
Regina City Priority Population Study Study #3 - Persons With a Disability

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Planning and Development Division

of

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by

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Executive Summary

The City of Regina has commissioned four background studies to help inform the development of an Official Community Plan. This is a profile of one of the four priority population groups, namely Regina residents who report that they have a physical or mental limitation referred to in this report as those reporting a disability.

The size of this group is difficult to determine because the measurement of disability is largely subjective and because there is a continuum of disabilities from the mild to the severe. Most definitions use the concept of an “activity limitation” that is caused by a physical or health condition that is expected to last for at least six months. Sometimes this is further refined by taking into account severity or frequency.

The best estimates for the number of Regina citizens who report have that they have a disability is from the 2006 Statistics Canada census which found approximately 33,000 persons reporting a disability – 19% of the city’s population. About four in ten of these report that they “often” experience an activity limitation so approximately 12,500 city residents have a severe or very severe disability.

The quality of statistical information about the Regina population who report having a disability is poor. Some of the limited information available in this report is listed below in point form.

- ▶ 55% of those reporting a disability are women.
- ▶ The incidence of disability is strongly correlated with age. Fewer than one in ten of those under 25 report a disability compared with more than one half of those 65 and older.
- ▶ Within the city, almost a third of the population reporting a disability live in four large neighbourhoods – Arcola East, Dewdney East, North Central, and Albert Park. As a proportion of the population, however, persons reporting a disability are more concentrated in
 - ▶ the Downtown where 47% of the residents report a disability;
 - ▶ Centre Square (47%);
 - ▶ McNab (33%); and
 - ▶ Heritage (32%).
- ▶ Generally speaking those reporting a disability have good access to regular transit services and are close to schools and libraries. The high proportion living in the Northeast, North Central, and Coronation Park communities are, however, a long distance from the bike path and are in parts of the city with a relatively small amount of open space. Those in the McNab community are a long distance from a major shopping centre.
- ▶ There were an estimated 25,430 “disability households” in Regina in 2006¹.
- ▶ “Disability households” generally are similar to other households in the city. For example, 65% are owned and 26% were built after 1980. They are somewhat more likely to be apartments.
- ▶ In 2006, 33% of “disability households” were below standard in the sense that they were in need of major repairs, were too small for the number of occupants, or were not affordable.
- ▶ Those reporting a disability tend to have somewhat lower levels of completed education than the general Regina city population but the differences are small and attributable to their higher average age.

¹ A “disability household” is one where at least one person reports a disability.

- ▶ In 2006, 64% of those reporting a disability and in the 25 to 64 age group were working compared with 81% for the city as a whole.
- ▶ Among “disability households” the average income before taxes in 2005 was \$58,075 which was 80% of the Regina city average.
- ▶ In 2006, 20% of those living in disabilities had incomes below the low income cutoff compared with 14% for the city as a whole.

The research for this report included a population projection for the Regina population reporting a disability. Assuming that disability rates by age and sex are similar in the future to what they are now, the population with a disability will increase from an estimated 36,600 in 2010 to 50,900 by 2030.

Some of the highlights from an environmental scan are listed below in point form.

- ▶ The main thrust of the disabled community has been for inclusion.
- ▶ Whereas disability policy was seen as a series of program interventions by governments to address a particular social or health need of the individual, the community is pushing for a disability perspective or lens to guide policy making.
- ▶ Independence is a key goal for the disabled. Instead of viewing people with disabilities as recipients of government intervention, they are seen as active participants in society with the same desires for inclusion and participation as Canadians without a disability.
- ▶ A robust legislative framework that includes the Canadian Charter of Rights and Freedoms and the Canadian and Saskatchewan Human Rights Code protects the rights of people with disabilities.
- ▶ Access to lifelong learning is a critical component of inclusion for children and adults with disabilities but children with disabilities can experience barriers to their participation in education.
 - ▶ Participation in mainstream classrooms is the daily experience for almost 65% of the 5 to 14 year old children with disabilities attending school. Additional supports in the classroom to assist in the development of social and interpersonal skills can be required for children and youth with disabilities.
 - ▶ Over 103,000 Canadian youth with disabilities (56%) attend school, college or university with the vast majority (90%) registered as full-time students.
 - ▶ Adults with disabilities will often require retraining, particularly where the disability has recently occurred. Approximately 28% of working age adults with disabilities have received retraining because of their disability.
- ▶ Finding and maintaining full time employment is a critical experience for all Canadians, including those who report a disability, as it contributes to personal self-worth and to economic independence.
 - ▶ The average employment income for a Canadian with a disability is about 22% lower than it is for one without a disability – \$29,400 compared with \$38,000.
 - ▶ Barriers in the workplace may also challenge people with disabilities. For example, full time work may not be possible because of the disability.

- ▶ Employers have a responsibility to provide accommodations to assist people with a disability to remain in the workforce or to assist them in entering the workforce but not to the point where it might cause undue hardship.
 - ▶ People with disabilities often feel that they can be discriminated against when asking for accommodation in the workplace or when seeking accessible buildings.
 - ▶ With the difficulties in obtaining employment and the fact that they are frequently older and living alone, it is not surprising that people with disability have higher rates of poverty and low income than do people without disabilities.
- ▶ For people with disabilities, full inclusion in the community means access to the everyday pursuits that people without disabilities enjoy.
 - ▶ In 2006, 34% of Canadian adults with disabilities participated in volunteer activities.
 - ▶ Entertainment for people with disabilities often means visiting with friends and participating in exercise activities because their condition may make attending community events and visiting public places difficult.
 - ▶ Finding accessible, affordable and quality housing was a major concern for those attending the sounding session conducted for this report.
 - ▶ People with disabilities are more likely to rent accommodation than to own a home.
 - ▶ Access to health care services is often a critical need for individuals with a disability.
 - ▶ The need for affordable, timely, accessible transportation is seen as a critical support to full inclusion in employment and community activities.
- ▶ Disability is particularly prevalent in the First Nations community.
- ▶ A broad range of programs and services are provided by the federal and provincial government to persons with disabilities. Both levels of government have an Office of Disability Issues. In addition to general programs for which people with disabilities are eligible, the City of Regina also offers a number of targeted programs designed to assist with accessibility and community inclusion.
 - ▶ City of Regina policies and initiatives on disabilities have been guided by the Access Advisory Committee and its predecessors over the past two decades. While the City does not develop or manage housing projects, it has policies and incentives tailored to encourage accessible housing.

Some of the main issues discussed at a sounding session with the disability community are summarized below.

- | | |
|----------------|---|
| Transportation | <ul style="list-style-type: none"> ▶ Taxis are costly and will not take service animals. ▶ There are not enough low-floor buses on the regular transit system. ▶ The paratransit service should be expanded so that it can be counted on and does not require as much lead time. |
| UN Convention | <ul style="list-style-type: none"> ▶ The UN Convention on Rights of People with Disabilities has a complete framework that should be considered during the development of the Official Community Plan. |

- Housing
 - ▶ New housing construction is not anticipating needs of disabled community and not anticipating the potential impact of spatial needs for aging owners, so they are forced to move out of their homes.
 - ▶ “Visitability” should become the housing standard.
 - ▶ Neighbourhoods should have accessibility as a design principle.

- Street Cleaning
 - ▶ Snow is plowed onto sidewalks making it difficult for community members to navigate on the road ways or use the transit system.

- Parking
 - ▶ There are too few disabled parking spots and enforcement is poor.

- Education
 - ▶ There are too few support services for deaf immigrants.
 - ▶ Voting stations are not accessible and there are no options for the visually impaired voter.

- Recreation
 - ▶ Some facilities do not have lifts to get to programming and/or staff who know how to operate the lifts or fire alarms/announcement systems for the deaf .
 - ▶ Recreation is not a priority area for the paratransit system. This limits the accessibility to cultural/fun activities for community members.

- Big Moves
 - ▶ Embed accessibility principles into the “inclusion” agenda.
 - ▶ In the community plan, meet the municipal obligations of the Convention and come up with a comprehensive planning process that commits to the Convention; address those things that City has full jurisdiction over.

SECTION 1 BACKGROUND

To help inform and support the development of a new Official Community Plan, the City of Regina has commissioned a series of background studies related to four priority population groups:

- immigrants and Regina's ethnic community;
- aboriginal people;
- seniors; and
- the population with disabilities.

The studies are intended to establish baseline information on the four populations and to inform the City's understanding of general characteristics and trends, city-wide patterns, current government and community roles, key community assets and issues and opportunities to be considered in the future.

This is the study about the population with physical or mental limitations, referred to as the population reporting a disability.

The report is divided into five sections including this background. Section 2 has basic statistical information about the number of persons with a disability who live in Regina. Some limited information about the demographic and socioeconomic characteristics of this population are examined in Section 3. This is a growing population in the city so Section 4 contains a population projection for the next twenty years. Section 5 contains a summary of the findings of an environmental scan and literature review. A sounding session was held with key stakeholders from persons in the community who report a disability; a summary of those sessions is included as Section 6.

This report was prepared by a partnership of:

- Doug Elliott, the principal of *QED Information Systems Inc.* and publisher of *Sask Trends Monitor*; and
- Bonnie Durnford and Rob Cunningham, the principals of *DC Strategic Management*, a Regina-based consulting firm.

The opinions expressed in this document do not necessarily represent those of the City of Regina or its employees. Responsibility for the accuracy of the data and the validity of the conclusions reached remains with the authors.

SECTION 2 BASIC COUNTS

Disability is a difficult concept to quantify precisely for several reasons.

- Unlike the situation for other priority population groups in this series, there is a range of disability rather than a single yes/no dichotomy such as in the case of seniors and Aboriginal people for example. One can have a mild, moderate, or severe disability.
- There is no consensus on what constitutes a disability. Several different individuals may not agree on the nature of their disability even if they have the same physical or mental condition.
- Disability can change over time as one ages and some conditions considered “normal” among seniors might be considered as a disability among someone in their twenties. Some health conditions result in a disability that lasts only for a few weeks or months or for a lifetime.
- Statistics Canada does not have an extensive database on those reporting a disability such as the one they have for immigrants or Aboriginal people.

Disability is measured using the same “self-identity” concept that is used to measure other population groups such as Aboriginals. All of the data sources consider persons as having a disability if the individual considers that they have one. More precisely, the definition of a disability is based on whether or not there is a “limitation” in the kind or duration of activities that can be undertaken.

There have been two major surveys conducted by Statistics Canada on Canada’s population of persons with a disability. Both are post-censal surveys which means that they were conducted among persons who responded positively to a screening question on the decennial census. The first was called the Health and Activity Limitation Survey (HALS) and was conducted prior to 2001 and the second was the Participation and Activity Limitation Survey (PALS) and was conducted in 2001 and 2006. Very little analytical data has been made available from PALS².

The definitions of disability used in the HALS and PALS and most other Statistics Canada surveys are based on the concept of a health-related condition and/or an activity limitation. The wording of the screening questions on the census are, for example:

- Does (this person) have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities? or
- Does a physical condition or mental condition or health problem reduce the amount or the kind of activity this person can do...
 - at home,
 - at work or school, or
 - in other activities?

In particular, the definition of disability used in PALS is “persons with disabilities are those who reported difficulties with daily living activities, or who indicated that they had a physical or mental

² Of particular relevance for this study, statistical information was not available for sub-provincial regions such as Regina City.

condition that limited the kind or amount of activity that they could do”. For the Saskatchewan population in 2006, the disability rate according to PALS was 16% (see Table 2.1).

Using a classification scheme developed as part of PALS, disabilities are classified into a four-point scale (mild, moderate, severe, very severe). Table 2.1 shows that in Saskatchewan 6% of the population is classified as having a severe or very severe disability.

The only other source of information used in this report is a special tabulation of census data for 2006 that was obtained specifically for this research. It shows that, in 2006, there were 33,185 persons living in Regina city that reported a disability³ of any severity. This represents 18.8% of the population so the incidence of disability in the city is higher than in the province as a whole. In 2001, the incidence was 16.7% so the number of persons reporting a disability is increasing more quickly than the population as a whole.

Table 2.1 Persons Reporting a Disability, 2006

		Number	% of total
Saskatchewan	Mild or moderate	91,290	10.1%
	Severe or very severe	53,930	6.0%
	No disability	760,290	84.0%
	Total	905,510	100.0%
Regina City	With a disability	33,185	18.8%
	Without a disability	143,260	81.2%
	Total	176,445	100.0%

Of these 33,185 persons, 71% report an activity limitation at home, 40% report an activity limitation at work or school and 67% report an activity limitation for “other” activities.

In terms of frequency and severity, 42% of Regina residents who reported a disability indicated that they “often” experienced a difficulty. If the severity data are similar in Regina as for Saskatchewan, then it would be safe to conclude that there were about 12,500 persons or 7% of the Regina city population who reported a severe or very severe disability in 2006. The number will have increased since then.

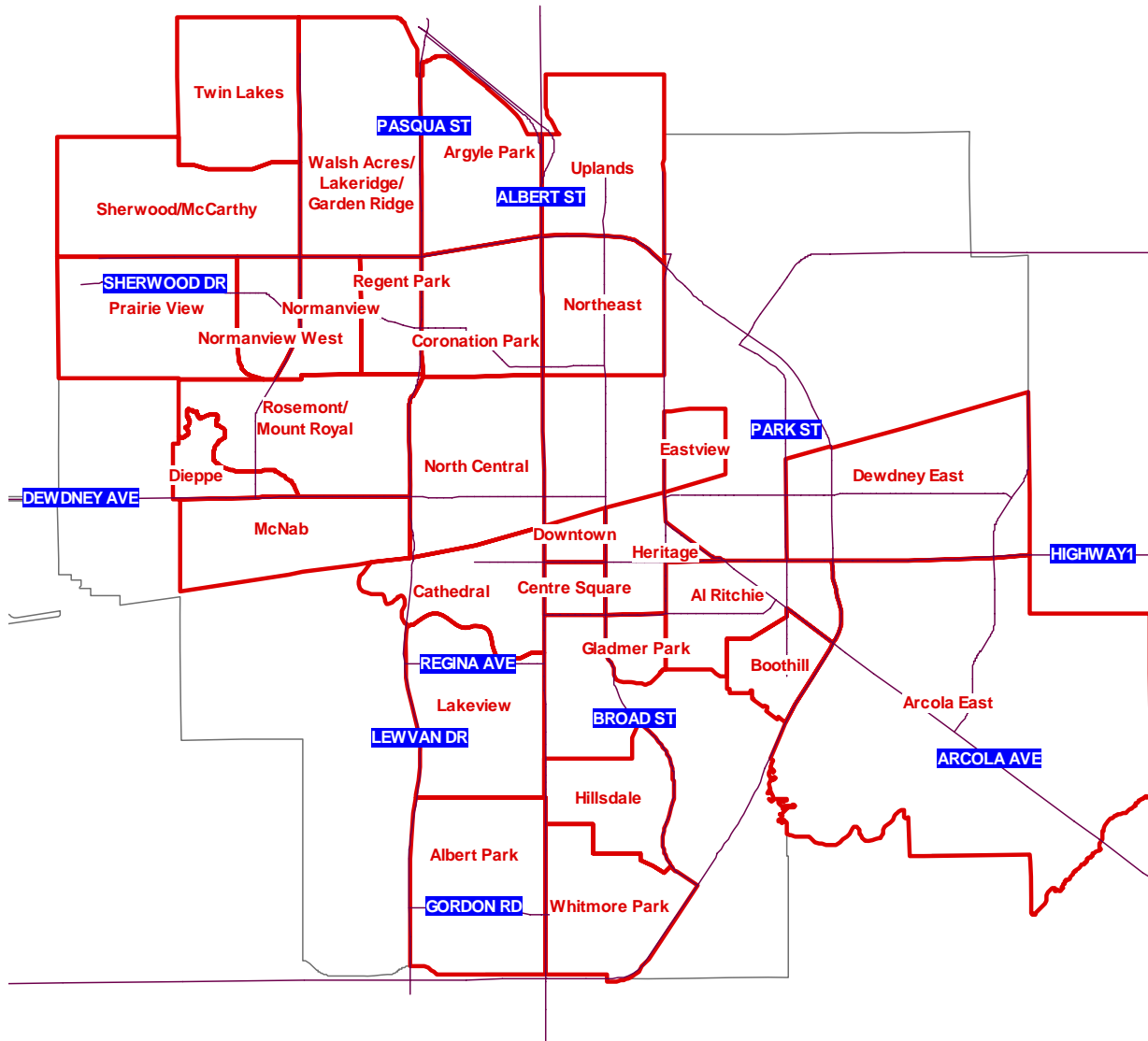
Note that the census covers only persons who live in private households which means that those who live in “collective” households will be excluded from the counts. Special care homes are considered as collective households so the large number of seniors living in special care homes, many of whom are disabled, will not be included in these statistics.

