NWT Disabilities Council

NWT Disability Services Project 2015

Final Report

Created by the NWT Disabilities Council

Denise McKee
Executive Director
Supervision and Editing

Meg Labron
Special Projects Coordinator
Survey Design, Data Collection & Analysis, Writing

The Council thanks
Kyla Cherwaty,
our Social Work Practicum Student, for her significant contribution to
Survey Design, Promotion, Data Collection & Analysis

Acknowledgements

Thank you to all of the individuals and organizations who helped to make this project a reality by sharing and participating in the survey, participating in Action Plan interviews, and sharing your time and resources with us. Thank you especially to the people living with disability, parents and caregivers and service providers who completed the surveys and whose words and experiences have filled these pages. This project could not have succeeded without you.

Community Governments and SAOs throughout the NWT

Health Centres throughout the NWT

School Boards throughout the NWT

GNWT Health and Social Services

GNWT Education, Culture, Employment

GNWT Municipal and Community Affairs

GNWT Housing Corporation

GNWT Justice & Victim’s Services

Tree of Peace Friendship Centre

Income Security Offices

Yellowknife Association for Community Living

Foster Family Coalition of the NWT

Hay River Committee for Persons with Disabilities

NWT YWCA

Centre for Northern Families

NWT Salvation Army

NWT Seniors Society

Rae-Edzo Friendship Centre

Safe Harbour Day Centre

NWT Literacy Council

NWT Human Rights Commission

Office of the Fire Marshal

Aurora College

CBC Radio

NWT Autism Society

The Moose FM

Canadian Hard of Hearing Association

FASD Networking Team

MS Society

Bosco Homes

Union of Northern Workers

Northern Territories Federation of Labour

Public Service Alliance of Canada

NWT Teachers’ Association

Avens Seniors Community

Native Women’s Association

Yellowknife Seniors Society

Canadian National Institute for the Blind

Worker’s Safety and Compensation Commission of the NWT

NWT
Disabilities
Council

Vision

All individuals have the opportunity and access toward the achievement of their full potential.

Mission

To bring that vision to reality we;

Educate, Advocate and Support to enable self-determination for all individuals with disabilities

Forward

Between 2004 there was focused interest in addressing the issues concerning people living with disabilities in the North. By 2008 an Action Plan was produced and this was to set in motion on-going changes to meet the needs and to improve the lives of people living with disability in the North.

However, between 2008 and 2015 there seemed to be a shift in focus away from disability. Through the daily work and feedback of the Council it began to raise the question over and over, what has been done since the Action Plan was produced? This question prompted our call for a grant from the Stabilization Funding for NGOs to evaluate the action plan and feedback on services in the North from multiple vested groups.

The resources available to us were slight and we relied on our relationships with communities and community champions to obtain the information and participation. The Territory responded and we had substantial feedback and are truly grateful to all those who shared their personal stories, those who openly shared the work they do and departments for sharing information and status on programs and services.

Having poured over the information for months, it is clear that there are gaps and there needs to be a re-opening of conversation and movement to a new strategic plan with measureable outcomes and on-going evaluation. The one certainty is that the number of persons living with disability in the North is not declining. This may be due to; the population aging, increased awareness of rights, more complex needs presenting themselves and economic and logistics. Even the old conservative numbers are clear, approximately 14.6% of the population lives with disability and 1 in 9 people are directly impacted by disability. We believe this underestimates the numbers in the North.

Therefore, we proudly present these two documents, the full Final Report and the brief Summary of Findings report, in order to restart the conversation and refocus the lens back to those people living with disability in the North and the people and families that support and care for them.

Denise McKee,

Executive Director
NWT Disabilities Council

Table of Contents

The Building Blocks

Introduction

The NWT Disability Services Project was initiated by the NWT Disabilities Council in the fall of 2014 through the GNWT Stabilization Grant for NGOs. The intent of this project was to evaluate the status of the 2008 NWT Action Plan for Persons with Disabilities and to gather feedback from people around the territory on their personal experiences with disability. The project began with the basic goal to gather this updated information in order to identify key priority areas of need in the territory, and to compare this with the progress made on the Action Plan items. This report summarizes the findings from the project's three surveys: the Personal Survey, the Parent and Caregiver Survey, and the Service Provider Survey. The report does not claim to represent all people living with a disability in the Northwest Territories as it was created using qualitative survey responses rather than a scientific research method. In total, we heard from 321 people throughout the territory including 115 people living with disability, 58 parents or caregivers of people living with disability, and 148 service providers. Their collective voice is presented here.

Background

As the NWT Disability Services Project was created especially to review and update the 2008 NWT Action Plan for Persons with Disabilities, it is important to understand the process behind the Action Plan. In January 1999 until June 2000, the NWT Council for Disabled Persons and various partners began the NWT Disability Needs Assessment, a research project which gathered information over a year and half from 1259 people across the territory. This project was the first of its kind, with previous information on disability coming from the national level Health and Activity Limitation Survey (HALS) from 1986 and 1991, and the Participation and Activity Limitation Survey from 2001 and 2006 (PALS), which replaced HALS. Out of the final report, Living with Disability.... Living with Dignity Needs Assessment of Persons with Disabilities in the NWT (2000), a Disability Steering Committee Partnership was formed. This group used the Needs Assessment to create the NWT Disability Framework (2004), which identified the five building blocks used in the NWT Action Plan for Persons with Disabilities (2008), as well as this present report. At the national level, HALS and PALS have been replaced by the Canadian Survey on Disability, which was completed for the first time in 2012 through the National Household Survey. This survey was used both as a starting point and in the design of surveys used for this project. It is important to note that a major limitation of the CSD is found in its policy of not including anyone from institutional or communal dwellings (i.e. no one from reserves, prisons, or group homes etc.) as well as not assessing needs of children, which excludes important groups of people who may be living with disability. At the national level, there exists a problem of continuity and comparability over time. Stats Canada states that the HALS and PALS data cannot be compared to the CSD because such different processes, and most importantly, different definitions of disability are used. The NWT Disability Services Project (2015) uses the same definition of disability employed by the NWT Disability Framework (2004) and the NWT Action Plan for Persons with Disabilities (2008) in order to ensure its relevance to the work already done here in the territory.

It is our hope that this project will contribute to the important conversation that has emerged over the last fifteen years since the Needs Assessment was first released.

Methodology

The NWT Disability Services Project took place over the course of seven months, from November 2014 to May 2015. This was divided into three main phases. The background reading, planning, and survey design phase took place from November 2014 to January 2015. The data collection phase took place from February to early April 2015. The data analysis and writing phase followed, with final submission for review and printing at the end of May 2015.

The approach taken was influenced in particular by limited resources and a short time frame. Compared to the most recent, and in fact only other, report on disability services needs in the Northwest Territories, Living with Disability… Living with Dignity: Needs Assessment of Persons with Disabilities in the NWT (2000), this project needed to be carried out on a much smaller scale. The NWT Disability Services Project was mandated by only one organization, rather than a network, had only one staff member and a practicum student assigned to it compared to a full research team, and had less than half the time to complete it. Taking these limitations into account, the goal of the project was neither to reach a specific sample size nor to claim to represent the entire population of people living with disability in the Northwest Territories, but rather to collect feedback from as many people as possible in order to highlight areas that require further investigation.

The three surveys were designed and put into an online format in order to reach as many people as possible. If preferred, hard copy surveys were made available and people could also phone in toll free to complete the survey with a Council staff member. FluidSurveys, an online survey provider, was selected for use due to its commitment to secure confidentiality and to storing all data on Canadian servers. In mid-December, letters introducing the project were sent out to the offices of all 33 community governments. Throughout the month of January first contact was made with every health centre. It was assumed that the health centres and community government offices would be consistent spaces where people living with disability would access service in each community, and therefore would be the best places to start. Surveys were then distributed across the territory through service providers and various organizations, as listed on the Acknowledgements page.[1]

The project as a whole included three main areas for data collection:

1. Feedback on disability service and experiences in the NWT was collected through the Personal, Parent/Caregiver, and Service Provider Surveys
2. The NWT Action Plan for Persons with Disabilities was reviewed and updated through interviews with relevant organizations and departments, mostly member organizations of the former Disability Steering Committee Partnership
3. A small Point-in-Time Count through homecare providers in each community, to gather estimated numbers of people living with disability

Challenges

Several challenges were identified throughout the process. One such challenge was the sensitive nature of the questions and the detailed nature of the Personal and Parent/Caregiver surveys, which seemed to result in respondent exhaustion. The completion rates for the three surveys ranged from 59% for the Personal Survey, to 67% for the Parent/Caregiver Survey, to 71% for the Service Provider Survey. It was found that many people were skipping through the survey either to read ahead or because they found it too cumbersome. This could be seen by the number of completely blank surveys that were submitted, and is highlighted by the fact that as the surveys lengthen, the

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[1] For details on the survey invitations and Action Plan interviews, as well as to see the Privacy and Consent process, see the Appendix 12.1 Notes on Methodology

completion rate lowers. In that same regard, we found that service providers were often too busy to pass the survey on to their clients, and would instead just complete the brief Service Provider survey, which resulted in a higher number of service provider responses than parent/caregiver and personal responses. Several support workers we spoke to expressed concern that many people do not traditionally recognize disability, and therefore would either be difficult to count or would not be interested in responding to the survey. Furthermore, the remoteness of many communities in the Northwest Territories means that not everyone has access to internet or is easily reached. We offered telephone and hard copy surveys as an alternative but know that there were many people who might have liked to fill out a survey but who we were unable to reach. Furthermore, some people expressed that a negative perception of the Council and disability services in general influenced their decision not to participate, or made participating more stressful and frustrating than it may have been otherwise.

Definition of Disability

The goal for this project was to maintain an open and self-identified definition of disability. In *Measuring Disability Prevalence* (2007), Daniel Mont stresses the importance of understanding disability within the context of the social model rather than the medical model, which means that "[i]f the environment is designed for the full range of human functioning and incorporates appropriate accommodations and supports, then people with functional limitations would […] be able to fully participate in society" (p. 3). Keeping this in mind, the following definition of disability was provided to survey respondents:

> For the purpose of this survey, a disability is defined as, "any restriction or inability (resulting from an impairment) to perform [a daily] activity in the manner or within the range considered normal for a human being" (World Health Organization, 1980). Any level of limitation in your daily activity or participation is accepted, we want to hear from you regardless of the severity of the limitation and whether or not you have a formal diagnosis. (as cited in the Personal and Parent/Caregiver surveys, 2015)

The 2000 *Living with Disability… Living with Dignity: Needs Assessment of Persons with Disabilities in the NWT* specifically identified a concern with their original definition of disability, which excluded psychiatric disability (i.e. mental illness and/or addiction). As a result of reviewing these concerns, a conscious decision was made to include mental illness and addiction in the definition of disability. It was assumed that allowing people to identify themselves as living with a disability if they were limited in their daily activity or participation would allow people who had previously been excluded from conversations on disability issues to participate.

Population and Prevalence of Disability

The population of the Northwest Territories was 43600 as of 2014 (Statistics Canada). According to the Canadian Survey on Disability (2012), the percentage of the population in the Northwest Territories living with disability is 8.2%, which means that there are an estimated 3575 people living in the territory with a disability. The CSD does not include people living in collective dwellings (reserves, prisons, group homes etc.) or people under the age of 15, so this number is likely much higher. Other studies have also suggested a higher rate of disability (see Council of Canadians with Disabilities 2013, PALS 2006, and national statistics CSD 2012). While it was understood from the start that this present survey would not be able to reach a large enough sample to make representative claims about the population, it is important nonetheless to recognize that a significant portion of the territory's population lives with disability, and that the issues raised here by the survey respondents likely affect many of the people we were unable to reach.

In order to gather supplementary information on the number of people living with a disability in each of the Northwest Territories' communities, a small point-in-time count was organized. While it is important to note that these numbers are estimates provided by homecare workers in various communities, they provide a snapshot of what is going on in particular communities. Homecare workers stressed the importance of recognizing that these numbers are underestimated, as many could only assess the people in the community they work with. They said that actual disability rates per community would be much higher if measured in a more detailed survey.

Table 1: Homecare Point in Time Count Estimates of Number of People Living With Disability

Community[2]	Total # of People	Female	Male	Other Gender	Under 18	18-30	31-54	55+	Total Community Population[3]
Aklavik	30	14	16	-	5	5	6	14	691
Behchoko	1000	400	600	5	200+	200+	150	300	2039
Colville Lake	6	3	3	-	-	3	-	3	158
Enterprise	1	1		-	-	-	-	1	122
Fort Good Hope	8	3	5	-	-	-	3	5	560
Fort Liard	7	5	2	-	-	-	2	5	619
Fort Resolution	15	6	9	-	-	-	-	15	524
Fort Simpson	13	8	5	-	-	-	1	12	1244
Fort Smith	60	37	23	-	-	-	3	57	2536
Gameti	25	11	14	0	6	4	3	12	296
Hay River	52	30	22	-	0	1	6	45	3689
Hay River Reserve	9	5	4	-	0	-	3	6	321
Inuvik	33	18	15	0	0	1	1	31	3396
Kakisa	5	3	2	-	-	-	-	5	52
Lutsel K'e	9	3	6	-	1	1	5	3	299
Nahanni Butte	9	6	3	-	-	-	2	7	97
Norman Wells	20	10	10	-	-	2	6	12	766
Paulatuk	31	11	20	-	5	6	9	11	304
Sachs Harbour	10	8	2	-	1	3	3	3	128
Trout Lake	6	1	5	-	-	-	2	4	104
Whati	9	4	5	0	3	5	1	0	497
Wrigley	26	6	15	0	5	0	3	18	146
Yellowknife, Dettah & N'Dilo	335	193	142	-	1	7	87	240	20176

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[2] No information was available from the homecare point in time count from: Deline, Fort McPherson, Fort Providence, Jean Marie River, Tsiigehtchic, Tuktoyaktuk, Tulita, Ulukhaktok, Wekweeti

[3] Population estimates from the NWT Bureau of Statistics' 2014 Summary of NWT Community Statistics

Survey Respondents

The survey responses came from 115 people living with disability, 58 parents and caregivers of people living with disability, and 148 service providers, for a total of 321 respondents. These people collectively represented 32 communities from across the Northwest Territories where they live and/or work, as shown in Table 1 below.

Table 2: Community Representation in Survey Reponses

Community	People Living With Disability	Parents and Caregivers	Service Providers	Total
Aklavik	4	1	5	**10**
Behchoko	1	2	3	**6**
Colville Lake	0	0	1	**1**
Deline	1	1	5	**7**
Enterprise	0	1	0	**1**
Fort Good Hope	0	1	1	**2**
Fort Liard	0	0	6	**6**
Fort McPherson	0	0	2	**2**
Fort Providence	1	0	5	**6**
Fort Resolution	0	0	1	**1**
Fort Simpson	3	2	12	**17**
Fort Smith	4	2	16	**22**
Gameti	0	0	1	**1**
Hay River	14	5	15	**34**
Hay River Reserve	0	0	2	**2**
Inuvik	4	1	6	**11**
Jean Marie River	0	0	4	**4**
Kakisa	0	0	0	**0**
Lutsel K'e	0	0	3	**3**
Nahanni Butte	1	0	3	**4**
Norman Wells	4	2	2	**8**
Paulatuk	1	2	5	**8**
Sachs Harbour	1	2	3	**6**
Trout Lake	0	0	3	**3**
Tsiigehtchic	0	0	1	**1**
Tuktoyaktuk	1	1	2	**4**
Tulita	0	0	1	**1**
Ulukhaktok	1	2	6	**9**
Wekweeti	0	0	2	**2**
Whati	2	0	6	**8**
Wrigley	0	0	3	**3**
Yellowknife, N'Dilo & Dettah	70	31	63	**164**
Not Specified	0	1	1	**2**
Territory-Wide	0	0	3	**3**

People Living With Disability

The Personal Survey respondents were mostly adults, with 57.4% being adults aged 19-54, 42.6% being elders/seniors over the age of fifty-five, and 0.87% youth. 63.5% of these respondents identified as female, 33.9% identified as male, and 0.87% identified as androgynous and 1.7% preferred not to disclose their gender. The respondents for the Personal Survey came from 16 different communities, from every region of the NWT (see Table 2 for details). Yellowknife is slightly overrepresented in the Personal Survey respondents, as its population represents approximately 44% of the population of the Northwest Territories, but 60.9% of the people living with disability who we heard from. 27.8% of respondents identified as indigenous, 60.9% identified as non-indigenous and 11.3% of respondents chose not to disclose. According to the Northwest Territories Bureau of Statistics, indigenous and non-indigenous residents of the NWT each represent approximately 50% of the population, meaning the non-indigenous population was overrepresented in the survey responses. One explanation for this is that many of the smaller, isolated indigenous communities were more difficult to reach and promote the survey in. Several individuals we spoke to also expressed concern that traditional understandings of disability may limit people’s interest in responding or in identifying themselves or others as living with a disability.

The chart that follows provides a breakdown of the type of disability that the Personal Survey respondents reported living with, as well as the approximate severity levels and average age of onset for each type. The severity levels were determined using a simplified model of the Canadian Survey on Disability’s severity index, which uses two basic questions to identify severity: how often is your activity limited, and how much is it limited? A self-identification question was also used, which simply asked, how severe is your limitation?

Overall, the most common types of disability experienced by the survey respondents were physical (57.4%), chronic pain (35.7%), and mental/psychological (33.9%). It is especially important to note the significant number of respondents experiencing mental/psychological limitations, which is a disability that is not always included in disability surveys and needs assessments. Many respondents experienced more than one type of disability, with varying severity levels and ages of onset.

Table 3: Disability Type and Approximate Severity Levels, Personal [4]

Type of Disability	Number of People	Percentage Of Total	Mild	Moderate	Severe
Hearing/Auditory	26	22.6%	13	8	5
Seeing/Visual	22	19.1%	11	7	4
Other Sensory **(sensory limitations beyond seeing/hearing)**	6	5.2%	-	5	1
Physical **(dexterity, flexibility, mobility, agility, etc.)**	66	57.4%	7	29	27
Chronic Pain	41	35.7%	3	13	24
Learning **(ability to collect, organize, retain, and understand information)**	19	16.5%	11	5	1
Developmental **(ability to learn, grow, develop)**	6	5.2%	6	4	-
Mental/Psychological	39	33.9%	18	10	8
Memory	16	13.9%	10	9	-
Speech	5	4.3%	5	3	-
Other	25	21.7%	-	-	-
No Response	5	4.3%	-	-	-

The types of assistance that people living with disability required, as a result of their activity limitations, varied greatly. When asked if assistance was required from another person for specific daily activities, 29.6% said they required assistance with mobility and/or transportation, 23.5% with meal preparation and assistance, 19.1% with assistance in the community, 15.7% with bathing and/or personal care, 14.8% with managing finances, 11.3% with communication, 8.7% with medical assistance, 6% with domestic assistance, 4.4% with child care, 2.6% with shopping and 1.7% identified lifting items and emotional support/advocacy. 23.5% said they do not require assistance from another person and 19.1% did not respond. See Graph 1 on the following page for a visual representation of these activities.

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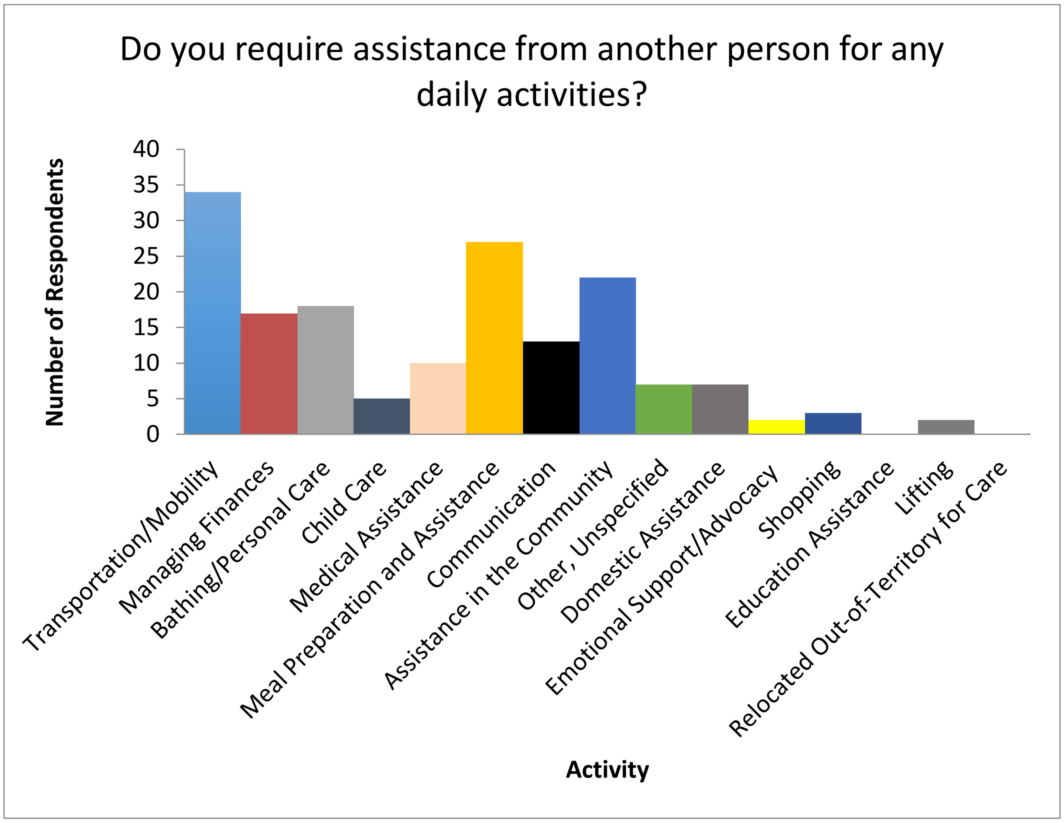
[4] Numbers for severity levels do not always add to equal numbers for type of disability. This is due to individual respondents skipping questions or answering only one part of a question.

Graph 1: Assistance with Daily Activities, Personal



Parents and Caregivers

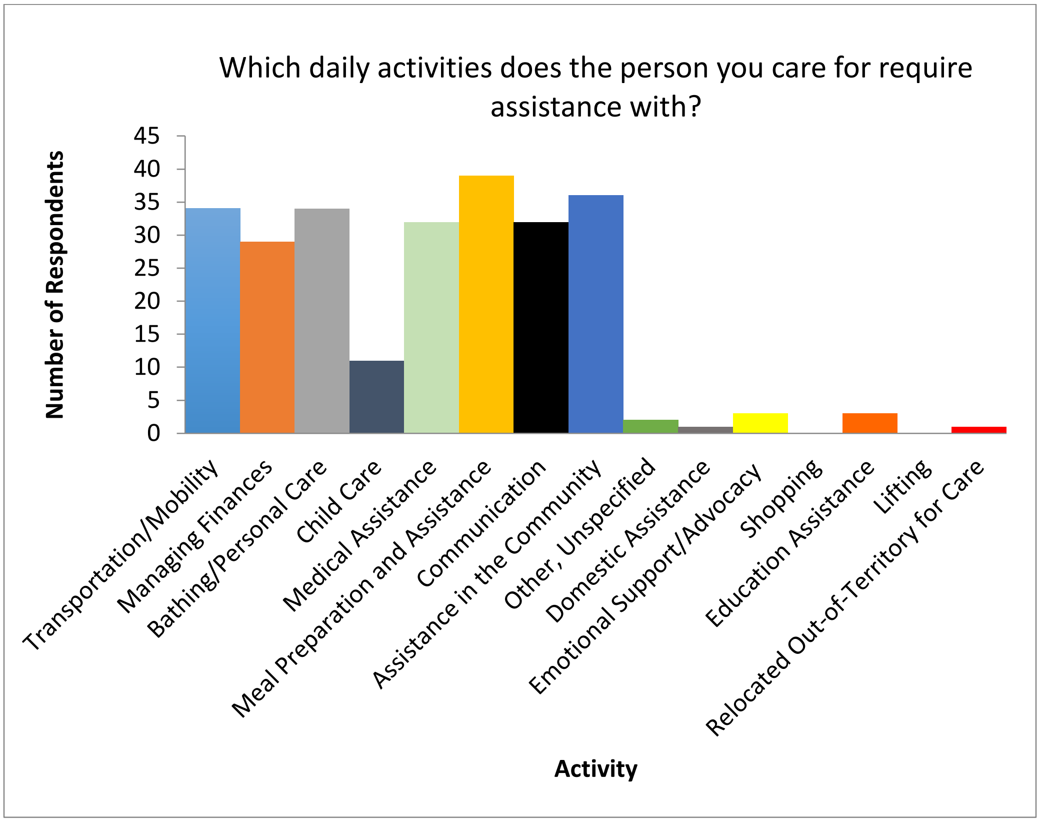
The respondents for the Parent and Caregiver Survey came from 14 different communities, from every region of the NWT (see Table 2 for details). 81% of these respondents were immediate family caregivers, such as parents, spouses, and siblings. Legal guardians (5.2%), court-appointed caregivers (3.5%), and a foster parent (1.7%) also responded. The remainder did not specify their relationship to the person living with disability. The people living with disability that the respondents were caring for varied widely in age. While 48.3% are caring for an adult, another 24.1% are caring for children under the age of 13, 8.6% are caring for youth aged 14-18, and 19% are caring for an elder or senior aged 55+. As with the Personal Survey respondents, the people who Parent and Caregiver respondents care for experienced a wide variety of disability types and severity levels, often living with more than one disability. The most common disability types experienced by this group of people were physical (67.2%), learning (46.6%), and developmental (41.4%). Table 4 below contains information regarding disability type, severity, and average age of onset.

Table 4: Disability Type and Approximate Severity Levels, Parent

Type of Disability	Number of People	Percent of Total	Mild	Moderate	Severe
Hearing/Auditory	13	22.4%	5	8	3
Seeing/Visual	16	27.6%	5	6	3
Other Sensory **(sensory limitations beyond seeing/hearing)**	15	25.9%	2	7	6
Physical **(dexterity, flexibility, mobility, agility, etc.)**	39	67.2%	4	13	18
Chronic Pain	13	22.4%	3	5	5
Learning **(ability to collect, organize, retain, and understand information)**	27	46.6%	2	8	13
Developmental **(ability to learn, grow, develop)**	24	41.4%	3	7	13
Mental/ Psychological	22	37.9%	2	4	11
Memory	21	36.2%	1	6	12
Speech	14	24.1%	3	4	10
Other	0	-	-	-	-
No Response	1	1.7%	-	-	-

When asked about what daily activities parents and caregivers assist the person they care for with, 67.2% said meal preparation and assistance, 62% said assistance in the community, 58.6% said transportation and/or mobility, 58.6% said bathing and/or personal care, another 55.2% said communication, 55.2% said medical assistance, 50% said managing finances, and 19% said child car. 5.2% said education assistance, another 5.2% said emotional support and/or advocacy, 1.7% said domestic assistance and 1.7% said that the person had now relocated out of territory for care. 3.5% said “other” but did not specify, and 6.8% did not respond to the question. See G2 for details. A much higher proportion of parent and caregiver respondents noted that assistance was needed with various daily activities than respondents who were people living with disability. This is likely due to the fact that parents and caregivers were responding on behalf of a child, youth, or an adult with higher needs than people who completed the Personal Survey themselves.

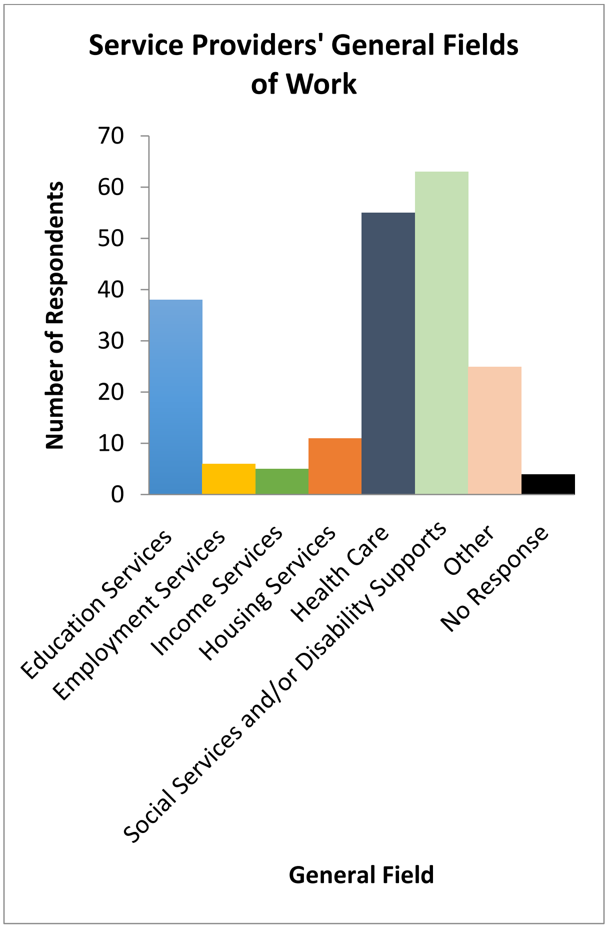
Graph 2: Assistance with Daily Activities, Parents and Caregivers



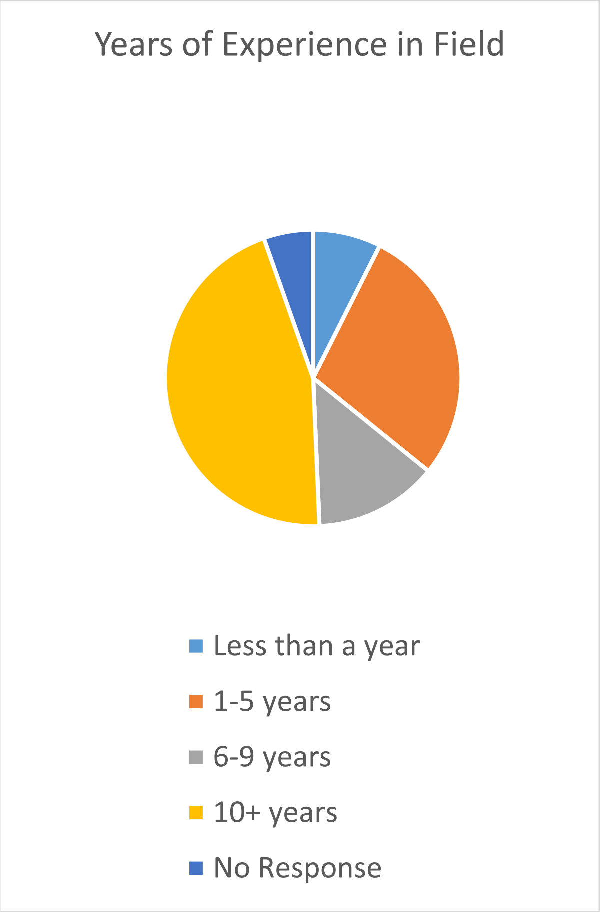
Service Providers

We heard from 148 service providers from 30 communities, representing all regions of the Northwest Territories (see Table 2 above for details). These service providers from across the territory worked in a wide range of services, from health care providers and educators, to administrators and community service workers. The most common fields of work for service providers were social services and disability supports (42.6%), health care (37.2%), and education services (25.7%). See Graph 3 below for a breakdown of general fields of work the service provider respondents engage in. Service provider respondents worked in government, the private sector, and the non-profit sector. The identified groups for fields of work are therefore general and do not specifically correspond to government departments.

Graph 3: Fields of Work, Service Providers[5]



Graph 4: Years of Experience, Service Providers



The service providers we heard from tended to have been working in their field for a significant number of years. Almost half of the respondents (45.3%) had been working in their field for over ten years, while only 7.4% of respondents had been working in their field for less than a year. This shows that the majority of service providers we heard from have been working long enough to have a strong understanding of the issues at hand. See Graph 4 for a breakdown of years in field. The large majority of service providers we heard from served all age groups, with approximately 70% of service providers identifying as working with any of the four identified age groups (Children 0-13, Youth 14-18, Adults 19-54, and Elders/Seniors 55+).

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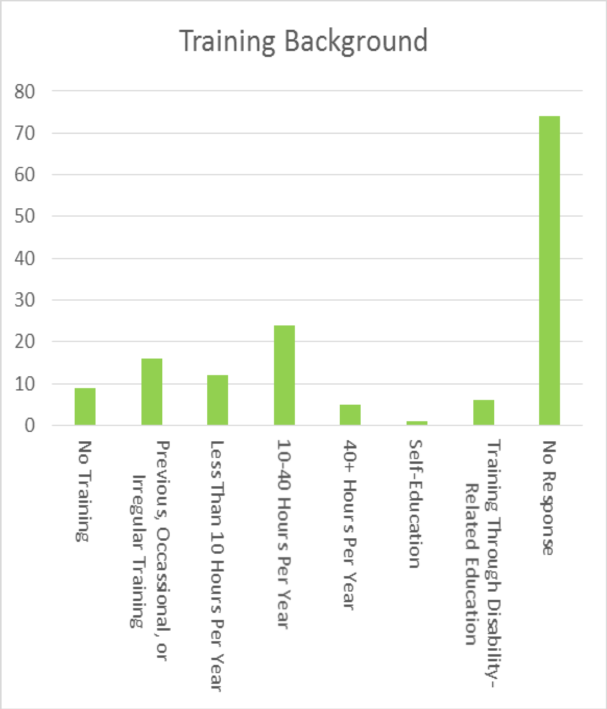
[5] Percentages will not total 100 as some service providers work in multiple fields

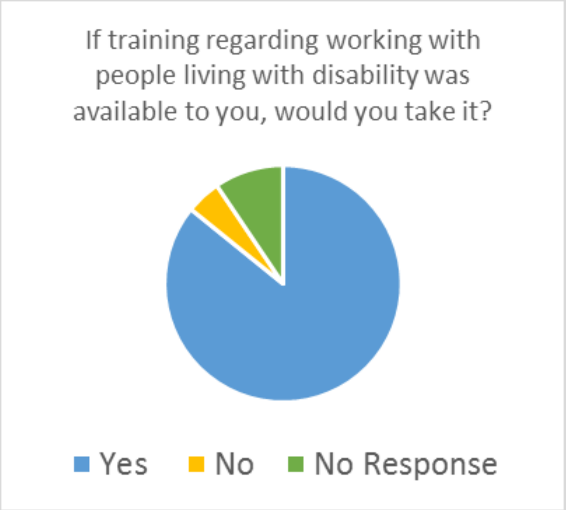
The service providers we heard from reported a wide range of background and training in disability. While 56.8% identified that they had previously received training specifically regarding working with people living with disability, 31.8% said that they never had, while another 11.4% either said they were unsure or did not respond.

Considering hours of training per year, the most prominent answers were 10-40 hours per year, at 16.2% of respondents, and previous, occasional, or irregular training at 10.8%. Of those who had no previous training, 0.7% stated that this was because they believed those who provide the training are not qualified to do so. Others did not provide a reason. 50% of service providers did not answer this question, which greatly limits the information on service provider respondents' training backgrounds.

