

Community Matters

Disability: And A Look At Inclusive Communities



September 2024

Fall Edition

Edmonton Social Planning Council



edmonton
SOCIAL PLANNING COUNCIL



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Contributors: Aime Hutton, Dikshya Karki, Brett Lambert, Keri McEachern, Luis Alejandro Murcia, Sofia Rosichuk, Sydney Sheloff, Angela Soares, Janell Uden.

Editors: Janell Uden and Leticia Rodrigues Ribeiro.

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Community Matters

Welcome to the fall edition of our quarterly publication, Community Matters.

The aim of Community Matters is to inform the community about social issues that impact people who live in our community. The information contained allows readers to increase their knowledge, and to connect the dots between social issues, evidence and policy. In Community Matters, we give space to local agencies, ESPC staff and volunteer writers or professionals in the field to share their knowledge and voices.

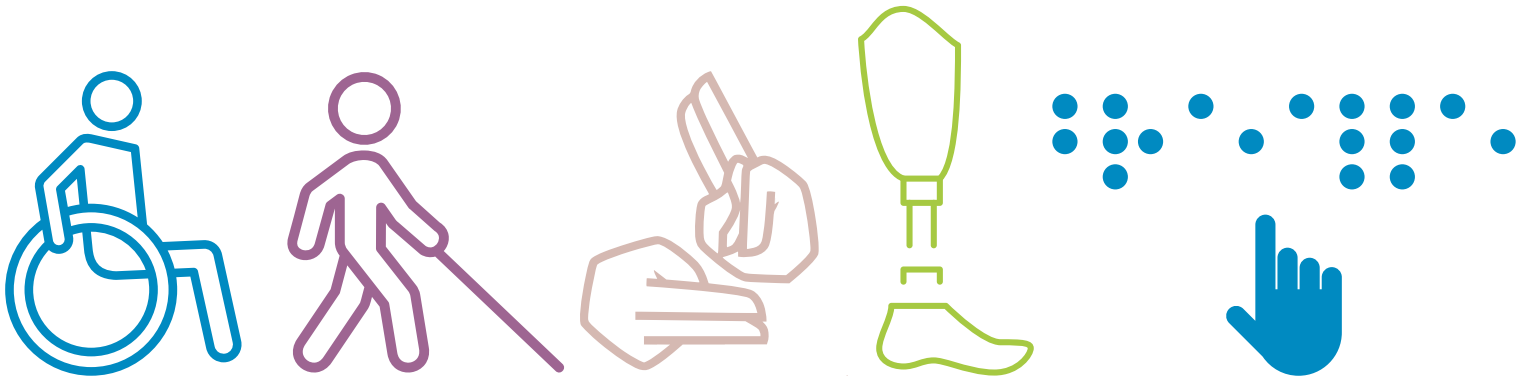
Each edition will spotlight a specific social issue or topic and highlight its intersectional nature and impact on equality. Articles are written by people with specialized knowledge, research skills or lived experience using evidence to provide clear information and inform on the issues affecting individuals and families.

For our September 2024 issue, we are focusing on different experiences surrounding people with disabilities and a look at how to create a more inclusive community. Reproductive rights, the treatment of people with disabilities, government benefit programs, hiring practices and universal design are a few of the topics covered in this edition. Disability encompasses a broad spectrum of physical and mental disabilities, and addressing relevant issues, progress and innovations that appropriately reflect this spectrum would require much more space than we have here. The topics covered reflect an availability of authors from our organization, other organizations or volunteers who have graciously set aside time and used their expertise to complete research on each topic and to communicate the basics of what you need to know, so that readers such as yourselves can leave reading this publication with the beginning steps of being informed.

We hope you find this issue to be an enlightening read and that it contributes positively to the discourse surrounding people with disabilities in our community in Edmonton.

**Janell Uden, Research Services and Capacity Building Coordinator
Edmonton Social Planning Council**





Disability 101 - Terms, Definitions and Statistics

Written by Brett Lambert
Research Officer (ESPC)

Defining Disability

Disabilities encompass a broad spectrum of conditions. The U.S. Centers for Disease Control and Prevention defines disability as "any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)" (Centers for Disease Control and Prevention, 2024).

There are many types of disabilities, which can affect a person's vision, movement, thinking, memory, learning, communication, hearing,

mental health, and social relationships. Persons with disabilities comprise a diverse group of people with a wider range of needs. Some disabilities may be hidden or not easy to see.

The World Health Organization identifies three dimensions of disability, which are:

1. Impairment in a person's body structure or function, or mental functioning. Examples include loss of a limb, vision, or memory loss.
2. Activity limitation, such as difficulty seeing, hearing, walking, or problem solving.
3. Participation restrictions in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services

World Health Organization, 2001

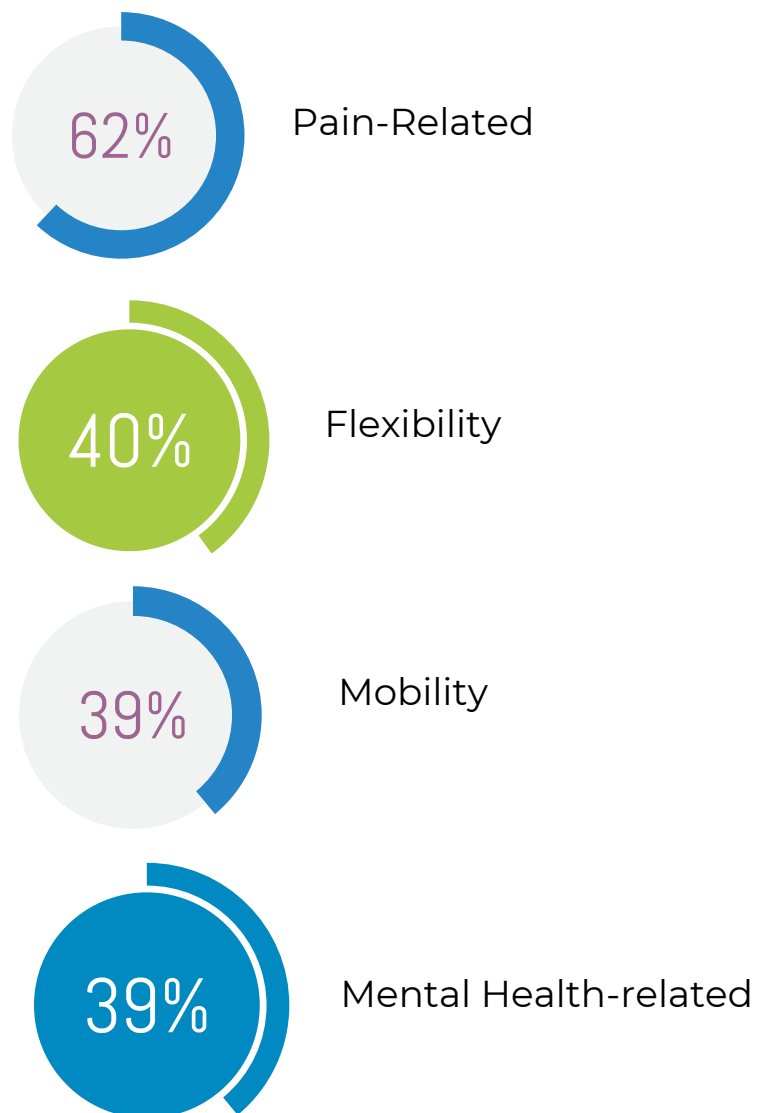
Disability can refer to conditions that are present at birth and may affect functions later in life, such as cognition, mobility, vision, and other areas. It can also be associated with developmental conditions that become apparent during childhood (such as autism spectrum disorder, attention-deficit/hyperactivity disorder or ADHD), related to an injury, or associated with a longstanding condition (such as diabetes) that can cause a disability. Disabilities can also be progressive (such as muscular dystrophy), static (such as limb loss), or intermittent (such as some forms of multiple sclerosis) (Centers for Disease Control and Prevention, 2024).

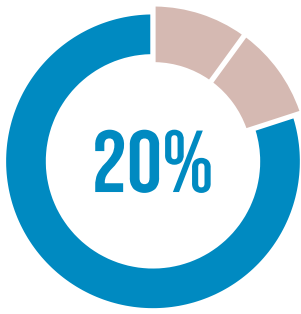
Facts and Figures for Persons with Disabilities in Canada

The number of people in Canada who live with a disability has been rising in recent years. According to Statistics Canada's 2022 Canadian Survey on Disability (CSD), 27% of Canadians aged 15 years and older, or 8 million people, had one or more disabilities that limited them in their daily activities.

This represents an increase of 5 percentage points since the last survey was done in 2017 when 22% of Canadians, or 6.2 million people, had one or more disabilities. This increase can be attributed to both an aging population and a large increase in mental health-related disabilities among youth and working-age adults (Statistics Canada, 2023).

The Most Common Type of Disability





Of youth aged 15-24 years old in 2022 had a disability.



This is an increase of 7% compared to 2017, when the disability rate was 13%.