Geographic Considerations

When describing some of the characteristics of disabled people living in different neighbourhoods, the community association boundaries are used. Figure 2.1 shows the boundaries for these community associations.

³ These are people who answered yes to the “screening question” in the census. Not all would have been classified as disabled when they had completed the PALS survey.

Figure 2.1 Regina Community Associations



SECTION 3 SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

This section of the report has information about various characteristics of the Regina residents reporting a disability. The statistics cover basic demographic characteristics – age, sex, living arrangements, etc. and characteristics that are more related to economic status – education, labour force attachment, and income, for example.

As with the other statistical information in this report, the main source is the 2006 Statistics Canada census.

3.1 Age and Sex

In Regina city, women made up 52% of the population in 2006. The dominance is the result of two factors. Firstly, higher mortality rates among men mean that women tend to live longer than men so an older population generally has a higher proportion of women. Secondly, interprovincial migration is more common among younger men than women so the net out-migration from the city during the 1990s has left a relative shortage of young men in the city.

Because disability is strongly correlated with age, the population with a disability has an even more pronounced female:male split with a 55:45 ratio between disabled women and men in 2006.

Disability is much more common among those in older age groups. Whereas less than 10% of those under 25 years of age report a disability (of any severity), the incidence rises to 18% among those 25 to 64 years of age and over 50% of seniors. This means that there is a good deal of overlap between this priority population group and the population of seniors – another of the priority population groups.

Notwithstanding the high incidence of disability among seniors, more than one half of those reporting a disability are in the 25 to 64 age group.

Figure 3.1 Incidence of Disability, Regina City Population, 2006, by Sex and Age Group

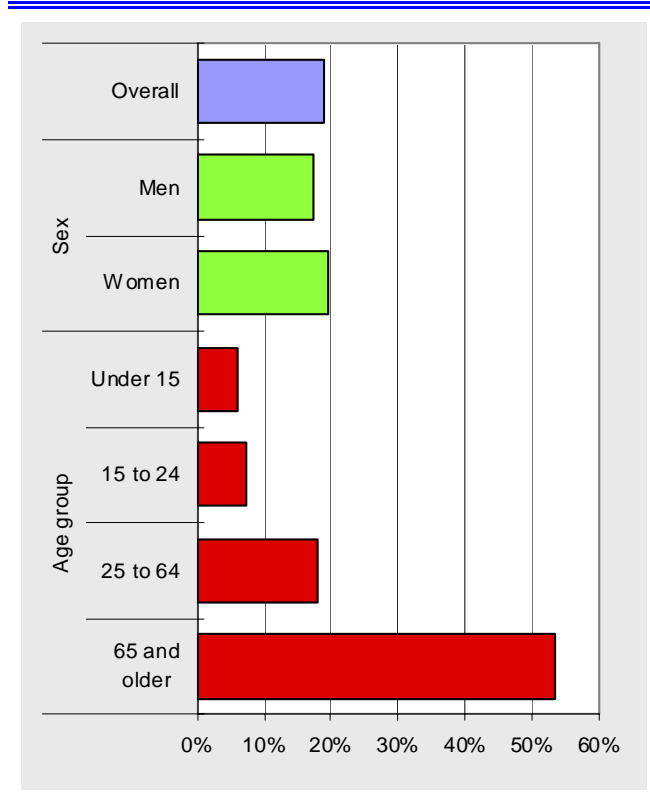


Table 3.1 Persons Reporting a Disability, By Age and Sex

		Regina City Population	Population reporting a disability	% of persons reporting a disability	Incidence of disability
Sex	Men	86,015	15,070	45.4%	17.5%
	Women	93,230	18,110	54.6%	19.4%
	Both sexes	176,445	33,180	100.0%	18.8%
Age Group	Under 15	31,115	1,925	5.8%	6.2%
	15 to 24	28,170	2,100	6.3%	7.5%
	25 to 64	94,740	17,150	51.7%	18.1%
	65 and older	22,420	12,005	36.2%	53.5%
	All ages	176,445	33,180	100.0%	18.8%

Source: Statistics Canada 2006 Census

3.2 Neighbourhood

The large sample size of the census enables an examination of where within the city the population who report a disability are living. Table 3.2 compares the population of community associations within the city with the number of persons reporting a disability. The same information is shown graphically in the map in Figure 3.2. The residence for those who reported that they “often” have a limitation – a proxy for a more severe disability – are shown in Figure 3.3.

In absolute numbers, almost a third (29%) of the population reporting a disability living in Regina are in four large neighbourhoods:

- Arcola East with 2,705 residents reporting a disability or 6.4% of the total living in Regina;
- Dewdney East with 2,560 (7.7%);
- North Central with 2,310 (7.0%); and
- Albert Park with 2,130 (6.4%).

As a proportion of the population, however, persons reporting a disability are more concentrated in:

- the Downtown where 47% of the residents report a disability;
- Centre Square (47%);
- McNab (33%); and
- Heritage (32%).

Generally speaking the same patterns are evident among those who “often” report an activity limitation.

There are several maps in Appendix A that overlay the residence of Regina persons reporting a disability in 2006 with current geographic characteristics such as transit routes and recreational facilities. With the population reporting a disability concentrated in the centre of the city, they tend to have good access to City services and facilities located in the centre of the city such as transit services and libraries. There are several qualitative observations that can be about the information in the maps.

- The population reporting a disability seems to be well served by regular transit routes which tend to pass through most neighbourhoods that have a large proportion of persons reporting a disability (see Map #1).
- The high proportion living in the Northeast, North Central, and Coronation Park communities are a long distance from the bike path (see Map #2) and are in parts of the city with a relatively small amount of open space (see Map #5). Those living in the south and southeast areas of the city have the best access.
- Except for those living in Hillside, most communities with a high concentration of persons reporting a disability are reasonably close to a public library (see Map #3).
- The high number of persons living in the McNab community are a long distance from a major shopping centre (see Map #6). Those in the Northeast, Downtown, and in the South have the best access.

Table 3.2 Persons Reporting a Disability, City of Regina, by Community Association, 2006

	Population	With a disability			Experience a limitation "often"		
		Number	% of population	% of total	Number	% of population	% of total
Al Ritchie	7,745	1,520	20%	4.6%	675	9%	4.8%
Albert Park	11,245	2,130	19%	6.4%	890	8%	6.3%
Arcola	19,910	2,705	14%	8.2%	995	5%	7.1%
Argyle Park	3,800	605	16%	1.8%	275	7%	2.0%
Boot Hill	2,665	535	20%	1.6%	195	7%	1.4%
Cathedral	6,985	1,450	21%	4.4%	680	10%	4.9%
Centre Square	3,755	1,560	42%	4.7%	770	21%	5.5%
Core	4,385	1,420	32%	4.3%	745	17%	5.3%
Coronation Park	6,325	1,505	24%	4.5%	465	7%	3.3%
Dewdney East	16,470	2,560	16%	7.7%	1,095	7%	7.8%
Dieppe	1,415	345	24%	1.0%	170	12%	1.2%
Downtown	615	290	47%	0.9%	175	28%	1.2%
Eastview	1,690	340	20%	1.0%	145	9%	1.0%
Gladmer Park	1,675	400	24%	1.2%	185	11%	1.3%
Hillsdale	6,250	1,390	22%	4.2%	600	10%	4.3%
Lakeview	7,490	1,310	17%	3.9%	505	7%	3.6%
McNab	1,360	445	33%	1.3%	255	19%	1.8%
Normanview	3,695	610	17%	1.8%	235	6%	1.7%
Normanview West	2,960	425	14%	1.3%	165	6%	1.2%
North Central	9,270	2,310	25%	7.0%	1,095	12%	7.8%
Northeast	6,875	1,840	27%	5.5%	825	12%	5.9%
Prairie View	6,305	765	12%	2.3%	315	5%	2.2%
Regent Park	2,660	530	20%	1.6%	150	6%	1.1%
Rosemount-Mount Royal	8,650	1,520	18%	4.6%	670	8%	4.8%
Sherwood-McCarthy	6,175	930	15%	2.8%	365	6%	2.6%
Twin Lakes	5,585	770	14%	2.3%	290	5%	2.1%
Uplands	5,245	755	14%	2.3%	300	6%	2.1%
Walsh Acres	8,635	1,105	13%	3.3%	395	5%	2.8%
Whitmore Park	6,425	1,075	17%	3.2%	405	6%	2.9%
Other Areas	125	30	24%	0.1%	0	0%	0.0%
Regina City Total	176,445	33,185	19%	100.0%	14,020	8%	100.0%

Figure 3.2 Incidence of Disability, by Community Association, 2006

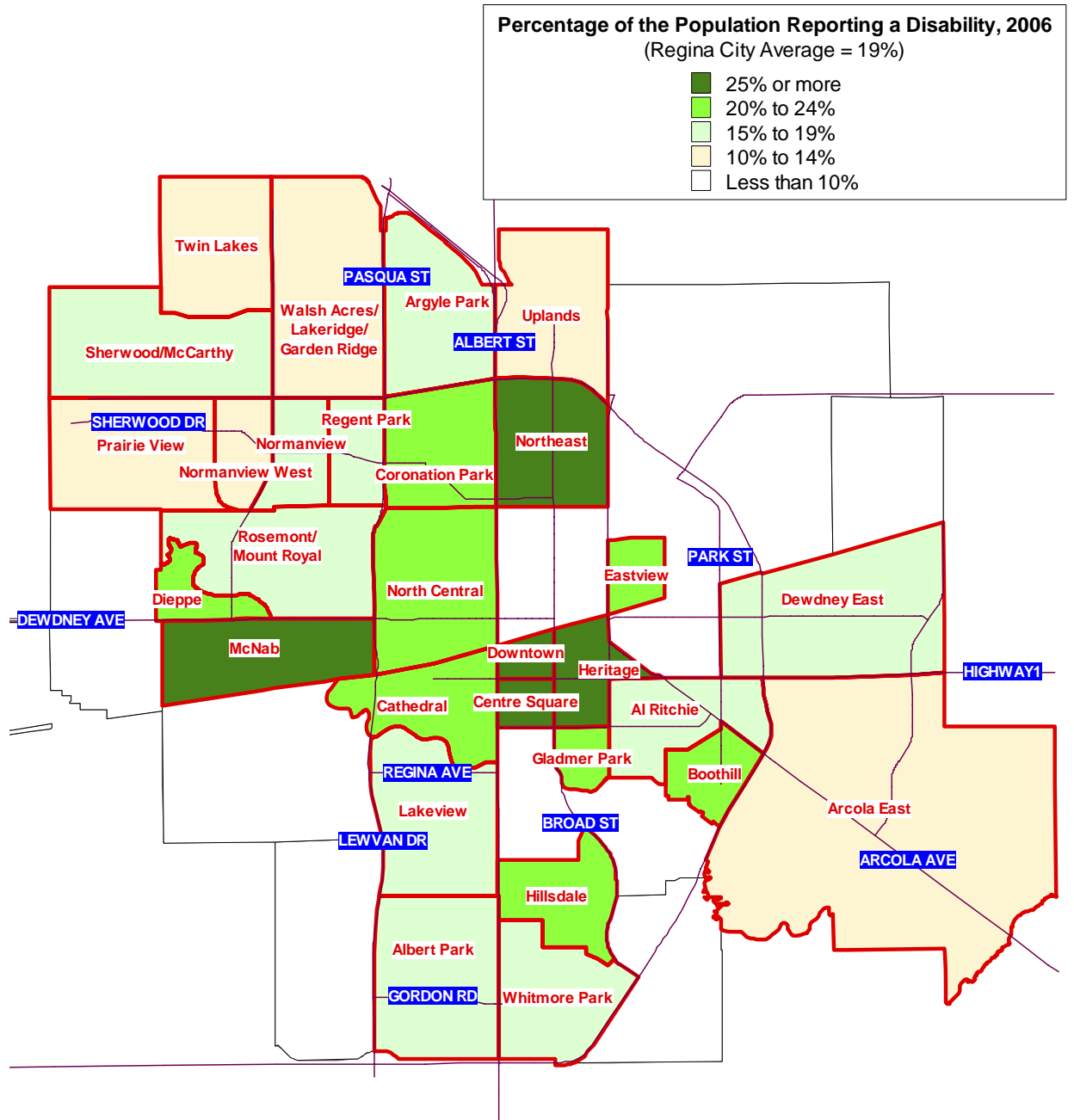
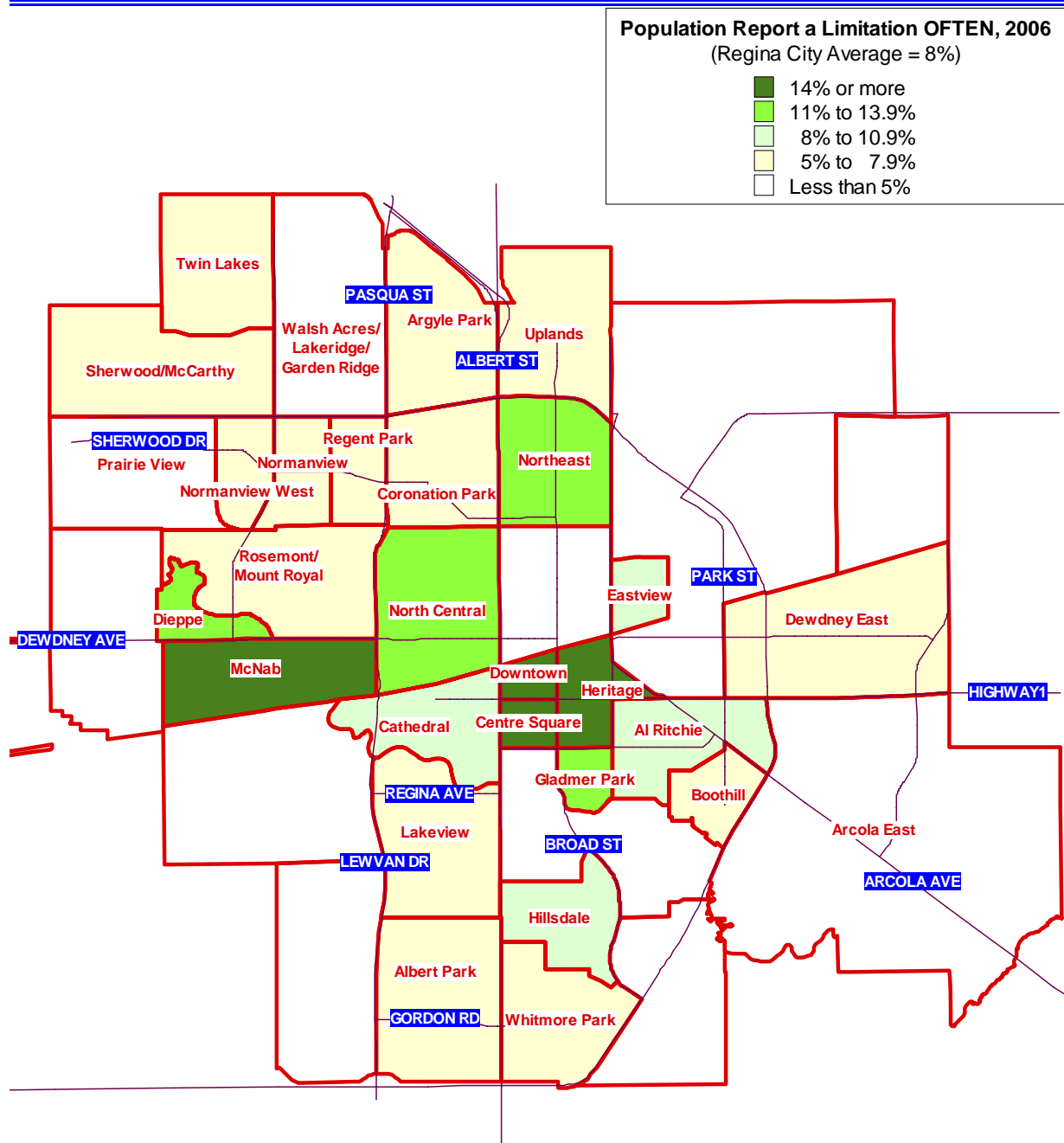


Figure 3.3 Population Reporting a Disability (Often), by Community Association, 2006



3.3 Housing

Statistics about households and families are complicated by the different ideas about what makes up a “family” and by the variety of living arrangements present in today’s society. To understand these statistics, it is necessary to look at the different ways in which Statistics Canada measures family structures and living arrangements. There are two separate concepts involved – one for households and one for families.

