

Social Services for Persons With Disabilities in Alberta

This report is one of a series of publications presenting snapshots of the social services available in Alberta. The report endeavours to answer the following questions:

- How many persons with disabilities need social services or community support?
- What services are available to persons with disabilities?
- Who delivers services and how has delivery changed in recent years?
- What additional services are needed?
- How much do the services cost?

This report examines the programs, statistics, and issues relevant to persons with disabilities in Alberta. The primary focus of this study is persons with physical handicaps and/or developmental disabilities who

require social services. A *developmental* disability is defined as a functional limitation or restriction of an individual's ability to learn and perform certain daily life skills. A developmental disability usually manifests itself before the age of 18 and is characterized by below average intellectual functioning and/or related limitations in social skills, communication, self-care or health and safety. This report does not include discussion of services provided for persons with mental illnesses such as schizophrenia, etc.

I. Programs for Persons with Disabilities

The network of programs and services available to persons with disabilities includes a variety of federal, provincial and municipal services. In addition, some programs are delivered by local communities and the non-profit sector. All of these programs seek to encourage equality, full participation, and integration of persons with disabilities in Canadian society. The federal Department of Human Resources Development has identified three broad categories which comprise the

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social security system for persons with disabilities. They include the following:

(1) Targeted programs which provide benefits without regard to the cause of disability:

- Vocational Rehabilitation of Disabled Persons Program (VRDP);
- Canada/Quebec Pension Plan (C/QPP) disability benefits;
- federal and provincial income tax credits and deductions;
- Employment Insurance sickness benefits;
- Assured Income for the Severely Handicapped (AISH);
- Services for Persons with Developmental Disabilities (SPD);
- health programs; and
- private long-term disability insurance.

(2) Categorical programs which provide benefits based on the cause or circumstances of the disability:

- workers' compensation;
- Handicapped Children's Services (HCS);
- benefits for veterans with a disability;
- automobile accident insurance; and
- criminal injuries compensation.

(3) General programs designed for the broad population but may include persons with disabilities:

- federal funding for social programs through the Canada Health and Social Transfer (CHST); and
- provincial welfare programs.

This report outlines the key elements of the social service system for persons with disabilities. This includes many of the programs listed above as well as services provided and/or financed by the City of Calgary and the local non-profit sector.

In Alberta, the provincial government provides a vast

number of services to persons with disabilities including income support, vocational training, home care and access to technical aids and education. Although the federal government provides substantial support, it comes mostly in the form of pensions and tax credits. Actual services for persons with disabilities are often planned and administered by the provincial government with significant help from the non-profit sector. Figure 1 outlines the programs and actors facilitating the provision of services to persons with disabilities.

II. Federal Benefits and Programs for Persons with Disabilities

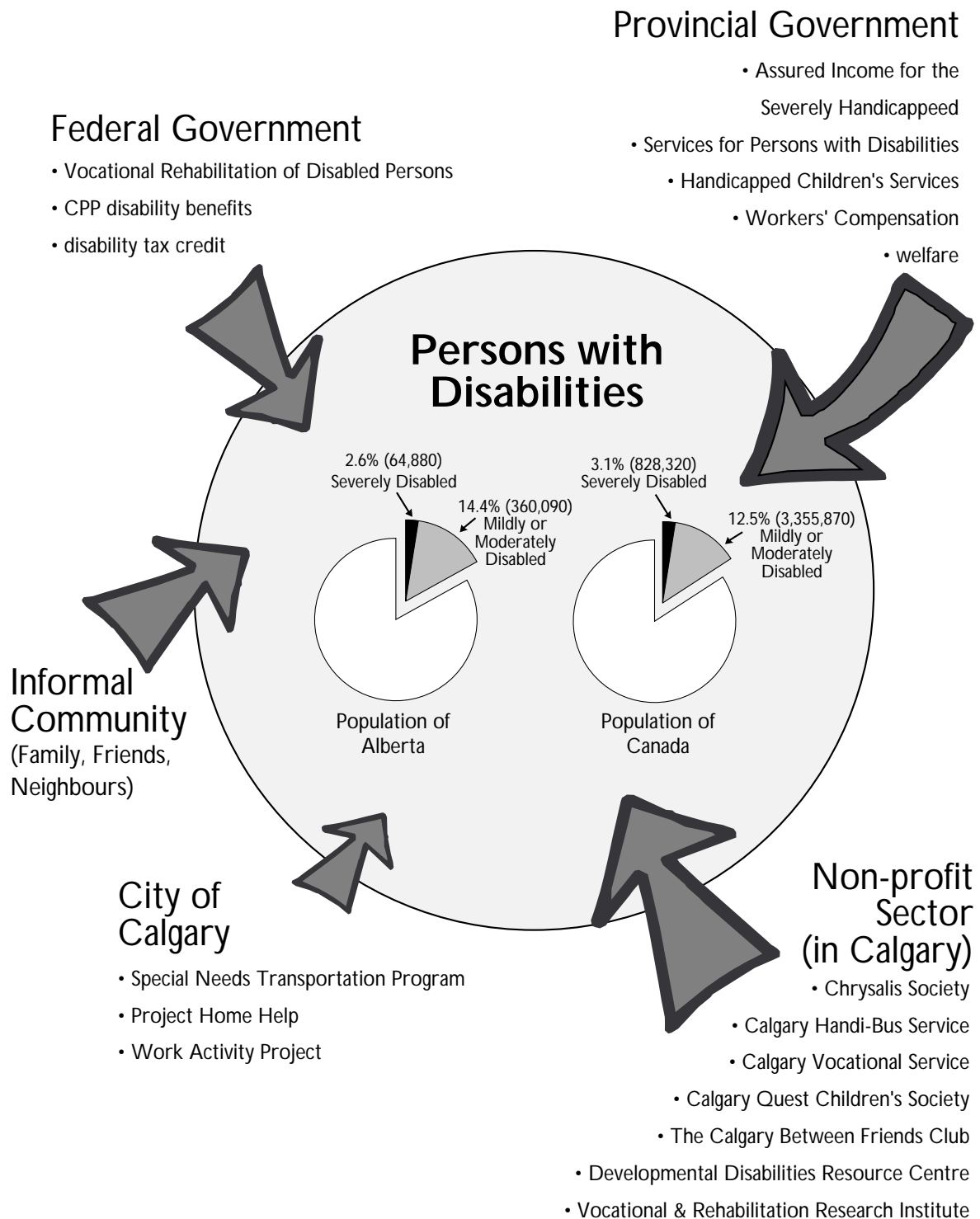
Canada's National Strategy on the Social and Economic Integration of Persons with Disabilities is a strategic framework for federal involvement in disability issues. Focussing on programs that sought the full integration of Canadians with disabilities, the Strategy outlined all federal funding allocations in the area, but only until March, 1996. Subsequently, concerns have been raised regarding the future of the national agenda as it relates to disability issues.