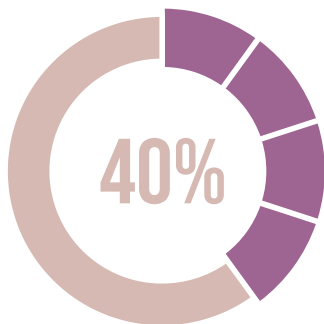
Almost one quarter (24%) of working age adults (aged 25-64 years) had a disability in 2022.



This is an increase of 4% since 2017, when the rate was 20%



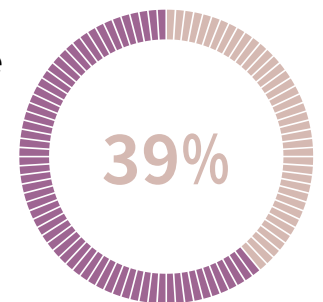
For seniors (aged 65 years and older), the disability rate was:



This is an increase of 3 percentage points since 2017, when the rate was 37%.



In 2022, mental health-related disabilities saw the highest levels of increases at:



This is 6 percentage points higher than in 2017, when it was 33%.

Persons with disabilities can have more than one disability type. In 2022, 29% of Canadians had one disability type, 37% had two or three, and 34% had four or more, similar to 2017 rates. As people age, they are more likely to experience a higher number of co-occurring disabilities. About 42% of seniors with a disability had four or more co-occurring disabilities, while youth (43%) and working-age adults (36%) were most likely to have two or three disability types.

Overall, 59% of persons with disabilities had "milder" disabilities and 41% had "more severe" disabilities. The proportion of persons with milder disabilities increased by 2 percentage points between 2017 and 2022 while those with more severe disabilities decreased by 2 percentage points.

Women (43%) are more likely than men (39%) to have a more severe disability.

Employment, Income, and Disability

According to the CSD 2022 survey, 62% of working-age adults (aged 25 to 64 years of age) were employed, compared to 78% of persons without disabilities.

The employment rate for working age adults with disabilities increased by 3 percentage points compared to 2017, narrowing the gap between the employment rates of persons with disabilities and persons without disabilities by 5 percentage points. According to the 2022 CSD, the median personal after-tax income of persons with disabilities was \$32,870. For persons without disabilities, it is \$39,490. However, median personal after-tax incomes for persons with more severe disabilities was \$28,110, lower than those with milder disabilities (\$36,900).

Disability and Poverty

In 2021, 16.5% of disabled people in Canada live in poverty, which is more than 1.5 million people. For those without disabilities, the poverty rate is 8.6%. This means the poverty rate for people with disabilities is nearly twice as high as those who do not have a disability.

Women with disabilities are more likely than men with disabilities to live in poverty. In 2021, 17.6% of women with disabilities lived in poverty compared to 15.1% of men with disabilities.

People with disabilities who lived alone had very high rates of poverty. 37.6% of people with disabilities who lived alone lived in poverty in 2021, compared to 10% for people with disabilities who lived with others (Disability Without Poverty, 2023). Persons with disabilities account for 41% of the low-income population (Statistics Canada, 2017).



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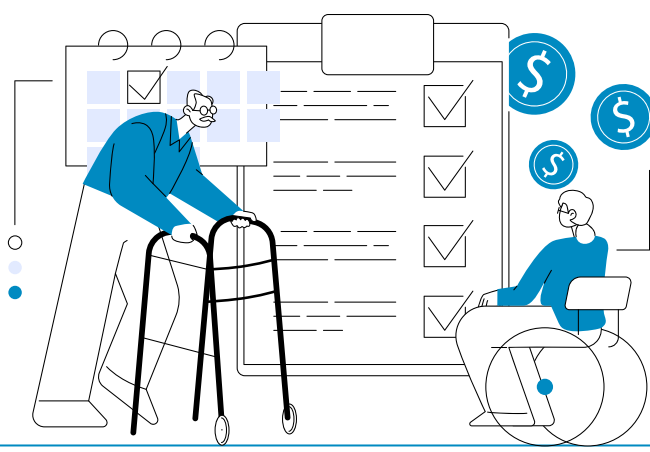
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Canada Disability Benefit: Expectations vs. Reality

Written by Brett Lambert
Research Officer (ESPC)

Persons with disabilities are disproportionately more likely to live in poverty compared to those who do not live with a disability. According to Statistics Canada's 2021 Canadian Income Survey, 41% of low-income Canadians live with a disability and 16.5% of whom live in poverty, representing more than 1.5 million people. By contrast, 8.5% of people without disabilities who live in poverty (Disability Without Poverty, 2023). Poverty rates for persons with disabilities is almost double the rate of the rest of the population.

Advocates have been calling for action to reduce poverty among persons with disabilities. Current provincial income support programs for persons with

well below the official poverty line.

In response to this, the federal government has promised to implement a Canada Disability Benefit (CDB) with the goal of reducing poverty and supporting the financial security of persons with disabilities. They promised to create this benefit back in September 2020, but efforts to develop and implement the benefit have been stymied with delays. Eventually, Bill C-22 was passed by the Parliament of Canada in June 2023 to establish this benefit (Aiello, 2023), but no firm timeline was given on when people could apply for and receive the CDB nor were there details on what amount those who qualify would receive.

What the disability community was hoping to see from a Canada Disability Benefit

In March 2024, advocacy group Disability Without Poverty released the results of their online survey and peer-to-peer conversations with the wider disability community on what they hoped to see out of a forthcoming Canada Disability Benefit (Disability Without Poverty, 2024).

They found there was an overwhelming sense of urgency needed for the new benefit as poverty and intolerable living conditions have been made worse by the rising cost of living. In some cases, the situation is so dire that it has prompted some people with disabilities to consider medical assistance in dying (MAiD). A successful CDB would lift disabled people out of poverty and provide an income that is above Canada's Official Poverty Line. This financial assistance would permit people with disabilities to participate more actively in society and contribute to the economy as they live proud and productive lives. This would mean they would be able to better afford additional living expenses such as disability-specific equipment, treatments such as physiotherapy, transportation and vehicle modifications, access to sign

language interpreters, special dietary considerations, and many more.

Stakeholders overwhelmingly felt that disabled people who already receive existing federal and provincial disability support programs should get immediate access to the CDB and be automatically enrolled. There was also a desire for a flexible and inclusive definition of disability to determine eligibility, considering certain kinds of disabilities that are invisible, episodic, and/or temporary. Eligibility should also be based on an individual's income, and not be connected to the income of one's family or spouse. This would enhance the autonomy of the person with disabilities.

Respondents to Disability Without Poverty's surveys felt that the CDB should provide between \$2,000 and \$3,000 per month. Other advocates have called for \$1,000 or \$2,200 per month (Canadian Union of Public Employees, 2024; Inclusion Canada, 2021). This benefit should be offered on top of provincial benefits and those who receive it should not suffer clawbacks to any other assistance they are receiving.

The CDB may not solve all problems, but the quality of life would improve with a realistic and respectful benefit for those who receive it. This would help them in the areas of health and nutrition, medicine and treatments, housing stability, mobility and transportation, personal care, financial security, community participation, and independence.

What people will get with the new Canada Disability Benefit

In April 2024, details of the new Canada Disability Benefit were finally revealed with the tabling of the federal government's 2024 budget. Despite the aspirations of advocates within the disability community, the new benefit falls far short of the goal of lifting persons with disabilities out of poverty.

The CDB will take effect in July 2025 and provide a maximum of \$2,400 annually and is estimated to go to over 600,000 low-income people with disabilities aged 18 to 64 (Barghiel, 2024). At \$200 a month per person, this benefit is drastically lower than what many advocates were hoping to see. The benefit would still see persons with disabilities who receive benefits from provincial programs living below the official poverty line.

Despite hopes to lift hundreds of thousands of people out of poverty, the new CDB would only lift 25,000 people out of poverty (Thurton, 2024).

To receive the maximum amount of the benefit, the annual income threshold is \$23,000 if the individual is single and \$32,500 if they are married or in a common law partnership. For individuals with incomes higher than these thresholds, the CDB is reduced by 20 cents for every dollar of income above these amounts. For those who earn some of their income from employment, the working income exemption is \$10,000 if the individual is single and \$14,000 if they're married or in a common law relationship. In that case, their income threshold would be \$33,000 for an individual and \$37,000 for those with a spouse or in a common law relationship before their benefit amount begins to be reduced (Government of Canada, 2024).

In addition, eligibility for the CDB is based on whether you are already receiving the Disability Tax Credit (DTC), which is a difficult tax credit to apply and qualify for. It would leave out many people who are on provincial disability income support

programs who do not qualify for the DTC (Beland and Ragot, 2024). Eligibility is also based on the annual income of the disabled individual as well as their spouse or common-law partner for those who are in a couple.

The federal government has defended this announcement stating that this is an initial first step. Tying eligibility to those who receive the DTC ensures the benefit would be delivered as quickly as possible. They are committed to doing more as they will be engaging in negotiations with the provinces and territories to ensure provincial programs do not unfairly claw back benefits in their own jurisdictions. The benefit is intended to be a supplement, not a replacement for other programs. However, details of what an expansion will look like or when it would roll out have not been disclosed (Van Dyk, 2024).