Private dwelling	A “private dwelling” is a separate set of living quarters which has a private entrance either directly from outside or from a common hall, lobby, vestibule or stairway leading to the outside. Apartments and most basement suites are therefore considered as separate dwellings.
Household	A “household” is a person or group of persons who occupy a private dwelling.
Family	A “family” is defined as a married couple (with or without children of either or both spouses), a couple living common-law (with or without children of either or both partners), or a lone parent of any marital status, with at least one child living in the same dwelling. A couple living common-law may be of the opposite or the same sex. It is not necessary for the adults to be the biological parents of the children so families with adopted children or “blended” families are included in the definition.
Multi-family households	Extended family arrangements are considered as multi-family households.

Applying the number of persons who report a disability (which refers to an individual) to a group of individuals such as families or households can be problematic. In the statistics about housing and households that follow, the household is considered a “disability household” if at least one person in the household (not including non-relatives) reported a disability. With this definition, there were 25,430 “disability households” in Regina in 2006. This is 34% of the 74,800 households in the city in 2006 even though the number of persons reporting a disability made up only 19% of the population in the city.

Table 3.3 and Figure 3.4 document several characteristics of disability households relative to the city as a whole. Some of the observations that can be made are as follows.

- More than one half (65%) were owned but the proportion was somewhat lower than in the city as a whole where more than two thirds (68%) of dwellings are owned.
- The dwellings are approximately the same age with, for example, 26% built after 1980 compared with 28% for the city as a whole.
- Disability households are somewhat more likely to be apartments – 30% compared with 25% for the city as a whole.

Table 3.3 Selected Housing Statistics, "Disability Households", Regina City, 2006

		All households		Disability households	
		Number	Percent	Number	Percent
Total		74,800	100.0%	25,430	100%
Average number of persons		2.4		2.2	
Average number of rooms		6.6		6.3	
Tenure	Owned	51,135	68.4%	16,460	64.7%
	Rented	23,660	31.6%	8,970	35.3%
	Total	74,800	100.0%	25,430	100.0%
Age (year built)	Before 1961	21,030	28.1%	7,505	29.5%
	1961 to 1980	32,635	43.6%	11,210	44.1%
	1981 to 2006	21,130	28.2%	6,715	26.4%
	Total	74,800	100.0%	25,430	100.0%
Type	Single detached	50,075	66.9%	16,190	63.7%
	Apartment	19,020	25.4%	7,530	29.6%
	Row house/semi-detached/other	5,700	7.6%	1,640	6.4%
	Total	74,800	100.0%	25,430	100.0%
Below standard ¹	Affordability	13,240	18.2%	5,665	23.0%
	Adequacy	5,765	7.9%	2,565	10.4%
	Suitability	3,235	4.4%	1,110	4.5%
	At least one of these	19,850	27.3%	8,165	33.1%
	None of these	52,885	72.7%	16,490	66.9%
	Total	72,730	100.0%	24,655	100.0%
CMHC adequacy ²	In core need	7,190	9.9%	3,325	13.5%
	Not in core need	65,545	90.1%	21,330	86.5%
	Total	72,735	100.0%	24,655	100.0%

- 1 Affordable dwellings are those where rent or mortgage payments cost less than 30% of total before-tax household income. Adequate dwellings are those reported by their residents as not requiring any major repairs. Suitable dwellings have enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard requirements.
- 2 CMHC defines a household as "in core need" if the dwelling falls below at least one of the adequacy, suitability, or affordability standards (see above) and if it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that meets all three standards.

Figure 3.4 Selected Characteristics of Regina Households, 2006

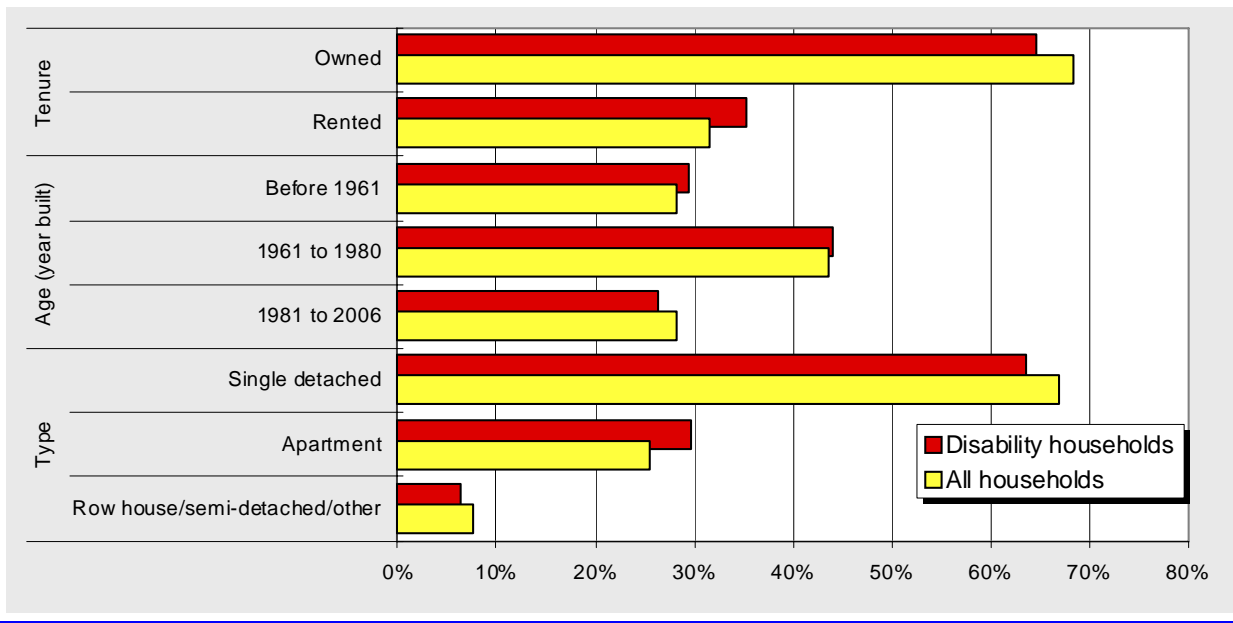
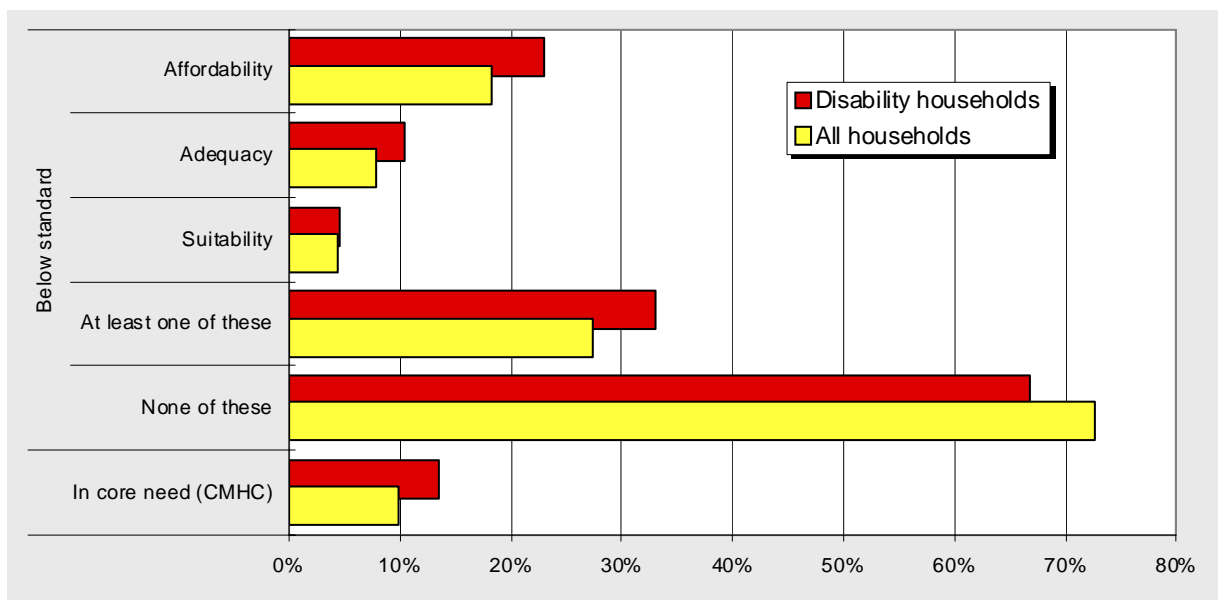


Figure 3.5 Selected Housing Conditions for Regina Households, 2006



There are a number of housing adequacy measures that can be derived from the census statistics. These are shown in Table 3.5 and graphically in Figure 3.5.

Disability households were, compared with all households in Regina, somewhat more likely to be below standards in terms of affordability and somewhat more likely to be “inadequate”, that is, in need of major repairs. The number of disability dwellings that fail the “suitability” measure, a statistic that takes into account the size of the dwelling relative to the family, is near the average for the city. In summary, a third (33%) of disability households have at least one housing problem compared with 27% for the city as a whole. With the sharp increase in Regina housing prices and rents since 2006, the proportion of households below standard in terms of affordability will undoubtedly have increased.

CMHC’s “core housing need” indicator is also similar for the disability households as it is for the city as a whole. This indicator suggests that, at least in 2006, 13% of the disability households did not have sufficient income to afford to move to a dwelling that would overcome the “suitability”, “affordability”, or “adequacy” problem.

3.4 Completed Education

In census data, the level of completed formal education refers to the highest grade or year of elementary or secondary school attended, or to the highest year of university or other non-university education completed. In the classification scheme, university education is considered to be a “higher” level of schooling than non-university education so those with both a degree and a certificate will be classified as having a degree. Apprentices who have completed their program are counted as having a certificate, even if they did not complete grade 12. Note that some certificates or diplomas can be obtained at a university. There is no requirement that the education be obtained in Canada.

Table 3.4 and Figure 3.6 show the educational attainment data for adults living in Regina in 2006 and reporting a disability.

Given the above-average age of the population reporting a disability, it is no surprise that the level of formal education is lower than for the city as a whole. The differences are, however, quite small. In 2006, for example, 44% of those reporting a disability were post-secondary graduates compared with 48% for the city as a whole. At the other end of the scale, 30% of those reporting a disability had not completed high school compared with 22% for the city as a whole.

Figure 3.6 Highest Level of Completed Education, Population Fifteen Years of Age and Older, Regina City, 2006

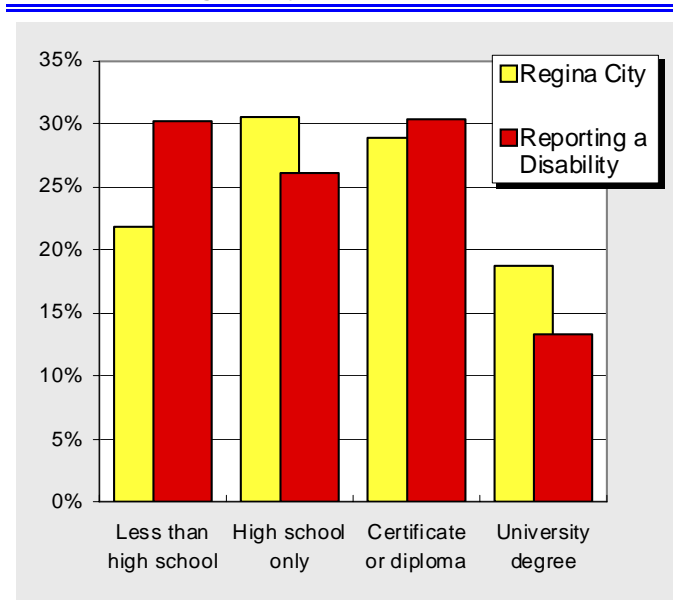


Table 3.4 Highest Level of Completed Education, Population Fifteen Years of Age and Older, Regina City, 2006

	Regina City		Persons reporting a disability	
	Number	Percent	Number	Percent
Less than high school	31,770	21.8%	9,475	30.2%
High school	44,430	30.6%	8,175	26.0%
Certificate or diploma	42,045	28.9%	9,535	30.4%
University degree	27,160	18.7%	4,200	13.4%
Total	145,415	100.0%	31,395	100.0%

3.5 Labour Market Participation

Labour market data for the population living in Regina city (regardless of where they work) is available from the census. For these statistics, each adult (defined as persons 15 years of age or older) is classified as belonging to one of three categories, depending on their activity in the week prior to the census.

Employed This includes persons who did any work at all during the week. Employed persons can be self-employed or the so-called “unpaid family workers”, namely those who work without pay in a family farm, business or professional practice. Those who were absent from their job or business because of a vacation, illness, labour dispute, or other reason are still considered as employed..

Unemployed This includes persons who were not employed but were available for work and who had actively looked for work in the past four weeks.

Not in the labour force This is the remaining population, that is, those who were neither employed nor unemployed.

Three ratios that are commonly used labour market indicators can be derived from these three statistics.

- The employment rate is the percentage of the population who are employed.
- The unemployment rate is the number of unemployed as a percentage of the labour force (employed plus unemployed).
- The participation rate is the labour force (employed plus unemployed) as a percentage of the population.

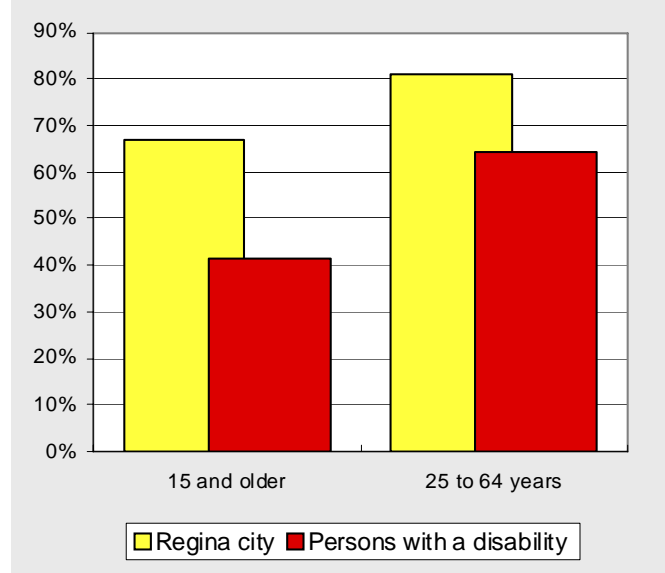
With lower levels of education, a high proportion of seniors, and a health condition possibly limiting the kind of employment opportunities available, one would expect the persons reporting a disability to have lower levels of employment. As Table 3.7 and Figure 3.7 show, this was the case in 2006. The employment rate – the percentage of the population that is working – was 67% in the Regina but only 41% for those reporting a disability.