In particular, concerns have been raised regarding the new Canada Health and Social Transfer (CHST). As of April 1, 1996, federal funds transferred to the provinces earmarked for health, social services and post-secondary education were rolled into a single block grant (the CHST). In addition, the amount of federal funding will be reduced and there is fear among some that a loss of revenue combined with a lack of standards governing the CHST may mean that programs for persons with disabilities will suffer. To allay these fears, Ottawa has invited consultations with the provinces to develop principles underlying the social service aspects of the CHST in order to clarify the funding requirements of services for persons with disabilities.

In its October 1996 final report, the Federal Task Force on Disability Issues re-asserted the federal government's commitment to the objectives of equality, full participation, and integration of persons with disabilities in Canadian society. It also made dozens of recommendations in order to assist the government in its

Figure 1

Key Elements of the Social Service System for Persons With Disabilities



Source: disability rates are drawn from the 1991 Statistics Canada Health and Activity Limitations Survey

Profile of Persons with Disabilities Based on 1991 Health and Activity Limitations Survey

- 4.2 million Canadians (about 16% of the population) reported some level of disability.
- 2.3 million of these are aged 15 to 64 and make up 13% of the total working age population.
- 47% of Canadians aged 15 and over with disabilities were considered to have mild disabilities, while 32% had moderate disabilities and 22% had severe disabilities.
- Most children with disabilities (91%) attend school, and most (62%) attend regular classes. However, almost 40% either started school late, took longer to complete their schooling or had their education interrupted.
- Persons with disabilities have lower levels of education attainment, on average, than those without disabilities. Among the 35-54 age group, those with disabilities were only about half as likely as those without disabilities to have a university degree.
- In 1991, 65% of men aged 35-54 with disabilities and 58% of those aged 15-34 were part of the work force, as were around 50% of the women with disabilities in both these age ranges.
- A number of persons with disabilities experience barriers, other than their condition, that affect their work force experience. In 1991, 20% of non-labour force participants aged 15-64 with disabilities were not in the labour force because they would lose some or all of their current source of income if they were employed. Another 15% felt their training was inadequate and 14% could not find suitable jobs.
- The income of persons with disabilities is below that of people without disabilities in all age groups. For example, the average income of disabled men and women aged 35-54 was only 70% that of non-disabled in the same age group.
- The majority of persons with disabilities live in households; only 7% in 1991 were living in health-related institutions.
- A number of persons with disabilities require assistance with some routine household tasks. In 1991, 39% of all persons aged over 15 with disabilities living in households received assistance with housework, 21% got help with shopping, 13% with meal preparation, etc.

Source: Statistics Canada

mission. The Task Force reported that while the federal government has repeatedly facilitated consultations with all stakeholders on a national level, implementation of past visions and recommendations has been slow. The federal government has thus been engaged in a slow and lengthy process of redefining the federal role in the area of disability. However, the assistance it already provides to this community is substantial.

Currently, the federal government's responsibilities to persons with disabilities include three major programs: (1) the Vocational Rehabilitation of Disabled Persons

Program (VRDP); (2) the Canada Pension Plan disability pension; and (3) Revenue Canada's disability tax credit.

Vocational Rehabilitation of Disabled Persons Program (VRDP)

The government has identified education and employment as key sectors in the move towards greater integration of persons with disabilities. The VRDP is a time limited agreement in which the federal government assumes 50% of the costs incurred by provinces and ter-

AT ISSUE:

Proposals in the 1997 Federal Budget Affecting Persons with Disabilities

The federal government's 1997 budget is committed to "investing in a stronger community" by providing continued assistance to Canadians with disabilities. The budget proposes:

- broadening the list of expenses eligible for the medical expenses tax credit to include:
 - 50% of the cost of an air conditioner necessary to help an individual coping with a severe chronic ailment, diseases or disorder to a maximum of \$1,000;
 - 20% of the cost of a van that is adapted or will be adapted within six months for the transportation of an individual using a wheel chair to a maximum of \$5,000;
 - expenses incurred for moving to accessible housing;
 - sign language interpreter fees;
 - reasonable expenses related to alterations of the driveway of the principle place of residence of an individual with severe and prolonged mobility impairment, to facilitate the individual's access to a bus;
 - an increase in the limit on part-time attendant care expenses from \$5,000 to \$10,000.
- allowing audiologists to certify eligibility for the disability tax credit;
- broadening the definition of preferred beneficiary of a trust to include adults who are dependent on others by reasons of mental or physical infirmity;
- amending the Customs Tariff to provide duty-free entry for all goods designed for the use of persons with disabilities as part of the tariff simplification review launched by the government in 1994;
- introducing a refundable supplement for low income working Canadians with high medical expenses. The maximum refundable credit will be the lesser of \$500 and 25% of medical expenses for people earning over \$2500 a year. The benefit will be reduced by 5% of net family income exceeding \$16,069;
- establishing an Opportunities Fund of \$30 million a year over three years to develop strategies that reduce barriers to participation for Canadians with disabilities seeking employment.

