

CLC
Unions Mobilizing
for
Disability Rights

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**Economic and
Social Participation:
Income and Other
Supports for People
with Disabilities**



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Presented to the CLC

Context

The Canadian Labour Congress has had a long-standing commitment to removing obstacles and creating greater equity for persons with disabilities, both within the labour market, and as members of the broader community. Early activity focussed on public policy initiatives (e.g. the introduction of disability benefits under the Canada Pension Plan) and bargaining Long Term Disability Benefits. This early interest coincided with the emergence of the "consumer movement" among those with a disability, whose operating principle has evolved since into "Nothing about us without us".

Almost five years ago, in 1996, the Congress convention adopted a resolution calling for further discussion on a universal disability plan, that would compensate costs of disabilities regardless of their cause and hold employers financially responsible for insuring against injury and disability incurred "on the job". In 1998, the CLC held a forum on disability that brought together disability rights, and injured workers, and health and safety activists. A CLC workers with disabilities working group has been formed and a disabled workers representative will be elected to the CLC Executive Council.

This level of interest coincides with a number of broad trends, which have their own particular impacts on persons with disabilities. For example, in recent years, there has been a sweeping move to the privatization of services. Whereas services in the past were delivered by government employees, and publicly funded, more and more of these services are now delivered privately, by either non-profit organizations or for-profit companies. (More will be said about this issue later in the paper.) Public-sector unions, including the National Union of Public and General Employees, the Public Service Alliance, and others, have reported on the loss in quality of services, accountability, and level of qualifications in privately delivered services that were privatized. This particular trend has been part of a larger shift involving cuts in public services, cuts in health and social spending, the end of many manufacturing jobs, and a growth in employment for those who are most skilled and most comfortable with technology.

To add yet another layer of complexity to the context for this paper, Canada governs itself, in a significantly different way, particularly with regard to social and health policies and programs. Relations between the federal and provincial levels of government have never been more important. Until the mid 1990s, the federal government had a leadership role in most of the social programs developed since 1960: retirement income security (Canada Pension Plan), the Canada Assistance Plan, the Vocational Rehabilitation for Disabled Persons, and so on – were in the federal jurisdiction. While provincial and territorial governments partially funded and administered CAP and VRDP, this does not diminish the influence of federal government ideas or initiatives.

During the repatriation of the Canadian Constitution, the federal government took the initiative of developing the Charter of Human Rights, which prohibits discrimination against anyone for reasons that were disability-related.

In 1995, the federal government introduced the Canadian Health and Social Transfer (CHST) and unilaterally cancelled the Canada Assistance Plan and funding for health, post-secondary education, and social services and assistance. From that time, the federal government has had an extremely limited role in the social programs of the nation, and has handed off more and more authority in these areas to provincial and territorial government. Examples include the end of the Vocational Rehabilitation for Disabled Persons program, replaced by Employability Assistance for Disabled Persons, which has also shifted from a single federally-designed program, to bilateral agreements between provincial/territorial governments and the federal government, one for each province and territory. Similar shifts have taken place in labour market training, where the federal government has turned over most responsibility to the provinces.

Finally, in this intergovernmental world, the Social Union Framework Agreement (SUFA) is the star in the crown. The SUFA lays out rules that include a prohibition against the federal government unilaterally making changes in programs or funds transfers to provincial and territorial governments without adequate prior notice. The SUFA agreement also has a section that explicitly grants the right to citizens to be involved with government decision-making. This involvement has not yet been implemented.

Within the SUFA process the earliest social policy reform proposals identified children and people with disabilities as the two most important populations on which reform efforts would be undertaken. Starting in 1995, First Ministers (premiers of the provinces and territories and the Prime Minister) have received progress reports and considered new recommendations with respect to these two groups. The first major shift was from the Vocational Rehabilitation for Disabled Persons to the Employability Assistance for Disabled Persons. Agreements were negotiated with each provincial government, and signed, with a commitment to provide accountability reporting by fall of 2000. To date, these reports have not been forthcoming.

The accountability provisions were generally quite narrow, including such things as the number of people who were registered and graduated from such programs, without including the more substantive information that might be sought, e.g. what the employment and income status was of participants after six months and then a year following graduation). Federal-provincial working groups have been established to take on such diverse projects as accountability in disability programming (what gets measured), removing remaining obstacles to labour force participation, removing residency requirements for persons with disabilities as criteria for eligibility for income support and services, and increased promotion of awareness of the economic and social status, along with the rights, of persons with disabilities.