Figure 3.7 Labour Force Statistics, Regina City, 2006

		15 & older		25 to 64 years of age	
		Regina City	Persons Reporting a Disability	Regina City	Persons Reporting a Disability
Population		145,410	31,395	94,725	17,185
In the labour force	Employed	97,485	12,955	76,845	11,070
	Unemployed	5,135	1,085	2,850	815
	Total	102,625	14,040	79,705	11,885
Not in the labour force		42,790	17,350	15,020	5,290
Participation rate		71%	45%	84%	69%
Employment rate		67%	41%	81%	64%
Unemployment rate		5%	8%	4%	7%

If one looks at the population 25 to 64 years of age – sometimes called the primary labour force age group – the gap between those reporting a disability and the general Regina city population narrows somewhat. In this age group, which excludes the high number of seniors with a disability, the employment rate for those with a disability is 64% compared with 81% for the city as a whole.

Figure 3.8 Employment Rates, Regina City, 2006



3.6 Income and Poverty

Statistics about income are complicated by the fact that socioeconomic status is often a function of household or family income rather than individual income. To use an example, there is probably a significant difference between the economic circumstances of disabled person with a \$25,000 annual income who is living alone and one who is living with a partner who also has a \$25,000 annual income so that household income is \$50,000.

Income among those reporting a disability is restricted to a special tabulation of household incomes that was obtained for this research using the definition of a “disability household” to be one where at least one person reported a disability.

Table 3.5 shows that the average household income for “disability households” was \$58,075 in 2005 which is 86% of the city average. This lower level of income will be because of lower levels of employment among those with a disability and because a large number of “disability households” will be seniors living alone and these kinds of households tend to have lower average incomes.

Table 3.5 Personal Income in 2005, Regina City

	Regina City	Households or Persons with a disability
Number of households	74,800	25,430
Average income before taxes	\$67,172	\$58,075
Households below the LICO	12,105	5,400
Low income rate	16%	21%
Persons with incomes below the LICO	24,365	6,780
Low income rate	14%	20%

The number of individuals considered to have “low incomes” is based on the Low Income Cutoff or LICO. The LICO is an income inequality measure designed to measure the percentage of individuals who live in households where spending on food, shelter and clothing is well above average. Some examples of the LICO in 2005 in Regina are:

- \$17,900 for an individual living alone;
- \$22,290 for a two-person household; and
- \$33,270 for a family of four.

An individual is considered to be below the LICO if the household or family in which they live has income below the LICO. The LICO is often referred to as the “poverty line” even though it is a measure of income inequality rather than a measure of absolute poverty.

Table 3.5 shows that one in five (21%) of “disability” households had incomes in 2005 that were below the LICO. This compares with 16% of Regina city households. Translated into persons, 20% of those reporting a disability are living in a low-income household compared with 14% of Regina city residents.

SECTION 4 POPULATION PROJECTION

This section contains a projection for the size of the Regina population including the population who report a disability. These projections should be treated with caution because forecasting the size of a population is a difficult task, especially for a single community, and especially over a long time period. Readers should pay particular attention to the assumptions because these determine the size of the projected population; different assumptions would lead to different population projections.

The population of the city over time is determined by the action of eight different variables usually grouped into four categories:

- natural growth (births less deaths);
- net international migration (persons moving to Regina from other countries less the number moving from Regina to other countries);
- net interprovincial migration (persons moving to Regina from other provinces less the number moving from Regina to other provinces); and
- net intraprovincial migration (persons moving to Regina from elsewhere in Saskatchewan less the number moving from Regina to elsewhere in Saskatchewan) which includes the population moving to/from the metropolitan area around the city.

These eight variables interact in complex ways. Interprovincial migration, for example, tends to occur among young adults so an increase in net interprovincial migration will typically lead to an increase in the number of births. Higher levels of international in-migration, to use another example, may lead to higher levels of interprovincial out-migration if recent immigrants are more likely than other residents to move to other provinces.

The economy in general and the labour market in particular are also factors affecting migration patterns. Many people who come to Regina do so to take a new job and many of those who move out of the city do so because they have a job elsewhere. Changes in the labour market will therefore affect population trends as well. The Saskatchewan Immigrant Nominee Program is the reason for most of the increase in immigrants during the past few years and will continue to be important in the future. The program is, however, demand driven in the sense that if employers are not having difficulty hiring then the number of immigrants coming to the city will decline.

This population projection was done independently of a previous projection prepared by Derek Murray Consulting and Associates for the Official Community Plan but the assumptions were similar and the results were compared to ensure that the population projection used here was consistent with the “medium” scenario from that study⁴.

Section 4.1 has the projected population for the city as a whole in order to provide context for the population projection of persons with a disability which is described in Section 4.2.

⁴ Population, Employment and Economic Analysis of Regina, Derek Murray Consulting and Associates, April 2010

4.1 General Regina City Population

The population projection model used for the general Regina city population uses a multi-step process in what is called a “cohort survival” methodology.

1. The population of the Regina CMA by 5-year age group and sex for July 2010 is used as the starting point⁵. The CMA rather than the city proper was used because the CMA population data are more up-to-date than the population for the city proper.
2. For each subsequent year to 2030, individuals are “aged” one year and the estimated number of international, interprovincial, and intraprovincial migrants is added or subtracted to the accounts.
3. The number of births is added and the number of deaths is subtracted.
4. The final step is to adjust the population downward to convert from the CMA back to the city population. This was done by assuming the same age/sex distribution between the city and the CMA as was the case in 2006.

The assumed fertility and mortality rates are shown in Table 4.1. These rates are provincial averages because the Regina population is too small to enable the reliable calculation of these rates.

Table 4.2 documents the three kinds of net migration flows that were assumed for the projections⁶. The five-year averages (2005-06 to 2009-10) were used for inter-provincial and intra-provincial flows. This was a period in which interprovincial migration to the city switched from a negative to a positive value. The three most recent years (2007-08 to 2009-10) rather than the five most recent years were used to calculate the flows from international migration to account for the fact that migration is expected to increase in the next few years.

With these assumptions, the population of the city, currently estimate at 195,820 reaches 225,000 by 2020 and 250,000 by 2027. The average annual growth rate is 1.5%.

Table 4.1 Assumed Fertility and Mortality Rates

Age	Fertility Rate*	Mortality Rate**	
		Men	Women
Under 5	0.0	0.9983	0.9988
5 to 9	0.0	0.9998	0.9998
10 to 14	0.0	0.9997	0.9998
15 to 19	31.6	0.9990	0.9994
20 to 24	85.5	0.9989	0.9995
25 to 29	122.8	0.9990	0.9994
30 to 34	94.8	0.9985	0.9993
35 to 39	34.1	0.9984	0.9990
40 to 44	5.0	0.9978	0.9987
45 to 49	0.3	0.9969	0.9981
50 to 54	0.0	0.9950	0.9969
55 to 59	0.0	0.9922	0.9950
60 to 64	0.0	0.9868	0.9929
65 to 69	0.0	0.9790	0.9873
70 to 74	0.0	0.9682	0.9810
75 to 79	0.0	0.9487	0.9691
80 to 84	0.0	0.9158	0.9450
85 to 89	0.0	0.8644	0.8931
90 to 94	0.0	0.7853	0.7781
95 plus	0.0	0.5000	0.5000

* live births per 1000 women, Saskatchewan average, 2005
 ** probability of surviving for one year, Saskatchewan average, 2008

⁵ Source: CANSIM Table 051-0046

⁶ Source; CANSIM Table 051-0047

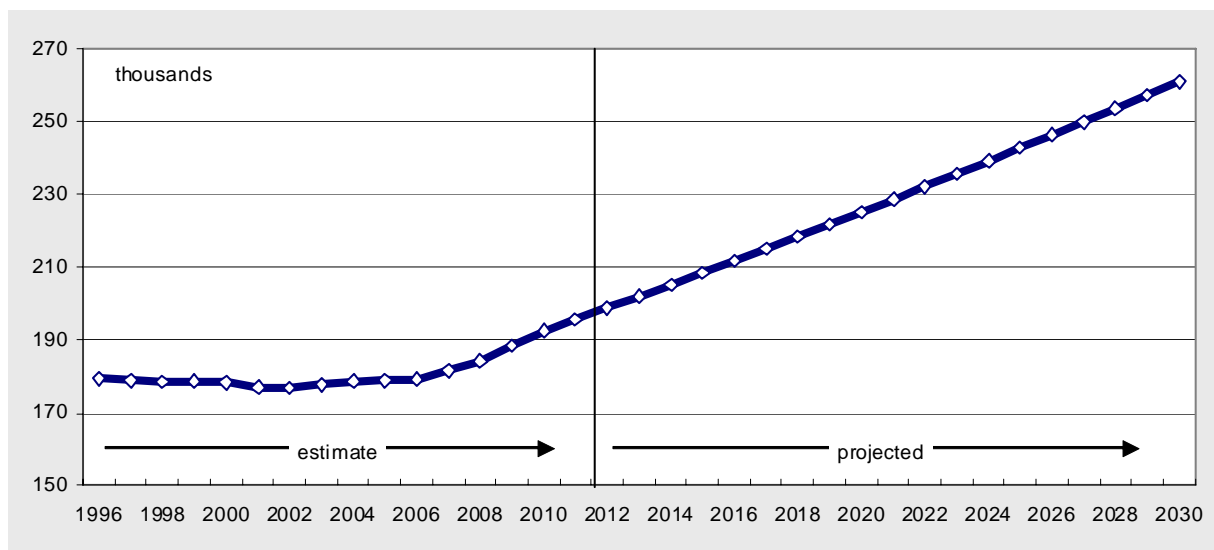
Table 4.2 Assumed Net Migration Flows per Year, Regina City

Age Group	Men			Women		
	International*	Interprovincial**	Intraprovincial**	International*	Interprovincial**	Intraprovincial**
0 to 4 years	1.75%	1.16%	0.10%	0.86%	0.60%	-0.16%
5 to 9	1.22%	0.69%	0.03%	1.25%	0.37%	0.33%
10 to 14	1.15%	0.28%	-0.14%	1.53%	0.44%	-0.56%
15 to 19	0.17%	-0.16%	1.69%	1.15%	-0.24%	2.53%
20 to 24	0.90%	-1.01%	1.00%	0.58%	-0.85%	1.18%
25 to 29	0.94%	-0.10%	0.08%	0.92%	0.58%	0.08%
30 to 34	1.63%	0.27%	0.91%	1.75%	0.06%	0.40%
35 to 39	0.83%	0.70%	0.09%	1.60%	-0.05%	0.66%
40 to 44	1.23%	0.16%	0.47%	0.76%	0.22%	-0.15%
45 to 49	0.49%	0.19%	-0.19%	0.48%	-0.25%	0.51%
50 to 54	0.37%	-0.47%	0.66%	0.07%	-0.24%	-0.17%
55 to 59	0.10%	-0.49%	-0.23%	0.00%	-0.29%	-0.14%
60 to 64	0.22%	0.17%	-0.44%	0.22%	-0.25%	-0.34%
65 to 69	0.16%	0.35%	-0.12%	0.19%	0.21%	0.53%
70 to 74	0.01%	-0.17%	0.39%	0.08%	-0.21%	0.75%
75 to 79	0.04%	-0.32%	0.61%	0.03%	-0.05%	0.67%
80 to 84	0.00%	-0.73%	0.93%	0.01%	-0.63%	0.66%
85 to 89	0.00%	0.02%	0.71%	0.00%	-0.84%	0.67%
90 years & over	0.00%	0.00%	0.95%	0.00%	-0.18%	1.45%

* average of the three years 2007-08, 2008-09, 2009-10 as a percentage of the population in 2009

** average of the five years from 2005-06 to 2009-10 as a percentage of the population in 2008

Figure 4.1 Estimated and Projected Population, Regina City



4.2 Population Projection for Persons Reporting a Disability

The population projection used for the population with a disability does not use the same cohort survival methodology because the presence of a disability for an individual changes over time. Instead, this projection uses the incidence of disability by age group and applies it to the general population projection from Section 4.1. There are several assumptions implicit in this approach.

- This assumes that the incidence of disability will not change in the future – the same proportion of 65 year olds with a disability now, for example, will have one in the future.
- To the extent that the city becomes a preferred place to live for those with a disability, the number of people reporting a disability will be understated because the city will attract persons with a disability from other parts of the province.

Table 4.3 shows the assumed incidence of those reporting a disability by age and sex for Regina city. These figures were based on the 2006 PALS data for Regina city supplemented with a finer age breakdown available from provincial-level data. These rates are applied to the population projection in Section 4.1 to calculate the figures in Table 4.4.

Table 4.3 Assumed Incidence of Persons Reporting a Disability, Regina City

Age group	Men	Women
0 to 4	3.0%	2.1%
5 to 14	9.0%	5.3%
15 to 24	6.9%	6.4%
25 to 44	12.4%	14.0%
45 to 64	23.0%	25.0%
65 to 74	40.0%	39.0%
75 & older	67.7%	64.7%

The population of Regina will be increasing in the coming years and the “baby boom” generation will become seniors so the number of persons with a disability will increase significantly. But the bulk of the projected population growth in the next twenty years is expected to come from immigration and the Aboriginal population, both of whom are relatively young and tend to have a lower incidence of disability than seniors.

