

APPENDIX II: Record of All CAIP Consultational Input

This appendix catalogues the detailed and individual input received during the CAIP consultations. In essence, this is the “raw data” that was analyzed and summarized in the CAIP Year 1 Report and Appendix III.

Question 1: Based on your experience, what stops Canada from being a fully accessible and inclusive society?

THEMES • subthemes	RESPONSES
LACK OF PUBLIC AWARENESS, KNOWLEDGE, EDUCATION, TRAINING	<ul style="list-style-type: none"> • Lack of understanding of PWDs and equal opportunities for PWDs—perceptions that PWDs cannot accomplish same things—need for focus on abilities rather than disabilities—current need to overcompensate to show that PWDs are equal • Misperceptions and lack of awareness is the major issue, especially in the work-place • Need to educate youth to perceive PWDs as equal to ensure inclusion • Lack of understanding that PWDs do not always have an attendant (friends are not attendants) • Need for education and awareness to allow public to understand accommodations—what does it mean to have a disability? • Lack of understanding that PWDs can travel without an attendant or companion and with family (e.g., lack of family seating at public events) • There is a problem with the public misperception that PWDs need financial assistance and are not employable at the same level • Need for education on why universal design is needed (for full inclusivity in the community) • Need for the public to ‘see’ the person rather than the disability (awareness) • Lack of training • Public education & awareness—need to increase public education • Awareness of ABI—i.e., definition of ABI & sequelae • Lack of disability awareness • Lack of awareness • Accessibility benefits everyone • Range of understanding—discourse/language (confusion) • Lack of knowledge about accessibility and inclusion. How this is implied at all levels from general public to government decision makers—all need to be educated. • There is a lack of knowledge for people who don’t have physical disabilities—e.g., widened doorways. There is ignorance on issues—e.g., “visitable” means no stairs and two doors that are thirty-six inches wide (front door and washroom). • Perception that when hiring people with disability, organizations are still thinking it will cost more and take away other resources—need education and awareness on this area • Education • Lack of knowledge of general public and service providers • Lack of knowledge about the person—they see the chair first instead of the person • Education—general public, professionals (doctors, policy makers, etc.)—i.e., a mass mail out so people know what symptoms are of disabilities

- Lack of awareness
- Lack of public education /ignorance
- Awareness
- General education regarding disability
- Consistency with education on all disabilities—physical and non-physical
- Awareness of needs of PWDs by the general population—education in general
- Awareness and education, training, knowledge
- Understanding difference between visible and invisible disabilities
- Focus on disabilities rather than the skill
- Too much political correctness sometimes hinders accessibility and language
- Everyone has disabilities of some kind or the other—it’s not an “us or them” situation.
- As soon as someone is labelled with a disability—that’s what someone wants to focus on
- Learning cultural differences and being open to cultural differences and awareness
- Society is becoming more diverse and organizations need to be prepared to accommodate this diversity and be open to diversity
- Lack of comfort in having conversations around accessibility
- Awareness, education—real interaction, exposure and conversations around disabilities—focus on benefits and skills. Fear around disclosure and the impact it will have on their stability. We can’t talk about it because I might offend you.
- People don’t understand what they don’t know—issue needs to become more mainstream. This isn’t a special consideration—it’s how we do things—embedded in society.
- The lack of education of the autism spectrum (for example, knowledge that communication and social skills are often a challenge)
- People with autism often shut down in over-stimulating situations, do not like human touch (people with lack of understanding may perceive this negatively)
- Difference in cultures and understanding can be barriers and misunderstood
- Apprehension and understanding of what has already been pre-programmed in one’s mind that need to be changed
- Weekend, office campaign, fundraisers that promote, increases awareness and acceptance amongst the masses
- Society holds fast to a medical model of disability, defining people by health and diagnosis. Society imposes disabling conditions through programs and services based on a medical model that present barriers to inclusion.
- Increased awareness and education. Attitudinal barriers of people in society are translated into policies and procedures, these translate into the perpetuation of barriers. Policies may be in place to assure a barrier free environment, e.g., AODA, but they do not translate into the change in behaviour, which perpetuates a lack of accommodation.
- People with FASD (and others with invisible disabilities) appear that they are understanding/presenting as capable but in reality having difficulty with concentration, follow through, time management (elapsed time), planning ahead
- Complete lack of understanding of FASD and other training, awareness at all levels (constantly having to “educate” the professionals)
- Education and awareness needed to educate the public about the “ABILITIES” of personal with various disabilities
- There is a lack of education/poor attitude towards PWD and their rights

- General feelings and attitudes—the reality is when you're healthy you don't think about it, but when it hits you then you have to change your thinking—people need more education on disabilities
- More education
- With a more inclusive and accessible society people will gain awareness if PWDs are better able to access physical space then it will expose the general population to the range of individual abilities out there
- Lack of awareness and education
- Awareness of invisible disabilities lacking
- Lack of disability education
- Perceptions that accessibility is costly
- Disability still seen as “special needs”
- Awareness—once again, more education is needed
- Negative perceptions and lack of understandings of the needs and abilities of persons with a disability
- More advertisements including PWDs
- People need to be educated about aboriginal reserves and about disabilities
- Teaching old dogs new tricks (education)
- Lack of understanding about accessibility—the “black hole” of accessibility. Understanding of issues around barriers in the built environment.
- Issue with accessibility, view disability largely in isolation. We separate different disabilities, only view disabilities affecting individuals, has larger social landscape. PCG for individuals with disabilities aren't seen as having different impacts. Broaden understanding of disability to understand needs of PCG and families.
- ASL should be taught as 2nd language starting at kindergarten level. Facilitate change, increase awareness, would be positive as a second language.
- Education of the public (who aren't aware)
- Lack of awareness—education about access and inclusion
- Education and awareness
- Mandatory accessibility learning in elementary school
- Perception of disability (who perceives it)—need education and societal shift
- Cost, funding, perception that “it costs too much”

• Public attitudes

- Attitudinal barriers
- Peoples' attitudes, lack of knowledge
- Stigma of having intellectual disability limits employment opportunities
- Attitudes—too negative; people not made to feel welcome. Too much trouble to accommodate physical disabilities (help someone eat at work).
- Fear—ignorance, discrimination
- Stigma attached to have a disability is still there
- Stereotype still there despite research showing that hiring PWDs is beneficial
- Disabilities are a minority. While the numbers are getting greater, society does not see disabilities as the norm.
- Attitudes of the general public
- Stereotyping
- People's attitudes
- Attitudes and beliefs
- Stigma and stereotypes
- Fear—due to lack of education

- Stigma continues to exist that PWDs are “different”
- Division of PWDs and non-PWDs
- Attitude
- Negative leadership attitudes towards PWDs, including when accessing services
- Ignorance. Too many people equate the word “disability” or “disabled” with sickness and illness. They are two completely different things.
- Attitudes—people fear what they do not understand
- Attitudes—perceptions of disabilities, stigmas, language used, negativity, fear
- They forget that disabled people are people—they have families, hurt, pain and bills just like the rest of us
- The language used creates a barrier—an us versus them environment
- Stigma and discrimination
- Attitudes of the general public not believing that accessibility benefits everyone in our communities
- Viewing individuals as a commodity and not who they are
- View disability as a community, as a valuable consumer who has potential other than the handicap itself
- Accept one and all; disability as an uncontrollable condition rather than a flaw, defect or imperfection that can be improved over a period of time
- Ignorance—the assumption that the PWD barrier might not be able to complete a task
- Ignorance to differences in cultural or religious beliefs or sexual orientation
- Attitudes/assumptions
- The environment people live in creates barriers for PWDs that prevent them from full participation, it is not the individuals with disabilities that restrict their participation but rather the environment society creates that does not accommodate their inclusion. The burden for making these changes should not be put upon each individual with a disability.
- Increased awareness and education. Attitudinal barriers of people in society are translated into policies and procedures, these translate into the perpetuation of barriers. Policies may be in place to assure a barrier free environment, e.g., AODA, but they do not translate into the change in behaviour, which perpetuates a lack of accommodation.
- Fear of differences within public (perceptions)—afraid of the solution—(more than cost of changing)—has to do with changing our perceptions and habits
- Community is too reactive
- There is a lack of education/poor attitude towards those with disabilities and their rights
- General feelings and attitudes—the reality is when you’re healthy you don’t think about it, but when it hits you then you have to change your thinking—people need more education on disabilities
- Attitudes to facilitate change
- Indigenous people—individual reports that when she goes to ask for services she gets redirected to specific organizations that only deal with indigenous people and therefore she does not feel included with the rest of the population
- Attitudinal barriers
- It’s not accessibility it is inclusion in society that counts
- Perception of disability
- Attitudes about disability

- Negative perceptions & lack of understandings of the needs and abilities of persons with a disability
- Attitudes—myth & apprehension
- Stigma. Disability isn't talked about, seen as tragedy. Change conversation to be more positive and a natural part of being a human being. It is widespread, affects all races, all genders, everything.
- Attitudes towards us, our capacities, our abilities. Representation people see of us throughout day-to-day life, in media, and in data. When we talk about solutions, starts with census (will say that later on).
- Ignorance/understanding of the people who are supposed to be helping us. Not always their fault, but these conversations are important. Needs to be more education for people making these Legislation decisions, and those helping with service assessment. Not people with lived experience, they are separate from issues at hand. PWDs need to be invited into conversation when people making decisions on behalf of us. Consultation is very valuable (Minister Qualtrough—act as leaders/paid employees not volunteers, the way others without disabilities are involved)
- General population is ignorant about First Nation funding (believe that everything is handed to them and that their healthcare and access to services is superior to general population). Ignorance in general population with regards to funding perpetuates hatred and creates social divides
- Lots of hate crimes against indigenous kids in Thunder Bay
- Stop the stigma behind disabilities
- Shift in attitudes of equipment (move away from view it is a medical device to a living device)
- Stigma—ignorance=lack of knowledge
- Societal expectation—PWDs marginalized
- Stigma and expectations (even within the disability community)
- Attitudes, attitudinal barriers, changing social perceptions/attitudes
- Attitudes of employers—hesitancy to hire PWDs

• Professional-specific education and training

- Training is needed for building professionals that accessibility doesn't have to be a design afterthought
- Need for training of professionals that use space (e.g., event planners) on the needs of accessibility
- Need for education of city planners and designers that accessibility doesn't have to be ugly
- Perception that when hiring people with disability, organizations are still thinking it will cost more and take away other resources—need education and awareness on this area
- Accessibility training within certain sectors—i.e., staff in OC Transpo—just erratic in terms of service and how it is applied
- Lack of knowledge of general public and service providers
- Proper training for police & emergency service responders with training to deal with different disabilities
- Education—general public, professionals (doctors, policy makers, etc.)—i.e., a mass mail out so people know what symptoms are of disabilities
- Pool of professionals certified to deal with particular disabilities
- Lack of training/education of professionals

- Lawyers should be educated about ABI to ensure their clients can be understood properly
- Educate architects (lived experience)
- Education on how to serve passengers with disabilities
- More education needed for officials in terms of the needs of PWDs
- Government officials need to be more aware of disability and have a clear understanding of the needs of person with disabilities
- The perception of a person with autism (many myths/misunderstandings, ignorance of the spectrum—even among HR professionals who should be educated on this)
- Knowledge—when staff are trained at an organization—they are not always trained in what legislation/laws are regarding access and discrimination
- More training for people working in agencies
- Complete lack of understanding of FASD and other training, awareness at all levels (constantly having to “educate” the professionals)
- Employer and education attitudes to access equal opportunity for PWDs—lack of knowledge about different levels of disability and functional abilities
- social workers—odds workers are not familiar with all the levels of disabilities—not up to date with current education
- There are no standards applying to the education of engineers, architects, building planners and others responsible for designing and building facilities resulting in a lack of access in new construction
- Lack of training/education for staff (healthcare and education staff)—re: palliative care, working with autism and behaviours, intellectual disabilities, mental health
- Lack of engineer and planner education about universal design
- More education needed for officials in terms of the needs of PWDs
- Lack of accessible and affordable education for PWDs due to negative attitudes of educators, physical barriers for PWDs, and a lack of in-school aid for PWDs
- Lack of training courses in post-secondary education of engineers and architects
- Knowledge/education on universal design (understanding!), and economic impact (cost/benefit)
- Bias in the design/architect community. Inclusive design is cool—do it because you want to, not because we want to.
- No back-up plan when PSW service is disrupted. PSW’s don’t do what they are supposed to, not properly trained and educated.
- Contractors don’t know how to build accessible homes; carpentry training is required to teach proper ways to build ramps etc. and build capacity
- Need to educate people in the community so that qualified people can be hired from the community
- We do not have enough properly trained and educated indigenous PWS’s, social workers, mental health and addiction workers to provide care for our members
- Lack of capacity for hiring qualified staff—need education and training of people in the community
- No capacity in the community—no trained people
- Capacity needs to be built in the community to assist and support IPWDs—i.e., trained PSWs, homemakers, carpenters
- Consultant awareness
- Awareness of employers regarding benefits of hiring PWDs

- PWDs' knowledge about own value
- PWDs don't have knowledge about their own value and asset
- Fear of addressing disabilities and accommodation—will I lose my job?
- Loss of identity, intergenerational trauma impacts preference for cultural services, religion

LACK OF/POOR INFRASTRUCTURE

- Infrastructure
 - Financial implications and infrastructure challenges exist. There is not enough pressure from the federal government and no enforcement of building codes.
 - Physical accessibility
 - General built environment accessibility barriers including infrastructure of cities—i.e., sidewalks, snow removal
 - Access to the built environment including physical space and facilities such as transportation, present significant barriers
 - There are significant variations in physical access and access to services in large cities versus smaller communities versus rural communities requiring people to move away from their own community following onset of disability
 - Poor physical accessibility
 - Anything that is available is not easily accessible
 - ALL facilities need to be accessible—flying and training should be more accessible
 - Lack of accessible places, spaces and pathways & enforcement of building codes
 - Lack of accessible services and utilities (bathrooms, sidewalks, public buildings, etc.)
 - Age of infrastructure (heritage)
 - Vast majority of issues are about retrofit—more expensive (very little green fields)
 - Accessibility to expand beyond built environments
 - Infrastructure
 - Built environment
 - Geography and size—aging population—not thinking ahead with respect to architecture
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- Barrier-free, universal design and codes
 - Need for universal design to ensure applicability to all disability types
 - Any new buildings should require a minimum level of accessibility (e.g., at least one accessible door)
 - Building code is not meaningful access, there is need for PWDs assessment of the accessibility of a building (during planning and once it is built)
 - Building codes need to be updated to ensure meaningful access
 - New buildings should be designed to be higher than code to ensure meaningful access (e.g., facility accessibility design standards)
 - Need for use of universal design everywhere
 - Lack of universal design
 - Inconsistency with physical accessibility—why not have national standards?
 - Built environment—legislation only applies to new builds; Best practices not minimum codes
 - Requires an intersectional understanding for effective inclusion/accessible legislation and embrace universal design
 - There are building codes for federal, provincial, municipal but sometimes none of these results in access—e.g., wheelchair access washrooms
 - Not enough barrier free development, even in federal buildings
 - Lack of barrier free design
 - Include accessibility in building design phase

- There needs to be more involvement for the future (using today's experience to create a better tomorrow). Think about accessibility before building a development, not an afterthought.
- Accessible spaces—building codes—examples are bathrooms and parking
- Building codes are different in different places—this should be standard
- Building codes—old buildings need to be upgraded. Historic buildings not being upgraded is an excuse.
- Non-standardized federal building and accessibility codes—little to no enforcement
- Increased enforcing of national building codes
- Federal government owned buildings all need to be wheelchair accessible and up to the most current building codes for all design elements, specifically ramps, elevators and washrooms; PWDs need to be able to manage independently throughout all buildings; this needs to apply to buildings in both rural and urban locations
- Universal design standards
- Physical accessibility—universal design
- Regulate universal design and universal access in design principles
- Accessibility should be barrier free in the city and rural communities
- Accessibility: establishments may have all the proper equipment installed, but they are not installed properly, or they do not work—e.g., handles; they are there but they don't lift up properly or they may be installed improperly
- Even though the space is deemed accessible, patients are still finding that they need assistance. For example there may not be enough room to manoeuvre around a door, or the door may be too heavy to swing open.
- People who do not live with disabilities have played a lead role in designing building code standards which perpetuate lack of accessibility, they are well-meaning but do not have the expert experience of a person living with a disability who could provide significant insights to advance barrier free design
- The National Building Code standards are inadequate to assure barrier free access and the standards are not consistently applied across Canada allowing great variations in regions across the country
- There are no standards applying to the education of engineers, architects, building planners and others responsible for designing and building facilities resulting in a lack of access in new construction
- building codes are minimal standards and not enforced well; standards vary greatly across the country
- Lack of accessible places, spaces and pathways & enforcement of building codes
- Lack of one consistent, coherent, easy to understand set of accessibility standards for the built environment
- Knowledge/education on universal design (understanding!), and economic impact (cost/benefit)
- Contractors don't know how to build accessible homes; carpentry training is required to teach proper ways to build ramps etc. and build capacity
- Perceptions that universal design is too expensive to undertake. Making things accessible for such a small group is too costly. Cost, or perceived cost of universal design.
- Biggest barriers in the built environment: fear of cost/lack of resources
- No common definition for universal design. Need input, inclusive of cross disability perspective/industry/developers.

- Myth of expensive/low ROI perceptions
- Myths (e.g., cost, implications for business case)
- Conflict between building codes
- Lack of policies to ensure access to spaces during renovations or repairs
- Lack of enforcement of existing building codes
- Follow up and accountability of building inspectors should be a priority
- Building inspectors should make accessibility a priority right from the beginning
- Lack of universal design in all aspects
- Building codes are not consistent across the country
- Infrastructure—sidewalks, maintenance of ramps, no protocols for standards (or not adhered to or enforced), each city has its own codes.
- Permits not up to code
- Lack of universal design
- Built environment standards—must be consistent, applied to all new buildings, grants and tax breaks to incentivize accessibility upgrades to existing buildings

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- Buildings and businesses
 - Lack of accessibility in public buildings is a major issue (e.g., accessibility of ice rinks)
 - Legislation must be applicable to accessibility of all private sector buildings (e.g., historical buildings, small companies)
 - Laws should include required accessibility of seating in public venues (e.g., hockey arenas, concerts, etc.)
 - Currently very difficult to get into buildings, in particular, difficult to use fitness equipment (e.g., lack of hand cycles)
 - There is need for all public buildings to be inclusive—with a particular emphasis on new buildings
 - Per buildings—when projects for development projects are developed, they should be inclusive, not limited to technical and economic aspects and use an inclusive committee in every project to ensure that the project meets the standards of inclusion, that is, the project is beneficial to all, the visually impaired as well as the disabled (e.g., metro stations are devoid of elevators, many stairs have no visible bands on the steps for the visually impaired); an inclusion committee should evaluate the infrastructures: parks, operations, skating rinks to integrate a true policy of accessibility to all and inclusion
 - Local business use heritage building for reasons not to comply—it needs to be changed and more compliance/consequences across the board
 - Lack of wheelchair accessibility
 - Buildings are inaccessible (bumps, too narrow hallways)
 - Older buildings need to be accessible as well (adding elevators or ramps in buildings that only have stairs, adding accessible washrooms in buildings without)
 - Lack of accessible services and utilities (bathrooms, sidewalks, public buildings, etc.)
 - Lodging. Many hotels have accessible rooms with heavy doors, beds which are incompatible with many transfer lifts, and a lack of space around the bed.
 - Brought to my attention: bathrooms with “open” concept with curved walls are not accessible. When faced with getting into the bathroom in a scooter, the curve didn’t take into consideration of the turning radius. So the accessible bathroom was not.
 - Accessible spaces—building codes—examples: bathrooms and parking
 - Physical barriers—ramps—business access, snow removal
 - Interior stairs/steps once into a building are a common problem. Proper ramps. Very small elevators are an issue.

- Workplaces should be accessible—automatic grants should be applied for.
- All federal government offices that provide programs and services directly and indirectly (contracted to third parties) should be wheelchair accessible; eliminate the loopholes/exceptions for older buildings that do not meet current code
- Hotels and other lodging facilities need wheelchair accessibility standards; wheelchair accessibility in individual room is currently very poor
- Make bank machines and customer service counters wheelchair accessible (the wheelchair accessible segment of a customer service desk should not be off to the side; make every counter the same height)
- Location of elevators in recreation centers needs to be improved (not off to the side or hard to find)
- Increase the number of wheelchair accessible seats in major arenas (i.e., hockey)
- Washrooms on every floor of a new building should be wheelchair accessible.
- Mandatory automatic opening doors on all public/private buildings
- Mandatory ramps at all places of business
- All public washrooms have a family bathroom to allow more space for attendant help
- Doctor's offices made accessible
- Not fully accessible medical buildings
- Accessibility of doorways: the weight of the doors, they are too heavy to open. For example, one gentleman said that he has to wait there for someone to use the washroom so they can get them to open it and same thing when they finish. Therefore their time is increased in waiting, and they have to ask for help. Narrow doorways and/or hallways: sometimes doors are the exact size of the hallway—you can't manoeuvre a walker in there.
- Calling places to find out if places are accessible takes a lot of time. For example, a participant called ahead to find enquire about accessibility of an establishment. The participant was told that the establishment was accessible. When he went there, and needed to use the washroom, he felt that, yes, technically the washroom met the criteria for accessibility as it had all devices installed; however, he felt that not much thought was given to how things were installed, locations, etc. Was there an inspection happening after they are installed to make sure it is actually accessible?
- Churches and other establishments may have elevators; however, larger wheelchairs (power with tilt) may not fit
- Elevators/transportation are very small
- Theatres—participant said the theatre had an elevator but it was too small, and it was made for a regular wheelchair not a power wheelchair with a ventilator on the back. They felt squeezed in the elevator, and was scared that the ventilator will break off the back. It's very frustrating. And when the patient asks if there is an elevator, the people at the company do not realize that it's a power wheelchair or a big wheelchair—so it comes down to awareness. Another patient called ahead to find out if a movie theatre had accessible seating. They did. But once there, and ticket bought, patient found out that the seat was in the third row—too close to screen.
- Elevators are not big enough
- Patient in specialized chairs cannot fit inside standard elevators because they need to be able to tilt
- They only take into account elevators for manual wheelchairs but not specialized power chairs

- Public washrooms are not big enough
- They added bars in handicap bathrooms but did not make them bigger
- The toilet seats are not made for handicapped people, they are too low to the ground and it is difficult to reach toilet paper
- Automatic doors
- Building facilities do not maintain the operations of the doors, so putting them in is great but when they don't maintain them the building remains inaccessible
- Automatic doors are not wide enough for some power wheelchairs
- Round doorknobs are very difficult to open
- Malls—they have disability tables in the cafeterias but there are kids sitting at them
- Height of chairs/accessible washrooms/special toilet seats/physical accessibility
- No ramps, no funding to build ramps, no one qualified or skilled to build ramps or do housing modifications in the community
- History/existing buildings
- Lack of full/equal access to every building

- Public spaces
 - Sidewalks without lips—is this a good idea for ALL types of disabilities? It is different for people with vision impairments than it is for people with wheelchairs. Need accessibility that is inclusive of all types of disabilities not just one type.
 - Physical barriers—ramps, business access, snow removal
 - Lack of wheelchair accessibility of accommodation in national parks
 - Snow plow—piles up the big mound, if no one is there to help shovel then how can you get the wheelchairs in or the cars in the driveway
 - Sidewalks—need wheelchair cut-outs
 - Need ice/snow to be cleaned regularly
 - If the sidewalks aren't cleared, there should be consequences
 - Parks and playgrounds not accessible

- Parking
 - Weather is an issue for disability parking (e.g., snow in PWDs parking spot)
 - Accessible spaces/building codes—examples: bathrooms and parking
 - Certain “disabled” people abuse handicap parking, most people can see them walking “normally” when leaving handicap spots. They should be leaving these spots for people who need them.
 - Disabled people have to wait and fight to use handicap spaces