On its own track, the federal government has made more specific commitments on disability issues. In 1996 the Scott Task Force -- a group of Members of Parliament and supporting research staff -- listened to people with disabilities from across Canada, carried out independent research, and presented a report recommending a stronger role for the federal government in disability issues. Specific recommendations included amendments to the Canadian Human Rights Act to obligate employers to accommodate employees with

disabilities; the development of an access and inclusion lens with respect to federal policy and programs more widely; and, expansion of tax measures to support persons with disabilities. To date, significant progress has been made on these proposals, but the commitment to developing a "seamless web" of supports and services across Canada is still far from reality. Since then, the Cabinet has approved an initiative that would see expanded data collection, funding community capacity building, and employability initiatives.

Similarly, particular provinces and territories have had their own initiatives separate from the intergovernmental process, including significant changes to both social assistance benefits for persons with disabilities and policy-making process with regard to disability, and the creation of more government advisory bodies on issues related to disability.

Income and supports for persons with disabilities

One overarching reality for persons with disabilities is that, as a group, they have significantly less earned income than those without disabilities. Low market earnings are made worse by the additional costs to overcome barriers through technology, attendant care, architectural barrier removal, and so on. The following table¹ reports on how people with disabilities compared to those without disabilities, and how many of each group are below low-income cut-off lines, Canada's proxy for poverty lines.

People in Labour Force	With disabilities below LICO (%)	Without disabilities below LICO (%)
Employed	13.4	08.2
Unemployed	23.9	21.2
Not in labour force	31.0	22.1

Still, notwithstanding the low earnings of people with disabilities, a point of broad consensus that has emerged in policy discussions is that people with disabilities have a right to participate in the labour market if they are willing and able (including being able through assistive devices and other workplace supports and accommodations), and that -- in general terms -- income earned is preferable to income received. The corollary of this broad consensus is that a social insurance program is preferable from both fiscal and moral points of view to a "handout" scheme.

Less clear in these discussions are the rights and entitlements of those who become ill or disabled while employed. Workers' compensation plans, are social insurance plans funded

¹ Gail Fawcett, *Living with Disability in Canada: An Economic Portrait*, Ottawa: Human Resources Development Canada, 1996, p. 138. All data with regard to income, labour market and disability are based on the 1991 Health and Activity Limitation Survey, and are based on 1990 data, unless otherwise indicated.

by employers and mandatory in all provinces. They are intended to provide income replacement for those unable to work because of injury sustained on the job or as a result of the job. (However, some industries in some jurisdictions aren't covered.) While considerable emphasis is traditionally placed on rehabilitation and re-employment, there are many cases where the individuals' capacities, age, and preparedness for other kinds of work make rehabilitation an unattractive option, at least for them as individuals, and perhaps for society in general. In the 1970s and 1980s, eligibility for workers' compensation was expanded with knowledge about the work-related roots of injuries and physical ailments, and benefits were extended to counter some of the structural adjustment facing workers who were in receipt of compensation.

In the 1990s, much of this expansion was reversed, and increasingly, workers' compensation plans are becoming financially stretched, forcing increases in contributions and downward pressure on entitlements. To make things worse, the cutbacks to Workers' Compensation benefits have occurred at a time when cuts in government spending and privatization of services have resulted in a reduction in enforcement of occupational safety and health regulations. This has resulted in significantly greater risk of injury on the job.

Both CPP and Workers' Compensation are clearly social insurance schemes. A social insurance scheme, though, depends on all those with an earned income paying premiums or having premiums paid on their behalf, so that they would receive an income when and if they were unable to work, in this case due to disability. It is inherently and inevitably labour-income related. While such a scheme would work if people with disabilities enjoyed the same labour market participation rates as other Canadians, they do not.

According to an "economic portrait" of persons with disabilities in Canada prepared for and published by the Office for Disability Issues within HRDC, the labour market participation rates for persons with disabilities are substantially lower than for the population at large. In 1990, more than 80 percent of Canadians aged 15 to 65 were in the labour force, compared to only 56.3 percent of those with disabilities. This was an improvement over 1986, when fewer than 50 percent of persons with disabilities were labour force participants.

For persons with disabilities, the obstacles to participation in the labour force are not only social and economic, but are also structural, physical and attitudinal. Like people of colour or First Nations status, people with disabilities face discrimination that is measurable in the aggregate, if not always possible to pinpoint in individual cases. Anyone who is both disabled and female, Aboriginal, or of a visible minority is likely to be faced with discrimination that is greater than a mere halving of opportunities, because of double or triple discrimination.