Figure 4.2 Population with a Disability, Regina City, Estimated and Projected

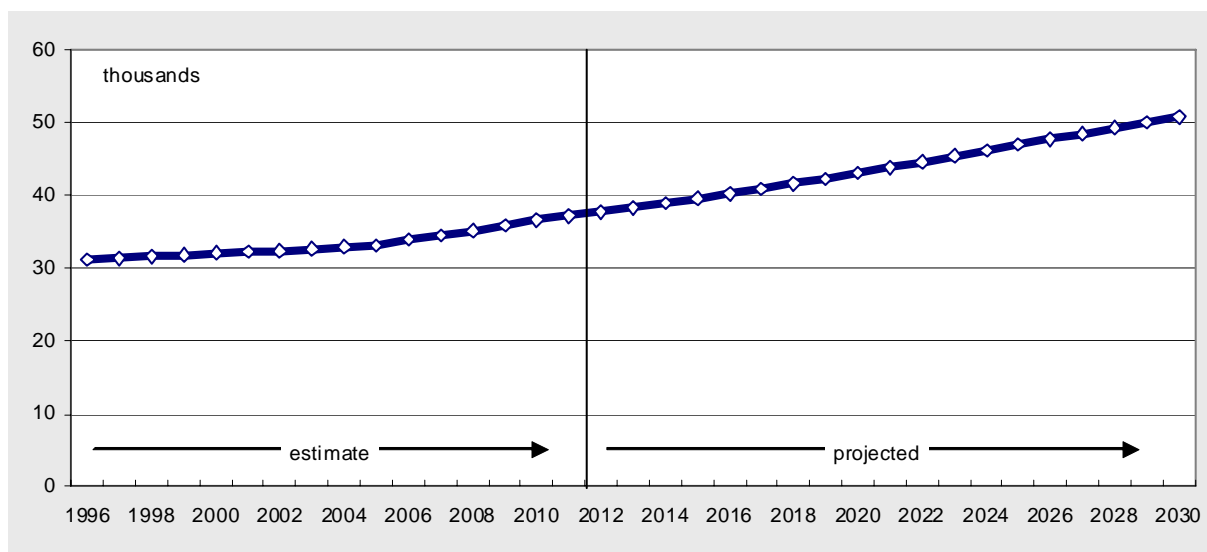


Table 4.4 Estimated and Projected Population with a Disability, Regina City

		Total population	Population with a Disability					Total	as % of total population
			under 15	15 to 64	65 to 74	75 & older			
Estimated	2006	179,260	1,808	19,375	4,622	8,215	34,020	19.0%	
	2007	181,708	1,799	19,752	4,710	8,352	34,614	19.0%	
	2008	184,400	1,795	20,147	4,816	8,459	35,216	19.1%	
	2009	188,489	1,819	20,674	4,924	8,532	35,948	19.1%	
	2010	192,754	1,854	21,175	5,043	8,592	36,665	19.0%	
Projected	2011	195,820	1,903	21,412	5,273	8,647	37,235	19.0%	
	2012	198,925	1,958	21,630	5,522	8,698	37,809	19.0%	
	2013	202,073	2,018	21,835	5,781	8,760	38,394	19.0%	
	2014	205,265	2,081	22,032	6,045	8,842	38,999	19.0%	
	2015	208,503	2,145	22,226	6,306	8,950	39,627	19.0%	
	2016	211,784	2,211	22,421	6,560	9,089	40,281	19.0%	
	2017	215,108	2,276	22,620	6,803	9,259	40,959	19.0%	
	2018	218,470	2,341	22,828	7,032	9,461	41,661	19.1%	
	2019	221,869	2,403	23,047	7,244	9,691	42,385	19.1%	
	2020	225,301	2,464	23,279	7,438	9,947	43,128	19.1%	
	2021	228,763	2,522	23,526	7,614	10,225	43,886	19.2%	
	2022	232,253	2,578	23,788	7,770	10,520	44,657	19.2%	
	2023	235,768	2,631	24,067	7,909	10,828	45,435	19.3%	
	2024	239,308	2,682	24,362	8,032	11,144	46,220	19.3%	
	2025	242,871	2,730	24,672	8,140	11,463	47,006	19.4%	
	2026	246,457	2,777	24,997	8,236	11,782	47,792	19.4%	
	2027	250,067	2,821	25,336	8,323	12,096	48,576	19.4%	
	2028	253,703	2,865	25,687	8,403	12,402	49,357	19.5%	
	2029	257,366	2,907	26,049	8,478	12,699	50,133	19.5%	
	2030	261,058	2,948	26,420	8,552	12,985	50,904	19.5%	

The population with a disability is projected to increase by an average annual rate of approximately 1.6% between 2010 and 2030 to reach just under 51,000 by 2030. As a proportion of the total population, the number of persons with a disability remains near the current level of 19%.

SECTION 5 ENVIRONMENTAL SCAN

This section summarizes the findings of a literature review and environmental scan which focussed on the population reporting a disability in general. References are in square brackets [*for example*] and refer to the bibliography contained in Appendix B.

5.1 Introduction

Disabilities covers a wide range of conditions and circumstances that may or may not impact on an individual's ability to work or participate in their community. Disability can occur at any age or stage of life, at the time of birth, in adulthood through an injury or as a part of the ageing process. Whatever the cause, the disabled community has long pushed for policies with regard to inclusion of all persons with disabilities in the workplace and in the community. How the concept of inclusion has been interpreted and translated into program delivery has been changing over the last decade and continues to change. Previously, disability policy was seen as a series of program interventions by governments to address a particular social or health need of the individual. The disability community, however, is pushing for a disability perspective or lens to guide policy making. The disability perspective is describe as:

Disability policy making is, or should be, about “enabling people to function in and contribute to society” and about addressing “what individuals should be enabled to do for themselves and for others” [Fox and Willis, 1989: 3]. Thus, policy analysis from this perspective involves examining and assessing the impact of all programs on the aspirations and capacities of people with disabilities, their families and related networks. This can be described as a disability perspective. [Prince, 2004: 62-63]

In Unison: A Canadian Approach to Disability Issues – released in 1998 by the Federal/Provincial/Territorial Ministers Responsible for Social Services – adopted this approach to disability; it has provided direction to many of the policy and program developments at the federal and provincial level. Full citizenship, with rights and responsibilities of the individual, is the guiding principle and focuses on three building blocks – disability support, employment and income.

Instead of viewing people with disabilities as recipients of government intervention, they are seen as active participants in society with the same desires for inclusion and participation as Canadians without a disability. Independence is the key goal, setting aside old notions of dependence and being unemployable. Instead of providing only passive income support (i.e. a social assistance cheque at the end of each month), people with disabilities expect governments and the community to share responsibility with them, to identify their potential work skills, to create incentives to seek employment and to create opportunities to develop skills and experience.

To assist people with disabilities in achieving their potential, In Unison suggests that all governments move from a program-centred approach to a person-centred approach and design programs to ensure benefits and services are portable and move with the individual. This direction requires nuanced policy that recognizes the impact of a person's disability as opposed to the mere presence or diagnosis of the disability. For example, individuals with quadriplegia will have a broad range of capacity, some requiring less assistance or supports than others. Program eligibility contingent on the diagnosis of quadriplegia does not recognize the degree of individual capacities and results in a one-size for all approach.

During the Sounding Session held with the representatives from the disability community, the United Nations Convention on the Rights of Persons with Disabilities was raised many times. The purpose of the Convention, which Canada ratified on March 11, 2010:

... is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. [United Nations, 2010].

A robust legislative framework also protects the rights of people with disabilities. The framework includes the Canadian Charter of Rights and Freedoms, the Canadian Human Rights Code and the Saskatchewan Human Rights Code; each protect persons with disability from discrimination based on their disability. Some disability advocates view the legal framework and court action as the best opportunity to support and promote the rights of people with disabilities. The duty to accommodate people with disabilities in the workplace is an important outcome of challenges to long held notions of disability as a limitation to participation in employment.

The bulk of statistical information about those with a disability comes from the Participation and Activity Limitation Survey, 2006 (PALS), done by Statistics Canada. Most of the relevant literature reviewing trends, describes the dimensions of the PALS data from 2006 or its earlier iteration in 2001. The reliance on PALS data is a limitation for this report.

5.2 Education and Training

Access to lifelong learning is a critical component of inclusion for children and adults with disabilities. Parents of children with disabilities seek to ensure their children have access to the mainstream education system. Young people with disabilities need access to post-secondary education and training just as adults with disabilities need access to retraining programs that recognize the impact of their disability.

Approximately 165,000 of 5-14 year old children with disabilities are attending school in Canada. Children with disabilities can experience barriers to their participation in education. Cost is often a barrier, as well as a perception by educators and others that a career or meaningful work is not an option for a child with a disability. Parents will sometimes experience issues in the education system as to whether their child can participate in a mainstream classroom [Government of Canada, 2010:27].

Participation in mainstream classrooms is the daily experience for almost 65% of the 5 to 14 year old children with disabilities attending school; 25% attend a special education class in a mainstream school. About 8% of children with disabilities attend a special education school and the vast majority of this group (78%) have severe to very severe disabilities [Government of Canada, 2010:27-28].

Additional supports in the classroom to assist in the development of social and interpersonal skills can be required for children and youth with disabilities. These supports may be counselling and/or therapy or additional academic supports:

...91.0% of children with disabilities receive some form of special education support in studying academic subjects (e.g. math, science and English). Furthermore, 55.1% receive life skills training, and 27.0% receive speech and language therapy. In addition, regardless of disability type, 23.4% of children with severe to very severe disabilities receive mental health supports. [Government of Canada, 2010:29].

During their education career, children and youth can also use personal aides and assistive devices. Approximately two thirds of older children “use aids or assistive devices, with tutors or teacher’ aides being the most commonly used, followed by note takers or readers.” [Government of Canada, 2010:30].

Over 103,000 Canadian youth with disabilities (56%) attend school, college or university with the vast majority (90%) registered as full-time students. The remainder of the students (10%) are registered as part time students; approximately half of those youth are limited to part time study because of their disability. [Government of Canada, 2010:31].

Although the majority of children and youth with disabilities are participating in mainstream education, the path to a career can be affected by the presence of the disability. One impact is described above, in that for some youth, completion of post-secondary education takes longer. Although youth with disabilities want meaningful work or a career, many encounter barriers in achieving that goal. [Government of Canada, 2010:33]. Just as with the younger age group, access to personal aides and assistive devices can make post-secondary education more accessible. [Government of Canada, 2010:37].

Choices in career paths can also be affected by the presence of a disability:

Many youth with disabilities report that their career aspirations have been influenced by their conditions. Youth who have had their disabilities since an early age (birth to age 5) are more likely than youth who acquired their disabilities later in their lives (between ages 16 and 24) to report that their disabilities influenced their career goals (55.8% versus 34.8%). Youth with severe to very severe disabilities are twice as likely as youth with mild to moderate disabilities to report that their conditions influenced their choice of career (66.2% versus 32.3%) [Government of Canada, 2010:33].

Adults with disabilities will often require retraining, particularly where the disability has recently occurred. Approximately 28% of working age adults with disabilities have received retraining because of their disability. Age at the time the disability is experienced and severity of the disability appear to be related to choices with regard to retraining. Where the disability was experienced earlier in a person's work life (between the ages of 25 and 34) over a third of these individuals (38%) will receive retraining. Only 22% of adults who experience disability in their later work life (45 to 64) will receive retraining. Severity of disability also affects choices with regard to retraining:

Increased severity of disability increases the likelihood that a worker will return to school: 36.5% of adults with severe to very severe disabilities have returned to school because of their disabilities, compared to 22.4% of adults with mild to moderate disabilities. [Government of Canada, 2010:35]

5.3 Workplace Development and Employment

5.3.1 Employment Outcomes

Finding and maintaining full time employment and its relationship to income levels are inextricably linked for people with disabilities. Participation in the workforce is a critical experience for all Canadians, as it contributes to personal self-worth and to economic independence.

Despite the PALS data that suggests children and youth with disability are pursuing education, the employment outcomes for adults with disabilities is not quite as positive.

The employment rate for working-age adults with disabilities is significantly lower than the rate for working-age adults without disabilities (53.5% versus 75.1%). Among those who are employed, 82.8% of people with very severe disabilities are limited by their disabilities at work, compared to 27.2% of people with mild disabilities. [Government of Canada, 2010:43]

People with disabilities are more likely to be unemployed than people without disabilities. The unemployment rate is a key economic indicator for people with disabilities because not all people with disabilities are able to work...The unemployment rate for working-age adults with disabilities is 10.4%, compared to 6.8% for working-age adults without disabilities. [Government of Canada, 2010:46].

Barriers in the workplace may also challenge people with disabilities. For example, full time work may not be possible because of the disability.

In 2006, there were approximately 1 million working-age adults with disabilities (43.8%) not in the labour force. The most common barriers to labour force participation for people with disabilities are their disabilities themselves. Most people with disabilities who are not in the labour force are either limited in the kind of work they can do or completely prevented from working due to their disabilities. In fact, 65.0% of people with disabilities who are not in the labour force are completely prevented from working, including 76.1% of people with severe disabilities and 83.9% of people with very severe disabilities. Additionally, 12.1% of people with disabilities who are not in the labour force are limited in their ability to look for work. [Government of Canada, 2010:47]

The employer does have a responsibility to provide accommodations to assist people with a disability to remain in the workforce or to assist them in entering the workforce. Accommodations could include equipment or flexible work hours. Employers may be challenged or reluctant to provide or pay for these kind of accommodations. [Government of Canada, 2010:41]. However, employers do have a legal obligation to accommodate the needs of the person with a disability to the point of “undue hardship” on the employer. [Government of Canada, 2010:42].

During the Sounding Sessions, discussion occurred with regard to the feeling that people with disabilities are not being treated fairly when applying for a job. The literature agrees that this is an issue experienced

by people with disabilities. Additionally, people with disabilities often feel that they can be discriminated against when asking for accommodation in the workplace or when seeking accessible buildings.

Unfortunately, disability-related discrimination still exists in Canada today.

Discrimination can take many forms, including physical discrimination (e.g. refusing reasonable requests to modify existing facilities to make them physically accessible), verbal discrimination (e.g. harassing comments), and non-verbal discrimination (e.g. rejecting job applications from people with disabilities). People with disabilities who are unemployed are most likely to report perceived employment-related discrimination, followed by people who are not in the labour force and then by those who are employed. Among those who are unemployed, 18.6% perceive that they have been refused job interviews due to their disabilities, and 26.1% believe that they have been refused jobs because of their disabilities. [Government of Canada, 2010:51]

The importance of education and its relationship to labour force outcomes is relevant for people with disabilities. In addition, it appears to be important for people with disabilities to get a job in their prime working years. “Unemployment rates decrease sharply for younger working-age adults with disabilities (by almost 50% for people with severe to very severe disabilities) once they complete their schooling and enter the workforce in their prime working years.” [Government of Canada, 2010:47].

5.3.2 Income Inequality

Given the difficulties in obtaining employment, it is not surprising that people with disability have higher rates of poverty and low income than do people without disabilities and are over-represented in the low income population. In addition, people with disabilities often live alone and do not have another income to assist in their support and do not have a high school equivalent. [Government of Canada, 2010:7].

However, because of system of financial support for older Canadians (i.e. Old Age Security, Guaranteed Income Supplement, and the Canada Pension Plan), as they age, people with disabilities are less likely to live below the after tax Low Income Cut Off (LICO). These transfers from the federal government “decrease the low-income rate, bringing the rate for adults with disabilities closer to par with the rate for adults without disabilities”. [Government of Canada, 2010:9].

The average employment income for a person with a disability is about 22% lower than it is for a person without a disability –\$29,400 for a person with a disability compared to \$38,000 for working age persons without a disability. This trend generally applies to all occupational groups. [Government of Canada, 2010:9]. The severity of the disability further brings average employment income down to approximately \$19,500 per year for persons with very severe disabilities. [Government of Canada, 2010:9].

The type of disability will also affect an individual's ability to earn an income. On average, individuals with a developmental disability earn the lowest employment income at \$18,200. On average, individuals with mental health disabilities earn approximately \$19,000 per year and individuals with communication difficulties earn approximately \$19,500 per year. Those with hearing difficulties earn the highest average employment income (\$32,700). [Government of Canada, 2010:9].

When household income is used as the measure (e.g. income from all sources in the household), again adults with disabilities have lower household incomes than persons without disabilities. According to the PALS data:

Working-age adults with disabilities have an average household income of \$64,565, compared to \$89,480 for those without disabilities. Overall, working-age adults with disabilities live in households with 27.8% less household income than working-age adults without disabilities....Among younger working-age adults, single people with disabilities have an average household income of \$45,730, compared to \$68,180 for single people without disabilities [Government of Canada, 2010:11]

5.4 Community Inclusion, Individual and Family Well Being

The literature defines an inclusive community as one that:

...allows people to actively take part in the community, as they feel safe and empowered to do so; their voices are heard; and their contributions are acknowledged/valued by the community. (McMaster University, N.D.) Research indicates that participatory planning and decision-making are at the heart of an inclusive community. (Maxwell, G., 2007). [Krassioukova-Enns, 2011].

This section of the report reviews various dimensions of community inclusion and well being.

5.4.1 Volunteerism and Recreation

For people with disabilities, full inclusion in the community means access to the every day pursuits that people without disabilities enjoy. According to the 2006 PALS data, 34% of adults with disabilities participated in volunteer activities. Women are more likely to volunteer than men and younger adults with disabilities are more likely to volunteer than older adults. The rate of volunteerism decreases with the severity of the disability. [*Government of Canada, 2010:54*].

Visiting with friends and participating in exercise activities are preferred activities for people with disabilities and are preferred over attending community events and visiting public places. Again, severity of disability affects the participation rates in these activities. [*Government of Canada, 2010:58*].

The PALS data suggests that a number of barriers affect the participation of people with disabilities in community activities. The data finds that:

Just over half (50.6%) of people with disabilities who would like to participate in more cultural and leisure activities in their spare time are prevented from doing so by barriers. While their conditions and costs are the two largest barriers, the need for someone's assistance, inaccessible facilities and transportation, and the need for specialized equipment are all commonly reported barriers as well. [Government of Canada, 2010:59]

5.4.2 Housing

Housing was an important topic of conversation during the Sounding Session. Finding accessible, affordable and quality housing was a major concern for those attending the session. A home means stability and independence for people with disabilities. Discussion also centred on the development of housing units specific to people with disabilities and whether that kind of development hinders full community inclusion.