LACK OF/POOR SERVICES, RESOURCES, PROGRAMS

- Facility is accessible but sometimes the programming is not aligned
- Lack of services
- Lack of services and continuity of care across the lifespan
- Denied services due to restrictive mandates or diagnosis, still a lot unknown about ABI
- A lack of services for PWDs
- Lack of accessible services and utilities (bathrooms, sidewalks, public buildings, etc.)
- We need more services and programs in place and better access to these services
- Provincial programming such as AADL, Alberta Home Care, AISH—should be federal programs not only offered in some provinces
- All federal programs and services need to be inclusive and accessible
- Ensure door-to-door postal service is accessible for people with mobility disabilities
- National Parks are not great at partnerships| more collaboration needed
- Access to services outside of main service centers (rural access) if not online

- Many different services, but limited access for those with FASD (because do not meet criteria)
- Accessible facilities, workers, programs (life skills, social skills, life enrichment) are desperately needed for people with special needs. If not, funding needs to increase the capacity of what is already in the community.
- A lack of services for PWDs
- Lack of accessible services and utilities (bathrooms, sidewalks, public buildings, etc.)
- Coming from Northern perspective, huge stratification of supports available. Only 23 regional areas that get support. Individual communities have nothing, PWDs/families are forced to live with no services and just get by, or be relocated to another place like Alberta or Yellowknife.
- Differential access to services/preferred services. Larger settings, people have more options. Rural/remote, there are no services.
- Differential access for people with different disabilities (access to funding/services)—for people who have vision loss, there isn't government funding for intensive rehab the way there is for other acquired disabilities/congenital
- Services and access to services for IPWDs living on-reserve is far below the provincial healthcare standards. IPWDs forced to migrate to urban centers to have their basic healthcare needs met. Lack of service in community leads to forced migration—methods of assimilation. Migration creates social isolation from family members, community and culture.
- Inadequate facilities. Too small and does not meet the needs of the community. No room for expansion of services.
- Short staffing for programs, services and education related to disabilities. Short staffing means people have too many responsibilities—overworked and burnout.
- Not enough programming to support people to stay in their own communities
- Basic services are denied harshly—reduces a person's dignity and quality of life and self-worth
- Indigenous communities are fighting over same piece of meat (jobs, funds, services, etc.)
- Accessibility is not the same for urban IPWDs or elders—more difficult to access services because they are caught between federal and provincial systems
- Lack of staff—one person has to wear too many hats because of shortage of funding
- Lack of qualified people to run programs
- Violation of treaty rights with access to services
- No services means that IPWDs are forced to migrate to the city or do without services and having their needs met
- Services need to come to the reserve. If a person has to come to the city for therapy and another person has a medical appointment. The person that has the therapy appointment will get bumped off the van for the medical appointment.
- No rehab facilities
- There are no programs available in the community
- INAC—cutting programs, cannot depend on funding
- FNIHB—changes and cuts back on what is and is not funded
- Capacity: economic, employment, built environment, programs and service delivery, procurement of goods and services, transportation, information and communication
- Suppliers needed all across the province—the main suppliers are in Edmonton, but we need more that are closer for quicker and easier access to supplies
- Basic services—e.g., lack of requirement for doctors' offices to be accessible

- Transportation
 - There is need for rules that address travel accessibility (hotels, trains, planes, etc.)—including training of workers to ensure that PWDs can use the transportation options (e.g., training of bus drivers), transportation design (e.g., lack of accessibility washrooms on planes)
 - Lack of transportation, affordable transportation
 - Transportation—need to be revised so that modes of transportation are accessible
 - Accessible transportation doesn't always accommodate cognitive disabilities, would be helpful to have someone with ABI on advisory boards
 - Different forms of transportation not accessible—or very limited availability
 - Not having municipal transportation that crosses municipal lines
 - Transportation (causes people to live in small spaces)
 - Airline travel/rail travel
 - Hard to move from province to province
 - There is a vast lack of access in public transportation—air, rail and ferries
 - People need transportation
 - Transportation—unable to access accessible transportation if there is no physical component, even if people need assistance. Waitlists mean people have to book ahead (lack of flexibility & spontaneity), different appointments take priority.
 - Lack of transportation
 - Transport Canada needs to be more accessible
 - New technologies (e.g., Uber) need to be accessible, and it needs to happen RIGHT AWAY rather than being an after-thought
 - Right now there are no repercussions for bad or inhumane service against PWDs on public transportation such as Transport Canada
 - Making transportation accessible in a way that includes everyone (mothers with strollers, elderly, PWDs). It is not only helpful for PWDs, it works for everyone.
 - Lack of accessible transport (airplanes, LRT, and buses/coaches are not accessible)
 - Transportation. Extremely difficult for wheelchair bound individuals to travel by air.
 - Public and private transportation needs to be accessible—readily available at a reasonable cost
 - Air transportation should be the same cost for people with mobility disabilities; people with mobility disabilities should have choice of seating as an accommodation for their disability for not extra costs
 - Make more passenger train cars wheelchair accessible for people with mobility disabilities
 - Increase federal funding for National Vehicle Modification Program
 - Transportation is a right (low income transit, accessible transportation in rural areas, transportation to and from reserves)
 - More tie downs for wheelchairs on VIA Trains
 - Customer profiles for accessible needs on VIA Rail, Air Canada
 - Gas station to allow persons with a disability to honk twice for full service
 - Non-accessible and limited transportation systems—air, bus, railway
 - Elevators/transportation are very small
 - Subway system—not accessible. Patients cannot go up or down the stairs so they cannot use the train. Very difficult if you cannot walk
 - Wheel-Trans buses—lowering the floor instead of raising it makes it difficult to get into high seat. Training for Wheel-Trans drivers. They drop you off where the dip in the sidewalk is, so the ramp is on a big angle—“Why can't they stop 3 to 4 ft earlier so the ground is higher?”

- There are hardly any full service gas stations anymore. They have a policy that if you call 48 hours in advance they will get someone to come in and help you pump your gas—Petro Canada policy. This is one of the biggest issues with a lady who has COPD and lives in a rural area—she can't breathe so she needs someone to pump her gas. If she needs to pull over and get gas and it's not full service then she can't get gas. In Canada they are removing all these full service gas stations. When you ask the gas station attendant for help, they say we are not full serve and "we do not serve you people here." Rural areas—there are very limited services and they depend on one's location.
- TTC Buses—People sit in the handicap spots on the bus and when someone with a disability can't sit down there and they ask them to move, the people taking up the seats give them a weird look
- Airlines, buses, cruise ships—transportation companies do not allow people with disability to go on trips and they have the money to spend and would like to travel but are denied.
- Special seats on a plane—they still are not big enough
- Transportation—rail and bus are not bad but air is bad. Should have tie downs to be able to stay in chair.
- Care of chair if it does have to go into cargo hold—airline takes no responsibility for damage
- Para transpo—have it seamless so someone can access transport in new communities—better connectivity
- Access to mainstream transportation—rather than announcement of stops
- Fed transfers for transportation need to be done in an inclusive way
- Access to the built environment including physical space and facilities such as transportation, present significant barriers
- Lack of standards concerning access for travel on planes, trains, buses and ferries, presents significant barriers to inclusion
- Transportation—have to leave the community for basic services and travel long distances to receive care, long travel time= time wasted, no wheelchair accessible vehicle for transportation to appointment, funding is inadequate for wheelchair accessible medical van for IPWDs—leads to discrimination and isolation
- Transportation—no ambulance or accessible transportation for medical appointments. Middle of winter, an 86 year old elder had to be transported to hospital in the back of a half-ton truck in -30C; ambulance was not available. No wheelchair accessible transportation; funding for medical vans does not include wheelchair accessible vans.
- Accessible transportation is an issue (not available) and ill people are being turned away by the doctors for being 10 minutes late. Even though the person was extremely ill, the doctor still refused to see the IPWDs. This is especially problematic when a PWD has travelled 5 ½ hours to see the doctor.
- Transportation—no travel grants for services, no accessible modes of transportation—no funding, travel to see a specialist is a two to three day process that includes a 5 ½ hour bus ride in one direction. For a person who has disabilities this is an even more difficult as there is no accessible transportation. Travel for follow up appointments is not covered under non-insured benefits.
- Transportation—medical van is not accessible for people in wheelchairs or that have mobility issues, medical van is not available for IPWDs to go to the city to purchase food or other necessities

- No transportation in or out of the community for persons with mobility issues or intellectual issues
- Capacity: economic, employment, built environment, programs and service delivery, procurement of goods and services, transportation, information and communication
- Lack of accessible transport (airplanes, LRT, and buses/coaches are not accessible)
- lack of transportation options
- No transportation
- Weekend access—to transportation, recreation, other services
- Transportation issues
- Transportation issues on reserve—no transportation on weekends
- Lack of accessible transportation (e.g., private, public, community) including lack of funding for vehicle modifications and community infrastructure (e.g., curb cuts, pathways, parking)
- Cost \$300 to pay someone to take you to the city (from reserve)
- ALL facilities need to be accessible—flying and training should be more accessible
- Inability to take scooters on accessible public transit
- Different in access depending where you live. I live in biggest city in Nfld, and only city with Paratransit in Nfld...I'm not saying it's perfect, but better than having family transportation.
- They want to participate in all activities hosted in the community, but find getting around difficult with wheelchairs, walkers, canes as the roads are unpaved and sidewalks limited. They cannot just hop on a bus, or flag down a cab. They call ahead but only have one van and two taxis to get their business done. The van is fully equipped with wheelchair lift and the Health Centre books it for them, however, only one van and the taxi's cost is too expensive (\$100 return) to the larger city to buy groceries, or pick up medications, visit doctors if the medical van is booked.
- Transportation barriers
- Timing of HandiDART services
- Lack of group transportation
- Whole network of transportation/transportation infrastructure
- Via Rail difficult to use for wheelchair users (transportation issues)
- Geography (so far apart from everything)—transportation, ease of getting around
- Canada's climate—affecting accessibility, clearing sidewalks

• Healthcare

- Healthcare—all forms & paperwork need to be updated (include definitions, including for acquired brain injury—i.e., would assist doctors in filling them out)
- Greater assistance with PSW support within one's home (hours/level of care)
- Healthcare: more staff & better qualified (personal skills). Less time for services.
- People need medication and caregivers
- Standards & guidelines for treatment of people living with brain injuries (i.e., best practices)
- Lack of access to specialists
- Family doctors are the first stop—need to know where to send people
- Long wait times to see specialists—lack of resources in Northern Ontario
- Need more specialists in Northern Ontario
- Provide GPs with lists of specialists available
- Doctors—reluctant to make referrals, believe symptoms could be anxiety/depression (misdiagnosis), don't listen, lack of information and awareness
- Long waitlists, lack of available resources

- Medical records may be “gone” if they are older
- Cognitive/ABI/seizure prone individuals should undergo assessment similar to forensic mental health system
- Medical community is unfamiliar with aging populations with disabilities
- Medical—any federally funding for medical programs and services need to be accessible (i.e., examination tables)
- Formal assessment—need diagnosis in order to access resources and support
- Lengthy wait lists for treatment
- Lack of physician training on eating disorders
- Non-culturally appropriate treatment for diverse people with eating disorders
- Alternative medicines are not required
- Canadians need proper and similarly run FASD “ diagnostic clinics” (unfair across country; BC—more diagnostic clinics, done properly with multi-disciplinary team and assessment done in clinic, whereas in Ontario, parents need to pay out of pocket for assessment and those assessments are then taken to clinic. Following diagnoses—lack of support/resources/follow up.
- 2-5 percent of population have FASD but largely undiagnosed (higher percent of incarcerated and indigenous populations)
- Health care/CCAC coordination problems and reduced supports
- Not fully accessible medical buildings and proper transfer equipment
- Availability of access to publicly funded therapy: you have to advocate for yourself. It can be difficult for those if they don’t have a voice. Who can they call for help?
- Equipment such as stair lifts is not covered by insurance to install inside a house but they approve a new elevator—in reality who’s going to put in an elevator in their house? Why would they approve such an expensive item such as an elevator and not a stair lift?
- Insurance companies should consult with stakeholders to in terms of what is covered and what is not covered
- EHB companies constantly look for legal loopholes to deny someone with a newly acquired disability and equipment/therapy
- Accessible transportation is an issue (not available) and ill people are being turned away by the doctors for being 10 minutes late. Even though the person was extremely ill, the doctor still refused to see the IPWDs. This is especially problematic when a PWDs has traveled 5 ½ hours to see the doctor.
- Health care facilities are discharging PWDs without proper things in place such as assisted devices, access to the home, transportation, nursing and or support care
- Health care professionals and service providers off reserve, lack cultural awareness and have a great deal of ignorance of what IPWDs receives and qualifies for
- Lack of health practitioner knowledge of disability
- Health care wait times (e.g., surgeries)
- Barrier that gets in the way is people searching for diagnosis. Intersection of ageism. “you’re too young to be having these issues/that much pain etc” Because all of the services are diagnosis-based and not needs-based, SHOULD BE, diagnosis-based is barrier because I don’t qualify even though I have a high need. Equipment, support, forcibly paid out of pocket. Further putting me into poverty instead of uplifting me out of poverty like programs are supposed to be. Not being needs-based is huge issue.
- Needs vs. diagnosis. person centered
- Wait times for addiction treatment and or detox are too long. People are ask-

ing for assistance with addiction issues, needs immediate response but lack of resources in the district. Local response and treatment is needed immediately for people wanting assistance for substance abuse and or mental health.

- Shortage of occupational therapists and physio therapists in the area
- Learning and developmental disabilities—require occupational therapist to assess their needs. Assessments not being done.
- IPWDs needs access to OT services more consistently and OTs need to spend more time in the communities
- Limited access to doctors in the area—no consistency, no real family doctor. No family doctor means that they do not have the patients history and they treat the symptoms, not the patient—no proper follow-up of patients.
- Service providers not coming to the community but the members have to travel to Nipigon (1 hr) or Thunder Bay (2 ½ hrs) for services. Travel to Nipigon for physio, short visit.
- No palliative care services in the community so people can die with dignity at home
- Need proper medical facility—no examining room for practitioners coming into the community
- Community needs have grown, health centre is small and overcrowded
- Blood test availability—should be done in the community—daily/weekly—i.e., INR lab test to determine warfarin, chemistry panel and complete blood count—i.e., cholesterol, hemoglobin-diabetes, PSA for men, etc.
- Isotopes are not available at the Thunder Bay Regional Health Science Centre for cancer patients even though they are a cancer care facility—five people were waiting and never received treatment
- People not receiving diagnostic testing in a reasonable timeframe
- Discrimination accessing prescription medication—stereotyping
- Pharmacies in rural communities deny filling certain medication (they have lists of medications they will not fill) for First Nations people.
- Pharmacies are refusing to sell over-the-counter medication to First Nations. However, if a non-aboriginal person goes in and request the same medication it is provided. Non-indigenous father sent his 21-year-old indigenous son to pharmacy to get Tylenol #1's for him—pharmacy said they were out. Within the half-hour father went in and they were sold to him. When questioned, the pharmacist said, "We don't sell drugs to Indians."
- Methadone is being pushed over suboxone
- Suboxone has less side effects on a fetus—would prevent children being born with unnecessary developmental disabilities
- People with complications due to diabetes have to travel extremely long distances or move in order to access proper healthcare services
- Not having proper support and medical care in the rural communities is forcing migration
- We are being forced to move because services are not provided in our community or closer to home—then we lose the support of our families
- People coming from small First Nation communities, and have to fly to large cities such as Toronto for services, experience cultural shock and become overwhelmed. There are no considerations given to young parents with a disabled child, to have someone accompany them to the large cities.
- First Nations are not being heard by medical staff when going to the emergency—automatically stereotyped with the chronic users of emergency services

- Wait times at emergencies are getting worse for First Nations. Non-First Nation people are being treated more quickly than First Nation. (First Nation sixteen year old boy died of internal bleeding at Geraldton Hospital. Boy was looked at for over 8 hours. When mother complained about her son not being seen, hospital staff threatened to call the police on the mother.)
- Hospital and clinical staff—dismiss health concerns and treat First Nations as though they are only looking for meds or opiates
- Miss diagnosis put families in crisis—mental health
- Mental health and suicide, there are not enough services directed towards “shame”
- First Nation people being denied medical services at the Geraldton hospital. If a patient or family member challenges the long waiting period at the hospital, the staff either threatens to call the police or calls the police.
- People are being turn down time and time again for treatment and or services. Therefore they give up and go untreated.
- First nation women are the largest group that is discriminated against when trying to access care and or services
- Not enough detox centers and no funding to support detox centres
- People have sought help for their alcohol addictions and have suffered negative consequences. This creates a fear in others and reluctance when it comes to seeking help—i.e., person sought help for alcohol addiction. The treating doctor went over the survey with the patient, which resulted in the doctor prescribing Valium and removing the person’s driver’s license. Further intervention was not provided.
- First Nation members that require palliative care are being forced to leave their communities and are being sent to Thunder Bay. Families of palliative patients have long distance commutes (5 ½ hour drive on way) to be with their dying family member. The expense to the family is overwhelming when it comes to the cost of travel, accommodations, meals and loss of employment hours, on top of the grief of watching a loved one die.
- Doctors, nurses and healthcare staff need cultural competency and sensitivity training
- Not enough preventative education and awareness to prevent diseases and disabilities.
- Emergency response—oxygen supplies not available in the communities
- Long unacceptable wait times to receive assisted devices and equipment
- No language interpreters—not all patients understand what they are being told by medical/healthcare professionals or what the services/treatment are that they are agreeing to. Patients, and families do not understand tests, what is happening, and what tests are being done and why? (lack of education and or understanding). Patients do not understand the results of tests and healthcare professionals do not ensure that they have clearly understood what was said, and medical staff does not relay the information to family members.
- Indigenous people are being misdiagnosed because of language barriers and or lack of comprehension levels of the patient. Patients are either inaccurately responding to questions or assumptions are being made by the practitioner as to the meaning of the non-verbal communication of the patients.
- Health care professionals do not check or confirm that an indigenous person has understood what they are being told or agreeing too.

- Children with rotten and abscessed teeth and need anaesthetic dentistry to fix the problems. Children are in severe pain—not enough OR time available to fix the problem... children have to suffer. Health Canada is not covering children with rotten and abscessed teeth and need anaesthetic dentistry to fix the problems. Children are in severe pain
- Very limited access to occupational therapists for housing and equipment assessments, wheelchair seating clinics, and work modifications etc.
- HUGE gaps in care
- Wait times are too long for people in crisis (mental health and addictions)
- A doctor only comes to the community once/month, which doesn't come close to meeting the needs of the community, especially IPWDs.
- Long timeframe and wait for services in the community—i.e., OT services only available once every 3 - 4 months.
- Dental issues (rotten and or missing teeth prematurely) leads to difficulties with language articulation, communication issues and speech delay's. Lack of available speech and language pathologists, increases the number of children with communication disorders.
- IPWDs are being discharged too early from the hospital and without the proper supports in place.
- Lack of discharge planning between urban health care facilities and indigenous communities
- Long wait lists for long-term care. 5-year waitlist in Beardmore.
- No doctor that visits the community (reserve). Elderly with mobility issues have trouble accessing doctors, and having regular prescriptions filled. Not having a regular doctor that knows the patient and their back history to consistently monitor, regulate medication and follow up on what is and isn't working, new prescriptions, weaning off medication and have an understanding of whether or not the patient knows what the medication is being prescribed for, how long it is needed and possible side effects.
- Stereotyping when needing medication and therefore denied prescriptions.
- No pharmacy within 200kms to fill prescriptions
- Comcare in Beardmore is refusing assistance for a young person with new amputation. Comcare has placed the responsibility on the spouse who works and is creating a dependency instead of supporting the woman's dignity and independence.
- Language barriers—first language is Ojibway and there are no translation services outside of the community to ensure patient understands—i.e., at the hospital, clinic or pharmacy etc. Need Language interpreters to assist people with understanding treatment, procedures, aftercare, medication affects and side effects. A number of children have speech language (communication) issues that cannot access speech language therapy or programs
- No emergency response to assist IPWDs (fire hydrants do not work)
- No occupational therapists to service the community and do home and equipment assessments
- No [hysio therapists or facilities and equipment to support rehabilitation
- No first response team—no training dollars
- No crisis response training for employees
- Access to physio—there's no access due to jurisdiction
- Suicide—medical health workers are not trained properly. Suicides are not just happening in the fly-in communities. Remote rural communities are also experi-

encing high rates of suicides and attempted suicides. Hospitals are sending people back to the community too soon after an attempted suicide. Form I's are not being completed and people who have attempted suicide, are not being detained for 72 hours. Hospital assessments need to be more comprehensive

- Travel and accommodations are not available for workers and health care professionals coming into the community.
- First nations are dealing with dual diagnosis and complex medical conditions and lack the proper support and services
- Third-party providers should be regulated in terms of costs
- Support for caregivers/family members/friends, including education. Have greater awareness, struggle to be understood. Same for healthcare professionals. Often lack of understanding, and less visible disabilities/less visible aspects of disabilities.
- Issue with diagnosis: limited# of physicians. Can't even access RDSP, DTC, huge issue for indigenous people. Often cognitive impairments are misdiagnosed as FASD.. People can't get support they need if they are misdiagnosed with what they actually have
- Barriers around mental illness, lack of understanding especially in Health Care...a lot of stigma around BPD...limited social/access to funding
- This was a group of First Nations Men, Women, Home Care Support and Health Services. They are a northern Saskatchewan community about a 45 minute drive from Prince Albert, Saskatchewan. Ambulance & emergency services are dispatched through Prince Albert, so if there is a critical incident, time would be a factor. Although they do have some trained individuals who can assist with some Medical assistance, after hours is currently limited in community. The community has three small distinct villages close to one another, yet without services, too far to travel by any other means than vehicle. The community does not have a Medical Van with a lift at this time. The upkeep was expensive due to the lack of paved roads, and the Van itself dated. The Health Care Centre is a progressive health care facility, fully understanding the needs of their community. They were very helpful in assisting with the conversation, as they know this community well. Home visits are a part of the care given seniors or those with other health related issues such as mobility. There currently is not a senior or special accommodation complex on this reserve, but staff felt the need for one there. Distance is a factor. Currently the Health Care Centre does not have a lift for anyone over 100 lbs.
- The needs in small communities is substantially different than in major centers, where access to Physiotherapy is an option, even in home.
- This was a group of First Nations Men, Women, Home Care Support and Health Services. The majority were between 38-68. They are a northern Saskatchewan community in proximity to Prince Albert, Saskatchewan. One of the many concerns was the lack of activity, physio therapy services that they often had to leave their home communities for, often having to go further away to Saskatoon and even Regina in some cases, for the therapy they required. The roads are unpaved, and there are no sidewalks and health care only available during regular business hours. They have an excellent Home Care program, but nothing for afterhours should they get injured, fall or need immediate assistance.
- Shift in attitudes of equipment (move away from view it is a medical device to a living device)
- Lack of access to customized assistive devices/technology to facilitate work, school, play

- Centralization and coordination
 - Location/accessibility of information—“road map”
 - Navigation (i.e., how do I begin to become inclusive/start inclusive programming)
 - Lack of sharing information—where are all the professionals dealing with ABI? How do we find them?
 - Lack of coordination between service providers
 - Lack of information and awareness about available resources
 - Federal government needs a website or portal for all programs and services related to PWDs; including information about benefits, building codes, funding, education, employment, events, sports and recreation, etc.
 - Knowledge of where to go to get assistance
 - Need to spread awareness of existing accessibility resources? Which companies have an accessible building? Which companies have accessible washrooms? Which sidewalks are wheelchair accessible?
 - No centralized system of support—scattered and fragmented and not equally available to everyone.
 - Lack of shared information between systems (health, education, employment, housing, local and municipal governments, office of the public guardian)
 - Accessibility to information and resources.
 - Fewer resources on east coast *need more consistency across the country
 - Obtained services out of province, when I come home, nobody knows how to deal/help me. Lack of communication and lack of funding, and nobody wants to step on toes.
 - Initiative are here today, gone tomorrow, no consistency, trust in the system is low—and lack of funds and denial of proposals is expected—normal
 - Siloing, no communications between service providers
 - Lack of (advertisement) knowledge sharing and communication of available resources for PWDs
 - No discharge planning between Hospital/long term care and the community. IPWDs is released from the hospital/long term care and they have to fend for themselves
 - Lack of communication—Information sharing is difficult between Hospitals and community Health Teams.
 - Gaps in services for people with intellectual disabilities and mental health issues especially between the ages of 16-20
 - 411, 811 and 211 should be integrated—people often give up before they get the information they require
 - Can't move province to province (provincial resources)
 - Awareness of opportunities and supports, communication
 - Different jurisdictions have different resources
 - Rural areas don't have the same access to programs
 - Timing of information—readiness, ensuring understanding
-
- Support services
 - More access to support with a long term disability
 - Lack of case management services for ABI
 - Crisis centres not accessible or inclusive
 - Lack of after school aid for PWDs
 - No community based support
 - Support for people born with a disability
 - ODSP workers: do not assist with filling out forms

