclusion and participation. In particular, inclusion and accessibility will be quite different for people with diverse disabilities (physical, sensory, learning, developmental, psychiatric, cognitive, multiple, acquired, progressive etc.). As well, there will be substantial differences among the experiences of men and women, people of different ages, residents from different backgrounds, and rural, suburban and urban dwellers.

### Age

Of all people with activity limitations, the number of individuals in each age group varies. As Table 3 shows, there are relatively small numbers and small percentages in the younger ages and roughly the same percentages in the age groups from age 45 and up. The population aged 0 to 34 makes up 20% of the population with disabilities. Almost 1 in 5 people with a disability is aged 75 and over.

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<sup>3</sup> Social Planning Council of Ottawa, *Ottawa: The People and Their City. Our Social Capital Vol. II No. 1*, April 2002, pg. 18.

Age	Individuals with Activity Limitation	Percent of Total
0 – 4	1,645	1.4
5 – 14	6,460	5.4
15 – 24	6,940	5.8
25 – 34	9,095	7.6
35 – 44	16,055	13.4
45 – 54	20,115	16.8
55 – 64	17,985	15.0
65 – 74	18,880	15.8
75+	22,670	18.9
All Ages	119,845	100.0

### Marital Status

As Table 4 shows, in Ottawa in 2001 a slightly higher percentage of people with disabilities were separated or divorced, compared to the general population. A significantly higher percentage were widowed, likely related to the age make-up of people with disabilities and the fact that many people develop an activity limitation as they age. A lower percentage of people with disabilities were never married, compared to the general population.

	Percent of General Population	Percent With Activity Limitation
Never legally married (single)	34.3	22.1
Legally married (and not separated)	49.8	49.2
Separated, but still legally married	3.5	4.4
Divorced	7.1	10.1
Widowed	5.4	14.1
Not in a common law relationship	92.6	94.5
In a common law relationship	7.4	5.5

### Living Situation

The percent of people with disabilities who live alone is twice that of the general population. 20% of people with disabilities live alone (24,390) compared to 10% in the general population (79,405). This is partly related to the age distribution among people with disabilities, in which a higher percentage are aged 65 and over than in the general population. Roughly one third of people aged 65 or over live alone whether in the general population (28%) or for seniors with a disability (30%). Clearly not all people living alone are isolated. However, social isolation was a significant concern raised in the focus groups, and is partially related to the fact that many people with disabilities live alone.

### Aboriginal Identity

2.8% of the general population in Ottawa identified as being of Aboriginal identity in 2001, compared to 3.5% of people with activity limitations. National research shows that

- For Canada's Aboriginal population, the rate of disability is particularly high-more than one and a half times the rate for the non-Aboriginal population.
- Aboriginal adults with disabilities are almost twice as likely to be out of the workforce as Aboriginal adults without disabilities.
- Aboriginal people with disabilities are more likely to rate their health as fair or poor than non-Aboriginal Canadians with disabilities.<sup>4</sup>

Further research is needed to understand the specific circumstances of people with disabilities in Ottawa of Aboriginal identity, and the implications for services.

### Mother Tongue

The breakdown of languages spoken among people with activity limitations is quite similar to that among the general population. Table 5 shows people with disabilities by mother tongue. The most common non-official mother tongue languages spoken among people with disabilities, in descending order, are Arabic, Italian, Chinese, German and Spanish.

Language	Number	Percentage
English (single response)	75,740	63
French (single response)	20,220	17
Non-official languages (single response)	21,485	18
Multiple Response	2,300	2

For more information about Francophones with a Disability in Ottawa, please see the 2006 report published by the Social Planning Council of Ottawa called "Ottawa Francophones with a Disability" available at [www.spcottawa.on.ca/PDFs/Publications/Final%20Francophones%20with%20disabilities.pdf](http://www.spcottawa.on.ca/PDFs/Publications/Final%20Francophones%20with%20disabilities.pdf).

### Immigration and Citizenship

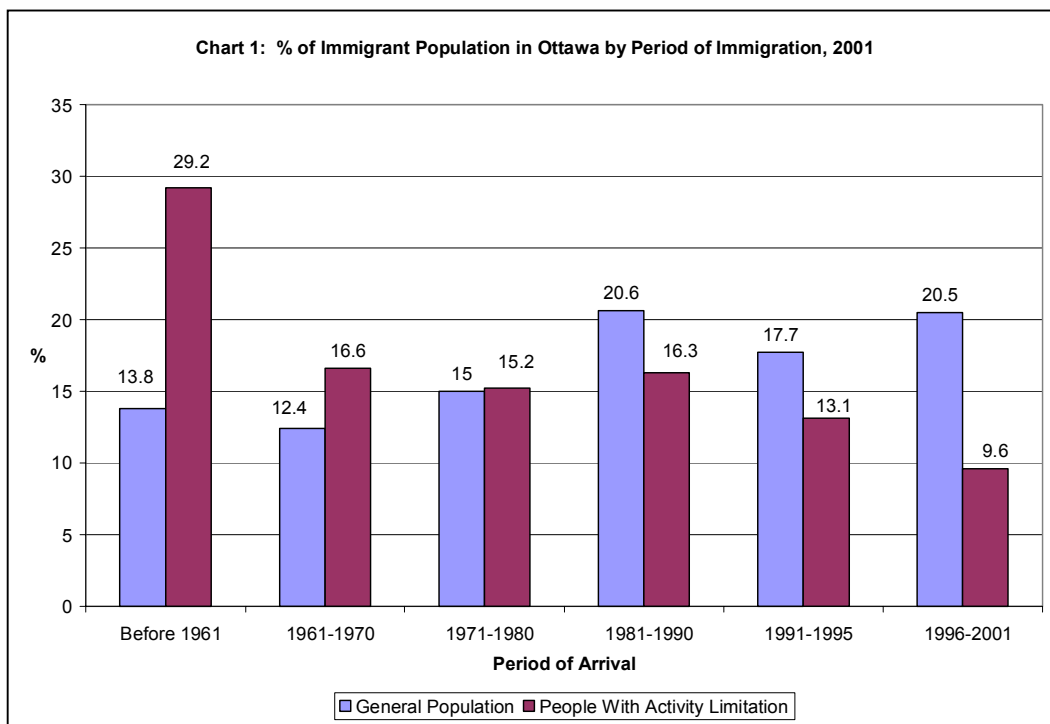
As Table 6 shows, compared to the general population, a slightly higher percentage of people with activity limitations are immigrants (i.e. 29,045 individuals, i.e. 24.2% of people with a disability versus 21.8% of the general population). As well, a higher percentage are Canadian citizens. Both of these facts are most likely due to the reality that many people with disabilities who are immigrants arrived here many decades ago.

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<sup>4</sup> Government of Canada. Advancing the inclusion of persons with disabilities. Executive Summary 2004. Ottawa: Government of Canada, 2004, pages 8, 14 and 21.

<b>Table 6: Immigration and Citizenship in Ottawa by Percentage, 2001</b>		
	Percent of General Population	Percent of People with Activity Limitation
Non-immigrants	77.1	75.3
Immigrants	21.8	24.2
Non-permanent residents	1.1	0.5
Canadian Citizenship	93.5	95.3
Citizenship other than Canadian	6.5	4.7

As we see from Chart 1, there is a significant difference in the periods of arrival for people with disabilities who are immigrants compared to the general population who is immigrant. There are significantly higher percentages of people with disabilities reflected in the earlier periods of arrival and significantly lower percentages of people with disabilities who have arrived in recent years. What the chart demonstrates is not that more people with disabilities were immigrating in the 1960's and '70s, but that people who immigrated in those periods are aging, and many have developed disabilities as they age.