Source: 1997 Budget Chart Book

ritories in providing programs enabling persons with disabilities to pursue training and employment. These programs may include counselling services, training, employment placement, technical aids, books and equipment. The provinces and territories are responsible for program administration and design, eligibility requirements, and method of delivery. More than 200,000 persons with disabilities of working age receive

vocational rehabilitation services under the VRDP. These clients are disabled because of psychiatric, sensorial, intellectual or learning impairment. The federal contribution to VRDP expenditure has grown from \$150 million in 1991 to a projected \$189 million in 1995/96. However, federal contributions to VRDP will return to \$155 million in 1996/97. Payments to Alberta under the VRDP program have remained quite stable

AT ISSUE:

Reforming the CPP Disability Benefit

Since 1994, several measures have been implemented in response to the increase in CPP disability applications. These measures include new guidelines for eligibility that stress the medical basis of disability rather than socio-economic factors in adjudicating applications. A vigorous program of reassessments has also been implemented to identify beneficiaries whose medical condition may have improved to a point where they are no longer eligible for benefits. Clients now have a responsibility to report any improvements in their medical condition. In order to facilitate a return to work, CPP benefits will no longer automatically cancel benefits to a client interested in volunteer work or attending school. In 1995, a data match initiative was established to detect and eliminate any possible overlap in CPP and Unemployment Insurance clientele.

The Auditor General of Canada believes that the administration of disability benefits is one of the causes of rapidly escalating CPP costs. The number of beneficiaries increased 93% between 1986 and 1996 which is much more than the increase in the labour force of 12%. As a result, disabilities are now being assessed more closely in keeping with legislation, reassessments are being made more frequently, and improved appeal procedures have been established. Measures have been put in place since 1993 and new changes are being considered to reduce the cost of the CPP disability benefit and to ensure its sustainability. Reforms, which include the streamlining of CPP disability benefits with retirement benefits, the extension of the eligibility period and various administrative reforms, will translate into a 7% reduction in expenditures.

and have only slightly decreased from \$26.6 million in 1992/93 to \$23 million for 1995/96.

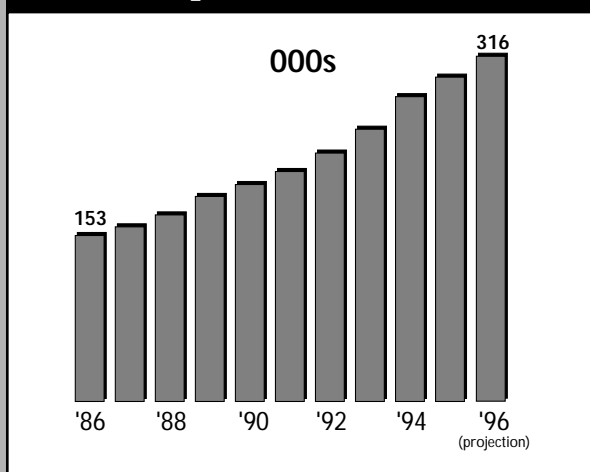
The VRDP Agreement was to terminate in 1996, but a federal proposal to extend the program for another year was accepted by the provinces. Recently, the federal government announced that the VRDP program will once again be extended through 1997/98. Although VRDP will continue, the government has put the program under review, will be trimming its budget, and will not guarantee its continuation beyond 1997/98. However, the government has recognized the need to maintain a strong federal presence in a program as significant as the VRDP and the one year extension will likely constitute a transition period to a new program. Discussions with the provinces on long-term developments are under way.

Canada Pension Plan Disability Pension

In 1966, the federal government established a disability pension program through the Canada Pension Plan

(CPP) that provides basic benefits when a contributor to the plan becomes disabled. A qualified candidate for the pension must have a severe and prolonged disability and be between 18 and 64 years of age. "Severe" is defined as "incapable of pursuing any substantially gainful occupation," and "prolonged" is defined as "likely to be long continued, of indefinite duration or likely to result in death." Recently announced changes to the CPP include a proposal that the test of attachment to the labour force be strengthened for disability coverage eligibility. It has been suggested that eligible individuals must have worked long enough in at least four of the six years prior to becoming disabled to have made a CPP contribution.

Disability payments are intended to replace a portion of work income for individuals who are unable to work because of a disability. The size of an individual's pension is based on two portions: (1) a flat rate portion, and (2) an earnings-related portion equal to 75% of the retirement pension that the contributor would have received at age 65. The maximum monthly CPP dis-

Figure 2**Number of CPP Disability Pension Recipients, 1986 - 1996**

Source: Statistics Canada

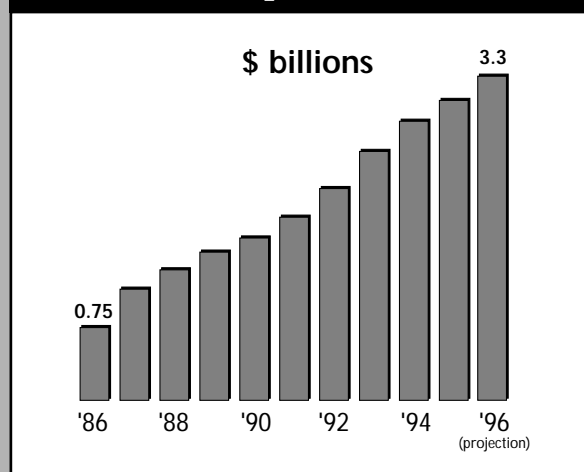
Note: Does not include dependent children benefit recipients.

ability benefit in 1996 was \$870. About 281,000 Canadians received CPP disability benefits in 1994 and about 44,000 received disability benefits under the QPP.

Each child of a disabled CPP contributor is also entitled to benefits if the child is under 18, or between 18 and 25 and enrolled in school on a full-time basis. The monthly dependent children benefit in 1996 was \$164. About 98,000 Canadians received CPP dependent children benefits in 1994 and another 9,000 received dependent children benefits under the QPP.