- CCAC—What’s the point of having this service if they don’t help you? For example, not helping the patient up the stairs. They don’t help because the “legislation changed”. Another example: they promise you an hour and they do work for 10 - 15 minutes and then they leave. They will brush and wash your hair but they won’t style your hair (no pony tail, no curling or straightening). Services are only basic care but do not consider the dignity of the individual.
- Indigenous people—Individual reports that when she goes to ask for services she gets redirected to specific organizations that only deal with indigenous people and therefore she does not feel included with the rest of the population.
- CCAC—reduction in services—disability is rated to see if you qualify for care
- Criteria for service—need a diagnosis to get support
- Legal help for those with mental health issues—access to justice
- No housing or support programs in the community for people with intellectual disabilities
- Lack of qualified home support workers and home support funding
- Need trained personal support workers within the community
- Homemakers are not trained and don’t fulfill the job requirements
- People with high level care needs do not have access to 24 hour care, limited to 2 hours/week.
- Not enough support for people with intellectual disabilities and funding on reserve is hard to find
- Need support services in the community—barrier to being able to heal, strengthen self
- No mental health or cultural healing programs to support people to get well
- Access to respite services aren’t acceptable/appropriate and or available. Elderly care providers (ages 79, 84, and 64) are ineligible for respite services
- No back-up plan when PSW service is disrupted. PSW’s don’t do what they are supposed to, not properly trained and educated
- No daily professional assistance in community to help maintain dignity and independence. (assistance with applying creams and ointments, assistance with meds etc. especially for people who live alone
- Personal support care workers—bathing, etc
- Proper counselling and access to counselling is not available due to lack of funds.
- People with mental health and/or addiction issues have no one to talk to or the appropriate care to help with recovery and/or stability.
- Elders that do not speak English are denied an escort and someone to interpret for them. Non-insured benefits are denying escorts and come one to interpreters for elders how do not speak English or very poor English.
- Not enough professional services, clinicians, support workers, advocates,
- Lack of qualified personal support workers in the community
- Retention of trained professionals is difficult—wages are not competitive or on par with the province
- Limited access to services and service providers to help a person with disabilities stay in their home and community
- Quality of services is poor because of the lack of qualified professionals, untrained peoples are providing services, family are getting paid to provide services but not providing services
- Homemaker services are needed as well as proper training

- Difficulties finding properly trained, competent, and qualified workers such as Personal Support Care Workers, homemakers, and developmental service workers to support the needs of the PWDs in the community.
- Communication in the community is difficult. Lack of understanding and participation of community.
- Short staffed, people are wearing too many hats and they are not able to meet the needs of the community members with disabilities. Due to staff shortages, burnout levels are high.
- No support services leads to social breakdown of the community. People are trying just to survive and every person is for themselves and trying to fight for what they have because they are afraid of losing what little they have.
- There are no restaurants, coffee places, or accessible places where PWDs can gather socially and interact with other community members—inclusion
- Qualification for jobs such as PSW's and educational assistances are the same as general population however, the wages are much less on-reserve
- Several individuals who have disabilities, have no family support or support care
- No family support. The person with disabilities winds up in the hospital and long term care.
- Issues accessing supportive care for IPWDs off reserve. Provincial and federal governments pass the buck on who should be providing care to off reserve members. Therefore, members are caught between the systems without proper assistance or care.
- No Home and Community Care program in the community. Therefore, there are no PSW or homemaking services provided in the community for PWDs. When people are sent home from the hospital or long term care, there are no support services in the community—e.g., occupational therapists, physio therapists, Speech and language therapists, personal support care workers, or homemakers.
- Access to support services
- Lack of after school aid for PWDs
- No respite workers or PDD workers after 4:30 pm on reserve
- Occupational therapy assessments are limited or unavailable for housing modifications
- Aging parents die and intellectually disabled people have to fend for themselves—and or at the mercy of others who take advantage of them
- If you are on AISH you cannot own a home—if you need support, you should be able to get support
- Medical foster care due to the community not being able to assist those with specific special needs
- Disability support (lack of)

• Education for PWDs

- Not enough or non-existent opportunities for people to learn the skills that make them employable
- Parents/educators don't have resources to help kids reach full potential
- Education is not accessible—mainly universities. Schools are saying they want to support accessibility but no real accessibility within the building, delivery of information etc.
- Lack of accessible and affordable education for PWDs due to negative attitudes of educators, physical barriers for PWDs, and a lack of in-school aid for PWDs
- Lack of funding for programs in-school and outside of school for PWDs, such as a lack of classroom care or it is not available to adults

- A lack of financially affordable/feasible opportunities for post-secondary education for persons already living below the poverty line
- More support for students in post-secondary education
- Increase accessible transportation to get to education opportunities in rural locations
- Increase grants for education for PWDs.
- Access to technology in terms of computer literacy—access to online services. Development of basic essential skills
- School system becomes more of a “babysitting” situation; students fall behind
- Often students are pulled out of public system and placed into private schools or home schooling (up to parents and caregivers to find and support)
- Students with autism often placed in same class as those with other exceptionalities (such as ADHD) when they have very different needs—and can even be triggered
- School environment: bright lights/noise/big class size: not conducive to needs of people with autism
- People with autism often challenged and expected to obtain/complete the same educational requirement as students without autism
- Educate those with a disability
- Funding for students in general is deficient when compared to provincial funded schools. Students with disabilities are even more disadvantaged when it comes to funding dollars to support their needs—i.e., staff, equipment, services
- High school education has a cut off age of 21 to go to school. Some PWDs such as severe anxiety find it difficult to attend high school and or can only go for a couple hours a day and not every day
- Students have to travel long distances to go to school outside of the community.
- Students with mental health issues drop out of high school when having to go to larger centers for high school
- Tuition fees are not being returned to the reserve for indigenous students that stop going to public schools.—money is needed to be returned in order to provide alternative options to educate the student
- Lack of flexibility in post-secondary programs to develop adaptations or modifications to help individual attain degrees or diplomas in chosen field
- Lack of funding for programs in-school and outside of school for PWDs, such as a lack of classroom care or it is not available to adults
- No programs to teach IPWDs independent living (life) skill and social skills that would promote inclusion
- No adult education program so that people can complete high schools and be trained for PSWs, mental health workers, developmental service workers, etc.
- No high school on reserve for First Nations students
- Students with disabilities and mental health issues drop out of urban schools—high anxieties and difficulties adjusting
- Limits on education—age limit for high school (21), needs to be removed for further education—not helpful for people with high anxieties
- Commute to off reserve public schools is long—dropout rate is high—especially for students with disabilities and or mental health issues
- Programs and funding is needed to teach independent living skills for IPWDs
- More indigenous people need to be trained and educated so they can provide the care and services to other IPWDs
- Have to leave the community for an education

- Children with ADHA and behavioural issues are spending over two hours on the bus
- No special education teacher in the public school
- Children have to go to school out of the community
- Not enough educational assistance in the school
- No cultural counsellors in the schools
- Children with behavioural and developmental disabilities have high truancy rates.
- Lots of children have anxiety—drop out of public school
- The curriculum is not applicable to indigenous children
- No special education staff to help kids in the public school
- Kids are kicked out of school and there is no alternative education in the community
- Public school doesn't return the money when they kick a kid out of school of if they stop going
- Kids have to stay in Thunder Bay to go to high school—away from their family
- Life skills for those with mobility issues
- Kids don't learn sign language – easier to learn at an early age
- Access to employment and education (barriers)
- Finding opportunities (and money) for training. Finding a job after training

LACK OF/POOR LEGISLATION

- The government must pass laws that frame and promote the socio-economic development of everyone taking into account PWDs
- Lack of legislation
- Look at longer view—upfront more expensive—long term gain
- Raise our standards of what is acceptable
- Charters of Rights and Freedoms and Human Rights Code—disability and Employment Equity have been added but need to get back to the definition of access
- Even if the federal government applies legislation, it will take time before we see significant changes
- Lack of appropriate definition, legislation to provide it, political will, funding; overarching guidelines to drive all that
- Have better standards overall for accessibility
- Lack of commitment to the concept of accessibility due to the lack of appropriate laws
- Lack of legislation
- Antiquated laws surrounding disability income and supports that allow people to improve their quality of life
- No single sources of responsibility (who is responsible for ensuring accessibility?) Example used was clearing of sidewalks after a snowfall—who is ultimately responsible for making sure this is done in a timely manner?
- Legislation is very rigid and often is a barrier to access for those with disabilities. For example—someone with MS is identified as not disabled enough to get access to AISH or eligible for disability services.
- Is the legislation around discrimination strong enough?
- Bureaucracy and regulations can lead to unnecessarily complicated solutions and high costs to resolving a simple problem such as designing a ramp to allow access to a building that has two steps.
- Provincial bureaucracy. Getting the run-around/brush off's by government and other services. Long chain of command to get anything done—too many layers/ hoops. Blame misplaced when request denied at higher level of bureaucracy.

- No appeal process when request are denied for services, equipment etc
- Indian Act and other legislation that limits access to funding
- Government policies limit funding availability
- Changing laws—laws are constantly changing, therefore no consistency in funding
- Government needs to do something about the shortage of addictions and mental health workers all over, not just in some areas.
- Government needs to respect our Human Rights and our Treaty Rights.
- Government needs to step in and deal with the systemic racism in the hospitals and health care services. We are humans not animals and deserve to be treated fairly.
- Government needs to step in when it comes to the high costs of accessing nutritious food
- No accountability of the government to follow through with promises and or funding
- Municipal bi-laws can be barriers
- Barriers and discriminating policy within federal government related to human rights. They sent me to another agency even though they were human rights agency, rejected my plea.
- The needs of small town communities, and reserves are quite different when it comes to needs in comparison to larger urban centres
- Minimal standards, codes—lack of knowledge of what accessibility means
- Systemic barriers—lack of even playing field
- Lack of incentive to change (i.e., tax breaks, mandated change)

• Consistent national/
federal standards

- Federal rules that ensure that all provinces follow the same guidelines for disability
- Poor consistency across provinces
- No national strategy on ABI
- Inconsistency with physical accessibility—why not have national standards?
- Should only have federal accessibility/disabled laws and not provincial/municipal
- Standardizations are lacking on a national level
- Hard to move from province to province
- There is a need for strong federal legislation that applies across the Board to all sectors as has been done in the USA. There needs to be political will and interest to do it.
- Lacking comprehensive provincial legislation (mirroring Manitoba and Ontario legislation) on a nationwide basis.
- The federal government only has 10% to 15% jurisdiction of the areas of influence (e.g., banks, military, Aboriginal Reserves) to create a truly accessible society and the remaining is up to the provinces.
- The areas where the federal government has direct control need to have similar legislation as Ontario and Manitoba.
- Incorporate the work that the USA has done with the Americans with Disability Act and make an omnibus bill across Canada
- In BC everything is accessible—it's become the standard and if you didn't make your business accessible, it was an embarrassment. As you travel west through Canada, it becomes worse. In Norway they are making a requirement that all new houses be accessible.
- The difficulty with legislation that's all encompassing is that there are multi levels of government and responsibilities and there is no overreaching responsibility. Until that's addressed, how do you adhere to and enforce universal standards?
- Clear, strong coordinated federal legislation is needed

- Get every single province on Board and have federal legislation—i.e., Canadians with Disabilities Act, and enforce in areas of federal legislation and then use their influence to enact similar legislation in provinces
- Regulatory Canadian standards if they can pull together definitions. Each province sets their own legislation that references CSA code and guidelines.
- Different municipalities have different bylaws and rules around accessibility—consistency is a huge priority
- Inconsistency on accessibility overall across the nation (At all levels, local, provincial and national)
- Priority area—Clear standards and implementation for accessibility across the country with consistent implementation; and that cost is not a barrier
- Provinces want to be too independent and are not using a global vision
- Variance province to province and lack of enforcement
- Stronger and more consistent inclusive accessibility (ALL disabilities should be represented including vision or hearing impairments along with physical disabilities)
- AB Government—codes are not as good as other provinces. Building codes and other legislation needs to be federal not provincial so PWDs can freely move about the country without concerns of physical accessibility
- Streamline programs interprovincially—i.e., cost of living variances
- Individuals with mobility disabilities shouldn't lose have to give equipment back if you move to a different province so equipment should be federally regulated to make rules equitable; should not depend on which province you live in
- No communication between provinces—disabled have to reassert their qualifications each time they move between provinces. Could issue a federal designation—like a red seal or gold seal—that is recognized country-wide.
- Fewer resources on east coast *need more consistency across the country
- Lack of consistent legislation at all three levels of government presents a patchwork of services and unnecessary challenges to inclusion
- Lack of uniformity in the application of excellent standards across all provinces presents a significant barrier to inclusion
- The Government of Canada has not worked effectively with the provinces/territories and municipalities in a cooperative effort to set and comply with standards; lack of leadership from the Government of Canada allows significant barriers to inclusion persists across the country
- Lack of ADA-style legislation
- Federal and provincial/territorial governments do not work together to address the inequities of services provided to IPWDs on reserve
- No consistency or continuity with government and indigenous relationships.
- Constant changes with federal leadership exposes indigenous PWDs to undo hardship because what may be provided by one leadership, is stripped by the next one in office
- Ability to move freely from province to province is not always possible—home care, health care, etc. Should be standardized or harmonized.
- Can't move province to province (provincial resources)
- Urban-rural inconsistencies—funding, education, infrastructure
- Health regions differ province to province and within provinces (i.e., no standardization across Canada)—need consensus for Canada on federal and provincial priorities for health

- Regulation and enforcement of existing legislation
 - Need for accountability to the legislation to ensure accessibility
 - Public sector is easier to ‘force’ to be accessible, whereas the private sector will be more difficult to legislate
 - Although components of accessibility have been enacted, there isn’t an understanding of how this works (e.g., navigation of a store is not feasible)—there is need for both enforcement of accessibility laws and dialogue with business owners to increase understanding
 - No enforcement of accessibility standards, requirements (ramps into restaurants)
 - Lack of Accessible Laws being enforced
 - Financial implications and infrastructure challenges exist. There is not enough pressure from the federal government and no enforcement of building codes.
 - Get every single province on Board and have federal legislation—i.e., Canadians with Disabilities Act, and enforce in areas of federal legislation and then use their influence to enact similar legislation in provinces.
 - No compliance within the country as a whole and only in certain provinces, compliance is still not strong even in ON, there is a need for more compliance in Canada and ensure some consequences are there when not compliant.
 - Local business use heritage building for reasons not to comply– it needs to be changed and more compliance/consequences across the board.
 - Variance province to province and lack of enforcement
 - Right now there are no repercussions for bad or inhumane service against PWDs on public transportation such as Transport Canada
 - Non-standardized federal building and accessibility codes—little to no enforcement
 - Who is to enforce accessibility modifications to buildings?
 - Lack of accountability of the provinces to the Government of Canada allows for great variation in approaches to providing an accessible environment.
 - A lack of consequences for non-compliance with standards presents significant barriers to inclusion.
 - The Government of Canada fails to enforce mandatory requirements for accessibility and barrier free design through federal transfer payments to provinces/territories/municipalities.
 - Human rights codes really difficult to enforce
 - Lack of monitoring/enforcement of existing requirements
 - No federal or provincial accountability or enforcement.
 - No accountability of government, First Nation has no voice
 - Government needs to make sure that organizations that are mandated to work with indigenous communities are fulfilling their requirements and there is legislation to address non-compliance
 - Access to Justice
 - There needs to be more protection of the human rights of indigenous people in general but especially PWDs
 - Justice and protection for indigenous person with disabilities. People are afraid of advocating for themselves or their family member because of the fear of stepping on toes and losing what little services they have.
 - Levels of abuse are high with disabled persons and Elders, which is directly correlated with the high levels of poverty in First Nations. Family members control the bankcard of the Elder or IPWDs as a means of accessing a source of income.
 - Elders and IPWDs, want family members to “look after them” as a way of providing an income, but the services are not being provided to person who requires care

- There are lots of abuses -persons with a disability has nowhere to turn
- Financial guardians of IPWDs or elders are taking advantage of them
- Lack of enforcement of existing building code
- Access to justice—advocates for people with developmental and mental health issues in the justice system; people with intellectual and mental health issues wind up in jail because there is a lack of understanding and training on the part of the police and hospital staff; lawyers to help with the appeals when WSIB is denied or cut off; guardians should be bondable who are in charge of a person’s finances who is cognitively unable to manage their own money
- Rules we do have aren’t enforced
- Enforcement of existing legislation (e.g., snow removal)
- Buy-in from public to want to ensure jobs done right, more accessible

• Representation of PWDs in decision-making

- Need for inclusion in decision-making entities (e.g., transportation, etc.)—“nothing about us without us”
- Building code is not meaningful access, there is need for PWDs assessment of the accessibility of a building (during planning and once it is built)
- Federal legislation should be planned with the inclusion of PWDs
- Per buildings—when projects for development projects are developed, they should be inclusive, not limited to technical and economic aspects and use an inclusive committee in every project to ensure that the project meets the standards of inclusion, that is, the project is beneficial to all, the visually impaired as well as the disabled (e.g., metro stations are devoid of elevators, many stairs have no visible bands on the steps for the visually impaired); an inclusion committee should evaluate the infrastructures: parks, operations, skating rinks to integrate a true policy of accessibility to all and inclusion
- Accessible transportation doesn’t always accommodate cognitive disabilities, would be helpful to have someone with ABI on advisory boards
- People with disabilities need to be on committees that report to the government
- No opportunities to give input on policies affecting them
- Does the Canadians with Disabilities Council have a real voice?
- Not at the table to give input
- Lack of advocates for PWDs
- Having more PWDs hired in the municipality in order to help with accessibility
- People who do not live with disabilities have played a lead role in designing building code standards which perpetuates lack of accessibility, they are well-meaning but do not have the expert experience of a person living with a disability who could provide significant insights to advance barrier free design.
- Liaison for PWDs—they need advocates
- Lack of persons with a disability in government decision-making positions
- Lack of ombudsman for disability
- Until now, haven’t seen a lot of people in disability communities involved with decisions. A lot of programs put forth but not compatible. Services that are available don’t meet goals/directives of the individual—i.e., brother has autism. Lots of funding goes to employment, but it may not be ultimate goal/attainable. Needs to focus on what individual wants and what is best for them and what is best to attain in their community without relocating
- Numbers are not represented well based on how disability is defined in data

- Ignorance/understanding of the people who are supposed to be helping us. Not always their fault, but these conversations are important. Needs to be more education for people making these Legislation decisions, and those helping with service assessment. Not people with lived experience, they are separate from issues at hand. PWDs need to be invited into conversation when people making decisions on behalf of us. Consultation is very valuable (Minister Qualtrough—act as leaders/paid employees not volunteers, the way others without disabilities are involved)
- People with intellectual disabilities are being taking advantage of and have no one to advocate for them
- The voice of indigenous people is not heard. No power, authority or representation in legislation to ensure equity
- No accountability of government, First Nation has no voice
- No political advocacy
- Low representation of indigenous people in top ranking positions that can hold the federal government accountable for ensuring promises are kept and appropriate funding is being provided according to agreements.
- Government needs to consult with indigenous communities and IPWDs and service providers on a regular basis (quarterly or bi-annually)
- Hierarchy in government—there is no advocate or voice to represent the needs of indigenous people or make government keep their promises
- People with disabilities should be the main source of information—talk to them directly to get information that affects them
- Usability—end user. Who is at the table? Not all needs are represented.
- Listen to people’s lived experiences
- (Lack of) PWDs included in the process of law-making
- Lack of consultation with people with disabilities

• Government ignorance and priorities

- Lack of political will due to cost by the public sector, need for an accessibility obligation by the public/private sector
- Need for political will and incentives—we have been raising awareness, but it hasn’t been enough to really make change; currently depending on goodwill of the public rather than government policy to ensure that specific staff are trained and equipment is provided (e.g., fitness equipment)
- Although Canada has the Charter of Rights and Freedoms and the Human Rights Act for federal, provinces and territories, what is missing is significant political will and significant political intention
- There is a need for strong federal legislation that applies across the Board to all sectors as has been done in the USA. There needs to be political will and interest to do it.
- Lack of appropriate definition, legislation to provide it, political will, funding, overarching guidelines to drive all that
- Unless the government is in our shoes, they don’t see the need because it’s not physical for them; they are not in the chairs so they can’t picture what our struggles are
- Electoral reform—proportional representation (all party system)
- Government ignorance of disability
- Persons with disabilities are forgotten; the government needs reminders that we exist on reserves
- Lack of understanding on the government’s part of the needs of PWDs

- A lack of interest and support in implementing change to increase inclusion from political leaders
- Too many levels of government pulling in different directions because of differing priorities
- Government officials need to be more aware of disability and have a clear understanding of the needs of person with disabilities
- Governmental systems that encourage folks to remain unemployed, non-productive and marginalized/depressed and viewed with an overall negative societal stigma
- Lawmakers should spend a day in a wheelchair
- Government needs to take leadership ... they need to walk the talk
- Focusing more on problem than solution
- Higher awareness—more commitment from government
- Lack of leadership on disability issues
- Lack of understanding on the government's part of the needs of PWDs
- A lack of interest and support in implementing change to increase inclusion from political leaders
- Negative leadership attitudes towards PWDs, including when accessing services
- Identify what key needs are. For example, from my experience, there was a surplus, 1000s of dollars going into education... I am not seeing a dime of it. As I was getting that info, control was left at School Board level, they decided who gets resources. That is not fair. Resources should be distributed equally. Problem why enough resources have not been available, has not been budgeted to be allocated to right location—go to these associations/communities, say hey what are best tools/resources, bring it together and be open to having fluid, forward thinking, to say the resources we have today is what we have, but later down the road we will have new inventions/technologies, new ways to have inclusiveness for PWDs. Will stop Canada from being fully accessible. Be open, understand this is a fluid, ongoing area.
- Government doesn't take into account the impact of a large geographical spread of First Nation communities
- Both the federal and provincial governments need to understand the geographic area and lack of accessibility in the rural remote communities
- Trust issues with the government that things will change or their voice is being heard
- Persons with disabilities are forgotten; the government needs reminders that we exist on reserves
- Accessibility is often an afterthought
- Governments are not upholding the human right and treaty rights of indigenous people
- Stop putting on band-aids—issues are dealt with for a short period of time, instead the issues should be tackled right away and put to rest

• Standardized definitions and terminology

- Language—plain, layman's needed vs. clinical/academic
- Definitions of inclusion /guidelines—for orgs, facilities
- Inclusion/Accessibility beyond physical ability—intellectual, culture/ethnicity, geography, sex/gender, SES
- Lack of appropriate definition, legislation to provide it, political will, funding; overarching guidelines to drive all that

- Regulatory Canadian standards if they can pull together definitions. Each province sets their own legislation that references CSA code and guidelines.
- Definition of what is accessibility—more than just physical
- Differing definitions of disability—people with FASD are often not included in that definition
- Disabilities: often considered intellectual, whereas many people with FASD do not have a low IQ, and therefore do not qualify—need to focus on adaptive functioning for qualifications
- Using the right language—very important (person first language)
- Disability should include mental health
- Identify term of context. What is a disability? Is it physical? Mental? A lot of times for me being HH, trying to educate public, even professionals, to understand what is being HH. Improve education piece will make it easier to have everybody on same playing field.
- Lack of definition for disability (e.g., hotels—room sizes, door widths, etc.)
- Disability symbol needs to change to recognize all disabilities
- Minimal standards, codes—lack of knowledge of what accessibility means

LACK OF FUNDING

- Lack of funding
- Not substantial funding to support Paralympic participants
- Funding/money accessibility
- Funding should be provided to organizations to develop legislation on a national scale
- Lack of appropriate definition; legislation to provide it; political will; funding; overarching guidelines to drive all that
- The federal government has huge power and they can give funding to provinces “on condition”
- This could be additional funding, however governments are broke. Maybe this idea can possibly be sold because of aging.
- Not a lot of funding to implement accessibility rules
- Priority area—clear standards and implementation for accessibility across the country with consistent implementation; and that cost is not a barrier
- Lack of funding
- Lack of coordination for funding
- Funding
- Lack of funding for non profit service providers whom provide PWDs assistant to integrate/be independent in our communities
- Financial funds
- Designing a world that’s accessible isn’t more expensive if it is done from the very beginning—all about mindset
- The same level of funding/prices throughout all provinces in Canada
- A lack of funding/funding is not available
- Provinces need to be more accountable for federal government transfer payments for programs for PWDs
- Keep province accountable for federal funding for Alberta Disability Related Employment Supports (DRES), CPP, Vocational Rehabilitation
- What happened to federal government transfer payments to Alberta RAMP?
- Foreign Caregivers Program—reduce \$1,000 Labour Market Impact Assessment (LMIA) administration fee; increase length of contract from two to four years
- Accessibility funding

- Cost of change
- Feds transfers need to meet standard to get money
- Funds provided to organizations to provide accessibility are sometimes not used for the purpose of funds are intended for.
- Overall lack of funding for healthcare services, programs, accessible housing or modifications, accessible transportation, and equipment/devices
- Government needs to release funds to support programs and services for IPWDs
- Unfair and inequitable funding between disabilities and substance abuse
- Funding limitations does not provide the money necessary to hire enough employees to adequately meet the needs of people living on reserve who have disabilities
- Accessible facilities, workers, programs (life skills, social skills, life enrichment) are desperately needed for people with special needs. If not, funding needs to increase the capacity of what is already in the community.
- Funding for students in general is deficient when compared to provincial funded schools. Students with disabilities are even more disadvantaged when it comes to funding dollars to support their needs—i.e., staff, equipment, services.
- INAC does not cover programs for IPWDs off reserve
- Stop-start funding and lack of sustainable funding—reduces trust and the feeling of being disposable and low on the governments priority
- No funding for much needed programs
- No funding for home and community care program in the community
- Lack of qualified home support workers and home support funding
- Need federal, municipal, and provincial funding to be the same
- Funding gaps
- Federal/provincial/municipal funding should be the same nation wide
- Education funding
- Money management—for the funding
- Federal/provincial/territorial funding models for indigenous communities
- Identify what key needs are. For example, from my experience, there was a surplus, thousands of dollars going into education. I am not seeing a dime of it. As I was getting that info, control was left at school board level, they decided who gets resources. That is not fair. Resources should be distributed equally. Problem why enough resources have not been available, has not been budgeted to be allocated to right location.
- Funding is huge issue no matter what. Funding is cut based on budget, not based on needs. I was getting 30 hours per week, and cut back to 15 hours per week. Huge issue. One thing if needs have changed and I don't need the services, to have it cut based on budget is unfair. Now dependent on family/friends for support.
- Lack of communication and lack of funding, and nobody wants to step on toes
- Not enough support for people with intellectual disabilities and funding on reserve is hard to find
- Indian Act and other legislation that limits access to funding
- Government policies limit funding availability
- Changing laws—laws are constantly changing, therefore no consistency in funding
- Short falls in government funding for programs
- Funding for health and mental health services are concentrated in Kenora and Sioux Lookout (remote over rural remote, close proximity to urban centers over rural remote). Robinson-Superior is overlooked when allocating funds for the North because they are rural remote.