## Income

*Income levels directly impact your choice and decision-making ability which in turn affects every aspect of your life, and your autonomy.*

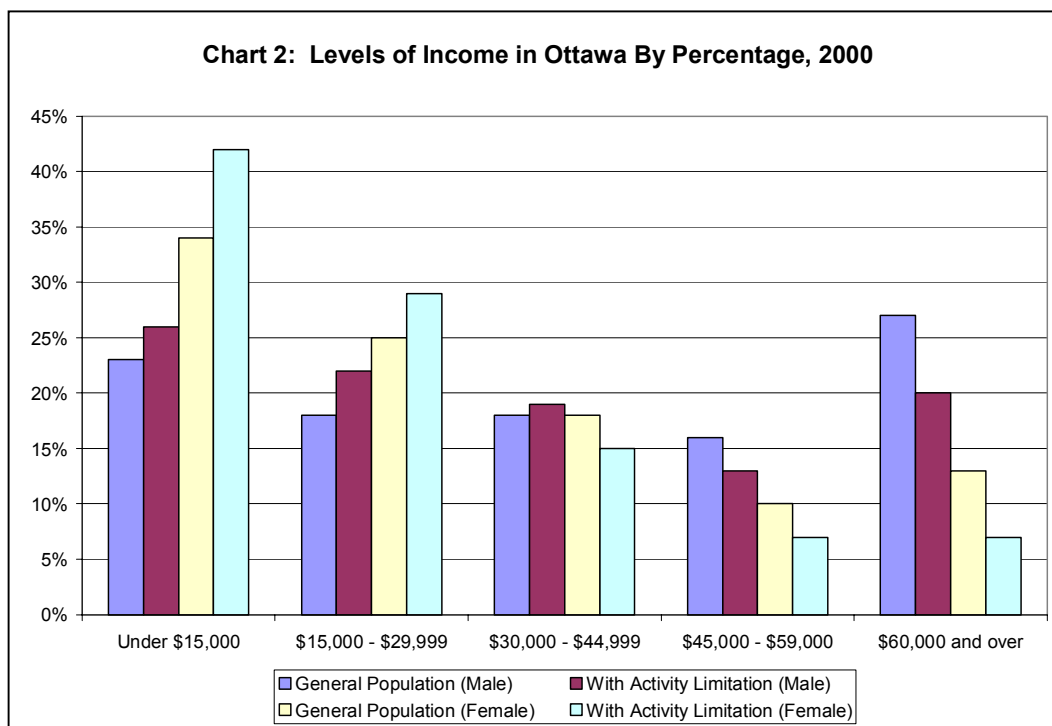
### Economic Exclusion Is a Major Barrier to Inclusion and Participation

As with any group, people with disabilities are found at all levels of the income scale. However, it is clear that people with disabilities are not benefiting equally from Ottawa’s economy.

This “economic exclusion” was the barrier identified most strongly by focus group participants and was a key finding of **Maximizing Our Assets**. Compared to the general population, people with disabilities have lower personal incomes on average, poorer employment outcomes and significantly higher rates of poverty. Table 7 confirms that people with disabilities have lower than average incomes. As well, the average incomes of women are dramatically lower than those of men – in the general population and for women with disabilities.

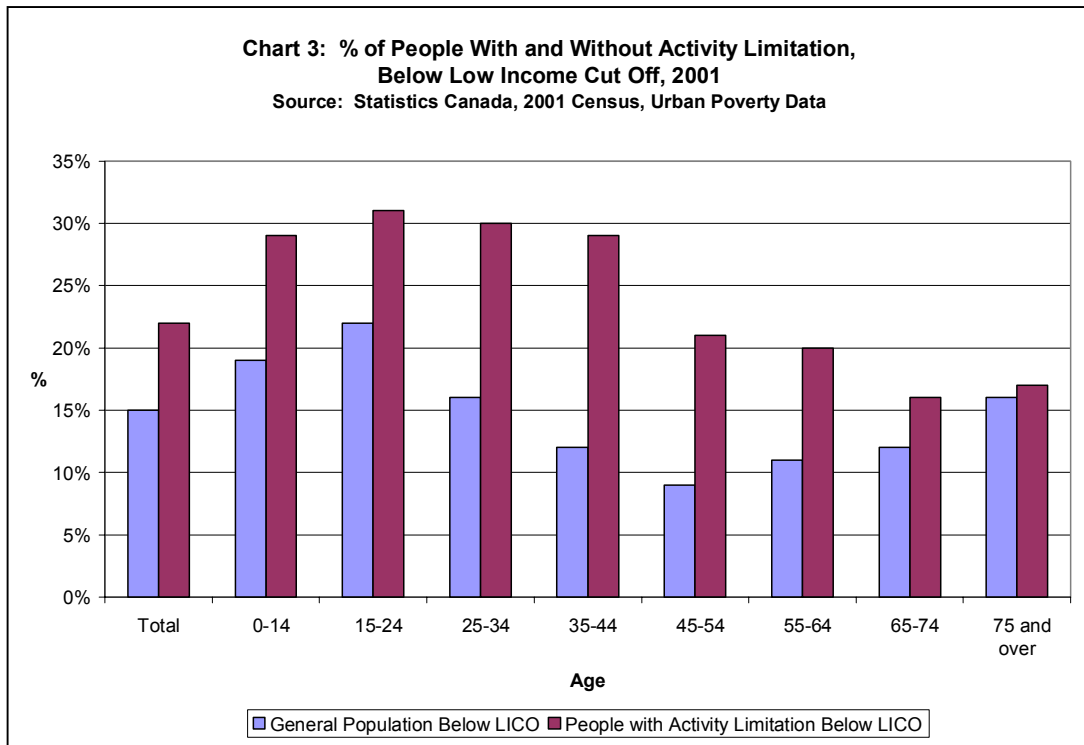
	Average Income	Median Income
Males in the General Population	\$47,328	\$37,073
Males with Activity Limitations	\$38,966	\$30,541
Females in the General Population	\$30,230	\$23,948
Females with Activity Limitations	\$25,477	\$17,968

Chart 2 explains the median incomes listed in Table 7, which are significantly below the average incomes for all groups. As the Chart confirms, while people with disabilities are found all along the income spectrum, people with disabilities particularly women, are over-represented at the lower levels and significantly under-represented at the top levels. This trend is comparable for women in the general population.



## Living in Poverty

In Ottawa, 22% of people with disabilities live below the low income cut-off, compared to 15% of the general population. In Chart 3 we can see that the rates of poverty vary for different age group. Rates of poverty are significantly higher for children, even higher in the prime working ages from 25 - 64 (essentially double), and start to level out in the older age groups. We would expect less of a difference for older residents as many may not have developed a disability until after retirement from the workforce. As well, income supports for seniors reduce the number of seniors who would otherwise live in poverty. The percent of people with disability living below the low income cut off peaks at over 30% for the 15 – 24 age group.



All low income residents in Ottawa face significant barriers to meeting their basic needs and to participation in community life<sup>5</sup>.

*You need to consider the “Pyramid of Needs”. How can one have confidence in the world if their basic needs aren’t met?*

*I guess the bottom line is... once I pay the rent and other incidentals (hydro, television, phone, food)...I go into overdraft every month just to keep my head above water.*

<sup>5</sup> For more information on the reality of living on a low income in Ottawa, see Social Planning Council of Ottawa, The Poverty Crisis 2005 Report of the People’s Hearing’s II. Ottawa: Social Planning Council of Ottawa, 2005, available at [www.spcottawa.on.ca/PDFs/Publications/Peoples%20Hearing%20Final%20Report.pdf](http://www.spcottawa.on.ca/PDFs/Publications/Peoples%20Hearing%20Final%20Report.pdf).