An increase in the number of disability pension recipients and an increase in the average duration of disability pensions combined to more than triple disability pension expenditures between 1986 and 1994. Total C/QPP disability benefit expenditures in 1994 were about \$3 billion and C/QPP dependent children benefit expenditures were about \$272 million.

The increase in the number of disability pension recipients can be attributed to a number of factors including: higher rates of unemployment; administrative guidelines that emphasize non-medical factors; more referrals from other programs; and legislative changes

Figure 3**Amount Paid to CPP Disability Pension Recipients, 1986 - 1996**

Source: Statistics Canada

Note: Includes dependent children benefit payments.

which increased benefits and eased eligibility criteria. In order to control costs, a number of initiatives have been undertaken:

(1) Work Incentives for Disability Beneficiaries

Introduced in the spring of 1995, this incentive is designed to encourage the re-integration of beneficiaries into the work force without the automatic loss of benefits. Under the program, recipients can continue receiving their benefits and still perform volunteer work, attend school, or participate in training programs. Beneficiaries who return to work continue receiving benefits for a three week trial period to assist in the transition. If beneficiaries must later stop work because of the same medical condition, they will be offered fast-track re-application.

(2) The National Vocational Rehabilitation Project (NVRP)

The NVRP, operational since 1993, is designed to provide CPP disability beneficiaries with vocational rehabilitation to help them return to work and financial self-sufficiency. The project's 1995/96 projected budget is \$1.1 million. Once beneficiaries with high rehabilitation potential are located and their consent is given, services to these clients are provided through contracts

with 11 private companies. Services available include formal training and educational upgrading, expenses for books, tuition and travel, counselling and job placement. As of September 1995, approximately 625 clients had been referred to the contracting companies, 125 clients had returned to work, and 283 cases were in the active rehabilitation process. The projected savings in CPP payments for the successfully rehabilitated clients are \$3.4 million over three years, \$5.2 million over five years, and \$9.8 million over ten years. During the 1997 fiscal year, management of NVRP will slowly be regionalized to most provinces. NVRP will also become regionalized in Alberta, but likely not until 1998.

(3) The Regionalization of CPP Disability Processing

As part of the new Client Services Delivery Network, regionalized processing of CPP disability benefits will move the adjudication and reconsideration processes closer to the clients.

The Disability Tax Credit

The disability tax credit is a non-refundable tax credit that reduces the amount of income tax a person with a disability would otherwise pay. As with the CPP disability benefit, eligibility for the disability tax credit is based on a person having a severe and prolonged mental or physical impairment leading to restricted ability in performing daily living tasks. Just over 562,000 disability tax credit claims were made to Revenue Canada in 1994 (42,630, or 7.6% of those claims were made by Albertans). In total, all benefit claims translated into approximately \$280 million in foregone revenue for the Government of Canada in 1994. For several years the amount of the credit has remained at \$4,233 for each individual with a disability and the same amount is claimable for each dependent.

In a period marked by a distinct devolution of social programs from the federal to the provincial level of government, it appears that Ottawa will continue to help persons with disabilities through the tax system. Currently, Human Resources Development Canada is assessing the role of the tax system in assisting Canadians with disabilities.

III. Provincial Programs and Services

In the 1991 National Health and Activity Limitation Survey, 17% of Alberta's population categorized themselves as disabled. This amounts to 425,000 people, or 10% of all Canadians with disabilities. The provincial department of Family and Social Services currently administers most income support programs and services for persons with disabilities in Alberta. Its strategy focuses on ensuring safety and security, supporting self-sufficiency and ensuring customer driven services for Albertans with disabilities.

Assured Income for the Severely Handicapped (AISH)

AISH is not a medical program, but an income support program intended to be an alternative to welfare for severely disabled adult Albertans whose capacity to earn a living is substantially limited. Recipients must have permanent disabilities and must have exhausted all opportunities for rehabilitation, training and work. A typical recipient will receive free health benefits (prescription drugs, dental care, Alberta Health Care, etc.) and \$810 a month (\$818 as of July 1, 1997). This amount may be reduced if the recipient or his/her spouse has other sources of income. The AISH benefit guarantees that a disabled person's total income from all sources (eg., CPP disability benefits, employment income, etc.) will not fall below a certain level. This level is reviewed regularly. A recipient's assets do not affect their eligibility or benefits. AISH does not provide additional benefits for extra need.

In 1994/95, the average AISH caseload was 16,383 (an increase of 265 over the previous year). Its total budget in 1994/95 amounted to \$162 million or nearly \$10,000 per recipient. The Alberta Family and Social Services Department anticipates that the caseload will continue to increase by approximately 350 cases per year through to 1998/99. The growth in the AISH caseload in 1996/97 will result in a \$6 million increase and total funding will reach almost \$177 million.