Graph 5: Training Backgrounds



Graph 6: Desire for Training



While 31.8% of service providers said that they have never received any training regarding working with people living with disability and many more had received limited or irregular training, 85.5% of service providers said that they would take this training if it were available.

2.1 Education

The first building block from the *NWT Action Plan for Persons with Disabilities*, and one of this project's main focus areas is Education. In the box to the right are the top five priorities for education identified by the survey respondents. A discussion of the survey findings relating to education follows.

Top 5 priorities identified by respondents

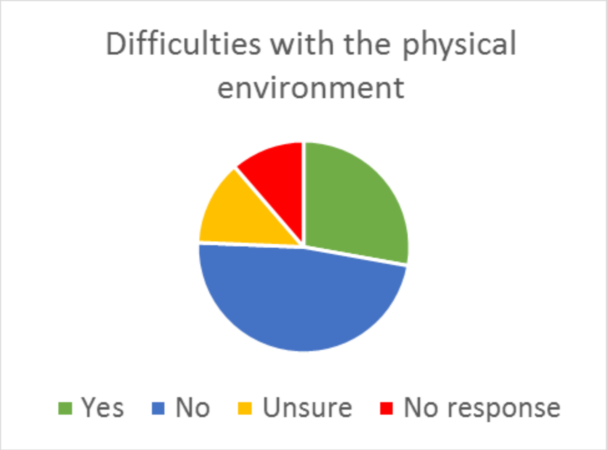
- Accessibility & Physical Barriers
- Stigma & Attitudinal Barriers
- Access to Accommodations
- Mental Health & Self-Esteem
- Funding & Training

The majority of the respondents to the Personal Survey were not currently in school (82.6%), while 11.3% were currently in school and 6% did not specify. Because the majority of people we heard from in the Personal Survey were adults and elders, this is not surprising. Most respondents had at least Grade 12 and/or a high school diploma (20%) or higher (23.5% had a college diploma, 18.3% had a university undergraduate degree and 6% had a Master's degree). The majority of respondents who had completed postsecondary education came from the larger centres, primarily Yellowknife. 19.1% of respondents had not completed high school, ranging from Grade 2 to Grade 11 educations. This demonstrates a wide range of education levels and experiences among the survey respondents. As well, 12.8% of the service provider respondents were educators.

Accessibility & Physical Barriers

When asked if pursuing education had been difficult in terms of the physical environment, 27.8% of respondents said yes. 47.8% said that they did not have difficulties with the physical environment (see Graph 7). The larger percentage of respondents who said that they had not experienced physical barriers could be due to a combination of two factors: people who had experienced accessible learning environments and people whose disability did not limit them physically and therefore did not encounter difficulties. Accessibility and physical barriers have been identified as the number one priority for education as identified by the survey respondents. As the above data demonstrates, almost a third of the survey respondents found that their

Graph 7: Physical Barriers to Education



educational experience was made difficult by the physical environment. Many of the respondents raised individual issues with physical access to education such as feeling segregated when having to use separate entrances from other students, out of date or unmaintained ramps or elevators that make students feel nervous,

> *"The accessibility elevator at my school can be intimidating and frustrating as it often feels unsafe to use, it does say that it is well maintained, and I have seen that it is, but having to use this "special" elevator feels like a means of segregation" (PSR, 2015),*

a lack of ramps, elevators, or easy to open doors, and accessible design in general, such as having to walk long distances to class or wait in lines. Several respondents mentioned that distance education has been a helpful alternative when these barriers cannot be avoided in classroom settings. However, distance education tends to be a more accessible option for higher education than it is for primary or high school settings. In these educational settings where alternative options are not always available, we must find a way to address physical barriers. One respondent who discussed her need for accommodations in high school including specialized equipment, breaks from gym class, and movement and stretching during class, suggested that there is a need to

> *"let families know that when they have a child with a disability how they can go about approaching the school directly to discuss what the needs are of the child"* (PSR, 2015).

All people have the right to education, as guaranteed to people living with disability in the Convention on the Rights of Persons with Disabilities, and while working with the school is a good suggestion, some respondents told us that this does not always work. Parent advocacy will be discussed in further detail under Access to Accommodations.

Physical barriers to education create an extra step for students living with a disability, and at times, directly impact a person's ability to pursue their education. A respondent to the Personal Survey summarized this well, saying,

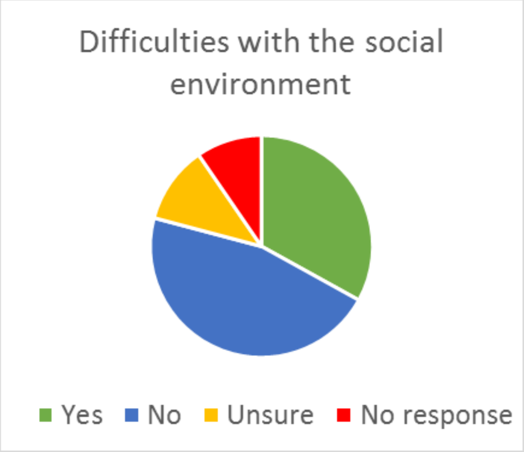
> *"I always have to check and confirm accessibility to the course location. Some are not accessible."* (PSR, 2015).

Summary

With approximately a third of respondents identifying difficulty with physical barriers, its significance should be addressed in education settings. Several adult respondents said that distance education was a useful alternative when physical barriers were encountered. Respondents said that ramps and elevators should be in good working condition and should be shared by all who access the buildings rather than just those living with disability. Accessible design (easy to open doors, light switches, layout of buildings etc.) should also be taken into consideration, as described by respondents. Physical barriers mean that some people do not have the same access to education as others.

Stigma & Attitudinal Barriers

Graph 8: Attitudinal Barriers to Education



When asked if pursuing education had been made difficult due to the social environment (staff, faculty, and classmate understanding and attitudes), 33% of the 115 respondents to the Personal Survey said yes. 46% said that they had not experienced difficulties in the social environment. These numbers were very comparable to the results from the same question about physical barriers, referred to in the previous section.

This similarity could suggest that most of the respondents had either a consistently positive or negative experience across physical and attitudinal barriers, and therefore answered the same for both. The slight difference between the two questions can be accounted for by two people who did not answer the question about physical difficulties, two people who had said no, and another two who had said they were unsure, all answering yes to having encountered difficulty in the social environment in regard to the staff and their classmates' attitudes and understanding. This marks a small but important indication that attitudinal barriers are still encountered by those people who are not limited by physical barriers.

One such example was described as a combination of a person's own personal limitations combined with their teachers' lack of understanding about their disability, and at times a lack of respect:

> *"It takes me 4 times as long to read something as the "average" person. I often don't understand what I am reading, so each sentence has to be read about 4 times. Teachers have made inappropriate comments about either my lack of understanding or for not having all the readings complete for class. How can I possibly keep up?"* (PSR, 2015).

Other respondents to the Personal Survey emphasized the same point that this person makes, that if supports are not in place and teachers and other staff are not properly trained in how to respond to their individual students' needs, the stigma that can arise will create a barrier for people living with disability who are trying to further their education.

While some people may experience attitudinal barriers within the educational setting itself, others experience these barriers at home.

> *"The understanding that many of my family members even place on the situation is that I am simply need to apply myself. However, I do apply myself; there are days when I will lock myself in my room and study for half a day continuously. The issue comes simply with organization and not being able conform to the system"* (PSR, 2015).

This person's perspective demonstrates an issue where one person's personal limitations and lack of access to support is seen as a lack of effort or desire to learn.

Another place that attitudinal barriers can come from is a person's own fear of how they will be treated or perceived, which can be made worse by an unsupportive social environment. One person described

> *“No[t] wanting to disclose issues for fear of being treated differently or seen as annoying”* (PSR, 2015),

while another stated that

> *“There is also a perception by the person with the disability that they are going to be treated differently”* (PSR, 2015).

A concern that was raised by several parents and caregivers was that their child is not receiving the same access to education as others students, on the basis of disability.

> *“[My son is] only in school part time and I want him full time but [this small community’s]*[6] *school won’t allow it it’s like his rights to education is being denied for past few years I fought for him to be in school full time but currently still part time I’m frustrated”* (PCR, 2015).

According to the Convention on the Rights of Persons with Disabilities, it must be

> *“ensure[d] that persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are note excluded from free and compulsory primary education, or from secondary education, on the basis of disability”* (Convention on the Rights of Persons with Disabilities)

The concern raised by this particular parent raises several important points. The first is that people are reporting instances where a student with a disability is excluded from the same educational opportunities afforded to other students, which as demonstrated by the excerpt from the Convention on the Rights of Persons with Disabilities, is discriminatory and should be addressed. The second is that parent concerns are not always being addressed within the education system. In a personal communication with a different parent/caregiver respondent, a situation was described where the parent had requested multiple times that their child be held back so that she could take extra time to understand the course material. The school refused to do so and each year the child fell further and further behind. She was being forgotten about in the classroom and began to come home from school and tell her family that she was “stupid” (Personal Communication, April 2015). This instance as well as the quote above where a student is only permitted to study part-time, highlights the need for parents to be involved in the process and for plans to be put in place so that students living with disability have the opportunity to succeed.

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[6] Name of school removed to protect family’s identity

Summary

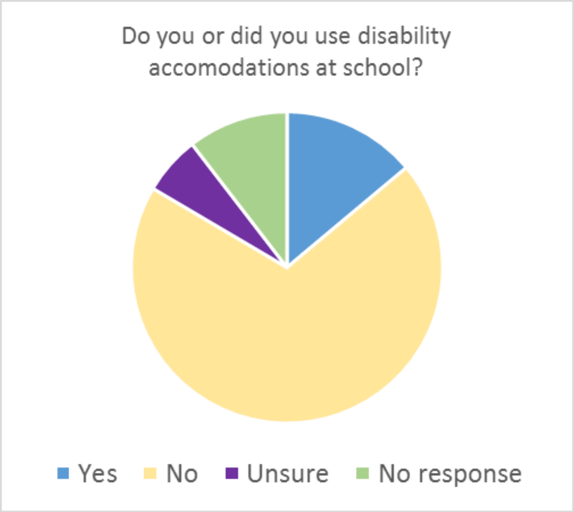
With approximately a third of respondents identifying difficulty with attitudinal barriers, this barrier's significance should be addressed in education settings. Respondents to the Personal Survey described encountering stigma and attitudinal barriers at school, at home, and within themselves. Stigma is a concerning barrier because it can directly impact a person's access to education, like when a primary school student is forced to only study part-time, or when a person's self-esteem becomes too low to continue.

Access to Accommodations

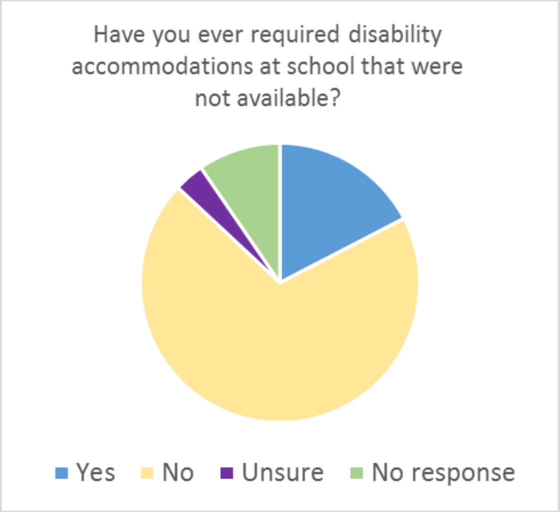
The accommodations referred to here are any changes or adjustments made to assist a person living with a disability to complete a certain task. These could be anything from adjusting test times or work areas, exemptions from gym class if needed, tutoring or intervention services, alternative curriculums or approaches to learning, specialized learning equipment or physical supports, computers, and so on.

The charts that follow show that the majority of respondents to the Personal Survey (69.6%) do not and/or did not use disability accommodations in school. Another 13.9% of respondents said that they had accessed accommodations in school. When asked if they had required accommodations that were not available to them, 17.4% of respondents answered yes. While the majority of respondents seem to have not accessed accommodations because they were not needed, nearly a fifth (17.4%) of respondents needed support that they did not have access to, which tells us that access to accommodations in an education setting is a high priority that should be addressed.

Graph 9: Accommodations in School



Graph 10: Accommodations Not Available



In terms of accommodations such as adjustments to test times and work areas, access can directly impact a student's ability to succeed or not. As a respondent who identified as having Autism Spectrum Disorder stated,

> *"The concerns that come with my education is that I think out loud, and in test situations, I am unable to do so without being considered a disturbance to other student. However, I am unable to get an isolated area without having to have one person monitor me within the area […] it creates more pressure and in turn makes me perform worse"* (PSR, 2015).

This person's experience demonstrates the importance of continuing to allow for specialized learning plans and accommodations where needed. While it is not clear whether or not this person has access to the isolated testing area required, they state that this issue impacts their ability to succeed and therefore highlights the importance of ensuring that people have access to the accommodations needed.

Access to accommodations varies from community to community. One person recognized that the isolation of smaller communities can impact people's access to accommodations and suggested that organizations who support people living with disability

> *"need to do more in educating their programs to smaller communities"* (PSR, 2015).

This point works to remind service providers of the importance of outreach and collaboration with communities and school boards. If people living with disability and their families do not know about the services and supports that may be available to them, their access will be limited as a result.

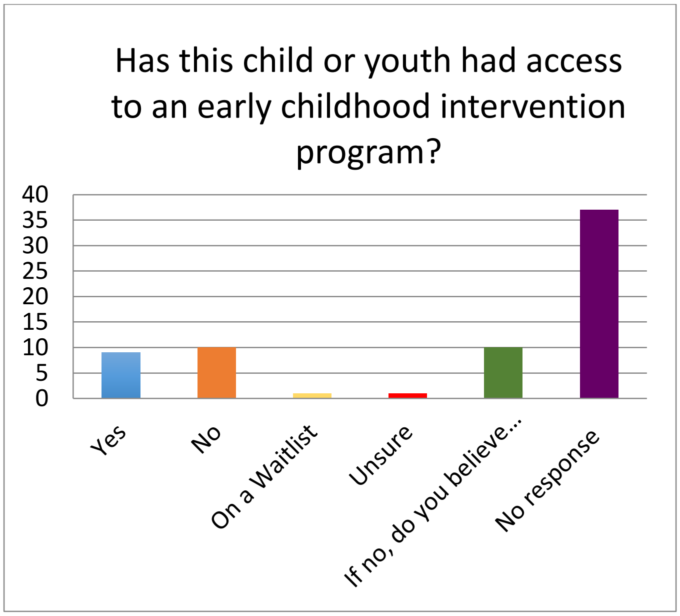
Another important accommodation prioritized by the respondents was classroom aides/assistants and one on one tutors. When asked about obstacles faced in accessing services, respondents made their concern about a lack of these supports quite clear:

> *"[There is] not enough support and classroom assistants in the schools. [T]here is NOTHING here for autistic people"* (PSR, 2015).
>
> *"I have been trying to get my daughter an aid so she can stay focused on her task in front of her. But I have found nothing, or no one that can help her out. She is in grade 3 right now and will need an aid for the next few years more than ever, as she is falling further behind her classmates"* (PCR, 2015).
>
> *"Right now there is currently no one to work with our child one on one when she returns to school"* (PCR, 2015).

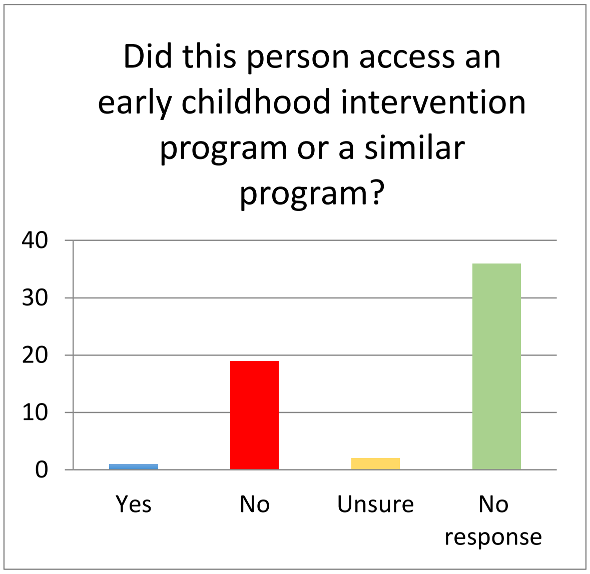
These quotes are just a few that demonstrate there is concern over the availability of support services in schools.

When asked specifically about children's services, 15.5% of the parents and caregivers stated that the child or youth they care for had access to an early childhood intervention program. 17.2% said that their child did not have access but believed that the child needs and/or would benefit from such a service, and 1.7% stated that they were currently on a waitlist. 63.7% did not respond to this question, mostly because they were parents and caregivers of adults or elders. This data demonstrates that there are children who would benefit from early intervention and related supports but do not have access.

Graph 11: Early Intervention Access, Children

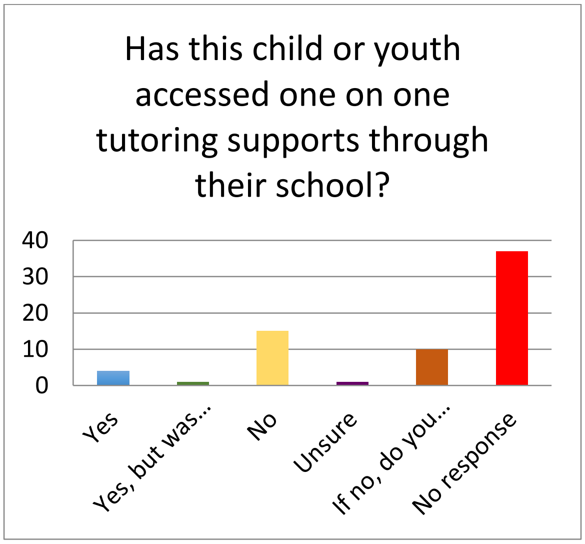


Graph 12: Early Intervention Access, Adults



When asked about adult's services, parents and caregivers of adults said that only 1.7% had accessed an early intervention program, while 32.8% said they had not. Reasons for this were either because it was not needed (13.8%), because it was not available (7%) or because they were not aware of the program (1.7%). 62% of parents and caregivers did not respond, 32.8% were caring for children and youth and therefore did not respond. Availability and awareness of such programs are important to address.

Graph 13: One on One Tutoring in Schools



When asked about one on one tutoring supports in school, 7% of parents and caregivers said that the child or youth they care for had accessed these services and 1.7% said they had accessed tutoring but that it was difficult to access. 1.7% of respondents were unsure and 63.8% did not respond. 25.9% said that they had not accessed tutoring services, and another 17.2% said that while they had not accessed one on one tutoring, they believed it was needed. The concern that was identified by several parent/caregivers as a priority need. As this data demonstrates, there are students who require one on one support that do not have access to this service.

> *"Right now there is currently no one to work with our child one on one when she returns to school"* (PCR, 2015)

Parent advocacy stated both by parents and caregivers and service providers as an important component in ensuring students' access to accommodations in the education system. As one service provider stated,

> *"Parents need to be informed about how the education system works to ensure quality of service"* (SPR, 2015).

If parents are informed about what services and supports are available they will be better equipped to advocate on behalf of the person they care for.

Summary

Nearly 70% of respondents to the Personal Survey said that they did not access accommodations while they were in school. Still, 17.4% said that they had required accommodations and supports that were not available to them. Early intervention supports and one on one tutoring and classroom supports were also identified as services that some respondents required but did not have access to. Parent advocacy was identified as a factor that contributes to access to accommodations, but it is not always enough to ensure access.

Mental Health & Self-Esteem

Mental health and self-esteem was identified as a priority area for education with 7% of Personal Survey respondents identifying it as an issue that can be a barrier to education.

As one respondent made very clear, self-esteem can very easily limit a person's educational ambitions and access:

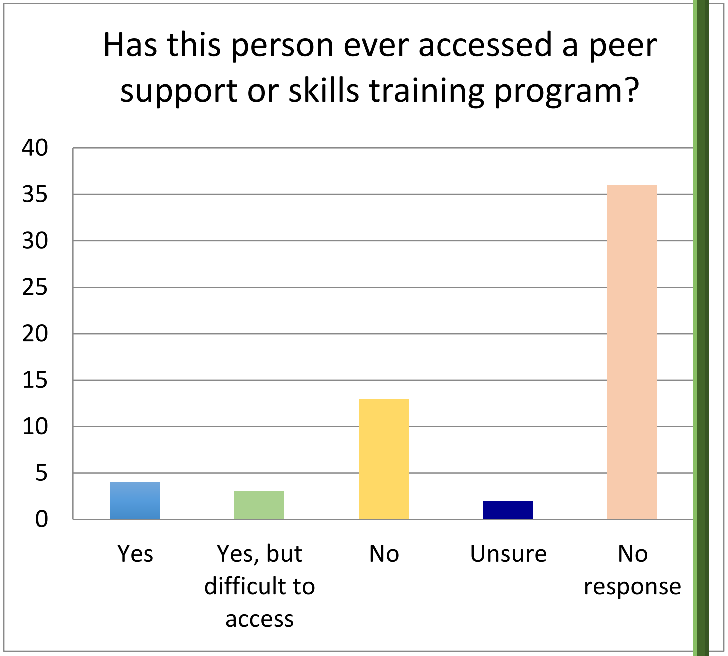
> *"I would like to go back, but I'm not sure of myself if I can pass that grade level. I don't know how smart I am"* (PSR, 2015).

Several other respondents identified the challenge of navigating the education system itself as being hard on their mental health at times.

> *"Everything was a struggle. EVERYTHING. Nothing was easy or straightforward. The amount of effort, energy, time and cost I had to put into getting my rights and accommodations weren't worth it. I got too discouraged to continue. Depressing as hell" (PSR, 2015)*

The frustration and discouragement that people feel is an issue that should be addressed.

Several parents and caregivers suggested that an important way for some people living with disability to be supported in their mental health and pursuit of further education and/or employment is to have life skills, social skills and/or peer support options available. While not all people living with disability would find this helpful, they are important options that can make a difference to some people. When asked if the person that they care for had ever accessed such a program, 17.2% said yes and 3.5% said they were unsure. 51.7% said that they had not, while only 5.2% said that this was because it was not needed. 13.8% did not respond to this question.



Graph 14: Access to Life Skills / Peer Support

Summary

Mental health and self-esteem are important factors for people's ability to pursue education. 7% of Personal Survey respondents identified this as a priority area. Both personal doubts and struggles (internal) and frustration experienced through the education system (external) were raised here. 51.7% of parents and caregivers stated that the person they care for had never had support program access to a life or social skills class or peer support program.

Funding & Training

An overall concern for a lack of funding in education was expressed throughout all three of the surveys. Service providers expressed concern about a lack of public funding in education and recent cuts to education, while people living with disability identified a concern with a lack of funding options for higher education. Training for educators was also a concern raised by all three groups.

Several service providers (2%) identified themselves as educators and raised the concern that the education sector has seen recent funding cuts, which influence their ability to provide the supports and services that their students living with disability require.

> *"Funding is at an all time low in the education sector. With funds being cut in education we will have less opportunities for training and more so not be able to purchase the necessary equipment and resources that we will need to provide quality programming"* (SPR, 2015).

This quote also demonstrates the link between funding for education and training. If schools do not have the resources to train educators it becomes less possible for schools to accommodate students living with disability

Personal Survey respondents also identified funding, especially for higher education, as a concern. This concern particularly referred to either a lack of available funding for students living with disability to pursue higher education, or difficult and frustrating application processes, which sometimes meant that students would not access funds that were available.

> *"Got fed up trying to find and apply for all the scholarships with their deadlines and differing requirements. IT SHOULDN"T BE THIS HARD"* (PSR, 2015).

> *"Big one is a lack of easily available funding for assistive devices, travel, lodging, living expenses and courses. When taking preparatory courses there isn't any funding available for needed accommodations or supports […] I would like to see someone at ece who is expert at helping pwd[7] navigate the available scholarships and funding vehicles, and provide advice on accommodations" (PSR, 2015).*

These quotes demonstrate the frustration that some students living with disability feel at the financial barriers and the lack of assistance in navigating the applications process.

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[7] "Pwd" is an abbreviation for persons with disabilities.

Finally, training in education was also identified as a concern (5.2% of people living with disability, 8.6% of parents and caregivers, and 2% of service providers).

> *"I believe teachers, classroom assistants, and others involved in education need to receive more education/training regarding disability issues and students with disabilities"* (PSR, 2015).
>
> *"Those who are working with the individuals lack the necessary training to meet their diverse needs. There is a lack of available training for staff in the school. If we are going to be effective in developing and deploying programming for individuals with special needs; then training must be a priority"* (SPR, 2015).

These quotes highlight the importance of prioritizing training for educators working with students living with a disability.

Summary

Survey respondents from all three groups identified public funding, personal funding and training in the education sector as concerns. Specifically a lack of available funding, and difficult to navigate application processes were seen as barriers. A useful suggestion made by one survey respondent was to have an identified professional at ECE whose job is to assist people living with disability to pursue their education.

Education Section Action Points

- Funding for education both at the institutional and personal levels, which impacts both access to education and quality of education, were concerns raised by respondents, and should be addressed.
- Training for educators at the primary, secondary, and post-secondary levels needs to be addressed, so that educators are knowledgeable, compassionate, and well-equipped to support students living with disability.
- Physical accessibility to educational institutions must be addressed and maintained. Whenever possible all students should use the same entrance so that students living with disability do not feel isolated.
- Access to accommodations is vital for the success of students living with disability. When needed, alternative arrangements for tests/exams, note taking, assignments, etc. should be made. Supports such as one on one tutoring and classroom supports as well as early childhood intervention, should be prioritized.

2.2 Employment

Top 5 priorities identified by respondents

- Employment Opportunities
- Access to Accommodations
- Accessibility & Physical Barriers
- Stigma & Attitudinal Barriers
- Personal Limitations

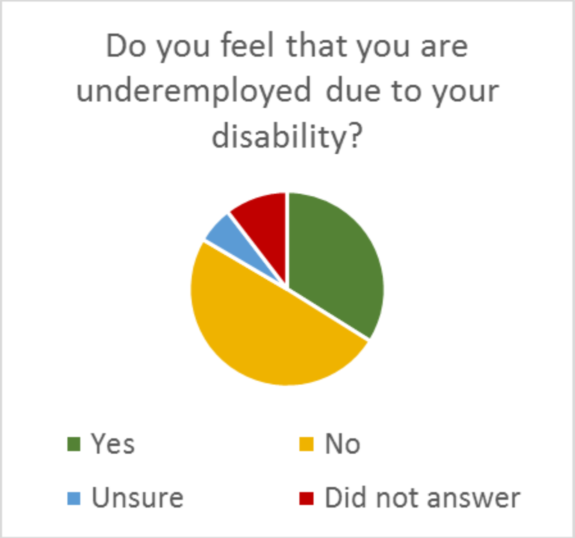
The second building block from the *NWT Action Plan for Persons with Disabilities*, is Employment. Below are the top five priorities for employment identified by the survey respondents. A discussion of the survey findings relating to employment follows.

Of the 115 respondents to the Personal Survey, 33.9% were employed full-time at the time of the survey. 15.7% were employed part-time, while 0.9% were self-employed. 26% were temporarily unemployed at the time of the survey and an additional 15.7% stated that they were completely prevented from working due to their disability. 7.8% did not disclose their employment status. The employed respondents worked in a wide range of fields from health care and education to mining and waste management, administrators, NGO workers, retail and students.

Employment Opportunities

As shown in Graph 15 to the right, of the 115 Personal Survey respondents, 33.9% said that they feel they are underemployed due to their disability. 49.6% said that they are not underemployed while another 6% were unsure. This demonstrates that over a third of respondents felt that they were underemployed. If we compare this to the additional 41.7% of respondents who were unemployed (either temporarily or permanently due to disability), we see that employment opportunities must be a priority for people living with disability.

Graph 15: Underemployment

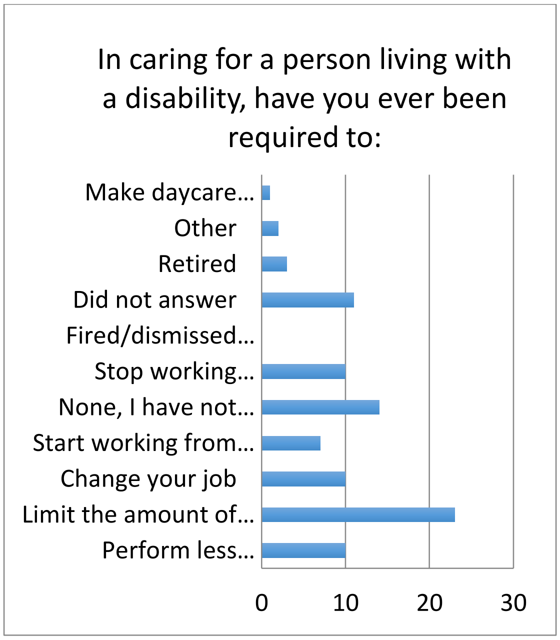


The respondents to the Personal Survey emphasized the fact that getting a job and keeping a job with a disability are often more difficult than they should be. As shown in the graph to the left, when asked about the different adjustments people may have had to make to their work life, 29.6% of respondents said that they had to perform less desired work, 36.5% said they had to limit the amount of hours they worked, 23.5% said that they had to change their job, 15.7% started working from home. 32.2% had to stop working altogether, and 3.5% were fired or dismissed from their job. 21.7% of respondents said that they did not have to change their work.

When asked the same question, parents and caregivers said that they too had to adjust their work in order to be able to support the person that they care for. As shown in Graph 17, 17.2% of parents and caregivers said that they had to perform less desired work, 40% said that they had to limit the amount of hours they work, 17.2% said they had changed their job, 12% started working from home and 1.7% said that they had to make other care arrangements in order to continue working. 17.2% said that they had to stop working altogether, and another

Graph 16: Adjustments to Employment

Graph 17: Adjustments to Employment Parent



5.2% said they were retired. 24.1% said they had not had to change their work. 3.5% said "other" but did not specify what adjustments were made, and 19% did not respond. This information demonstrates that it is not only people living with disability whose employment is impacted by disability, but parents and caregivers as well.

Another issue that was raised by the survey respondents regarding employment opportunities was the employability of people living with disability.

> *"I am able to work a full day with accommodations. There aren't any accessible employers in the NWT, accessible transit to get back and forth to work, and no employers who are willing to accommodate pwd with significant disabilities"* (PSR, 2015).

As accommodations and accessibility will be discussed further in the following sections, here the important point to discuss is the general sentiment that no employers in the NWT are willing to extend employment opportunities to people living with disability. Another respondent echoes this, saying that

> *"no one will hire a person with a disability for a real job in the nwt"* (PSR, 2015).

The uncertainty that some people experience even when they are employed is also apparent:

> *"No other possibility of job, if I lose the current one"* (PSR, 2015).

These comments demonstrate the common frustration and general sentiment that employment opportunities do not exist for people living with disability, which should be addressed.

Along the same line of thinking, several respondents to the Personal Survey stated that service organizations need to take more initiative to hire people living with disability, not only for the purpose of providing employment opportunities, but also so that people living with disability are able to access services from people living with disability. Several people emphasized the importance of accessing service from someone who has lived experience with disability:

> *"When I want help with disability related issues I want to speak with someone who have lived experience. Sadly that type of support does not currently exist in the NWT"* (PSR, 2015).
>
> *"there are no supports in my community where I can speak to people like me. just able bodied people"* (PSR, 2015).

Summary

33.9% of respondents to the Personal Survey said that they felt they were underemployed due to their disability. 26% were temporarily unemployed at the time of the survey and an additional 15.7% stated that they were completely prevented from working due to their disability. Both people living with disability and parents and caregivers noted significant adjustments that had to be made to their work lives. Employability of people living with disability, and representation of people living with disability in services organizations, were recognized as important issues.

Access to Accommodations

When the Personal Survey respondents were asked if they believed that their employers, coworkers, and general workplace were properly equipped to meet their needs as a person living with disability in the workplace, 35.7% said yes, while another 30.4% said no. 15.7% of respondents were unsure and 18.3% did not respond. Nearly a third of the respondents claimed that their workplace was not properly equipped, pointing to the importance of access to accommodations for people living with disability in the workplace.

Graph 18: Workplace Properly Equipped

Many respondents stated that with the proper accommodations, they believed they would be able to work a full day. They stated that it was an unsupportive work environment that limited their employability, not necessarily their disability itself. One respondent commented on the adjustments they had had to make to their work life by saying that these changes were

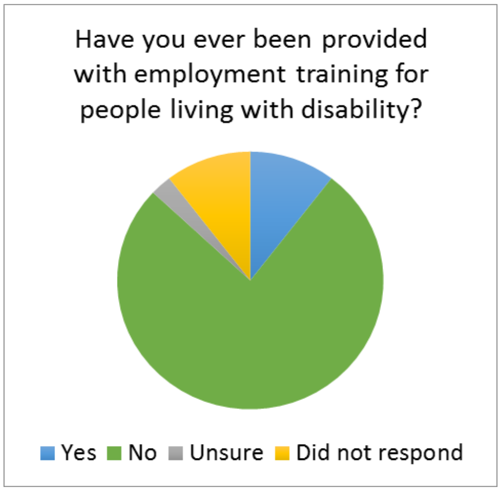
> *“all due to refusal to accommodate disability”* (PSR, 2015).

This points to a concern that trouble gaining or maintaining employment faced by people living with disability is not always due to personal limitations related to the disability, but often to an inability or unwillingness of employers to provide the needed accommodations.

> *"need supports to gain supported employment and potential day program supports"* (PCR, 2015)
>
> *"Would need a support staff to work. Have never worked. Would need breaks to sit down and rest legs. Can only work daytime due to poor night vision"* (PSR, 2015).

Several strategies that have been used both in the territory and elsewhere in the country to address access to accommodations in the workplace for people living with disability are specialized employment training and employment programs (such as the North Slave Employment Program, which is no longer active). When Personal Survey respondents were asked if they had ever been provided with employment training for people living with disability, 76.5% of respondents said they had not, which demonstrates that this is not a common experience for people in the NWT. Still, 10.4% said that they had participated in such training and another 2.6% were unsure. 10.4% did not respond to this question. When asked if they would access such training if it were available, 40% of respondents said yes. 13% said no, 17.4% were unsure, and 9.6% of respondents said that this was not applicable to them. 20% of respondents did not respond to this question. As seen in the graphs below, this information demonstrates that while few people have had access to such training in the past, more than half are interested or may be interested in the future.