For people with disabilities, there is an intimate connection between inadequate incomes and even greater barriers to inclusion in community life. Low income is a “core issue” that impacts on many aspects of inclusion in community life for a significant percent of people with disabilities. Some people with disabilities have additional costs which members of the general population don’t face. As well, for low income residents with disabilities, choices which are already limited by finances are even further restricted by inadequate accessibility of many community amenities.

*Without the money to make your own decisions, especially in terms of housing and social activities, you feel trapped. I’m 51 years old. I should be able to make my own decisions, but because I don’t have money everyone else gets to make decisions for me. They get to decide: Will they give me bus tickets so I can attend? Will they waive the participation fee? Can I choose which neighbourhood I will live in?*

*Lower income prevents participation. It leads to isolation, which causes emotional and psychological stress and can exacerbates the person’s condition. Some of my friends with mental health problems get worse if they can’t get out and do things.*

*More money results in a chain reaction that solves so many problems. Even choosing a retirement home is impossible if you are on a disability pension, so you end up at places where you feel unsafe and uncomfortable.*

*I have to take lots of medications, and some of them aren’t covered by my drug plan. Lots of times I can’t afford them so I just do without. I can’t afford to eat properly or get out and do things. That just makes it even worse.*

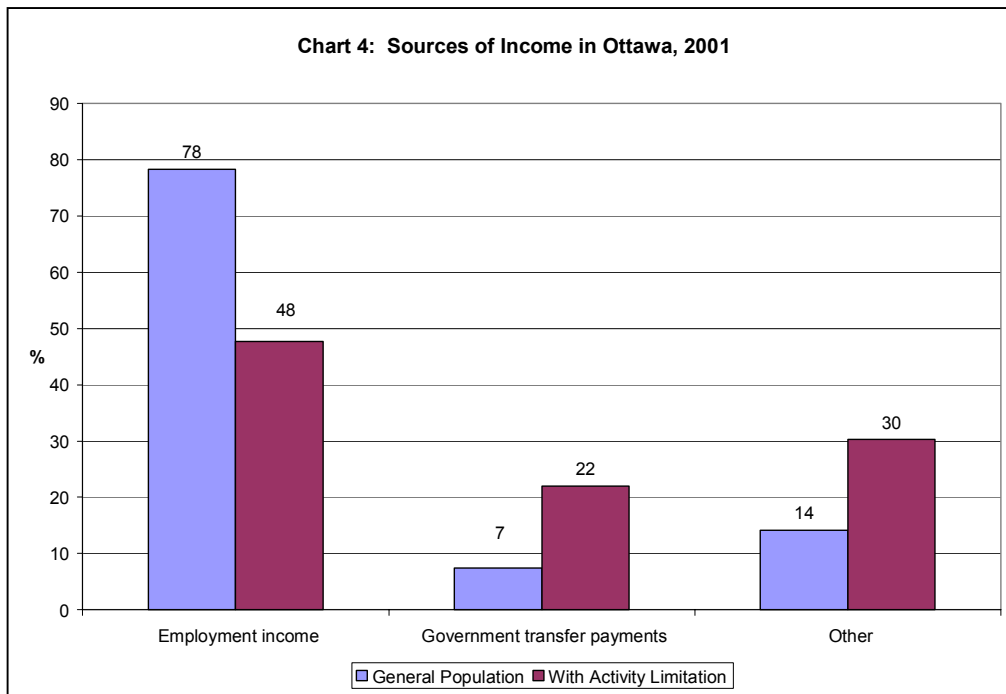
*There are lots of free things to do in Ottawa, like some of the festivals. But there aren’t accommodations for us there. I can’t even get in to some of the venues, I can’t use the washrooms, there’s no signing – lot’s of problems. So people with disabilities aren’t benefiting from all these activities.*

### Sources of Income

A significant factor in the income levels of people with disabilities is the source of income. Less than half of people with disabilities get their income from working (47.4 compared to 78.3 for the general population) and over one in five people with disabilities get their income from government transfers. One third get their income from other sources (which would include pensions and savings). (See Chart 4)

Working is the best route out of poverty, but one which is not accessible to many people with disabilities.

*It isn’t a question of not wanting to work...but that working is very difficult for me. I cannot stand, sit or walk for long periods of time. I need to lie down most of the time due to severe and constant pain. I had a part time job offer yesterday but I had to refuse as my care needs could not be met.*



As well, several government transfer programs on which people with disabilities rely provide benefits which keep people below the poverty line. A major theme shared by participants with disabilities was the extremely low rates paid under some programs, particularly the Ontario Disability Support Program (ODSP), Ontario Works (OW) and in some cases Workers Safety and Insurance Board payments.

In addition to the low income levels, a major frustration with the programs is the numerous administrative problems people face. We heard a litany of concerns including:

- The difficulty in qualifying for ODSP and Canada Pension Plan (Disability) benefits because of onerous application processes
- The administrative challenges for people whose disabilities get better or worse at different points in their life (for example, some psychiatric conditions)
- Frustrations in qualifying for discretionary or supplemental benefits such as special diet allowances, transportation allowances
- ODSP and OW policies with respect to earned income, which result in a major barrier to people with disabilities who are able to obtain some employment

*A measure of success for inclusion would be that ODSP had at least kept up with the rise in the cost of living.*

#### Recommendations With Respect to Income Of People with Disabilities

Poverty is one of the key obstacles to inclusion. There is a need for all levels of government to implement strategies to address the high rates of poverty among people with disabilities. Such strategies could include:

- Increase incomes provided through income support programs such as ODSP
- Increase access to employment at good wages
- All levels of government and community services provide additional income supports such as transportation subsidies, access to free services, funding for accommodations/enhancements (such as ramps, TTY, monthly internet fees to facilitate employment, etc.).

# Employment

With Files from Nathan Hauch

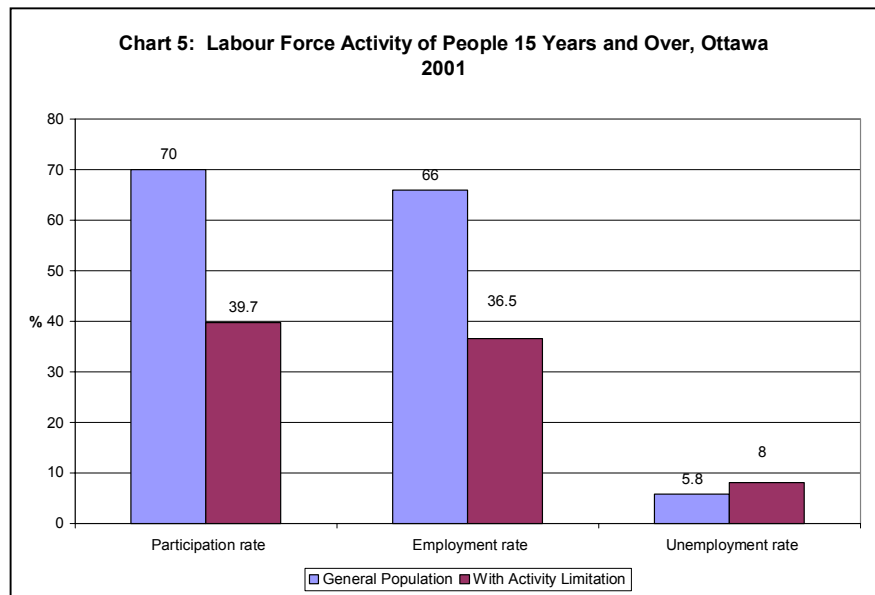
*We haven't done enough education to enable employers to look beyond the disability.*

*We really need a plan to increase work opportunities for people with all disabilities. We need someone to start marketing our skills to the private sector. And why don't we see more people with disabilities in government jobs, including in "visible" positions – out in the public. We need different work options for people with different situations – part time and full time; work at home and in workplaces, entry level and right up to the top. And let's not forget people who become disabled after they start working. Different levels of government have to start cooperating on employment supports that meet our needs.*

Only 40% of people with disabilities over 15 years old participate in the labour force in Ottawa, compared to 70% of the general population. In the focus groups, a major frustration was the tremendous problem people with disabilities face getting appropriate employment. Many who were unemployed saw a job as a way out of poverty. Others felt an appropriate job would increase their self-esteem and their status in the community. Individuals shared many problems they faced in getting hired or promoted. They felt a big problem was people not getting work appropriate to their education and credentials. Others, particularly individuals with developmental disabilities or communication challenges, were frustrated they were not paid at least minimum wage. Some people who had a job were afraid to disclose their disability.