- No security with funding from one year to the next to provide services and programs
- Stop-start funding—long lags in the federal government and INAC’s approval process
- Funding is approved months after the fiscal year has begun. People lose confidence and trust in the programs even if they have been successful because of this issue.
- The federal government has cut funding to indigenous programs and services despite programs demonstrating positive results
- Government has no accountability for shortage of funding that is provided on reserve for IPWDs—turns a blind eye
- Shortfall in funding reduces the capacity to provide appropriate services needed for IPWDs in the community.
- Funding is reactionary and not proactive
- Programs and funding is needed to teach independent living skills for IPWDs
- Funding for services, initiatives, equipment, assisted devices, transportation (accessible medical van), home modification (accessible bathroom, wheelchair ramps, wider doorways, etc). Funding is either not available, not consistent (here today, gone tomorrow), or inadequate.
- Stop-start funding, long wait periods for funds to come through—lowers trust and participation in programs that showed success
- Initiative are here today, gone tomorrow, no consistency, trust in the system is low—and lack of funds and denial of proposals is expected—normal
- Delays getting funding for urgently needed services
- Federal funding should be automatic for nurse, physio, support care services—have to go through Dilico or Union
- Funding—equity for qualifying services
- Start stop funding for programs—doesn’t happen in the provincial system—why should this happen with funding for indigenous people?
- Funding delays—long wait times for funding to be approved and monies to go through that programs are starting 4-6 months after the start of the fiscal year—doesn’t happen for non-indigenous off reserve programs
- Programs are proposal driven and there is no guarantee of funds or continuation of programs
- Programs demonstrate success and then funding is dropped
- When provincial or federal government over spend, it is easier to strip the funding from the First Nations because it is not guaranteed and is proposal driven.
- Government funding cutbacks—First Nation initiatives are dropped by the government and people who are the most vulnerable, such as those with disabilities and mental health issues, suffer. There is no accountability on the part of the government for these dire consequences.
- Lack of funding for proper programs, initiatives, staff, support care workers, and professional services in the community, if forcing PWDs to migrate to larger centers to have their needs met. Forced migration is a form of assimilation, as it requires families to move to urban areas so that the person with disabilities can have their basic needs met.
- Insufficient funding for workers, services, programs, initiatives—therefore, communities have to all fight for the same pot of money—creates tension amongst communities and the need to protect what little services and programs that they do have

- Guidelines for fund programs are very restrictive and based on the goals of the government (and mostly developed by people who have never stepped foot in a First Nation community). not on what the needs are in the communities
- Lack of funding money for programs is here today gone tomorrow—reduces trust and increases vulnerability for people who have disabilities
- Government funding is not being provided to rural remote communities to address mental health, attempted suicides issues and prevention
- Government funding for suicide prevention is not equitable among indigenous communities
- No appeals process when funding applications are denied for IPWDs
- All communities suffer from suicide and attempts—equitable resources are not being provided to the First Nation communities as it is with general population— attention and funding is being provided for fly-in remote reserves and reserves close to urban centers. Rural remote reserves get lost when it comes to funding for suicide.
- INAC—cutting programs, cannot depend on funding
- FNIHB—changes and cuts back on what is and is not funded
- Applying for funding has a lot of red tape
- If funding is turned down, there is nowhere to go—people just give up and give in
- Funding for schools and community programs on reserve is needed as well.
- Follow up—where does the money go?
- A lack of funding/funding is not available
- There are more funds available for immigrants where indigenous people are living in third world conditions. Immigrants are more welcome to Canada and basic needs are being met above and beyond the basic needs of indigenous people.
- Lack of investment and emphasis on accessible tourism
- Where is the money going? Should be a reporting system.
- Cost, funding, perception that “it costs too much”
- Longer term funding (not year to year)—individuals and organizations
- Funding – individual and community access and technologies

• Poverty and income replacement

- Disability supports must be increased to allow for increased salary, living allowances, benefits, etc.
- The government must pass laws that frame and promote the socio-economic development of everyone taking into account PWDs
- Financial burden
- Humiliating financial living standards
- Wage subsidy
- People with disabilities living in poverty, not enough adequate financial resources
- Income programs are punitive—no incentive or ability to get ahead
- Income supports are inconsistent—this needs to change
- Antiquated laws surrounding disability income and supports that allow people to improve their quality of life
- Increase CPP benefits (benefit decreases at 65 but cost of living doesn't)
- Benefits should be based on % of disability
- Poverty—disabled earn less with ODSP—increase amount given
- There are limits on what you can access in terms of financial assistance and medical equipment
- Pension benefits (ODSP): limitations in assets—if less limited, would be more feasible for people to avoid poverty

- RDSP: should not be cut off at 50, especially considering people with FASD are not earning an income or a sustainable income until later in life
- Inequity across country: in Ontario, if on ODSP, limit is 5,000, whereas in BC recently changed to 100,000
- People with FASD who are “independent” often not qualifying for ODSP—big concern, especially through aging
- Limitations of ODSP
- Money and credit issues (often seen as abstract for people with FASD; unable to manage, impulsivity with finances)
- Significant funding cuts=disincentive to work (ODSP)
- Guaranteed income support should be increased—i.e., \$24, 000 per year (poverty)
- Not enough money—why do we get so little money from the government? Pension is not enough. Hard to pay rent, to have money at the end of the month. Increase the length of time for EI.
- Assistance staff—for example, a patient has two nurses with her when she goes out, but they cannot fit in the elevator with the wheelchair. This patient requires two nurses, however, she has to pay for them, and cannot afford them.
- Money—limited income—recent changes on cop
- CPP has become more restrictive
- Adequate financial resources/income for people living with disabilities present significant barriers to inclusion.
- Lack of inclusion is perpetuated by inadequate financial supports for PWDs to have the bare necessities of life and by financial supports for organizations committed to accommodation
- Limited access to funding for special dietary needs due to chronic disease
- Government funding does not provide for the basic needs and is far below the poverty level
- FNIHB—cut back to benefits do not cover the needs of the IPWDs
- IPWDs is ineligible for INAC funding because they are not on reserve
- Poverty prevents people from achieving full potential
- Inadequate income supports (e.g., Canada Pension Plan Disability, Disability Tax Credit) to cover basic needs and disability expenses
- Lack of timely access to benefits (e.g., CPP Disability)
- Lack of a living wage for seniors and persons with a disability
- Barrier that gets in the way is people searching for diagnosis. Intersection of ageism. “you’re too young to be having these issues/that much pain etc” Because all of the services are diagnosis-based and not needs-based, SHOULD BE, diagnosis-based is barrier because I don’t qualify even though I have a high need. Equipment, support, forcibly paid out of pocket. Further putting me into poverty instead of uplifting me out of poverty like programs are supposed to be. Not being needs-based is huge issue.
- Cost of utility services such as hydro is extremely high and difficult for a person on disability benefits to afford
- Basic human needs should be met
- High poverty rates in First Nation communities, especially for those with disabilities
- Quality of life is reduced when someone acquires a disability—they are forced to sell thing off to meet their basic needs such as food and shelter
- The ability to keep children with special needs with their families rather than the family having no choice but medical foster care

- Lack of a living wage for seniors and persons with a disability
- Financial-income equality (low income—\$ spent on basics so don't have money to spend to feed yourself well; leads to health issues)
- Low income people should be subsidized for internet use
- (Lack of) jobs/employment/living wage

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- Infrastructure upgrades
 - Lack of funding for accessibility retrofits
 - Funding is needed to allow small companies to be accessible
 - Funds to support the use of universal design to allow for this inclusivity
 - Tax incentives for adaptive equipment of building requirements—no incentives at this time for business' to be accessible
 - Expense and ability to alter already-existing structures to make them more accessible
 - Funding to modify all buildings to make them barrier free
 - No funding to dip into to get things fixed—like ramps or home modification
 - No funding for assistance with snow removal for outside maintenance
 - Lack of grants for renovations of recreation facilities
 - There was also a consensus that roads and sidewalks need to be considered in federal government funding for infrastructure
 - Built environment standards—must be consistent, applied to all new buildings, grants and tax breaks to incentivize accessibility upgrades to existing buildings

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- Taxation
 - Lack of accommodations (employment/housing/taxation)
 - Not being able to go back more than 10 years with your Disability Tax Credit
 - Revamp Disability Tax Credit to include housing, transportation and employment
 - Tax credits for families who have a family member living with a disability
 - Tax credits: difficult to put into words the challenges for people with FASD in tax credit forms (challenges explaining/articulating, as well as peoples' needs change over time)
 - When someone is self-employed they made “too much money” and didn't qualify for funding after having a stroke. Now they can't afford to live because they can't work anymore post stroke.
 - Claiming on taxes—if you are poor, you get nothing back
 - Disability Tax credit—mental illness does not qualify for support
 - Lack of refundable Disability Tax Credit
 - Lack of tax credit coverage for various disability products and supplies
 - Lack of tax credits for sport and recreation opportunities
 - Disability Tax Credit—as person HH, the way it is written, no such thing as quiet room. Has to have change in language as to identifying with hearing loss or other additional languages. Get resources and not be diagnosed. Write off resources on taxes.. ideally would be nice to be offered government ass, but a lot of cost involved when trying to participate/integrate into society. Shouldn't have to make so much more money, to pay for services. No further ahead
 - Disability Tax Credit—puts a lot of barriers in the way in terms of language (i.e., HH, mentally ill) Review: non-refundable credit...If we don't have money to spend, what is point of credit to claim on taxes...therapy/pain mgmt suffers because of it. RDSP: not being able to access <55 is barrier to people with lower life expectancies who may need support in 30s, and \$\$ now. They will be penalized big time.

- Can't claim everything on taxes (i.e., eye drops no prescription, not covered by plans, cannot claim on taxes). Re-examine how health plans work and what we can claim.

- Medical services and equipment

- The government should provide funding for accessibility equipment (e.g., fitness centres) and this funding should be timely to ensure applicability
- Cost of equipment for independence prohibitive
- There are drugs to make me better but I can't afford them
- People cannot afford the cost for the care to get better
- Funding for mobility equipment should be a 50% federal 50% provincial cost share; increase flexibility with cost share equipment programs; increase federal funding
- Medical—any federally funding for medical programs and services need to be accessible (i.e., examination tables)
- Orphan diseases/conditions not well funded
- Expense of providing specialized educational/therapeutic support
- Cost of managing a disability, cost of medical services and medical equipment
- Cost of medical equipment is prohibitive when person is on financial assistances (AISH)
- There are limits on what you can access in terms of financial assistance and medical equipment
- Assistive devices should be covered at point of sale not wait until tax time for reimbursement
- Overall lack of funding for healthcare services, programs, accessible housing or modifications, accessible transportation, and equipment/devices
- No funding for appropriate equipment such as scooters
- Person on a medication in a medical study that has drastically changed their life. Program is over and medication is \$30,000/year and not covered under non-insured. The person's health and disability has deteriorated dramatically.
- Non-insured benefits do not cover new medication and only generic
- inconsistent coverage for equipment
- cost to individuals to obtain needed equipment
- Assisted devices and equipment—equipment needs are unmet (grab bars, transfer poles, reachers, scooters, are not covered); scooters enable participation but aren't funded. Re: scooter—rules and eligibility criteria does not make sense for this terrain, wheelchairs aren't suitable for environment, person and caregiver needs, lift installation—tracking doesn't get to bathroom—equipment doesn't meet the needs of the disabled person—cut back on services and equipment
- Over the counter medications isn't available in the community
- Equipment that is needed on reserve differs from town/city but not covered under Non-insured health benefits or other funding (i.e., scooters)
- Delays getting funding for urgently needed equipment or repairs for equipment—i.e., Hoyer, wheelchairs, scooters
- Medical alert equipment and services are not available on reserve or covered under non-insured benefits
- FNIHB—criteria for equipment that is covered, is either inadequate or does not meet the needs of the PWDs
- Hearing impairment—needs visual alarm system—not covered by non-insured benefits

- Lots of assisted devices and equipment are not covered—scooters, emergency alarms for the deaf, certain medications, grab bars
- Increased dollars to overall health care in each community by the federal government

• Research

- Lack of funding for eating disorder research

LACK OF EMPLOYMENT

- Need for individualized employment plans to allow people to be equally qualified for positions; lack of gainful employment is a major issue
- Lack of resources to make workplace accessible to allow for true inclusion
- Need for professional assistance (e.g., preparation for work day, accessible transportation to work every day)
- Lack of accommodation in the workplace is a major barrier (per awareness and funding)
- Stigma of having intellectual disability limits employment opportunities
- Lack of Accommodations (employment-housing-taxation)
- Employment supports lacking
- People with disabilities should wait to receive Employment Insurance payments
- Features can prevent job entry (present in interview process and block employment)
- What are you supposed to do while you are looking for employment?
- Onset disability—lack of information on newly-disabled employee side and on employer side
- Disclosure is an issue—there is often hesitancy and fear of losing employment. When is a good time to disclose and does it lead to discrimination
- Federal government is not a leader in hiring persons with a disability
- Job access—favouritism—no equality, some people get multiple jobs; others get none
- Lack of capacity to modify jobs to accommodate PWDs that want to work
- Accessibility to WSIB services and benefits are denied—no regulations. People struggling with work related disabilities have to hire a lawyer to fight for their rights to receive WSIB benefits. Appeals process is too long, and not easy for the laymen to appeal on their own behalf.
- Restrictions with WSIB—jumping through hoops, intimidation and threats to cut off benefits, constant battle for benefits that are owed. WSIB’s directive is to cut back or cut off benefits
- Funding to obtain education (e.g., university), but when you want to get a job, no support. Federal government programs for PWDs is minimum education needed that is not relevant to your skill set if you spent years in university.
- (Lack of) Jobs/employment/living wage
- Access to employment and education (barriers)
- Lack of meaningful employment—not entry level/menial only

• Opportunities or incentives for PWDs

- Employment is a major issue as PWDs are very discriminated against, put aside in the selection process (e.g., to file a job application in the city of Montreal, the first thing I ask is a driver’s license)
- Not enough employment opportunities for people with ABIs
- Employers won’t hire people with intellectual disabilities
- Not enough or non-existent opportunities for people to learn the skills that make them employable
- Greater employment opportunities

- Employment support
- Employment disadvantages and a lack of training for PWDs
- Increase CPPD minimums; individuals receiving CPPD should not be penalized for making extra money
- Fear of workplace accommodation
- Employment training
- Work environmental issues for people with autism (Sometimes need instructions repeated in different ways, will shut down or say they understand even if they do not so that they can be left alone, often require more alone time due to sensory overload, require customized experience, can be obsessive about rules/organization, success found in extensive training and preparedness before placement in work environments)
- Employ people with disabilities—they are ambitious and want to have the capabilities. They can be productive given the opportunity.
- When a PWD applies for a job, their qualifications are trumped by having a disability, and regardless of their knowledge and skills the person hiring often only sees that they have a disability and therefore assumes they could not do the job.
- Being labelled as a PWD prevents people from being considered for employment. Applicants have to lie to avoid biases and to get consideration. There needs to be an increased focus on what a person can do, not what they're disability is.
- Supports (employment): designed for people who can “learn on a regular time skill”. People with FASD often take more time to learn skill.
- Significant funding cuts=disincentive to work (ODSP)
- Common frustration: people on welfare make more money than people who have worked their entire life and contributed to the government
- Self-employment development program—discriminate against those with a disability—not allowed to have someone to help you. That would help those with a disability.
- Low employment rates
- Lack of incentives for persons on CPPD and OAS to work and retain full benefits
- Persons with a disability underrepresented in the labour force due to lack of jobs, lack of awareness of government programs
- Employment opportunities for PWDs
- Employment disadvantages and a lack of training for PWDs
- If you do get a job, it pays too much you can't access any services, but not enough for you to pay for services yourself (costly)
- Finding opportunities (and money) for training. Finding a job after training
- Penalties (disincentives) to increasing employment—i.e., loss of benefits/services

• Employer incentives, resources and training

- Businesses and corporations do not understand all the levels of ability for PWDs (e.g., training hiring managers on the abilities of a PWDs and thereby increase employment levels)
- Employers don't understand implication of disabilities—a disability does not limit potential
- Wage subsidy
- Perception that when hiring people with disability, organizations are still thinking it will cost more and take away other resources—need education and awareness on this area
- Federal civil service needs disability awareness training

- Employment—create (or bring back) wage subsidy for employers to hire PWDs
- Companies need to understand the benefits to them of being more inclusive
- Ability to create an accommodation plan with employers to manage disabilities—and finding employers willing and able to create these accommodation plans is difficult
- Should be incentives to hire people qualified to do jobs, as well as incentives to start up services for PWDs (i.e., accessible apartments/taxis/good jobs)
- Awareness of employers regarding benefits of hiring PWDs
- Misunderstanding of employability
- Attitudes of employers—hesitancy to hire PWDs

• Hiring standards and practices

- Need to facilitate/increase integration of PWDs (as valuable contributors) via employment and hiring policies
- The government will have to pass a law requiring employers to recruit a fixed percentage of PWDs in both private and public enterprises
- Enforcement of Employment Equity Act and the Canadian Human Rights Act and the legislation that exists is needed—e.g., employers do not have to rehire people who become disabled
- Provincial labour codes do not always reflect federal expectations
- Diversify workforce by regulating percentage of employment of PWDs
- Department of National Defence needs to diversify workforce to include more PWDs
- All federal government departments needs to diversify workforce of PWDs
- Understanding employer and employee rights. Current legislation is difficult to navigate.
- Employment equity—quick judgement in interviews

LACK OF HOUSING

- Need for more accessible housing
- Minimum number of accessible housing units is required
- Need for improved home design that is applicable to all income brackets
- Lack of accommodations (employment/housing/taxation)
- Affordable/accessible housing
- Lack of affordable/quality/appropriate housing
- Housing that is accessible for PWDs to visit (so essentially all housing should be accessible even if there isn't necessarily a PWD living there)
- Lodging. Many hotels have accessible rooms with heavy doors, beds which are incompatible with many transfer lifts, and a lack of space around the bed.
- Shortages of accessible and supported housing—inadequate supports
- Increase number of residential housing options that are wheelchair accessible
- Accessible housing is limited/More Independent living
- Limited housing that is accessible and geared to income
- No housing or support programs in the community for people with intellectual disabilities
- Accessible housing is needed
- No accessible supportive housing is available on-reserve
- No supportive housing units in the First Nation communities for IPWDs.
- Lack of capacity and skill within the community to build ramps and make housing modifications... skills based training is needed in the communities
- No accessible housing or supportive housing for First Nation IPWDs
- Indigenous people living in urban areas do not have access to accessible housing

- Elders have to go on long wait lists for accessible and or supportive housing in urban areas
- CMHC housing units are two levels and not accessible
- Houses are not being built for accessibilities—not even walkers
- No ramps, no funding to build ramps, no one qualified or skilled to build ramps or do housing modifications in the community
- No proper housing—accessing the house, inside the house—i.e., bathrooms, kitchens, counters, etc.
- Need more housing. Housing is over crowded and there is no room for IPWDs
- Lots of unseen homelessness on reserve
- No accessible housing
- Lack of safe, affordable and accessible housing including subsidies for tenants and housing developers
- Only one in twelve applications for housing improvements are approved.
- Home modifications denied
- Large population of homeless people in First Nation communities goes unrecognized, but is a big issue. A large percentage of homeless people have disabilities or mental health issues. Transient people in the community need their own home, private space in order to heal. No focus on basic needs—needs are unmet, people feeling overwhelmed, high anxieties, depression, etc....exacerbates mental health issues.
- Overcrowding makes it difficult for IPWDs to access their home. Increases safety issues of IPWDs. Home small and over-crowded with equipment and there is no space for IPWDs.
- Patients in hospital cannot access their homes, are stuck in long term care and cannot return to their communities
- Been waiting for 4 years for an accessible shower—still not approved
- Special needs upgrades and renovations are urgently needed so they can fully participate in their own homes and be more independent
- Access to housing—hard for people to find rentals and accessible, subsidized housing, especially accessible homes for families

- Funding

- More funding to affordable accessible housing
- Increased federal funding for social wheelchair accessible housing
- Create subsidy for PWDs to purchase homes
- Increase Residential Rehabilitation Assistance Program (RRAP) limit from \$15,000 to \$30,000; increase income threshold
- Accommodation awareness and funding
- Funding is not being approved for housing modifications for people who have mobility issues
- Overall lack of funding for healthcare services, programs, accessible housing or modifications, accessible transportation, and equipment/devices
- More funding is required to modify homes for IPWDs
- Not enough funding in First Nations for home modifications for PWDs
- Lack of funding for home renovations and modifications
- Funding for home modification takes too long; majority of requests are turned down

- Assisted living options

- Assisted living facilities are not all currently fully wheelchair accessible
- Long term housing needs to be accessible in rural and urban settings

- All emergency shelters need to be wheelchair accessible
- No accessible support care housing for IPWDs
- No safe—crisis beds in community