Graph 19: Employment Training



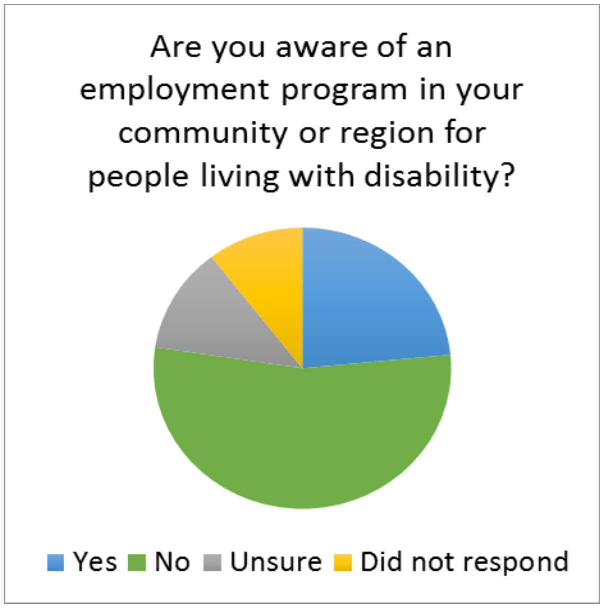
Graph 20: Desire for Employment Training

One respondent stated criteria for a training program they would participate in as the following:

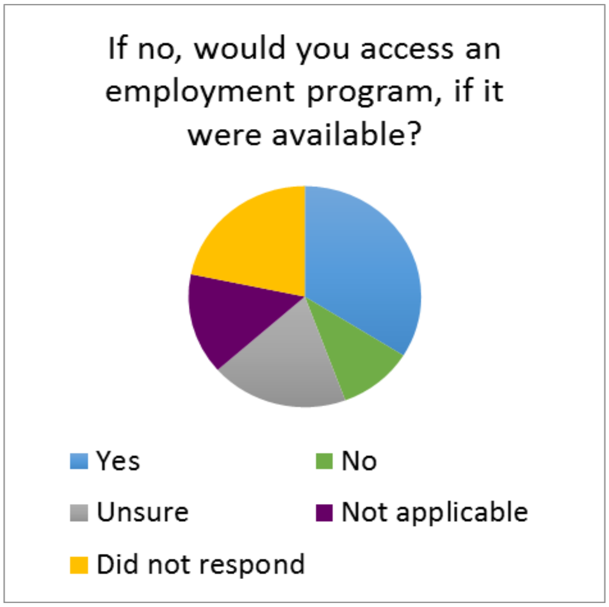
> *"I would only seek out employment related training from a reputable resource that employs pwd"* (PSR, 2015).

Employment programs, such as those that include job coaching, placements, and employer training, are also possible strategies for addressing access to accommodations, as well as employment opportunities and other barriers in general, for people living with disability. When asked if they were aware of an employment program for people living with disability in their community or region, 23.5% said yes, and 12.2% said they were unsure, while 53.9% of respondents said no. 10.4% did not respond to this question. When asked, if no, would they access such an employment program if it were available, 33.9% said yes, and another 19.1% were unsure. Only 10.4% said they would not, and another 14.8% said that this was not applicable to them. 21.7% did not respond to this question. Again, as shown in the graphs below, While less than a quarter of people say that they are aware of an employment program in their community or region, many more say that they would access such a program if it were available.

Graph 21: Employment Program



Graph 22: Desire for Employment Program



Finally, several parent/caregivers and service providers identified supports required for the school to work transition as another area of concern.

> *"There is an overall lack of services for youth throughout high school but most importantly in preparation for transition from school to work or post-secondary education."* (PCR, 2015)

This area could be addressed through the employment programs addressed above, and is already being worked on in Yellowknife by the Yellowknife Association for Community Living for students with intellectual and cognitive disabilities. It should be expanded to other regions and for people with other types of disabilities.

Summary

Many survey participants identified access to accommodations as an important area for employment. 30.4% of Personal Survey respondents said that they did not believe their workplace was equipped to support their needs as a person living with a disability while another 15.7% of respondents were unsure. Meanwhile, 40% of respondents said they would access employment training if it was available and 33.9% said they would access an employment program if it were available. These types of supports should be explored, especially where job placement and employer training and support occurs.

Accessibility & Physical Barriers

Accessibility and physical barriers was a concern that was raised by 13% of respondents, specifically in regard to employment.

It was noted by various respondents that most workplaces they have encountered in the NWT are not accessible, including some buildings that are identified as being accessible. As the following respondent to the Personal Survey notes, accessible entryways to a building are only the start.

> *"[If] I end up in a wheelchair, or should anyone needing a wheelchair get a job in my building, it is not wheelchair friendly. We may have the wheelchair accessible doors on the outside of the building but that is where they stop. The doors on the inside of the building are all push or pulls or require a password and are heavy. My office space would not accommodate me in a wheelchair either. The bathrooms have accessible stalls, however, a person with a wheelchair wouldn't be able to get into the bathroom"* (PSR, 2015).

The many buildings that are not accessible beyond permitting entry to people with physical limitations demonstrate the difficulty that people have in gaining employment, especially if the physical barriers in the workplace mean that they cannot function independently.

As another respondent noted, the reality of making workplaces fully accessible can be associated with a high financial cost, which many employers are not willing or able to cover, which may lead an employer to choose not to hire a person who makes these requests.

> *"I cannot think of a single workplace or government building in the NWT that is accessible to persons with disabilities. To hire me would entail a significant outlay to make a workplace accessible. When I ask for a fully accessible (including toilets) location for an interview I never hear back or get some 'hired internally' excuse"* (PSR, 2015).

Finally, in addition to concerns regarding full accessibility and the high costs of these modifications, which can result in discriminatory hiring, transportation is also noted as a physical barrier to employment, noted by 1.7% of respondents.

> *"Most office worksites in the NWT are inaccessible to pwd, including bathrooms. If someone hired me they'd be looking at enormous expenses to retro-fit buildings […] If a company were willing to hire me, accommodate my needs I wouldn't be able to get in or use the facilities. Even if all those parameters were met, I wouldn't be able to get back and forth to work due to lack of availability of accessible transportation […] [Yellowknife Accessible Transit] is not meant to take people back and forth to work everyday; it is not meant to be used that often and they cannot guarantee rides. Try telling that to a potential employer!"* (PSR, 2015).

Currently there is no legislation in the NWT that guarantees or even encourages full building accessibility. While the National Building Code is used by the Office of the Fire Marshal for fire safety, these regulations only go so far and cannot address bathrooms or functional accessibility (Personal Communication, March 2015). This is an issue that has been raised in all five sections and across all three surveys, and should be addressed.

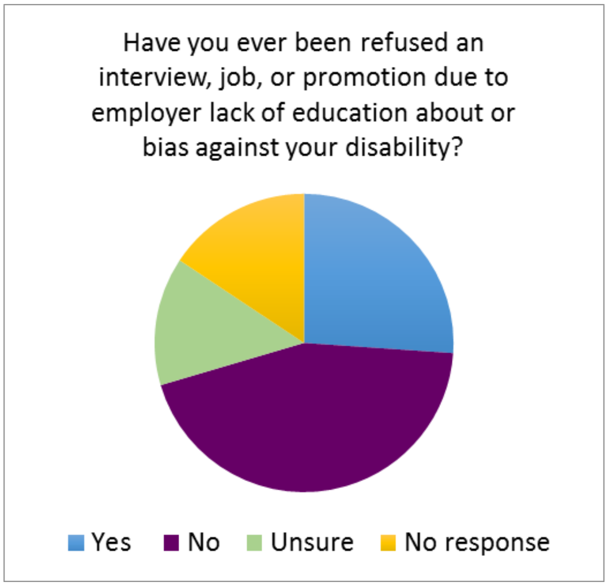
Summary

13% of Personal Survey respondents recognized accessibility and physical barriers as an important area for employment. Even buildings that are recognized as accessible are often not fully so, if bathrooms or office spaces are not independently accessible. There is currently no legislation that can guarantee or even encourage full building accessibility. Transportation was also recognized as a physical barrier to employment.

Stigma & Attitudinal Barriers

When the Personal Survey respondents were asked if they believed they had ever been refused a job interview, job, or job promotion because the employer was not educated about or biased against people living with a disability, 26% of respondents said yes. 44.4% said that they had not experienced this kind of discrimination, while 13.9% were unsure and another 15.7% did not respond. Over a quarter of the people living with disability we heard from stated that they believed they had previously been discriminated against in the workplace, which demonstrates the importance of addressing stigma and attitudinal barriers in employment.

Graph 23: Workplace Discrimination



Respondents described withholding information about their disability from an employer for fear of being treated differently or upsetting and irritating the employer

> *"I have never disclosed my depression to my employer, or realistically to many health care providers, as they see me differently before they even start. I have a 'mental health' label on my forehead when this information is disclosed"* (PSR, 2015).

> *"I feel that I can work in a government setting but with the amount of stairs, having to park, and with duties that requires a lot of walking to and fro it's very difficult and I have such sore knees which I am sure makes the employer annoyed"* (PSR, 2015).

Many times, reasons for withholding such information came from previous experience,

> *"When I forwarded a copy of my limitations to my employer it was like I became stupid. I was treated very differently"* (PSR, 2015).

Others stated that employers' lack of understanding about their disability or unwillingness to learn created an attitudinal barrier in the workplace:

> *"Sensory overload. Learning new things entirely through auditory processing. Administrators who care not to understand my disability. Autism is a wide spectrum.*

> *They prefer to get general statements from the doctor. If you need support, you are not fit for the job"* (PSR, 2015).

> *"Some supervisors expect you to hear what they are saying to you but are looking the other way or with something dangling from their mouth (ie. Cigarette, tooth pick). They are totally ignorant about communicating with a hard of hearing person"* (PSR, 2015).

Where some people described a lack of understanding, as above, others described situations where employers were actively attempting to terminate their employment:

> *"I was forced out of my job my employer […] they made it so difficult that I wanted to quit"* (PSR, 2015)

> *"My employers are aware I have a disability and accommodated me for a period of time, however, it seems as if they are putting pressure on me to step down or risk being fired. They are finding other very small infractions as they cannot legally use my disability to terminate my employment"* (PSR, 2015).

As we have seen in this section, people living with disability face stigma and various forms of attitudinal barriers in the workplace, from fear of being treated differently or upsetting an employer, to actually being treated differently or upsetting an employer, lack of understanding or unwillingness to learn about the disability, to active attempts to terminate employment or encourage a person to quit. As the following respondent notes, an important approach that can be taken is employer training and education,

> *"Everyone wants to be able to work, to have a safe and environmentally clean worksite and they want to be able to understand the needs of others. Education is key to removing barriers, stigma and shame for disabled persons in the workplace"* (PSR, 2015).

However, it is also clear that work needs to be done on supporting people living with disability in accessing their rights to employment, and when needed, intervening in workplaces that do not uphold these rights and discriminate against people living with disability. One respondent offers a starting point for addressing this issue:

> *"[There is a] lack of knowledge by community and employers. Clear regulations for employers for duty to accommodate and potentially an independent committee or consultant that is involved with employer HR on ways to accommodate and to help find options when an employer is no longer to accommodate"* (PSR, 2015).

This suggestion could possibly be put into practice by applying the GNWT Duty to Accommodate Policy to the private sector as well as government, and by expanding and working through the GNWT Advisory Committee on Employability (GACE), which already exists. Overall, this section demonstrates that stigma and attitudinal barriers are an issue that should be addressed going forward.

Summary

26% of Personal Survey respondents stated that they believed they had been refused an interview, job, or promotion because the employer was uneducated about or biased against people living with disability. Respondents described fear of being treated differently or upsetting their employer, lack of understanding or unwillingness to learn about their disability, and active attempts to terminate their employment due to their disability. Stigma is a barrier to employment that needs to be addressed.

Personal Limitations

As has been described throughout the employment section, many of the barriers to employment that people living with disability experience come from outside of the person themselves. These barriers are rooted in an unsupportive environment, either due to a lack of opportunities, access to accommodations, stigma and attitudinal barriers and/or accessibility and physical barriers. Still, for some people, personal limitations related to disability are a barrier for employment. 7.8% of respondents to the Personal Survey specifically mentioned personal limitations as a barrier. As noted at the beginning of the Employment section, 15.7% stated that they were completely prevented from working due to their disability. Some examples of these limitations include:

> *"Too much pain and limitations to work"* (PSR, 2015), *"overall fatigue"* (PSR, 2015),*"Cannot work due to movement disorder and sight"* (PSR, 2015).

One respondent described a situation where they had gone through all of the necessary training and education in order to pursue their chosen career, only to be told that their disability would mean they could not continue:

> *"I studied the Northern Nursing Program and 2 weeks before I was going to write my CNATS exam I was told that I was unsafe to practice due to my knees and could not write the exam after all that training for 3 years I was denied however, I still maintain the knowledge and I still put on my resume that I have a nursing background it may not be practical but knowledge wise I understand"* (PSR, 2015).

Uncertainty regarding personal limitations can mean that even if a person plans to pursue a specific career or already has employment, this may have to change:

> *"I'm worried that if I learn at such a slow pace I will not be able to obtain employment in the field I have chosen to sign up for at Aurora College. I quit my last job because I was not capable of the physical work. If I cannot do physical work, and I struggle with academia, what work will I be able to do?"* (PSR, 2015).

Overall it must be understood that even if all four of the other priority areas are addressed (employment opportunities, access to accommodations, accessibility, and stigma), some people will still be unable to work due to the personal limitations of their disability. In these cases, it is important that we have sufficient income supports in place to allow these people to live comfortably. This will be discussed in the section that follows.

Summary

7.8% of respondents to the Personal Survey specifically mentioned personal limitations as a barrier. 15.7% stated that they were completely prevented from working due to their disability. Even after all other barriers to employment have been addressed; some people will still be unable to work. Because of this, sufficient income supports must be available so that all people can live comfortably.

Employment Section Action Points

- Extend Duty to Accommodate to the private sector, extend authority and resources of the GACE so that a body exists to review accommodation standards & provide assistance where needed.
- Put in place a funding/resource program for workplace accommodations to support people living with disability in gaining and maintain employment.
- Employer training for awareness of disability issues and accommodations. An employer incentive for participation so that more businesses are reached.
- Physical access to workplaces and public space in general must be prioritized. A territory-wide accessibility initiative that goes further than the Building Code could be a starting point.
- Reassess income support to ensure that people who are completely prevented from working due to disability have sufficient income to live comfortably.

2.3 Income

Top 5 Priorities for Income, identified by survey respondents

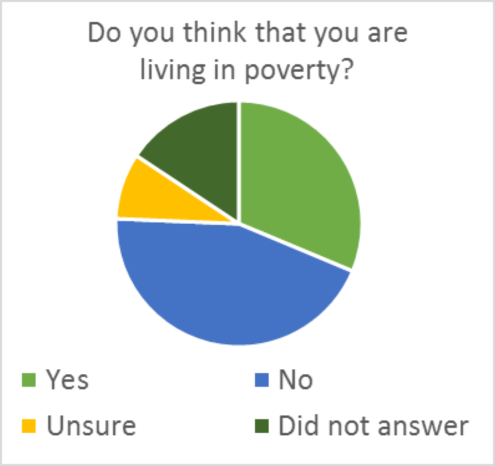
- Poverty & Insecurity
- High Cost of Living & Benefits
- Cost of Programs and Services
- Accessible, Affordable Housing
- Employment Opportunities

The third building block from the *NWT Action Plan for Persons with Disabilities*, and a focus area for this project is Income. In the box to the right are the top five priorities for income identified by the survey respondents. A discussion of the survey findings relating to income and the major barriers and areas of concern follows.

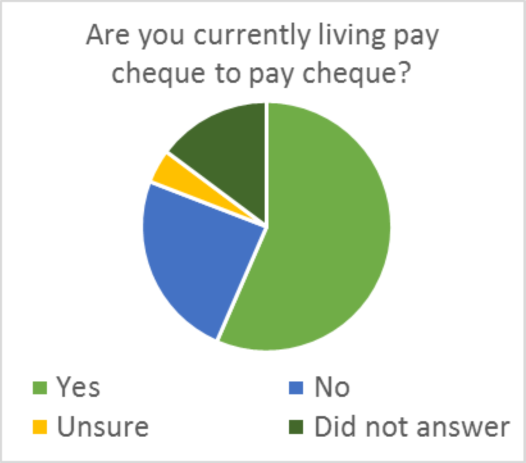
Poverty & Insecurity

As shown in the top priorities for income section above, poverty and insecurity are formidable barriers for people living with disability in the Northwest Territories. 31.3% of the 115 respondents to the Personal Survey said that they think they are living poverty. This number jumps rather significantly when people are asked if they are living pay cheque to pay cheque, to 56.5%.

Graph 24: Living in Poverty



Graph 25: Living Pay Cheque to Pay Cheque



These numbers demonstrate both that a significant number of people living with a disability struggle with poverty, but also that even those who are not necessarily ‘living below the poverty line’ can be living in a financially unstable position. Unexpected costs, associated with a person’s deteriorating health, disability supports, equipment and job stability are just a few issues that people living with disability identified as influencing their financial stability:

> *"The funding I receive is just enough to survive. It doesn't cover emergency situations*" (PSR 2015).

It is therefore important to note that the middle-income group is also struggling, and that this is often hidden as any unexpected cost could move a person from living pay cheque to pay cheque into poverty.

> *"[We need] easier access for people living pay cheque to pay cheque to funds to help buy supports. It is not just those below the poverty line that need help. those of us on the line need help too"* (PSR, 2015).

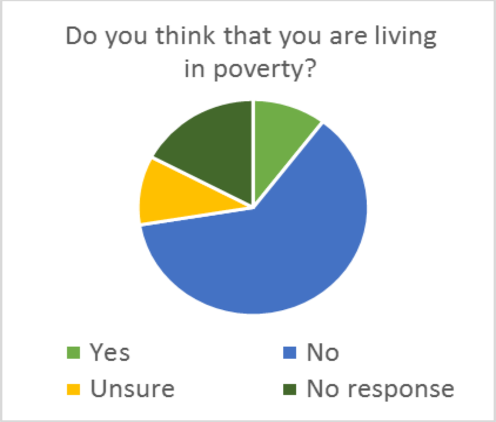
Not only does poverty mean that people are at risk of homelessness, health issues related to poor nutrition and access to care, and so on, but it also means that people live with an incredible amount of stress, and the risk for mental health issues and/or addiction could increase as a result of this. The following quotes are a small sample of what people had to say regarding poverty:

> *"[p]overty means constant fear, going without basics and no hope*" (PSR 2015).
>
> "*I cannot find the words to tell you about the fear that grips my soul and makes my stomach lurch from being threatened with eviction every other month or so*" (PSR, 2015).

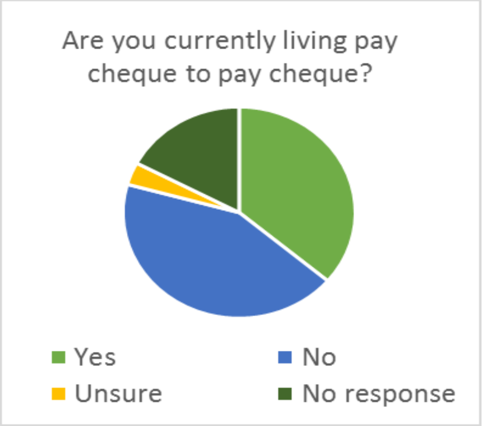
As demonstrated here, respondents to the Personal Survey made it very clear that poverty is a serious issue being faced by people living with disability, and that the impact it has on people's wellbeing is huge.

As in the Personal Survey, the Parent and Caregiver Survey demonstrated that poverty and insecurity are also barriers for families caring for a person living with disability. When asked if they think that they are living in poverty, 10.3% of respondents said yes, and another 10.3% said that they were unsure if they were living in poverty. This number increased dramatically when respondents were asked if they are currently living pay cheque to pay cheque, to 36.2% and another 3.4% who were unsure. See the graphs on the following page for these results.

Graph 26: Parents Living in Poverty



Graph 27: Parents Living Pay Cheque to Pay Cheque



Again, like with the Personal Survey respondents, this result demonstrates a need to consider the financial insecurity that still exists when a family is living pay cheque to pay cheque without a safety net set aside for emergency situations and unexpected costs. While the people living with the lowest income should continue to be prioritized for benefits and income supports, it is important to recognize that middle income families are often at risk of falling into poverty when caring for someone who lives with a disability.

Summary

Approximately a third of survey respondents are living in poverty. Significantly more are living pay cheque to pay cheque and so at risk of falling into poverty. People living with disability were more likely to be living in poverty than parents and caregivers. Poverty and insecurity is a priority that needs to be addressed regarding income for people living with disability.

High Cost of Living & Benefits

26.1% of respondents to the Personal Survey stated that they are currently accessing some kind of disability benefit. The benefits identified included Canada Pension Plan Disability Benefit (14.8%), Tax Credits (4.3%), Income Assistance (5.2%), Employment/Private Insurance Benefit (3.5%), and the Veteran Affairs Canada Benefit (0.9%)[8]. Another 3.5% of respondents stated that they had applied for disability benefits and were currently waiting for a response.

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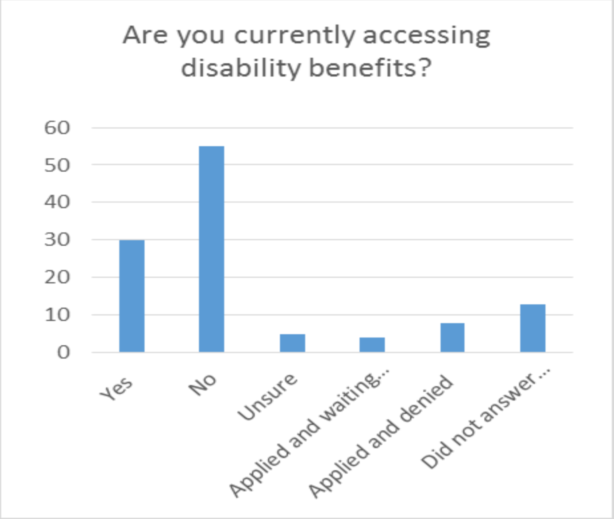
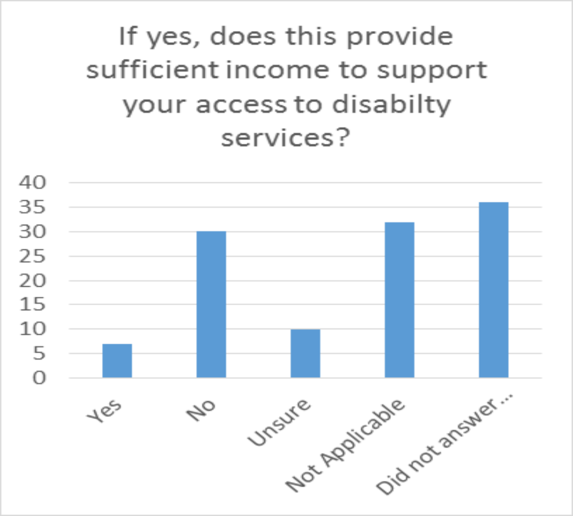
[8] Abbreviations CPPD will be used from now on for Canada Pension Plan Disability Benefit, and IA for Income Assistance

Graph 28: Respondents Accessing Benefits



A significant number of respondents (47.8%) said that they were not currently accessing benefits. Of those people who said that they had applied for disability benefits but had been denied (7%), many said that they did not know why. Those who did know why they were denied stated three main barriers: difficulty navigating the bureaucratic processes of applying, they simply did not qualify for the benefits they applied for (either due to the severity of the disability or income requirements), and/or issues with finding a regular doctor who could fill out the forms properly. The issue regarding doctors was raised both by participants of the Personal Survey and by service providers who worked in assessing CPPD and IA applications. It is clear that a lack of regular family doctors means that doctors will not always know a person well enough to fill out their forms properly, resulting in people with disabilities who may otherwise qualify, not having the ability to access benefits. This phenomenon should be a priority to be further researched and addressed.

Graph 29: Benefits - Sufficient Income



Only 6% of the 115 respondents to the Personal Survey stated that the benefits they receive provide sufficient income to support their access to disability services. 26% of all respondents who answered both questions stated that they are currently accessing benefits and that these do not provide sufficient income to support their access to disability supports and services. Over a quarter of the respondents agreed that benefit amounts are insufficient.

This was an issue that was raised throughout the survey results, with people noting that the cost of living often far exceeds their income, even when they are accessing benefits, and that

> "*ECE [and other benefits] does not include cost of living increases*" (PSR, 2015).

Several respondents also raised the issue of the earned and unearned income exemptions for Income Assistance being too low and feeling as though they are being encouraged not to work.

> "*Stay home, alone, in poverty and without hope is the message I receive every month*" (PSR, 2015), "*It's hard to live on the funds I receive" (PSR 2015), "income support is a life of grinding poverty […] no increases for inflation. prices for everything go up but the income support amount never changes*" (PSR 2015).

These statements reflect the frustration that people who access benefits expressed in describing the way these processes tend to impede their advancement and leave them struggling.

According to an ECE employee, the GNWT's Income Assistance program was initially designed as a transitional income support program, and therefore various changes have had to occur in order to accommodate supporting people living with a permanent or long term disability (Personal Communication, February 2015). One Personal Survey respondent pointed to the provincial government of British Columbia's program, which offers significantly higher income exemption amounts for people living with disability than the NWT ($9600-$19 200 per year depending on the family structure) and also allows income exemptions for parents and caregivers of people living with disability (PSR, 2015).[9] This person said that they see the current income exemptions as insufficient,

> *"$1,200 won't even pay my rent for one month"* (PSR, 2015).

One person identified a possible solution to her concern regarding coverage for her massages, physiotherapy, and equipment:

> "*Perhaps disabilities can be covered under the extended health benefits from the GNWT. And if they are, then maybe my doctor's here should be more informed on that as it would be nice to know. But with the doctors coming in and out of the South hard to keep them informed on what is going on paper work wise up here*" (PSR, 2015).

Knowing that assistive devices and equipment for people living with disability can be covered under the Extended Health Benefits, this comment makes the important point that access to

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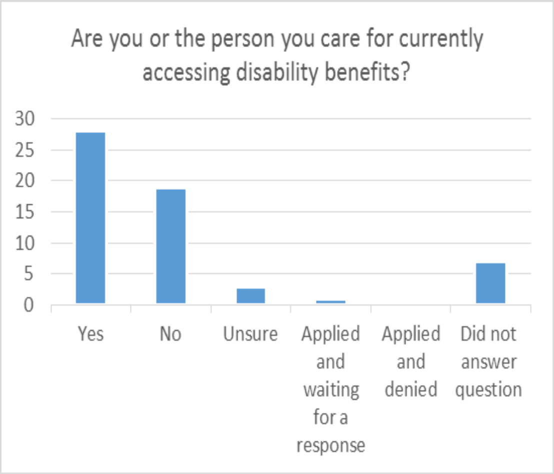
[9] Please see the BC government's webpage http://www.sdsi.gov.bc.ca/factsheets/2006/Earnings_Exemption.htm for further details on the structure of disability assistance in that province.

information and trained professionals can at times be a barrier for the income of people living with disability, even when the services are readily available.

48.3% of respondents to the Parent and Caregiver Survey say that they are currently accessing disability benefits. The benefits identified included Tax Credits (13%), Canada Pension Plan Disability Benefit (5.2%), and Income Assistance (2.6%). It is interesting to note that Tax Credits were more heavily used by parent/caregivers than by people living with disability themselves, and people living with disability were more likely to use the Canada Pension Plan Disability Benefit. For both groups, Income Assistance was not as widely used as other benefits and supports.

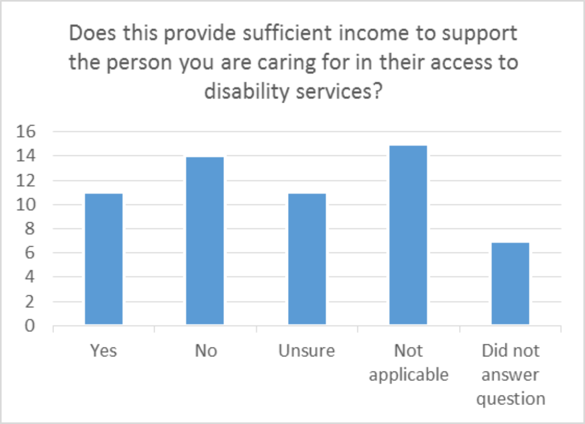
Graph 30: Parents Accessing Benefits



Only 1.7% stated that they had applied for benefits and were currently waiting for a response, while another 5.2% were unsure. A significant number of parents and caregivers (32.8%) said that they were not accessing any disability benefits at all.

Significantly more parents and caregivers than people living with disability felt that the benefits they receive provide sufficient income to support their access to disability services, at 19%. This could be due to the fact that as parents or caregivers of people living with disability, they are more likely to be able to continue working than someone who lives with disability. In this way, the benefits may be used more as supplementary

Graph 31: Benefits - Sufficient Income



income or relief income rather than replacement income. Still, 24.1% of parent and caregiver respondents said that the benefits they receive do not provide sufficient income to support access to disability supports and services

Summary

Cost of living is high in the Northwest Territories and the benefits that people who are unable to work due to disability receive are often reported as insufficient to meet their needs. While people living with disability tended to access CPPD most often, parents and caregivers tended to access tax credits more. People living with disability were more likely than parents and caregivers to find their income insufficient, most likely because parents and caregivers use benefits as supplementary income rather than replacement income.

Cost of Programs and Services

As will also be discussed in the following section, Disability Supports, many people living with a disability reported a significant amount of personal expense for disability supports, services, and accommodations. 20% of the 115 Personal Survey respondents stated that in the last year alone they had spent over a thousand dollars out-of-pocket on help and support related to their disability. These amounts ranged from several hundred dollars in a year to

> "*everything I have*" and "*all my savings, retirement funds*" and "*more than I could afford*" (PSRs, 2015).

Several (3.5%) said that they had spent tens of thousands of dollars out of pocket. When sufficient funding and support does not exist, people living with disability end up having to spend large portions of their income sustaining their supports.

It is also important to note that when asked what obstacles they have faced in attempting to access resources and supports, 36.5% of people living with disability and 12% of parents and caregivers said that cost was a barrier. When asked what some of the barriers that people living with disability face when trying to access services, 16% of service providers stated that cost was a barrier.

While service providers did acknowledge that cost of programs and services (as well as the cost of equipment such as wheelchairs, prosthetics etc.) can be a barrier when asked directly, it interesting to note that most service providers did not acknowledge poverty and high cost of living as major concerns elsewhere in the survey. Several service providers noted that their service is either free or available at a low cost, and therefore that cost should not be an issue. Possible reasoning for these contradicting perspectives could be that free services are only available to certain target groups and/or are limited in number of spots/waiting lists etc. In order to access services when needed, people often have to pay for it. For example, while many service providers stated that their service was either free or easily accessed; stories like the one that follows were commonly shared by Personal Survey respondents:

> *We have no counsellor in our community […] it's out of my price range to pay for a $1400 flight to Yellowknife and pay for counselling services. (as the healthcare plan services are not accessible by people outside YK, because our own community mental health counsellor is who we're supposed to see.) When we don't have a MHAC*[10]*, the other options do not open to people in our community… we are just left on a waiting list. We haven't had a MHAC since June, and we have just been told we are not getting one at anytime in the near future…. Not because they are not trying, but because there is no one to recruit* (PSR, 2015).

Therefore it is clear that a disconnect exists between what most service providers understand as being sufficient income or low cost services, and what people actually experience in practice. At the same time, funding was identified as a concern among 8% of service providers, which suggests that the service provider may see it as their duty to provide the services at an affordable cost, regardless of the person's income.

Summary

People living with disability report spending a significant amount of their income on programs, services, equipment, treatment, and transportation all related to their disability. Contrary to the perception among service providers that much of this is covered or provided free of cost, in practice people tend to encounter barriers and therefore have to pay out of pocket or go without.

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[10] Abbreviation stands for Mental Health and Addictions Counsellor

Accessible, Affordable Housing

The next priority identified by the respondents for income was housing. It was made very clear in the survey results that a prohibitive barrier for the income of people living with disabilities is related to finding housing that is both accessible and affordable, and having sufficient income to retain housing. 20% of respondents prioritized housing as a barrier to secure income and vice versa. Thus, progress made in each area is closely related to the other.

> "*I will run out of personal funds in about 3 years if I remain living in my home*" (PSR, 2015)
>
> "*If I do not get disability pension I will loose everything I own, house, car, etc. I will not afford to live here*" (PSR, 2015)
>
> and "*I try not to think about it. I know eventually I will lose my apartment. I'm just trying to keep it for as long as I can*" (PSR, 2015)

are just a few of such concerns shared regarding income. Housing issues will be discussed further in the Housing section that follows. It is important to note that while the report has been divided into sections according to the five Building Blocks, each of these greatly influence the state of the others, as identified here.

Summary

While housing could be seen as a separate issue from income it was identified by 20% of respondents to the Personal Survey as being a priority under income. Access to housing that is accessible, affordable and financially sustainable is closely linked to income security.

Employment Opportunities

The final priority identified by the respondents for income was employment opportunities for people living with disability. 14.8% of respondents identified employability of people living with disabilities and employment opportunities as priorities for income. As employment was also already discussed in detail in the Employment section previously, it will not be discussed in detail here. The following response from one of the respondents demonstrates the close link between income stability for people living with disability and employment opportunities.

> *I am not guaranteed to keep my job for much longer and feel I am walking on egg shells in order to maintain an income to support my family. An emergency support fund to help individuals in the first few months after having to resign/are fired because you can no longer do all aspects of the job due to your disability. This would allow for time to try to find a new position and/or figure out what training you will require to enter the job market. The financial insecurity causes a substantial amount of stress* (PSR, 2015).

Several issues are raised here, including the need for people to be aware of their rights and supported in their work, but also the financial insecurity and stress that working with a disability in an unsupportive environment can result in. All of these points are vital to address in the larger conversation addressing income security. As stated here and by many respondents, without secure work it is very difficult to have secure income. Therefore, employment opportunities for people living with disability are a priority area for the Income building block.

Summary

While employment can be seen as a separate issue from income especially when the focus of the conversation is on benefits and supports, employment opportunities are closely linked to income security. 14.8% of Personal Survey respondents identified employability and employment opportunities as priorities for income.

Income Section Action Points

- Poverty and low-income families and individuals should continue to be prioritized. Support should also be extended to families and individuals who are at risk of poverty and living pay cheque to pay cheque, who often do not qualify for benefits but may still be struggling.
- Income exemption amounts and overall long term disability structure for IA should be assessed. It is recommended that the BC model be explored further.
- Emergency funds should be in place to assist people living with disability who need immediate support, who may not qualify for IA.
- Assess how many NWT applicants have had benefit applications denied due to doctor error or doctor turnover, and work to identify the root of this problem so that it can be addressed.

2.4 Disability Supports

The fourth building block from the *NWT Action Plan for Persons with Disabilities*, and a focus area for this project is Disability Supports. In the box to the right are the top five priorities for disability supports identified by the survey respondents. A discussion of the survey findings follows.