*What would make me happy? Doing a job. Having a boss who was polite and nice to me. Having responsibility – not just stuffing envelopes.*

Chart 5, based on census data, shows not only is the participation rate substantially lower but the rate of employment for people with disabilities is substantially below that of the general population in Ottawa, while their level of unemployment is higher.<sup>6</sup> Even taking into account that these figures include people over 65, and people with disabilities have a higher proportion of people over 65, it is clear that people with disabilities do not benefit equally from the labour market.



<sup>6</sup> The "participation rate" is the total labour force in that group (employed or unemployed) expressed as a percentage of the population 15 years of age and over in that group. The "employment rate" refers to the percentage of people in the group who were working rather than unemployed. People not reflected in the participation rate (employed or unemployed) are considered "not in the labour force".

## Different Factors Affect Labour Market Participation

Personal situations have an impact on labour market outcomes. For example:

- Men fare better than women both within the general population and for people with activity limitations, with participation rates of 75.9% versus 46.5% respectively for males and 64.5% versus 34.3% respectively for females.
- Labour market activity varies according to the presence of children in the household. For both the general population and for people with activity limitations, those in a household with children are significantly more likely to be in the labour force (79.7% and 55.7% respectively) than those in a household without children (69.2% and 39.5% respectively).
- Francophones with disabilities in Ottawa face even greater economic exclusion than the total population of people with disabilities, including lower participation rates (34% compared to 40%) and lower employment rates (31% compared to 37%)<sup>7</sup>
- The participation rate for people with disabilities aged 15 – 24 is much closer to that of the general population aged 15 - 24 (58% compared to 69.4%). However, the unemployment rate for both is high.

Changes in the labour market are also a significant factor. Many manual or low skilled jobs have been lost. Particularly with the advancement of technology, workers with high school or less are experiencing increased difficulty.<sup>8</sup>

*Most jobs require post-secondary education...but most people with disabilities are struggling to pay their rent...How can they afford to pay for tuition?*

*We are not only competing against stigma and other barriers but also with able-bodied and able-minded individuals. There should also be jobs available for people at all levels and stages of disabilities.*

The nature of the individual's disability significantly affects labour market participation. "According to a report published by the Canadian government,<sup>9</sup> severity and the presence of more than one disability can affect labour-market participation, depending on the type of disability.<sup>10</sup> According to the Participation and Activity Limitations Survey, persons with more than one disability report lower participation rates than those with only one.<sup>11</sup>" The effect can be due to the nature of the activity limitation or because of barriers or lack of accommodation.

*[When] employers think of accommodations in the workplace, they're thinking of building changes whereas I'm thinking about computer voice recognition software....*

*There might be opportunities in the general labour market but it's accessible only to an elite class of people with disabilities. There isn't anything for people like me.*

<sup>7</sup> Social Planning Council of Ottawa. Ottawa Francophones with a Disability. Ottawa: Social Planning Council of Ottawa, 2006, pages 16 and 17.

<sup>8</sup> Social Planning Council of Ottawa. The Working Poor of Ottawa. Ottawa: Social Planning Council of Ottawa, 2005, page 23.

<sup>9</sup> Government of Canada, The Office of Disability Issues. Living with disability in Canada: An Economic portrait. Ottawa: Minister of Supply and Services Canada, 1996.

<sup>10</sup> Severity of disability is measured on the basis of points attributed to answers given to selected Participation and Limitation Survey questions. Severity is categorized as mild, moderate or severe. Designations depend on the degree of difficulty or number of tasks that respondents had difficulty performing.

<sup>11</sup> SPC, (2006), page 18.

*I can't work as fast as other people, but I can still do a good job.*

*Some people are not able to work regular hours. For example one woman I know can't commit to regular hours every week. It depends on how she is each day.*

*In a job interview, at what point do you mention accessibility needs? Sometimes this is an automatic refusal.*

*Invisible disabilities are often not accommodated. Sometimes, when people find out that you have a psychiatric disability there's this stigma and they have this fear....*

As part of the issue of accommodation it is necessary to address job requirements (at the point of hiring or for advancement) which negatively impact people with disabilities.

For some people with developmental disabilities an accommodation is "job tasking". This involves breaking down the task within several jobs, and creating one job out of some of the particular functions previously within several different jobs.

*In my field you have to have Workplace Hazardous Materials Information System (WHMIS) training. But you can't find that for people who are deaf or deafened. Without WHMIS certification I can't get anywhere.*

*Accommodation means bending the criteria of a job such that it doesn't affect the job performance and parameters. For example, is a vehicle a real requirement of this position or are there ways that this could be changed to make hiring a person in a wheelchair possible?*

*So many jobs require "bilingual". That's a huge problem for people with communication challenges. For example, someone who is deaf, whose first language is American Sign Language, may have a low comprehension of English let alone French. Then people think they have low education. That is not true. They have high levels of education and communication, but not in English or French. And it's a lot harder for people who are deaf to learn English or French than it is for others.*

While the overwhelming majority of job opportunities are in the private sector this is not an appropriate work environment for some individuals. Particularly for some people with severe, multiple or complex disabilities alternatives are necessary. To meet this need, some voluntary sector organizations establish parallel job opportunities. For example, there are many organizations serving people with developmental or psychiatric disabilities which operate programs or business enterprises which offer transitional or permanent employment opportunities for their clientele. Such parallel employment opportunities are an important part of the spectrum of employment opportunities which are needed to meet the distinct needs of diverse disabilities.

### Type of employment

The overwhelming majority of people obtain their employment income as employees (see Table 8). However, many people who face barriers in the mainstream labour market turn to self-employment to increase their personal income, either as a primary source of income or as income patching. People with

disabilities have slightly higher than average rates of self-employment, particularly for un-incorporated businesses.<sup>12</sup>

	Percent of General Population	Percent With Activity Limitation
Employees	96.9	86.9
Self-employed (incorporated)	3.2	3.4
Self-employed (un-incorporated)	7.5	9.2

The distribution across different types of occupations (such as Construction or Professional / Scientific / Technical Services) is very similar to the distribution for the general population.

Having full time paid employment is important to some people with disabilities but not for others. Depending on an individual's disability or state of health, part time work may be more suitable.<sup>13</sup> However, it is also the case that some people work part time because they cannot find suitable full time work. As we see from Table 9, people with disabilities are more likely than the general population to be part time workers. Research indicates that women and people with disabilities are most likely to be working part time and looking for full time employment.<sup>14</sup>

*There should be a resource to help us find piecemeal jobs, which is what many people end up having to work in order to manage the ups and downs of their disability.*

	Percent of General Population	Percent With Activity Limitation
Worked Full Year / Full Time	57.4	52.1
Worked Part Year or Part Time	40.4	42
Males - Worked Full Year / Full Time	63.1	57.1
Females - Worked Part Year or PT	35.1	37.9
Females - Worked Full Year / FT	51.4	46.4
Females - Worked Part Year or PT	46.0	46.4

Working at home – either as an employee or self-employed – can be a matter of choice or a result of labour market barriers. 6.5% of the general population aged 15 and over who work, work at home compared to 9.0% of those with activity limitations (3,650 individuals).