According to the Health and Activity Limitation Survey (HALS) administered as a post-Census survey by Statistics Canada in 1991, about 60 percent of persons with disabilities outside the labour market said their disability prevented them from working at all; a further 20 percent said their disability would impose some limitations on the kind or amount of work

they could do. This leaves fully 20 percent of those outside the labour market who believed they could work and would not be limited as to amount of kind of work they could perform.

Even among those who were in the labour market, perhaps even employed, almost one-quarter believed that their employer would consider their disability to be a disadvantage in employment.

Because persons with disabilities are one of the four designated groups under federal employment equity legislation, we also have data on their participation rates with federal employers, or employers under federal jurisdiction. While persons with disabilities, form about 15 percent of the population, according to Statistics Canada, fewer than 5 percent of employees with federal employers reported having disabilities.² These numbers have remained substantially unchanged by affirmative action and employment equity programs. While such under-representation is cause for ongoing vigilance, it is noteworthy that only two years ago, less than 3 percent of the federal public service was people with disabilities. It is also noteworthy that in May 2000, the Employment Equity Positive Measures Program was created to provide funding for branches of the federal government needing funds to expand the under-represented groups (women, visible minorities, First Nations people, and people with disabilities.)

Recent amendments to the Canadian Human Rights Act have explicitly required that federally-regulated employers (rail companies, chartered banks, the federal public service, and so on) provide accommodation for employees with disabilities. In its guidelines to employers designed to answer questions about this new obligation, the Human Rights Commission reminds employers that it is the law, and that accommodating a person with a disability does not mean training them, but rather creating a truly barrier-free workplace. It is noteworthy that in October 2000, the Canadian Human Rights Commission reported that half of the cases it had referred to tribunals in the previous month were related to the employer's responsibility to provide such accommodations.³ The Health and Activity Limitations Survey (upon which most disability-related data rely) was last carried out in 1991, and will next be carried out after the Census later this year. That Survey asked those in the workplace what accommodations they had required, and asked those outside the workplace who wanted to work about barriers to their labour force participation.

For those in the labour market, the barriers were strikingly similar at first glance to those facing non-disabled workers or anyone else seeking employment. For example, fewer women than men were labour force participants, with almost 66 percent of disabled men participating, and less than half of disabled women participating. Similarly, labour force

² Treasury Board of Canada Secretariat, Employment Equity in the Federal Public Service 1998-99, from website at http://www.tbs-sct.gc.ca/report/empequi/ee_99_e.html.

³ Canadian Human Rights Commission, "Commission refers unprecedented number of disability cases", October 12, 2000. (Taken from website at http://www.chrc-ccdp.ca/news-comm/2000/News_Releases_JulyDec/12oct00.asp?l=e).

participation rates rose with the level of education attained, ranging from 37 percent for those with primary education or less, to almost 75 percent with university education.

However, there are significant differences between the disabled population's labour market participation rates and those of the general population. For example, it is clear that the younger cohort of persons with disabilities have the highest labour force participation rates, while the oldest working-age cohort has the lowest labour-force participation rates. More younger people are working, but only informed guesses as to why can be made. It is likely, for example, that the younger cohort benefitted from "main-streaming" in the public school system and removal of architectural barriers, where the older cohort probably was less likely to have access to mainstream education at any level, and probably faced physical barriers to the places of learning and training. If older workers in general are responding to structural adjustment by becoming discouraged from seeking new employment, one can only imagine the effect on those with a disability. Additionally, people with disabilities who are not well educated and/or highly skilled are facing more and more competition for the declining number of jobs that they are able to perform.

A second significant difference is that many people with disabilities would require some accommodation in the workplace in order for them to participate. This accommodation might take the form of a ramp, or special computer technology at the "easiest-to-accommodate" end of the range, to job coaches or interpreters, at the "more-difficult-to-accommodate" end of the range. For those requiring accessible transportation to get to work, for example, only one in four was participating in the labour market; for those requiring job redesign, one-third were in the labour market; for those requiring work-time accommodation, 60 percent were not in the labour market at all. Among those who did not require any of those particular accommodations, participation rates varied by the kind of impairment they had; for example, among those with unknown limitations, 80 percent participated in the labour market, while fewer than half of those with mobility impairments (even if they did not require accessible transportation) were in the labour market.