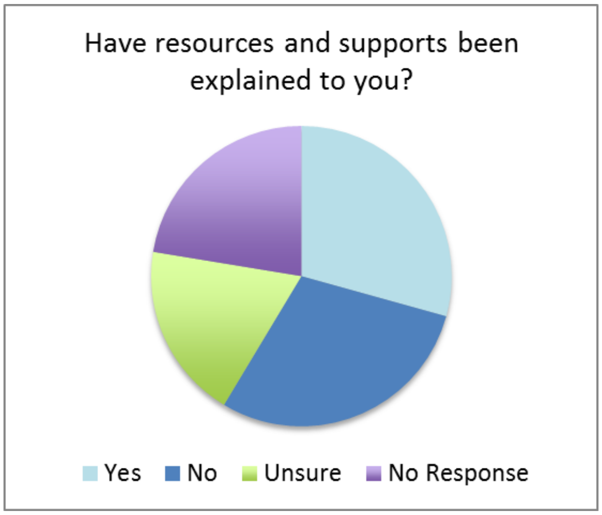
Top 5 priorities identified by respondents

- Access to Supports & Information
- Relocation for Services
- Transportation & Community Accessibility
- Stigma & Attitudinal Barriers
- Trained Professionals, Continuity of Care & Follow Up

Access to Supports & Information

Access to supports and information is an important priority area for disability supports. In general, a lack of information about services (34.8%), frustration with the process (32.2%), waitlists (36.5%), and a lack of available services (33.9%) were identified as obstacles. The first issue identified in this section was that people sometimes struggle with finding the information that they need, when they need it. When asked if resources and supports had been explained to them, 29.3% of parent and caregiver respondents said yes, and another 29.3% said no. 19% were unsure whether or not resources and supports had been explained to them and 22.4% did not respond to the question. When asked who had explained these resources and supports to parents and caregivers, the most common responses were a health care provider (doctor, hospital, homecare, nurse, OT or PT), a disability organization (MS Society, YKACL, and NWT Disabilities Council), as well as the school, social services, and income support. When asked the same question, 38.3% of people living with disability said yes, while another 35.7% said no, and 18.3% said they were unsure. 7.8%

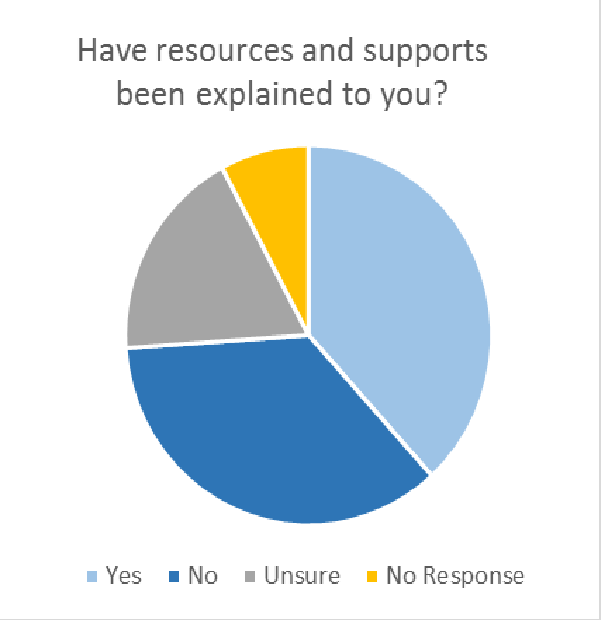
Graph 32: Resources and Supports, Parent



did not respond to the question. When asked who had explained resources and supports to people living with disability, the most common responses were the doctor or another health care provider (homecare, nurse, therapist, etc.) and disability and community organizations, as well as schools, counsellors, supported living and personal research. Approximately a third of respondents from both groups stated that resources and supports had never been explained to them, which is a gap in access to information that should be addressed.

Graph 34: Questions, Personal

Graph 33: Resources and Supports, Personal



Personal Survey respondents were asked a similar question, regarding where they go when they have questions regarding their disability. The most common answers were personal research and the internet (23.5%), the doctor (21.7%) or another health care provider (8.7%), friends, family and other personal supports (7%), and various disability and community organizations (13.9%). 7% said that they access information outside of the territory and another 10.4% that they do not have anywhere to go for information. 52.2% of respondents said that this strategy had been helpful for them in the past, while 13.9%

were unsure and 7.8% said that it had not been helpful. While it is positive to see that so many respondents use health care providers and disability and community organizations to answer their questions, as well as friends and family for support, it is important to note the high number of people who said they approach professionals/organizations outside the territory, do their own personal research, or do not access information anywhere. This information suggests that disability supports are not as easily accessible in the Northwest Territories as some may hope, causing people to look for information and supports elsewhere, or to go without.

> *"I really have found it is difficult to find out what supports are available and when I tried to find out information about help available the person never got back to me and since I have been supporting two persons with disabilities I have not really had time to spare finding help"* (PCR, 2015).

As the above quote demonstrates, people living with disability as well as parents and caregivers are busy dealing with day to day needs, and when information and supports are not easily accessible, oftentimes people will not have access.

Table 5 contains a list of aids and assistive devices that was presented to the respondents to the Personal Survey. The information displayed in the second column titled 'Currently Use' shows the number of respondents who said that they use the device listed. The third column, 'Need, but do not have Access' displays the number of respondents who said that they need the assistive device listed but do not have access to it. As the information in this table demonstrates, many of the respondents who were people living with disability required an aid or assistive device that they did not have access to.

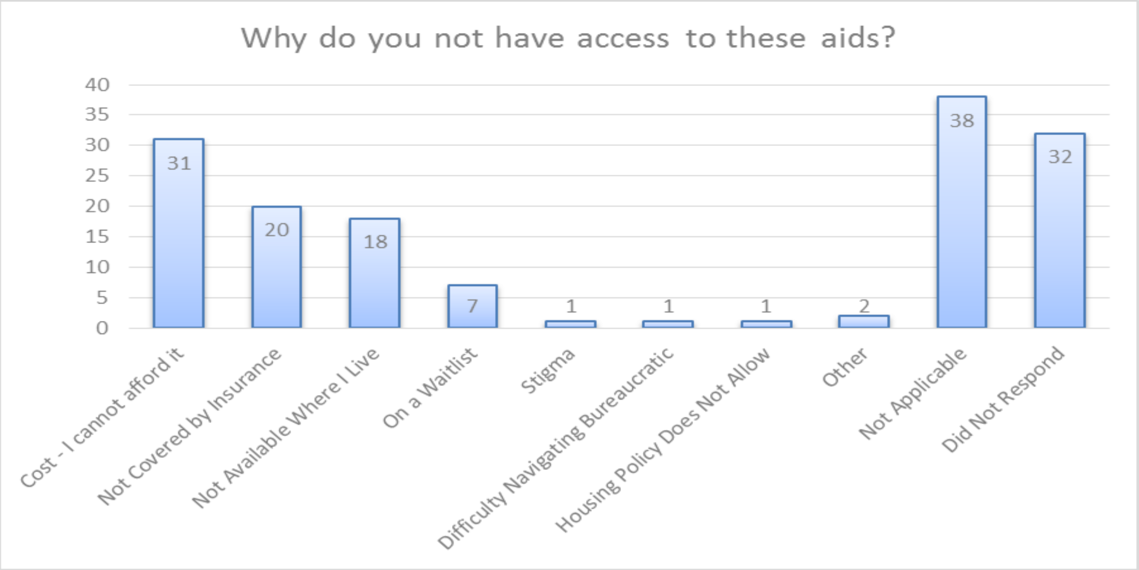
Table 5: Aids and Assistive Devices That Personal Survey Respondents Currently Use and Need but do not have access to

Aids and Assistive Devices	Currently Use	Need, but do not have Access
Specialized Features for Telephones	15	11
Specialized Features for Computer/Laptop	11	17
Other Electronic Device	10	9
Closed Captioning/Subtitles on Television	6	4
Cochlear Implant/Hearing Aid	10	5

Large Print or Braille Reading Materials	5	3
White/Identification Cane	1	0
Service Animal	1	4
Cane/Walking Stick/Crutches/Walker	30	5
Manual Wheelchair	16	2
Motorized Scooter or Wheelchair	3	7
Specialized Footwear	22	12
Prosthetic Device/Artificial Limb	3	2
Grasping Tool/Reach Extender	24	5
Dressing Tools (button hook, zipper pull, long handled shoe horn, etc.)	15	5
Raised Toilet Seats/Grab Bars/Walk-in Bath or Shower	26	11
Specialized Bed, Therapeutic Pillows	9	9
Electrotherapy Device	4	7
Medication	52	13
Other	19	9
None	12	33

When asked why they did not have access to the aids or assistive devices named in the above table, Personal Survey respondents provided several different reasons for this. 27% of respondents said that they did not have access due to cost and an inability to afford the aid, and 17.4% stated this was due to the aid not being covered by insurance. 15.7% said that the aid was not available where they live, 6.1% were on a waitlist. 1.7% stated “other” but did not specify, while 0.9% said their lack of access was due to stigma, to a difficulty navigating bureaucratic processes, or to housing policy not allowing the aid (in this case, a therapy animal). 33% of respondents said this was not applicable to them and another 27.8% did not respond to the question (see Graph 35).

Graph 35: Access to Aids and Assistance Devices



A concern that was raised by various survey respondents regarded support for caregivers as well as support in the home for people living with disability. When asked if they felt that they were well supported in the community as caregivers, 20.7% said yes, 19% said no, 27.6% said sometimes, and 5.2% were unsure. 27.6% did not answer. One respondent said that they felt they were

> *"supported as a community member but not always as a caregiver"* (PCR, 2015).

24.1% of parents and caregivers said that they had accessed respite services before. This high proportion is likely due to the fact that many parents who access respite through the Council would have been more likely to hear about the survey. 3.5% of parents and caregivers said that they were currently on a waitlist, and 1.7% was unsure. 24.1% did not respond. 46.6% of parents and caregivers had not accessed respite services before, and when asked if they were interested in accessing this service, an additional 27.6% said yes.

> *"There is limited work home care provides, so my schedule has to work around my son's, which at times is to structured and can be frustrating, cannot plan anything for myself"* (PCR, 2015).

> *"Because I cannot afford to purchase what I need (help in the home, rehab, assistive devices) I am isolated and stuck in my home. If I could leave I could get a very well*

> *paying job and have a life. The minimal services that are available from yhssa are a band aid at best, and often so far from what is needed that I struggle to find the effort to bother with them […] what I need […] homecare won't do"* (PSR, 2015).

Parents and caregivers said that they require support beyond what is available to them currently, and as shown in the above quote, people living with disability also require supports that are not always within the scope of a homecare worker. Social supports such as respite therefore become an important alternative for parents, caregivers, and people living with disability alike. Respite is a service that has not been funded for expansion in recent years, often due to the fact that homecare funding is prioritized first (Personal Communication, March 2015).

When asked if the organization they work for provides accommodations for clients living with disability, 81.8% said yes. The most common accommodations made were assistance with paperwork (23%), transportation (22.3%), home visits (10.1%), and providing information and referrals (10.1%). Most of these accommodations seemed to be done as needed, rather than being put in place as set policies. 52% of service provider respondents said that they had specific policies in place to address the needs of clients living with disability, while 33.8% were unsure and 9.5% knew that this type of policy did not exist.

As demonstrated throughout this section, access to disability supports and information is a key area for disability service, and this covers many areas which need to be addressed.

Summary

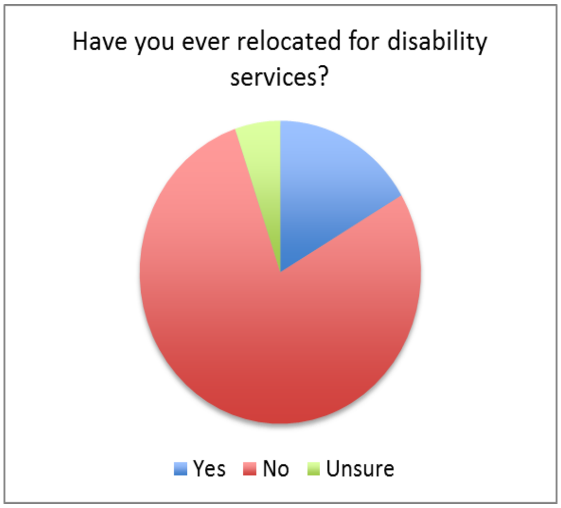
29.3% of parent and caregiver respondents said resources and supports had never been explained to them. Respondents who were people living with disability said that the main reasons they did not have access to needed aids was cost (27%) and the aid not being covered by insurance (17.4%). The next reasons were availability of the needed aid where they live (15.7%) and being on a waitlist (6.1%). This section has demonstrated that availability and cost tend to be barriers to accessing supports. Supports for caregivers (such as respite) were also identified as priorities by 27.6% of parent and caregiver respondents.

Relocation for Services

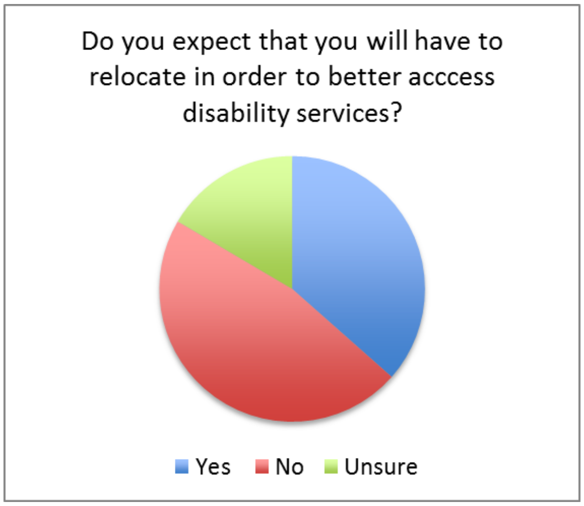
A priority that was identified across all three surveys and throughout the various sections was relocation for services, both out of territory and within, and by choice or not.

16.5% of respondents who were people living with disability said they had previously relocated in order to have better access to disability services. 5.2% were unsure, and 78.3% said no. While a significant amount of respondents did state that they were able to remain in their home community, a sixth of all respondents stated that they had previously relocated for disability services. When asked if they expected they may have to relocate in the future to have better access to disability services, this number increased to 36.5% and an additional 16.5% who were unsure. 47% did not believe they would have to relocate for better service.

Graph 36: Relocation, Personal

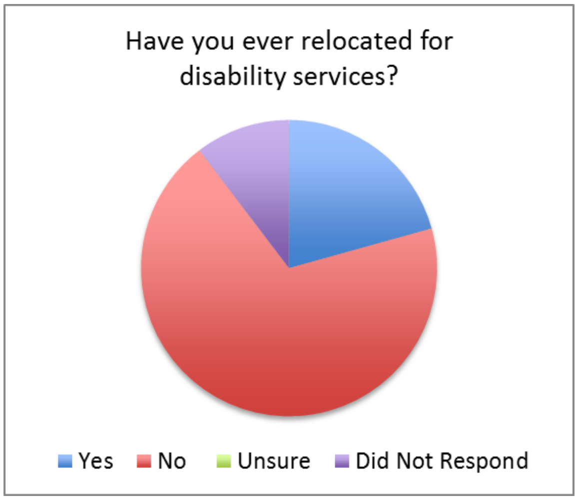


Graph 37: Future Relocation, Personal



When asked the same questions, 20.7% of parents and caregivers of people living with disability said yes they had previously relocated in order to better access disability services. 69% said that they had never had to relocate for this reason, and 10.3% of respondents did not respond to this question. When asked if they expected they may have to relocate in the future to better access disability services, 31% of parents and caregivers said yes, while another 20.7% were unsure. 34.5% said no, they did not expect they would have to relocate, and 13.8% did not respond to this question.

Graph 38: Relocation, Parents



Graph 39: Future Relocation, Parents

This information demonstrates that while the majority of respondents to both the Personal and Parent/Caregiver Surveys have not had to relocate, more anticipate that they will have to in the future.

Some people were making the decision to move, either to a larger community or out of the territory so that they had better access to services, such as this respondent:

> *"Access to physio therapy, occupational therapy and speech therapy has pretty much stopped not that my child is school age. My child received these therapies weekly and now we must rely on the schools. She get two visits with PT and OT a year. She needs more and we are considering moving south"* (PCR, 2015),

while others did not have a choice or even felt as though they were being threatened with relocation, such as this respondent, who demonstrates the negative impact that relocation can have on a person's mental health if it is not by choice:

> *"I know if I complain too much or ask for too much I will again be threatened with living in an institution or segregated housing. I'd kill myself rather than do that"* (PSR, 2015).

Sometimes relocation was due to availability of long term care or supported living options, other times it was due to a need to access specific medical specialists and so on. Some people relocated permanently, while others did so only temporarily while accessing services.

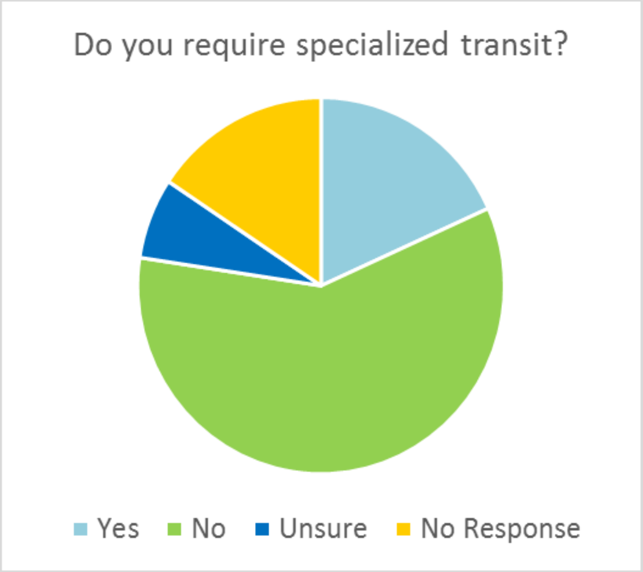
Summary

When asked if they had ever had to relocate in order to have better access to disability services, 16.5% of people living with disability and 20.7% of parents and caregivers said yes. When asked if they expected they may have to relocate in the future, 36.5% of people living with disability and 31% of parents and caregivers said yes. Relocation was noted as sometimes being a productive choice in order to have better access to services, while other times it was seen as a measure taken out of lack of other options, at great personal cost to families. Measures to keep families together and people in their home communities for as long as possible, if this is what they desire, should be addressed.

Transportation and Community Accessibility

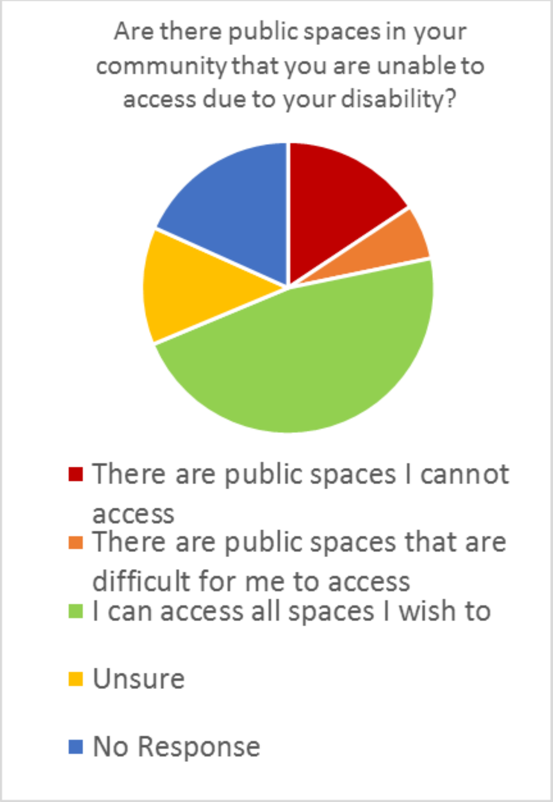
While accessibility and physical barriers have been discussed already in regards to the physical accessibility of educational settings and workplaces, it is important to look at this in how the broader accessibility of a community impacts a person's ability to access disability supports. Accessible transportation is a major disability support that is often overlooked. In fact, 25.2% of Personal Survey respondents identified a lack of transportation to and from services as an obstacle they had faced in attempting to access supports. 18.2% of Personal Survey respondents said that they use or require specialized transit, and 7% were unsure. 59.1% did not require specialized transit and 15.7% did not respond. 14.8% of respondents said that they do not have access to this in their community. One limitation regarding accessible transit is the lack of prioritization. While the infrastructure funding that is available to all communities through the GNWT Municipal and Community Affairs (MACA) could be used for accessible

Graph 40: Accessible Transportation Needs, Personal



transportation, it is up to individual communities to prioritize how this money is spent, so it is often spent on other projects (Personal Communication, March 2015). A territory-wide initiative to promote the importance of accessible transit and public spaces, paired with community-based advocacy, could help to address this gap.

Graph 41: Accessibility of Public Spaces



Similarly, when asked if there are public spaces in their community that are not accessible to them, 15.7% of Personal Survey respondents said that there certain public spaces they cannot access and another 6.1% said that there are spaces that can be accessed but not easily. 13% were unsure, and 47% stated that they are able to access all public spaces they wish to. 18.3% did not respond. It is interesting to note here that the qualitative feedback people gave about accessibility in public spaces suggested a much higher rate of inaccessible public spaces. This could be due to the nature of the question, which asks whether the person is unable to access the space, but does not go into detail about the level of difficulty or if assistance is required from another person. 37.4% of respondents said that there are events and activities in the community that they are unable to access to their disability, most people identifying physical accessibility of the space as the main barrier. Wheelchair ramps and elevators, accessible parking spaces, keeping up maintenance (especially in the winter by clearing pathways and ramps of snow), and accessible transportation were all identified as ways this could be improved. 31% of parents and caregivers said that the person they care for had been unable to participate in activities or events due to their disability.

> *"I have been to communities where the main meeting space in the community does not have a ramp and when I asked why a section that was designated for a ramp was not completed they said no one in the community had a wheelchair!"* (PSR, 2015).

An area of concern for community accessibility which impacts the ability of people living with disability to access disability supports and services, is the misunderstanding of people who do not live with disability about what is actually accessible. 68.2% of service providers stated that they believed their workplace was fully accessible to the people they serve. From what we have heard throughout the report from people living with disability and parents and caregivers, this number is surprising. The following quote from a service provider respondent demonstrates the way some people may misunderstand what accessibility means:

> *"There is no wheelchair ramp but there is only one step, so it can be accessed"* (SPR, 2015).

This demonstrates the importance of continuing to work for full accessibility in the communities as well as continuing to raise awareness about disability issues. As shown in this section, transportation and community accessibility are important areas for concern in general access to disability supports, and overall quality of life.

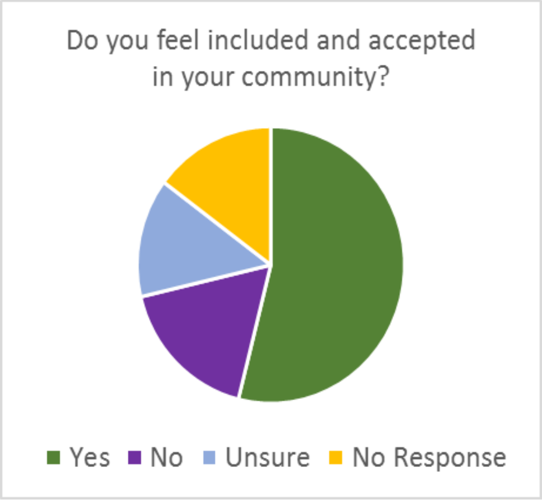
Summary

25.2% of Personal Survey respondents identified a lack of transportation to and from services as an obstacle to disability supports, and 15.7% said that inaccessible public spaces were an obstacle. Availability of accessible transit and accessible public spaces and community events is essential in order to support people's access to disability supports and general wellbeing. A territory-wide initiative in order to promote this shift is needed.

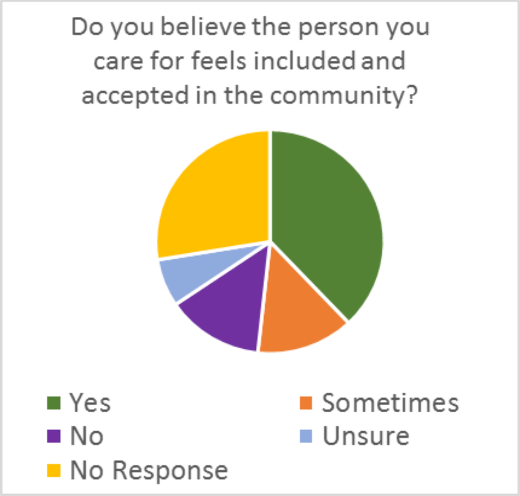
Stigma & Attitudinal Barriers

Stigma and attitudinal barriers were identified as a priority area of concern for disability supports by 9.6% of respondents who were people living with disability. When asked if they feel included and accepted in their community, 53.9% of respondents said yes, while another 17.4% said no and 13.9% were unsure. 14.8% did not respond to the question (see Graph 42). When asked the same question about the person that they care for, 37.9% of parents and caregivers said yes, while another 13.8% said no, 13.8% said sometimes and 6.9% were unsure. 27.6% of parent and caregiver respondents did not respond to this question (Graph 43). It is interesting to note that parents and caregivers were less likely than people living with disability themselves to think that they were included and accepted in the community.

Graph 42: Community Inclusion, Personal



Graph 43: Community Inclusion, Parent



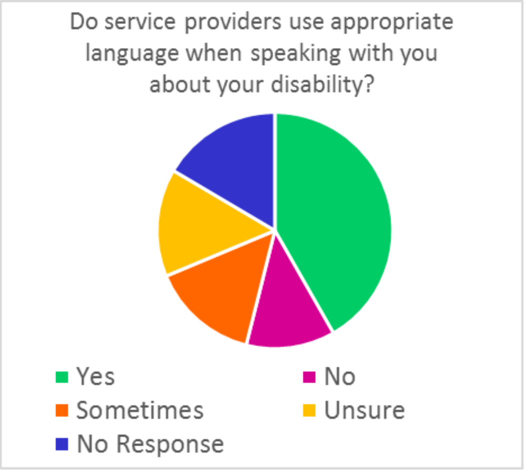
An important component of community inclusion and acceptance is the cultural relevance of supports and services. 47% of people living with disability said that the services they access have met their cultural needs while 17.4% said that they do not and another 20.9% were unsure. 14.8% did not answer the question. 52.7% of service providers believed that the cultural needs of their clients living with disability were being met, and 49.3% of service providers said that their organization has a cultural component, such as language and translator services (10.1%), the use of traditional knowledge and protocols (3.4%), and on-the-land programming (2.7%). Still, 16.9% of service providers did not believe their client's cultural needs were being met and 25% had no cultural component in their work. This demonstrates that while approximately half of the respondents believe disability supports and services to be culturally relevant to people in the north, there is still much work to be done in this area.

Likewise, the experience of feeling respected by service providers is vitally important in access to disability supports. When asked if service providers use appropriate language when speaking with respondents about their disability (such as person first language), 41.7% said yes, while another 12.2% said no. 14.8% said sometimes, and another 14.8% were unsure. 16.5% did not respond (see Graph 44). When asked the same question, 31% of parents and caregivers said yes, while

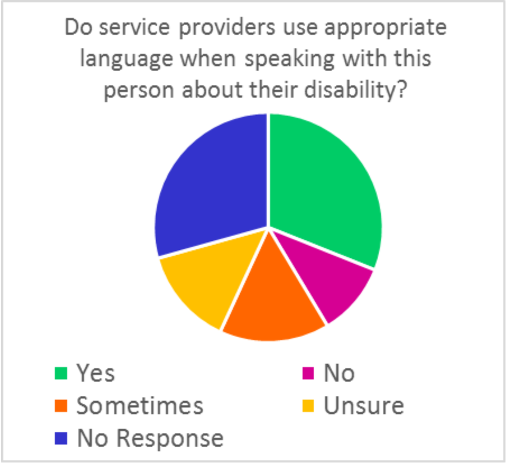
10.3% said no. 15.5% said sometimes and 13.8% were unsure. 29.3% did not respond (Graph 45). Respondents described different ways inappropriate use of language can occur:

> *"I have often found that people do not bother to talk to the disabled person but relay all information to the caregiver. It is rude and unprofessional, more awareness is needed"* (PCR, 2015).
>
> *"Both my husband and I have felt like […] we are talked to like we should already know what is involved with the different programs. When in reality we are completely new to this world and we do not know which way to turn or what is the best decision to be making for our son's future"* (PCR, 2015).

Graph 44: Appropriate Language, Personal



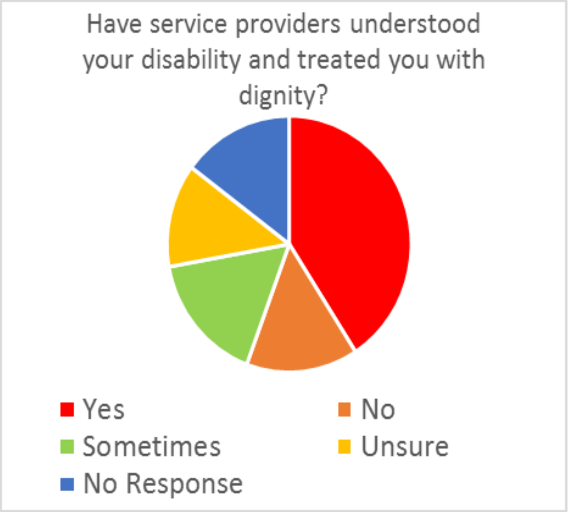
Graph 45: Appropriate Language, Parents



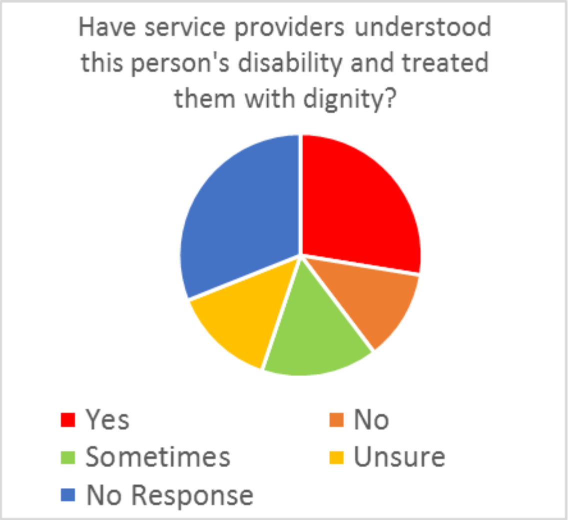
Similarly, a service provider's thorough understanding of disability impacts the way a person will feel after receiving service. When asked if service providers have understood their disability and treated them with dignity, 40.9% said yes, while 14.8% said no. 16.5% said sometimes and another 13% said they were unsure. 14.8% did not respond. When asked the same question, 27.6% of parents and caregivers said yes, while 12.1% said no. 15.5% said sometimes and 13.8% were unsure. 31% did not respond.

It is positive and encouraging to see that 40-50% answered yes to the above questions. At the same time, we see that people are still saying that they experience inappropriate language, misunderstanding or poor treatment, and exclusion in their community, which means that the issue of stigma still needs to be addressed.

Graph 46: Dignity, Personal



Graph 47: Dignity, Parent



When discussing stigma and attitudinal barriers in regard to access to disability supports, some respondents referred to the difficulty of navigating bureaucratic policies, which made the process more difficult for them:

> *"Accessing services and support funding is a tourchorous, difficult, demeaning process. It is often easier to give up than it is to battle complicated, inconsistent government policies and bureaucrats to obtain the services or supports needed to live a life with some dignity and equality with other 'non disable' Canadians"* (PSR, 2015).

Others referred more specifically to experiences where they were made to feel as though they were asking for too much when looking for supports:

> "*stop treating us like criminals out to rob you when we try to get basic stuff. I feel worthless when I have to deal with the government or healthcare here"* (PSR, 2015).

While stigma and attitudinal barriers should be addressed regardless, they become particularly concerning when a person is deterred from seeking assistance again after a bad experience:

> *"Afraid to go to doctor to find out as have been treated very poorly in the past. May never know what will truly help as I do not want to ever experience that again"* (PSR, 2015).

As this section demonstrates, a high number of people continue to see stigma and attitudinal barriers as obstacles, even while much progress has been made in this area.

Summary

9.6% of respondents who were people living with disability stated that stigma and attitudinal barriers impacted their ability to access disability supports. While at times this was the product of specific bad experiences with service providers, other times it was seen through difficult to navigate policies and processes that made people feel undignified and less valuable than Canadians living without disability.

Trained Professionals, Continuity of Care and Follow Up

34.8% of Personal Survey respondents and 37.9% of parents and caregivers identified a lack of trained professionals as an obstacle to their access to disability supports and services. In some instances, this was described simply as a lack of available service providers:

> *"the lack of counselling – perhaps the Health Authorities could look at opening access to other counsellors, if one Health Authority is unable to recruit the caregiver"* (PSR, 2015).
>
> *"There is no disability council worker that is consistently available in Inuvik that can support me and help me navigate the system. They keep bringing people in part-time/casual.. my disability is not part time or casual. I live with my disabilities day in and day out"* (PSR, 2015).

As referred to elsewhere, an additional 36.5% stated that being kept on a waitlist was an obstacle for their access to service. When demand for service is high and there are not enough service providers available, access to service is limited as a result.

Other times, concerns regarded the level of training of professionals:

> *"I believe more training is needed in all service sectors"* (SPR, 2015).
>
> *"Those who are working with the individuals lack the necessary training to meet their diverse needs"* (SPR, 2015).

Another concern raised by service providers regarded burnout and high turnover rates among service providers:

> *"Unless the GNWT changes it's stance on Job Share positions for Social Workers and MHAC's, this will only get worse. Our Northern population will not be serviced by workers that are healthy themselves, and stay for the long term. We'll have casual SW's and MHAC's that come and go, that no one is able to build a therapeutic relationship with"* (SPR, 2015).

As a continuation of the concern with a lack of trained professionals, continuity of care was also identified as a concern by 1.7% of people living with disability and 6.9% if parents and caregivers. One respondent described a situation where they had to see various doctors for a diagnosis, including a specialist out-of-territory, and the frustration they experienced with the lack of continuity:

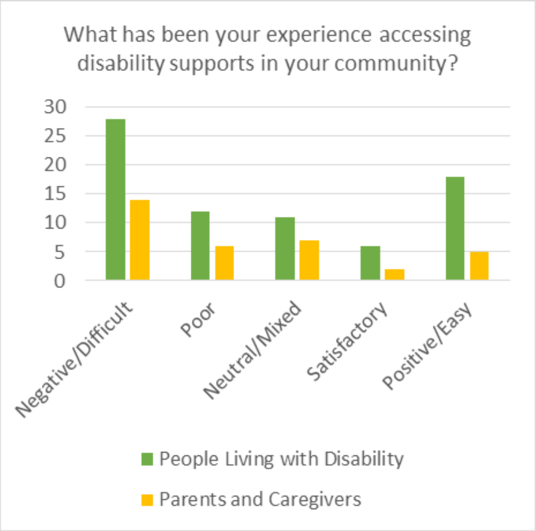
> *"I can't get an answer as to if I was even placed on the wait list"* (PSR, 2015).
>
> *"I am concerned that there is no documentation handed to patients at the time of diagnosis and a list of resources either print or people who could have helped me understand my condition. The lack of public access to information regarding disabilities continues to be an issue at every level not just the disabled"* (PSR, 2015).