<sup>12</sup> The data in Table 8 reflect only the source of the bulk of a person's income. It does not reflect "income patching".

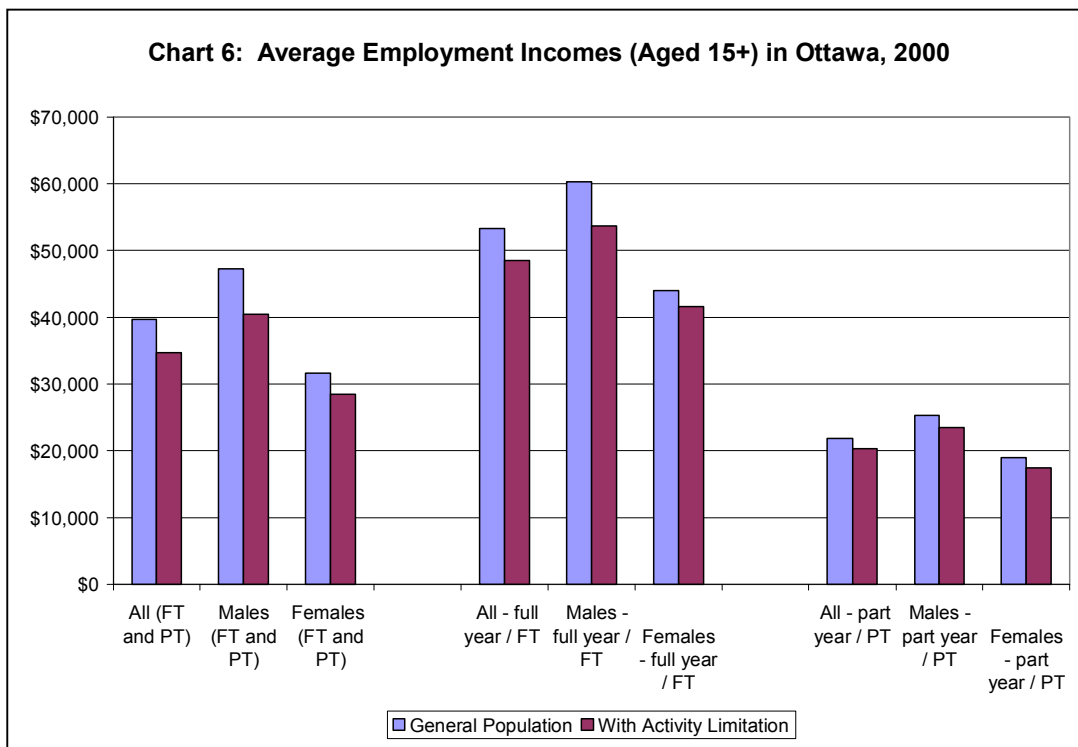
<sup>13</sup> CPS, (2006), page 18.

<sup>14</sup> CPS, (2005), page 11.

Income Levels for People who are Working

People with disabilities earn 13% less on average than the average earnings of the general population (\$34,673 compared to \$39,713). Chart 6 shows that this pattern is repeated for full time/full year workers and part time/part year workers. Full time workers in all categories (male and female, in the general population and people with disabilities) earn more than the average employment income in Ottawa. The average incomes are significantly reduced by the level of part time earnings. Once again we see that gender is an important factor in earnings. Women’s average earnings are even less than those of men, both within the general population and for people with disabilities. On average women with disabilities earn \$28,451, which is 29% less than the average employment income in Ottawa.

A good indicator of inclusion would be working conditions. For example, I would like to be paid equal to people that aren’t disabled doing the same tasks.



The rate of “working poor”, i.e. low income among people with disabilities who are working, is quite similar to that of the general population. Overall, 12% of employed individuals with disabilities are living below the low income cut-off compared to 13% in the general population. However, 22% of people with disabilities who worked under 49 weeks live below the low income cut-off (compared to 17% in the general population).<sup>15</sup>

<sup>15</sup> SPC, (2005), pages 22 and 23.

## Workplace Environment

Most people in the focus groups who were working had very positive experiences in the workplace. However, a few challenges were raised. Some felt they were not treated equally to others, either by the management or by co-workers. In particular, some people with developmental or psychiatric disabilities felt quite isolated from other workers.

As well many were concerned that their skills were under-utilized and they did not have the same opportunities for advancement.

*To a great many employees, I am not in the same professional circle as them.*

*Because I can't hear and no one at work understands American Sign Language, I can't chat with people about my ideas or participate in team meetings the way others can. This means I've been overlooked for promotions – no one realizes I have a lot to contribute. Technology has started to make a difference, though. I have a blackberry now, and I can text back and forth with people. This seems to be changing things a bit, and I'm more involved.*

*People say there's no such thing as being overqualified but it's a big problem. I can't get work in my field that fits my education.*

## Employment Support Programs

*We need a system in place to bridge the gap in employment. Right now its either sink or swim. You have no net to catch you if you are in a bad situation.*

Several of the government income support programs offer employment supports (O.D.S.P., Ontario Works, CPP, Workplace Safety and Insurance Board). There is significant frustration with these services, particularly in the case of ODSP or Ontario Works. People on these programs are permitted to retain part of their earnings, but the majority are deducted from payments they would have received under the programs. This serves as a significant disincentive to get work and means they cannot get out of poverty unless they can get full time work at a living wage.

*It's like you're working for nothing. If the provincial government could raise the [STEP] limit, that would make a big difference.*

*You need to have job supports along with ODSP and OW. And it takes more than the three to six months they allow. As well, you need to have people help you with your basic needs. Employment start-up programs don't give enough for job outfits. You give a bad impression on an interview if you aren't properly dressed. And if you get hired, having only one outfit doesn't work well.*

*You can't afford to get a full time job because you lose the extra benefits from ODSP. Losing the drug card is a big problem for a person with a disability.*

Employment services for people with disabilities in Ottawa have recently undergone a significant change. Some of the voluntary organizations which specialized in employment services for people with disabilities are no longer providing those services due to a change of service providers in the City. We also heard that with

the growing focus on outcomes in employment services (particularly placement) there is a concern that residents with more complex needs may have less access to employment supports appropriate to their needs. Many participants felt there was a “creaming” process, in which employment services were being targeted more to people who were job ready and did not have complex disabilities. This was leaving a lot of people with disabilities behind, particularly people with developmental disabilities, multiple disabilities, severe psychiatric disabilities or significant communication challenges.

### Recommendations to Improve Employment for People with Disabilities

While many individuals with disabilities have done very well in the labour market, it is clear that, in Ottawa, people with disabilities as a group experience “economic exclusion”. While there are programs and services to help individuals with disabilities, we have no action plan in Ottawa to address the systemic barriers which people with disabilities face. There is a pressing need to build a cross-sector partnership (including the public, private and non-profit sectors) to develop and implement a comprehensive strategy to address the economic exclusion and under-utilization of the skills of people with disabilities. The various initiatives to enhance labour market integration for internationally trained workers is an example of such a strategy, and demonstrate the potential of a population based employment strategy.