**POOR
COMMUNICATION/
TECHNOLOGY**

- Availability of technology, especially in more rural areas
- Communications—accessible for all
- Automated services that are not user friendly
- New technologies (example: Uber) need to be accessible, and it needs to happen right away rather than being an after-thought
- Keep up with technology for accessibility
- Information technology
- Federal government funded communication (i.e., Canadian Radio-Television and Telecommunications Commission) all need to be captioned
- Canada Revenue Agency—caption all communications
- Access to technology in terms of computer literacy—access to online services
Development of basic essential skills
- Entertainment programs
- Lack of access on websites—usability can be a factor
- Constant changes in government departments, contacts and agencies. Contact lists are not current (phone list).
- Access to professional software and hardware
- Language—if you don't speak English or you speak another language and you are having a stroke it is even more difficult to talk and advocate for yourself. If you don't speak English no one knows what you're saying.
- lack of access to information (e.g., websites aren't accessible)
- No translation services for IPWDs
- Communication issues
- Lack of information and access to information for IPWDs
- Some First Nations do not have access to internet or cell services therefore are not able to connect to or access information
- Phone systems go down, IPWDs cannot use phone if they need help. No cell service as an alternate means of communication.
- Communication issues and a lot of invisible boundaries
- 411, 811 and 211 should be integrated—people often give up before they get the information they require
- Communication is huge issue for PWDs (HH, deaf, other). Society in medical world (have ASL) but if you're HH, don't automatically know ASL. Provide pocket talkers or other communication devices. All about safety. If Doctor can't explain things to you and you can't understand, how can you look after yourself safely and effectively. Being able to access ASL services is ridiculous. There are two qualified interpreters all across Saskatchewan! Huge thing.
- Many do not have telephone access, or access to internet
- Websites are difficult for visually impaired—should be standardized
- Low income people should be subsidized for internet use
- Internet not accessible
- (Lack of) digital accessibility—built into websites, devices, school courses
- Timing of information—readiness, ensuring understanding

LACK OF RESEARCH

- Increase the collection of statistics on PWDs
 - Census is complicated—when it comes 5 years, population is divided into two parts. Private/collective dwellings. Ask questions, different questions for collective dwellings (hospitals, group homes, shelters), half million people in Canada living in these facilities. The report on disability, they don't use the collective dwelling data at all. When you see 13.7% of Canadians live with disability, those are those not living in institution. Numbers are skewed. Affects our funding. Quebec's numbers (only 9% living with disability), alternate data you see closer to 30%. Haven't hit de-institutionalized movement yet. Misrepresentation in data affecting funding.
 - Attitudes are hardened towards the government—we have done surveys, participated in things and nothing improves or gets done—why bother or waste time participating
 - Lack of centres of excellence on health and research for disability
 - Twelve determinants of health—what are the stats? What's missing?
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LACK OF CAREGIVER SUPPORT

- Lack of support for caregivers
 - Lack of support for family respite givers
 - No respite workers or PDD workers after 4:30 pm on reserve
 - Lack of respite and support for those parenting/caring for people with autism
 - Lack of support for family respite givers
 - Person accompanying someone with a disability does not have to pay for admission to events or entertainment
 - Support for caregivers/family members/friends, including education. Have greater awareness, struggle to be understood. Same for healthcare professionals. Often lack of understanding, and less visible disabilities/less visible aspects of disabilities.
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DISABILITY-SPECIFIC CONSIDERATIONS

- Accessibility for different types of disabilities is an issue (blind vs. wheelchair vs. other)
- Inclusion/accessibility beyond physical ability—intellectual, culture/ethnicity, geography, sex/gender, SES
- Stronger and more consistent inclusive accessibility (all disabilities should be represented including vision or hearing impairments along with physical disabilities)
- Sidewalks without lips—Is this a good idea for all types of disabilities? It is different for people with vision impairments than it is for people with wheelchairs. Need accessibility that is inclusive of all types of disabilities not just one type.
- Each disability is different
- FASD: physical disability as well (peoples' bodies deteriorate faster than people without FASD). For example, needing decompression time at work and therefore can only work part-time.
- Differential access for people with different disabilities (access to funding/services)— people who have vision loss, there isn't government funding for intensive rehab the way there is for other acquired disabilities/congenital
- Mental health issues are extremely high, so is the boredom, isolation, poverty, lack of services, and lack of support in the community, which directly contributes to the mental health issues. Improved social dynamics are greatly needed as well as addressing the social determinants of health.
- Federal service bilingualism, huge barrier to focus for LD, deaf, if you are deaf, you are quadrilingual to be covered. Having a language interpreter if being unable to learn E/F, barrier to federal jobs.
- ASL is important for those who know it, but need to have access to

LACK OF PARTICIPATION OPPORTUNITIES

- Drivers licenses—because a patient had a stroke the ministry took his driver's license away and he now has to pay \$500 for training and getting relicensed
 - First Nations rely on hunting for their source of food. People with disabilities have difficulties participating because of laws preventing them from hunting from a vehicle. With proper restrictions and laws, First Nation people that have physical disabilities preventing them from hunting in the bush, should be permitted to hunt from the passenger side of the vehicle with the proper permit. Police and game wardens constantly harass indigenous people, it is our rights under the treaties to hunt for our traditional food.
 - There are no restaurants, coffee places, or accessible places where PWDs can gather socially and interact with other community members—inclusion
-

• Recreation

- Need for leisure opportunities for PWDs (e.g., beaches, playgrounds, etc.)
 - There is need for rules that address travel accessibility (hotels, trains, planes, etc.)—including training of workers to ensure that PWDs can use the transportation options (e.g., training of bus drivers), transportation design (e.g., lack of accessibility washrooms on planes)
 - Change room tables in recreational facilities being big enough for an adult rather than only for children
 - Improve recreation facilities that already exist along with adjusting plans for future facilities before they are built
 - Support needed for recreation opportunities to fund personal care aids, transportation, PDD aids, bowel/bladder
 - Make recreation and sport program and services and equipment affordable for PWDs
 - Nature trails to be accessible
 - More allocated spaces at entertainment venues for wheelchair users
 - Entertainment programs
 - No recreation for PWDs available
 - No recreation or inclusion programs
 - Those in wheelchairs cannot partake in the traditional recreation area, Amisk, due to not being able to access it by either medical transportation with lift, no paths or sidewalks and unpaved roads
 - Playgrounds are limited to being non-accessible for those children that have special needs
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• Civic participation

- Disabilities prevent full participation in voting
 - All voting stations need to be wheelchair accessible; this included pre-voting stations
 - Make voting accessible for people living in long term care
 - As a result of sensory issues, people with FASD may not do things like vote because too overwhelming/over stimulating. Therefore voice not heard.
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TRANSITIONAL BARRIERS

- Lack of services & continuity of care across the lifespan
- Difficulty transitioning from adolescent system to adult system (need further support/services to support this transition)
- Transitional support from childhood to adulthood
- Teens with disabilities that are transitioning between 16-20 get lost between the cracks when it comes to funding, programs and services—i.e., mental health
- Lack of good transition planning for students with a disability in high school to help with the transition to post-secondary education, training and employment

- You have support in school setting for accessible needs, but once school is done, you are on your own. Whether it be supports for work, or other things, there is nothing.
- Post secondary—they give you the world. You would want it from ground up, so child can have resources to get to university or excel in work force. System is backwards. There are limitations to available resources/funding. Birth to 18, 75% subsidy for hearing aids. 18+ responsible for 100%, over 75—back to 75% coverage for hearing aids.

PROCESSES

- Although components of accessibility have been enacted, there isn't an understanding of how this works (e.g., navigation of a store is not feasible)—there is need for both enforcement of accessibility laws and dialogue with business owners to increase understanding
- Applying for funding—forms and process is too complicated. Need more user friendly forms with pictures, etc., have support people available to help.
- Process to obtain disability benefits
- Revamp services for aboriginal PWDs; the current process is too complex; simplify federal/provincial processes
- Combine Residential Rehabilitation Assistance Program and Alberta Residential Access Modification Program into one application process
- Access to resources available/assistive technology—bureaucracy or process
- Process of filling out forms and accessing resources (paperwork) is a barrier also—very onerous—creates a barrier (e.g., AISH application, medical insurance)
- Visibility of services like AISH and how to apply—what is available, how do you access it—how do you even know where to start
- Have some sort of orientation system in place for different segments of the disability population
- Tax credits: difficult to put into words the challenges for people with FASD in tax credit forms (challenges explaining/articulating, as well as peoples' needs change over time)
- Forms are very challenging for anyone with a disability to complete every month and navigate
- Need to re-qualify for disability tax credit every five years (used to be 10)? FASD should be seen like Down syndrome and other disabilities, which are present at birth, therefore, should only have to apply once, not every five
- Slow progressing and extensive forms and rules regarding government supports—i.e., ADP and ODSP
- The system is difficult to navigate. For example, if you are a person with disability, unless you go to a social worker you cannot find any benefits for a person with disability.
- Availability of access to publicly funded therapy: you have to advocate for yourself. It can be difficult for those if they don't have a voice. Who can they call for help at the government?
- Paper work to travel to specialist appointments has to be filled out ahead of time and there is very short notice between the notification of approval and the scheduled appointment. Makes it extremely difficult to make travel arrangements in order to get to the specialist appointments on time. If an appointment has to be cancelled and rescheduled do to the short notice. Application for funding has to be resubmitted and the cycle continues.
- Process for applying for equipment and or devices is through the home and community care program

- complicated social and health system
- Bureaucratic red tape
- Very difficult to get certified as a PWD as criteria varies significantly between federal and provincial programs (e.g., may qualify for the Disability Tax Credit but not eligible for Social Assistance Extended Benefits for persons with a disability in the province)
- Making forms easier—literacy issue
- Equipment to help PWDs—takes a long process of forms and applications, should be easier
- Getting the run-around/brush off's by government and other services. Long chain of command to get anything done—too many layers/hoops.
- No appeal process when request are denied for services, equipment, etc.
- Reason for denial is unclear; long process
- No avenue to appeal denial of services or equipment
- Lots of red tape, layers of hierarchy, and run around when trying to access services, equipment, assisted devices, or home modifications. Equipment need and eligibility does not meet the needs of a First Nation community and are based on infrastructure of a town/city.
- Approval process with non-insured benefits is lengthy and very short notice if given for travel. This is especially difficult when you have to travel long distances to the airport in Thunder Bay and then fly to southern Ontario.
- Denials for services, equipment, funding—no appeals process
- No appeals process when funding applications are denied for IPWDs
- Applying for funding has a lot of red tape
- If funding is turned down, there is nowhere to go; people just give up and give in
- Long process and long wait times to access assisted devices and equipment. Lots of red tape.
- Commonsense solutions such as applied by an organization called Stop Gap are often not allowed to be applied as a simple solution
- Weather
- Accommodation not privilege
- Voluntary doesn't work
- Inequality and inequity
- The Canada Food Guide is not providing the necessary guidance, leading to added elements in our food, and to increasing numbers of obesity
- Reward people for pooling their finances to do better, current system penalizes people
- People facing charges are forced to make decisions even though they are not capable of fully understanding
- Lack of accommodation in the jails
- “Reserve” structure for Aboriginal persons does not promote inclusion
- Marriage/divorce—consider needs of PWDs in divorce settlements—i.e., protection of funds related to home care, equipment, personal care; separation of provincial disability benefits; fast track benefits for PWDs
- Federal recognition of service animals
- The disabled people want to be independent and not have to depend on others for help
- Disagree with sport and PWDs being together in one ministry

OTHER*

- Weather
- Power outages—no emergency plan or back up energy supply for seniors and or people on oxygen. Alternative energy is needed to avoid power outage problems
- Proper food is either not available or too expensive—no food security. Limited access to proper food compromises the health of children and predisposes them to diabetes and rotten teeth (baby bottle syndrome). There is a high-level of diabetes in first Nations children. Children do not have access to affordable and nutritious food. “If a bottle of vodka cost the same in Southern Ontario as it does in a small rural town, how come fruit and vegetables are not the same price?” Children cannot chew food that is high and nutrition such as fruits and vegetables if they have rotten teeth. Indigenous children are prone to baby bottle syndrome (rotten teeth) because of their poor diet. It delays the development of proper language skills because children do not have the teeth necessary to help articulate proper sentence. This is creating unnecessary speech and language disabilities.
- Social determinants of health (fuel for heat—disabled person cannot tell if they are out of fuel—i.e., read the gauge on the tank outside, snow around the tank makes it inaccessible; power outages—no backup system for oxygen equipment; fresh water; grocery stores are not available in a lot of communities, therefore people have to hire others to take them to the nearest town at \$40/trip to the nearest town with a very limited grocery store or \$80 to a larger town with a greater selection and supply of groceries; IPWDs living in First Nation communities do not have access to health and nutritious food or traditional food; nutrition issues are huge as food security is poor and junk food is more economical and does not expire as quickly; poor nutrition leads to a large number of First Nation children that have rotten or missing teeth. Rotten or missing teeth do not encourage children to eat healthy when nutritious food is available, such as fresh fruit and vegetables)
- Grocery stores are taking advantage of the more isolated areas so they can jack up the prices
- Black mold exacerbates chronic diseases and illnesses, which in turn reduces the quality of life. Applications are made to address the mold issues but there are long wait times, which result in the denial of the request and continued deterioration of health for the occupant.
- Newcomers to Canada face unique barriers, need to be addressed
- Free health care prevents immigrants from coming into country with previous disease (i.e., Stephen Hawking could not immigrate even if he wanted, would have to sign away his right to health care)
- Disabled people are not allowed to immigrate to Canada (being scrutinized to take advantage of Canada’s healthcare)
- Winter/weather
- Canada’s climate—affecting accessibility, clearing sidewalks

*These additional responses did not fit amongst the themes identified in the Top 5 Responses

Question 2: What needs to be changed to make Canada more accessible and inclusive?

THEMES • subthemes	RESPONSES
PUBLIC EDUCATION AND AWARENESS	<ul style="list-style-type: none"> • Public education & awareness—break down the stigma of disability—i.e., national TV campaign on different disabilities • More education so people understand the invisibility of some disabilities • Education for service workers—i.e., mandated, like WHMIS • Speak in plain language so everyone can understand • Training videos-education (starting in elementary school) —commercials • Awareness campaign—aggressive • Psychological as important as financial • Bust myths of inclusion/universal acceptance through education about barriers/ access/limits • Levels of understanding—government/policies • Education—EVERYWHERE • Moving away from the us vs. them • There needs to be education on accessibility, awareness of all system-wide • Public education is crucial. More public education is required in how this benefits everyone and how this would save money in the long run. • Education of the public about disabilities and how they can help the handicapped person do day to today tasks • Increase awareness re: ABI (disability) and services available • Increased education & awareness—advertising, public service announcements • Awareness & education • Public education • Educate and engage the business world—businesses hire PWDs—see them as assets • Government provided public education for families and public • Education. We need to better educate the public about what the word “disability” means. It does not mean that you are more prone to being sick and missing work. People with disabilities often have better attendance records at work than many able bodied do. • More awareness about the disabilities • Get away from the idea inclusion is only for PWDs. Show benefits of true inclusiveness—show population what inclusion really is. • Start education at a young age—in schools • Educated employers on funding available—educate employers on benefits • Education and awareness—advertising campaigns from everyone, not just service providers—include all people • More training in cultural and religious differences and how we can work together • Embrace and celebrate differences • Provision of accessible and consistent across the country education and training for the person with autism (i.e., communication, social and life skills training) and the people who are to treat/educate/work with people on the autism spectrum • Training and education for teachers, educators, employers • Integrate disability lesson and outreach within school curriculums and activities • Education—provide informational commercials on working in and around PWDs—awareness campaign

- Helping to gain an understanding of differences and understand the value of differences using education
- Achieving an understanding of the economic value of PWDs participating in all aspects of Canadian society by a critical mass of Canadians will lead to significant change. Facts presenting the economic benefits of people being employed will help promote this understanding.
- Increased awareness of accommodation needs of persons with different kinds of disabilities will generate a better understanding of how to remove existing barriers and provide a barrier free environment. Using ADA as a model for achieving increased understanding will be of benefit to efforts in Canada.
- Clearly describing the economic benefits of PWDs participating in the workforce versus continuing to receive welfare benefits will help all Canadians see the nation-wide value to increased inclusion and workforce participation
- Highlight the human rights of PWDs
- Make education and sensitivity training mandatory, starting at a young age. For example, when patient was here in November 2013, he heard a nurse talking about him, complaining because his mother is not here. Even though he has a nurse, the nurse was not mentally ready to serve the patient. Another example—a receptionist in a family doctor clinic, the patient can hear her frustration when he was talking to her. It was not very professional.
- Inclusivity and access needs to be appreciated by all people in Canada as something that will be of benefit to all Canadians in all walks of life, not something that we have to do for people who are disabled
- Education and training of services providers in the communities
- Mandatory cultural competency and sensitivity training for any professional that works with indigenous people, including training on indigenous history, treaties and colonization
- Awareness—first nations people don't get as much money as society assumes
- Public education/awareness to address myths/stigmas about abilities of PWDs
- Build business case—make Canada stronger with the economic and social benefit
- Address myths and apprehension of universal design, and change attitudes
- Understand what groups are the biggest gatekeepers to the issues/myths of accessibility (i.e., HR/hiring managers, development community)—implement targeted awareness strategies to these gate keepers
- Continued awareness campaigns to make relatable the issues of accessibility
- Focus on millennials and convert their idealism to tangible support
- Professional education for engineers, architects, etc.
- Use technology to communicate—e.g., competitive awareness, gamification
- Focus on disability awareness in early childhood education
- Education for architects, contractors, planners, etc., on disability
- Standardizing post-secondary courses on inclusive design
- Lack of training courses in post-secondary education of engineers and architects
- Showcase who is doing accessibility well
- Need to build case for value of accessibility (cost—ROI of inclusivity/access)
- Information/knowledge/storytelling, simplifying the message so everyone can tell it—what is the potential? What are the barriers?
- Awareness around realistic/demystify misconceptions of cost associated with built environment
- Highlight the ways positive changes being done (multi-step plan for compliance)

- Engage youth—those who are not yet decided
- Ongoing engagement
- Engagement and education of developers, building owners, landlords
- Include inclusive design as part of education
- Dispel myths re: hiring PWDs
- Training opportunities for PSW's, homemakers and carpenters in the community
- More funding and emphasis needs to be put towards disability awareness and prevention. There is an imbalance of funding going towards reactive (band-aid solutions) interventions than there are preventive programs.
- Programs directed towards the awareness of addictions and address shame.
- Education on specific mental health issues should be a part of school curriculum starting in grade six
- Awareness and prevention education from preschool to elders
- They also would like Canadians to know that loss of mobility does not mean that they do not want independence
- More inclusion of disability in education system at an early age so that kids grow up knowing more (about disability)
- More education for employers on how to make their workplace accessible (use taxation system)
- Education to change attitudes—governments, people/people with disabilities, communities, employers, architects all need to be involved in bidirectional communication/education (include curriculum for young children)
- “Accessibility police”—to use social media pressure to effect change and to highlight successes
- Broadcasting educational materials—e.g., public service announcements on CBC to promote social change, celebrate success and educate regarding barriers/change—through stories
- Telecommunications and broadcasting—require “propaganda” on access and inclusion (radio/TV)
- Marketing—what’s available, what’s inclusive and accessible, what to do about it
- Education and training for service providers (e.g., transportation sector employees in all aspects—e.g., airline staff to baggage handlers)
- Require every member of civil service to have a basic understanding of disability issues

• Public’s attitudes and perceptions

- Need to change attitudes to convince people about equal opportunities, public perception that ability overpowers disabilities
- Attitudes
- Discrimination in employment
- False assumptions about a person’s potential
- Education leads to ideology shift nation wide
- Reduce stigma
- Attitudes of the government towards the disabled
- It’s not that no one listens—it’s that nobody cares
- Help change perception regarding disability as a negative thing
- Attitudes and perceptions
- Improved attitudes towards PWDs from professionals, officials, and the community (acceptance, building relationships, socialization)
- Daily exposure to disability is positive and reduces stigma—helping PWDs get into the workforce

- A significant shift in Canada's culture whereby society embraces inclusivity will result in a better understanding of how to support the inclusion of people with a broad range of disabilities and lead to improved attitudes in society. When disabled people become more visible and present in society (e.g., workforce participation), others develop a natural appreciation of the ability and value for what their fellow citizens have to offer. Having an enforcement body empowered to assure compliance with standards is essential.
- Increased involvement of PWDs in all aspects of society in a visible way will change people's attitudes and thereby create a more inclusive and barrier free environment
- Change in perspectives of public to view PWDs in a positive way. Create a positive image of PWDs and realize their contribution to society (e.g., in the workplace/financial, neighbourhood, leisure)
- There needs to be the development of a positive attitude in the general population towards including PWDs, which leads to embracing their involvement
- Attitudes of the general public towards people with disability needs to be lifted, public support is critical and can be achieved through education programs
- Improved attitudes towards PWDs from professionals, officials, and the community (acceptance, building relationships, socialization)
- Stigma/attitude/missed perceptions—provide funding for PWDs to raise awareness ourselves. Come up with campaigns ourselves, maybe going into schools, run programs that increase awareness/education. Key is to provide funding for PWDs to do that.
- Changed attitudes—don't look at the cost of a person with a disability but rather the value they bring
- Human rights—treating people as individuals and not as their disability

• Advocacy

- Need to include PWDs in the advocacy role to show the public the potential of PWDs (show that there are no limits)
- Help those with a disability be empowered and supported
- There needs to be a culture shift, advocacy to emphasize the needs to value people with disability
- Increased advocacy services—i.e., assistance with applying or resources
- Government needs to advocate for at risk population—PWDs
- People with disabilities must increase their involvement as teachers and ambassadors to explain to all Canadians about their abilities and the value of inclusion
- Create a Canadian standards council on disability.
- Access to justice through advocacy and navigation of disability rights, supports and services, access to rights, protection and resources for intellectually vulnerable adults, and denial of supports and services
- Work better together—"stop eating our young." Speak with one voice across disability. Change to share our specific needs.
- Making sure the community for PWDs are working collaboratively to ensure when we make our recommendations to the Minister we are doing so in the most inclusive process possible. Go forward with a unified front.
- Consultative/inclusive process to engage disability/inclusivity/etc. in raising awareness and building consensus of definition
- Consistent key messages that are shared/used by all disability organizations—create a stronger voice for the story
- Advocacy for PWDs and funding appeals

- Equitable portrayal of PWDs
 - PWDs should be viewed as truly valuable in society as capable
 - PWDs should not be viewed as a minority
 - Need to show the normalcy of PWDs
 - CBC highlight/include PWDs to increase visibility
 - See potential of all individuals to make meaningful contributions (“If you judge a fish by its ability to climb a tree, it will live its whole life believing it is stupid”)
 - Less focus on disability and more focus on the person
 - Visible display of disability rights
 - Publicist—promotion (multi-prong)
 - Sharing the lived experience
 - Lived experiences—listen to the experience of a person who actually has a disability
 - Positive portrayal of PWDs in the media. PWDs need to be portrayed as people.
 - Celebrate the strengths/unique skills that people with exceptionalities (such as autism) possess
 - Mainstream media advertisement promoting the willing, forgotten and downcast
 - Short video clipping of successes and challenges ahead
 - Talent shows, gallery exhibition, campaigns, etc.
 - Exploitation of disabilities/aged
 - Support for ALL disabilities—spiritual/holistic, mental health, physical

LEGISLATION

- Mandated inclusive legislation
- Update of laws and legislation and have them implemented
- Senior leadership buy-in (BOLD in terms of decision-making)
- Government lead by example
- Levels of understanding—government/policies
- Develop CSA Standards and best practices.
- Incentives vs. standards—it needs to be a combination of incentive and compliance and support—not an either/or
- Less talk and more action
- Law that we need wheelchair access versus a law to educate the public because a law to educate is too broad
- Sustainability of standards
- All policy changes and decisions need to respect the dignity and privacy of persons
- The Government of Canada is in a powerful position to lead the standardization of policy, legislation and regulations across all three levels of government. This consistency is essential to provide a level playing field that opens opportunities for inclusion and participation.
- Disability act should include some consideration for access of justice for people with FASD (often they are witnesses, those who may have committed crimes, and easier victims). For example, lawyers asked to see FASD as mitigating factor in sentencing. Should have requirement for assessment. Following incarceration: continue having an FASD worker who will help navigate the justice system. Mandatory training in court system, employment, police, corrections and physicians. Federal government: develop strong FASD strategy.
- Equitable—Every Canadian citizen deserves universal care—i.e., income, housing, education, employment. No citizen should be excluded—includes dental, drugs, day care, vision care.
- Canada needs a good law and a big stick