Concern about the future security of disability supports and services also fell under this category:

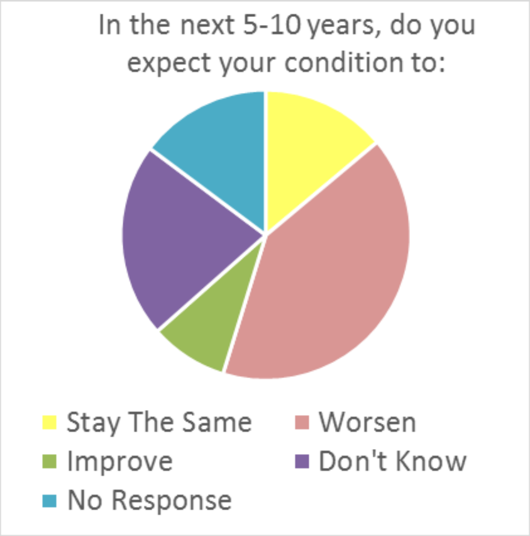
> *"will they always be there"* (PSR, 2015).

Overall, when asked what their experience accessing disability supports in their community had been like, people had a variety of experiences. 24.4% of people living with disability and 24.1% of parents and caregivers had a negative or difficult experience. 10.4% and 10.3% found the experience poor, 9.6% and 12% were either neutral or had a mixed experience, 5.2% and 3.4% had a satisfactory experience, and 15.7% and 8.6% had a positive or easy experience accessing disability supports. With nearly a quarter of both groups having had negative experiences, there is certainly room to for improvement.

Graph 48: Ease of Experience



Graph 49: Future Needs, Personal



As for continuity of care and follow up, in the next 5-10 years, 40.9% of people living with disability said they expect their condition to worsen, 13.9% to stay the same, and 8.7% expect it will improve. 21.7% said they did not know and 14.8% did not respond. As shown here, there is an expectation among nearly half of the respondents that their needs will increase, which means that continuity of care becomes all the more important in order to ensure that these people have access to the level of care and support they require.

Summary

34.8% of people living with disability and 37.9% of parents and caregivers identified a lack of trained professionals as a general concern. These issues could arise in recruitment and retention (actual presence of the needed professionals) or training (qualifications and compassion of professionals present). 1.7% of personal survey respondents and 6.9% of parents and caregivers said that a lack of continuity of care and follow up created barriers to access disability support. Sometimes this was referred to in lack of coordination of service, lack of consistency with service providers, lack of documentation and information provided to patients or clients, and worries about future availability of these supports.

Disability Supports Action Points

- Address relocation concerns so that all possible measures are taken to keep people as close to home as possible, if that is what they want.
- Address availability and affordability of aids and assistive devices, and work to ensure that information about how to access disability supports is widely available.
- More than a third of personal and parent/caregiver respondents said that a lack of trained professionals is an obstacle to their access to disability supports. Recruitment and retention should continue to be a priority, and increases in staffing where waitlists are long should be prioritized.
- An updated information guide to disability supports and services, such as the 'Where Can I Find…' guide created through the Action Plan (now out of date), is needed in order to simplify personal research, so that people living with disability can choose to self-advocate rather than having to go through a disability organization, if that is what they want/

2.5 Housing

Top 5 priorities identified by respondents

- Affordable Housing
- Accessible Housing
- Modifications & Renovations
- Safety, Inclusion, Community
- Long Term Care & Supported Living

The fifth building block from the *NWT Action Plan for Persons with Disabilities*, and a focus area for this project is Housing. Below are the top five priorities for housing identified by the survey respondents. A discussion of the survey findings related to housing follows.

40% of respondents who were people living with disability and 55.2% of parents and caregivers owned their own home, while 31.3% of people living with disability and 19% of parents and caregivers rented. 10.4% of people living with disability had unsecured housing. 2.6% were living in supported living or long term care. 3.5% of parents and caregivers and 2.6% of people living with disability were living with friends, family, or a foster family.

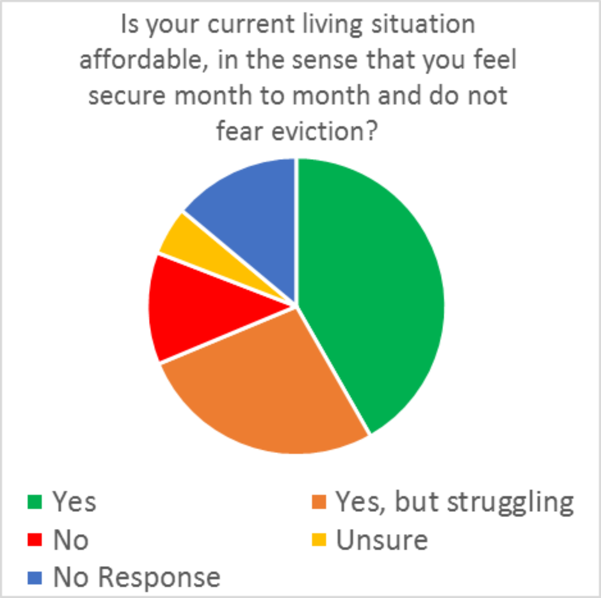
When asked if their housing situation was by choice, 63.8% of parents and caregivers said yes, while another 19% said no. 17.2% did not respond. Those who said no gave several different reasons: they can’t afford to change it (8.6%), they depend on a person living with or help with care/responsibilities (1.7%), limited housing options (1.7%), accessibility (1.7%). 63.8% of parents and caregivers did not respond.

When people living with disability were asked the same question, 56.5% said yes, while another 31.3% said no. 12.2% did not respond. People living with disability provided the following reasons for living in a housing situation that was not their choice: they can’t financially afford to change it (25.2%), they depend on a person they are living with for help with daily activities (3.5%), limited housing options (2.6%), on a waitlist (0.9%). 47% of people living with disability did not respond.

As shown here, while many respondents owned their own home and lived there by choice, many others had less secure living situations without the means to change it. The main concerns related to housing will be discussed below.

Affordable Housing

Graph 50: Affordable Housing, Fear of Eviction, Personal



Affordable housing was a priority area of concern identified by 12.2% of respondents who were people living with disability.

When asked if their current living situation was affordable in the sense that they feel secure month to month and did not fear eviction, 41.7% of Personal Survey respondents said yes, while another 27% said yes, but that they were struggling. 12.2% said that their living situation was not financially secure and 5.2% were unsure. 13.9% did not respond to the question. This means that just under half of respondents live in a situation that is not financially secure.

As the above data demonstrates, fear of eviction was a major area of concern for various survey respondents, and this fear came up throughout the survey:

> *"we do not feel safe from housings policies either constant threats of eviction […] while I am grateful for the handicap unit and the very small subsidy I get the disruption and constant state of worry about another notice does not make me feel secure"* (PSR, 2015).

The impact that a constant fear of eviction has on the mental health of people living with disability is also apparent here:

> *"It is heartbreaking and deeply depressing never knowing if I'm going to have to leave my home because I live in poverty due to the poor luck of being disabled. I get an eviction notice under my door almost every month because ECE is late paying rent"* (PSR, 2015).

Several respondents said that they may be forced to move or sell their homes due to the cost, especially if modifications are also needed:

> *"cost. If I ask they will use that as an excuse to make me move again"* (PSR, 2015).

> *"I might have to sell my house can't afford to live there on the money disability pays me. I would need a ramp built a bathroom built on the main floor"* (PSR, 2015).

While affording to maintain housing can be a challenge in the NWT, some people also found that acquiring housing in the first place was a challenge. 7.8% of respondents who were people living with disability said that they thought they had been denied housing in the last five years because they were accessing financial supports, such as Income Assistance. Another 6.1% said that they were unsure if this had been the case.

Finally, the concern was raised that cost of living, especially related to housing, increases faster than income. One respondent offers a suggestion for addressing this issue in the NWT:

> *"Rent keeps going up but pay doesn't. Have something like a rent cap but with something in rental market agreements that they are not allowed to fall behind in maintenance and/or repair. Needs to balance so that rent is affordable for everyone and that business still turns a profit while housing is still well maintained"* (PSR, 2015).

It is a well-known issue that cost of living is high in the north. While public housing is a strategy used to address affordable housing concerns, waitlists are long and a high need remains. A rent cap may be another possible strategy to address this concern.

Summary

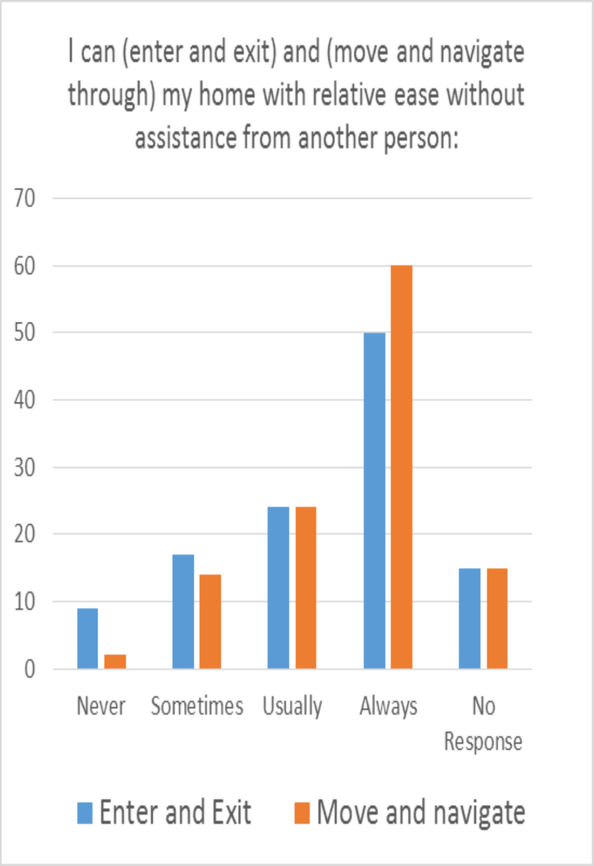
Of the 19% of parents and caregivers who said that their housing situation was not by choice, 8.6% said this was because they could not afford to change it. Of the 31.3% of people living with disability who said that their housing situation was not by choice, 25.2% said that this was because they could not afford to change it. 27% of people living with disability say they are struggling to pay for their housing and 12.2% fear eviction. This section demonstrates that many people living with disability and their families are living in situations that are not ideal due to a lack of affordable housing.

Accessible Housing

Housing that is accessible to people living with disability was identified as a priority by 9.5% of respondents. When asked about their ability to enter and exit their home without the help of another person, 7.8% said that they could never do so, 14.8% said that they could sometimes do so, and 20.9% said that they could usually do so. 13% did not respond. 43.5% said that they did not require assistance from another person to enter and exit their home.

When asked about their ability to move and navigate through their home without the help of another person, 1.7% said that they could never do so, 12.2% said that they could sometimes do so, 20.9% said that they could usually do so. 13% did not respond. 52.2% said that they did not require assistance from another person to move and navigate through their home.

Graph 51: Home Accessibility, Personal



While for some people this was dependent on personal limitations related to their disability (5.2%), for many, the lack of accessibility of the home was the issue. 20.9% identified physical barriers as the reason for their limited mobility in the home. Others specifically identified stairs (13.9%) and narrow doorways and hallways (4.3%) as barriers in the home.

As briefly discussed in the Employment section, the National Building Code addresses accessibility only in regard to fire safety, which is not the same as functional accessibility. The NWT Housing Corporation states that a new construction standard called “visitable design” is being used, which uses wide hallways, door levers, low switches etc., with the intention that a person could live their whole life there with adaptations made as needed (Personal Communication, March 2015). Still, no mandatory standard exists at this time.

Different people require different accommodations in order for their home to be accessible for them, which means having the flexibility to assist people in adapting as their needs change is important:

> *"Ground level, no stairs, grab bars, raised toilet seat, a space big enough for a wheelchair and possibly storage for a scooter"* (PSR, 2015).
>
> *"a ramp is needed to get to the main level of my house"* (PSR, 2015).

In regard to the availability of accessible housing, 7% of respondents who were people living with disability said that they believed they had been denied housing in the last five years because of their disability, and another 13.9% said that they had been denied housing because no units were available. This information demonstrates the importance of ensuring that accessible housing is readily available for those people who need it.

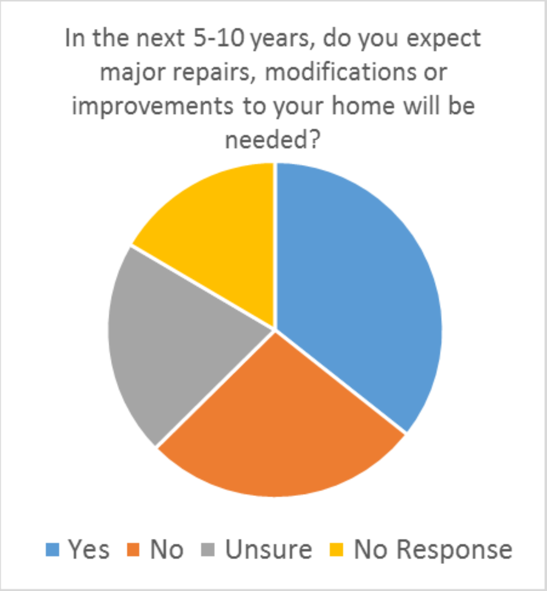
Summary

When asked about their ability to enter and exit their home, and to move and navigate through their home without the help of another person, nearly 50% of Personal Survey respondents were unable to do so at least some of the time. While for some people this was dependent on personal limitations related to their disability, for many, the lack of accessibility of the home was the issue. 20.9% identified physical barriers as the reason for their limited mobility in the home.

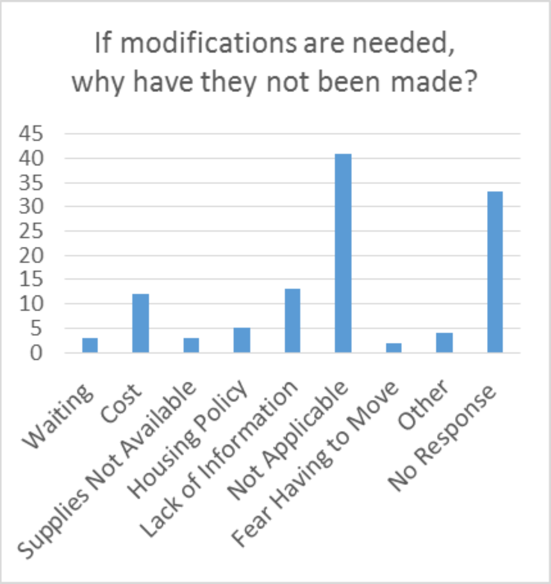
Modifications & Renovations

Following a lack of accessible housing, modifications and renovations are an important priority area for adapting and updating housing so that people can continue to live at home. The impact that these have on people's quality of life is significant, but often so is the cost. When asked if in the next 5-10 years they anticipate needing major repairs, modifications, or improvements to their home in order to assist with their disability, 35.7% said yes. Another 20.9% said they were unsure, while 27% said no and 16.5% did not respond (see Graph 52). For modifications that were needed but had not yet been made, 11.3% of respondents said that this was because they did not know who to ask or where to go for this service, while 10.4% said that the cost of the equipment and/or labour was the reason modifications had not yet been made. 4.3% were limited by housing policy, 2.6% said the needed supplies were not available where they live, and another 2.6% said they were currently waiting for service (Graph 53).

Graph 52: Modifications 5-10 Years, Personal



Graph 53: Modifications Needed But Not Done, Personal



Various respondents stated that in addition to major modifications and renovations, oftentimes regular maintenance and upkeep were just as important:

> *"my home has been renovated to meet my current needs but access to regular maintenance and upkeep is a continuing challenge"* (PSR, 2015).

One respondent offered a possible solution to this problem: expanding volunteer assistance for household maintenance for those who cannot do it themselves. This person did not specify whether or not they already access a program such as the Yellowknife's Snow Angels, but expanding such a program to other areas may be a useful suggestion:

> *"General upkeep and repairs. Access to volunteer Grass Cutting/Snow Removal/Roof snow removal and chimney ice remove. Appliance upkeep, etc"* (PSR, 2015).

Other respondents spoke to the cost of modifications and renovations, and the limitations imposed on those who do not fit funding requirements.

> *"Currently living with parents. Programs and funding should be offered to assist families to renovate their home when they care for a child or person with disability and not take parents income into consideration"* (PSR, 2015).
>
> *"Our home is an older model […] when the economy tanked and I fell ill, the plans for renovations and/or replacement were put on hold. Now due to my economic situation these plans are "in limbo". Some assistance in procuring a new (or renovated) home would be greatly appreciated"* (PSR, 2015).

And finally, the importance of ensuring people know what programs and funding is available, and how to access it if they should need to, is stressed:

> *"I am unaware if there are any programs to assist in funding should I require to modify my house, or if I will be paying the entire bill myself and need to save up for it"* (PSR, 2015).

This person may not be aware that the NWT Housing Corporation has a program to help fund housing modifications called CARE (Contributing Assistance for Repairs and Enhancements). However, this program is only available to homeowners of a particular income bracket. Funding support for housing modifications for those who have middle income, and especially for those who rent instead of own, should be addressed.

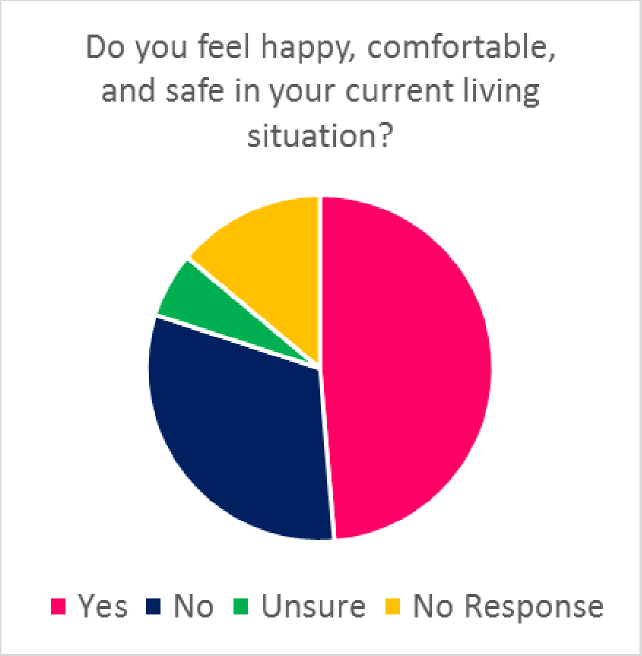
The supports for modifications and renovations that currently exist should continue to be prioritized and promoted among the public.

Summary

35.7% of respondents who were people living with disability said that they anticipate needing major repairs, modifications, or improvements to their home in the next 5-10 years, in order to assist them with their disability. When asked why these had not yet been made, the most common reasons were; not knowing who to ask or where to go for this service (11.3%) and the cost of the equipment and labour (10.4%).

Safety, Inclusion, Community

Graph 54: Happiness, Comfort, Safety



When asked if they felt happy, comfortable, and safe in their current living situation, 48.7% of respondents to the Personal Survey said yes, while another 31.3% said no. 6.1% were unsure and 13.9% did not respond to the question. While 13.9% did not respond. These concerns could refer to no pet policies in limited affordable and accessible living options, unsafe or insecure buildings, and people feeling that accessible housing options meant segregation from those people who do not live with disability. Nearly a third of people living with disability said that they did not feel happy, comfortable, and safe in their housing situation. This tells

us that this is a priority that needs to be addressed.

A lack of pet friendly housing that is also affordable and accessible was highlighted by several respondents. As the following quote demonstrates, this limitation can cause a lot of pain and stress for people who are forced to choose between affordable, accessible housing and their pets:

> *"If I have to move I will have to leave my pet behind and they're the only friend I have. NWT public housing doesn't allow pets. I haven't done anything wrong but I'm being punished every day"* (PSR, 2015).

Many respondents to the Personal Survey also raised the concern about accessible housing being segregated from the community. This perspective suggests that while accessible housing is needed, it should designed and incorporated into existing buildings and throughout communities, rather than positioned as separate buildings designated "accessible".

While these separate buildings may make sense in theory to those who design them, people living with disability do not always see this the same way:

> *"we should be able to live in the community with everyone else and not be shoved into the one or two buildings that are accessible. It's mean and makes me feel bad"* (PSR, 2015).

Some people even said that they did not try to access disability supports or modifications for fear of being "found out" and forced to move:

> *"If I ask for help I'll get noticed and kicked out to a segregated apartment building like the one in YK that's just for pwd. I should be able to live among non-pwd. I am not contagious"* (PSR, 2015).

One respondent who was living in an accessible housing complex spoke to the lack of safety they felt with the location of the building:

> *"I do not feel safe we have had the battery of our car stolen damage to halls crack pipes in stairwells my grandchildren are not allowed to come visit its note safe"*(PSR, 2015).

This section demonstrates that there is a concern among some people living with disability that the housing that is available to them is either not ideal for their wellbeing, or at times actually makes them feel unsafe. This is an issue that needs to be addressed.

Summary

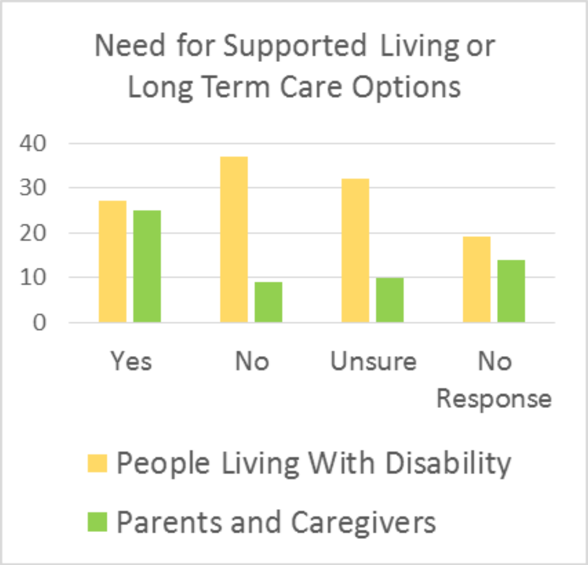
31.3% of respondents who were people living with disability said that they do not feel happy, comfortable, and safe in their current living situation. These concerns could refer to no pet policies in limited affordable and accessible living options, unsafe or insecure buildings, and people feeling that accessible housing options meant segregation from those people who do not live with disability.

Long Term Care & Supported Living

Long term care and supported living are important supports for some people living with disability. When a person's needs become too complex in order to live at home comfortably, these settings sometimes become a necessary next step.

When asked if they currently need but do not have access to, or will in the next 5-10 years require long term care or supported living due to their disability or aging, 23.5% of respondents who were people living with disability said yes. An additional 27.8% said they were unsure and 32.2% said no. 16.5% did not respond. When asked if the person that they care for currently needs but does not have access to, or will in the next 5-10 years require long term care or supported living due to their disability or aging, 43.1% of parents and caregivers said yes, and another 17.2% were unsure. 15.5% said no, and 24.1% did not respond.

Graph 55: Supported Living and Long Term Care Needs, Current to 10 Years



As these numbers demonstrate a significant portion of respondents to both the Personal Survey and the Parent/Caregiver Survey either currently need, or expect they will need supported living or long term care in the next 5-10 years. This demonstrates the importance of ensuring that these housing arrangements and the accompanying supports are available in the communities where they are needed. Many respondents noted that this is a need that is difficult to predict and very dependent upon the person's disability:

> *"I fear he will need full time permanent care within the next two years if he continues to go down hill at the rate he is lately"* (PCR, 2015).

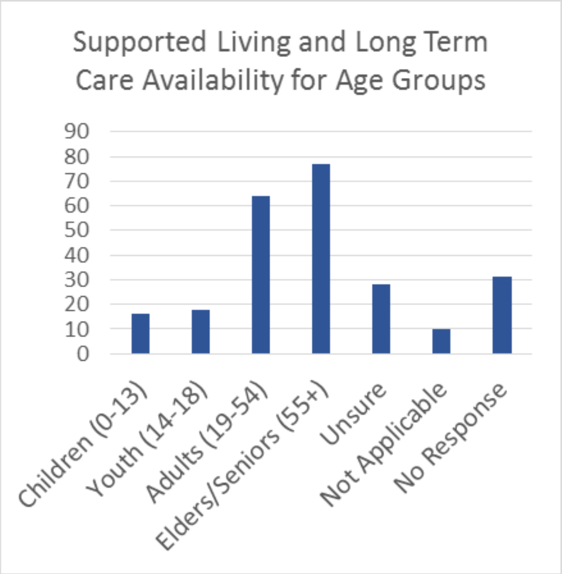
Personal Survey respondents also noted that this was highly dependent on their relationship with their family and friends, who could help them to stay at home for longer:

> *"My wife is my primary caregiver. As she ages, her ability to care for me diminishes. When she is no longer able to safely care for me, we will have to consider long-term care"* (PSR, 2015).
>
> *"Without my husband's assistance, I would have to move somewhere with significantly fewer outside stairs"* (PSR, 2015).

As the above information demonstrates, there are a significant number of respondents who expect they will need either long term care or supported living options in the coming years. For many of those people, this is highly dependent on the continued support of friends and family, and on their health status and progression of their disability. For this reason, it is important to prioritize preparedness for this group, so that supported living supports and long term care is in place for people when they need it, as close to home as possible.

When asked if the community they work in has long term care and supported living options for people living with disability, 64.9% of service providers said yes, while 18.2% of service providers said no. 9.5% were unsure whether or not these services were available and 7.4% did not respond. When asked for what age groups these services were available, most said adults (43.2%) and elders/seniors (52%). This raised the concern that supported living options and long term care are lacking for children (10.8%) and youth (12.2%), which validates the concerns raised by various parents and caregivers about relocation due to having no other choice, as discussed in the Disability Supports section.

Graph 56: Long Term Care and Supported Living Availability, Age Groups



]

Summary

43.1% of parents and caregivers said that the person they are caring for either currently needs and does not have access to, or in the next 5-10 years will require long term care or supported living. 23.5% of people living with disability said the same. Concerns about having to leave the community in order to access these services were raised by several respondents. It should be a priority to ensure that these supports are in place when people need them, as close to home as possible.

Housing Section Action Points

- Prioritize Long Term Care and Supported Living within the territory so that the system is well prepared for those people who will need it in the coming years, and so that wherever possible, people can continue to live in their home communities.
- Continue to prioritize and promote funding for housing modifications and renovations. Expand this support to include “middle income” people who are renting in the private market.
- Address safety and inclusion concerns by building affordable and accessible housing into existing buildings and neighbourhoods, so that people living with disability do not feel isolated and segregated.
- Consider a rent cap or other strategy to address the large number of people who struggle to afford their housing but do not have access to limited public housing units.
- Expand accessible design and implement an initiative to promote and encourage builders to use high accessibility standards in their design.

Updated Status of the 2008 NWT Action Plan For Persons With Disabilities (2015)

Education

Goal: Ensure that barrier-free lifelong learning opportunities that maximize the potential of individuals with disabilities are realized.

1. Education programming (curricula, activities) at the elementary and secondary school level will be adapted to better serve students with disabilities

Description:	Action:	Progress Update (May 2015):	Leads:
1.1 - Develop and implement a territorial template and accompanying handbook for writing individual education plans.	>Implement >Evaluate COMPLETE	Complete. In addition, the new PowerSchool student information system and Tienet module will allow us to document and report on programming for student with disabilities. This module was introduced in 2014-15 and is now in the second year of successful implementation.	ECE
1.2 - Develop and implement territorial template and accompanying handbook for writing modified education plans.	>Continue development >Pilot >Evaluate COMPLETE	Complete, see above.	ECE
1.3 - Develop an accountability framework for special education.	>Pilot in NWT >Implement COMPLETE	Ongoing. The Western and Northern Canadian Protocol (WNCP) initiated a project to develop an accountability framework related to Special Education. It was not completed, and the project has been discontinued. Through the Department's Education Renewal and Innovation (ERI) initiative, the current work includes a monitoring, accountability and evaluation (MEA) plan for Inclusive Learning.	ECE

1.4 - Develop means to obtain information from a variety of sources on whether the needs are being met for all students, including those with disabilities.	>Develop process >Evaluate programs >Develop strategies to meet the needs of students >ECE to create follow up to 2000 Needs Assessment ONGOING	Ongoing. Follow up to 2000 Needs Assessment incomplete. Council and YKACL were to be leads on collecting feedback from parents. Both the Council and YKACL include feedback from parents already receiving services in final reports but nothing further has been done. Evaluation of programs has not been done. The Parent Handbook referred to in the 2008 document does exist and is available on the YKACL website or through their office. Most recently, ECE hired an independent consultant to review the Inclusive Schooling Directive in 2014 and followed up with a Departmental response: http://www.ece.gov.nt.ca/early-childhood-school-services/school-services/inclusive-schooling-student-support That Directive is currently being renewed, along with its funding and accountability structures. (The MEA plan referred to in answer to question 1.3 is part of these renewed accountability structures.)	ECE
1.5 - Develop specific outcome learning targets to monitor progress in English Language Arts.	>Implement K-Gr. 3 >Pilot Gr 4-6 >Develop Gr 7-9 >Implement Gr 7-9 COMPLETE (general curriculum)	Complete. The 7-9 outcomes for the NWT ELA curriculum were completed in electronic version in 2010. The final version of the K-9 curriculum was printed and sent to schools in February 2011.	ECE
1.6 - Provide students of varying abilities with additional choices and alternative ways of progressing through grades 10-12.	>Develop >Implement >Continue with staged implementation ONGOING	Ongoing. Part of the work within the Department's Education and Renewal and Innovation (ERI) initiative is focused on improving the NWT's current high school structures, pathways and school completion criteria. Part of this work will involve identifying a territorial way to acknowledge student progress for those who do not meet the current graduation requirements. Currently, students can receive a School Leaving Certificate issued at the local level.	ECE

2. Teachers, education assistants and student support staff will have training opportunities that will provide strategies to address diverse programming needs.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
2.1 - Develop and implement handbook for program support teachers.	>Develop handbook >Pilot >Implement >Evaluate COMPLETE	Ongoing. The NWT Program Support Guide (2008) is being improved and updated within the next two years within the work of renewing the Inclusive Schooling Directive under the ERI initiative.	ECE
2.2 - Develop handbook for education assistants.	>Develop handbook >Pilot >Implement COMPLETE	Ongoing. See above.	ECE
2.3 - Education assistants will be certified.	>Research >Develop a training plan and initiate training COMPLETE	Incomplete. The training and possible certification of support assistants is being explored in the work of the ERI initiative. A training plan for a number of school level people (principals, program support teachers, support assistants) is being developed as the renewed Inclusive Schooling Directive and its funding and accountability structures are rolled out in the 2016-17 school year.	ECE
2.4 - Train Educators in different kinds of instruction and strategies for accommodating students with varying abilities.	>Implement ONGOING	Ongoing. The NWT Disabilities Council trains own employees in the respite and early childhood intervention program. Presentations can be done as requested but no "sensitivity training" for other employers occurs regularly or consistently. Monitored through MEA plan for Inclusive Schooling. Training on inclusive education best practices will increase, as mentioned in the question above, as the renewed IS Directive rolls out.	ECE/NWTDC (provides sensitivity training)
2.5 - Continued board-level training for teachers, program support teachers and educational assistants.	>Ongoing ONGOING	Ongoing. Will be monitored through the MEA plan for Inclusive Schooling. Training on inclusive education best practices will increase, as mentioned in the questions above, as the renewed IS Directive rolls out.	ECE/EAS

2.6 - Educators are trained in effective behaviour support.	>In-service >Ongoing ONGOING	Status unclear. ECE states this occurs at the regional level.	ECE
2.7 - Educators will have functional behaviour assessment training.	>Ongoing ONGOING	See above.	ECE

3. The reduction in pupil-teacher ratio will continue and be completed in the 2003-04 school year.

Description:	Action:	Progress Update (May 2015):	Leads:
3.1 - Pupil teacher ratio will be lowered to 16:1.	>Maintenance COMPLETE	Complete. This number is an average of class sizes across the territory, which means some ratios are smaller and others much larger. This is not a cap on class size.	ECE

4. Continue with the increase in student support funding to be completed in 2003-04 school year.

Description:	Action:	Progress Update (May 2015):	Leads:
4.1 - Fund inclusive schooling at 20% of school contribution by 2008-2009	>Maintenance COMPLETE	Incomplete. ECE currently funds Inclusive Schooling at 18% (and has done so since 2007-08), which is over the legislated amount of 15%.	ECE
4.2 - Develop, fund and implement a school counselling program framework that enhances existing counselling services.	>Pilot school counselling program >Implement COMPLETE	Ongoing. As part of Inclusive Schooling funding, education bodies are given money to support school counselling, wellness programs as well as the hiring of program support teachers and support assistants. It is up to the individual education body to determine how to use this funding to best meet the needs of their students. The roles and responsibilities of the PSTs and SAs, as well as the approach to funding them, are being renewed in the Department's current work around renewing the IS Directive.	ECE

5. Early childhood programs will be enhanced.

Description:	Action:	Progress Update (May 2015):	Leads:
5.1 - Provide all children with access to early childhood intervention services.	>Ongoing delivery of programs and training ONGOING	Ongoing. The Early Childhood Development Action Plan was created in February 2014 and outlines the current priorities in this area. All children still do not have access to early childhood intervention services. Existing Programs: Early Childhood Intervention Program (The Council consistently has approximately 10 children on the waitlist, just in Yellowknife), Living and Learning with FASD (work with staff in preschools and daycares, active resource library, also Yellowknife), Healthy Children Initiative. Parent Empowerment Program does not exist.Ongoing through the joint HSS and ECE Early Childhood Action Plan: A Framework for Early Childhood Development in the Northwest Territories (2014). Note – Child and Family Resource Centres no longer exist; ECE found it more effective to support HSS's Healthy Family Program and its expansion. The Healthy Children's Initiative is proposal-dependent and supports the NWT Disabilities Council's Early Intervention Program.	ECE/HSS
5.2 - Enhance homecare and training for home support workers.	>Ongoing training and certification ONGOING	Ongoing. Workers are encouraged to take the Aurora College program, there are also online modules available through St. Elizabeth Hospital as not all are able to relocate to Yellowknife for the program. Funding is provided for these trainings. There is a further list of required trainings which includes, first aid, WHIMIS, Food Safety/Hand washing etc. New standards for Continuing Care to be released.	HSS

6. A variety of educational opportunities for adult students who have or who have not completed their secondary school education will be provided.