Because people with disabilities often live in low income situations, they can also have difficulties in finding adequate housing (inadequate housing is defined as homes that are in major need of repair). “Almost 10% of adults with disabilities live in inadequate homes compared to 6.6% of adults without disabilities.” [*Government of Canada, 2010:12*].

Not surprisingly, low income also affects choices related to accommodation. People with disabilities are more likely to rent accommodation than to own a home. Among the disabled population with low incomes, only 36% own their home. This compares with 42% for those without a disability [Government of Canada, 2010:12].

Accessibility is also an important consideration when finding suitable accommodations. Accessibility needs to accommodate a wide range of disability:

Building accessibility is most often looked at from the perspective of people with mobility disabilities who use wheelchairs, where ramps help them to enter or exit buildings. While ramps are an important feature for any building design to incorporate, people with mobility disabilities are not the only people with disabilities who encounter building inaccessibility. People with hearing disabilities, seeing disabilities, memory disabilities, chronic pain and other types of disabilities all face potential barriers in their residences and immediate surroundings. For example, people with hearing disabilities may be unable to hear fire alarms. [Government of Canada, 2010:12].

Mobility specific needs are often go unmet; “elevators or lift devices, grab bars in the bathroom, and ramps for access to and from the residence are the most common unmet needs”. [Government of Canada, 2010:12].

5.4.3 Health and Well-being

Health and disability are wholly intertwined: health problems can lead to disabilities, and disabilities can lead to health problems. [Government of Canada, 2010:15]

With this finding from the PALS data, it is easy to understand that access to health care services is a critical need for the disability community. In some cases, depending on the degree and severity of the disability, individuals may have an increased need for health services. [Government of Canada, 2010: 15]

Access to family doctors and specialists is a basic requirement for people with disabilities. In 2005-06, 88% of adults with a disability visited a physician at least once that year and 32% visited a physician at least once a month. Over half of adults with very severe disabilities visited a physician at least once a month. [Government of Canada, 2010: 16].

Costs for out-of-pocket health related expenses is a reality for people with disabilities. Just over 24% of adults with disabilities who visited at least one health professional in 2005-2006 had out-of-pocket expenses for those visits; the average amount was \$642.58. “Younger working-age adults with disabilities are more likely to incur costs than seniors with disabilities (29.3% versus 20.2%)”. [Government of Canada, 2010: 17].

Severity of the disability also affects the amount of out-of-pocket costs for disabled individuals. “Adults with severe to very severe disabilities spend about 40% more on average for health professional visits than those with mild to moderate disabilities.” [Government of Canada, 2010: 17].

Severity of disability is also related to unmet need for health or social services. In 2005-06 almost 15% of adults with disabilities required these services but were unable to obtain them; 30% of adults with very severe disabilities have unmet needs, compared to 7% of adults with mild disabilities. “Younger adults are also more likely to have unmet needs: 21.6% of younger working-age adults with disabilities have unmet needs, compared to 8.9% of seniors with disabilities.” [Government of Canada, 2010:18].

5.4.4 Transportation

Transportation was identified as the single most important issue for the disability community during the Sounding Session. The need for affordable, timely, accessible transportation was seen as a critical support to full inclusion in employment and community activities. Many examples were provided of the community's current issues with the Paratransit system.

The critical nature of transportation in supporting access to employment opportunities, access to recreation and opportunities to be involved in the community, access to health and social services is emphasized in the literature. The issues and needs of the disability community and the seniors community, particularly disabled seniors, are very similar [Krassioukova-Enns, 2011].

The literature suggests that is useful to consider a continuum of transportation options that recognize the functional ability of individuals with a disability. The range can span from full independence through driving on one's own to dependence through reliance on paratransit services. [Canadian Centre on Disability Studies, 2009:1]. The full continuum of transportation options should guarantee that the disabled have access to all connections in their community, including, work, recreation, every day activities like grocery shopping, medical visits, attending school, and volunteering. Options need to be affordable to respond to the numbers of the disabled who live in low income. Accessible buses and parking are critical elements to creating livable communities for the disabled. The disabled community should be involved in planning and developing transportation options. [Canadian Centre on Disability Studies, 2009].

5.5 Aboriginal People and Disability

Disability is an important issue in the First Nations community. In a report commissioned by the Assembly of Manitoba Chiefs, the University of Manitoba surveyed First Nations households on 51 of the 63 First Nations reserve communities. [Elias, 2001].

The findings from the report include the following.

- Disability was more prevalent in older age groups but a fair number of disabled individuals were identified in the younger age groups. Seventy-five% of those identified with a disability were 45 or older, 10% were under 24 years of age and 25% were between 25 to 44 years of age. [Elias, 2001:8]
- The most prevalent disability is mobility impairment (43%), followed by agility impairment, (30%), legal blindness, or visual impairment (26%) and deafness or hard of hearing (20%). Other disabilities identified included mental illness (11%), a learning disability (10%), speech impairment (9%), and developmental disabilities (5%). [Elias, 2001:10]
- The major causes of disability were diabetes (32%), accidents or injuries (23%) and abnormalities at birth (10%). [Elias, 2001:11]
- First Nations with disabilities, experienced higher forms of socioeconomic disparity, including lower incomes, higher unemployment, and greater dependency on social assistance. Wages were not a primary source of income; social assistance was the major source followed by old age pension. [Elias, 2001:12-14].
- Very few of the disabled individuals identified in the study (16%) were actively working. Some of the individuals are involved in community activities (31%) or volunteering time (15%) and some participated in traditional activities (21%). [Elias, 2001:17].
- Not many have taken job training (20%) and 72% thought relocation for job training would require health and social service supports. [Elias, 2001:18- 19].

5.6 Roles of Governments

Federal Government

A broad range of programs and services are provided by the federal government to persons with disabilities. An Office of Disability Issues has been established with the following mandate:

- foster coherent policies and programs in the federal jurisdiction and across all jurisdictions;
 - serve as a model for the federal government and provide leadership by example;
 - build the capacity of the voluntary sector and create cohesive networks of partners through strategic investment;
 - support the ongoing pursuit of knowledge to inform policy and program development; and
 - reach out to Canadians to engage citizens on disability issues, increase awareness and create citizen consensus regarding full participation of people with disabilities in Canadian society.
- [*Office of Disability Issues, www.hrsdc.gc.ca/eng/disability_issues/mandate*]

A broad overview of federal programs follows. It is not intended to be exhaustive.

Health	In addition to provincial health programs that are supported by revenues from the Canadian Health Transfer, the federal government also provides targeted health programs, like assisted living, for the First Nations people living on reserve. Maternal health programs and children's programs that would support for children with disabilities are also funded.
Employment Support	The federal government has entered into a number of federal provincial agreements with the provinces and territories to provide employment programming and services to people with disabilities. Two agreements specifically target people with disabilities – the Multilateral Framework for Labour Market Agreements for Persons with Disabilities and the Labour Market Partnership Agreements. Each of these agreements transfer funds to the province to establish and manage employment programs which assist people with disabilities in achieving the skills and supports necessary to enter into and stay in the labour market. The Opportunities Fund for Persons with Disabilities provides contribution funding to individuals, employers and organizations, to help people with disabilities prepare for, obtain and maintain employment or self-employment.
Social Supports	A range of grant programs is provided to the not-for-profit sector to assist in capacity development, community participation of people with disabilities and promotion of the voice of people with disabilities (e.g. Social Development Partnerships Program and Enabling Accessibility Fund).

Income and Pension Supports The federal government also provides the Child Disability Benefit as a supplement to the Canada Child Tax Benefit and provides assistance to nearly all families caring for a child who is eligible for the Disability Tax Credit. Employment Insurance provides benefits to individuals who are sick or who are injured on the job.

The Registered Disability Savings Plan helps Canadians with disabilities and their families save a tax free savings account. Canada Disability Savings Bond assists low and moderate income Canadians with disabilities in saving by making a federal contribution to the RDSP. A matching grant (Canada Disability Savings Grant) is also available to eligible Canadians. The Canada Pension Plan Disability (CPPD) provides financial assistance to CPP contributors who are unable to work because of a severe and prolonged disability.

Service Canada A range of other programs are offered through Service Canada.
[www.servicecanada.gc.ca/eng/audiences/disabilities/index.shtml]

Housing Canada Mortgage and Housing Corporation (CMHC) administers a number of initiatives that contribute to accessible housing for people with disabilities:

- the Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D);
- the Home Adaptations for Seniors' Independence Program (HASI);
- the Residential Rehabilitation Assistance Program - Secondary/Garden Suite;
- the Shelter Enhancement Program (SEP); and
- FlexHousing™. Generally, assistance is in the form of a fully forgivable loan provided the owner adheres to the program's conditions. [www.hrsdc.gc.ca/eng/disability_issues/reports]

Provincial Government

The Government of Saskatchewan established the Office of Disability Issues (ODI) in March 1998. Similar to the federal office, the ODI has the responsibility to work across government ministries, to work and liaise with the disability community and to work with public on issues relating to disability. The ODI does not have any direct program responsibility but is intended to serve as a focal point for the government on disability initiatives.

The range of provincial government programs offered for persons with disabilities is described below. Again, it is not intended to be exhaustive.

Employment Supports The Ministry of Advanced Education, Employment and Immigration funds a range of employment programs and supports for which people with disabilities are eligible. These funds support programs like: employability assessments, specialized basic education, accommodation grants, study grants, job grants to employers.
[www.aeei.gov.sk.ca/programs-services]

Health Services	<p>In addition to the wide range of primary, emergency and acute care services which are accessed by people with disabilities, the Ministry of Health funds a range of targeted supports or grant programs to people with Acquired Brain Injury, Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder. The Saskatchewan Aids to Independent Living provides services and benefits to people with long-term disabilities or illness to assist them in leading more active and independent lifestyles. Benefits and services can include Orthopaedic Services, Special Needs Equipment, Home Respiratory Services and Therapeutic Nutritional Products. In addition a range of therapeutic programs are available through the health regions including physiotherapy, occupational therapy, and audiology services. Individualized funding is also provided by the health regions direct to individuals so they may arrange and manage their own services. The Cognitive Disability Strategy provides for individualized funding, integrated case planning and services to individuals who may have a diagnosis of FASD, Autism, or Acquired Brain Injury. [www.health.gov.sk.ca/disability-services]</p>
Income Supports	<p>In 2009, the government of Saskatchewan introduced the Saskatchewan Assured Income for Disability (SAID) program. Prior to this, income supports for people with disabilities were provided through the Saskatchewan Assistance Plan (SAP). SAP was not considered to be a very good response to people who often had long-term needs for financial support as SAP is designed as a program to support individuals over the short-term as they look for work. SAID recognizes this problem by moving people with long standing and well-documented disabilities to the new program that has is simpler than SAP and is not considered to be “welfare”. [www.socialservices.gov.sk.ca/said]</p>
Transportation	<p>The provincial government provides financial assistance to participating municipalities to support special needs transportation services for persons with disabilities. The program appears to be under budget constraints. [www.municipal.gov.sk.ca/Funding/Transit-Assistance-Program]</p>
Housing	<p>The province is currently developing a comprehensive, long-term strategy to ensure that housing is accessible to all people in Saskatchewan. The strategy is to be released in June 2011. Saskatchewan Housing Corporation is the lead agency developing the strategy and is currently providing a range of housing programs for people with disabilities. The Residential Rehabilitation Assistance Program for Persons with Disabilities (forgivable loan of \$16,000) provides financial assistance to low-income households to complete modifications necessary to accommodate a person with a disability. The Saskatchewan Home Adaptations for Independence Program (forgivable loan of \$3,500) is also available to complete modifications for accommodation of a disabled household member. In addition, SHC will fund or build fully accessible units for people with disabilities. [www.socialservices.gov.sk.ca/disability-housing]</p>

Municipal Government

In addition to general programs for which people with disabilities are eligible, the City of Regina offers a number of targeted programs designed to assist with accessibility and community inclusion. The City of Regina also established an Accessibility Advisory Committee to advise the elected council and the City administration on issues pertinent to the disability community. Membership on the committee includes citizens representing the disability community as well as representatives of various organizations who work with the disability community. The committee is required to hold one public forum per year to hear views and perspectives on issues relevant to this community. The committee also hears appeals with regard to paratransit services.

The range of municipal government programs offered for persons with disabilities is described below. It is not intended to be exhaustive.

Transportation Services	Low floor buses are offered on some bus routes throughout the city. Low floor buses ensure that there are no stairs to climb, “kneel” to get close to the curb, and have a low-angle ramp to allow wheelchairs, scooter, carts and baby carriages. The City also has targeted numbers of parking stalls for people with disabilities who have an accessible parking permit.
Recreation Services	The City of Regina has taken a number of steps to ensure people with disabilities may access the broad range of recreation services offered. For example, where personal attendants are required, the attendant may enter the recreational facility free of charge. A number of accessible playgrounds are located around the city. In addition, various adult fitness and recreation programs are offered to persons with disabilities or recovering from an injury.
Housing Services	The City of Regina’s current Official Community Plan encourages accessible housing in all neighbourhoods. The City does not develop or manage housing but City incentives such as the current three to five year tax exemption program have been tailored to encourage social, affordable and market housing that addresses the needs of individuals with disabilities and other groups. The \$10,000 per unit capital contribution for affordable housing has been accessed by projects providing independent living for individuals with physical challenges and mental health needs.

SECTION 6 SOUNDING SESSION

On February 24, 2011, the City of Regina met with members from the disabled community to begin the process to develop the New Community Plan for the City. The areas of discussion included the following general topic areas.

- What are the issues or challenges that you face on a daily or frequent basis that should be considered by the City as it develops its Official Community Plan?
- What are the opportunities that you think would improve the city for your community and should be considered as they develop the Official Community Plan?
- From your list of ideas, which 1 or 2 would have the greatest improvement for your community? Why?
- Do you have any ideas how we can improve and broaden our engagement with your community?

The session was facilitated by Susan Jarvis⁷ and attended by City officials and the consultants from DC Strategic Management.

This section describes the participants and summarizes the discussion that occurred.

⁷ Susan J. Jarvis is a Regina-based consultant.

6.1 Participants

The sounding session was held at City Hall on February 24th from 9: 30 to 11:30 am. The table below lists the 24 participants.

Organizations were chosen in consultation with the City of Regina with a focus on those that were key assets in the community such as the South Saskatchewan Independent Living Centre, the Canadian Paraplegic Association, Saskatchewan Deaf and Hard of Hearing Services, Idea Regina, and the CNIB.

Organization	Participant
Office of Disability Issues	Daryl Stubel
Saskatchewan Deaf and Hard of Hearing Services	Leona Ames
	Allard Thomas
Canadian National Institute for the Blind (CNIB)	Bob Parker
South Saskatchewan Independent Living Centre	Michael Richter
Saskatchewan Voice of People with Disabilities	Bev Duncan
Canadian Mental Health Association Saskatchewan Division (CMHA)	Margaret Fern
Canadian Paraplegic Association	Charlene Egar
	Don Trew
Idea Regina	Ken Taylor
	Doug Tratch
	Mellissa Northe
Regina Housing Authority	Faith Myers
Adaptive Service Program Specialist	Mathew Chin
Service Canada	Jason Elliott
City of Regina	Bruce Rice
	Bev Cardinal

6.2 Summary of Comments

The topics discussed at the sounding session are organized by category.