- Guaranteed improvement of indigenous human rights and disability supports respecting physical, economic, financial, emotional and spiritual (cultural) health of indigenous PWDs
- Protection and promotion of disability rights of indigenous persons through regulation, legislation, enforcement, and timely appeal mechanisms
- Jurisdiction should include reserves
- Enact an act in 2017 with clear timelines as a birthday present to Canada
- Municipal bylaws can be barriers
- Be mindful of the balance between legislative (enabling), regulation (enforcement), and standards (guidelines).
- Ensure legislation helps level the playing field
- We need a long-term strategy around legislation that is driven from society, not out of legislation
- Laws to address human rights issues and improve accessibility for indigenous people
- Legislation to remove barriers in indigenous communities—programs and services—food—employment—transportation—information and communications
- Commitment from the government to help support all efforts to help IPWDs live and thrive in their own communities and that long-term care facilities outside the community is a last resort
- More protection of the human rights of an indigenous person with disabilities. Indigenous PWDs should have the same rights and accessibility to health care services, housing and vehicle modifications, equipment and assisted devices, nutritious food, accessible transportation etc, regardless of where they reside, as the general population of Canadians.
- Laws should be enforced that requires a person who is the financial guardians of a person with disabilities be bondable
- There needs to be more protection of the human rights of indigenous people in general but especially PWDs
- Legislation to address barriers
- Change Bill of Rights
- More leaders with disabilities (including elected officials)

• Enforcement and regulation

- Need for accountability and enforcement
- Need for large penalties at all government levels for all accessibility issues (e.g., parking regulations)
- Accessibility laws must be enforced
- More stringent fines for violations
- Penalties for Non-Conformance
- Enforcement/sanctions/fines
- Enforcing the AODA standards
- CSA standards—every province has to reference that and enforce it. Enforcement can be up to the federal government.
- Develop effective incentives/penalties for provinces to comply—e.g., penalties/fines
- Strong federal legislation that sets out codes and leadership and accompanying regulations and enforcement of legislation—e.g., Americans with Disabilities Act. This needs to apply to all sectors.
- Set up standards and compliance

- Create a brand associated to accessibility to make a place safe and welcoming. For example, set up an external recognition for a gold, silver and bronze level of accessibility; look at an entry point to get started and then one could move forward/progress.
- National barrier Free design policy, which is enforceable
- More accountability & enforcement of legislation
- Enforcement of bylaws
- Effective enforcement for failures to comply
- Standardized “enforceable” federal legislation with real punitive mechanisms
- Enforce standards of physical accessibility
- A significant shift in Canada’s culture whereby society embraces inclusivity will result in a better understanding of how to support the inclusion of people with a broad range of disabilities and lead to improved attitudes in society. When disabled people become more visible and present in society (e.g., workforce participation), others develop a natural appreciation of the ability and value for what their fellow citizens have to offer. Having an enforcement body empowered to assure compliance with standards is essential.
- Need an ombudsman—enforcement of legislation—arm’s length ombudsman (consumer protection)
- Accountability for the hiring and the accommodation for PWDs
- Need someone in government with power to act on concerns, ensure accountability
- Need gold standard definition of accessibility that can be enforced nationally. Engage developers/builders so they get economic advantage.
- Equal access to transportation and enforcement of existing access rules
- Better laws and building codes that can be enforced
- Mandated rules for inclusion with specific enforcement options
- Top-down legislation that covers all Jurisdictions (local and provincial) with enforcement built in
- Better policing on reserve
- First Nation representative with the power and authority to advocate and enforce regulations—appeals and complaints
- Federal government representatives to visit region on a quarterly basis to understand the issues first hand and ensure adequate funding is available to support the needs of indigenous PWDs
- National accessibility standard that can be enforced (everyone to follow)
- Sustainability of accountability
- Enforce regulations that currently exist

• National standards and coordination in change

- Develop nation-wide legislation
- Universal/barrier free design across Canada
- National accessibility standards
- Dialogue with USA (consistency in standards)
- Strong federal legislation that sets out codes and leadership and accompanying regulations and enforcement of legislation—e.g., Americans with Disabilities Act. This needs to apply to all sectors.
- National barrier free design policy, which is enforceable
- Interprovincial cooperation on regulations and design on access and inclusivity
- Interprovincial cooperation on regulations and design of access and inclusiveness

- A centralized (i.e., federal) set of regulations with a common standard not to be changed as the current provincial building codes can be changed
- Canada should federally offer/provide or legislate all provinces to provide equal services to all Canadians. Example: AADL, AISH, Home Care, prescription coverage, no health care premiums in some provinces.
- Building codes need to be federally legislated
- Building codes should be federal
- Centralized standard—accountability
- Canada requires clear national standards for a building code that is consistently applied at all three levels of government and that assures that a barrier free environment is available to all people in all communities
- All three levels of government in Canada must agree to universal design standards and be willing to share the cost to renovate and/or build to meet the standards
- Develop a Canadians with a Disability Act and make accessibility a right, not a privilege, in Canada
- Top-down legislation that covers all jurisdictions (local and provincial) with enforcement built in
- Create universal standard that all provinces can buy into
- Provinces and federal government on same page
- National accessibility standard that can be enforced (everyone to follow)
- One specific entity of the government to handle all of this
- Interprovincial leadership—consistency across provinces

- Research and planning
 - Census form to include question on disability
 - Take the time to figure out all the barriers and overcome them
 - Research and development into mobility mechanics
 - Transfer payments based census—terrible data on persons with disparities ½ million people not counted because they are in jail, institutions or hospital
 - Start with policy makers—Accessibility and inclusion should be part of the policy BEFORE it is finalized, shouldn't be an afterthought
 - Develop an eastern Canada centre of excellence on disability
 - Implement improvements with targets for timely benefit processing
 - HH/Deaf.. look at England model (hearing induction loops all over England, train station/taxi/etc.)
 - Run into faculty/TAs at university around accommodation with PWDs. Group working on a full report in regards post secondary. Scan of landscape. Following from that: important for government to incorporate these ideas into legislation.
 - Identify toolkit for industry to get knowledge on accessibility (checklist, standards)
 - Building it right the first time!
 - Build on successes, best practices (including ones from other countries)
 - Measuring Up communities (accessibility development)

- Standardized definitions and terminology
 - ABI definition on disability tax credit
 - Speak in plain language so everyone can understand
 - What/who defines fully accessible and inclusive?
 - If there is a definition, should it be broader than solely disability?
 - Fetal alcohol syndrome should be acknowledged
 - Recognition of invisible disabilities

- Expand definition of employment equity—doesn't just include women, disabled, immigrants—applies to everyone
- Increased accountability and leadership—have a definition of standards for accessibility
- Recognition of eating disorders (EDs) as a mental illness & protected disability
- Federal definition of accessibility hearing/visual/wheelchair
- Physical and intellectual accessibility—simple language
- Need gold standard definition of accessibility that can be enforced nationally. Engage developers/builders so they get economic advantage.
- Terminology—inclusion vs. accessible with a built environment focus

FUNDING TO SUPPORT ACCESSIBILITY CHANGES

- Need financial incentives for accessibility
- Need to offer incentives for accessibility (e.g., tax benefits)
- Encourage research/development of accessibility/assistive devices to be incentivized for development
- Funding
- Tax incentives for barrier free, educated workers & hiring incentives
- Vocational funding: computer/internet/education
- Incentives
- Promote business case
- Everything comes down to funding
- Tax incentives
- Consider incentives like funding available for later projects only if you address accessibility; could also look at seed grants or tax credits to support the effort
- Funding dollars
- Funding needs to be provided to organizations that help pad be independent and with community integration
- Increased funding for recreation, housing, residences, transportation, and the social and medical needs of PWDs
- More funding for research in Canada
- Restoring/reinstituting legal challenge funds (i.e., so can take the government to court if it decides to cut/eliminate programs)
- More money, more funding
- Provide funding for eating disorder (ED) research
- Funding for community-based supports
- Coverage or government subsidies
- Funding for service providers
- The Government of Canada is in a powerful position to provide support and resources to PWDs to remove barriers and support their workforce participation and ability to live independently and to live with dignity in their community of choice. The Government of Canada should re-initiate a federally funded vocational rehabilitation program, providing a bundle of services and resources to help PWDs return to workforce participation.
- Consider who will assist people with FASD with money and credit when caregivers not there. Look at designation process for trustees. Look at issues of debt and credit (how to limit vulnerability to sales, etc.). Criteria for competency should be reviewed for people with FASD regarding finances. Suggestions: label individuals as competent/somewhat competent/or incompetent (right now just competent and incompetent); add intermediate category.

- Most services' accessibility requires a lot of money and manpower
- If you raise funding for accessibility, there is a concern that taxes will increase
- More sustainable funding for programming
- Continuity in funding
- Funding programs that build cultural identity, transfer cultural knowledge to help people with mental health and substance abuse issues
- Recreation for people in wheelchairs on the reserve—need funding/staff
- Funding for special needs
- Funding differences on and off reserve
- Educate and promote existing federal incentives and programs, possible through a databank.
- Ensure Canadian sport policy and funding equally supports parallel sport and athletes
- Improvements of all facets of the social determinants of health through access of appropriate healthcare and services, alleviation of poverty and isolation, prevention of complications secondary to the disability, chronic disease management, community inclusion and cultural participation
- Increased funding for recreation, housing, residences, transportation, and the social and medical needs of PWDs
- Increased funding (income programs)
- Funding
- Wheelchair accessible playgrounds—need funding
- Make best practice (universal design) a requirement for funding
- FNIHB and INAC funding needs to streamline their application process and be required to approve and distribute funds for programs prior to the end of the fiscal year to eliminate the stop/start funding
- Policies need to be developed to address the stop-start funding
- Funding should be more sustainable for indigenous communities
- Funding for an accessible van that can be used for medical appointments and or shopping for basic needs such as food and medical supplies
- Funding to build capacity/training
- Funding that is equitable for all people—no gaps in the provincial and federal funding
- More funding and emphasis needs to be put towards disability awareness and prevention. There is an imbalance of funding going towards reactive (band-aid solutions) interventions then there are preventive programs.
- Long term stable funding provided for indigenous disability and mental health-related programs that are fair and equitable between indigenous and non-indigenous communities
- Federal wages that are equitable to the provincial standards, for indigenous health and mental health workers who are working in the communities
- Health and education funding for IPWDs needs to be equitable to that of the general population
- Sustainable funding that programs and services for indigenous people on reserve can count on
- Grants/tax breaks to support para transport
- Additional dollars are needed to keep up to technology, with many homes not having full access to telephone or internet
- More flexibility and more acceptance of grants and initiatives submitted by the health centre needs to be addressed. The current system does not offer flexibility where the dollars go, and sometimes special circumstances need considerations.

In larger communities this is generally not an issue. Review of current systems in place and the policies in place need to be updated and more considerate to some of the challenges faced by smaller communities.

- Funding for lifeline
 - Tax incentives—breaks and levers for change for businesses and individuals
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- Income replacement
 - Financial incentives—grants/incentives to improve accessibility, increase to CPP-D
 - ABI definition on disability tax credit
 - Taxation (greater exemption/write off full cost/gravitate income)
 - Taxation: DTC applicable to be used back up to the point of injury/disability
 - Universal basic income, to combat people living with disabilities living in poverty
 - Tax reform—taxes are still charged when people aren't able to work—i.e., card similar to an Indian Status Card?
 - CPP-D should have medical benefits, drug coverage such as ODSP does
 - Basic standard of living
 - RDSP expanded and not clawed back
 - Increased funding to help those with a disability living in poverty
 - People have to have investments to survive. \$1,200 a month is not enough to survive (rent, utilities) —how are you going to eat? Trudeau said he was going to do more for the seniors and he hasn't done anything. Your disability income is based on your income tax brackets. If you try and get a part time job to help, then all of a sudden you are cut off because you make \$10 or more.
 - Put Canadian citizens first—above poverty
 - Homelessness/poverty should not exist in Canada—guarantee income \$24,000+
 - Improve Disability Tax Credit and medical tax credits to allow for coverage of more health related expenses
 - Develop a refundable Disability Tax Credit.
 - Provide a living wage/guaranteed annual income to those on CPP Disability and Old Age Security
 - Increase the allowable amount of earned income for persons on CPP Disability and Old Age Security
 - Higher rate of pay—should be the same as federal pay
 - Living wages
 - Make Disability Tax Credit refundable, right now
 - Tax incentives—breaks and levers for change for businesses and individuals
-

- Updating infrastructure
 - Offer incentives for small businesses to make accessibility changes, making the city more accessible (e.g., aquatic, recreation centers, sidewalks)
 - Incentives to make facilities more accessible
 - Provide financial support for the public/private—e.g., dollar for dollar tax incentive. Give the option of not paying taxes or making building accessible. Give funding for retrofitting a building.
 - Increase funding incentives for universal design
 - Tax credit for home/business renos
 - Funding to make places more accessible needs to be implemented along with strict and high accessibility standards
 - Invest in accessible transportation and infrastructure (e.g., accessible vehicles, curb cuts, sidewalks) for cities and rural service districts

- Develop and implement enhanced financial incentives for business owners to make facilities accessible
- Implement incentives for developers who build visitable homes
- \$\$\$—establish a fund for both retrofitting and new builds
- Retrofit of old buildings—and funds for this
- Funding program for ramps and housing modifications
- Universal design: implement from start of projects. Challenging, more \$\$\$, but more \$\$ to retrofit. Provide funding into research and universal design. Best practice into standards. Legislation around implementing universal design standards. Have support for it.
- The need for more money to upgrade facilities to make them fully accessible for all members of this community
- Infrastructure dollars needed to be increased. Without basic access to sidewalks, paths or paved roads, many of those with mobility issues are not able to get out and be included in their own communities and be able to partake in ceremony.

• Housing

- Need for programs to pay for accommodations
- Home reno: for accessibility (home reno)—depending on income
- Assessments at home and work to increase safety & functionality should be covered by OHIP
- Increased responsibility on part of federal, provincial and municipal governments to have structure in place to fund accommodation
- Government of Canada makes it mandatory/conditional that 20% of all housing that receives federal funding is barrier free
- No housing accessibility funding on reserves
- Home modification program and funding
- Funding program for ramps and housing modifications

• Healthcare

- Reduce tariffs for imports on accessibility/assistive devices
- Funding to travel to rehab programs
- Legislation on price control for disability equipment and supplies—on catheters, colostomy bags, suppositories. Extreme pricing on required equipment is a major problem.
- Review premiums charged on assistive devices caused by insurance
- Health insurance (extended health insurance) —there should be enough options to cover what's needed for a disabled person
- Disability and equipment is expensive—should be more affordable—increase the equipment with ADP to include other equipment needed for PWDs—i.e., power wheelchair should not as expensive as a compact vehicle
- More money into healthcare—i.e., Sudbury's hospital is too small
- More funding for doctors—resident doctor for Nokiiwin or Robinson Superior—ensure the patient is being cared for, not just the symptoms—consistent follow-up and holistic service
- Remove limits on funding requirements for medical equipment and assisted devices
- More funding for homecare
- Improve legislation around insurance companies to provide more protection for those injured
- Increase health transfers specifically for home support services and decrease funding for new nursing homes

- Funding for crisis response training, mental health training, suicide prevention planning, and development of a crisis response team in each First Nation community
- Supports for people with physical disabilities—fair amt of support for intellectual disabilities, less for physical. CP, body doesn't work great, but mentally present. No support other than sitting in open room. People with Alzheimer's strapped into chairs around him. More options—not all people have family support. Institution living in can provide stimulation (yes, he has clothes, food, bed), but QOL is awful. Keeping people in institutions is expensive. Funding could go to funding households, greater QOL.
- Leverage healthcare funding—restrictions on funding to ensure universal equipment program (like in Alberta), national standards on rehab services to ensure readiness to return to communities, address lack of health services in smaller communities

- Funding management

- Targeted programs and investment
- More funding—Northern Ontario needs the same amount as available in Southern Ontario
- One funding source for to be shared by all resources
- Transfer payments to provinces—concepts need to be reviewed
- An issue with budget allocation
- Funding accountability—we should know where the money goes
- Target funding to provincial organizations who deliver direct services to persons with a disability
- Follow up with every \$\$ transferred/spent by government to hold them accountable for inclusion/ensure inclusion of all abilities
- Funding being federally overseen vs. provincial/municipal control. Differential access in provinces, as well as within same province. Don't give funding to province to figure out. Examine closely who will oversee funding, and who is providing it. Ensure equitable access for different people in different places, for different disabilities, different supports. Not all Canadians need the same thing. Communities can vary in terms of what they might need.
- Place requirements on federal transfer payments—e.g., universities required to include all aspects of access and inclusion; health transfers to encourage participation by pwd in sports and fitness, standardize service levels for PWDs, tax breaks for sports equipment; infrastructure payments so that things like roads/curb cuts and accessible crossing signals are included
- Leverage healthcare funding—restrictions on funding to ensure universal equipment program (like in Alberta), national standards on rehab services to ensure readiness to return to communities, address lack of health services in smaller communities
- Enabling Accessibility Fund—ongoing, not just one or 5 years
- Accessible procurement and accessible government transfers to provinces and territories

SERVICES, RESOURCES AND PROGRAMS

- Ensure that all federally funded programs use universal design
- Funding to allow for accessible education
- No-fee banking for individuals on financial assistance
- Postal services to keep door delivery services for elderly and disabled
- Targeted programs and investment

- Increase employment and supports to excel
- Programs with set parameters but flexibility to adapt to participants/environment/culture, etc.
- Improved infrastructure and programming
- Is the bare minimum of the AODA mandate enough? Re-looking at the minimal AODA standards: the costs of the facility should intrinsically include the cost of making it accessible.
- Increased government contact (we want to speak to a person, not an automated service)
- Recognition of ABI by professionals so they will make useful referrals
- Government-provided programming and staff to provide services where needed
- More case management services
- We need to have better access to programs/services that target the actual disability
- More parent support groups for parents of these children who have complex special needs
- Stop isolation
- Realistic program design with flexibility options—more flexibility to guidelines
- Access to supports to increase skills, assistance and advocacy
- Make services more culturally appropriate
- Federal recognition of service animals
- Improved protection of dignity in disability services
- Provide counselling to people on EI, AISH or income support ASAP—will facilitate more rapid recovery and attachment to the workforce sooner
- Underlining a unified, community-oriented action plan in order to ensure access to services
- Regulation around cost of services and goods to PWDs—terminating the tendency to gouge when government funding is involved
- Dependents of PWDs need to be considered in policy, in benefits, in resources—more financial and social support—more non-volunteer based resource
- Increased access to consistent services that accommodate the unique needs of people with a broad range of disabilities will increase inclusion. People with disabilities acting as role models and advocating for what they are capable of doing will help shift the attitudes of others. Medical professionals must stop making inappropriate assumptions based on a medical model that limit a person's ability to contribute to society.
- Families who turn to the DSO or MCSS have to see organizations willing and capable at an oversight role
- The patients find they end up doing all the paper work and spending the time to get things finished for the government and at the end the government does not keep their word. They cut you off and give you the least you can get.
- Most services' accessibility requires a lot of money and man power
- Supports need to be individualized and person-directed, and not allocated by the needs of service providers and that these supports are mobile
- Adequate staff training with aptitude and good judgment and with a desire to work with our most vulnerable are pre-requisites to the safety and well-being of the group home residents
- Government supports all efforts to help IPWDs live and thrive in their own communities and that long-term care outside of the community is a last resort
- Services—right people/right place/right training

- Correctional services need to work with the communities to address the issues of people with intellectual disabilities and mental health issues being put in jail for behavioural issues
- Weekend support on reserve—everything is closed on weekends (transportation, recreation)
- Recreation on weekends—need funding and staff—wheelchair sports
- Workers on reserve get barely any pay
- Kids who move odd reserves still don't get funding
- Shift federal program culture and customer service from “How can we prevent you from accessing this?” to “How can we help you?”
- Delivery service for food/medications/recreation
- More staff needed
- Improvements of all facets of the social determinants of health through access of appropriate healthcare and services, alleviation of poverty and isolation, prevention of complications secondary to the disability, chronic disease management, community inclusion and cultural participation.
- Lack of services for elderly
- Need to move into the city for services
- Services only available for certain age groups
- Grocery store on reserve—basic human needs once again
- Parenting programs for parents with mental health and addictions
- Professional services provided on reserve
- Family programs—teach life skills, parenting programs, support for caregivers
- Land-based programs are needed for kids that are at risk
- Build capacity for IPWDs so they can stay in their own community and live where they want to live
- Increase access to services and reduce wait times
- Indigenous culture and traditions are respected within organizations that are provided with federal funding to support the needs and care of PWDs
- Both the federal and provincial governments need to understand the geographic area and lack of accessibility to services in the rural remote communities
- Capacity needs to be built in the communities that is sustainable and will allow First Nation member with disabilities to stay in their own communities. Building capacity in the communities would reduce the pressure on the provincial health care system, reduce transportation costs to larger centers, free up beds in acute and long term care facilities, reduce social isolation for people who are forced to go to larger urban centres for care.
- Address larger social landscape of disability. Consider needs of PCG and family members. Lots of parents/single parents who have no social life due to situation, no ability to have a life if they are supporting those with involved disabilities. Small resident program in NWT, parents/CG only get a few hours to have a break. Respite long term care, distrust with family members, of safety/well-being of family member going into that service. Can't sit in a room all day long. Needs to be introduction of social infrastructure to support meaningful opportunities with qualified individuals. May benefit living with other people, but there needs to be trust.
- Focus on bottom up support. Rural/isolated communities. Focus what is needed in each community. May only be one or two people with disability, so people can remain with families/in their traditional communities without having to relocate.

- Making equipment/supplies/ASL education/care/physio services that make our QOL worth living so we can be productive community members; make those free across the Board. Free health care will save our life, but won't help us live well. Address QOL, not what will keep you alive. Starts with equipment and adequate home care that won't get removed if funding gets cut.
- Make services needs-based so nobody falls between the cracks. Paperwork needs to be less bureaucratic, more lay language. Shorten the form, make it less complicated, will shorten the process.
- Universal access to services. Nfld to Quebec, same services. Even in Nfld, services in Western completely different than what I would get in Eastern. Should be more consistency for services.
- Resources that help transition from family life to living independently (lack of resources)
- Have programs where family members/caregivers can connect that are accessible. Maybe via technology, but not limited just to technology
- Re-iterate QOL. Have programming/support (financial, physical, psychological emotional, spiritual) for people to thrive not just survive. Have access to meaningful activities.
- PWDs some use service dogs. In Canada, no consistent ruling. Not enough providers. Equal training, tuned to disability. Service dog (medical equipment) to travel, many times plenty of extra fees in different provinces.
- Need for flexibility/freedom for how families/PWDs who access services are able to use funding. A lot of the time agenda put forward for PWDs aren't compatible for people at different ends of spectrum—e.g., intellectual impairments can benefit from employment services in meaningful way, but enjoyable way would be to benefit from recreational opportunities. Choose what they can use money on. Not sheltered.
- Gap in resources after the age of 18—needs to be addressed
- Need more flexible criteria to access programs and services (streamline eligibility for supports and programs to so people don't fall through the cracks)

• Healthcare

- Access to more physiotherapy/occupational therapy
- More personal care attendants
- Strollers vs. wheelchairs: people in wheelchairs shouldn't be pushed to the bottom of the list in terms of priorities
- More rehab services, state of the art
- Decrease wait times for needed services
- Improve communication across research-treatment continuum
- Insensitivity of health professionals
- Make more power wheels and wheelchairs available to those that are more able, but still disabled—make sports wheelchairs available
- Provide training—sensitivity training (especially in healthcare), OT/person educated in disability to verify specifications of equipment
- Build capacity within the communities to provide quality care and services to those with disabilities
- Local, holistic healing center in the community for IPWDs and mental health issues—share traditional knowledge, land-based therapy, traditional medicines and ceremonies, life skills, community gardens. Back to roots—funding towards cultural healing for each community. Return to traditional knowledge—especially

for people experiencing a loss/addiction, quitting smoking, loss of loved one. Traditional knowledge sharing in community activities.