Description:	Action:	Progress Update (May 2015):	Leads:
6.1 - Develop a brochure promoting disability awareness that lists available programs and services to students with disabilities. Service guide prepared instead of a brochure.	>Develop a brochure for Disability Awareness Week COMPLETE	Complete but update required as this guide is now out of date.	ECE
6.2 - Review and amend Aurora College entrance application to include self-identity of disabilities.	COMPLETE >Next step: work with Aurora College in regards to self-identification policy/procedures	Ongoing. This is not complete but we believe we could add it. We have a couple of options. One would be to modify the question about medical conditions to include “or disabilities.” The other would be to add a separate question asking individuals to self-identify disabilities. The first option would be the easiest and quickest. The second option would take a bit longer because we would have to modify the layout and templates. Either way we could include a comment directing them to policy D.14.	Aurora College
6.3 - Ensure educational supports are available to students attending Aurora College	ONGOING	Ongoing. Basically it has not changed. We have different approaches to tutors at each campus. They are volunteers in YK. All tutors are one on one tutors who arrange times with the student in need of tutoring. This is available to all Aurora College students at no cost. Unaware of any specialized equipment available at this time.	Aurora College

6.4 - Review and amend the Aurora College policies with a view for students with disabilities	>Ongoing ONGOING	Ongoing. Aurora College states: D.14 Support for Students with Disabilities, February 2013 is the current version. The policy does not state that all campuses are accessible. The policy states that we recognize our obligations to ensure programs and services are available to students with disabilities and that we will provide reasonable accommodation. H.07 Barrier-Free Facilities, current version February 2012, which replace E.06 Physically Challenged states that reasonable actions will be taken to accommodate individuals who are physically challenged and that College facilities (classrooms, labs, residences, and other areas of campuses and learning centres) will be designed and operated in a manner that is free of physical barriers. There are elevators at all three campuses that are accessible by students. In Yellowknife, we generally sign out an elevator key to the student in need of it because it is key operated. Northern United Place in Yellowknife has a ramp to the main entrance while the campuses in Fort Smith and Inuvik are on the ground level. We have residence units that are designed to fully accessible as well.	Aurora College/NWT Disabilities Council
6.5 - Develop adult integrated vocational trades, work experience, on-the-job training programs.	>Develop a plan >Pilot in three communities >Review and evaluate pilot program INCOMPLETE	Ongoing.	ECE / HRDSC/ YK-ACL (Research)

6.6 - Continue to provide one-to-one tutoring support for persons with disabilities.	>Evaluate learning supports ONGOING	Ongoing. NWT SFA Study Grants are available for Students with Permanent Disabilities. This covers tutoring services. See page 11 of the NWT Student Financial Assistance Student Handbook http://www.ece.gov.nt.ca/files/Income-Security/SFA/ece_5580_sfa_handbook_2014_nov_ip1.pdf Tutoring is covered for adult learners - persons with disabilities over the age of 18, not enrolled in high school - under the LSPD Fund. See excerpt from 2013-14 Handbook p.3 http://www.ece.gov.nt.ca/advanced-education/adult-and-postsecondary-education/literacy/learning-supports-persons-disabilities Aurora College provides one-on-one tutoring at their request free of charge to the student.	ECE / Community Learning Centre / Aurora College
6.7 - Partner with school boards to ensure the planned pre-trades training program will meet the needs of persons with disabilities.	>Develop a plan >Implement INCOMPLETE	Ongoing. Under Inclusive Schooling, students with disabilities who are interested in pre-trades programs have access to these programs along with their peers and in accordance with their Individualized Education Plans.	ECE
6.8 - Make virtual libraries accessible to students across the NWT.	COMPLETE	Ongoing.	ECE

6.9 - Provide accessible learning assessments.	>Evaluate COMPLETE	Ongoing. The updated ALBE Placement Package was finalized in 2010. Training was provided to all adult educators during the 2010/11 in-service. Included in the ALBE Placement Package are Math and Writing assessments, the Canadian Adult Reading Assessment (CARA), an oral comprehension test, and an interview process with the potential student. This provides Aurora College with the information required to place a student at the appropriate level in ALBE, to maximize success. To support students, Aurora College has a policy, D.14 Support for Students with Disabilities. This policy allows for academic accommodations to support students with disabilities to reach their goals. Students who provide documentation of a disability can request an accommodation to write the ALBE Placement Test.	ECE / HSS / NWT Disabilities Council

7. A coordinated, integrated, client-centred case management system that is responsive to the individual needs of persons with disabilities will be designed and implemented.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
7.1 - Research, develop and implement an integrated disability support system for both children and adults with disabilities that include employment, vocational and residential needs. (Cross-reference with action items 16.3, 25.1, 29.1, 34.1)	>Workshop to establish a common definition of a support system >Develop regional case managers for persons with disabilities in the Northwest Territories >Implement INCOMPLETE	Incomplete. ISDM adopted in 2004. Case management falls to whoever is working on it/most fit for the job – lead at service level, depends on complexity of need. Information sharing protocols are being worked on currently between departments as barriers arise. Regional case managers tricky as we need to assess whether there is demand for this, are they only coordinating.	Partnership Steering Committee

Employment

Goal: Enhance the employability of persons with disabilities, encourage (re)entry into the labour market and support more work opportunities.

8. The Government of the Northwest Territories will continue to negotiate with the Government of Canada to obtain cost-shared funding for employment support for persons with disabilities.

Description:	Action:	Progress Update (May 2015):	Leads:
8.1 - Negotiate an agreement with Human Resources and Skills Development for the Multilateral Framework for Labour Market Agreements for Persons with Disabilities (replaces EAPD) that minimizes spending commitments of the GNWT without affecting current federal funding.	>Ongoing INCOMPLETE	Ongoing. This agreement was finally signed in 2014. In the past it was not feasible because the federal government's reporting requirements have been so rigorous, that it would cost so much to do the reporting, the initial funding was not worth it. Essentially could not afford to take the money. The announcement has been made, they are still firming up and mapping out how this will work. It is a cost-share program between HSS, ECE, and the federal government (feds will match), and will fund already existing employment initiatives.	ECE/HSS
8.2 - Apply for funding from Social Development Canada (SDC) to obtain nationally comparable statistics on persons with disabilities in the NWT.	>Include NWT in the next Participation and Activity Limitation Survey. COMPLETE	Ongoing. CSD will be done every 5 years, NWT is included in this. Current NWT Disability Services Survey (this project) being carried out by the NWT Disabilities Council, will also serve this purpose. There is a need for this item to be constantly reconsidered – relevant data used to support needs of persons with disabilities is not something that can be completed and put aside, needs to be constantly used and updated.	ECE

9. Training and networking on disability issues will be available for those working in the area of career development.

Description:	Action:	Progress Update (May 2015):	Leads:
9.1 - Include information and strategies for career development for persons with disabilities in in all relevant conferences.	>Ongoing ONGOING	Same as 8.1 – once that funding is firmed up there will be a better idea of what is going to be offered.	ECE
9.2 - Mandatory training about counselling persons with disabilities is offered as part of the Career Development certificate program.	INCOMPLETE	Incomplete. The Career Development Certificate program has not been offered since 2003. We are not aware of any interest at this time.	ECE / Aurora College

10. Assistive aids/devices and career planning assistance will be provided to alleviate barriers to employment.

Description:	Action:	Progress Update (May 2015):	Leads:
10.1 - Compile and coordinate information on programs, funding, career planning, and other available options for persons with disabilities, employers and service providers. (Cross-reference with action item 12.1).	>Develop a brochure with consolidated information >Expand North Slave employment program to other communities/ regions INCOMPLETE	Incomplete. North Slave Employment Program no longer exists, limitation surrounding	ECE/HRSDC

11. Employment and training programs (such as workplace-based training, the Youth Employment Program and targeted wage subsidies) will be promoted.

Description:	Action:	Progress Update (May 2015):	Leads:
11.1 - Promote employment and training programs that offer work opportunities to persons with disabilities. (Cross-reference with action items 10.1, 12.2)	>Ongoing ONGOING	Ongoing. Yellowknife Association for Community Living provides job coaching, intro to work program and advice. When people call from other communities YKACL Employability can provide advice on how to start a similar program.	ECE / HRSDC / NWT Disabilities Council

12. Employment support for persons with disabilities will be provided throughout the communities of the NWT (not just in Yellowknife).

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
12.1 - Educate NWT employers about the benefits of including persons with disabilities into the workforce. (Cross-reference with action item 10.1)	>Increase the number of educational workshops to employers in communities beyond the North Slave region >Explore the feasibility of expanding the North Slave employment program to other communities >ONGOING	Incomplete. North Slave program no longer exists and educational workshops to employers are not regularly scheduled. This could be a priority moving forward.	ECE/HRSDC
12.2 - Develop and deliver regional/community employment programs for persons with disabilities that support them to seek and be successful in employment.	>Expand the North Slave employment program to include job coach/pre-employment program >Pilot in two more communities >Implement in other communities INCOMPLETE	Incomplete.	ECE/HRSDC
12.3 - Communicate GNWT employment equity policy to address the needs of persons with disabilities.	>Produce pamphlet and distribute ONGOING	Incomplete, priority area moving forward.	GNWT / NWT Disabilities Council

12.4 - Develop cross training/awareness workshop for supervisors and colleagues who work with persons with disabilities.	>Develop workshop >Hold regional workshops ONGOING	Ongoing. Training and workshops are available by request and information is available through the Information, Referrals and Support Program. Currently no regional workshops exist.	NWT Disabilities Council

Income

Goal: Design a system that is responsive to the needs of persons with disabilities and provides for an income safety net which rewards individual work efforts to the greatest extent possible, but which provides financial assistance if self-support is impossible or insufficient to meet basic needs.

13. Disincentives to employment within income programs will be removed.

Description:	Action:	Progress Update (May 2015):	Leads:
13.1 - Increase current earned income exemption amounts and calculate income for persons with disabilities on either yearly or monthly amounts.	>Research impact analysis >Develop options paper based on results >Implement COMPLETE	Ongoing. As highlighted in the NWT Disability Services Project report (2015), these need to be reevaluated.	ECE
13.2 - Change the disability support exemption amount to $100,000 in trust.	>Implement ONGOING	Ongoing. The exemption is $200 + 15% of earned income and $1200 of unearned income (ex. GST credits). The assets allowed are up to $50 000.	ECE
13.3 - Remove unemployment criteria as a requirement for disability allowance.	COMPLETE	Ongoing. While unemployent criteria has been removed, many people living with disabilty still feel that the criteria encourages them not to work.	ECE
13.4 - Ensure persons with permanent disabilities who have been on income support can be rapidly reinstated without requirements of completing new forms, disability information and doctors signatures.	COMPLETE	Complete. Income Assistance is all on the same computer system across the territory now, so if a person changes communities all that needs to be done in the office is type in their name and the record comes up.	ECE

14. A disability income support program that separates the entitlement for income supports from the entitlement for health and disability-related supports will be designed and implemented.

Description:	Action:	Progress Update (May 2015):	Leads:
14.1 - Separate income supports from the health and disability-related supports.	>Define and research >Develop discussion paper COMPLETE	Complete. Assistive devices and actual equipment etc. goes through HSS (Extended Health Benefits)	ECE/HSS
14.2 - Amend income support goals to recognize that disabilities are long lasting disadvantages and reason for providing additional supports for an enhanced quality of life.	COMPLETE	Ongoing. There exists a "hierarchy of insurances". EHB and NIHB have a prior-approval process and then are direct billed, so this issue doesn't exist. However, if you have a private insurance policy you must use them first, and most private insurance companies have pay up front policies. This is out of GNWT control. Extended Health Benefits (EHB) GNWT Non-Insured Health Benefits (NIHB) FED Private Insurance	ECE/HSS

15. The payrolling of clients will be continued.

Description:	Action:	Progress Update (May 2015):	Leads:
15.1 - Coordinate an information session on direct deposit.	COMPLETE	Complete.	ECE / NWT Disabilities Council / YKACL
15.2 - Include information on direct deposit in the Adult and Family Benefits Guide.	COMPLETE	Complete. Direct deposit is very widely used for Income Assistance. Cheques are now frowned upon and only used in extenuating circumstances. Continuing Eligibility, or payroll, is the system used for those people who access Income Assistance long term, such as those living with permanent disability. IA is paid for up front each month and monthly reports are not required. Also, because CPPD has much more rigorous standards, if a person already qualifies for CPPD, they do not need to reapply for IA, all they have to do is show proof of CPPD eligibility.	ECE

16. A coordinated, integrated, client-centred case management system that is responsive to the individual needs of persons with disabilities will be designed and implemented.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
16.1 - Amend current income support medical form to expand the disability verification authority beyond medical practitioners to include physical and occupational therapists.	>A new form is being reviewed by the NWT Medical Association and allied professionals >Implement INCOMPLETE	Complete. The authority is extended also to nurse practitioners and occupational therapists for Income Assistance. The medical form is also currently under review for ease of use, will be made more concise.	ECE
16.2 - Amend current application process where individuals who state a permanent disability, be exempt from re-applying for supports on a yearly basis.	COMPLETE	Complete.	ECE
16.3 - Research, develop and implement an integrated disability support system for both children and adults with disabilities that includes employment, vocational and residential needs. (Cross-reference with action items 7.1, 25.1, 29.1, 34.1)	>Workshop to establish a common definition of a support system >Develop five regional case managers for persons with disabilities in the Northwest Territories >Implement ONGOING	Ongoing. Current pilot project in the works called the Integrated Case Management Working Group specifically looking to streamline processes for clients with complex needs. Looks to share information between departments so that people do not constantly have to share the same information over and over again to apply to different programs etc. Legislation as well as policies and mandates of involved organizations identified as barriers to information sharing. This is still a major issue.	Partnership Steering Committee

17. Income assistance for persons with disabilities will be based on identified need.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
17.1 - Income support recipients with permanent disabilities can apply for additional support from the GNWT in addition to receiving the base amount of $300.00.	COMPLETE	Complete. Specifically GNWT are the Extended Health Benefits	ECE/HSS

17.2 - Ensure fuel subsidy is available for persons with disabilities.	COMPLETE for persons with disabilities who receive IA	Complete.	ECE

Disability Supports

Goal: Ensure that disability supports provide for active participation at home, at school and in the community, and they maximize personal and economic independence.

18. An appropriate screening tool will be in place to identify children with developmental delays, and follow-up processes will be developed to facilitate diagnosis and assessment.

Description:	Action:	Progress Update (May 2015):	Leads:
18.1 - Develop a strategy that identifies children with developmental delays and at-risk families.	COMPLETE	Ongoing. A one-time screening was done in 2014. The Nipissing Screening Tool is no longer the model used as it is specifically developmental and takes longer to complete. The Rourke Baby Record is what is being used now, due to its wider reach looking at environmental factors, risk factors, nutrition, developmental etc. Uses key elements of the Nipissing Tool. From birth to preschool age, screenings align with immunization schedules, the three year old screening being a key one. Screenings are done by public health and community health nurses. The Healthy Family Program is currently being expanded and is specifically geared toward high risk families. See Early Childhood Development Framework and Action Plan for more information. The training video was created but not widely used, parent training was specifically for the Nipissing Tool, nurses do the Rourke model but resources are still available for parents through the programs. Training is occurring this month (April 2015), program currently being rolled out.	HSS

18.2 - Ensure follow-up processes are in place for the client (i.e. developmental delay registry may facilitate further follow-up and provide case management after assessment).	>Implement congenital anomalies registry COMPLETE	Complete. The developmental delay registry does not exist – there has to be legislation in place to create such a thing, and currently there is not strong enough evidence to justify this. No plans to create any such registry. The congenital anomalies registry does exist, records any congenital anomalies from a 20 week fetus to 18 years of age – included are cleft palate, heart anomalies, FASD, autism, etc. specific to those born in the NWT. Intent is to look at possible patterns of risk factors geographically within the territory.	HSS
18.3 Develop plain language, educational pamphlet on how to get a FASD diagnosis.	>Research feasibility >Discussion with partnership INCOMPLETE	Complete. Information available on the Stanton Child Development Team website.	YKACL / ECE / HSS

19. The respite care program will be expanded to include persons with disabilities.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
19.1 - Develop a model for respite care.	>Ongoing >Evaluate COMPLETE	Ongoing. Respite evaluation done in 2013/2014. YKACL responsible for respite care within Yellowknife and NWTDC for the rest of the territory. Needs are met within Yellowknife according to YKACL, NWTDC sees much higher need than services available throughout territory.	HSS/ECE
19.2 - Scheduled respite options are available for persons with disabilities and their families.	>Ongoing >Evaluate ONGOING	Ongoing. HSS states that funding is not going to increase in the near future. However, pilot program plan in the future that would provide respite in 2 communities.	HSS/YKACL
19.3 - Determine respite needs for persons and families with disabilities.	>Ongoing COMPELTE	Ongoing. HSS states that unfortunately respite tends to only have access to additional funds. Homecare, which is mostly medical needs, is funded first, and respite, which is more social needs (inclusion and caregiver relief), is funded afterward.	HSS/YKACL

20. Supported independent living options will be implemented throughout the NWT.

Description:	Action:	Progress Update (May 2015):	Leads:
20.1 - Develop additional supported living options for individuals that enhance participation in the communities.	>Implement standards >Continue to develop supported living options based on regional need COMPLETE	Ongoing. HSS has contracts with particular organizations (YKACL being one), ECE is involved in this process through IA (everything is covered in supported living, rent, food, etc.) YKACL told that need is met within Yellowknife, supported living options through the territory still need further consideration.	ECE/HSS
20.2 - Ensure private housing policies and housing availability for single housing is appropriate and addresses housing shortages in the community.	>Develop a housing strategy that addresses persons with disabilities >Implement options, including capital and ongoing funding COMPLETE	Ongoing. No active plans for any facility based expansion in regard to supportive living. There is a current attempt to expand independent living through the Housing Corporation – they are designing 5 new public housing apartment buildings in Whati, Fort Good Hope, Fort McPherson, Aklavik (this one is a replacement building), and Fort Liard. Currently in the planning and construction phase but expected they will all be finished by 2016-2017. Apartment buildings with a common area that would serve as a little community centre, where homecare workers can do activities and day programming for people, laundry services, kitchen etc, that people in the community can come and use. New Long Term Care facilities also have space planned for day programming and meals and social inclusion activities for older adults and adults living with disability. ONGOING	HSS/NWT Disabilities Council
20.3 - Develop additional supported living options for individuals to enhance participation in the communities.	>Implement >Continue to develop supported living options based on regional need COMPLETE	Same as 20.1	HSS/ECE

20.4 - Ensure private housing policies for single housing is appropriate and addresses housing shortages in the community.	>Develop a housing strategy that addresses persons with disabilities >Implement options, including capital and ongoing funding ONGOING	Same as 20.2	NWT Disabilities Council

21. Accessible, affordable transportation services within the NWT communities will be provided.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
21.1 - Accessible parking placard program provisions for local/accessible.	>Fund parking placard program COMPLETE	Complete. Available through the Council.	HSS / NWT Disabilities Council

21.2 - Develop and provide funding provisions for local/accessible transportation.	>Funding available through the Community Initiatives program >Evaluate the program >Implement program changes based on evaluation outcomes COMPLETE	Ongoing. Both the Community Initiatives Program and the Public Transit Fund were federally funded and no longer exist. In their place are the following: Gas Tax Fund – given out annually to all communities, funds are eligible to be used for public transit expenditure but this is up to community priorities. $15 million/year, federally funded. Building Canada Plan – one time fund, application base, must state prior to applying what it will be used for $35-38 million/year, federally funded Community Public Infrastructure – GNWT capital funding $20 million/year – funds eligible to be used for public transit but up to community priorities. This is support for municipal infrastructure, not specific to transit or disability – up to municipalities to decide how it will be spent. Money allocated to communities by size, can be carried over year to year if not used. Overall, there does not seem to be any specific initiative in place to address the need for accessible transit in the NWT. While there is certainly funding available to be used toward this, it is up to individual communities to decide if this is a priority or not.	MACA

22. Increase access for persons with disabilities to public buildings, services and programs that serve everyone.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
22.1 - Attend National Building Code workshop to speak to a proposal to have buildings more accessible for the general population of persons with disabilities.	>Attend future relevant workshops ONGOING	Complete. Unknown who previously went to these workshops or the outcome of the event. Any comments for changes would be documented and used in updates to the National Building Code – the OFM in the NWT does not have authority over this, implements what comes down from the national level. Construction plans for all new buildings are submitted to the Office of the Fire Marshall and evaluated according to National Building Code. The job of the OFM is to apply the National Building Code and ensure it is adhered to – deals specifically with fire safety – exiting, safe evacuation, fire spreading, etc.	NWT Disabilities Council / MACA
22.2 - Issue a technical bulletin through the territorial regulations that will ensure that all new building and newly renovated buildings more adequately address the needs of persons with a variety of disabilities.	>Ongoing ONGOING	Ongoing. Issues reported to the OFM can be brought to the NBC, but cannot change anything here without approval from national level. A report can be made to any fire department in the NWT and will be listed as a “complaint” for the fire marshal to review – authority under the Fire Prevention Act – bathroom accessibility etc. doesn’t count – would have to be under Fire Code to be enforced through this avenue. Technical bulletins not issued regularly.	MACA / Fire Marshall

23. Social, cultural and recreational activities will be developed and enhanced to include persons with disabilities.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
23.1 - Develop support/training for community organizations to include persons with disabilities when providing/leading cultural and recreational programs.	>Three regional workshops will include a component on train-the-trainer >Awareness campaign >Evaluate ONGOING	Ongoing. Active Living Alliance no longer working directly in the NWT. MACA has Community Recreation Leaders Training, these are 10 modules, each module takes 1 week to complete. Recreation programming in communities, the workers receive training while they work, can take up to 3 years to complete. Some classroom components some distance. NWT Disabilities Council encouraged to follow up if interested in learning more about this training. Also provide funding to Special Olympics and skiing, track, skating, swimming organizations etc. for accessible recreation. Organizations can enquire with MACA Sport, Recreation, and Youth about this.	MACA / Active Living / Alliance Partnership
23.2 - Develop a volunteer support initiative that assists non-government organizations.	>Implementation of the action plan >Evaluate ONGOING	Complete as of 2005 through MACA.	MACA / Social Agenda / WG

24. Access to therapeutic services for children and adults with disabilities will be increased.

Description:	Action:	Progress Update (May 2015):	Leads:
24.1 - HSS to develop model on the number of rehab professionals required to meet the demands in all regions.	>Implement regional rehabilitation teams COMPLETE	Ongoing. This fluctuates greatly especially with recruitment and retention. Staffing increases occurred for all four teams in 2006-2007 and 2007-2008. As of 2013-2014, Stanton had 34.4 positions, Beaufort-Delta had 10.5 positions, Hay River had 7.5 and Fort Smith had 4.5. Rehab positions are staffed in clusters because it is impossible to retain rehab professionals if they are not working with others, as they need support from colleagues. Also need volume in order to sustain a cluster, so they are stationed in regional centres that provide acute care. Clusters include OT, PT, SLP and audiology is available at the territorial level, clusters assigned to catchment areas so all communities are served by one of the 4 teams. Demand is indicated by waitlists and fluctuates according to many different factors. This is currently under review and may be reassessed (to see if there is need to expand) once results are in.	HSS
24.2 - Develop a specialized regional centre for child and adult diagnosis and therapeutic service. (Cross-reference to action item 24.1)	>Hire a child development coordinator to coordinate the rehabilitation teams >Review and research options for therapeutic services for adults ONGOING	Ongoing. The centre does not exist and will not as there is not enough volume to support it, Stanton provides territorial service and regional teams work in the catchment areas and can approach Stanton for support if needed. The CDT exists and is available for territorial support, out of Stanton. FASD diagnostic team and assessment. Assessment or diagnoses will usually occur there, intervention occurs in the catchment areas with the regional teams. Have to leave the territory for: genetic disorder diagnosis, autism diagnosis etc.	HSS

24.3 - Deliver education information workshops in NWT communities, which would include visiting the communities, participation of persons with disabilities sensitivity training and showcase best practices.	>Deliver workshops in communities ONGOING	Ongoing. Contribution agreement with the Council.	HSS

25. A coordinated, integrated, client-centred case management system that is responsive to the individual needs of persons with disabilities will be designed and implemented.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
25.1 - Research, develop and implement an integrated disability support system that includes employment, vocational and residential needs for both children and adults with disabilities. (Cross reference with action items 7.1, 16.3, 29.1, 34.1)	>Workshop to establish a common definition of a support system >Develop regional case managers for persons with disabilities in the Northwest Territories >Implement ONGOING	Ongoing. Addressed elsewhere.	Partnership Steering Committee

26. Training opportunities in the area of disability supports in the NWT will be made more attractive and available, and will be more widely promoted to provide for a qualified, professional workforce.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
26.1 - Promote and review options to increase professional training in disability related fields.	>Research options >Develop NWT plan ONGOING	Ongoing. We continue to offer the Personal Support Worker program however we have no program that is specifically designed to train personnel working with disability. Our capacity to develop and deliver new programs is mainly dependent on demand for a program (employer demand), supply of students (students wanting to take a program), expertise (our ability to attract the right faculty to develop and deliver a new program), and resources (can include operational funding plus capital setup costs). We are always willing to discuss the possibilities of new programs based on this simplified criteria.	YWCA / Aurora College / ECE

27. Persons with disabilities will have access to appropriate assessments and diagnosis about the nature of their disabilities.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
27.1 - Develop an educational, plain language guide for diagnosis, including how to get a diagnosis and expectations.	>Research options >Develop NWT plan ONGOING	Ongoing. They have a preschool assessment services program but this is now limited only to autism due to volume	YWCA / Aurora College / ECE
27.2 - Develop a resource manual that includes all services that are available to persons with disabilities.	>Develop manual COMPELTE	Ongoing. The Seniors Information Handbook is updated every 2 years by HSS, currently being updated. There may not be need for separate ones – as far as adults with disability goes, the Seniors Handbook would have everything they need, could perhaps make it a collaboration – Information Handbook for Seniors and Persons with Disabilities.	HSS

27.3 - Resource a 1-800 disability information line.	>Ongoing COMPLETE	**Complete** – NWT Disabilities Council Information Support and Referrals at 1-800-491-8885 and Seniors Information Line at 1-800-661-0878 and the NWT Helpline	HSS

28. Group home and supported independent living standards and policies will be designed and implemented

Description:	Action:	Progress Update (May 2015):	Leads:
28.1 - Develop standards and policies for supported living/group homes through a collaborative approach, outlining definitions and service levels to provide a continuum of services.	>Adopt a model for the NWT COMPLETE	Ongoing. Needs to be combined with 20.1 and 20.3 so there is one supportive living item. Stated that "the model that we have more emerged than was planned" and that "there is a need to take a step back and see what is working, research, planning, etc. While definitions of supportive living differ by region, here in the NWT supportive living is geared specifically toward people living with cognitive and intellectual disability.	HSS

29. A disability supports program based on the needs of persons with disabilities will be designed and implemented.

Description:	Action:	Progress Update (May 2015):	Leads:
29.1 - Research, develop and implement an integrated disability support system for both children and adults with disabilities that includes employment, vocational and residential needs.	>Workshop to establish a common definition of a support system >Develop regional case managers for persons with disabilities in the Northwest Territories >Implement ONGOING	Ongoing. Discussed elsewhere.	Partnership Steering Committee

Housing

Goal: Ensure that persons with disabilities will be provided with range of housing options that are affordable, accessible, and that maximize independence.

30. Sufficient funding will be available for renovations to existing homes and funding for new homes, to accommodate specific needs of persons with disabilities.

Description:	Action:	Progress Update (May 2015):	Leads:
30.1 - Lobby for funding for renovations and new homes for persons with disabilities.	>Research housing needs for persons with disabilities >Develop a strategy to address the needs of persons with disabilities ONGOING	Ongoing. The Local Housing Organizations deal with accessibility modifications – if the amount needed for the project is larger than they can afford, they go to the Housing Corporation who can add to it. A new construction standard that is being used more frequently, especially by the Housing Corporation, is the "visitable design" which designs units with the intent that a person will be able to live their whole life there – adaptations can be made, hallways are already wide enough for a chair, switches low, levers instead of doorknobs etc. While Barrier-Free units are available, this is more-so in Yellowknife, and not always the best approach according to loan. Better to adapt units as needed since not all disability can fit a "cookie-cutter" model for an accessible or barrier-free unit. Also difficult to keep units vacant and ready, better to fill and adapt them as needed.	NWTHC

31. Existing income exemption levels will be examined so that assistance provided for the fixing and modifying of homes can be maximized.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
31.1 - Negotiate changes to income threshold to ensure policy reflects NWT reality.	>Ongoing COMPLETE	Ongoing. In the process of updating these at the moment, new numbers will be available in the spring. Basically the way that the income thresholds work is that if your income is higher, you do not qualify for the Homeownership Program (CARE or SAFE) – for homeownership this threshold is usually around $100 000, adjustable by region. CMHC does the rental income thresholds, using similar standards and data provided by the NWTHC. Numbers for both the rental and owners income thresholds can be found on the NWTHC website, just search CNIT.	NWTHC

32. Caregivers and persons with disabilities will have access to housing referral and housing program information.

Description:	**Action:**	**Progress Update (May 2015):**	**Leads:**
32.1 - All NWTHC program information summaries will be put on the web site in plain language format. Information on programs will also be available at district offices.	>Evaluate effectiveness >Ongoing COMPLETE	Complete. CARE Mobility will have an updated page on the website come spring, hopefully making disability related programming easier to find	NWTHC
32.2 - Review NWT Housing Corporation Act (clause four) to reflect persons with disabilities	>Evaluate >Ongoing ONGOING	Ongoing. Has not been amended since, but can be added when the amendment happens. Not a priority as the NWTHC is acting as if it were already in place.	NWTHC

33. Aspects of barrier-free housing in public rental housing units in the NWT will be addressed.

Description:	Action:	Progress Update (May 2015):	Leads:
33.1 - Housing units for persons with physical disabilities will be built when and where required.	>Ongoing ONGOING	Ongoing. This was not referring to the individual side but rather organizational – this is fit into the long term plans at the organizational level for planning purposes. No processes or policies in place, people will be fit into units as they become available. **Shelter Policy Review -** mission statement for NWTHC. All programs have been revamped - definitely seen as a priority	NWTHC
33.2 - New/replacement unites built under the Seniors Independent Living Strategy will be barrier-free when a tenant requires that type of unit.	>Ongoing ONGOING	Ongoing. Under NWTHC, mental/emotion/addictions disabilities are included as they use the same definition we do at the Council – will need to check the Seniors Independent Living Strategy for their definition. When it comes to addictions this is a bit trickier, as housing is also “behaviour dependent” – if someone has arrears/has caused damage but has gotten treatment etc. NWTHC will reconsider as a fresh applicant. Case-by-case basis.	NWTHC
33.3 - Explore the option of setting aside some of the seniors independent housing units for persons with disabilities.	>Ongoing ONGOING	Incomplete, will not be done. Seniors defined as 60+ will permit someone under 60 but close to that age who is living with a disability. Does not happen anymore unless they are close in age. The seniors tend to feel vulnerable with young people living in the same space, young people feel isolated etc. Not ideal the NWTHC has learned from experience. They do not set aside units. If someone is in high need on the waiting list with a vacant unit, it could happen that way.	NWTHC

33.4 - Under rent supplement program, provisions are in place ensuring some units are barrier-free.	>Ongoing ONGOING	Incomplete. Landlords register their units or existing tenants contact NWTHC to set up the TRSP – existing lease with a private landlord – purely financial assistance. There are no provisions in place to ensure some units are barrier-free, as they are all private, NWTHC does not have authority over this as of the moment.	NWTHC
33.5 - Persons with disabilities will be given equitable access to public housing and rental supplement housing in conjunction with the supports they require.	>Ongoing ONGOING	Ongoing. Point ratings were changed in 2006-2007 so that disability now gives an applicant 25 out of 200 points for public housing points system. As such, disability is weighted so that people living with disability are more likely to be higher on the list (equitable access). Two processes in place to ensure equitable access – the points system and the appeals process. There is a computer system monitoring the programs now which makes it easier to check and ensure that LHOs are sticking to the points system and not picking and choosing people. If people suspect this is happening, NWTHC can look into it.	NWTHC
33.6 - Ensure social housing policies for single housing is appropriate and addresses housing shortages in the communities.	>Ongoing tracking >Review results of the Housing Needs Survey >Evaluate >Determine housing needs for persons with disabilities ONGOING	Incomplete. 8 Plex unit available for people living with disabilities in Yellowknife.	NWTHC / NGOs

34. A coordinated and integrated case management system that is responsive to the individual needs of persons with disabilities will be designed and implemented.

34.1 - Research, develop and implement an integrated disability support system for both children and adults with disabilities that includes employment, vocational and residential needs. (Cross-reference with action items 7.1, 16.3, 25.1, 29.1)	>Workshop to establish a common definition of a support system >Develop regional case managers for persons with disabilities in the Northwest Territories >Implement ONGOING	Ongoing. Discussed elsewhere.	Partnership Steering Committee

Summary

The above provides an updated version of the NWT Action Plan for Persons with Disabilities (2008), as of May 2015. While some items are complete, many more such as those related to housing, income support, respite, and supported living are ongoing items that may never be considered complete, but should be constantly readdressed. Some items are no longer relevant and have been marked as such, and others are still as relevant now as they were the day the Action Plan was first printed. It is vitally important that we continue to reassess these items, using this information as a tool to work toward a fully inclusive society.

Report Synopsis

The NWT Disability Services Project 2015 was a seven month project that involved an evaluation of the NWT Action Plan for Persons with Disabilities (2008), a territory-wide survey of people living with disability, parents and caregivers of people living with disability, and services providers, and a Point-In-Time count of people living with disability in the communities. The surveys saw responses from 321 individuals across the territory, from 32 different communities. Using the five Building Blocks from the Action Plan (Education, Employment, Income, Disability Supports, and Housing) this report compiled all the information that the survey respondents shared with us and evaluated the status of each area. Five priority areas of need were identified and discussed within each Building Block section. From these priority areas, section Action Points were created as possible ways the NWT can move forward on the issues identified by our survey respondents. The Updated Action Plan for Persons with Disabilities followed the survey findings and discussion of the Building Blocks. This section provided the most up to date information available on the status of the Action Plan as of May 2015, and can be used as a tool moving forward. Following the Conclusion is a list of ___ final Recommendations for Moving Forward, which were created out of the Action Points from each Building Block. The intent of this project was to evaluate the status of disability services in the territory and to provide a space for people living with disability to have their voice heard.