Concluding Thoughts

While the anticipated rollout of the Canada Disability Benefit is an important step forward and is years in the making, there is a wide gap between the hopes and expectations of what the disability community wanted to see and what the federal government is going to offer

individuals and households who qualify for the benefit come 2025.

The maximum benefit amount of \$2,400 per year still places too many people with disabilities below the poverty line, especially those who are on existing provincial income support programs. It is a fraction of what advocates were hoping to see. Even if the new benefit were to bring some persons with disabilities at or just above the official poverty line, they can still experience various indicators of living in poverty (such as food insecurity or housing instability) as they have increased expenses related to their conditions that those without disabilities do not have.

Tying eligibility solely to those who already receive the Disability Tax Credit leaves out large swaths of the disability community. Not everyone who is disabled qualifies for the DTC. Persons with disabilities who receive the Canada Pension Plan-Disability (CPP-D) and/or provincial income supports but do not get the DTC will be missing out on this new benefit.

Moreover, there are also persons with disabilities who may not receive any existing provincial or federal program also potentially left out.

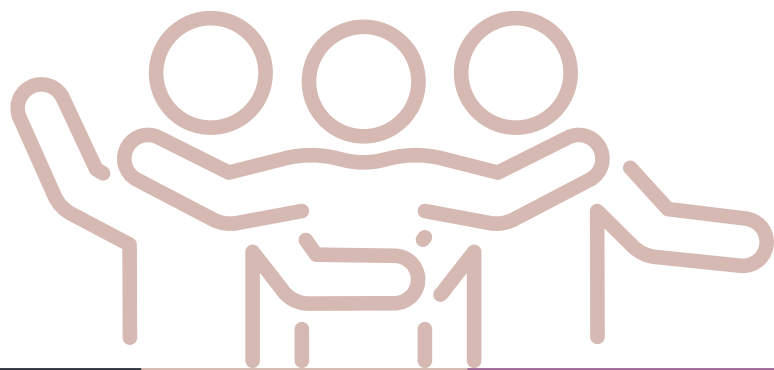
Those who may have “invisible” disabilities not deemed severe enough, may not be eligible for the new benefit.

The income threshold of \$23,000 for an individual to receive the maximum benefit amount is concerning too. Within Alberta, while persons with disabilities who are on the Barriers to Full Employment (BFE) program would hypothetically qualify for the maximum benefit amount of the CDB because their incomes are so low (they receive \$12,820 annually as of 2023), persons with disabilities who are on the Assured Income for the Severely Handicapped (AISH) program could hypothetically see their share of the CDB be slightly clawed back as their incomes are slightly higher than the \$23,000 threshold (they can receive a maximum of \$23,473 annually as of 2023) (Maytree, 2024).

Tying eligibility to overall household income instead of a person with disabilities' individual income is also a concern as it goes against the wishes of the disability community. Even if a person with disabilities is married to someone with a higher income, this places the disabled person in a potentially vulnerable position as they will be financially beholden to their

spouse making it difficult to leave if they are unhappy or if the relationship becomes violent or unsafe for them. That interferes with a disabled person's individual autonomy.

Action on the part of the federal government towards improving the lives and financial security for those with disabilities has left many within the community disappointed with what the CDB will offer. While implementing a new program and ensuring qualified individuals receive it in a timely manner can be a challenge, the initial roll out leaves a lot to be desired. If the government is sincere that this represents just a first step and more action will follow as they move forward with designing the program, it is our hope that robust changes to the incoming program will bring about meaningful change in a timely manner. The disabled community has been waiting too long as it is.



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Inherently “bad” parents: The legacy of eugenics on parents with disabilities

Written by Sydney Sheloff
Strategic Research Coordinator (ESPC)

Introduction

Between 1928 and 1972, Alberta’s Sexual Sterilization Act led to the involuntary sterilization of thousands of Albertans with disabilities, under the belief that preventing them from having children would stop the “multiplication of evil” and improve society. While this act no longer exists, the ideologies surrounding it continue to harm disabled people who want to have children. This article will provide a brief history of eugenics and the *Sexual Sterilization Act* in Alberta, and outline how the legacy of these practices has led people with disabilities to experience

both inadequate access to reproductive health care and disproportionate involvement with the Child Welfare System. To this day, there is an overwhelming prejudice that disabled people should not be having nor raising children.

History of Eugenics in Alberta

Eugenics is “a set of beliefs and practices aimed at improving the human population through controlled breeding” (de Bruin & Robertson, 2019). It does so by discouraging the procreation of people deemed undesirable

(negative eugenics), through practices such as sterilization and institutionalization. It also includes encouraging the breeding of people deemed desirable (positive eugenics) (de Bruin & Robertson, 2019).

Eugenicists asserted that certain “undesirable traits” – such as mental illness, addiction, poverty, and criminality – were hereditary. Limiting the reproduction of people with these traits would stop them from spreading, and therefore improve society (de Bruin & Robertson, 2019). Eugenics had a strong racist component, as anyone outside of the dominant group of Anglo-Saxon protestants – including Eastern European immigrants and Indigenous Peoples – were disproportionately considered undesirable (de Bruin & Robertson, 2019).

Eugenics was a widely accepted belief in Alberta in the early 20th century. In 1928, Alberta passed the Sexual Sterilization Act. This act established a Eugenics Board which had the power to authorize the sterilization of people who had been institutionalized for a mental disability or “deficiency” upon their release. The belief was a person could only be “safely discharged” if they did not pose a risk of the “multiplication of the evil” through

procreating. At first, consent was required by either the patient or their family, but an amendment was made in 1937 to remove the need for consent. In 1942, it was amended again, allowing the sterilization of people who had not been institutionalized. It was not repealed until 1972 (Clement, n.d., de Bruin & Robertson, 2019). Throughout its history, the Eugenics board approved the sterilization of 4,725 individuals, although only 2,834 were carried out (de Bruin & Robertson, 2019).

Eugenics’ Legacy Today

While eugenics is no longer codified in policy, its underlying ideologies still exist in the way we treat disabled people and procreation today. The *Sexual Sterilization Act* was based on the presumption that the state has a right to determine what kind of people can have children and what kinds cannot. Today, many people still believe that people with disabilities should not have children.

First, new reproductive technologies have allowed us to decide which babies get to be born and which do not. With the advent of genetic testing of fetuses, it has become

widely acceptable to choose to terminate a pregnancy solely because disabilities are detected. Some consider this a form of “new eugenics” as it still results in purging of disabled people from our society (de Bruin & Robertson, 2019). The practice reflects a belief that disabled lives are not worth living, it is often considered a mercy to abort a fetus that would be disabled.

Second, decades of people with disabilities being discouraged from having children set reproductive healthcare for them back. Today, many doctors are not equipped to care for people with disabilities when they are pregnant. Research out of Ontario found that people with disabilities are more likely to have something go wrong during their pregnancy, childbirth, or during the postnatal period, and less likely to have adequate post-partum follow up care. There is a lack of access to accommodations throughout their pregnancies – including sign language interpreters, plain language health information, and accessible examination tables. Stories have been shared of doctors assuming patients with disabilities did not have the capacity to parent, and encouraged them to terminate their pregnancies, or referred them

to child welfare services (Motluck, 2024).

Third are the rights of people with disabilities to keep their children. While Canadian research is sparse, research out of the United States shows that parents with disabilities are much more likely to be involved in the Child Welfare System than those without (Albert and Powell, 2020). Parents with intellectual and developmental disabilities, for example, were 1.17 times more likely to have their child involuntarily placed in out-of-home care and 2.19 times more likely to have their parental rights terminated compared to non-disabled parents (LaLiberte, Piescher, Mickelson, & Lee, 2016).

Albert and Powell (2020) interviewed parents with disabilities, Child Welfare Service (CWS) professionals, and attorneys to better understand parents with disabilities’ interactions with CWS. Participants believed the CWS professionals did not have adequate knowledge or experiences to support people with disabilities. The CWS was seen to lack appropriate supports and services, including mental health support, sign language interpretation, and educational resources for parents with intellectual disabilities. Many parents with disabilities have a mistrust of the Child Welfare System, which makes it hard for them to access help (Albert and Powell,

2020).

More importantly, parents described that CWS workers held biases towards them and their parenting skills. As one participant succinctly put it: “if you have a disability, you’re already a bad parent.” Other described CWS treating the parents themselves like children. CWS professionals and attorneys corroborate this, explaining that there is an overwhelming bias that people with disabilities do not have the capacity to be good parents (Albert and Powell, 2020), which informs the decisions that CWS workers make. Rather than offering support, they look for evidence to support their biases and take children away.

Conclusion

Alberta has a long and dark history of eugenics. From 1928 to 1972, the Sexual Sterilization Act resulted in thousands of people with disabilities being sterilized against their will to stop the “multiplication of evil” throughout Albertan society. While this act has since been repealed, the ideologies surrounding it continue to influence how we treat disabled people when they want to have children.

First, abortion of disabled fetuses

solely because they are disabled is still very much accepted. Second, decades of being barred from having children has resulted in inadequate healthcare and poorer outcomes for pregnant people with disabilities today. Third, disabled people are seen as inherently bad parents who do not have the capacity to raise children, resulting in disproportionate child welfare involvement. Overall, there continues to be a belief that disabled people should not have children, and that professionals have a responsibility to intervene in their reproductive and child-rearing decisions. This is ironic because many professionals lack the knowledge to properly support people with disabilities.