Such a strategy would need to include several elements, including but not limited to:

- Outreach and education to employers (especially in the private sector) to promote the employment assets of people with disabilities and to increase understanding of accommodations for diverse disabilities
- A strategic approach to improving labour market outcomes for people facing complex barriers in the labour market (such as people with multiple disabilities, severe psychiatric disabilities and some people with developmental disabilities or acquired brain injuries)
- Strategies to increase the numbers of people with disabilities employed in government
- Ensure a full spectrum of employment options, including full time and part time work, mainstream and parallel opportunities, and innovative strategies such as “job-tasking”
- The creation of more parallel employment opportunities for people with complex disabilities, including co-operatives, social enterprises, and market businesses
- Support research and policy development with respect to the impact on people with disabilities of social assistance policies regarding earned income
- Ensure equitable access by Francophone, women and Aboriginal residents with disabilities to employment related services including resources for enterprise development for people with disabilities.

As well as having impact locally, such a strategy could help inform the development of the labour market development agreements between the Federal and Provincial government, as well as employment standards developed under the regulations of the Accessibility for Ontarians with Disabilities Act.

## Education

The education status of people with disabilities is significantly influenced by the specific disability, including the type and whether the onset was at birth, early or later. Equitable access to education was an important issue raised by participants in focus groups.

*A lot of people with disabilities have not had success in the education system.*

38% of people with disabilities aged 15 – 24 are not attending school compared to the general population (30%). A lower percent of people with disabilities are attending full time (53%) compared to the general population (64%). 9% of people with disabilities aged 15 – 24 are attending part time compared to 6% of the general population.

Table 10 shows that people with disabilities on average are not attaining education levels equal to the general population. A significantly higher percent have no secondary school graduation certificate and a significantly lower percent have a trades certificate or a university degree or higher. It is encouraging that the percent of people with a college certificate or diploma is equal for people with a disability and the general population.

	Percent of General Population	Percent With Activity Limitation
Grade 13 or less without secondary school graduation certificate (including less than grade 9)	20.2	32.1
Secondary school graduation certificate	11.9	13
Trades certificate or diploma	7	2.9
College certificate / diploma	16.8	16.9
University with bachelor's degree or higher	29.4	18.7

Pursuing educational opportunities was seen as an end in itself, as a stimulating activity and an opportunity to socialize with peers. The lower average levels of education are a factor in the poorer employment outcomes of people with disabilities. “The literature indicates that employment opportunities are more affected by education levels than by working experience. An individual’s employment prospects do not improve much over time unless he or she attains higher levels of education. Between 1996 and 2001, individuals in Ottawa with university degrees had an 81% chance of moving up out of low wage jobs compared to 46% of workers with high school or less”<sup>16</sup>. Many people with disabilities face a different problem of over-qualification. They have higher educational credentials but still cannot get hired due to barriers and discrimination in the labour market.

*There should be proper educational programs for people with disabilities, rather than only educating people to the lowest common level. This way, if people are able to and want to get a job, they have the proper education behind them.*

<sup>16</sup> Janz, T. Low-paid employment and ‘moving up’. Income Statistics Division, Statistics Canada, Catalogue 75F002MIE, 2004 as quoted in SCP, (2005), pages 23 – 24.

*People go through the schooling and pay the money and can't get a job. You think in your mind...after you take a course...maybe you'll be where you want to be. And when you aren't...it's stressful and financially straining.*

There is a need for education and training opportunities better suited to the diverse needs of people with disabilities on the one hand, and to the labour market on the other. We heard about several concerns:

- We need a wider range of opportunities to help people deal with literacy problems. Not everyone wants to go to school but some people may need help reading a letter or learning how to read a bedtime story to their child. Many do not have English or French as a first language (incl. people from other countries and people whose first language is American Sign Language or SLQ).
- There are gaps in employment related training for people with disabilities including English and French language training, and standard training and upgrading (such as Workplace Hazardous Materials Information Systems).

Finally, neither the focus groups nor the census data addressed the issue of special education supports in the elementary and secondary school systems. While it is beyond the scope of this report to address these issues, clearly it is at these levels of the education system that key barriers need to be resolved.

## Housing

People with disabilities face numerous challenges in accessing housing appropriate to their needs. Focus group participants identified problems in five areas:

- Accessibility
- Affordability
- Availability
- Safety and
- Quality.

Given the difficulties in finding suitable housing, it is not surprising that people with disabilities, in 2001, were less likely than the general population to have moved in the past year (11.2% versus 16.1% respectively) or in the past five years (38.1% versus 47.2% respectively).

### Accessibility

*There is not a real understanding of what true accessibility is. Accessibility is largely personal. What works for one person doesn't necessarily work for the next. Even so, there should be a generalized standard, for example, from the Act of Ontarians with Disabilities. Accessibility is ensuring that all factors are accessible at all levels.*

In the focus groups we heard numerous examples of people with disabilities not being able to get housing suitable to their particular needs. For example, an apartment which is considered accessible may work for a person with a manual wheelchair, but may not be appropriate for someone with a motorized wheelchair (which is designed differently) or a person who is blind or a person with a psychiatric disability. There was a sense that there is a greater understanding of accessibility for people with mobility disabilities, and much less understanding or accommodation of accessibility for people with other disabilities such as sensory disabilities. In particular, accessible housing for people with developmental disabilities or serious psychiatric disabilities may have nothing to do with building design but may mean supportive housing in which there are staff supports.

*Landlords aren't exposed on a regular basis to people with disabilities. Therefore they can only be expected to have a limited interpretation of their apartment's accessibility. They need education from disability groups.*

Participants emphasized that accessibility is not just about the design of the unit. It is also about accessibility into the unit and the ability of people with disabilities to visit people in units not designated accessible (i.e. "visitable" units).

*I have a friend...she has an accessible unit, but she has to go up the stairs to get in. The ability to get into your own apartment is important for independence.*

*We need supports in the housing when people [with psychiatric disabilities] are having their ups and downs. That kind of help encourages the best you can be when you are in a good place, and helps you out when you are in a bad one.*

*Why don't at least some apartment buildings have accommodations for people with sensory disabilities, such as visual emergency alarms?*

*I don't think there is a single long term care facility in Ottawa which has accommodations for people who are deaf or deafened. This doesn't make any sense when loss of hearing is quite a common occurrence in natural aging.*

*I was in the process of buying a house which was still under construction in one of these new communities. The builder had us choose different finishes and fixtures, but I wanted some modifications to the electrical set up like a visible doorbell and smoke alarms. It wasn't possible for me to make that arrangement, even though it was still under construction, because the houses are built on a mass production system.*

Traditionally housing design has not considered the needs of people with disabilities, except as a “specialty” triggered by individual requests. Neither houses nor apartment buildings have been designed with a realization that a significant portion of the population has a disability, many of us become disabled at some point in our lives – even temporarily – and most of us will age and may need certain design features to support us to live independently as our abilities change. It is up to each individual to arrange for modifications to housing with an “inaccessible” design. For example, it is very common for a senior either to be isolated in a part of his or her home or to have to move following a fall or a predictable change to mobility related to aging.

There is a growing realization that this individual approach is not the most effective way to address the need for accessible housing. Using “universal design” concepts for new housing and housing renovations is a much better approach. A “universal design” approach is one in which housing (and other products) are designed to be usable by a broad range of people including people with disabilities, children and seniors. The design features benefit all users.

Related to universal design is the concept of flex-housing, in which design features are built into a house to allow it to be easily changed over time to meet changing needs (such as reinforcement behind washroom walls to enable grab bars to be easily installed as people age, or “roughed in” building systems to allow easy conversion to an apartment in the house for income generation for a young family or independent living for an aging relative). Universal design and flex-housing create a solid foundation of standards which address many aspects of accessibility, and which can be easily modified to meet the distinct needs of each individual.