Conclusion

Over the last fifteen years, the Northwest Territories have seen progress on both our understanding of and action on disability issues. The 2000 Needs Assessment was the first project of its kind, which took a close look at disability in the NWT and opened the door for the former Disability Steering Committee Partnership, the NWT Disability Framework (2004), and the NWT Action Plan for Persons with Disabilities (2008). The report that you have just read, the NWT Disability Services Project (2015), is a continuation of these works. Whereas national disability surveys cannot be compared due to their changing frameworks and definitions over time (HALS, PALS, and CSD), the work that has been done in the Northwest Territories is connected. The NWT Disabilities Council believes that the work contained here is just a starting point. With the limited resources and relatively small scale that this project was done with, we have only scratched the surface of issues regarding disability services in the Northwest Territories. The section that follows, Recommendations for Moving Forward, provides some goals and suggestions for how we can take the next steps to address the issues raised here, and make the Northwest Territories a place where all people are able to live to their full potential.

Recommendations for Moving Forward

This project was created as a much needed follow up to the *Living with Disability… Living with Dignity: Needs Assessment of Persons with Disabilities in the NWT* of 2000 and the *NWT Action Plan for Persons with Disabilities* of 2008. In 2000 major gaps in supports and services were identified and important information collected to move this conversation forward. Since then, the *Framework* and *Action Plan* provided important prioritizing and goal setting for the future of disability services in the Northwest Territories. In the fifteen years since the *Needs Assessment* and the nearly seven years since the last update of the *Action Plan,* much of what was identified as a priority remains to be addressed. Here we have identified 5 main Recommendations for Moving Forward, pulled from the survey respondents' feedback, for next steps:

1. Mandate a comprehensive research study in order to obtain up to date and accurate information on the number of people living with a disability in the territory and their needs. This project only scratches the surface of identifying priority needs, and the overwhelming response we received points to the need for a more comprehensive research approach. Include Mental and Psychological disabilities in this study, and continue using the same definition and frameworks used here.

2. Initiate a territory-wide accessibility project, which goes beyond the National Building Code to address functional accessibility and social inclusion for people living with disabilities. This would include an assessment of the physical accessibility of all public buildings as well as those that are privately owned. Duty to Accommodate would be extended to the private sector and funds would be assigned for assisting businesses and educational institutions in making modifications needed to ensure accessibility. GACE would also be expanded as a body that exists to review accommodations standards and provide assistance.

3. Reassess income support both for ease of access for people living with long term or permanent disability, and for income exemption amounts. Ensure that people who are prevented from working due to disability have enough financial support to live comfortably. Ensure that income exemption amounts are high enough that people are not being “encouraged not to work”. Further research needs to be done into the number of NWT residents who are denied benefits due to doctor error or lack of regular family doctor, in order to establish how best to address this issue.

4. Address affordable and accessible housing concerns as soon as possible, so that all people have access to safe and comfortable housing that they can afford. Especially keep in mind that many people living with disability said they want accessible housing to be integrated in the community, so that they do not feel isolated and segregated. Middle-income families and individuals who rent privately and are struggling need to be supported as well. Currently support is mainly only available for low-income families and individuals and homeowners, which leaves a significant gap.

5. Continue to work to ensure all items from the NWT Action Plan for Persons with Disabilities, now available with updates for 2015, are complete. As seen in the updated version of the Action Plan, and throughout this report, there is still much work to be done. While important progress has been made in some areas, significant gaps still exist, and many items are still considered Incomplete or Ongoing. The NWT Action Plan for Persons with Disabilities should continue to be reviewed, updated, and consulted regularly.

11. Appendix

11.1 Notes on Methodology

Survey Invitations – Survey invitations were sent out through the following: radio broadcasts (CBC, Moose, Rae-Edzo), newspaper (News North, Yellowknifer) sharing through regional organizations (NWT Human Rights Commission, Foster Family Coalition, FASD Networking Team, NWT Autism Society, NWT Teacher's Association, NWT Literacy Council, Justice Department, NWT Senior's Society, Canadian Hard of Hearing Association, Centre for Northern Families, YWCA, Avens Seniors Community, Salvation Army, MS Society, Native Women's Association, Bosco Homes, Larga Kitikmeot, Tree of Peace Friendship Centre, Rae-Edzo Friendship Centre, Hay River Committee for Persons with Disabilities, Yellowknife Active Community Living, Office of the Public Guardian and Office of the Public Trustee), school boards, health authorities, local governments (SAOs), health and social service workers (community wellness workers, community health representatives, homecare workers, nurses in charge, social workers, social service workers, OTs and PTs, Rehab managers), unions, income security offices.

Action Plan Evaluation – Included an initial assessment and detailed review, interviews with Aurora College Student Affairs, ECE Support Advisor Seniors and Persons with Disabilities, ECE Inclusive Schooling & Instructional and School Services, Office of the Fire Marshal, Municipal and Community Affairs, NWT Housing Corporation, Health and Social Services Rehabilitation Services and Health Planning, Yellowknife Association for Community Living, NWT Disabilities Council.

The Inuvialuit Regional Corporation and Dene Nation were listed as monitors of the Action Plan process, and were both approached for comment on the Plan and input for the project, but were unfortunately not available for comment.

Privacy and Consent – Every survey respondent had the same message included at the top of their survey, and would click or check "I accept" in order to proceed. Those who did not give their consent or who later changed their mind about participating were not included.

By completing and submitting this survey, you give permission to the NWT Disabilities Council to use the information in the final report. We will ensure that all personal information is kept confidential and that no names or personal identifiers will be included in the final report. This survey is voluntary, you can choose not to participate, not to answer a specific question or change your mind at any time. Please see our Privacy Policy for more information.

NWT Disabilities Council Special Project Privacy Policy

This document is the Privacy Policy specific for the Disabilities Council Special Project of 2015.

1. Type of information collected

There are three separate surveys included in the 2015 Special Project: the personal survey, the parent/caregiver survey, and the service-provider survey. In completing these surveys participants will be asked a variety of personal questions, such as their name, age, gender, ethnicity, type and severity of disability, and a range of questions regarding their need for service and opinions and experiences accessing services. This information is completely voluntary to disclose and participants have the right at any time during the surveys to skip a question if they do not wish to answer it, or to withdraw their consent and choose not to continue with the survey. By participating in the survey, you are giving consent for us to use the information you provide in the project. We only ask for names in the surveys to ensure that no one is counted twice. No names or personal identifiers will be included in the final report from any of the surveys.

Interviews with specific leaders in community services will also be conducted throughout the course of the project, and in these cases, consent will be asked for outright to attach names to information where the Project Coordinator sees fit. Again, this disclosure is fully voluntary.

2. Purpose and use of information collected

The information that is collected will be used specifically to inform the final report writing and presentation to the Minister Responsible for Persons With Disabilities. The purpose of this project is to inform a reassessment of the 2008 NWT Action Plan for Persons Living with Disabilities. We know that many of the items in this Action Plan remain incomplete, and that disability services need to be revisited in the territory. The personal information provided through surveys and interviews for this project will be used to add a collective voice to this request, through identifying priority areas of need in disability services.

3. How information is collected and stored

The accepted online survey generator used by the Council for the 2015 Special Project is FluidSurveys. To read the FluidSurveys' company privacy policy and security information, please see: http://fluidsurveys.com/about/privacy. This company was carefully chosen by our staff because it stores all data on Canadian servers which are protected by firewalls and advanced security features. It is a widely used and accepted survey provider by Canadian universities and human service organizations. Upon completion of the survey's information collection phase, all information will be transferred from FluidSurveys to the NWTDC's secure database and only accessible there by authorised employees who have signed an Oath of Confidentiality.

4. How long information is kept

The personal information that is provided to the Council through the surveys and interviews associated with the 2015 Special Project will be kept on file within the Council for one year after the completion of the project so that the report's validity can be verified. If no challenges have arisen after one year, all personal information will be destroyed.

5. Access to information

Only authorised employees who have signed an Oath of Confidentiality, whose work requires their access to such information and who are directly involved in the project at hand have access to clients' personal information. This would include the Special Projects Coordinator, the Executive Director, and the Practicum Student Assistant. We will not share personal information collected through the 2015 Special Project with other companies or organizations.

Our clients also have the right to see what personal information of theirs the Council has stored, and if needed, request changes to this information or withdraw consent and request that this information be deleted or destroyed. The Council will ensure that only the client has the right to change or alter clients' personal information.

6. Protecting personal information in public reports and presentations

Once the data has been transferred over to the NWTDC's database from FluidSurveys, each individual survey respondent will be assigned a number. From then on, the person's personal information and survey responses will be attached to this number, rather than their name. One year after the end of the project, all personally identifying information will be destroyed. This means that paper copies will be shredded, and computerized information permanently deleted. The final report and the data will contain only responses corresponding to numbered respondents and corresponding communities.

7. Procedure for privacy inquiries or concerns

A client who has questions, concerns, or complaints about how their personal information is collected, use, or stored by the NWT Disabilities Council in relation to the 2015 Special Project can contact our Special Projects Coordinator, Meg Labron, with their request at projects@nwtdc.net or by calling her at 873-8230 ex. 210. Privacy is of the upmost importance to the Council and to this specific project, and all inquiries and complaints will be taken seriously and addressed as quickly as possible.

11.2 Survey Copies

Personal Survey

NWT Disabilities Council

Personal Disability Services Project Survey

By completing and submitting this survey, you give permission to the NWT Disabilities Council to use the information in the final report. We will ensure that all personal information is kept confidential and that no names or personal identifiers will be included in the final report. This survey is voluntary, you can choose not to participate, not to answer a specific question or change your mind at any time. Please see our Privacy Policy for more information. Thank you so much for your input!

■ I have read, understand and accept the above and agree to participate (Please check)

This survey is expected to take approximately 25 minutes. Once you complete it, you can enter the draw to win one of five $50 gift vouchers to your local grocery store!

Completed hard copy surveys can be returned in any of the following ways:

Scanned and e-mailed to projects@nwtdc.net

Faxed to: (867) 873-4124

Mailed to or dropped off at:

NWT Disabilities Council

Suite 116, 5102 50th Avenue
Yellowknife, NT X1A 3S8

Surveys be completed online by following the links provided at: www.nwtdc.net

Or toll free over the phone by calling 1-800-491-8885

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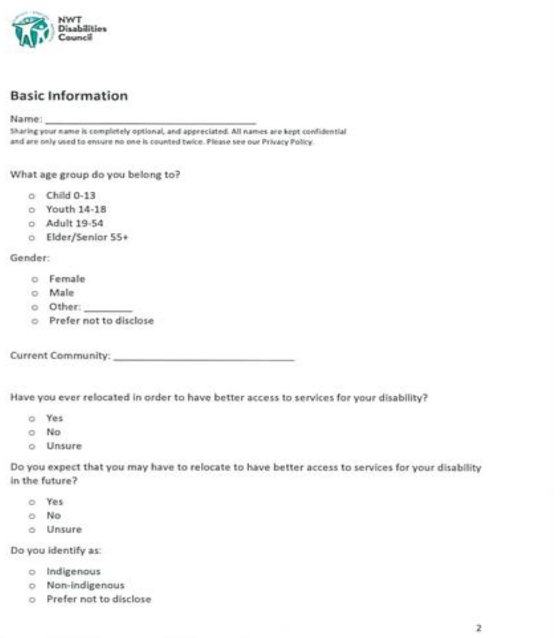

NWT Disabilities Council

Basic Information

Name: ______________________________

Sharing your name is completely optional, and appreciated. All names are kept confidential and are only used to ensure no one is counted twice. Please see our Privacy Policy.

What age group do you belong to?

- ○ Child 0-13
- ○ Youth 14-18
- ○ Adult 19-54
- ○ Elder/Senior 55+

Gender:

- ○ Female
- ○ Male
- ○ Other: ________
- ○ Prefer not to disclose

Current Community: ___________________________

Have you ever relocated in order to have better access to services for your disability?

- ○ Yes
- ○ No
- ○ Unsure

Do you expect that you may have to relocate to have better access to services for your disability in the future?

- ○ Yes
- ○ No
- ○ Unsure

Do you identify as:

- ○ Indigenous
- ○ Non-indigenous
- ○ Prefer not to disclose

2

NWT Disabilities Council

Do you have Treaty status?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Prefer not to disclose
- ○ Not applicable

If yes, under which Treaty? _______________

If you access services under your Treaty, do you feel that these services are sufficient and of a comparable standard to services covered by public or private insurance?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

3

NWT Disabilities Council

For the purpose of this survey, a disability is defined as, "any restriction or inability (resulting from an impairment) to perform [a daily] activity in the manner or within the range considered normal for a human being" (World Health Organization, 1980). Any level of limitation in your daily activity or participation is accepted, we want to hear from you regardless of the severity of the limitation and whether or not you have a formal diagnosis.

Do you have problems on a regular basis with any of the following that limits your daily activity and/or ability to participate in community life? (Please check all that apply)

- ○ Hearing/Auditory
- ○ Seeing/Visual
- ○ Other Sensory (sensory limitations beyond sight/hearing)
- ○ Physical (dexterity, flexibility, mobility, agility etc.)
- ○ Chronic Pain
- ○ Learning (ability to collect, organize, retain and understand information)
- ○ Developmental (ability to learn, grow, develop)
- ○ Mental/Psychological (depression, seasonal affective disorder, etc.)
- ○ Memory
- ○ Speech
- ○ Other: ____________

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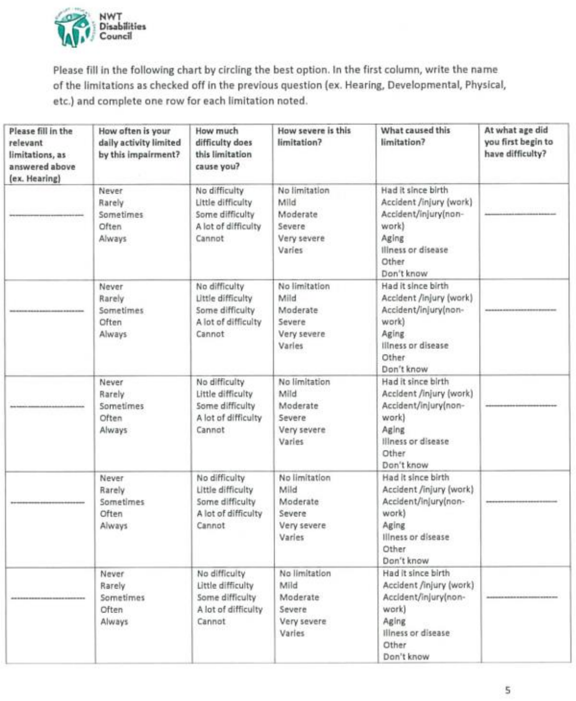

NWT Disabilities Council

Please fill in the following chart by circling the best option. In the first column, write the name of the limitations as checked off in the previous question (ex. Hearing, Developmental, Physical, etc.) and complete one row for each limitation noted.

Please fill in the relevant limitations, as answered above (ex. Hearing)	How often is your daily activity limited by this impairment?	How much difficulty does this limitation cause you?	How severe is this limitation?	What caused this limitation?	At what age did you first begin to have difficulty?
------------------------	Never Rarely Sometimes Often Always	No difficulty Little difficulty Some difficulty A lot of difficulty Cannot	No limitation Mild Moderate Severe Very severe Varies	Had it since birth Accident /injury (work) Accident/injury(non-work) Aging Illness or disease Other Don't know	------------------------
------------------------	Never Rarely Sometimes Often Always	No difficulty Little difficulty Some difficulty A lot of difficulty Cannot	No limitation Mild Moderate Severe Very severe Varies	Had it since birth Accident /injury (work) Accident/injury(non-work) Aging Illness or disease Other Don't know	------------------------
------------------------	Never Rarely Sometimes Often Always	No difficulty Little difficulty Some difficulty A lot of difficulty Cannot	No limitation Mild Moderate Severe Very severe Varies	Had it since birth Accident /injury (work) Accident/injury(non-work) Aging Illness or disease Other Don't know	------------------------
------------------------	Never Rarely Sometimes Often Always	No difficulty Little difficulty Some difficulty A lot of difficulty Cannot	No limitation Mild Moderate Severe Very severe Varies	Had it since birth Accident /injury (work) Accident/injury(non-work) Aging Illness or disease Other Don't know	------------------------
------------------------	Never Rarely Sometimes Often Always	No difficulty Little difficulty Some difficulty A lot of difficulty Cannot	No limitation Mild Moderate Severe Very severe Varies	Had it since birth Accident /injury (work) Accident/injury(non-work) Aging Illness or disease Other Don't know	------------------------

5

NWT Disabilities Council

If you feel comfortable doing so, and if applicable, please specify any diagnosis or disorder contributing to your limitations (ex. Autism Spectrum Disorder, Multiple Sclerosis, Fetal Alcohol Spectrum Disorder etc.):

____

Have resources and supports available in your community been presented or explained to you?

- ○ Yes
- ○ No
- ○ Unsure

If yes, by whom? ______________________________

What obstacles have you faced in attempting to access resources and supports? (Please check all that apply)

- ○ Lack of transportation to and from services
- ○ Lack of information about services
- ○ Frustration with how to access, stopped trying
- ○ Lack of sufficiently training professionals
- ○ Waitlists
- ○ The service I require does not exist here or is not available to me
- ○ Cost
- ○ Other: ____________________

Education

Are you currently attending school, college or university?

- ○ Yes
- ○ No

What is the highest level of education you have completed? (Grade Level or Diploma/Degree)

____

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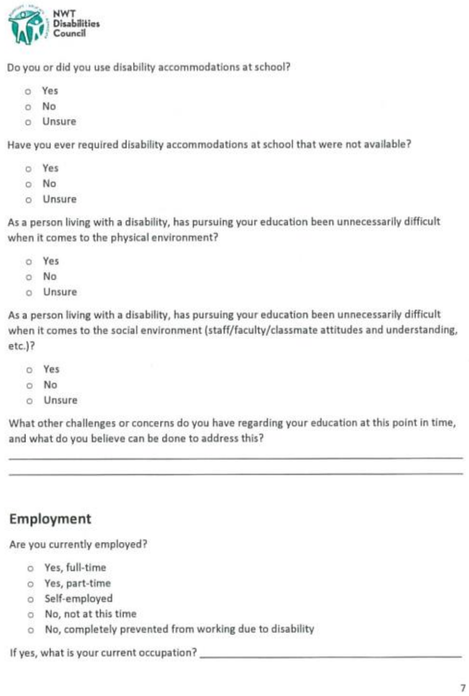

NWT Disabilities Council

Do you or did you use disability accommodations at school?

- ○ Yes
- ○ No
- ○ Unsure

Have you ever required disability accommodations at school that were not available?

- ○ Yes
- ○ No
- ○ Unsure

As a person living with a disability, has pursuing your education been unnecessarily difficult when it comes to the physical environment?

- ○ Yes
- ○ No
- ○ Unsure

As a person living with a disability, has pursuing your education been unnecessarily difficult when it comes to the social environment (staff/faculty/classmate attitudes and understanding, etc.)?

- ○ Yes
- ○ No
- ○ Unsure

What other challenges or concerns do you have regarding your education at this point in time, and what do you believe can be done to address this?

____

____

Employment

Are you currently employed?

- ○ Yes, full-time
- ○ Yes, part-time
- ○ Self-employed
- ○ No, not at this time
- ○ No, completely prevented from working due to disability

If yes, what is your current occupation? ______________________________

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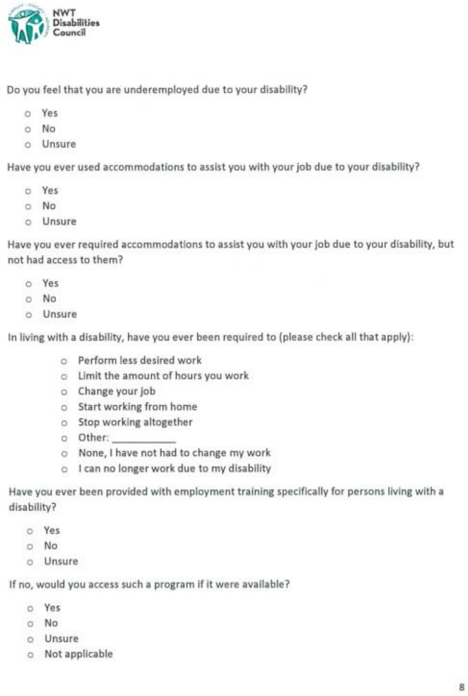

NWT Disabilities Council

Do you feel that you are underemployed due to your disability?

- ○ Yes
- ○ No
- ○ Unsure

Have you ever used accommodations to assist you with your job due to your disability?

- ○ Yes
- ○ No
- ○ Unsure

Have you ever required accommodations to assist you with your job due to your disability, but not had access to them?

- ○ Yes
- ○ No
- ○ Unsure

In living with a disability, have you ever been required to (please check all that apply):

- ○ Perform less desired work
- ○ Limit the amount of hours you work
- ○ Change your job
- ○ Start working from home
- ○ Stop working altogether
- ○ Other: __________
- ○ None, I have not had to change my work
- ○ I can no longer work due to my disability

Have you ever been provided with employment training specifically for persons living with a disability?

- ○ Yes
- ○ No
- ○ Unsure

If no, would you access such a program if it were available?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

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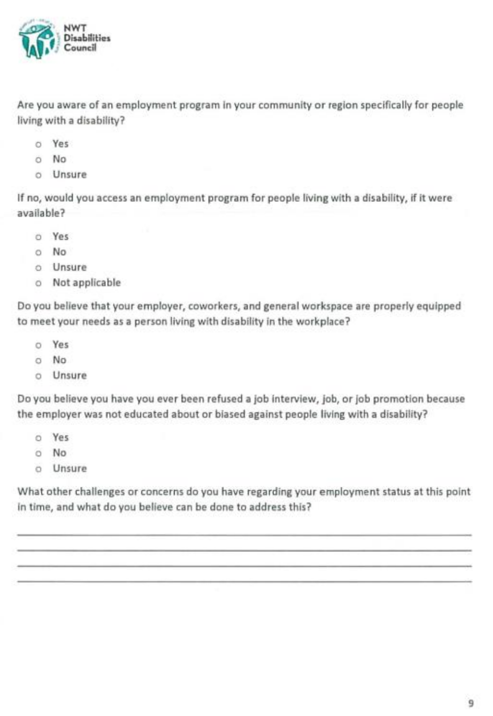


Are you aware of an employment program in your community or region specifically for people living with a disability?

- ○ Yes
- ○ No
- ○ Unsure

If no, would you access an employment program for people living with a disability, if it were available?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

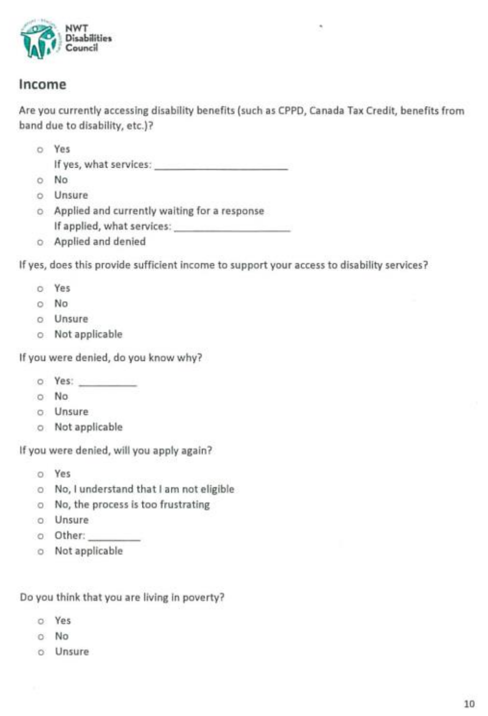
Do you believe that your employer, coworkers, and general workspace are properly equipped to meet your needs as a person living with disability in the workplace?

- ○ Yes
- ○ No
- ○ Unsure

Do you believe you have you ever been refused a job interview, job, or job promotion because the employer was not educated about or biased against people living with a disability?

- ○ Yes
- ○ No
- ○ Unsure

What other challenges or concerns do you have regarding your employment status at this point in time, and what do you believe can be done to address this?



Income

Are you currently accessing disability benefits (such as CPPD, Canada Tax Credit, benefits from band due to disability, etc.)?

- ○ Yes
  If yes, what services: ____________________
- ○ No
- ○ Unsure
- ○ Applied and currently waiting for a response
  If applied, what services: __________________
- ○ Applied and denied

If yes, does this provide sufficient income to support your access to disability services?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

If you were denied, do you know why?

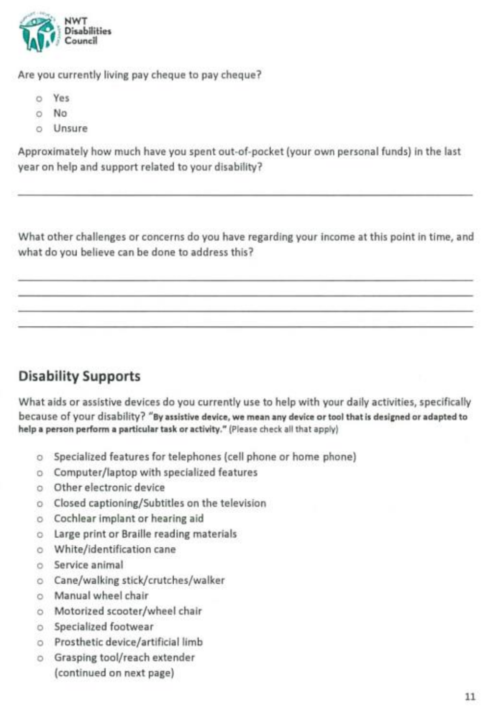
- ○ Yes: _________
- ○ No
- ○ Unsure
- ○ Not applicable

If you were denied, will you apply again?

- ○ Yes
- ○ No, I understand that I am not eligible
- ○ No, the process is too frustrating
- ○ Unsure
- ○ Other: ________
- ○ Not applicable

Do you think that you are living in poverty?

- ○ Yes
- ○ No
- ○ Unsure



Are you currently living pay cheque to pay cheque?

- ○ Yes
- ○ No
- ○ Unsure

Approximately how much have you spent out-of-pocket (your own personal funds) in the last year on help and support related to your disability?

What other challenges or concerns do you have regarding your income at this point in time, and what do you believe can be done to address this?

Disability Supports

What aids or assistive devices do you currently use to help with your daily activities, specifically because of your disability? **"By assistive device, we mean any device or tool that is designed or adapted to help a person perform a particular task or activity."** (Please check all that apply)

- ○ Specialized features for telephones (cell phone or home phone)
- ○ Computer/laptop with specialized features
- ○ Other electronic device
- ○ Closed captioning/Subtitles on the television
- ○ Cochlear implant or hearing aid
- ○ Large print or Braille reading materials
- ○ White/identification cane
- ○ Service animal
- ○ Cane/walking stick/crutches/walker
- ○ Manual wheel chair
- ○ Motorized scooter/wheel chair
- ○ Specialized footwear
- ○ Prosthetic device/artificial limb
- ○ Grasping tool/reach extender

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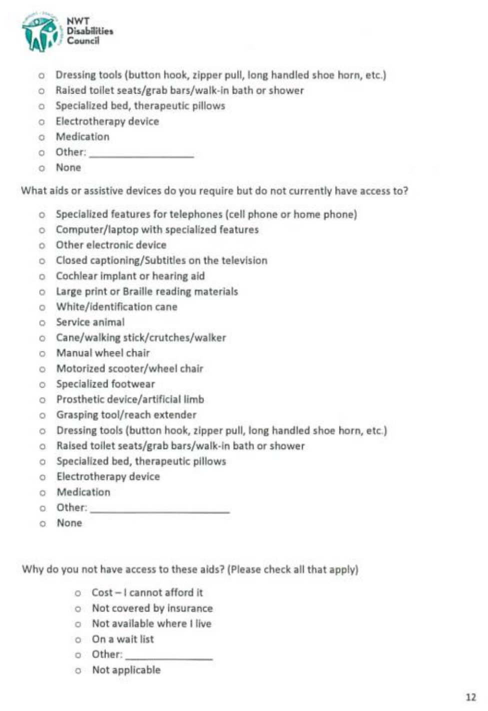


- ○ Dressing tools (button hook, zipper pull, long handled shoe horn, etc.)
- ○ Raised toilet seats/grab bars/walk-in bath or shower
- ○ Specialized bed, therapeutic pillows
- ○ Electrotherapy device
- ○ Medication
- ○ Other: ________________
- ○ None

What aids or assistive devices do you require but do not currently have access to?

- ○ Specialized features for telephones (cell phone or home phone)
- ○ Computer/laptop with specialized features
- ○ Other electronic device
- ○ Closed captioning/Subtitles on the television
- ○ Cochlear implant or hearing aid
- ○ Large print or Braille reading materials
- ○ White/identification cane
- ○ Service animal
- ○ Cane/walking stick/crutches/walker
- ○ Manual wheel chair
- ○ Motorized scooter/wheel chair
- ○ Specialized footwear
- ○ Prosthetic device/artificial limb
- ○ Grasping tool/reach extender
- ○ Dressing tools (button hook, zipper pull, long handled shoe horn, etc.)
- ○ Raised toilet seats/grab bars/walk-in bath or shower
- ○ Specialized bed, therapeutic pillows
- ○ Electrotherapy device
- ○ Medication
- ○ Other: ______________________
- ○ None

Why do you not have access to these aids? (Please check all that apply)

- ○ Cost – I cannot afford it
- ○ Not covered by insurance
- ○ Not available where I live
- ○ On a wait list
- ○ Other: _____________
- ○ Not applicable

NWT Disabilities Council

Do you require assistance from another person for any of the following daily activities? (Please check all that apply)

- ○ Transportation/Mobility
- ○ Managing Finances
- ○ Bathing/Personal Care
- ○ Child Care
- ○ Meal preparation and assistance
- ○ Medical assistance
- ○ Communication
- ○ Assistance in the community
- ○ Other: ______________
- ○ None

What other challenges or concerns do you have regarding disability supports at this point in time and what do you believe can be done to address this?

____
____
____
____

Housing

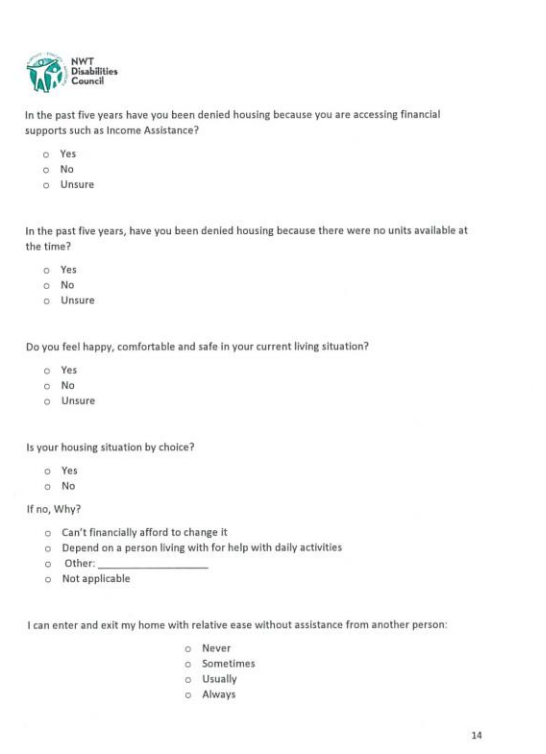
Current housing situation:

- ○ Own
- ○ Rent
- ○ Unsecured
- ○ Supported housing/long term care
- ○ Other: _______________

In the past five years have you been denied housing because of your disability?

- ○ Yes
- ○ No
- ○ Unsure

13



NWT Disabilities Council

In the past five years have you been denied housing because you are accessing financial supports such as Income Assistance?

- ○ Yes
- ○ No
- ○ Unsure

In the past five years, have you been denied housing because there were no units available at the time?

- ○ Yes
- ○ No
- ○ Unsure

Do you feel happy, comfortable and safe in your current living situation?

- ○ Yes
- ○ No
- ○ Unsure

Is your housing situation by choice?

- ○ Yes
- ○ No

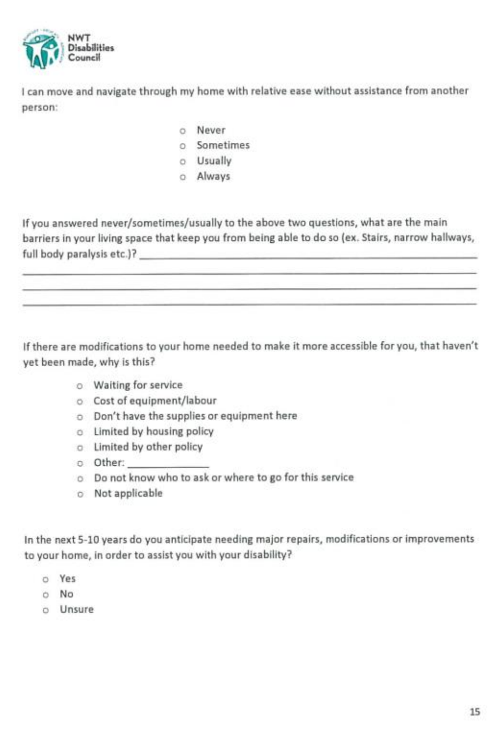
If no, Why?

- ○ Can't financially afford to change it
- ○ Depend on a person living with for help with daily activities
- ○ Other: _________________
- ○ Not applicable

I can enter and exit my home with relative ease without assistance from another person:

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

14



NWT Disabilities Council

I can move and navigate through my home with relative ease without assistance from another person:

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

If you answered never/sometimes/usually to the above two questions, what are the main barriers in your living space that keep you from being able to do so (ex. Stairs, narrow hallways, full body paralysis etc.)? ____
____
____
____

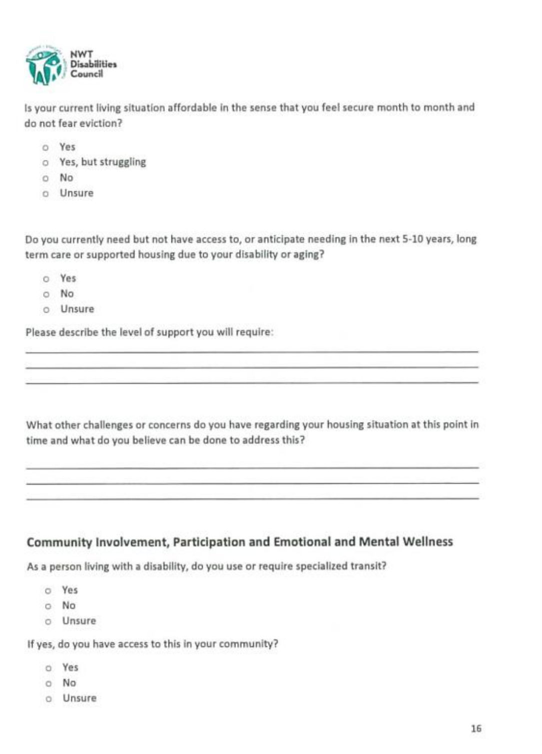
If there are modifications to your home needed to make it more accessible for you, that haven't yet been made, why is this?

- ○ Waiting for service
- ○ Cost of equipment/labour
- ○ Don't have the supplies or equipment here
- ○ Limited by housing policy
- ○ Limited by other policy
- ○ Other: ____________
- ○ Do not know who to ask or where to go for this service
- ○ Not applicable

In the next 5-10 years do you anticipate needing major repairs, modifications or improvements to your home, in order to assist you with your disability?