People with disabilities know their own capacity and know what supports they need as they navigate pregnancy and raising their children. Creating change requires professionals in the health care and child welfare sectors to take a deep look at how eugenics has affected the way the systems they work for are structured, and how it influences their own internal biases. People with disabilities need to be recognized as capable parents, and to be treated with dignity and respect as they interact with these systems.

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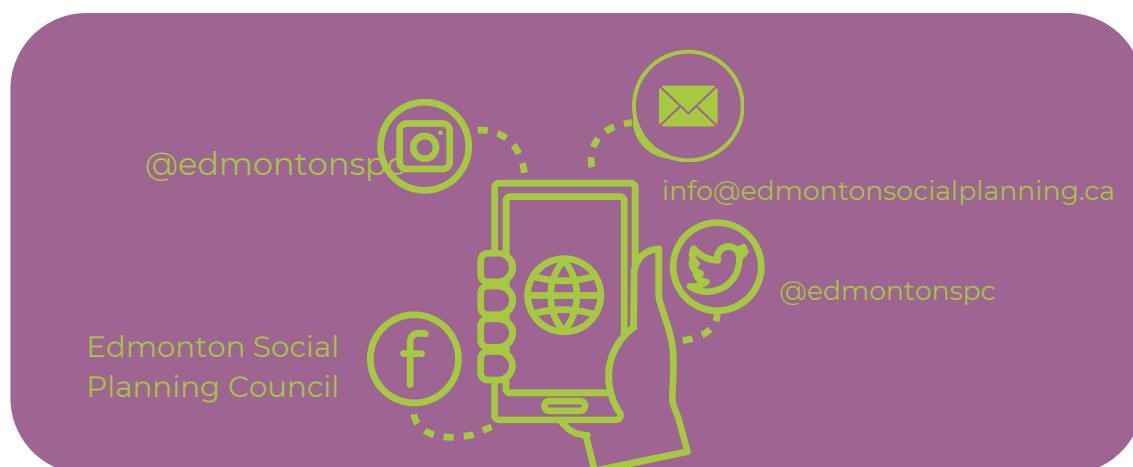
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What Is Inclusive Hiring?

Written by Aime Hutton
LGBTQ+ Youth Coach, Professional Speaker/
DEIB Trainer

Personal Anecdote

In October of 2023, I attended a job fair in Calgary to talk to employers about the inclusive hiring training that the company I worked for provided. This training is for employers to become certified as inclusive employers, specifically to those in the disability community. I remember chatting with an employer who stopped by the table and asked them if they wanted to chat more another day about the training program. She told me that they have a ramp going into their store, therefore they're already inclusive.' I politely smiled and said, "it's a lot more than that."

And it is. The disability community is wide and vast. Some folks are born with their disabilities, and some are not. When watching the Paralympics earlier this month, a sobering quote stuck out amongst the chatter of the competition. "Some athletes have not yet had their accident/ illness to qualify them as a para-athlete." For example, there was a rowing para-athlete this year competing for Canada who was one of the Humboldt Bronco's crash survivors.



Thinking Deeper into the Complexity of Disability

Many people are aware of disabilities that are visible, meaning you can see them just by looking at a person, such as wheelchair users. However, many people do not often think about disabilities that are non-apparent, meaning you cannot see them just by looking at a person, such as a neurodevelopmental disorder.

Additionally, many people without disabilities forget that there are people who live with multiple disabilities. A person may live in a wheelchair and live with mental health disabilities. Or there may be a person who has autism and attention deficit disorder. Someone may be blind and also struggle with their memory.

The complex nature of disabilities means that accommodations to support them in the workplace are often complex, and people may need multiple accommodations. Many employers already know to put physical accommodations in place – such as installing ramps and elevators. However, some accommodations are less obvious, and meant to support people socially and psychologically.

What Practices Employers Can Implement to be More Inclusive?

Of course, having a ramp to enter a building is necessary and a good basic building block in the steps to becoming an inclusive employer. However, this is just a visible, expected baseline. There are other measures an employer can put in place to be an inclusive employer:

- Ask candidates if they need accommodations when they interview for a position. Employers are not legally allowed to ask if a job seeker lives with a disability. However, to show they care about inclusivity it is essential they ask about any accommodations a candidate might need right from the very first contact.

Employers need to emphasize that disclosing a need for an accommodation will not hurt their candidacy, and employers should make the effort to put those accommodations in place if that candidate is hired.



Mention any potential barriers for the workplace. For example, an employer could mention their office is located on a higher floor and there is no elevator in place to ensure a candidate expects stairs. Or that the work environment is very busy and loud, and that part of the job includes that a candidate must be able to speak to clients over the phone. Employers should ask candidates what accommodations they can put in place to alleviate these barriers.

These are just a few examples of things employers can do to be more inclusive, but ultimately the best thing employers can do is ask the job seeker what they need to be successful at the job.

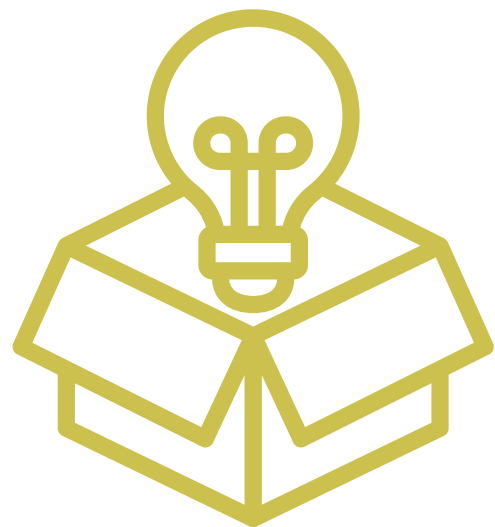
Think Outside the Box

Making accommodations for a job seeker and an employee can be easy and free a lot of the time. It is possible a person needs four 15-minute breaks instead of a 1-hour lunch break because of their attention disorder. Maybe someone needs to start their day at 8:30 am instead of 8 am because of the transit options for them to get to the office.

Consider creating designated quiet spaces and allow employees to wear headphones without judgement.

Putting in ramps at your place of work is great for everyone. Having ramps helps folks who live with a mobility disability, including those who have walking/balance issues, or use a mobility device such as a wheelchair, a walker, or a cane. In addition, ramps help delivery drivers or parents with strollers, really everyone can benefit from a ramp.

If funding for an employer is a barrier to providing an inclusive workplace, they could consult the [Rick Hansen Foundation](#) or the [Neil Squire Society](#). These foundations have grants and programs to help businesses with making a place of business more accessible.



A Call to Action

Employers should ensure that they revise their hiring practices, policies, documents and procedures to adapt to an inclusive hiring environment. This starts with one thing at a time, and it is never too late. Employers should stretch this beyond their hiring practices and offer these accommodations to their current staff as well. It is possible employers already have employees with disabilities who do not feel empowered to ask for help. It is important to remember that inclusivity harms no one, but benefits everyone.



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Mental Illness as an Invisible Disability: A Focus on Employment and Disability Benefits

Written by Sofia Rosichuk
Research Assistant (ESPC)

In Canada, over four million working-age individuals (18–64 years) live with a disability, with a significant portion those being invisible (Hoffman et al., 2016). Invisible disabilities are often misunderstood, representing a critical dimension of disability studies, particularly when examining mental illness. However, obtaining precise statistics on mental illness as a disability is challenging due to the variability in how these conditions are defined and measured across different contexts.

Invisible Disabilities and Stigmatization

The terminology of 'invisible' disabilities, while intended to help create unity, reflects a broader societal discomfort with disabilities that do not conform to visible, easily understood physical manifestations. Mental illness presents unique challenges, as these conditions interfere with daily functioning without an obvious physical manifestation. They are often dismissed because their symptoms are not immediately apparent to others (Mullins & Preyde, 2013).

The concept of "invisibility" in mental health disorders creates a hierarchy of need based on physical manifestations. Visible symptoms like paranoia or hallucinations often attract quicker attention and access to services, while less apparent symptoms, such as severe depression, may go unnoticed and untreated. This disparity skews public perceptions of mental illness, reinforcing stereotypes about what it "looks like" and who deserves help.

These perceptions are dangerous in two significant ways. First, they can create a system where access to care is contingent on the visibility of one's symptoms, which is disadvantageous to those whose conditions are less apparent. Second, they perpetuate a narrative about how mental illness should manifest, leading to stigma for those who do not fit this mold. Despite widespread awareness that mental illness can affect anyone, stigma persists, rooted in deep-seated biases and a lack of understanding about the nature of these conditions.

Stigmatization is a significant barrier to accessing support. Many individuals with mental health conditions fear the repercussions of disclosing their illness, particularly in environments where they might be judged or treated differently.

A 2019 survey revealed that 75% of Canadians would be reluctant—or would outright refuse—to disclose a mental illness to an employer or coworker. The primary reasons for this reluctance include fear of stigma, concerns about being treated differently, and potential consequences for their careers. Yet paradoxically, 76% of respondents expressed that they would be comfortable and supportive of a colleague with a mental illness (CAMH, 2024). This contradiction highlights the complex dynamics of stigma: while people may express empathy and support in theory, the fear of being stigmatized in practice remains pervasive.