Transportation

- Current Transit system is inadequate:
 - Para Transit:
 - The number of denied trips is increasing.
 - The City took the vans off the road. This has impacted wheel chair clients to a significant degree.
 - Requires 2 weeks notice to book a ride. Too much lead time required.
 - Need more capacity; need it available for not only the current priorities - school, job, medical - but to include recreational activities (to provide a better quality life).
 - Some believe that funding at all 3 levels has been reduced.
 - To improve service/cost unit, some cities (Vancouver and Halifax) have brought para transit in-house.
 - Have a high percentage of denied trips by paratransit compared with other cities. Paratransit can not always ensure that they will be able to respond to both ways for each trip.
 - City Transit system:
 - Not enough low floor load buses.
 - Routes do not get you to where you need to be.
 - Few options to tie down service animals.
 - Front-line service staff need training on safety, understanding and service excellence.
 - Taxi system:
 - Availability is not always there.
 - Some drivers do not have compassion; have negative attitudes.
 - High cost.
 - Refuse to take service animals.

UN Convention

- The UN Convention on Rights of People with Disabilities has a complete framework that should be considered during the development of the New Plan.
- Need a comprehensive plan based on the Convention.

Housing

- Lack of affordable housing.
- Too few accessible rental units are available and fewer that are universally designed.
 - Ones that are available tend to be in the less safe neighborhoods.
- New housing construction is not anticipating needs of disabled community; not anticipating the potential impact of spatial needs for aging owners, so they are forced to move out of their homes.
- Need hearing capacity built into new housing.

- Legislative framework for new construction:
 - Federal - Building Code
 - Provincial - Accessibility Code
 - City - Development Plan (accessibility is on the list....but too far down the list).
- City staff approve new developments:
 - They need to get better at checking for details to ensure accessibility is an expected result
- New developments are congregated accessibility units
 - Need to develop integrated housing whereby some units are designated /designed accessible and some units are not.
- OPPORTUNITY: “Visitability” should become our housing standard
 - The means that every unit can be visited by a person with a disability
- OPPORTUNITY: design neighbourhoods that have accessibility as a design principle (housing, easy access to services, infrastructure - curb cuts, recreation, etc.).
- OPPORTUNITY: to educate builders on the need to embed accessibility into all aspects of the design process.

Street Cleaning

- Snow is plowed onto sidewalks making it necessary for community members to navigate on the road ways (unsafe).
- Snow is plowed in front of transit stops making it difficult to use the transit system.
- Snow is plowed onto curb cuts making it difficult to cross roadways.
- Business store fronts are not shovelled making it difficult to enter their place of business.
- OPPORTUNITY: to educate City staff on how to plow in a manner that recognizes the needs of the disability community.

Parking

- Too few disabled parking spots.
- Sometimes there are no curb cuts in the lots.
- Need better enforcement of parking permits.
- City needs to make more spots available on its property.
- Designated parking spots on private property like shopping centres are not patrolled and enforced.

Education

- Deaf and hard of hearing program has been closed at both the Kelsey and Wascana campuses.
- There are no support services for deaf immigrants.
- Limited programming for the deaf and hard of hearing in northern Saskatchewan.
- Need to educate the public on the reality of the disability community. Most think they have the same rights as every Canadian. Not true. Example:
 - Voting
 - Voting stations are not accessible.
 - Don't have transportation to the voting station.
 - No options for the visually impaired voter.
- Need public awareness sessions in schools and universities.

Recreation

- Some facilities do not have:
 - Lifts to get to programming and/or staff who know how to operate the lifts.
 - Fire alarms / announcement systems for the deaf.
- Recreation is not a priority area for the para transit system. Limits the accessibility to cultural/fun activities for community members.
- Only a few swim times are designated for disabled swimming. As well, there are few support staff to aid those who need assistance during the swim period.
- Leisure guide contains few options targeted to the disability community.

Other Observations

- New roadway/sideway construction does not always contain curb cuts.
- Need to embed accessibility principles into everything the City provides.
- There does not seem to be a willingness to address the issues facing the community. Employment equity has existed for years with limited results. Proof of a change in willingness is needed. This would include a public commitment to hold themselves accountable against the Convention.

Big Moves

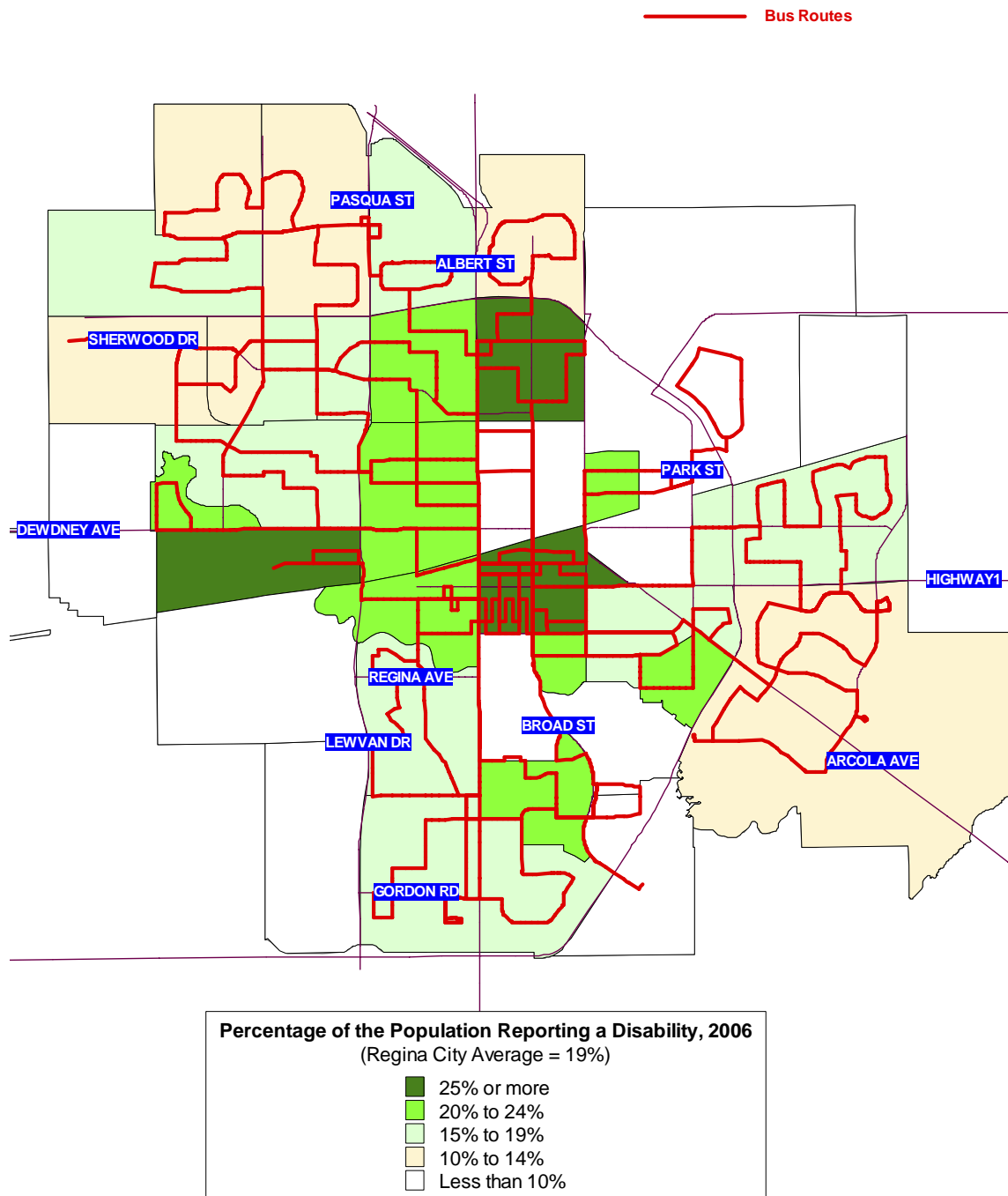
- Embed accessibility principles into the “inclusion” agenda.
 - How we will move the concept to behaviours/attitudes.
 - Creation of a “to do” list for service providers so they can deliver accessible services.
- In the New Plan....
 - Meet the municipal obligations of the Convention and come up with a comprehensive planning process that commits to the Convention.
 - Address those things that City has FULL jurisdiction over, including:
 - Transportation - para transit (e.g. set a zero refusal goal) and transit systems.
 - Accessibility to its facilities and programming.
 - Provide assistance services were needed.
 - Enforcement of parking bylaws.
 - Approval of integrated / Visitability neighborhoods only.
 - As an employer, set aggressive recruitment and retention goals.

Appendix A

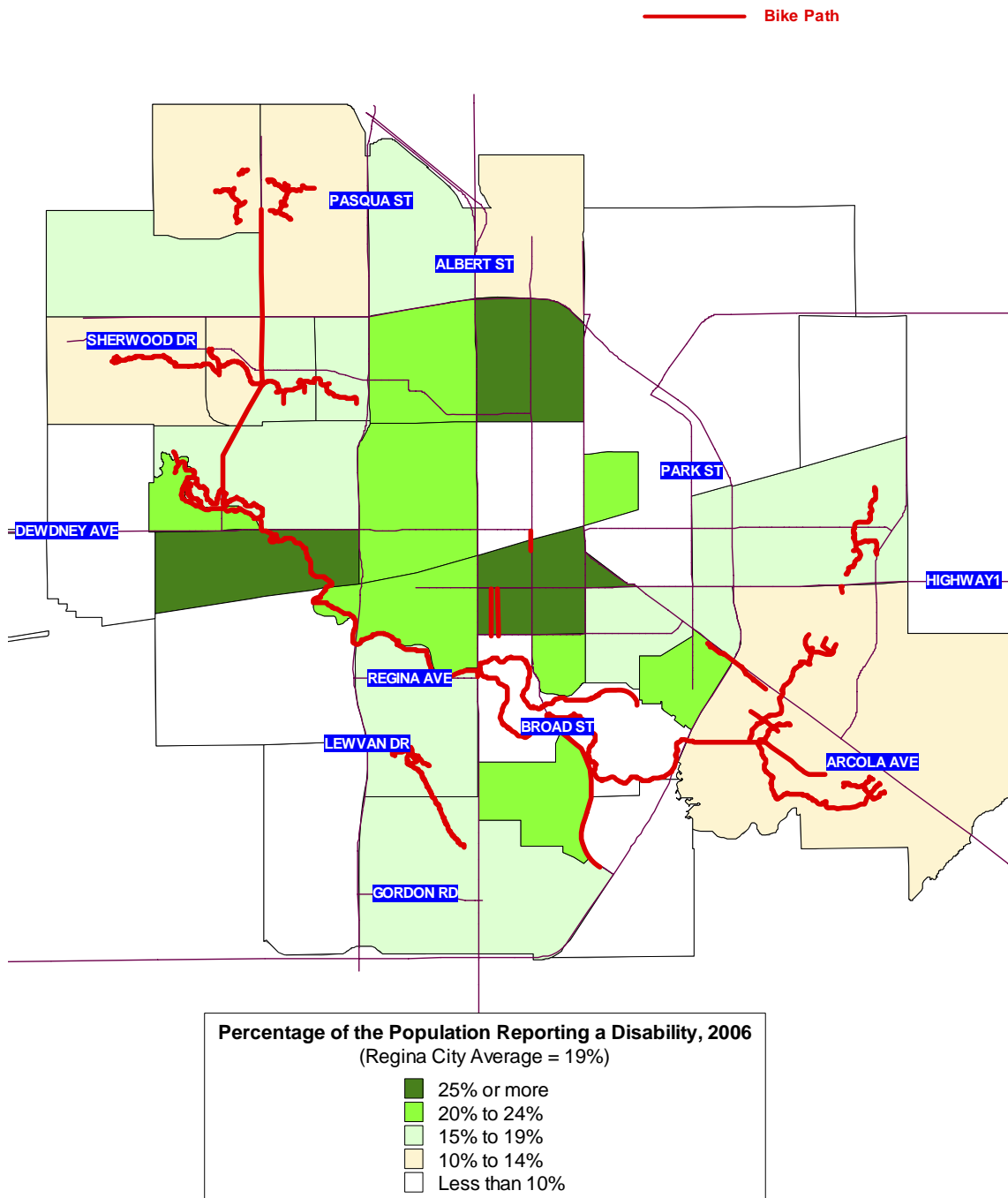
Maps

This appendix compares neighbourhoods where persons reporting a disability were concentrated in 2006 with a selected group of City facilities and services.

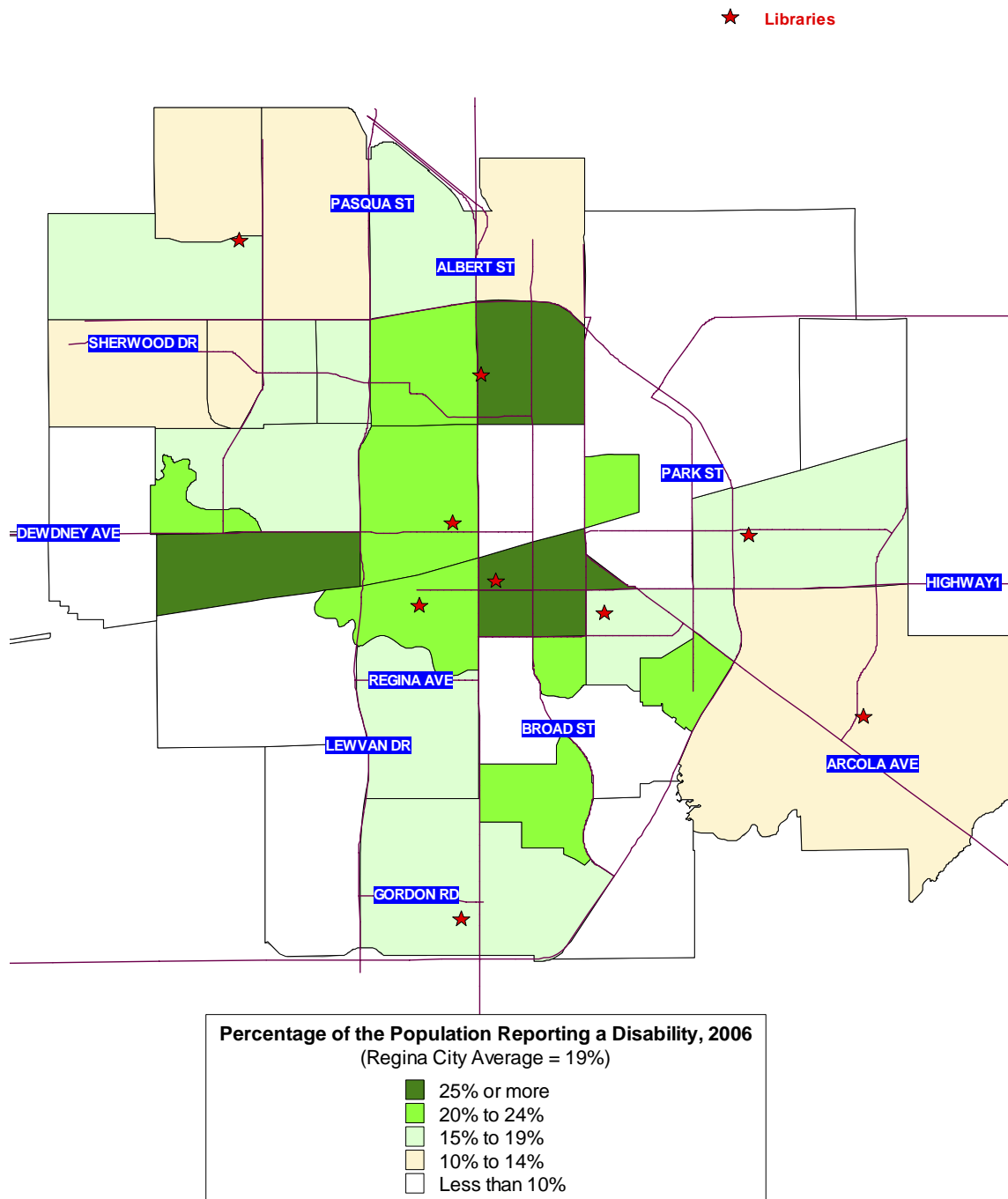
Map #1: Persons Reporting a Disability, 2006, Showing Current Bus Routes