Criticism of the AISH program has centered on the

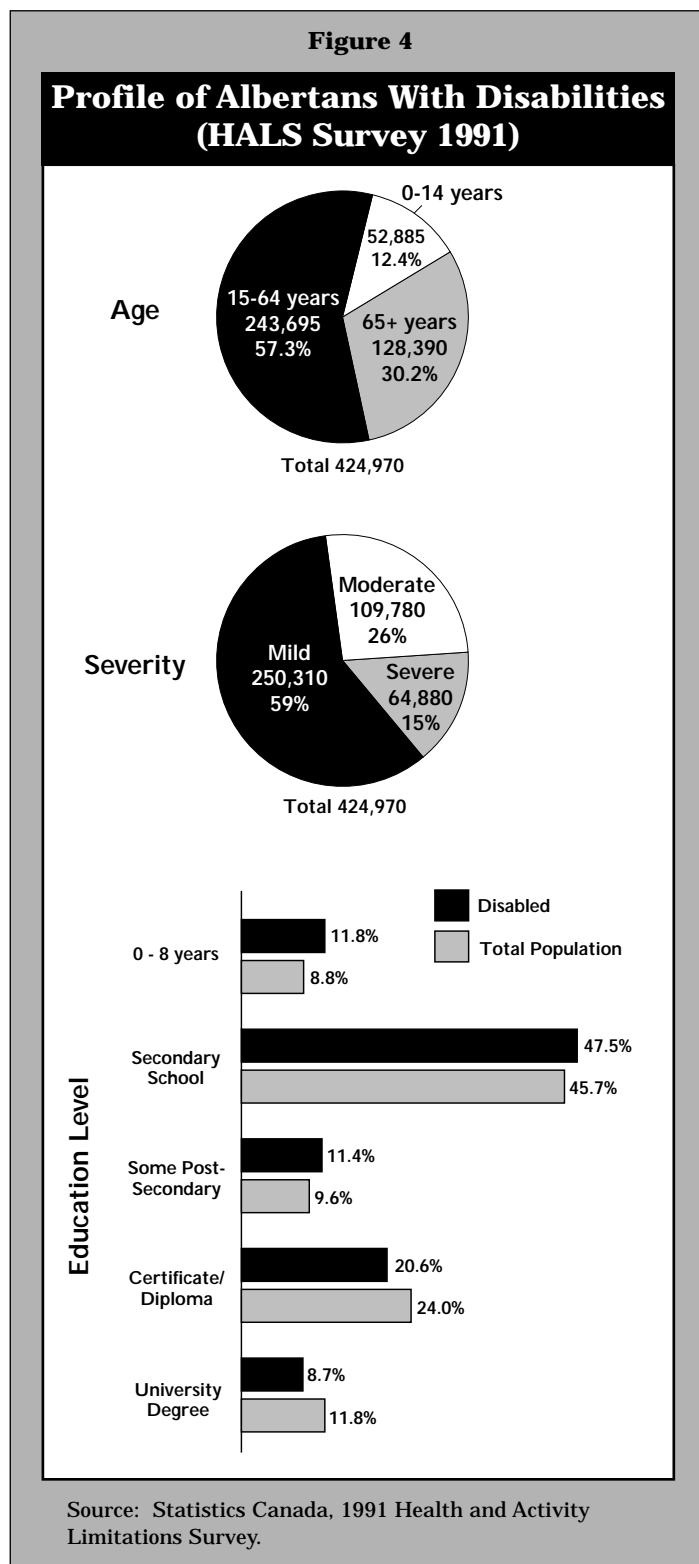
desire of recipients to have the “unemployability” criterion removed. Recipients were considered unemployable and therefore getting a job, even part-time, meant the client could lose some AISH income support. Recently, this aspect of AISH has been reworked. AISH recipients are now expected to seek and accept all hours of work offered to them if their health allows. However, working will not cut-off recipients from AISH benefits. Using a special formula, an unmarried individual working part-time whose take home pay is \$245 would receive a slightly reduced AISH benefit totalling \$750. Because the individual is working, his/her total monthly income will amount to \$995 and he/she would therefore be better off working than only receiving AISH cheques.

Before AISH benefits are discontinued, a single recipient's monthly income after all deductions would have to exceed \$1,245, while a married recipient's income would have to exceed \$1,855. Also, if the recipient completely gives up AISH to begin working but loses the job within 12 months because of the disability, AISH benefits can once again be received without difficulty.

Services to Persons with Disabilities (SPD)

Unrelated to provincial income support programs like AISH is the Services to Persons with Disabilities (SPD) program managed by Alberta Family and Social Services. The primary mandate of SPD is to provide funding and services to 300 community agencies that serve an estimated 8,000 Albertans with *developmental* disabilities. Through the SPD program, the department also provides services directly to approximately 1,100 persons with developmental disabilities in nine government operated facilities. The SPD budget will steadily increase from \$236 million in 1993/94 to \$276.5 in 1997/98.

In January of 1996, the Minister of Alberta Family and Social Services announced reform of SPD. These reforms will transfer services for developmentally disabled adults to management by the community. The department believes communities have an excellent record of delivering efficient, effective and high quality



services. These reforms are therefore intended to “give communities more opportunities to plan and deliver services which meet local and regional needs.” The reforms include the following:

- (1) The Michener Centre in Red Deer provides residence to approximately 600 people with developmental

Services and Benefits for Persons With Disabilities Provided by Alberta Family and Social Services*

Expenditures 1994-95 (\$000)

Services to Persons with Disabilities (SPD)	
- Program Delivery	7,336
- Handicapped Children's Services	17,842
- Office of the Public Guardian	2,290
- Community Based Individual Services	73,932
- Institutional Services	23,540
- Michener Centre	54,512
- Personal Support Services	59,695
 Assured Income for the Severely Handicapped (AISH)	 161,573
 Total	 400,720

*The Assured Support category of Alberta's welfare program is not included because only a portion of Assured Support clients are disabled.
Source: Alberta Family and Social Services 1994/95 Annual Report

disabilities. In 1996, a volunteer board was established to manage the Michener Centre. The goal of this change is to allow the community to take on more responsibility for delivering services to persons with disabilities. The board reports to the Minister of Family and Social Services.

(2) A Provincial Foundation will assume title to and manage the land and assets of all facilities operated by SPD. The foundation will also raise funds for capital projects, pilot projects and research.

(3) In the fall of 1997, a Provincial Authority and six Regional Authorities will be established and will take responsibility for planning and delivering all current SPD community services. The Authorities will also oversee operations of nine government operated facilities. These reforms are not intended to reduce costs; all dollars allocated in current business plans will be transferred to the community management authorities.

In 1995, the provincial government introduced the idea of institutionalizing the measurement of performance. Performance results are intended to be shared with Albertans to provide full government accountability. In keeping with this process, the Services to Persons with Disabilities program has also adopted two performance measures. One measure requires all service providers receiving contract funding through SPD to complete

annual self assessments to ensure that basic standards set by the Ministry for safety, service planning and program monitoring are met. A second performance measure includes on-site reviews by the Ministry of service providers to measure what percentage of providers, in the view of the Ministry, meet 70% or more of the basic standards. These measures help to ensure that services needed by persons with developmental disabilities are provided so they can live and participate in the community of their choice.