Sense of Normalcy in Work Contexts

In Canada, employers are legally required to accommodate employees with disabilities under the Canadian Human Rights Code. However, there is a lack of clarity in policy for mental illness that creates significant challenges for employees with mental health conditions and for the managers and HR professionals who support them.

Employees with mental health conditions may be reluctant to request accommodations due to concerns about stigmatization. These concerns are not without merit, research indicates that employees who disclose mental health conditions often face increased scrutiny and discrimination, leading to further marginalization and exclusion from the workforce.

The intersection of disability, stigma, and poverty exacerbates the situation, especially for those who depend on welfare benefits. Many individuals fear that disclosing their condition or attempting to work could jeopardize their eligibility for benefits, creating a disincentive to seek employment or request necessary accommodations.

The process of obtaining and maintaining these benefits is difficult. For many, these benefits serve as a critical lifeline, and the risk of losing them can deter individuals from pursuing employment opportunities, thereby perpetuating their vulnerability. Additionally, mental illness is often not prioritized when benefits are given out by level of need, which can result in inadequate support systems and added difficulties in navigating the process of securing accommodations and benefits.

Despite being included in Canadian programs like the Disability Tax Credit and the forthcoming Canada Disability Benefit, mental illness often does not receive the same level of support as physical disabilities (Gewurtz, 2018).

Mental Illness and Disability Benefits

Canada Pension Plan Disability (CPP-D): A federal benefit available to individuals under the age of 65 who have contributed to the Canada Pension Plan and are unable to work due to a severe and prolonged disability. While this benefit is intended to provide financial support to those who cannot work, individuals with mental illness often face barriers in proving the severity and duration of their condition. The subjective nature of mental illness symptoms, coupled with fluctuating periods of wellness and relapse, can make it difficult to meet the strict eligibility criteria required (Canada, 2024).

Disability Tax Credit (DTC): A non-refundable tax credit that helps reduce the amount of income tax individuals with disabilities, or their supporting family may have to pay.

To qualify, individuals must demonstrate that their disability markedly restricts their ability to perform basic activities of daily living. However, the application process is often criticized for being overly complex and not sufficiently accommodating to the nuances of mental health conditions. For example, the DTC form requires a medical practitioner to certify the severity of the disability, but mental health symptoms may not always fit neatly into the categories provided, making it difficult for those with mental illness to qualify (CRA, 2024).

The upcoming **Canada Disability Benefit**, a federal income supplement for low-income Canadians with disabilities, is expected to provide much-needed financial relief. The new benefit will take effect in July 2025. However, eligibility to receive the benefit is open to those who qualify for and receive the existing Disability Tax Credit. Given that mental health conditions often fluctuate, the rigidity of eligibility criteria and the fear of losing benefits if one's condition temporarily improves may limit the benefit's effectiveness for those with mental illness (Canada, 2024). To learn more about what the Canada Disability Benefit will look like, please read the article covering this new program on page 10.

Conclusion

Mental illness as an invisible disability presents profound challenges, particularly in work and financial contexts, where stigma often creates barriers to necessary support and accommodations. The fear of judgment and marginalization forces many to conceal their conditions, deepening isolation and struggle. Addressing these issues requires a multi-faceted approach: raising awareness, fostering inclusion, and equipping policies and support systems to meet the complex needs of those with mental health disabilities. By challenging societal narratives that prioritize visible disabilities and promoting a nuanced understanding of mental illness, we can create environments where individuals with mental health conditions are empowered to thrive personally and professionally.

Workplaces must prioritize inclusivity, recognizing mental health conditions with the same seriousness as physical disabilities. This involves comprehensive support systems, open dialogue, and accessible, stigma-free accommodations.

Policymakers must also acknowledge the unique challenges faced by individuals with mental health disabilities and develop robust, flexible support systems to meet their needs.

The path to destigmatizing mental illness and improving the lives of those affected requires a concerted effort across all sectors of society. By acknowledging the invisible nature of these disabilities and dismantling the barriers they create, we can lead change into a society where regardless of mental health status, every person has the opportunity to succeed and lead fulfilling lives.



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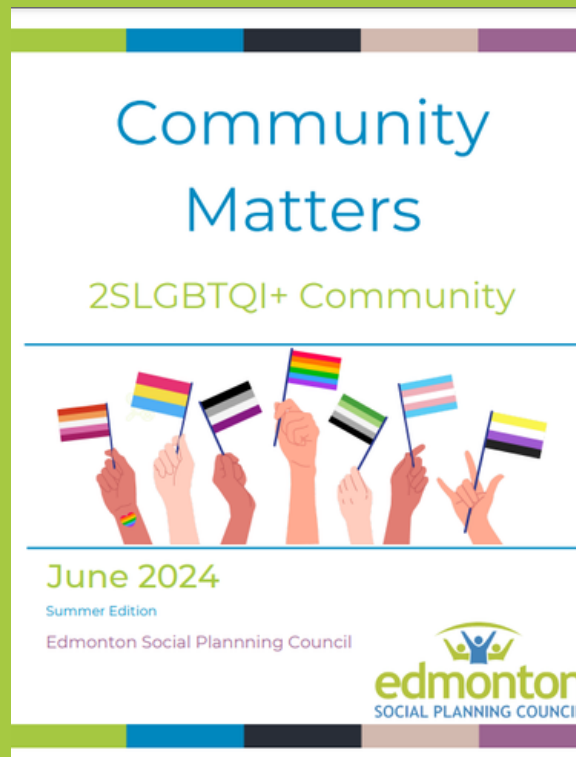
There are multiple ways that you or your organization can contribute to our upcoming publication in December, which will focus on Seniors and Older Adults.

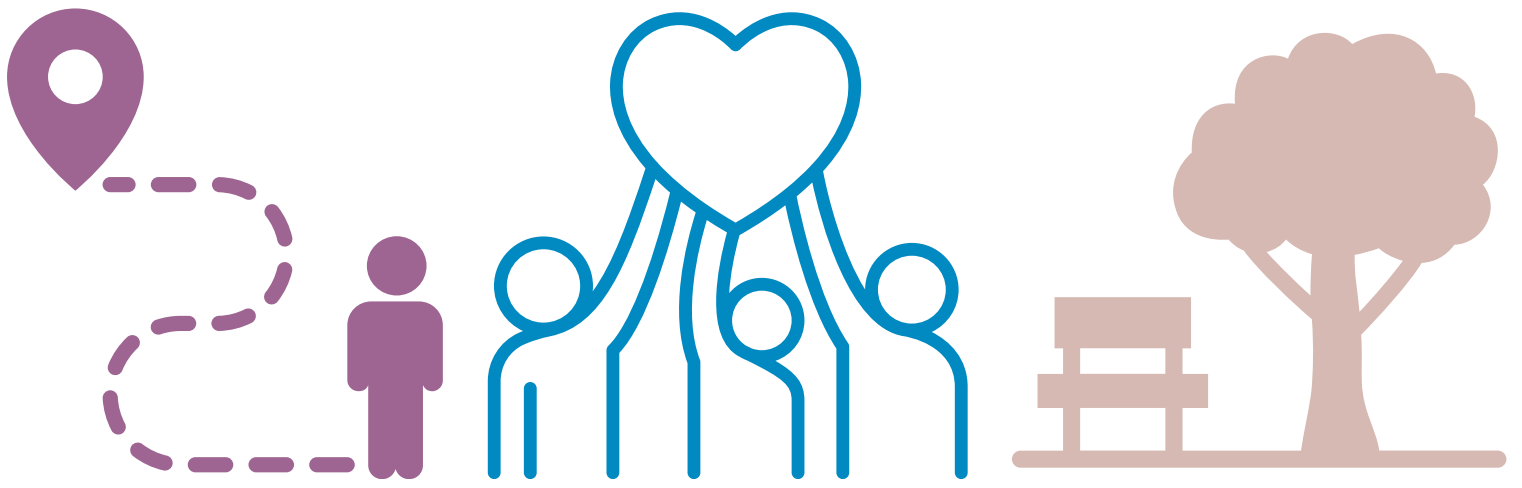
Our planning for the next edition will be starting in October!

For more information or to express your interest please contact:

Janell Uden

(janellu@edmontonsocialplanning.ca)





Building Cities for People, Not Machines: Why Universal Design Matters

Written by Luis Alejandro Murcia
ESPC Volunteer

For many of us, life can be mildly inconvenient - waiting to cross the street on a hot summer day, navigating icy sidewalks because melted snow piled there, or pushing heavy doors and running down the stairs to not miss the train at Churchill station, even the extra little step on the sidewalk. However, for many others, these minor annoyances can turn into significant barriers. The root of these challenges lies in how our cities are designed—often prioritizing cars over people.



This is where Universal Design (UD) comes in. It offers an approach that seeks to create spaces and environments accessible to everyone, regardless of ability, rather than focusing solely on accommodating machines – the cars.