In May 2003 the Accessibility Advisory Committee of the City of Ottawa held a forum which highlighted that the housing available in Ottawa, and most new housing being developed, would not meet the increasing need for accessible housing for people with disabilities and the aging population. The forum concluded there was an urgent need to promote universal design and flex-housing concepts – for new housing and retrofits as well as for neighbourhood and community design, in order to lessen the strain on community services now and in the immediate future.<sup>17</sup>

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<sup>17</sup> Report to City of Ottawa Corporate Services and Economic Development Committee and Health, Recreation and Social Services Committee and Council, by Keith Hobbs, Chair Accessibility Advisory Committee. Evolving Housing Needs Forum – 2003, Submitted 5 September, 2003.

## Affordability

Given the high rate of low income among people with disabilities it is not surprising that the serious shortage of affordable housing is a huge concern for many people with disabilities. The choices available for any low income individual are very limited, and this is even further reduced for people who need accessibility in their housing. As well, low incomes were a concern for many people with disabilities who were aging, given the significant cost of many seniors housing options.

*I can't find housing that is inexpensive enough for me. I pay almost my whole O.D.S.P. cheque for rent, which takes almost everything that is supposed to be for basic needs like food.*

*My rent is way too expensive, and I've had workers say to me, "Well, you should move." But that's not easy with respect to accessibility. You just can't re-locate anywhere.*

## Availability

For some residents, the housing option they need is simply not available, and they must make do with housing which does not meet their needs. For example, there are many people who are inappropriately housed in long term care or chronic care beds in facilities because there is not a suitable housing option for them in the community. In some cases, with some modifications in design or supports, existing housing could meet the needs not currently addressed. For example, there is a growing awareness of the challenge of finding appropriate housing for people with developmental disabilities who are aging. Housing providers in the developmental services sector may not be well equipped to address some needs that come with natural aging. On the other hand, long term care facilities may have difficulty dealing with some of the issues related to the aging individual's developmental disability.<sup>18</sup>

For others, the appropriate housing option exists in Ottawa but there is not enough to meet the need. This leads to a waiting list, and results in people continuing to live in housing inappropriate to their needs until they receive an offer of a unit. This is a very serious concern for people currently with a disability who have been waiting, and for people who experience a sudden change in their situation (such as an accident or an illness). Waiting lists for the following are of particular concern to people with disabilities:

- subsidized housing, currently at roughly an 8 year wait;
- long term care
- supportive and supported housing for people with developmental disabilities
- supportive and supported housing for people with psychiatric disabilities, and
- attendant care to enable people to live independently in their own home

A third problem is the difficulty of finding out what accessible housing is available with particular features. There is some information available at the Social Housing Registry on some accessible public and subsidized housing units. As well, some social services coordinate information and placement with respect to certain types of supported or supportive housing. And while the private market has begun to respond to the need for accessible housing in a limited way (particularly in relation to the seniors market), there is no coordination of information on accessible or supported housing available within the private market.

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<sup>18</sup> A recent forum explored this and other issues related to aging and developmental disabilities. For more information visit [www.opadd.on.ca](http://www.opadd.on.ca).

## Safety

As with the general population, safety is a big concern for people with disabilities.

- Some focus group participants were living in housing which was not safe for them because of accessibility barriers (e.g. bathing facilities in which they were at risk of a fall, or smoke detectors they wouldn't hear because they were deaf).
- Some people with disabilities felt particularly vulnerable because of their personal situation and the nature of their disability.
- As well, some could only get affordable, accessible housing in an area or building which had a higher than average incidence of crime. There was very high concern about safety issues in some subsidized housing developments and some rooming houses, where safety conditions were poor. Residents were frustrated that they could not afford to move to a safer situation. Better in-house security and improved maintenance were recommended as a way to address this problem.

*People have a right to safety at any income. If you don't feel safe in your own accommodation, your mental health will deteriorate and cost the system more.*

*What does it mean to be safe? I need to live where it's free of drugs and violence, where I can sleep, can have people over, and children can visit. Some of these places are really unsafe.*

## Quality

An issue of quality which was raised by focus group participants was that of maintenance standards. Many people were concerned about disrepair in buildings and problems with enforcement of minimum housing standards. They identified that disrepair issues affect everyone in a building, but often affect the resident with a disability even more. For example, some people with disabilities may be quite affected by loss of heat or air conditioning.

*When the elevators break down, I'm really stuck. I can't get in and out of my apartment.*

## Recommendations for Addressing the Housing Needs of People with Disabilities

All levels of government, along with the non-profit and for-profit sectors, must do what they can to increase the supply of affordable, accessible housing to meet the full spectrum of needs. In particular, there is an urgent need for more housing of the types which currently have waiting lists. It would also be helpful to have a registry of accessible housing (apartment, condo or houses) in the for-profit and non-profit sectors.

As well, universal design and flex housing need to be promoted through education, incentives and policy development, as a strategy to address current and future needs more effectively. Revisions to the Ontario Building Code could help increase accessibility, particularly for multi-unit housing developments.

There is a need for improved safety standards in some subsidized housing buildings and some rooming houses. As well, building standards need to be enforced in public and private sector buildings.

Finally, although neither the focus groups nor the data addressed the issue of homelessness, it is clear that many people who experience homelessness have disabilities. Of particular concern is the significant number of people with psychiatric disabilities who experience homelessness. As well, there has been a growing

acknowledgement of people with a range of other disabilities among the homeless. In addition, some people experiencing long term homelessness are aging more rapidly, and are developing age-related disabilities. In the Recent Community Action Plan to Address Homelessness there was a sub-plan developed with respect to issues affecting people with developmental disabilities who are homeless or at risk of homelessness.<sup>19</sup> This is a good start on which to build additional strategic planning to address homeless among people who have disabilities.

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<sup>19</sup> See: Ottawa Ginger Group Collaborative Cluster. Adults with Developmental Disabilities Experiencing or at Risk of Homelessness: Report to Ottawa's Community Capacity Building Team. Ottawa: September 2005.

## Life in the Community

*With Files from Nathan Hauch*

*People with disabilities want to be able to do what people who are not disabled do as a matter of course.*

*All services need to meet the needs of people with disabilities. It's not up to a few specialized services. It will take time but this has to become the standard.*

Focus group participants had many positive things to say about community life in Ottawa. They acknowledged that the municipal government was increasing accessibility of its' buildings and services. In particular, they noted significant accessibility improvements to the public transportation system and some better neighbourhood design features such as better curb cuts. They identified many social and recreational activities which were assets, including libraries and community centres. Some felt there was some improvement by the retail and hospitality sectors to serve people with disabilities better. However, they also identified areas where improvement is needed.

### Transportation

Access to public transportation is a central factor in increasing inclusion of people with disabilities in all aspects of community life. People were pleased with the increasing number of low floor buses in Ottawa and modifications to increase accessibility of the transit system in general. They had several recommendations for specific improvements to the regular bus system, the ParaTranspo system and the accessible taxis.<sup>20</sup> The cost of public transit was a significant barrier to many people, which has since been partially addressed by the pilot project for a reduced fare bus pass. An evaluation of the reduced fare bus pass program reveals that the initiative has had a huge positive impact on the quality of life of people who were able to use the program.

The design and condition of sidewalks was another important factor for many people with disabilities. They encouraged the continuation of projects by the City to install audible crossing signals and improve the design and availability of curb cuts. However, inadequate snow clearing, particularly at bus stops, was identified as a big barrier.

A major theme identified by focus group participants was the need for public education with respect to transportation. Many felt there was a pressing need for better education for drivers, people using public transportation and people designing and maintaining transportation infrastructure (parking areas, sidewalks, etc.) to increase understanding of the distinct needs of people with disabilities.

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<sup>20</sup> These recommendations are too numerous and specific to include here, but were passed on to City officials. As well, watch for a study by Disabled Persons Community Resources to be published in 2007, which will examine the accessibility of transportation in the City.