In addition to providing funding to the regional authorities, SPD also provides direct funding through the Individual Funding Program (known as Personal Support Services prior to July 1, 1996) for adults with developmental disabilities to purchase supports which enable them, with the help of family and friends, to live, work and participate in a community. Although the program's guiding principles and eligibility criteria are provincially mandated, the application and decision-making processes will fall within the regions' responsibility. The limit for Individual Funding is up to an average of \$3,000 per month per recipient.

Eligible services under the SPD program include:

Community Living Supports

Assisting clients to live in homes of their choice as independently as possible.

AT ISSUE:

Speaking Out for Children with Disabilities

A coalition of voluntary agencies known as "SPEAKING OUT!: Fairness for Albertans with Disabilities" brought together parents of children with disabilities, representatives of private sector advocacy groups and professionals serving people with disabilities. These advocates and members of the disabled community are supportive of the government's plan to coordinate and integrate community based services for persons with disabilities into regional authorities which would be more responsive to local needs. In fact, the group believes that Handicapped Children Services (HCS) provides a model for future changes to all child welfare and protection programs in general.

However, the plans to regionalize will not only affect HCS but will also affect services like family and community social services, children's mental and public health programs, early childhood and day care services among others. Given the special needs of handicapped and disabled children, the group asks that while services are integrated into regional strategies, services for the special needs population of handicapped children should remain distinct and enshrined in appropriate legislation to prevent HCS from being merged with other programs. The group identified several other concerns and recommendations, including the following:

- According to demographic statistics, HCS only provides services to about 10% of all disabled children in Alberta. The large potential target population must be made aware of HCS services; the intake process must be expanded.
- There is a lack of data on services and agencies utilized by children with disabilities. Such information is essential in order to better assess actual and potential needs.
- Existing services suffer from a lack of coordination and complaints have arisen that HCS services are applied inconsistently throughout the regions.
- HCS must work on smoothing the transition when youth with disabilities turn 18 and therefore require adult services.
- HCS must ensure access to appeal procedures and increase access to crisis services.
- Too much onus is placed on parents to find resources. HCS must be more forthcoming in helping parents identify services.
- HCS target populations must be represented on regional authority and community boards.

Respite Supports

In-home and out-of-home supports to provide relief to primary caregivers.

Community Participation Supports

Facilitating access to employment and community activities.

Specialized Community Supports

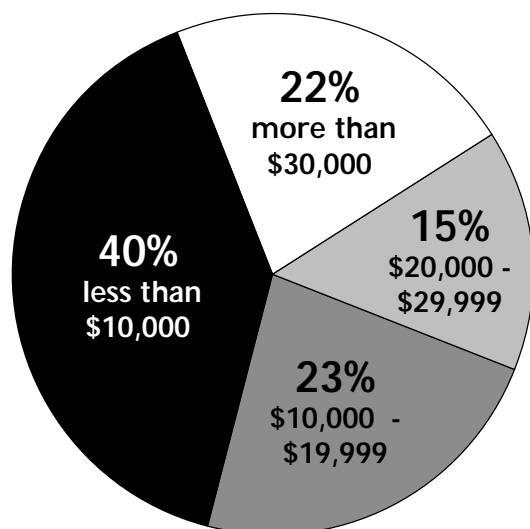
Professional and Behavioural Support and assistance in case coordination and transportation.

Handicapped Children's Services (HCS)

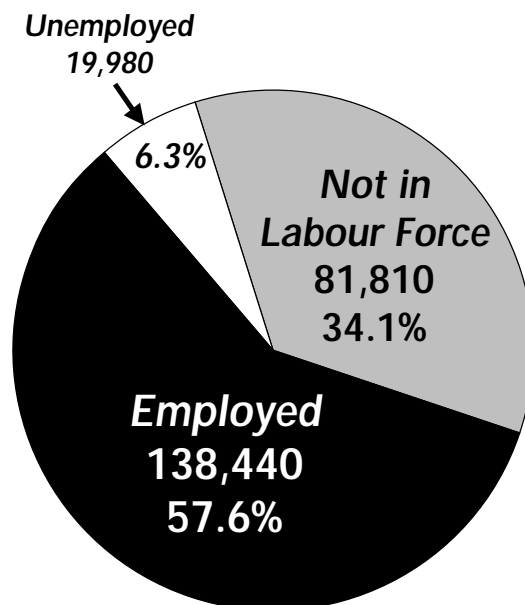
The purpose of the Handicapped Children's Services program is to help families meet the needs related to raising a child with a disability. The program offers information, referral services, financial benefits and assistance to parents in obtaining services for their disabled child. The program helps Alberta families care for their disabled child at home and encourage the child's developmental growth and participation in the community. The program also assists with family involvement if a child requires out-of-home support.

Figure 5

Profile of Albertans With Disabilities Continued (HALS Survey 1991)



Individual Income of
Albertans With Disabilities
Aged 15 to 64



Labour Force Status of
Albertans With Disabilities
Aged 15 to 64

Source: Statistics Canada, 1991 Health and Activity Limitations Survey.

To qualify for Handicapped Children's Services, the child must be under the age of 18 years, both the child and his/her guardian must live in Alberta and the handicapped child must be assessed by a medical/health professional as having a chronic physical or mental disability or disorder of organic cause. A child chronically disabled as a result of a traumatic injury is also eligible. Financial benefits may be provided for homemaker and aid services, transportation and dental costs, special diet, counselling, day care, prescription drugs, ambulance service, etc.