The labour market in the 1990s changed significantly: fewer secure jobs with living wages are available for those with limited formal education and/or work experience. Distribution of both work and earnings became increasingly polarized, with high-income earners working longer hours for higher pay, and those with lower incomes having less work available to them. Additionally, it was clear that, to some limited extent, the unemployment rate has the same impact on persons with disabilities as others, in terms of both their being employed, and in terms of their seeking employment. Double-digit unemployment, particularly in low-skill areas, was a harsh deterrent to those who might require accommodations and are competing with those who might not (at least at the time of hiring) for fewer and fewer jobs.

A number of shifts in the labour market combined to work to the disadvantage of disabled workers. These include, the shift from large, stable employers with union protection and collective agreements to smaller employers, with fewer unions and fewer collective agreements; and, more numerous and less regulated workplaces. Accommodation is less attractive to smaller, newer companies whose future isn't secure. A recent survey prepared

for the International Labour Organization indicated that smaller businesses are likely to have higher levels of illness and stress-related issues than larger employers; similarly they are less likely to be investing as much in occupational health and safety, and slip through the cracks in health and safety requirements because of inadequate enforcement of the small business sector.⁴ Even those who are qualified to compete in the “new economy” may face barriers that could have been surmountable in a previous era, given the current legislative environment.

It is noteworthy, however, that recent (September 2000) Statistics Canada reports indicate that public-sector employment is increasing faster than private-sector employment, suggesting that more new jobs will be located in regulated and most often unionized work environments.

However, the increasing emphasis on high-skill employment means that those with disabilities have to find ways to get those skills, in spite of physical barriers to their participation, additional costs associated with of accommodating their impairment, and discriminatory attitudes that portray people with disabilities as less intelligent and capable. In other words, to compete in a harsher climate requires greater expense and effort on the part of those with impairments than of those without, and the impairment itself can impose its own expenses and limitations on what is possible.

While technology has been removing many obstacles to workplace participation by persons with some disabilities, it is unclear that rehabilitation programs in and of themselves have been particularly successful. Rehabilitation requiring adjustment to a significant new mobility impairment has been relatively plentiful and successful. However, individuals with more complex impairments, whether new or apparent from birth, are less likely to see the same access or success rates.

Many rehabilitation programs have failed because they have taken the perspective of the non-disabled community in setting their goals and approach. For example, there is an implicit assumption that those with hearing impairments, even severe ones, would first seek to join the hearing, if that were possible. However, there is an increasing understanding of deafness as a “culture” of its own, with language, concepts and a world view that those born to it do not wish to give up, in order to interact with the non-deaf world. Similarly, those with mobility impairments may not be willing to risk their general health on the possibility that some surgery or other may increase their mobility by a marginal amount.

More generally, however, the problem has been that rehabilitation is offered primarily from a medical and physiological perspective and it is most available to those who have become disabled recently. The income security programs associated with the rehabilitation programs (until recently, usually funded under the Vocational Rehabilitation for Disabled

⁴ Canadian Centre on Substance Abuse, *Interventions To Assist Small Businesses: A literature review for the International Labour Organization*, May 1997. Taken from website located at <http://ccsa.ca/ilolitre.htm>

Persons (VRDP) Act) have always been inadequately funded, making rehabilitation services even more likely to be offered under the rubric of health services.

In the case of Workers' Compensation and private or group long-term disability insurance plans, rehabilitation of whatever sort is often required and is designed to reduce benefit payments by governments and insurance companies.

Given that labour-market participation is the primary source of income for most Canadians, most other sources are residual in nature. That is, they become available when people are not in the labour market.

Most provinces and territories have within their social assistance system a sharp distinction between those who are disabled, and everyone else on social assistance. The distinction reflects centuries-old views of the "deserving" poor, who historically included widows with children and people with disabilities. Hence, the programs tend to be require less on-going policing, fewer requirements of job searches, community services and/or training. They generally also offer higher benefit rates. But, even the higher rates are still woefully inadequate to offset the costs related to disability that are still borne largely by the individual with the disability, rather than society at large.

According to the National Council of Welfare, in 1998 a single disabled person was receiving a higher income than the single "employable" person. However, the highest income in that year for a disabled person was \$11,759 in Ontario (including federal tax benefits), and the lowest two were \$6,886 in Alberta and \$6897 in New Brunswick (also including federal benefits).⁵ In that same year, the Statistics Canada low-income cut-off lines for a single person (without reference to status with regard to disability) ranged from \$12,142 in a rural area, to \$17,571 in an urban centre larger than 500,000 people.