## Health Services

Access to primary and preventative health care is difficult for many people with disabilities. As well as the ever present physical barriers these individuals also find themselves up against a pervasive lack of awareness on the part of health care professionals as well as adverse points of view towards people with disabilities. Cost can also be a barrier.

Family physicians and community clinics tend to be located in buildings that are not accessible for people who use wheelchairs or mobility devices. Diagnostic equipment such as examination tables that raise and lower or weight scales that can be used by non-ambulatory clients are practically non-existent in community health care settings. Also rarely available are such things as assistance with transfers, dressing, undressing and using the washroom. When it is available, the individuals providing the assistance are often not adequately trained.

Clients who are deaf, deafened or hard-of-hearing note an absence of signage and digital displays or communication systems that contain visual, text-based information as well as an absence of TTY's. Those individuals who use sign language often must bring their own interpreters (family member or friend) as this service is not provided.

Generally speaking unless they are working in traditional rehabilitation settings, health care professionals are unfamiliar with the specific needs of people with disabilities. More disturbing than the lack of awareness is an apparent inclination to respond differently to patients with disabilities and not offer the same level of service. We heard for example, that many patients with a disability are not being offered routine diagnostic tests such as PAP smears, mammograms or rectal prostate examinations. Although the absence of clinics that can accommodate an individual who is unable to stand or hold still is part of the problem, it also appears that some health care professionals are making incorrect assumptions about the need for these tests or simply choosing not to refer patients. More research into this phenomenon is definitely warranted.

Yet another factor having a disproportionate affect on people with disabilities has been the de-listing of many medical services and the reduction in access to others (such as eye examinations, physiotherapy and occupational therapy, some tests, etc.). This erosion of financial coverage for services raises costs creating a significant barrier for people living on low income.

## Volunteering

As with the general population, people with disabilities are active as volunteers in the community. People with disabilities who volunteer identified a number of benefits:

- A sense of contribution and greater self-esteem
- A chance to improve the community
- Increased opportunities for social interaction
- An opportunity to develop and utilize skills for future employment
- A chance to network with possible employers.

However, many voluntary organizations are not attuned to the accommodation needs of people with specified needs. For example:

- Some volunteers may be expected to do a compulsory number of hours in a set period of time – which many people with disabilities cannot do.
- Some people also feel that their skills are not being used.
- Many people find that volunteer opportunities are lacking in general.
- Organizations may assume people with disabilities are only interested in volunteering in areas related to accessibility or disability

[The] *voluntary sector is not immune to the assumption that people with disabilities are recipients of volunteer services, not active volunteers themselves.*

**Volunteer Connections:  
Creating an accessible and  
inclusive environment.  
Volunteer Canada, 2001 (3).**

While many see volunteering as a stepping stone to work, others stressed that volunteerism is not a substitute for paid employment where that is the individual's goal. Some people with disabilities are using marketable skills in the voluntary sector - when they could receive financial compensation in the workplace, if only it were more accessible to their needs and abilities.

*Volunteering is great. It helps me feel worthwhile and gain skills, but it doesn't solve my economic issues.*

### Recreation and Social Opportunities

While there are many social, cultural and recreational opportunities in Ottawa (including amenities like restaurants), many people with disabilities face significant barriers to participation. These include lack of accessibility, cost, inadequate information, transportation problems, waiting lists and exclusion by participants or staff. This results in many people with disabilities being very isolated or segregated. There is a need for a concrete strategy to reduce isolation and segregation and to increase inclusion in the full range of social opportunities.

*We're often stuck doing things alone. We need more chances to do things with others. Exposure increases acceptance. People should connect in groups.*

## Giving and Receiving Supports Across the Lifespan

Many – although not all - people with disabilities get help for some activities of daily living. These supports may be provided by family or friends or they may be provided by disability related service providers. The range of supports is very diverse. In the focus groups, people identified many problems with their access to appropriate services including cutbacks, de-listing, lack of coordination between different services, inadequate information, poor service, rigid policies, waiting lists and a shortage of workers in some areas. Participants also identified a range of needs for services to support family or friends who are providing care and support. While the range of difficulties in accessing services and supports are too numerous to address here, it is clear that there are significant gaps in the spectrum of supports for people with disabilities.

A key issue in the availability of services relates to the great diversity within the population of people with disabilities in Ottawa. As we have seen, not only are barriers different for people with diverse disabilities, but the circumstances of individuals with the same disability is also quite varied depending on a range of personal characteristics such as age and income. People with multiple or cross disabilities face greater barriers accessing appropriate services. Cultural and linguistic diversity are also very important. Aboriginal residents and Francophones with disabilities face particular challenges finding culturally appropriate services. As well, we will see a growing number of immigrant seniors in Ottawa, some of whom may need or want access to services which are culturally appropriate

Focus group participants shared that appropriate supports are commonly difficult to access at natural and predictable point of transition in life. Service and agency silos are a major barrier. There are significant disruptions in access to service as young children with disabilities move into the school system and again as they move out of high school in the transition to young adulthood. People face many barriers as they move in and out of employment, a growing trend in the current age of increasing contract work which disproportionately affects people with disabilities. As well, there are significant challenges to successful aging for people with disabilities. There is a great need for better collaboration and planning between seniors services and services for people with diverse disabilities, to ensure appropriate supports to people with diverse disabilities as they age.

Finally, it is important to realize that many people with disabilities are providers of care to others. For example, a slightly higher percentage of people with disabilities are providing unpaid care to seniors – 23% (25,710 people) compared to 19.8% in the general population (122,545 people). A notably lower percent are providing care to children – 27% (30,505 individuals) compared to 36.9% in the general population (227,545 individuals). There are very few supports tailored to the needs of people with disabilities in their care-giving roles. There is a spectrum of services to support people with disabilities in their roles in the paid workforce, but virtually no services to support them in their roles as unpaid workers in the home caring for children or seniors.

## Advancing Inclusion Through Public Education

Public education is widely seen as a key strategy for achieving inclusion.

First of all, there continues to be a need for basic public education to address concerning community attitudes. Many people with disabilities shared experiences of treatment which was intolerant, discriminatory, fearful or just grossly uninformed. In particular, many recommended a public education campaign related to use of public transportation, as many had experienced intolerance or insensitivity when they were using public transportation – primarily from other passengers but occasionally from staff.

*There has been great improvement, but it is the stigmas that are less evident that need to be addressed. People with disabilities are not approached the same way in stores for example. And during the election, we often get passed over by candidates handing out flyers.*

*I often get told, “You people” have your own transportation system. Why aren’t you on ParaTranspo instead of using “our” system? Some members of the public need to understand it’s everyone’s system.*

*I was attending a meeting...when I started to talk about my mental illness. People moved away. They were afraid they’d catch my mental illness like a cold. I sent a letter to the newspaper about it and a number of people have come up and said how much they respect me for being open about it.*

As well, there is a need for education and information related to specific accessibility and inclusion issues for people who are involved in increasing inclusion for people with disabilities. Many themes were identified including:

- Diversity with the population of people with disabilities leading to a greater understanding of different disabilities
- Customer service and sensitivity training for people interacting with the public, in the public, private and voluntary sectors
- Better information for employers about accommodations in the workplace
- Information and training on accessibility and inclusion standards and strategies such as universal design, accessible communication and customer service
- Best practices to improve labour market outcomes for people with disabilities
- Training and information for health professionals on distinct health issues of people with disabilities.

Finally, there is a need for education to build self-advocacy skills of some people with disabilities in order that they can more affectively address barriers they encounter.

*The more access people with disabilities have in the community, the more educated and exposed the community is to individuals and their needs, and the more inclusive it becomes.*

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