Currently, a new service delivery model is being created in Alberta called the Children and Family Services Initiative. This initiative will transfer the administration and budget of HCS to 18 distinct regional authorities whose boundaries will be coterminous with the Regional Health Authorities. Once their service and business plans are ratified, each regional authority will

take over the administration of HCS in its region while the province will still provide guidance on standards. The Alberta Government estimates that the first regional authority will be fully operational in 1998. By this time, the overall provincial expenditures for HCS will likely reach \$22 million. The regional authorities will provide Handicapped Children's Services to just over 6,500 clients in Alberta in 1997/98.

Alberta Health Home Care Program

Alberta Family and Social Services provides services primarily to individuals with developmental disabilities. Since 1991, however, Alberta Health has also provided support services to individuals with functional needs (eg., to persons with physical handicaps) through its Home Care Program. The mission of the program is to assist Albertans in achieving and maintaining health, well-being and personal independence in the

community, while preserving support provided by family and community. The program is delivered by the Regional Health Authorities and provides services such as nursing, personal care, homemaking, rehabilitation therapy, transportation and nutrition services to those individuals at risk of being admitted to a care facility or to those recently discharged from a facility. In the year ending on March 1995, the program served nearly 60,000 clients. Over 75% of these clients require long-term support. Alberta Home Care funding has grown from \$49.2 million in 1990/91 to an estimated \$93.4 million in 1995/96.

Alberta Health also provides a service called Aids to Daily Living. This program is a cost shared service through which eligible persons with handicaps receive equipment and supplies but need only pay 25% of the cost (to a maximum of \$500 per family per year). Low income recipients are exempt from the cost sharing. Components of the Aids to Daily Living program will be transferred to the Regional Health Authorities over a three year period beginning in 1997/98.

IV. City of Calgary Services and Programs

The City of Calgary offers a wide variety of programs and services designed to assist Calgarians. Many of these programs and services have features that make them accessible to persons with disabilities. However, there has been a clear shift towards a volunteer and community based delivery of social and health programs. As a result, most local services for Calgarians with disabilities are now delivered by community non-profit organizations which, in addition to raising funds themselves, are often funded by the City of Calgary (often with the help of provincial dollars) or by donors like the United Way. For instance, in 1996, in addition to its own programs, the City of Calgary allocated nearly \$12 million through the Family and Community Support Services (FCSS) program to community agencies requesting funds for the delivery of various social services. FCSS places primary emphasis on planning and administration occurring at the municipal level with project operation remaining largely the responsibility of voluntary agencies.

Special Needs Transportation Program

One of the few services provided directly by the City of Calgary is the Special Needs Transportation Program. The program administers the Special Needs Taxi Service which is a subsidized transportation program for persons with disabilities who have limited income. The program also supports the Calgary Handi-Bus Association which offers a specialized door-to-door transportation service for Calgarians with disabilities.

In 1995, the Special Needs Transportation Program provided services to just under 7,000 customers who took an estimated 437,000 trips with the Special Needs Taxi and 476,000 trips with Calgary Handi-Bus. Since 1985, the program's client load has grown 5% annually. The Special Needs Taxi program's 1996 budget was \$11.7 million: \$3.4 million for the Taxi Service and \$8.3 million for the Calgary Handi-Bus service. The program is a top priority of the City of Calgary.

Home Support Services

The City of Calgary also offers Home Support Services which is comprised of two distinct programs: Project Home Help and the Work Activity Project. Project Home Help's major emphasis is to assist those citizens who are physically unable to perform certain home-related chores and are living on limited fixed incomes which prevent the purchase of these services. A secondary objective is to provide a supportive work environment for persons who have had difficulty securing or maintaining regular employment. Project Home Help's budget has fallen from \$1.4 million in 1994 to just over \$1 million in 1996.

The Work Activity Project's emphasis is on improving eligibility of social assistance recipients for market place employment and/or future education opportunities by providing job training and academic upgrading. Recipient trainees spend equal time in educational upgrading and providing home maintenance and repair services for persons with disabilities and senior citizens. The Work Activity Project budget was \$925,000 in 1994.

AT ISSUE:

De-Institutionalization

In recent years, there has been a concerted effort in many provinces to move institutionalized persons with disabilities and handicaps back into community living arrangements. HRDC has contributed over \$14.5 million over five years in support of a series of provincial demonstration projects to facilitate the community integration of persons with disabilities. Demonstration projects have been undertaken in six provinces – each entails a written partnership agreement between the provincial and federal governments. Projects include:

- Newfoundland: \$1.0 million
- Saskatchewan: \$1.7million
- Alberta: \$450,000
- Prince Edward Island: \$600,000
- Manitoba: \$550,000
- Ontario: \$450,000

An additional \$600,000 was provided to the Canadian Association for Community Living (CACL) for their continuing efforts in providing community based alternatives to institutional care. CACL is a federation of ten provincial and two territorial affiliates with more than 40,000 members and 400 local associations. CACL attempts to develop welcoming, supportive communities for persons with disabilities leaving institutions, but they also counsel families and work for integrated education systems and inclusive working places.

In addition to the Alberta branch of CACL, it is the common goal of Alberta Health and Alberta Family and Social Services to support persons with disabilities in living and participating in the community. The community residential options available in this province include shared support services, supported apartment living and services provided in a family-like setting or group homes. Each option differs in the level of control and responsibility the individual has in managing his/her support services.

Persons with disabilities and their families increasingly participate in the planning, implementing and monitoring of services which support them in the community. This participation is reflected in emerging trends in service delivery options which stress individual and local preferences. These trends include:

- movement from larger to smaller groups of people living together;
- funds provided directly to individual or guardian to purchase services rather than to agencies or service providers;
- increased focus on individual privacy in living environments;
- separation of housing from individual supports;
- an increased capacity for individuals with high/complex needs to be supported in the community;
- more emphasis on coordination of services across education, social service and health sectors.