Figure 1: Navigating Edmonton by Luis Murcia

The Car-Centric City

For decades, cities have been designed around the car. Local governments in North America have often prioritized car infrastructure at the expense of pedestrians, cyclists, and public transit users. Figures such as Robert Moses, who had a profound influence on the mid-20th-century city planning in New York, pushed this car-first mentality (Chantry, n.d.). This has left a legacy of narrow sidewalks, poorly lit streets, and urban spaces that are difficult or impossible for people with disabilities to get around. Despite the Universal Declaration of Human Rights adopted by the United Nations General Assembly in 1948, which emphasized human dignity and equal rights, city design has remained largely unchanged (Schindler, 2015).

What is Universal Design?

Universal Design is the most inclusive expression of urban design. It aims to fix these problems by making cities accessible to everyone.

While different organizations may differ in semantics, **UD is based on seven principles (Center for Universal Design, 1997):**

1. Equitable Use: Spaces that are usable by people of all abilities

2. Flexibility in Use: Accommodating diverse preferences and abilities.

3. Simple and Intuitive Use: Easy to understand, regardless of experience.

4. Perceptible Information: Communicating information effectively.

5. Tolerance for Error: Minimizing hazards and preventing accidents.

6. Low Physical Effort: Reducing the need for strenuous physical effort.

7. Size and Space for Approach and Use: Ensuring sufficient space for movement.

These principles are especially crucial in housing and public spaces, as explored by Shahrom and Zainol, who highlight how Universal Design enhances accessibility for people with disabilities by enabling greater independence and participation in everyday activities (Shahrom & Zainol, 2020). In short, UD is good design.

Lack for a push for change

Despite the clear benefits, many cities have been slow to adopt Universal Design and people that are just mildly inconvenienced do not push for change. A significant reason is the entrenched car-first mentality that has shaped urban development for decades. In addition, the daily grind of commuting by car—waiting in traffic, dealing with poor public transit options—creates stress and fatigue, making it hard for people to care about long-term planning issues that don't affect them directly (Passport Health, 2018). Add to that the exhaustion from constant digital engagement with negative news, and it becomes easy to see why advocating for change feels unrelated to most (American Psychological Association, 2022).

The Impact of Universal Design on People with Disabilities

For individuals with disabilities, UD is not just a convenience but a necessity. It offers:

- **Enhanced Accessibility:** Better physical access through ramps, wider pathways, and public spaces designed with mobility in mind.
- **Greater Independence:** Reducing reliance on caregivers or public assistance by making everyday tasks, such as traveling or grocery shopping, more manageable.
- **Social Inclusion:** By creating spaces that everyone can use, Universal Design encourages participation in public life and helps reduce stigma (Imrie, & Hall, 2001).

Furthermore, Evans-Cowley's research on Zoning for Universal Design and Visitability illustrates how implementing UD principles can reduce isolation for people with disabilities by fostering inclusive communities (Evans-Cowley, 2006).

Economic and Social Benefits

Beyond inclusivity, UD makes economic sense. Retrofitting cities to meet the needs of people with disabilities is expensive. By building accessible spaces from the outset, cities can save money in the long run (World Economic Forum, 2024). Moreover, Universal Design benefits everyone, not just people with disabilities. Parents with strollers, cyclists, delivery workers, and even tourists benefit from features like curb cuts, wider sidewalks, and accessible public transit (City of Edmonton, 2023).

Universal Design in Edmonton

In Edmonton, this issue is familiar. Much of the city's infrastructure assumes that residents will drive from the suburbs to their destinations, leaving those who rely on public transit or walking with fewer options. This prioritization of the car ignores the needs of many residents, especially those with mobility issues.

Edmonton has made progress in adopting Universal Design principles in recent years, particularly with its updated 2023 Complete Streets Design

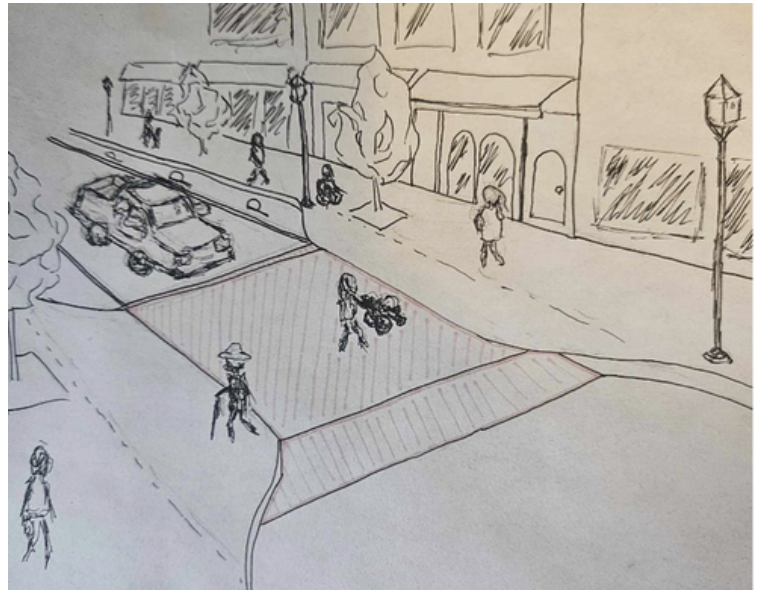


Figure 2: Raised Midblock Crossing - Luis Murcia

and Construction Standards, which emphasize creating streets that are accessible to all users, from pedestrians and cyclists to those with mobility impairments (City of Edmonton, 2023). These guidelines are a step forward, but much more needs to be done in practice to prioritize people over cars and ensure full accessibility throughout the city.

Looking Ahead

As Edmonton continues to grow, it is crucial that future planning efforts focus on Universal Design. By adopting these principles, we can create an inclusive city where everyone can thrive. As residents, we must push for policies that prioritize accessibility, ensuring that our streets, public spaces, and transportation systems work for people—not just machines.

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The Urgent Need for Reform in Alberta's PDD Program

Written by Keri McEachern
Self-Advocacy Federation

Alberta's Persons with Developmental Disabilities (PDD) program is under fire for relying solely on IQ scores to decide program eligibility. This outdated practice recently came to light when Evan Zenari, a young autistic man with intellectual disabilities, was denied PDD services because his IQ was deemed eight points above the eligibility threshold. This over-reliance on IQ scores has left many individuals without the support they need, leading to severe outcomes like homelessness, addiction, and incarceration.

The Alberta Ombudsman, an

independent office that ensures fairness in public services, recently investigated these issues. The Ombudsman's report, titled *Denied by Design*, highlights serious flaws in how the PDD program determines eligibility. Despite three reviews by the Department of Seniors, Community and Social Services, no changes have been made to the regulations due to the high costs associated with expanding the program (Alberta Ombudsman, 2024).

The College of Alberta Psychologists informed the Ombudsman that basing eligibility solely on IQ scores is outdated and does not align with the DSM-5,

updated in 2013, emphasizes a broader understanding of disabilities, yet the PDD program continues to use an older version of the manual, ignoring recommendations to update its policies (Alberta Ombudsman, 2024).

In a 2013 court case, Justice Ouellette pointed out that the legislation was never intended to use IQ scores as the sole determinant for eligibility. However, the outdated regulations of the PDD program left the Appeal Secretariat unable to make a decision in Evan Zenari's case, leading his family to seek help from the Ombudsman (Alberta Ombudsman, 2024).

The Ombudsman's investigation sheds light on the gap between the rigid PDD regulations and the actual needs of individuals with developmental disabilities. The report calls for changes to prevent further injustices, such as considering the person's adaptive skills and mental health, which are two other eligibility requirements under the PDD Act. It also found that section 3 of the PDD Regulations, which bases eligibility solely on IQ, is unreasonable and discriminatory (Alberta Ombudsman, 2024).

The report emphasizes the importance of a fair process for PDD applicants. Denying essential services to those with intellectual disabilities can have devastating consequences, leading to increased risks of homelessness, addiction, and incarceration. This issue is personal for many families in Alberta, as outdated regulations create barriers to accessing necessary support, adding strain to families and the community.

Parents who cannot get support for their adult children find themselves in an untenable position of having to quit their jobs to stay home and provide care, or they rely on aging grandparents and siblings to fill in the gaps.



When people can't get PDD support and their natural supports break down, many end up spiralling into homelessness and incarceration, costing taxpayers exponentially more than if they had been supported in the PDD program. Research shows that 77% of people who live in homeless encampments or shelters are living with a disability (Statistics Canada, 2021).

Between 2018 and 2022, the provincial government spent an average of approximately \$158,826,400 on Home Living Support, \$6,691,314 on Employment Support, and \$36,743,260 on Community Access Support (Government of Alberta, 2024). The PDD program costs will continue to climb as Alberta's population increases, and people with disabilities live longer due to medical intervention and good healthcare.

Despite judicial decisions and the Ombudsman's report, the Alberta government is reluctant to expand the program due to cost.

The Ombudsman's findings raise important questions about the fairness and inclusiveness of Alberta's public programs. It's crucial for all Albertans to understand these issues and advocate for changes to ensure equitable access to support.

Albertans are encouraged to contact their local representatives and push for reform of the PDD program's regulations. For more information and to read the full report, visit the Alberta Ombudsman's official website. A review of PDD regulations is expected to begin in September 2024. The Alberta Ombudsman's full report – Denied by Design can be found [here](#).