Also, it is important to note that almost inevitably, qualifying for the disability benefits in a social assistance system requires a medical "stamp of approval" and often makes a person ineligible for training.

In recent years, several provinces have imposed "workfare" requirements for non-disabled recipients of social assistance, often touted as a positive step in the reintegration of individuals on welfare into the labour market. While the Ontario government, which also recently cut welfare rates across the board (except to persons with disabilities) by 20 percent, issues regular media releases about how many fewer social assistance recipients there are now than there were before. What is not clear is how much of that transition is the result of a booming economy and a labour shortage in several sectors, and how much has the effect of leaving the individuals poor even while earning wages. The combination of tougher qualifications and lower rates in some jurisdictions has had the effect of turning those without sufficient labour market income as a group who face discrimination as well

⁵ National Council of Welfare, *Welfare Incomes 1997 and 1998, Winter 1999-2000*, n.p.

as deprivation on many fronts. Some of this stigma carries over the persons with disabilities, particularly if their disability is not visible.

In Alberta, the Assured Income for the Severely Handicapped program provides a maximum of \$855 per month, and will cover medical services not covered by the regular health insurance program, i.e., dental work, ambulance costs, and prescription drugs. To qualify for this program you must prove that you are severely disabled and unable to work, and that no-one who might become more able to work with medical treatment qualifies. Explicitly, the program must be based on need related to disability, not to lack of education or lack of jobs. While this program is flawed, efforts were made in early 1999 to scrap the program entirely, in favour of a program called "Open Doors" that would provide even less income support. Social planning organizations and disabled persons' organization successfully fought this initiative. In British Columbia, as of August 2000, a single person eligible for "full disability benefits" received up to \$325 monthly for shelter, and \$461.42 for other expenses. It is clear that even the relatively generous benefits for those deemed unable to work because of disability are neither adequate nor secure.

Some labour market supports are being provided by the new Employability Assistance Programs for Persons with Disabilities. These new agreements replaced Vocational Rehabilitation for Disabled Persons in 1997. Some significant criticisms of the previous program were that the proportion of money spent on health-related services, and drug and alcohol addiction treatment centres, was astronomical. The new program is intended to cover costs of programs clearly targeted to helping people with disabilities to prepare for the labour market. The program consists of agreements between the federal government and virtually all of the provinces and territories. While each is slightly different, the overall thrust requires that programs and services funded not be medically oriented; that administrative costs not exceed 15 percent of funds transferred; and, that the work provided in sheltered workshops not be funded unless they demonstrate that they are training participants for entry into the regular labour market. Programs funded under these agreements must begin with the individual's abilities and aspirations, and must provide an appeal process for persons denied funding. Data on impacts of these agreements are due in the fall of 2000, but they were not available for this paper.

Government-mandated Employment Insurance was about to be significantly amended, prior to the calling of the federal election. Amendments introduced earlier in 2000 received second reading on October 4, 2000, and then died on the order papers when the election was called. The main positive development was in fact an elimination of a change made earlier by the same government, to discourage repeat qualification and benefits from the (un)employment insurance plan. Under the new legislation this change was to be revoked, this would increase the benefits paid to those unable to work on a full-time, full-year basis, including many Canadians with disabilities.

Finally, in some larger enterprises, employer-sponsored disability insurance is sometimes provided as a benefit, either as a result of a collective agreement or as an incentive to draw employees, or both. These benefits are part of a total compensation package, but may provide coverage that an individual would be unable to purchase individually. Benefits are

usually proportionally related to earned income, and usually have a delay period before they become available. In general terms, the employee must be incapable of performing his or her job, before becoming eligible for benefits. Typically, after two years, a person has to be incapable of doing any job in order for benefits to continue, although earnings will be topped up to the level that would have been received with Long Term Disability benefits. Benefits usually continue until the normal retirement age.

For some Canadians, private insurers offer some protection against lost income due to disability. For those self-employed, or in small organizations with neither collective agreements nor benefits, individual disability insurance is the only private security they can purchase to offset lost earnings in the event of a disability, whether or not it's work-related. In general terms, it is available only to those without prior medical conditions that make risk of disability greater than average, and covers only a fixed amount of income, rather than an income proportional to earnings. Additionally, premiums rise with the age at which the individual purchases the plan, and can rapidly become prohibitively expensive by the time an individual begins to think seriously about the possibility of becoming unable to earn an income due to disability.