These trends underline the need to invest in community supports and development in order to ensure that those persons entering the community are provided with sufficient security and a reasonable quality of life. Although most groups representing the disabled agree that many persons with disabilities have the potential of some degree of personal advancement within the community, some argue that the move to community living may not be safe and comfortable for certain individuals. The concern is that if de-institutionalization is rushed, some (like those with particularly high/special needs) may be moved into a community that is ill-prepared to help them. In some cases, this can lead to isolation and loneliness, especially in those cases where the individual has previously experienced friendship and structure in an institution. As a result, advocacy groups have identified the need to build a comprehensive system of support services for those recently removed from institutions.

V. Community/Non-Profit Sector Services and Programs

As mentioned earlier, many services for Calgarians with disabilities are provided by community organizations. These include, among many others, services relating to advocacy, vocational rehabilitation, health, recreation, institutional living, home care, support groups, crisis intervention, counselling, family support, and providing access to equipment, transportation, housing, education and employment. However, in addition to the tremendous amount of work community agencies already do with respect to persons with disabilities, recent events in Alberta have given rise to situations which may further require the expertise of non-profit organizations. Keeping in mind that transferring responsibility to the community also requires the transfer of resources to help meet that responsibility, further community agency involvement could prove useful in the following areas:

- There is a clear indication that more needs to be done for handicapped children once they reach 18 years of age and are transferred to adult services for persons with disabilities. Community agencies may help to smooth this transition period by providing counselling services prior to and after the individual reaches 18 in order to better inform him/her of the various adult programs available. At this age, counselling on the school-to-work transition is also essential.
- Ensuring that persons with disabilities or parents of children with disabilities are aware of all available community and government services is an ongoing concern. Assistance must be provided to community agencies in their efforts at becoming more visible to the population they serve.
- The success of de-institutionalization relies heavily on the development of receptive and accommodating communities to provide the recently de-institutionalized with social and

physical security and integration into community life.

- Both the CPP disability benefit and Alberta's AISH program are no longer penalizing beneficiaries who want to find work, pursue education or volunteer in their community. The assistance of non-profit agencies will be required to facilitate the movement of persons with disabilities into community activities by, for example, matching individuals with disabilities with community employers or with organizations seeking volunteers.
- Agencies may be called upon to ensure continuity during a period of instability when both the Vocational Rehabilitation of Disabled Persons (VRDP) and the National Vocational Rehabilitation Program (NVRP) are under review. While agencies are likely to seek an active part in any new vocational programs arising from the re-organization of NVRP and VRDP, they must be given adequate resources to continue providing vocational services should those federal programs be discontinued.
- With respect to Services for Persons with Disabilities, the recent shift to community governance clearly presents an opportunity for those community agencies with sufficient resources to become involved in the planning and delivery of community services for persons with disabilities.

It is clear that in delivering services to persons with disabilities, all levels of government must continue to encourage collaboration with community organizations. They are a vital link in the service chain and their knowledge of local circumstances makes them an invaluable resource to persons with disabilities. Recognizing their important role, the federal government committed funds to community organizations in its 1997 budget amounting to \$5 million for operational funding, \$4.6 million for project funding and \$3 million in support of community integration.

VI. Conclusion

Certain trends in service delivery for persons with disabilities have appeared over the last decade. For instance, many federal programs like CPP disability benefits and the disability tax credit are entering a period in which their structure is being significantly altered. Provincial programs are in the midst of a flux characterized by a distinct trend towards community governance. Locally, services and programs for Calgarians with disabilities are increasingly being delivered by community agencies.

Inhibiting the change process, however, is a distinct lack of information about the effectiveness of services to persons with disabilities in Alberta. Although government program budgets and caseloads are accessible and demographic statistics are available, there is a dearth of information indicating how many people are still in need and what programs work best. The Services to Persons with Disabilities program in Alberta has established performance measures in hopes of better understanding its effectiveness. Few other programs have such measures in place.

The first step toward positive change is to ensure that service providers on all levels establish rigorous and meaningful performance measures. Although performance measures have been discussed a great deal at the provincial level, the federal government must also take steps to evaluate its programs. The Federal Task Force on Disability Issues, reporting in late 1996, recommended both an improved approach to presenting information regarding disability-related spending and the creation of accountability mechanisms to ensure that programs are meeting the needs of Canadians with disabilities.

In many cases, while government budgets have not appreciably decreased in the area of services to persons with disabilities, many programs report an increase in demand. Federal and provincial governments are currently assessing their programs or adopting new and hopefully more responsive methods of service delivery (eg., SPD's community governance). However, the eco-

nomic realities of living with a disability have been shown repeatedly: low income, dependency, increased cost of living, and lack of access to education and employment. Recent studies indicate these conditions still exist. As a result, persons with disabilities require improved services if they are to achieve equality and full integration into their communities.

The statistical realities of living with a disability have forced governments and communities to reform the system of services that assist persons with disabilities. However, groups like the Alberta Committee of Citizens With Disabilities stress that in any effort to reform the system, the ultimate goal must be to mitigate the *personal* and *social* realities of living with a disability: isolation, lack of dignity, and unfulfilled potential. Investing public dollars and community energy wisely will help achieve this goal. ■

The Social Services Project

This report is only one of a number of publications prepared by the Canada West Foundation as part of its *Social Services Project*. Other reports released to date include:

Income Support in Canada: A Statistical Profile, by Todd Hirsch and Robert Roach, December 1996.

Issues and Options for Change: Social Services for the 21st Century, by Jackie Sieppert, March 1997.

Making Ends Meet: Income Support in Alberta, by Robert Roach, March 1997.

Case Study Reports, by Cherry Bowhay, March 1997.

The Safety Net and Seniors in Alberta, by Robert Roach, August 1997.

Alberta's Children: Issues, Programs and Restructuring, by Jason Azmier, August 1997.

The Restructuring of Social Services: The Impact on Women in Alberta, by Jason Azmier, August 1997.

To receive a copy of these reports or for more information on the project, or the Canada West Foundation, visit our web site (<http://www.cwf.ca>) or contact us by phone, fax, letter mail, or e-mail.