- Need culturally-aware professionals—yearly sensitivity training and cultural competency training for service providers
- First Nation doctor that provides services in the First Nation communities
- Doctors hired specifically to work with the First Nation communities
- Access to medical equipment such as renal dialysis and equipment and oxygen within 100 kms
- Power back up systems for assisted devices such as oxygen
- Palliative care training needed for support care workers and nurse in the community to provide end of life care/support
- Need professional palliative care training for family and community members
- Resources to immediately respond to people requesting detox and or treatment for mental health and addictions
- 24 hour support care services for people with high level care needs
- Adequate multipurpose health care/healing facilities on reserve with an equipped examining room, office space for visiting practitioners, rehabilitative space and equipment, area to provide programs (life skills, parenting, etc.)
- Culturally specific after care and support programs
- Providing people with language barriers proper translators and or escorts for medical appointments or hospitalization
- Communities need more First Nation people who are properly trained as PSWs and homemakers so that community members with disabilities can return to their homes (communities) from long-term care facilities and hospitals or prevent them from having to leave their community
- Access to palliative care needs to be provided in all First Nation communities so that people have a right to die with dignity at home, with their loved ones by their side
- Palliative care training is needed, and should be provided for family members of a First Nation member who needs end of life care
- Palliative care models for indigenous people should include an Elder, traditional healing, medicines, and ceremonies
- Transition planning team is required for an indigenous person leaving long term care, acute care or chronic care where additional services, equipment, housing modifications etc.
- Build capacity in First Nation community to support the return and integration of persons with a disability
- Traditional food/diets should be available and provided for indigenous people who are in hospitals or long term care facilities, two to three times per week
- Smudging and traditional ceremonies need to be available for persons in hospitals and long term care facilities
- Hospital, police and indigenous community health workers—develop a plan to provide appropriate support and services to IPWDs that are frequently accessing emergency services
- Development and implementation of best practices for officials and healthcare professionals when responding to IPWDs that are in crisis
- Medication input—Needed meds are way too expensive, should be less
- No homecare supports
- No respite on reserves

- Long term care—won't help people on reserves unless they move to the city
- Access to a universal equipment and assistive devices programs (such as exists in Alberta)
- More personal care attendants
- Government to ensure that IPWDs that are in hospitals or long-term care facilities that wish to return to their own community are provided with the proper transitioning services and support services
- Need language interpreters to assist people with understanding treatment, procedures, aftercare, medication effects and side effects
- Preventative programs that teach proper health and nutrition
- Mental health and crisis response training
- Need a nurse in the community seven days a week
- Prevention programs—diabetes and mental health
- Respite programs and services
- Suicide—medical health workers are not trained properly and need more training especially with indigenous patients. Hospitals are sending people back to the community too soon after an attempted suicide. Form 1's are not being completed and people who have attempted suicide, are not being detained for 72 hours. Form 1 needs to be completed with a 72 hour detention for observation. Hospital assessments need to be more comprehensive. There needs to be direct dialogue between the hospital and community health team prior to discharging the person. The community health team needs to be properly prepared to assist with the transitioning of the at risk person back to the community.
- A greater focus and emphasis placed on the prevention of disabilities and mental health issues
- Increase the number of qualified mental health workers, PSW's and clinical staff in First Nation communities
- Additional training for qualified workers
- Increase health and mental health workers by at least by double of what is currently provided in indigenous communities
- Travel and accommodations are needed for health care professionals coming to the communities
- Stronger regulations for dentist and doctors prescribing opiates
- Pharmacies need an opiate tracking system to be able to track opiate prescriptions filled from one pharmacy to another
- Development of short and long term care facilities in First Nation communities
- Clinical services need to be provided in the first nation community
- Holistic healing centres—help build community gardens, sweat lodges, traditional gathering of medicine, teachings, cultural ceremonies, Elder services and palliative care
- Shift to a needs based approach, especially if physician access is limited (diagnosis is difficult). Can't access supports, no piece of paper telling you have a disability.
- In '90s when healthcare started to become provincial, mistake. Began fragmented care, so care across provinces is not equal. Make it federal, when government invests \$\$\$ in good programs, every Canadian will have access to equality of healthcare.
- Context of assisted dying legislation. Connected to promoting thriving, not surviving. Helpful way to frame it to policy makers/public is to address context in medical assistance in dying, and how this idea that we need to fund thriving QOL. Needs to be emphasized. Individual might have low QOL, may choose assisted dying.

- Supports for people with physical disabilities. Fair amount of support for intellectual disabilities, less for physical. CP, body doesn't work great, but mentally present. No support other than sitting in open room. People with Alzheimer's strapped into chairs around him. More options—not all people have family support. Institution living in can provide stimulation (yes, he has clothes, food, bed, but QOL is awful). Keeping people in institutions is expensive. Funding could go to funding households, greater QOL.
- Homecare has to be used when allotted to us. Can't use seven hours one day, three hours one day. Be sure we can choose how and when to use funding.
- Maybe shift from needs based to rights-based. I like idea of moving from diagnosis/piece of paper, to needs in order to thrive. But, want to add in idea of rights-based. Not feeling sorry for you. But this is my right, this is what I am going to get. Shift lens. Develop legislation will help.
- Education was also referenced, as the need for staff for special needs children needs to be addressed on this community
- High risk pay and travel expenses should be included
- Ending the use of behaviour modification on adults with developmental disabilities—a punitive approach which is likely to manifest in behaviours like frustration, fear, depression, self-abuse, etc. These are just symptoms of hopelessness and despair.
- Making sure that the care-providing agencies are capable of providing a safe, secure and person-centred environment, with clear chain of command so that parents/guardians can know who is the person with authority and responsibility at any time
- Guerrilla Tetra team—focused resources around an individual when they return home from rehab

- Transportation

- Defined and required access to transportation (via multiple guidelines—e.g., transportation act, private companies, etc.)
- Affordable national transportation system
- Access to accessible transportation
- Electric wheelchairs not allowed on planes
- Free public transportation (depending on income)
- Transportation for cross municipal lines
- Air transit: allow for free upgrade or a seat with more leg room (prevent DVT)
- Free transportation (insurance for individuals/businesses willing to help)
- It would be nice to have airlines have one or two seats that can be removed to allow wheelchair users to remain in their chairs and be secured to plane
- Air travel—more ways for PWDs to travel should be explored.
- Alternate transportation models for out of town travel
- Enforce federal transportation regulations vs. guidelines
- There should be so many full service gas stations in certain areas. Full service gas stations are five cents more because they provide the extra service; one should not be fined if you need more accommodation. For example: in the USA, they have a service where you push a button, someone will come and help you. We should implement that.
- Seamless accessible transportation
- Transit integration
- Having a better transfer station to change accessibility services municipalities so you're not waiting in the cold

- Canada requires standards pertaining to barrier free access and use of air, rail, bus and ferry services in all provinces, territories and municipalities
- Wheelchair accessible transportation for medical appointments and grocery shopping for PWDs; specially in small rural remote communities that do not have proper services or access to grocery stores
- Handi-bus on reserve
- Need a handi-bus for recreation
- Transportation needed on weekends
- Invest in accessible transportation and infrastructure (e.g., accessible vehicles, curb cuts, sidewalks) for cities and rural service districts.
- Transportation
- Equal access to transportation and enforcement of existing access rules
- Transportation—more available and accessible
- Transportation—is equitable and accessible for all people
- Transportation—funding for accessible medical vans in remote rural communities
- Transportation to go back and forth to larger centres from communities for the purpose of buying nutritious food
- Implement Ontario’s transportation pilot program for rural remote indigenous communities
- Transportation: trying to be forerunners of transportation across Canada (YYC Airport). Inclusion, accessible ticket machines for bus, trains, planes (wheelchair level, etc.). No limitations/misunderstandings. Has to have education going out to community. It is okay to say you have a disability, but these are your rights, ask for your resources. From service standpoint: when you ask for certain things, that they are able to provide certain things.
- Transportation: shouldn’t have to leave chairs. Adapt airplanes to be wide enough, be able to park power chair in airplane. Some people can’t leave chairs, causes great harm to sit in chair for two hours. Aisle chairs are meant for museums. Feel secure that staff are well-trained to move/stow devices to prevent damage. Have coverage if airplane does damage chair, don’t have to fight to have equipment replaced.
- Public transit: federal transfers to municipalities. Especially green transit. Needs to be spent in a way that does not continue to fund barriers. 106 bus lines, three of them are available at all times to wheelchair users. Need to decrease substantially, even though buses with ramps running other times, won’t let you on them whenever you want.
- A medical van is needed here as well, with the distance of the three communities and need to travel outside of community for physiotherapy, doctors’ appointments, grocery or shopping in Prince Albert. The cost for traveling into the city for this is a hardship for many there.
- Accessible planes for travelling
- Federal buildings and transportation—require all offices, facilities, airports, train/bus stations, rapid transit to exceed all municipal/provincial standards for accessibility
- Standards for transportation—regardless of where (eg rural vs. urban)

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- Education and training for PWDs
 - Need to integrate PWDs education into the entire curriculum (K-12)
 - Bring back programs that help newly injured PWDs (e.g., vocational education programs, quality of life programs, etc.)
 - Adequate training & education for individuals with disabilities so they can obtain meaningful paid and/or unpaid employment/volunteer opportunities

- Structured educational policy for students & mature PWDs
- Improve education—adjust learning styles to accommodate different learning needs
- standardized career training across all provinces
- Improved access to education and employment
- Provision of accessible and consistent across the country education and training for the person with autism (i.e., communication, social and life skills training) and the people who are to treat/educate/work with people on the autism spectrum
- Learning side-by-side helps everybody appreciate the talents and gifts of all kids
- Schools, college and work scholarship that will enhance productivity
- educate PWDs
- Adult education provided in the community—can't complete high school late because of age cut off age. Therefore, cannot be trained for PSW, etc. A high school or alternative education is needed in the communities that PWDs and or mental health issues can access.
- Land-based high school credits would be beneficial for students with disabilities and mental health issues
- Better access to education by removing the age restriction of 21, especially for those with disabilities
- To build capacity within the First Nations through educating and training programs that will result in certified and qualified healthcare professionals
- More programming and resources in education for children with learning disabilities with a focus on communication and literacy
- Access to education programs for disabilities—bigger place for further education
- Prioritize transition planning in labour market agreements for youth with a disability to explore post-secondary education, training and jobs in labour market agreements
- Certification with incentives—education for specific needs across disabilities linked to legislation/enforcement
- Programs are needed to teach life skills to PWDs (money, cooking, cleaning, personal care, social skills etc)
- Programs that teach life skills, cultural teachings and crafts
- More education, training and jobs that will support IPWDs
- Preventative measures—education, training, access to nutritious food, healthy cooking
- Tuition money returned to First Nations if a child is expelled or no longer attends school, so that alternative education programs can be created on reserve to meet the needs of the child. Instead of having a yearly tuition, bases it on the month. If a child is expelled after November 21, the public system keeps the yearly tuition regardless. This goes against the child's right to have an education and should be against the law.
- Create training opportunities within the indigenous communities to address the shortage of PSWs, mental health workers, developmental service workers and clinical staff
- Develop programs to teach IPWDs social and life skills
- Public education systems be required to returns tuition funds back to the indigenous community if a student no longer attends for any reason, at a rate based on a monthly attendance, no a cut off date

- School to life: government offer universal grant that (is user-based on needs), but in bigger picture that all schools are accessible for wheelchair, vision/hearing loss. I can walk into any facility and be able to use their resources. Building codes/rules/regulations need to be changed for equality. New developments in infrastructure address areas for PWDs, but also use these when doing renovations.
- School: every two to three years, get reassessed. More frequency of reassessment will become easier when addressing needs down the road. Needs change. Holds merit that every child with a disability has a working individual plan that carries them through schooling, to university, or school to work. Be able to have equal access.
- Teaching the right way—fun but serious, using all learning styles

• Centralized services coordination

- Communication strategy for government workers
- Holistically aligned: agencies, orgs, schools
- Need coordination between service providers
- Increase awareness re: ABI (disability) and services available
- “one-stop” service coordination
- Navigation assistance, case management, transportation assistance
- AISH and many other provincial programs should be offered federally to all Canadians; programs like this should be run federally.
- Increase awareness of resources available, where they are available and how to access them
- Utilize software maps (Google Maps for handicapped) to identify accessibility routes
- Legislation around user-friendliness of web sites
- Access to information
- Provision of information in electronic format/accessible format
- Transparency between departments and province to province, medical provider to medical provider—without prohibitive costs
- Team approach allowing information sharing between service providers
- More transitional support from childhood to adult
- Information of community resource agencies, available to parents/guardians, which they could access if or when needed
- Develop a national hub for accessible travel
- Increase consistency and continuity of services and care provided to PWDs
- Website to see facility services available in other provinces. All medical care is in Montreal. What kind of home care supports are there? If I were to move there to get medical taken care of, what are my options? Universal website/link on government sites that shows what services are available in each province and how to ask them. Will be beneficial for independence.
- Need more community alliances—for example, Calgary and the reserve should be able to work together
- Gap in resources after the age of 18—needs to be addressed
- Communication—between provinces, cities, organizations

CHANGES TO INFRASTRUCTURE

- Need to showcase accessible spaces and places as success stories
- Oversight of weather-related accessibility issues (e.g., curb cuts in the snow)
- Accessible outdoors: beaches/forest/parks/swim holes/boat slip (launch)
- Improved infrastructure and programming

- Barrier free access to transportation, housing, health care, education, shopping (actual mandatory application of universal design!)
- Increased physical access—legislated around public buildings, incentives, audit process
- To make all public places barrier free
- Everything government owns must be accessible
- Focus on the accessibility first (space) before we can change the attitudes of the society—if there are not enough parking spaces, tables, or washrooms, then PWDs cannot be included. For example, things are either completely not accessible or, if they try and make it accessible, the building people don't really consult in with the people who are using the buildings.
- Policing of accessible environments. Having occupational therapists, or other trained individuals, go out into the community and look at places to see if they are accessible. If they cannot put in an elevator, then put a ramp but make sure it's big enough.
- How can we gain access to planning stage of building/facility design
- Common standards for universal design beyond code
- Building inspectors
- Built environment—compliance & incentives
- Legislation not an answer for accessibility in the built environment
- Mandate new spaces be accessible
- School to life: government offer universal grant that (is user-based on needs), but in bigger picture that all schools are accessible for wheelchair, vision/hearing loss. I can walk into any facility and be able to use their resources. Building codes/rules/regulations need to be changed for equality. New developments in infrastructure address areas for PWDs, but also use these when doing renovations.
- Measuring Up communities (accessibility development)

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- Establish building code
 - Revisions of the national building code to include universal design
 - Universal/barrier free design across Canada
 - North American building code consistency
 - Enhance National Building Code to be best practices (get rid of minimum standards)
 - Having best practices, changing the need to restart programming at every new juncture for accessible landscape
 - Change building codes so all new commercial and residential buildings are accessible
 - Every public building should be mandated to be accessible—and this should be strictly enforced
 - A centralized (i.e., federal) set of regulations with a common standard not to be changed as the current provincial building codes can be changed.
 - Building codes need to be federally legislated
 - Legislated building codes for businesses including—snow removal, automatic doors, business education regarding accessibility, doctor offices and hospitals must be accessible. Medical staff must be educated—this should be law—for example, even receptionists and techs and what are the medical needs.
 - Building codes should be federal
 - Federally-regulated building codes that apply to all public accessed spaces
 - Building codes—compliance legislation around accessibility—bring Canada up to date on universal design legislation
 - Building codes—require people who are educated on a variety of different disabilities to be involved every step of the way including doing a walkthrough of the space when it is finished

- Canada requires clear national standards for a building code that is consistently applied at all three levels of government and that assures that a barrier free environment is available to all people in all communities
- All three levels of government in Canada must agree to universal design standards and be willing to share the cost to renovate and/or build to meet the standards
- Building inspectors and those approving permits must comply with standards for barrier free design; no loopholes can be tolerated
- Improve the National Building Code barrier-free component and include a component for sport and recreation facilities
- Develop a national training module on universal design and visitable design for public and private development
- Universal design standards, not just accessibility
- Better laws and building codes that can be enforced
- Conflict between building codes
- Address conflicting building codes
- Incorporate universal design in to architecture curriculum
- Building it right the first time!
- Universal and inclusive design
- Building codes need to be improved

• Buildings and businesses

- Retrofits to existing buildings are required to make Canada more accessible
- Quiet rooms in federal buildings
- Make buildings accessible (portable ramps, rails)
- Arrange hotel accessible room doors to be placed in a manner where they can easily be opened from a chair. Leave beds on raised frames which are not boxed in underneath so lifts can be rolled under them.
- Equip all schools barrier free bathrooms, ramps and auto doors
- There should be more policing of handicap areas (e.g., tables in cafeterias) not letting non-disabled people occupy them
- Physical spaces—proper equipment should be everywhere, not just the first floor of a given building, because some disabled people can make it to the second floor and still require adapted equipment
- Too many companies and restaurants hide from modernization so they don't have to update their businesses for someone with a disability (e.g., a disabled person cannot enter those types of restaurants to go in a use the bathroom, since it is not accessible). The only time they modernize is when they want to improve their business so they have to put in an accessible washroom, spaces, ramps. And when they do modernize they put the accessible washroom in the very back of the restaurant. If they don't make changes to their business then they don't have to adapt. Businesses should be held accountable to a plan for making a space more accessible by having a follow up plan.
- Eliminate all grandfather and heritage clauses for accessible buildings.
- Every public building should be mandated to be accessible—and this should be strictly enforced
- Need to make buildings more accessible before they are built
- Elevators/ramps should be in place
- Width of doors should be standardized to the width that would allow a wheelchair to come in
- Bathrooms need to be accessible in every building/housing

- Pathways—too steep
- Seamless entry to all buildings and access to all public services
- Retrofit of old buildings—and funds for this
- Federal buildings and transportation—require all offices, facilities, airports, train/bus stations, rapid transit to exceed all municipal/provincial standards for accessibility

- Parking
 - Parking spaces: people need to understand the actual purpose of accessible parking spaces. They are meant for extra space in order to get out of the vehicle with enough room, not necessarily for a shorter walking distance.
 - Rules need to change—there should be more accessible spots
 - Handicap parking taken with no proper stickers on cars
 - There should be policing of handicap access parking
 - Handicap spaces in parking lots should be close to the door and no more than a two degree incline from the door; parking should be on the same side as the building, not across the street
 - Consider two types of accessible parking—wheelchair width versus proximity for mobility

REPRESENTATION OF PWDS

- Consult PWDs when developing curriculum
- Have an ABI ombudsman
- Need a federal advisory committee with members representing various disabilities
- ABI ombudsman
- Limited opportunities for PWDs to be involved in reviewing the planning and construction of accessible facilities
- More advisory committees—including PWD
- The government is not listening to the people
- Should be a disabilities advisory committee/group to make recommendations to government—include PWDs
- Need First Nation representative in government to act as an advocate and hold government accountable for promises
- Create a federal ombudsman for disability inclusive of a federal program navigator
- A permanent, executive level indigenous rights officer to eliminate the bureaucracy by streamlining funding and services for indigenous PWDs. Create a person to work with all the Ministers on behalf of indigenous communities with the power and authority to create an accountability and ensure the voiced concerns of the indigenous person/people disabilities are being heard and appropriate follow through action is taking place. This person should work one on one with the government, to help strengthen FPT relations with the advance of the rights of indigenous PWDs, be a part of the legislative assembly and appointed by the Assembly of First Nations. Furthermore, there should be a provincial representative from each of the provinces and territories to act at a provincial level of accountability and advocacy for the disability rights of indigenous people.
- Ensure input from PWDs themselves
- First Nation representative with the power and authority to advocate and enforce regulations—appeals and complaints
- Establish a voice for IPWDs that is transparent and accountable (in the legislation)
- Have counsel of people to enforce this legislation. Council made 100% of disabled people. They should pay us for it. Make differences in communities.
- More leaders with disabilities (including elected officials)

HOUSING

- More accessible housing via use of universal design of CMHC projects
- PWDs accommodation in the corrective/prison system
- Home reno for accessibility (home reno)—depending on income
- Design innovative housing
- Affordable, accessible and safe housing, supportive housing
- Lack of assessable, affordable housing
- Quality/safe/affordable housing with support services included
- Licensing standards for landlords
- CMHC must create more accessible housing
- Housing facilities and promotion where aged and handicapped have extra care taken at a discounted rate
- Government should send people to the home to help with the maintenance of the property
- Homelessness should not exist in Canada and no poverty—guarantee income \$24,000+
- Government of Canada makes it mandatory/conditional that 20% of all housing that receives federal funding is barrier free
- First Nation communities need more accessible housing for IPWDs and mobility issues
- Long and short-term, accessible supportive housing is needed on-reserve for IPWDs
- Short-term transition housing for those who have acute disabilities so they can return to their community to heal, and be integrated back into the community
- Long-term care would allow higher needs people to stay in the community and close to family
- Long term care in the communities would provide the support necessary when aging parents can no longer take care of the needs of their adult child with disabilities
- Respite support for caregivers who have to leave the community for their own medical needs
- Proper housing assessments and inspections are done to insure accessibility and funding to support the necessary modifications. Re-assessments are done to insure that the structures and modifications were done properly and completely.
- Professional inspectors (inspecting the design) before housing is made
- Standard requirement should be making housing accessible
- After getting a house, making it accessible should be easier/less expensive
- National housing strategy
- Visitable housing—all new homes must include one level entrance, wider doorways, one larger bathroom on main level
- Supportive and accessible housing
- Home modification program and funding
- Single unit dwellings that are accessible
- Supportive housing that is accessible with 24 hour care
- Accessible, supportive housing available in indigenous communities that provide 24 hour support care services
- Many of these individuals felt that their basic home needs were not being met such as accessibility in their homes to fully utilize things like kitchen, washrooms, doorways. While home care helps, it does not meet their needs of independence in their own homes. They felt that grant money for upgrades to homes of those disabled would allow for this. A care home or special needs accommodation is also lacking in this community.

PARTICIPATION OPPORTUNITIES

- Accessible options should be inclusive (e.g., family seating at an event)
- Allow free travel/admission for support persons when accompanying someone with a disability
- Free participation in physically active lifestyle activities (not necessary competitive sport)
- Resources dedicated to individuals with a disability directed towards physical activity/sport
- More recreational activities that are accessible and inclusive for PWDs within their communities
- More social activities that are accessible and inclusive for PWDs (including more after hour programs) within their communities
- Stop segregating in education, society, recreation, work. Give everyone the choice to be included.
- Recreation for people in wheelchairs on the reserve—need funding/staff
- Recreation on weekends—need funding and staff—wheelchair sports
- Improvements of all facets of the social determinants of health through access of appropriate healthcare and services, alleviation of poverty and isolation, prevention of complications secondary to the disability, chronic disease management, community inclusion and cultural participation
- Wheelchair accessible playgrounds—need funding
- More recreational activities that are accessible and inclusive for PWDs within their communities
- More social activities that are accessible and inclusive for PWDs (including more after hour programs) within their communities
- Recreation programs for IPWDs and or mental health issues
- Reiterate QOL. Have programming/support (financial, physical, psychological emotional, spiritual), for people to thrive, not just survive. Have access to meaningful activities.