Like Workers Compensation, Canada Pension Plan Disability is a social insurance program that is designed to replace the earnings of people who have been in the labour market. Unlike Workers' Compensation, the manner in which a person becomes disabled does not matter in determining eligibility for CPP Disability benefits. However, CPP Disability always employed a rather stringent definition of disability in determining eligibility. A person had to be incapable of any gainful employment and suffer from a prolonged disability.

In the early 1990s total expenditures under CPP Disability increased significantly. At the same time, a federal provincial review of CPP contributions and expenditures was launched. This review set a target for reducing CPP expenditures, and disability benefits (and benefits for surviving spouses) were the focus of cuts.

In the case of disability benefits, the changes that were agreed to included: increasing the number of years that a person had to contribute to the plan in order to be eligible to claim a CPP disability benefit from a minimum of two, to a minimum of four; lowering the ceiling on the maximum that could be claimed by a person eligible for both disability and survivor benefits; and, an administrative change that would ignore labour market conditions in deciding whether a person could be gainfully employed. In addition, a change was made to the method of calculating the retirement benefits that are paid to the recipients of CPP disability benefits and this change will reduce the retirement benefits.

Despite commitments by federal, provincial and territorial governments to eliminate the gaps in services, the overlaps in "red tape" from one department to another, and from one government to another, the change is not yet noticeable on the ground. Thus far, people with disabilities are still living below the poverty line in Canada; it is still too easy to fall between the eligibility criteria of income support programs; and, income support and the provision of services are still not co-ordinated effectively.

While there have been some encouraging signs that governments want to provide a context in which persons with disabilities can participate in the society and economy, there have also been important set backs in the recent past in areas like Workers Compensation and CPP Disability. It is clear that the broad range of organizations that are committed to disability rights need to be vigilant, persistent and active to make sure that public programs and policies respecting income support and services for people with disabilities move in a consistently progressive direction.

Cross-cutting/outstanding issues

As noted earlier in the paper, there are particularly odious outcomes for people who are both disabled, and are also members of other groups whose members are often the victims of discrimination. This results in multiple discrimination. An example is the lower income that women with disabilities have, than men with disabilities, demonstrating that the "wage gap" is alive and well among persons with disabilities, as well. Similarly, women with disabilities are far more likely to be victims of sexual abuse than either disabled men or women without disabilities. Similarly, Aboriginal women report the effects of double or even triple discrimination, as noted in a 1996 presentation to the Standing Committee of the House of Commons on Indian and Northern Affairs by the then-president of the Ontario Metis nation, and earlier in a paper on Aboriginal women and disabilities resulting from research and roundtable discussions among Aboriginal women with disabilities in 1992.

Another outstanding issue is the "model" of disability that has been traditionally used -- the medical model -- versus the emerging model from persons with disabilities themselves -- the social model. The medical model is one in which medical practitioners are responsible for defining disability, or determining whether someone is or is not disabled, and therefore, the entitlements persons with disabilities are to receive. Similarly, the medical professionals are seen as those who can "treat" or "cure" disability, and frame disability as a medical issue. The social model, in contrast, sees disability as an issue not because of an impairment that needs diagnosis or treatment, but rather as a state that results from impairment combined with social and economic exclusion in too many cases. The obstacles, therefore, are more likely to result for the social and economic systems, rather than from the medical systems, and do not require the sanction or approval of any medical professional. The most important facet of this difference in approach is that the social model challenges the appropriateness of having medical personnel in the "gatekeeper" role for persons with disabilities, deciding on entitlements with regard to access to programs and services. The shift in definition of who qualifies for disability benefits under the Canada Pension Plan is evidence of the shift in views, as are recent modifications to federal income tax regulation, permitted psychologists, for example, as well as psychiatrists, to assess need for particular services or aids to be eligible for tax subsidy.

Despite recent progress with regard to actually enforcing legal and moral obligations, e.g., the increase in the proportion of cases referred by the Canadian Human Rights Commission related to disability, it is still often true that obligations in both domestic laws

and international agreements to which Canada is signatory and by which Canada is at least morally bound are not enforced. Cuts in spending, as noted above in relation to the occupational health and safety, often mean less enforcement still. Commitments are important, but funds earmarked for implementation and monitoring of implementation are an important, and often missing, element toward real progress.

Appendix

Stakeholders in Issue

Council of Canadians with Disabilities
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URL: <http://indie.ca/arch/>

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