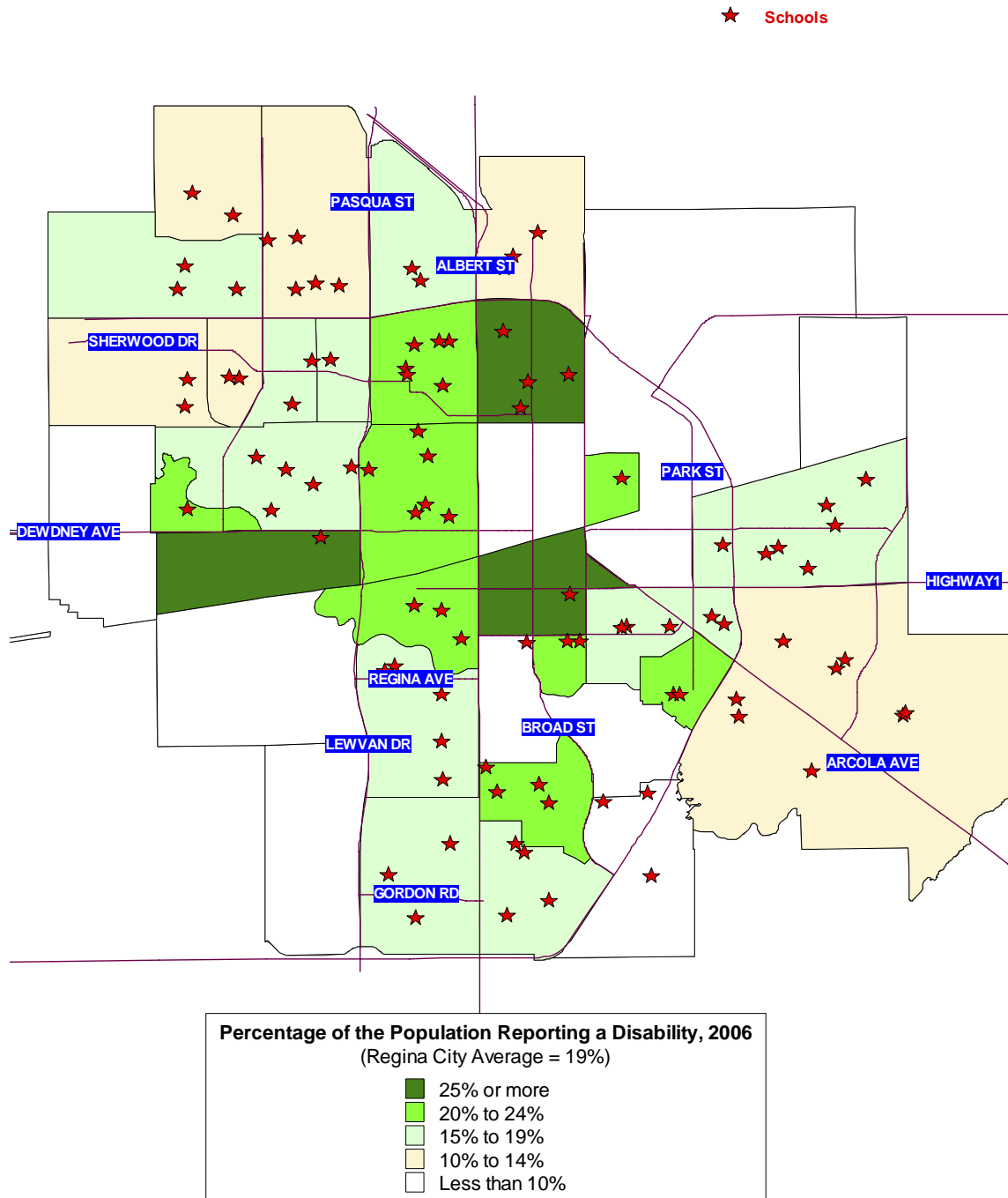
Map #2: Persons Reporting a Disability, 2006, Showing Current Bike Path



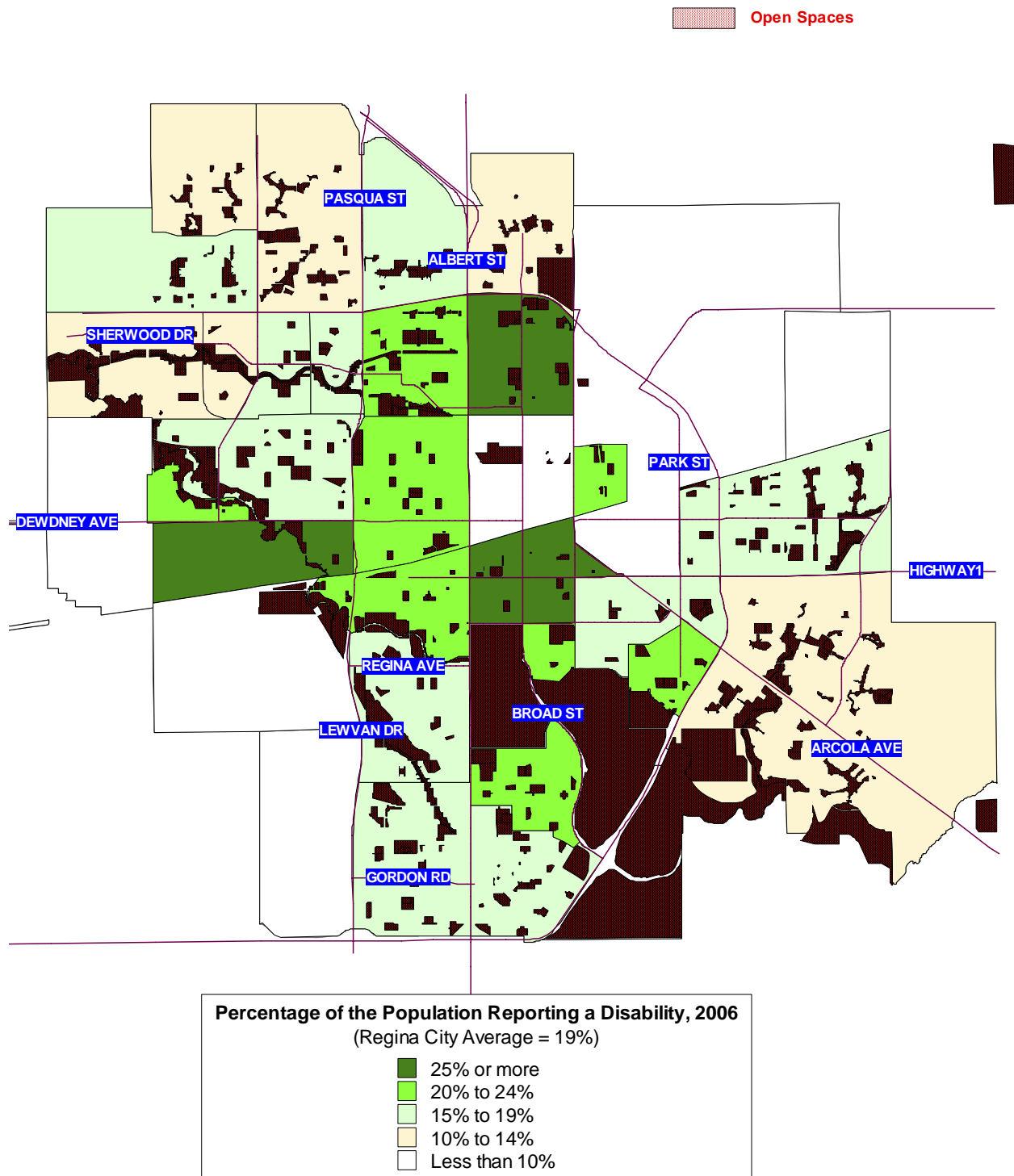
Map #3: Persons Reporting a Disability, 2006, Showing Current Library Locations



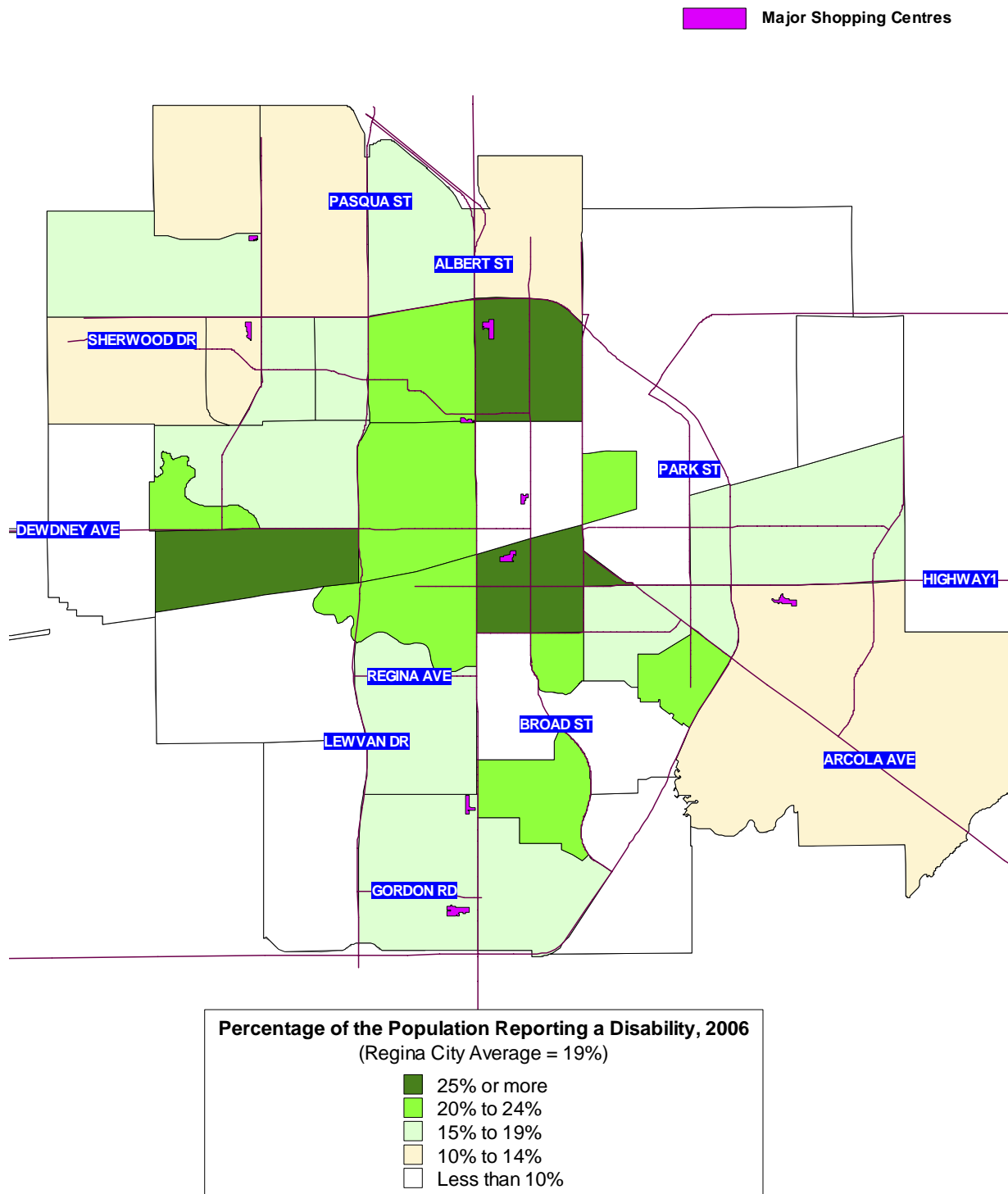
Map #4: Persons Reporting a Disability, 2006, Showing Current School Locations



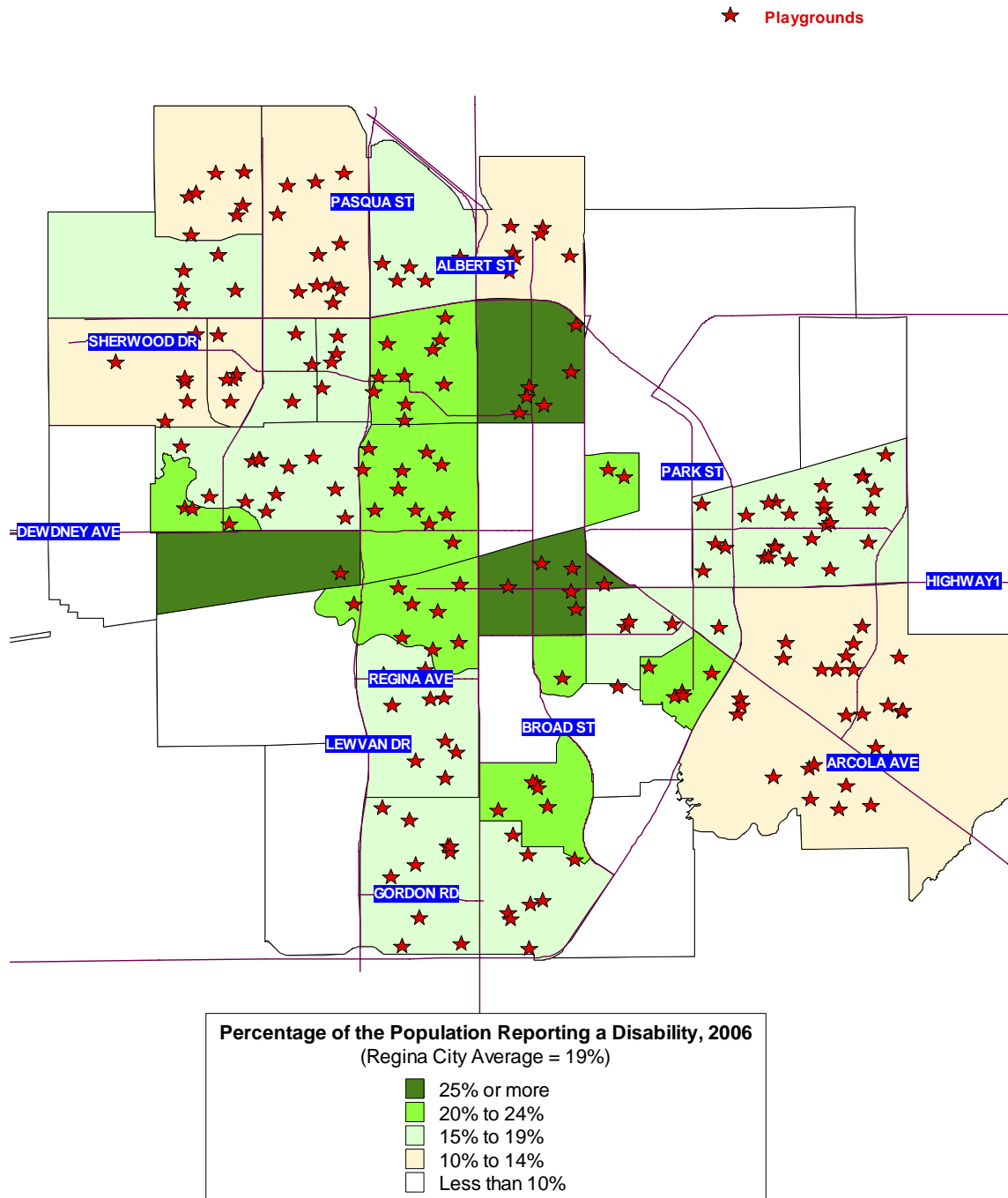
Map #5: Persons Reporting a Disability, 2006, Showing Current Location of Open Spaces



Map #6: Persons Reporting a Disability, 2006, Showing Current Location of Major Shopping Centres



Map #7: Persons Reporting a Disability, 2006, Showing Current Location of Playgrounds



Appendix B
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