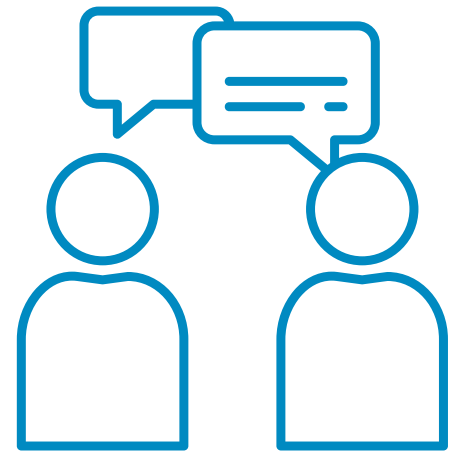
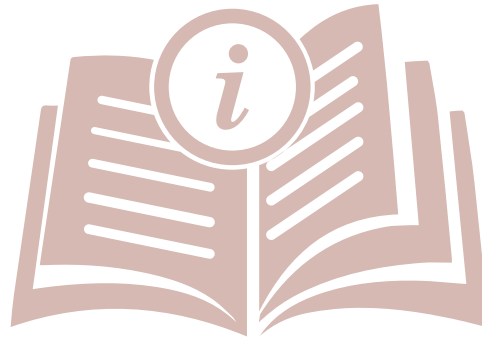
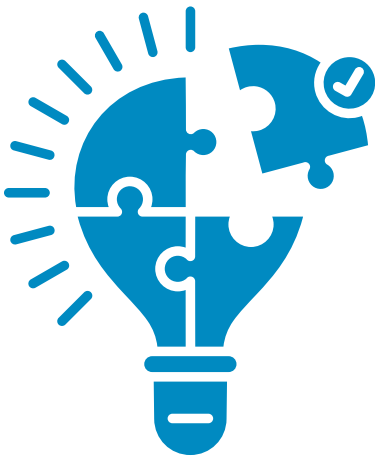
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Breaking Common Misconceptions and Mistakes Around Interacting with People with Disabilities

Written by Dikshya Karki (ESPC Volunteer)
& Janell Uden - Research Services and Capacity Building
Coordinator (ESPC)

Interactions with persons with disabilities can sometimes be influenced by stereotypes and misunderstandings. Although many people have good intentions, their actions and words may inadvertently cause discomfort or perpetuate harmful assumptions. It is important to address these misconceptions and move on from discriminatory practices. Such a shift is vital to creating a more accessible and inclusive Edmonton. The most important thing to remember is to be respectful and polite.

Key Things to Remember

1. Not all Disabilities Are Visible

Not all disabilities are visible. Many people live with invisible disabilities such as chronic pain, mental health conditions, and/or sensory impairments. Such an assumption can lead to the dismissal of needs because the need does not align with a person's concept of what disability looks like. People may be judged or criticized for using accommodations because others do not see or feel like they need them.

For example, a person using an accessible parking spot with a prosthetic leg and if they're wearing pants no one can tell. Also, someone wearing noise cancelling headphones in public to lower the stimulation levels and people thinking they are being rude.

A Better Approach:

- Don't make assumptions about someone's disability

2. Respectful Communication

Avoid objectifying or patronizing comments like “What happened to you?” or “You're so brave!” Asking someone why they are disabled is rude, and an invasion of privacy. Living with a disability does not make someone brave, it just means they have had to adapt to life in a different way. A person's disability is not a topic of conversation for you to engage with unprompted.

Always speak directly to the person with a disability. This includes if/when they are accompanied by an interpreter or personal service worker. Avoid bending down, leaning or kneeling to be “eye level” with a person.

While it may feel odd to not have perfect eye contact with who you are speaking, contorting yourself for sure eye contact is disrespectful in practice.

A Better Approach:

- If they choose to share, let them lead the conversation about their experiences.
- Avoid infantilizing or patronizing comments.
- Within reason, stay as you are when talking to a person with a disability who may be seated or shorter than you. There is no need for you to go out of your way to maintain eye level and eye contact.

3. Cease Using Outdated or Offensive Language

Language is a powerful tool, and the words we use can either empower or marginalize people. Terms like “handicapped” or “wheelchair-bound” can feel limiting and outdated. It's essential to stay informed about respectful terminology such as person- first language such as “a person with a disability” rather than saying “a disabled person”. Using neutral and respectful language is a must.

A Better Approach:

- Ask if you're unsure about terminology or consult resources from disability advocacy groups.
- Use "person-first" language to emphasize that the individual is more than their disability.
- Terminology around disability is an evolving area. Below is a table that gives examples of some current accepted terminologies. While the following terms offer suggestions, remember to always go with the individual's preference first.

Type of Disability	Terminology
Blind/ Low Vision	A person who is blind, or a person with a visual impairment
Hearing Impairment	A person who is hard of hearing, a person who has a hearing impairment, a person who is deaf. Sign language users who are culturally linguistic deaf people are properly referred to as the Deaf" (with a capitalized D). People who do not use sign language are properly referred to as "the deaf" (lower case d) or people who are deaf
Intellectual	A person with an intellectual disability. Someone could say "a person with Down's Syndrome" only if it is relevant to the situation
Learning	A person with a learning disability, a person with dyslexia
Mental Health	A person with a mental health disability, a person who has schizophrenia, a person who has depression
Mobility	A person with a disability, a person who uses a wheelchair, a person with a mobility impairment

Note. This table contains information from the University of Windsor's Accessibility Awareness: Accessible Customer Service Handbook and Learning Module.

4. Never Assume

It is best practice to never assume. Do not assume someone needs help because you perceived they do. While the intention in helping a person with a disability may be good, it is disrespectful to help without asking first. Having one disability does not imply that a person has another. For example, assuming a person with a speech related disability also has an intellectual or developmental disability would be inappropriate (University of Windsor Accessibility Guide, 2017). Do not assume you can observe someone's ability or needs.

A Better Approach:

- Always ask before offering help and respect the person's response.
- Acknowledge that there are different ways to do things -- understand that adaptive technology or methods may allow someone to handle tasks in ways that differ from what you're used to.

Why This Matters to Edmontonians

Edmonton is a diverse city. Ensuring that persons with disabilities feel respected and understood is a key part of fostering a community that values every individual. Nearly one in five Canadians has a disability and creating a supportive environment benefits everyone (Government of Canada, 2020). By breaking these misconceptions, Edmontonians can lead the way in forming more inclusive public spaces, services, and conversations.

Call to Action: How You Can Make a Difference

- **Educate Yourself:** Read books, attend workshops, or listen to disability advocates. The more you learn, the better equipped you'll be to engage in respectful ways.
- **Challenge Ableism:** Call out stereotypes or ableist language when you hear it, and advocate for greater accessibility in workplaces and public spaces.
- **Promote Accessible Design:** Whether you're planning an event or designing a public space, think about how to make it welcoming for people of all abilities.

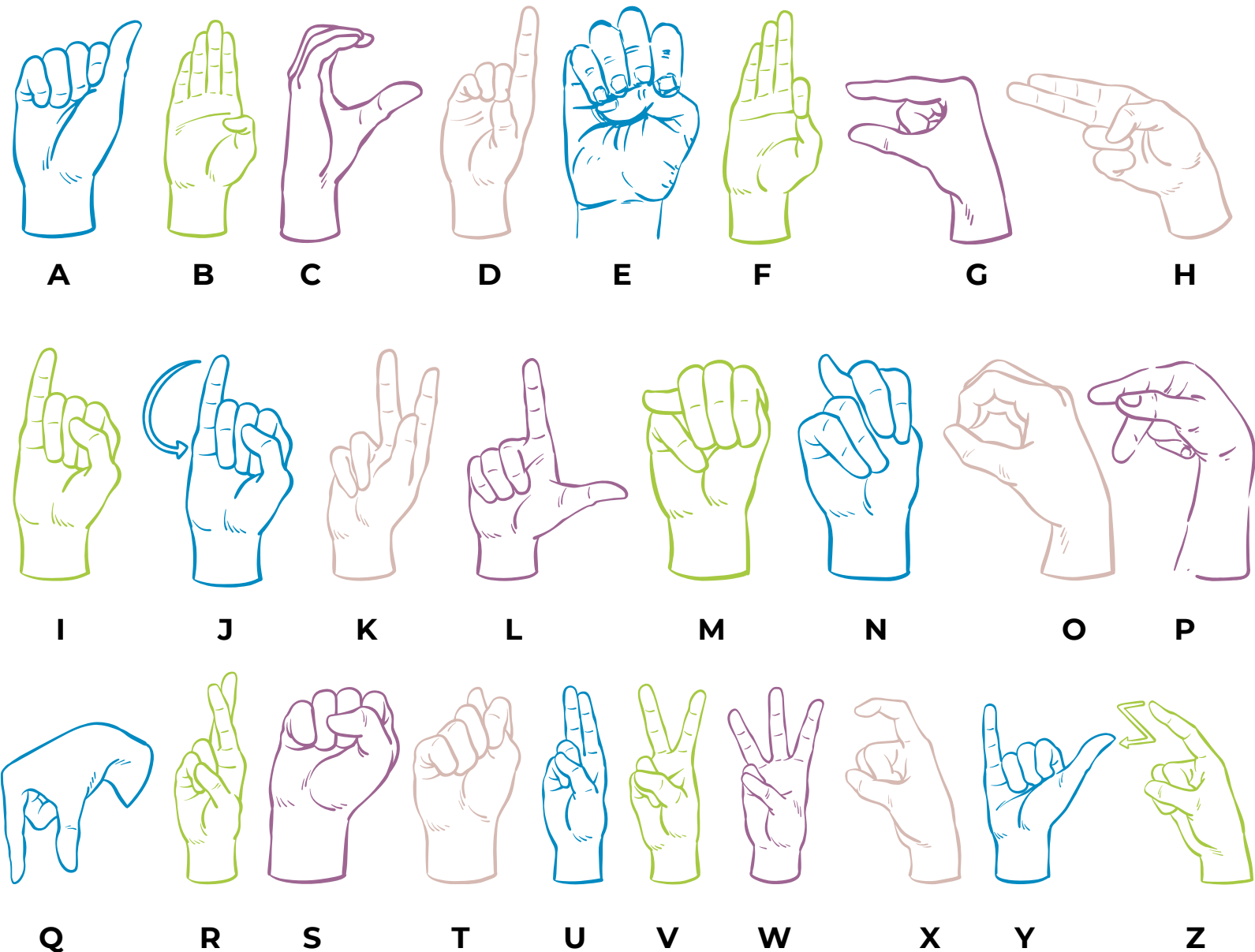
For more information on how to interact respectfully with people with disabilities, check out resources from organizations like [Disability Alliance BC](#), and [Voices of Albertans with Disabilities](#).