- ○ Yes
- ○ No
- ○ Unsure

15



NWT Disabilities Council

Is your current living situation affordable in the sense that you feel secure month to month and do not fear eviction?

- ○ Yes
- ○ Yes, but struggling
- ○ No
- ○ Unsure

Do you currently need but not have access to, or anticipate needing in the next 5-10 years, long term care or supported housing due to your disability or aging?

- ○ Yes
- ○ No
- ○ Unsure

Please describe the level of support you will require:

____
____
____

What other challenges or concerns do you have regarding your housing situation at this point in time and what do you believe can be done to address this?

____
____
____

Community Involvement, Participation and Emotional and Mental Wellness

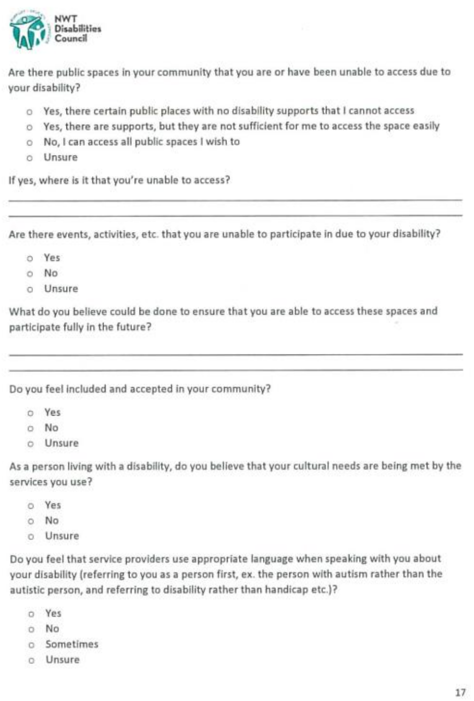
As a person living with a disability, do you use or require specialized transit?

- ○ Yes
- ○ No
- ○ Unsure

If yes, do you have access to this in your community?

- ○ Yes
- ○ No
- ○ Unsure

16



Are there public spaces in your community that you are or have been unable to access due to your disability?

- ○ Yes, there certain public places with no disability supports that I cannot access
- ○ Yes, there are supports, but they are not sufficient for me to access the space easily
- ○ No, I can access all public spaces I wish to
- ○ Unsure

If yes, where is it that you're unable to access?

Are there events, activities, etc. that you are unable to participate in due to your disability?

- ○ Yes
- ○ No
- ○ Unsure

What do you believe could be done to ensure that you are able to access these spaces and participate fully in the future?

Do you feel included and accepted in your community?

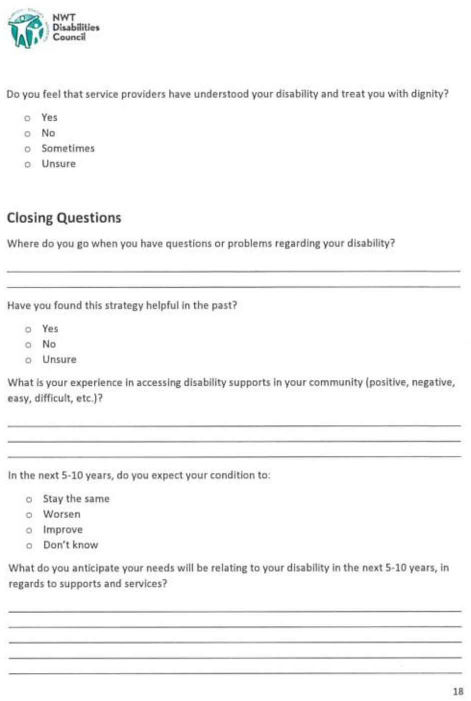
- ○ Yes
- ○ No
- ○ Unsure

As a person living with a disability, do you believe that your cultural needs are being met by the services you use?

- ○ Yes
- ○ No
- ○ Unsure

Do you feel that service providers use appropriate language when speaking with you about your disability (referring to you as a person first, ex. the person with autism rather than the autistic person, and referring to disability rather than handicap etc.)?

- ○ Yes
- ○ No
- ○ Sometimes
- ○ Unsure



Do you feel that service providers have understood your disability and treat you with dignity?

- ○ Yes
- ○ No
- ○ Sometimes
- ○ Unsure

Closing Questions

Where do you go when you have questions or problems regarding your disability?

Have you found this strategy helpful in the past?

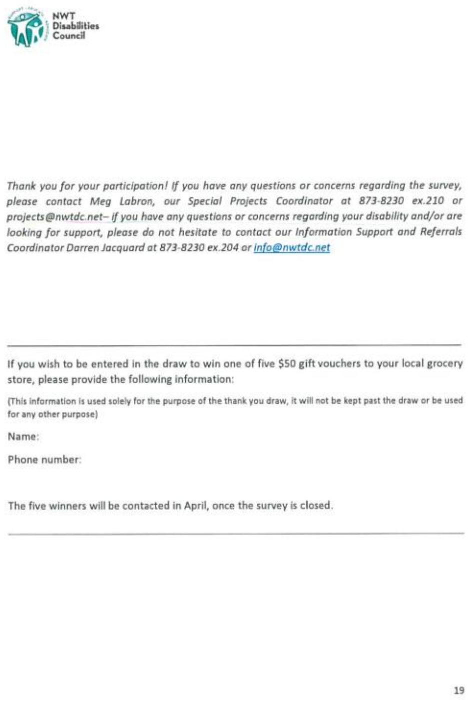
- ○ Yes
- ○ No
- ○ Unsure

What is your experience in accessing disability supports in your community (positive, negative, easy, difficult, etc.)?

In the next 5-10 years, do you expect your condition to:

- ○ Stay the same
- ○ Worsen
- ○ Improve
- ○ Don't know

What do you anticipate your needs will be relating to your disability in the next 5-10 years, in regards to supports and services?



Thank you for your participation! If you have any questions or concerns regarding the survey, please contact Meg Labron, our Special Projects Coordinator at 873-8230 ex.210 or projects@nwtdc.net– if you have any questions or concerns regarding your disability and/or are looking for support, please do not hesitate to contact our Information Support and Referrals Coordinator Darren Jacquard at 873-8230 ex.204 or info@nwtdc.net

If you wish to be entered in the draw to win one of five $50 gift vouchers to your local grocery store, please provide the following information:

(This information is used solely for the purpose of the thank you draw, it will not be kept past the draw or be used for any other purpose)

Name:

Phone number:

The five winners will be contacted in April, once the survey is closed.

Parent/Caregiver Survey

NWT Disabilities Council

Parent and Caregiver Disability Services Project Survey

By completing and submitting this survey, you give permission to the NWT Disabilities Council to use the information you provide in the disability services project. We will ensure that all personal information is kept confidential and that no names or personal identifiers are included in the final report. This survey is voluntary, you can choose not to participate, not to answer a specific question or change your mind at any time. Please see our Privacy Policy for more information. Thank you so much for your input!

■ I have read, understand and accept the above and agree to participate.

For the parent and caregiver survey, we ask that if you are caring for more than one person with a disability, you complete a separate survey for each person. This will allow for more accurate data collection. Thank you!

This survey is expected to take approximately 15 minutes. Once you complete it, you can enter the draw to win one of five $50 gift vouchers to your local grocery store!

Completed hard copy surveys can be returned in any of the following ways:

Scanned and e-mailed to projects@nwtdc.net

Faxed to: (867) 873-4124

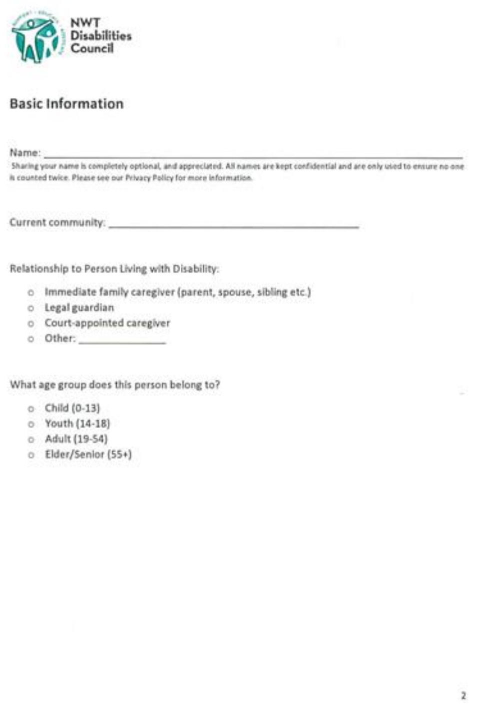
Mailed to or dropped off at:

NWT Disabilities Council

Suite 116, 5102 50th Avenue
Yellowknife, NT X1A 3S8

Surveys be completed online by following the links provided at: www.nwtdc.net

Or toll free over the phone by calling 1-800-491-8885



NWT Disabilities Council

Basic Information

Name: ____________________

Sharing your name is completely optional, and appreciated. All names are kept confidential and are only used to ensure no one is counted twice. Please see our Privacy Policy for more information.

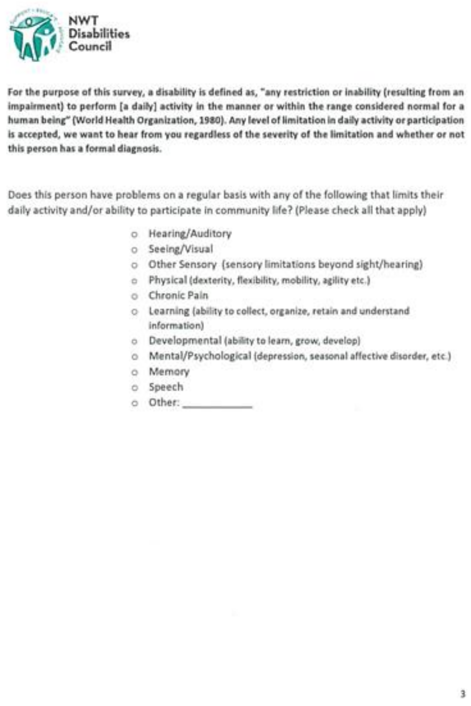
Current community: ____________________

Relationship to Person Living with Disability:

- ○ Immediate family caregiver (parent, spouse, sibling etc.)
- ○ Legal guardian
- ○ Court-appointed caregiver
- ○ Other: ____________

What age group does this person belong to?

- ○ Child (0-13)
- ○ Youth (14-18)
- ○ Adult (19-54)
- ○ Elder/Senior (55+)

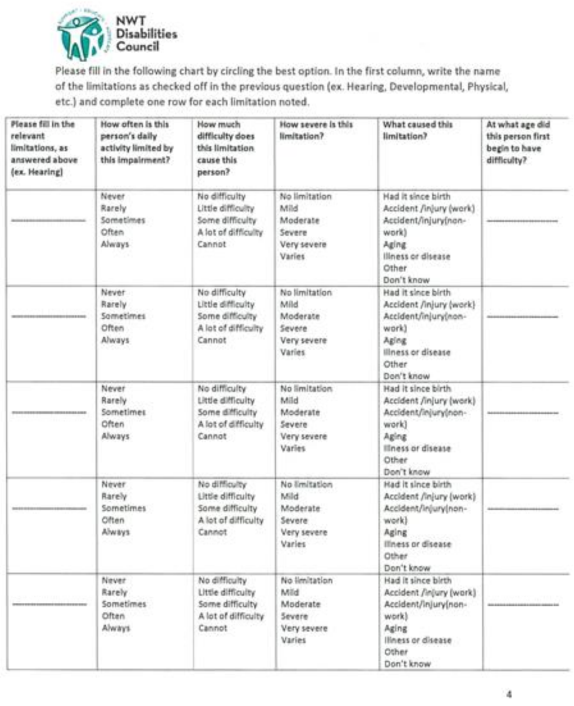


NWT Disabilities Council

For the purpose of this survey, a disability is defined as, "any restriction or inability (resulting from an impairment) to perform [a daily] activity in the manner or within the range considered normal for a human being" (World Health Organization, 1980). Any level of limitation in daily activity or participation is accepted, we want to hear from you regardless of the severity of the limitation and whether or not this person has a formal diagnosis.

Does this person have problems on a regular basis with any of the following that limits their daily activity and/or ability to participate in community life? (Please check all that apply)

- ○ Hearing/Auditory
- ○ Seeing/Visual
- ○ Other Sensory (sensory limitations beyond sight/hearing)
- ○ Physical (dexterity, flexibility, mobility, agility etc.)
- ○ Chronic Pain
- ○ Learning (ability to collect, organize, retain and understand information)
- ○ Developmental (ability to learn, grow, develop)
- ○ Mental/Psychological (depression, seasonal affective disorder, etc.)
- ○ Memory
- ○ Speech
- ○ Other: ____________



NWT Disabilities Council

Please fill in the following chart by circling the best option. In the first column, write the name of the limitations as checked off in the previous question (ex. Hearing, Developmental, Physical, etc.) and complete one row for each limitation noted.

Please fill in the relevant limitations, as answered above (ex. Hearing)	**How often is this person's daily activity limited by this impairment?**	**How much difficulty does this limitation cause this person?**	**How severe is this limitation?**	**What caused this limitation?**	**At what age did this person first begin to have difficulty?**
____________	Never Rarely Sometimes Often Always	No difficulty Little difficulty Some difficulty A lot of difficulty Cannot	No limitation Mild Moderate Severe Very severe Varies	Had it since birth Accident /injury (work) Accident/injury(non-work) Aging Illness or disease Other Don't know	____________
____________	Never Rarely Sometimes Often Always	No difficulty Little difficulty Some difficulty A lot of difficulty Cannot	No limitation Mild Moderate Severe Very severe Varies	Had it since birth Accident /injury (work) Accident/injury(non-work) Aging Illness or disease Other Don't know	____________
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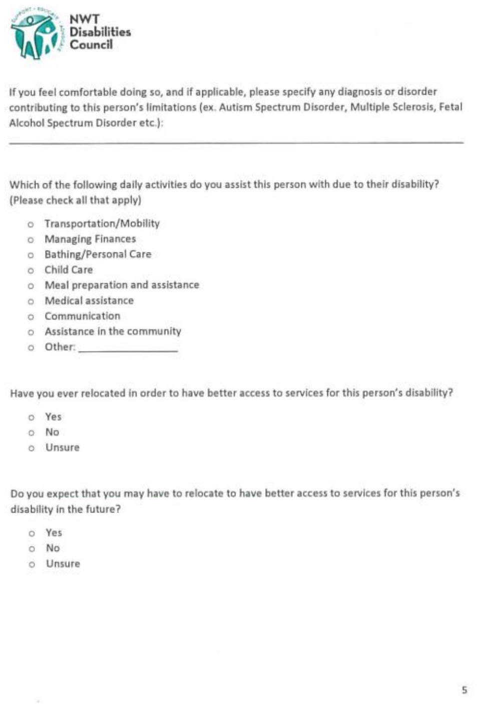


NWT Disabilities Council

If you feel comfortable doing so, and if applicable, please specify any diagnosis or disorder contributing to this person's limitations (ex. Autism Spectrum Disorder, Multiple Sclerosis, Fetal Alcohol Spectrum Disorder etc.):

____

Which of the following daily activities do you assist this person with due to their disability? (Please check all that apply)

○ Transportation/Mobility
○ Managing Finances
○ Bathing/Personal Care
○ Child Care
○ Meal preparation and assistance
○ Medical assistance
○ Communication
○ Assistance in the community
○ Other: _______________

Have you ever relocated in order to have better access to services for this person's disability?

○ Yes
○ No
○ Unsure

Do you expect that you may have to relocate to have better access to services for this person's disability in the future?

○ Yes
○ No
○ Unsure

5

NWT Disabilities Council

Are you or the person you care for currently accessing disability benefits (such as CPPD, Canada Tax Credit, benefits from band due to disability, etc.)?

○ Yes,
If yes, what services: _______________________________
○ No
○ Unsure
○ Applied and currently waiting for a response
If so, what services? _______________________________

Does this provide sufficient income to support you or the person you are caring for in their access to disability services?

○ Yes
○ No
○ Unsure
○ Not applicable

Do you think that you are living in poverty?

○ Yes
○ No
○ Unsure

Are you currently living pay cheque to pay cheque?

○ Yes
○ No
○ Unsure

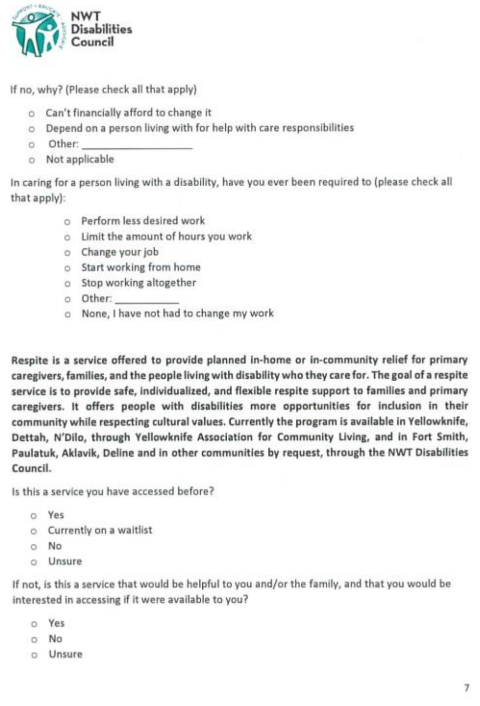
What is your current housing situation?

○ Own
○ Rent
○ Unsecured
○ Other: _______________

Is your housing situation by choice?

○ Yes
○ No

6



NWT Disabilities Council

If no, why? (Please check all that apply)

○ Can't financially afford to change it
○ Depend on a person living with for help with care responsibilities
○ Other: _______________
○ Not applicable

In caring for a person living with a disability, have you ever been required to (please check all that apply):

○ Perform less desired work
○ Limit the amount of hours you work
○ Change your job
○ Start working from home
○ Stop working altogether
○ Other: __________
○ None, I have not had to change my work

Respite is a service offered to provide planned in-home or in-community relief for primary caregivers, families, and the people living with disability who they care for. The goal of a respite service is to provide safe, individualized, and flexible respite support to families and primary caregivers. It offers people with disabilities more opportunities for inclusion in their community while respecting cultural values. Currently the program is available in Yellowknife, Dettah, N'Dilo, through Yellowknife Association for Community Living, and in Fort Smith, Paulatuk, Aklavik, Deline and in other communities by request, through the NWT Disabilities Council.

Is this a service you have accessed before?

○ Yes
○ Currently on a waitlist
○ No
○ Unsure

If not, is this a service that would be helpful to you and/or the family, and that you would be interested in accessing if it were available to you?

○ Yes
○ No
○ Unsure

7

NWT Disabilities Council

○ Not applicable

Has this person ever accessed a life skills or social skills class for persons living with a disability?

○ Yes
○ No
○ Not needed
○ Unsure

Have resources and supports available in your community been presented or explained to you?

○ Yes
○ No
○ Unsure

If yes, by whom? ______________________________

What obstacles have you faced in attempting to access resources and supports? (Please check all that apply)

○ Lack of transportation to and from services
○ Lack of information about services
○ Frustration with how to access, stopped trying
○ Lack of sufficiently trained professionals
○ Wait lists
○ The service I require does not exist here or is not available to me
○ Cost
○ Other: ____________________

Does this person currently need but not have access to, or do you anticipate that in the next 5-10 years they will require long term care or supported housing due to their disability or aging?

○ Yes
○ No
○ Unsure

If yes, please describe what supports and/or the level of care you believe they will require:

____

8


NWT Disabilities Council

If you are the caregiver of a person 18 years of age or younger, please complete this section. **If not, please skip ahead to the next section.**

The Early Childhood Intervention Program offers support to preschool children living with a disability and their families. Early Childhood Intervention Workers assist children in community early childhood programs or in the child's home with one to one support. Parents and staff work together to provide optimum support for the child. An individualized program and adapted activities are provided to meet the needs of the child. The Early Childhood Intervention Program offers children the opportunity to develop language skills, gross and fine motor skills, social and play skills and positive self-esteem. This program is currently only available in Yellowknife.

Has this child or youth had access to an Early Childhood Intervention Program?

- ○ Yes
- ○ Yes but was difficult to access
- ○ No
- ○ Currently on a waitlist
- ○ Unsure

If no, do you believe that this is a service this child or youth needs and would benefit from?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

Has this child/youth accessed any other types of early supports?

- ○ Yes. If so, what were they: ________________
- ○ Yes but was difficult to access. If so, what were they : ___________________
- ○ No
- ○ Unsure

Has this child or youth accessed one on one tutoring supports beyond the classroom, through their school?

- ○ Yes
- ○ Yes but was difficult to access

9


NWT Disabilities Council

- ○ No
- ○ Unsure

If no, do you believe that this is a service this child or youth needs and would benefit from?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

Please share any additional comments you have about children's services here:

If you are the caregiver of a person 19 years of age or older, please complete this section. **If not, please skip ahead to the next section.**

Has this person ever accessed a peer support or skills training program specifically for people living with disability?

- ○ Yes
- ○ Yes, but was difficult to access
- ○ No
- ○ Unsure

Did this person access an early childhood intervention program or a similar program?

- ○ Yes
- ○ Yes but was difficult to access
- ○ No
- ○ Unsure

If no, why not?

- ○ Was not needed
- ○ Was not available in our community
- ○ Was not aware of such a program
- ○ Was on a wait list

10


NWT Disabilities Council

- ○ Other: ___________
- ○ Unsure
- ○ Not applicable

If yes, did you believe this program to be beneficial to their development?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

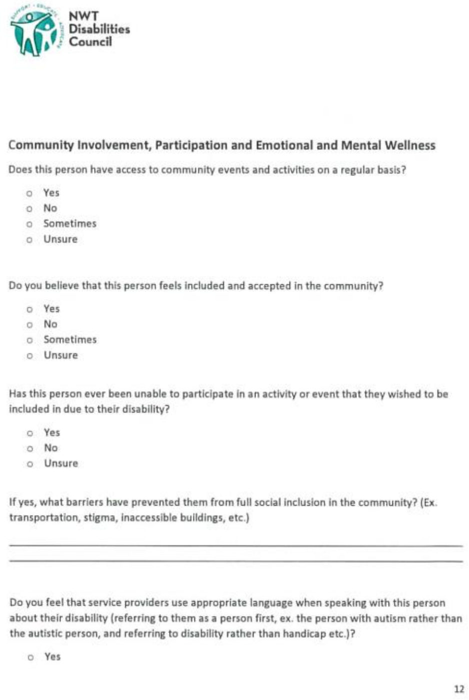
Was this person provided with assistance upon finishing school and transitioning into the workforce?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Was not needed

If yes, who assisted and how?

Please share any additional comments you have about adult's services here:

11


NWT Disabilities Council

Community Involvement, Participation and Emotional and Mental Wellness

Does this person have access to community events and activities on a regular basis?

- ○ Yes
- ○ No
- ○ Sometimes
- ○ Unsure

Do you believe that this person feels included and accepted in the community?

- ○ Yes
- ○ No
- ○ Sometimes
- ○ Unsure

Has this person ever been unable to participate in an activity or event that they wished to be included in due to their disability?

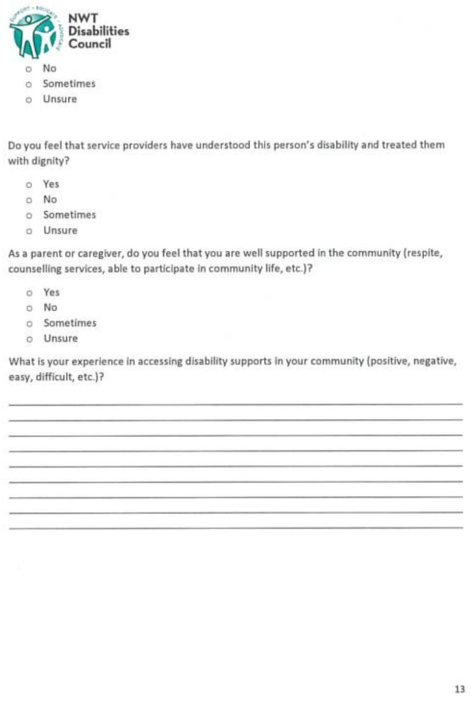
- ○ Yes
- ○ No
- ○ Unsure

If yes, what barriers have prevented them from full social inclusion in the community? (Ex. transportation, stigma, inaccessible buildings, etc.)

Do you feel that service providers use appropriate language when speaking with this person about their disability (referring to them as a person first, ex. the person with autism rather than the autistic person, and referring to disability rather than handicap etc.)?

- ○ Yes

12



- ○ No
- ○ Sometimes
- ○ Unsure

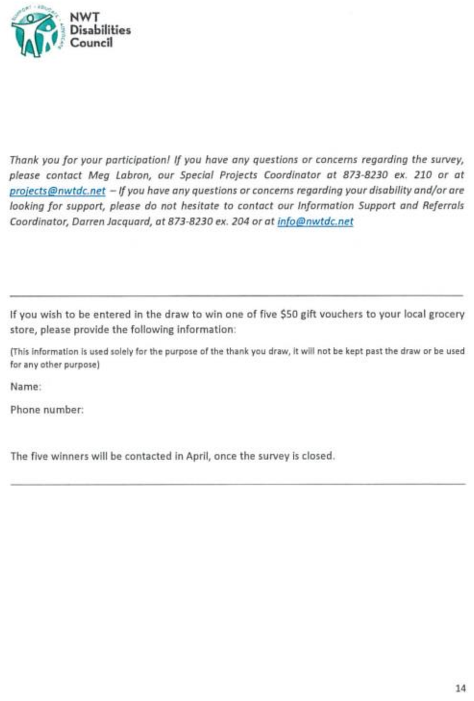
Do you feel that service providers have understood this person's disability and treated them with dignity?

- ○ Yes
- ○ No
- ○ Sometimes
- ○ Unsure

As a parent or caregiver, do you feel that you are well supported in the community (respite, counselling services, able to participate in community life, etc.)?

- ○ Yes
- ○ No
- ○ Sometimes
- ○ Unsure

What is your experience in accessing disability supports in your community (positive, negative, easy, difficult, etc.)?



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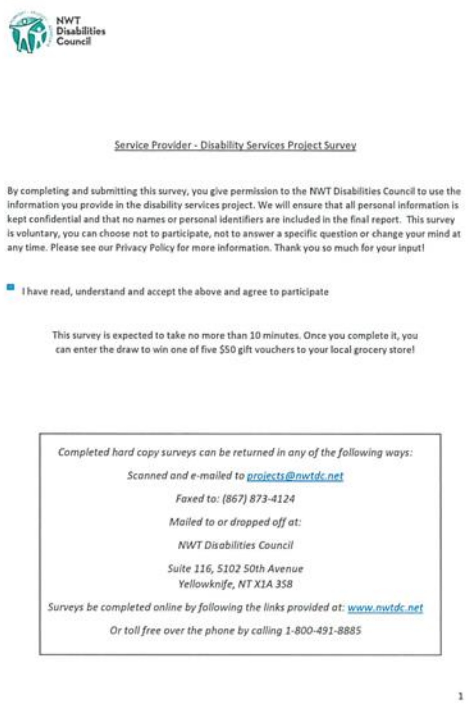
(This information is used solely for the purpose of the thank you draw, it will not be kept past the draw or be used for any other purpose)

Name:

Phone number:

The five winners will be contacted in April, once the survey is closed.

Service Provider Survey



NWT Disabilities Council

Service Provider - Disability Services Project Survey

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■ I have read, understand and accept the above and agree to participate

This survey is expected to take no more than 10 minutes. Once you complete it, you can enter the draw to win one of five $50 gift vouchers to your local grocery store!

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Scanned and e-mailed to projects@nwtdc.net

Faxed to: (867) 873-4124

Mailed to or dropped off at:

NWT Disabilities Council

Suite 116, 5102 50th Avenue
Yellowknife, NT X1A 3S8

Surveys be completed online by following the links provided at: www.nwtdc.net

Or toll free over the phone by calling 1-800-491-8885

NWT Disabilities Council

Basic Information

Name: ______________________

* Sharing your name is completely optional, and appreciated. All names are kept confidential and are only used to ensure no one is counted twice. Please see our Privacy Policy for more information.

What community, or communities, do you work in?

____

Are you a resident of the community you work in?

○ Yes
○ No

Who is your employer? ______________________

What is your position or title? ______________________

What general field do you work in? (Check all that apply)

○ Education
○ Employment
○ Income
○ Housing
○ Health Care
○ Social Services and/or Disability Supports
○ Other:______________________

How long have you worked in this field (months/years)? ______

On average, what age group(s) does your organization serve? (Check all that apply)

○ Children (0-13)
○ Youth (14-18)
○ Adults (19-54)
○ Elders/Seniors (55+)

NWT Disabilities Council

How many people do you serve each month in total? _________

How many people do you serve each month who are living with a disability? _________

Service Information

Is the building you work in accessible to clients living with disability?

○ Yes
○ No
○ Some accommodations have been made
○ Unsure

Does your organization have specific policies to address the needs of your clients living with disability?

○ Yes
○ No
○ Unsure

Comments:

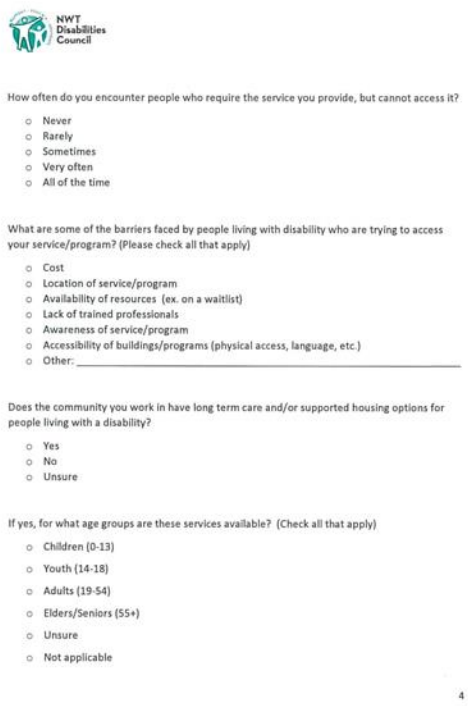
____
____
____
____

Can or does your organization make accommodations for clients living with disability when seeking services (ex. filling out forms, transport, etc.)?

○ Yes
○ No
○ Unsure

If yes, how? ______________________

____



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How often do you encounter people who require the service you provide, but cannot access it?

○ Never
○ Rarely
○ Sometimes
○ Very often
○ All of the time

What are some of the barriers faced by people living with disability who are trying to access your service/program? (Please check all that apply)

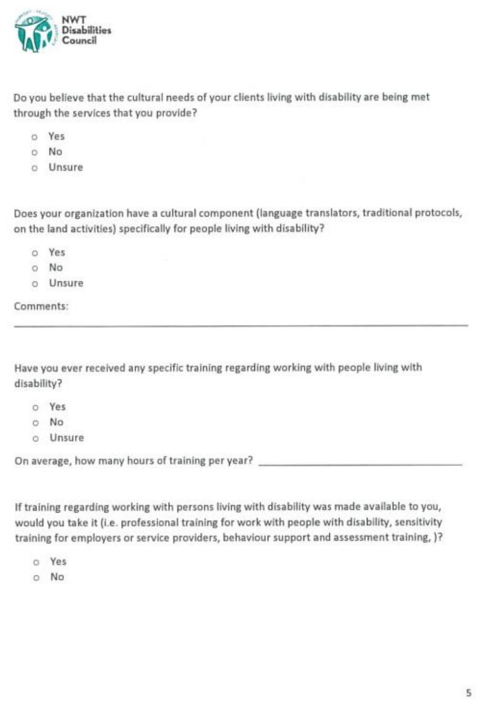
○ Cost
○ Location of service/program
○ Availability of resources (ex. on a waitlist)
○ Lack of trained professionals
○ Awareness of service/program
○ Accessibility of buildings/programs (physical access, language, etc.)
○ Other: ______________________

Does the community you work in have long term care and/or supported housing options for people living with a disability?

○ Yes
○ No
○ Unsure

If yes, for what age groups are these services available? (Check all that apply)

○ Children (0-13)
○ Youth (14-18)
○ Adults (19-54)
○ Elders/Seniors (55+)
○ Unsure
○ Not applicable



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Do you believe that the cultural needs of your clients living with disability are being met through the services that you provide?

- ○ Yes
- ○ No
- ○ Unsure

Does your organization have a cultural component (language translators, traditional protocols, on the land activities) specifically for people living with disability?

- ○ Yes
- ○ No
- ○ Unsure

Comments: ________________________________

Have you ever received any specific training regarding working with people living with disability?

- ○ Yes
- ○ No
- ○ Unsure

On average, how many hours of training per year? ____________________

If training regarding working with persons living with disability was made available to you, would you take it (i.e. professional training for work with people with disability, sensitivity training for employers or service providers, behaviour support and assessment training,)?

- ○ Yes
- ○ No

5

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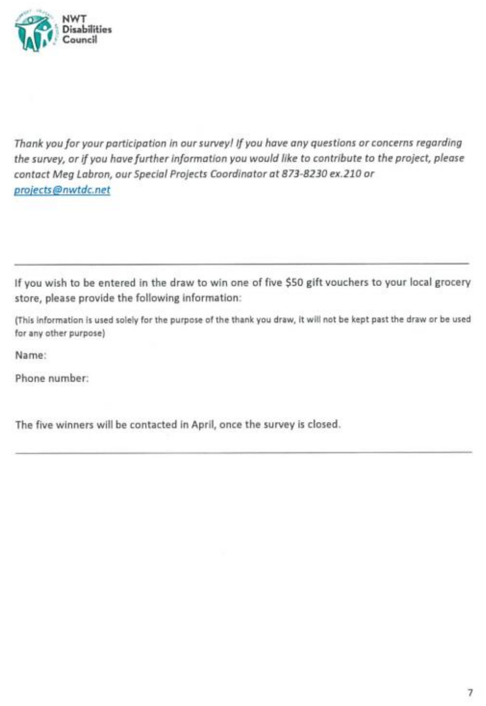
What do you foresee as being the biggest issue facing people living with disability in your service sector, within the next five to ten years?

Please share any additional comments you have on disability services in general or on your experience as a service provider in the space below:

6



NWT Disabilities Council

Thank you for your participation in our survey! If you have any questions or concerns regarding the survey, or if you have further information you would like to contribute to the project, please contact Meg Labron, our Special Projects Coordinator at 873-8230 ex.210 or *projects@nwtdc.net*

If you wish to be entered in the draw to win one of five $50 gift vouchers to your local grocery store, please provide the following information:

(This information is used solely for the purpose of the thank you draw, it will not be kept past the draw or be used for any other purpose)

Name:

Phone number:

The five winners will be contacted in April, once the survey is closed.

7

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NWT Disability Services Project

Final Report

2015