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Disability and Food Security: Affordability, Access and Barriers

Written by Angela Soares (ESPC Volunteer)
& Susanne Urbina - Capacity Support Assistant (ESPC)

Food insecurity in Canada has reached unprecedented highs in the past few years in the face of the COVID-19 pandemic and cost-of-living crisis. Food is a fundamental human right and a pillar of guaranteeing human dignity, health and well-being (Gomez, 2024). Unstable food access and affordability contributes negatively to subjective well-being, and people with disabilities are disproportionately affected. People with disabilities have been particularly vulnerable to food insecurity during this time, facing inequalities when it comes to accessing and affording the food they need.

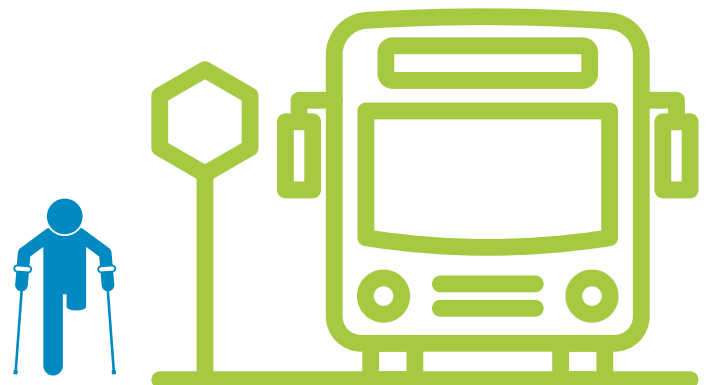
Insecure food access contributes to reduced dietary quality and variety, disrupted healthy eating patterns, and reduced food intake (Hadfield-Spoor et al., 2024). Poor diet quality due to insecure food access is then further associated with mental, physical and chronic illness (Hadfield-Spoor et al., 2021). Therefore, a self-perpetuating situation evolves, the health of individuals with disabilities is compromised by food insecurity and the negative health consequences of insufficient food or lower quality food is greater for persons with disabilities (Park et al., 2020).

The range of impairments related to disability means that there are a variety of social and physical barriers inhibiting a disabled persons ability to afford, access and eat a healthy diet. Studies have shown that persons facing disabilities related to learning, memory, development and seeing are at higher risk of more severe food insecurity and persons with both cognitive and/or mental and physical disability are at the highest risk for food insecurity (Hadfield-Spoor et al., 2024; Hadfield-Spoor et al., 2022; Schwartz et al., 2019). Persons with disabilities have higher financial needs and lower financial resources and are more likely to experience ill health, where lower socioeconomic status and ill-health are both shown to increase the risk of food insecurity (Gupta et al., 2024; Hadfield-Spoor et al., 2024; Hadfield-Spoor et al., 2022; Schwartz et al., 2019).

Adults with disabilities also face barriers shopping for their groceries, putting them away, preparing the meal, and cleaning up afterwards. A researcher from the University of Toronto, accompanied 23 study participants with disabilities who use mobility aids or experience physical challenges to their mobility, on a typical grocery store shopping trip.

This project revealed many barriers found in the store such as garbage cans blocking pathways, and narrow aisles (Strauss, 2021). Barriers found in other projects include inaccessible entrances, poor placement of products, crowds that can make moving around difficult if not stressful, and the absence of accessible parking (Bilyk et al., 2009; Burns et al., 2015; Keller et al., 2007a; Nolan et al., 2006).

There are also barriers faced in traveling to the store, such as distance or terrain that is too great to navigate, uncrossable intersections, and a lack of curb cuts and ramps. Inclement weather can affect any outing, but seasonal effects such as extreme cold or icy conditions make it especially difficult to leave home. Public transportation has many challenges, routes may be too far away, onboard accessibility is difficult, and there is an absence of seating both at a station or on transit itself.



Many people do not want to rely on others to help as they might feel like they are a burden to others (Bilyk et al., 2009; Burns et al., 2015; Keller et al., 2007a; Nolan et al., 2006). Impaired mobility may limit the frequency of shopping trips which results in reduced access to needed food items, especially fresh food, further impairing the ability to make and consume healthy food at home.

Other barriers to shopping include chronic pain, limited physical strength, and fatigue after standing or moving for periods of time (Marianna S. Wetherill, Ashton R. Duncan, Hartley Bowman, Reagan Collins, Natalie Santa-Pinter, Morgan Jackson, Catherine M. Lynn, Katherine Prentice, Mary Isaacson, 2021)

Food preparation, as well as many other daily routines, need to be pre-determined and well-planned to accomplish successfully. Occupational and physical therapists help in improving these routines by recommending strategies, techniques and tools (Marianna S. Wetherill, Ashton R. Duncan, Hartley Bowman, Reagan Collins, Natalie Santa Pinter, Morgan Jackson, Catherine M. Lynn, Katherine Prentice, Mary Isaacson, 2021).

A barrier to quick and easy food prep may be the lack of having adaptive cooking tools and equipment. People with a wide range of disabilities can benefit from using specially designed, time-saving devices and appliances (Lockard, 2023). Most kitchen layouts do not provide adequate space for wheelchair mobility or have countertops and work surfaces at an adequate height to allow for ease of use.

Accessible kitchens are designed such that people with disabilities or mobility challenges can make meals safely and with ease (Americans with Disabilities Act, 2024).

While the drivers of food insecurity among disabled persons are multi-factorial, the biggest barrier to accessing healthy food is a lack of financial resources due to work limitations, and a lack of opportunities for education and skills development (Park et al., 2020). In fact, only three in five disabled persons are actively employed versus four in five persons without disabilities (Shahidid et al., 2023).

Even if disabled persons are employed, they are, on average, earning less. Additionally, expenditures related to managing a disability forces households with persons with disabilities to prioritize disability-related expenses over food (Park et al., 2020). Moreover, people with disabilities whose main source of income is government transfers are in an increased precarious financial position contributing to diminished food access (Gupta et al., 2024).

Disability is associated with a low quality of life and a healthy diet may be a potential important strategy to improve health status among disabled persons (Agarwal et al., 2018).

Nearly 23 percent of Edmontonians 15 years and older have disabilities, experiencing limitations in their daily activities due to physical, sensory, cognitive or mental condition (Gupta et al., 2024). In Canada, 50 percent of people aged 16 and older living in a food-insecure household have a disability (Gupta et al., 2024).

Food security is an issue normally not reflected upon when we think of people living with disabilities, who with a range of impairments, may prevent them from accessing, affording and eating nutritious food, to maintain health and a sense of well-being.

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About the Edmonton Social Planning Council

The Edmonton Social Planning Council is an independent, non-profit, non-partisan social research organization, with registered charitable status. Our focus is social research, particularly in the areas of low-income and poverty. ESPC is a source of knowledge and expertise on social issues within our community.

We are dedicated to encouraging the adoption of equitable social policy, supporting the work of other organizations who are striving to improve the lives of Edmontonians, and educating the public regarding the social issues that impact them on a daily basis.

Our Vision: A community in which all people are full and valued participants.

Our Mission: Through rigorous research, detailed analysis, and community engagement, we deepen community understanding of social planning issues, influence policy, and spark collaborative actions that lead to positive social change.

We thank you for your continued support.

Contact

Edmonton Social Planning Council
10050 - 112 Street NW, Suite 206,
Edmonton, AB T5K 2J1
(780) 423-2031
www.edmontonsocialplanning.ca
[@edmontonspc](https://twitter.com/edmontonspc)