PROCESSES

- Increased advocacy services—i.e., assistance with applying or resources
- Easy Access card application for PWDs on Siksika Nation
- Increased physical access—legislated around public buildings, incentives, audit process
- Process simplification or alternate access for information, basic information sharing between agencies (SIN number) or provide access to supports that can help navigate processes and system
- Human Rights process for addressing grievances could be simplified and made more accessible—text formatted forms for sight-impaired
- Physical and intellectual accessibility—simple language
- Complaints mechanisms have to be clear, accessible & transparent. Clear guidelines need to be provided to the parents/guardians; as to how, a complaint could/should be launched. A neutral third party oversight body is needed to address conflicts or concerns when unresolved at the group home and the ministry level.
- There needs to be a smooth, uncomplicated process that supports the successful and consistent application of barrier free design
- Need faster application and approval process for funding streams—remove red tape, stop run-around when it comes to funding
- Create an appeals process for the denial of services for IPWDs
- Create a federal ombudsman for disability inclusive of a federal program navigator
- Easier access to AISH—needs to be the same for all Canadians

- Access to justice through advocacy and navigation of disability rights, supports and services, access to rights, protection and resources for intellectually vulnerable adults, and denial of supports and services
- Have to reapply very often
- Easy access card application for PWDs on Siksika Nation
- Easier complaints process for discrimination in hiring practices
- FNIHB and INAC funding needs to streamline their application process and be required to approve and distribute funds for programs prior to the end of the fiscal year to eliminate the stop-start funding
- Advocacy for PWDs and funding appeals
- Simplify the process for getting people into care for mental health issues and detox programs. No waiting for care.
- Forms need to be more simplified for acquiring services. Time frame for receiving a response (answer) for requested services needs to be faster.
- Develop a structure for complaints—re: denial of assisted devices, equipment, housing modification, assisted living, transportation, health care services etc, and a system to follow up on complaints
- Make services needs based so nobody falls between the cracks. Paperwork needs to be less bureaucratic, more lay language. Shorten the form, make it less complicated, will shorten the process.
- Abolishment of policies/barriers within federal government when PWDs are seeking human rights justice. Shouldn't have to jump through hoops/barriers in order to address HR violations.
- Need more flexible criteria to access programs and services (streamline eligibility for supports and programs so people don't fall through the cracks)

EMPLOYMENT

- Customized employment—means individualizing the employment relationship between employees and employers that meets the needs of both
- Equal pay for equal work
- Job coaches and experts trained to customize employment
- Increase employment and supports to excel
- Secure employment for skilled and trained staff with disabilities
- More individuals with disabilities employed in government positions (5% of all government employees across Canada)
- Shift towards mandatory training and education in the workplace versus hires
- Employment—increase accommodation in hiring process
- Provision and development of appropriate work opportunities and work environments (diversity of options)
- Job equity initiatives
- Public service agencies have duty to meet employment equity targets
- Unemployment opportunities, career enhancement and monetary help if need be
- Increasing the employment rate of PWDs results in increased self-worth, decreased long-term medical cost, increased economic benefits for all, and increased positive attitudes/motivation for including PWDs in all aspects of society
- Providing incentives to employers and employees will increase workforce participation by PWDs. People with disabilities have a major role to play in leading the education and increased awareness of their value and contributions. Using social media to tell the world about their contributions will extend the reach of this message and create a critical mass of Canadians who promote and embrace an inclusive society.

- Work place—accessible and modified access for people who have disability
- There should be more meaningful/modified work programs with similar pay for those who cannot return to full duties or occupation because of a medical incident
- Work places should include re-entry programs for disabled/sick employees
- Creation of jobs for people who have disabilities and modified work programs
- Employment opportunities for nonskilled workers
- Nail the business case for accessibility—define the ROI
- More education, training and jobs that will support IPWDs
- Employees have access to mental health days in addition to sick days
- Increase the job equality and fairness with federally funded organizations and make at par with the provincial government
- Won't hire a person with disability, they have to put these steps in place. Have it federally mandated so it's not employer responsibility.
- Federal employment programs that find PWDs employment opportunities relative to education
- Bring partners/have forum with those already doing work to demystify hiring of PWDs
- More education for employers on how to make their workplace accessible (use taxation system)
- Monetary support for employees from the government
- Employment—tax breaks for employers that hire pwd, expansion of work programs such as the Opportunities Fund

OTHER**

- Improving online accessibility (e.g., blind accessible)
- Increased online access, universally friendly platforms and alternative formats, standardized websites
- Information content standards for accessible websites
- No segregation of PWDs—e.g., developmental disabilities
- Food security. Food bank only once a month—need more.
- Special needs assessments for IPWDs to ensure their health and needs are being met
- Legal advocates for IPWDs (especially those with developmental and cognitive disabilities). Follow up on legal matters before the court and act as a liaison.
- Food security is established for IPWDs living on reserve and has difficulties accessing proper food
- Exercise leadership to develop collaborative input to create a set of progressive accessibility standards to inform an accessibility certification program. The implementation of a national accessibility certification program. That all stakeholders involved in this issue and consultation process step up, get involved and have their voices heard. Share the data. Have multi-level communication (peer-to-peer, campaigns, emotional storytelling, forums, etc). Take top-down and bottom-up approach (i.e., business leaders). Tell the economic story. Get buy-in & work to create systemic change. Have first draft which reflects consultation input. Table a framework for reaction. Continued participation in consultation on legislation. Address issue/perception on cost/affordability. Bring the millennials but with engagement of those who are bought in. Have incentives, recognition, and competition. Inclusive design is design—it is the norm. Outreach and integration—looking to provincial and federal legislation, and taking perspective to different sectors. Trying to get private sector up to speed with public. Process mapping—populate group to define process—what are the core problems? National competitions to

come up with concepts and incentives for certification to change perspectives of professionals from just meeting minimum/standard and going beyond/innovate. Leading to certification, finding ways to mitigate costs, etc. Value proposition—i.e., profit per square foot. Including industry in decision making process—education of inclusive design, surpassing basic requirements. Relationship development between organizations, industry and government.

- Are penitentiaries accessible?

**Other needs that do not fit under previous themes

Question 3: If you could ask The Honourable Carla Qualtrough, Minister of Sport and Persons with Disabilities, to include one thing in the new law/policies to improve accessibility and inclusions, what would it be?

THEMES • subthemes	RESPONSES
LEGISLATION IMPERATIVES	<ul style="list-style-type: none"> • Cohesive legislation that is consistent • Protection from future governments • Disability/accessibility lens (similar to gender lens) • Do something concrete in the short-term/next five years • Strong leadership—bold and inspiring—frame multi-prong approach to set new standard • Inspire provinces/territories • Multi-prong approach—there is not one solution—it is a package deal • Legislation is one small piece of a whole package—need a cultural shift • A cross-sector approach to inclusion (education, health, etc.) • Principles of accessibility to be part of all other legislation rather than having this other legislation as a separate entity • Every federal Minister should spend one day per year in a wheelchair—sensitivity to disability • The seal is important and ensure accessibility is followed through • Look at disabilities are more than an individual experience. Look at caregivers/families to ensure good QOL as well. Redefine for supports what is necessary to access (more than that specific person). • There’s no law for Albertans with disabilities, municipal, provincial as well as federal • Clear expectations to include accessibility in the cities funding • Full mandatory inclusion for everything within the community • Cohesiveness, consistency, uniform processes across the board in processes, procedures, policy • Accountability • Keep it simple • New legislation should apply to everyone with barriers—no segregation • Create a ministry of accessibility • Should be a minister for disability only (not combined with sport) • How is she going to look at indigenous people into this act ?

- Make sure any legislation is person centred
- Ensure legislation gets enacted—get it done
- Full mandatory inclusion for everything within the community
- Make new legislation clear, accountable, and enforceable
- Equal and inclusive society—everyone has the same opportunities
- Must be at standards that are equitable to peers
- Obligation of universal access (rather than an obligation of accommodation)
- Follow through
- Every legislation/policy needs a disability (accessibility and inclusion) lens
- Transparent
- Accessible and universal inclusion across the board
- Being strategic (proactive, preventative)
- Community stewardship of the legislation should be built into the legislative process

• Regulations and enforcement

- Policing/enforcement/penalties
- National accessibility standards and actual enforcement
- Fine people who discriminate against PWDs—either as a business or employer
- National enforceable barrier
- Solid enforcement policy on every element of this Act in form of a council of PWDs, in addition to close connection to PWDs, dictating if it is acceptable in providing these recommendations (think bigger than AODA)
- Consistent legislation across Canada and enforce it. Doesn't feel enforced anywhere (if they are, for petty things).
- Stiff enforcement and punishment for violators who do not comply on accessibility act (building act—no matter what facility, make it accessible)
- Safety legislation & enforcement of laws already in place
- Enforcement and reach
- Holding people accountable for not following legislation put in place—e.g., a fine or even criminal charges
- Create federal legislation that is actually enforceable and has punitive measures for non-compliance
- Strong enforcement of regulations regarding funding
- Monitoring enforcement of regulations regarding funding contingent on compliance
- Create an act of enforcement for universal design not just guidelines
- Enforce the uniform application of new national building code standards at all three levels of government in Canada
- Requirement for any federal government funding (including infrastructure, procurement, transfer payments, etc) to meet compliance with national access standards imbedded in legislation. Need teeth in legislation—enforcement mechanisms and incentives.
- Establish independent body to monitor and enforce legislation
- Onus on compliance with legislations is on the government, not on individuals
- An enforced mandate to follow accessibility rules/guidelines/standards when building accessible houses and public buildings
- Enforcement mechanism of all laws about accessibility and inclusion
- Enforcement of legislation
- Accountability
- Enforcement

- Create a national, cross-sector approach to inclusion
 - National accessibility standards and actual enforcement
 - Provide for the establishment and implementation of strong regulations across all areas of federal jurisdiction and implement within a time limit. Ask federal government to use their influence to persuade all provinces to enact provincial legislation.
 - Create consistent and concise definition and standards for accessibility that hold pride for everyone at a local, provincial and national level
 - Set the guidelines for standards across the country
 - There should be ONE act throughout all of Canada rather than separate provincial laws; only then will we be fully inclusive
 - Firm standardization that these children are our future and that we should all be raising awareness/bringing services needed into all provinces
 - Charter of rights and freedoms to include minimum guaranteed income, guaranteed proper health care to include drugs, dental care, and appropriate guaranteed supportive housing
 - That the federal government has to lead the way in terms of the implementation/ adoption of legislation pertaining to accessibility in the built environment
 - Standards are not national
 - Canadian government must lead by example by developing a comprehensive plan for their infrastructure and program development (including timelines, budget, etc.)
 - Ask if there a better way to transfer funding federal government to provinces. How do you incent province to become compliant with federal legislation?
 - Stop jurisdiction boundaries
 - Develop and implement a strong Canadian Disability Act.
 - Be our national leader and champion and challenge provincial leaders to develop provincial disability strategies
-
- Develop and implement best practices and evaluate progress
 - Create a committee to evaluate the accessibility/inclusion of every federal project
 - Looking at best practices elsewhere
 - Fulfillment of CRPD ratification
 - Clear standards applied to each/all laws, etc. and a clear process for deadlines for completion
 - Review and look at best practices from other nations
 - Starting early—stop thinking of accessibility afterwards; it should be part of the original design
 - Make reasonable and prudent timelines a mandatory component of any new legislation
 - Develop specific goals and timelines (strategic business plan) to measure progress towards achieving a fully inclusive and accessible Canada, provide regular public reports including success in meeting goals and assessing the impact/value of progress being made for all Canadians
 - Develop an overall strategy to transform Canada into the most accessible and inclusive country in the world including: multi-year strategies with clear accountability for achieving specific goals within specific time frames; incentives that support compliance; enforcement mechanisms; an independent body empowered to monitor progress enforce compliance, and funds required to adapt existing infrastructure to assure a barrier free environment in existing buildings and spaces under federal jurisdiction

- Two years of consultation. Consultation can go on—is it genuine? Sometimes it is a stall technique; sometimes is done until they hear something that validates direction already envisioned.
- Take environmental scan to learn about what other leaders/countries are doing
- Develop a roll-out plan
- Learn from AODA and determine what should targets be and how to enforce it
- Communication—follow up and accountability

• Representation of PWDs in decision-making

- Why isn't Canada more like the USA and have real committees that advise government and impact policy development? Have committees with PWDs who advise the government on policies affecting us.
- Solid enforcement policy on every element of this act in form of a council of PWDs, in addition to close connection to PWDs, dictating if it is acceptable in providing these recommendations. (Think bigger than AODA.)
- Increase disability representation in political setting—have an agenda/goal—a person with disability is first and foremost a human being with longings, talents, skills, abilities, heartache and loss, just like everyone else. If intellectual disabilities persons who are challenged and have been successful can be endorsed and recognized, promotion of inclusiveness within organization; offices and religious institutions that can sponsor, help and facilitate giving sufficient tax rebates would help. Differences will be attained. We all are as much a voice to the challenged as they themselves!
- Establish a chief accessibility commissioner for Canada empowered to monitor implementation of plans to achieve a fully inclusive and barrier free Canada, monitor and enforce incentives and compliance, and measure and publicly report on the social and economic impact to all Canadians. Extensive involvement of people with a broad range of disabilities in this operation is essential to its success.
- Assure the active involvement of PWDs in setting standards for achieving an inclusive and barrier free society through policies, legislation and regulations. Assure the active involvement of PWDs in developing plans for implementation, supporting implementation strategies and holding senior leadership roles in the office of the chief accessibility commissioner for Canada.
- CHRA—create act and represent PWDs and make it accessible (Canadian Human Rights Act)
- I understand the Minister is trying to make many decisions by hearing PWDs in Canada, but I think if you just hear or gather peoples feedback and not let them know what's going to happen or what they gather in total, then she thinks that improving accessibility and inclusion is current in Canadian society. You still need lateral decision making.
- Federal government needs to be held accountable for access, inclusion and equity of services, and quality of care being provided to First Nations with disabilities. First Nations needs a legislative representative that is solely responsible for the advocacy of indigenous PWDs. The reprehensive needs to have the power to hold the federal government accountable on all matters related to indigenous PWDs, such as: equitable funding for programs and initiatives, quality of care and services being provided in indigenous communities, accessible housing available in First Nations, housing modifications done in a timely manner, capacity is built within the indigenous community to support the needs of PWDs, education and training is available for families, training for healthcare providers and any other services that is required to meet the needs of the disabled person to have a qual-

INCREASE FUNDING

ity of life with dignity. Having an indigenous voice in parliament to represent the needs of the First Nations with disabilities, that has the power to ensure that the government keeps its promises, provides adequate funding for programs, barrier free housing and modifications, assisted devices and equipment, accessible transportation, support services, mental health services etc. That can ensure sustainable funding dollars instead of yearly proposals, red tape, delays and or denial of applications and disruptions to services from one government to the next.

- People with disabilities should be consulted first
- Get strong disability experts, specifically persons living with a disability, from throughout the country to advise the implementation of the accessible Canada legislation immediately

• Standardized definitions and terminology

- Add definition of ABI to legislation
- Clarify and define accessibility/inclusion
- Create consistent and concise definition and standards for accessibility that hold pride for everyone at a local, provincial and national level
- A clear division needs to be made of what is a disability—age is not a disability
- Including physical and cognitive disability—these need to be categorized differently as the same services are not required
- Inclusiveness of FASD when people discuss disabilities. FASD often not included in statistics/missing in legislation.
- Definition

INCREASE FUNDING

- Funding to improve accessibility (in a timely manner)
- Tax breaks and incentives
- 100% accessibility: funding/infrastructure/publicized information/youth education
- Tax incentives
- Funding of basic participation opportunities for all
- More finances
- Fund services
- More funding
- New funding should be used for more accessibility (newer accessibility) rather than put towards old projects
- Same prices/funding amount throughout Canada
- Increased funding (or access to provincial funding or public funding for reserves)
- Strong enforcement of regulations regarding funding
- Tax incentives—credit rather than claw backs
- Monitoring enforcement of regulations regarding funding contingent on compliance
- Fund programs like ParticipAction—which may require accommodations
- Not enough money
- Every federal dollar spent must ensure that it is inclusive for those with a disability
- Bigger tax incentive to donate to organizations that serve PWDs
- Requirement for any federal government funding (including infrastructure, procurement, transfer payments, etc) to meet compliance with national access standards imbedded in legislation. Need teeth in legislation—enforcement mechanisms and incentives.
- Increased funding (or access to provincial funding or public funding for reserves)
- More funding (for income, equipment, housing, businesses to renovate, etc.)
- Funding

- First Nations Reserves continue to try to build on community through their health services teams. Many grant initiatives are submitted but few make it through the process. The requests are done by health care administrators who work with the people on the reserve and see what is lacking first hand. The current system is dated in policies and procedures. Financial flexibility is needed, as circumstances change with housing changes, new families may require ramps or railings. The reserve is growing, and currently all dollars are taxed to the maximum. How can the Honourable Carla Qualtrough address these very basic needs to help the smaller communities to improve quality of life for their band members on reserve?
- Reserves should get equal access to services/funding/resources
- All federal funding tied to accessibility—inclusion principles, standards

- Income replacement

- Improve disability support salary funding options
- Financial support to both businesses and individual PWDs
- Physical/emotional cost of having disability—w/o basics (meds, equipment, medical supplies), can't be included in life—address this. Timeframe. Review frequency.
- RDSP: allowing the placement of funds into the managing hands of the politician retirement fund for politicians. Creating a more long-term secure investment for the individual and at the same time assisting the government (politician) funds to expand.
- Bring our standard of living above poverty line
- Put emphasis on thriving, not surviving (re: medical equipment/funding). Don't just live day to day. Have full life experience.
- Find ways not to be trapped on social assistance, so cut-offs of \$\$ that can be made won't make services be removed.
- Need to change government assistance policies for people entering the workforce so that PWDs can still access services AND make a living. Current system keeps PWDs in poverty.
- Basic living income
- Individualized access based on what you make. Can't have home care on \$8,000 income. Find creative ways to support individual needs that respect dignity, instead of trapping in poverty.
- Adequate funding for PWDs
- Health transfer payments should include ADP and personal support
- Registered Disability Savings Plan—change/increase age of contribution so can put money into the plan at middle age—i.e., increase two years rather than 49 years
- Persons with disabilities should not be penalized for owning assets for eligibility for ODSP
- Disability Tax Credit—low income individual doesn't get refund—name of ministry
- Wage increase of CDPP
- Federal minimum income program set to ensure that everyone has the same minimal level of income (look at Finland)
- Individuals should not be penalized financially for having a disability; there needs to be societal responsibility to offset the costs
- Persons with disabilities should get money directly, not the nation
- Everyone should have access to Canada Pension Plan
- Each person should get a certain amount of money
- Tax break—financial assistance beyond what is provided
- Allow RDSP grants beyond 49 years old until hit \$70K cap
- Guaranteed minimum income and housing, healthcare and services

- Housing
 - Assist us to gain more independence by assisting with upgrade grants to FN's reserves, housing assistance to expand on housing that can fully accommodate wheelchairs, walkers and other mobility and or medical devices
 - Discount for adaptive products and modifications (home/vehicle)
 - More money for affordable and accessible housing units and more money for organizations to partner to provide services for persons with various disabilities (i.e., March of Dimes, CMHA, SCIO at housing sites—like supportive housing)
 - Affordable housing
 - Interest relief on loans/mortgages for modifications on accessible condos/housing

- Research
 - Federal government support research into attitudinal barriers/stigma-based barriers. Support will be needed for addressing these barriers. Led by PWDs. Not only ones doing work, but leaders will be PWDs.
 - More research on female ABI, women with disabilities

- Healthcare
 - Make more funding available to families to cover the cost of medical devices—inconsistencies from province to province with what is covered
 - Discount for adaptive products and modifications (home/vehicle)
 - Federal program to fund medications
 - Prioritize and increase healthcare funding
 - Include funding for assistive devices home care and fitness training
 - Longer stays in rehab or outpatient physio
 - Create a program to fund assistive devices

- Caregiver and service providers
 - Include a clause ensuring funding for service providers—services should not be privatized
 - \$ for existing agencies and pool resources
 - Support staff and organizational funding to assist PWDs with independence support to local agencies
 - Government does not provide services needed by the general public—nonprofit groups and service provided need to be formed. These services need to be funded by the government not forcing nonprofit organizations to constantly search for funding, causing lack of services or poor services. PWDs are not receiving the services they need, which should be provided by our government, as they are health related mainly.
 - Appropriate salaries and incentives for support workers—bring more qualified people into the field

- Business and frontline services
 - Financial support to both businesses and individual PWDs
 - Incentive organizations that promote inclusivity and accessibility
 - Make more funding available for charities who support PWDs
 - Cut the governmental administration and bureaucracy/processes. Put the money into frontline services.
 - Provide funding for accessible & assisted fitness training
 - Tax rebates for companies who are helping the handicapped and to PWDs themselves
 - Fund organizations to run local clinics—do taxes—need to support in communities
 - Grants—easier to receive, more funding towards more services

REPRESENTATION OF PWDS

- In politics/advocacy
 - Federal government support research into attitudinal barriers/stigma-based barriers. Support will be needed for addressing these barriers. Led by PWDs. Not only ones doing work, but leaders will be PWDs.
 - Ombudsman for ABI
 - Every municipality should have PWD to consult with
 - Increase disability representation in political setting—have an agenda/goal—a person with disability is first and foremost a human being with longings, talents, skills, abilities, heartache and loss, just like everyone else. If intellectual disabilities persons who are challenged and have been successful can be endorsed and recognized, promotion of inclusiveness within organization; offices and religious institutions that can sponsor, help and facilitate giving sufficient tax rebates would help. Differences will be attained. We all are as much a voice to the challenged as they themselves!
 - Assure the active involvement of PWDs in setting standards for achieving an inclusive and barrier free society through policies, legislation and regulations. Assure the active involvement of PWDs in developing plans for implementation, supporting implementation strategies and holding senior leadership roles in the office of the chief accessibility commissioner for Canada.
 - Hiring of ombudsman staff who are disabled
 - Permanent, executive level indigenous rights officer to eliminate the bureaucracy by streamlining funding and services for First Nations— create a person to work with all the Ministers on behalf of First Nations with the power and authority to create an accountability and ensure the voiced concerns of the indigenous person/people are being heard and appropriate follow through action is taking place. This person should work one on one with the government, be a part of the legislative assembly and appointed by AFN. Furthermore, they should be a provincial representative from each of the providences and territories to act at a provincial level of accountability and advocacy.
 - Federal government needs to be held accountable for access, inclusion and equity of services, and quality of care being provided to First nations with disabilities. First Nations needs a legislative representative that is solely responsible for the advocacy of indigenous PWDs. The reprehensive needs to have the power to hold the federal government accountable on all matters related to indigenous PWDs, such as: equitable funding for programs and initiatives, quality of care and services being provided in indigenous communities, accessible housing available in First Nations, housing modifications done in a timely manner, capacity is built within the indigenous community to support the needs of PWDs, education and training is available for families, training for healthcare providers and any other services that is required to meet the needs of the disabled person to have a quality of life with dignity. Having an indigenous voice in parliament to represent the needs of the First Nations with disabilities, that has the power to ensure that the government keeps its promises, provides adequate funding for programs, barrier free housing and modifications, assisted devices and equipment, accessible transportation, support services, mental health services etc. That can ensure sustainable funding dollars instead of yearly proposals, red tape, delays and or denial of applications and disruptions to services from one government to the next.
 - People with disabilities should be consulted first

- Get strong disability experts, specifically persons living with a disability, from throughout the country to advise the implementation of the accessible Canada legislation immediately

• In infrastructure

- Create and consistently implement new national building code standards, informed by PWDs working in collaboration with engineers, architects and design experts

• In media

- CBC to highlight coverage of Paralympics, sports for PWDs
- Disability moments—i.e., old historical moments PSAs, national TV campaign highlighting different disabilities

INCREASE PUBLIC EDUCATION AND AWARENESS

- Commitment to education and awareness
- Focus on removal of attitudinal and systemic barriers
- Education
- Educating people is key
- Public awareness campaign
- Create a culture of accessibility
- Public awareness/sensitivity
- In England, “The Truck(?)” two pt video. Create similar awareness video, very effective.
- Education
- Not legislation—education for public so that there is encouragement for the public to support other people’s needs
- Education: changing attitudes and public awareness.
- Never stop the dialogue
- Education awareness and training for service providers
- What needs to change is the ideology of disability. Assessing disability by what you see and excluding those who are visibly disabled. This is no different than excluding people by race or gender. The laws need to be made imbedded in the training of HR professionals in regards to disability legislation.
- Attitudes need to change in a positive way; education is the best way to start that change
- Value placed on vulnerable people—society. Reflect this as Canadian values.
- Mandated assistance course for anyone interacting with the public
- Focus needs to be on education/awareness. If people truly believe that PWDs should have the same rights as every other Canadian citizen, all barriers will begin to fall.
- All levels of government such as MPs: more awareness needed
- Society’s view on the disabled
- Educate society to make them think differently
- Early education on PWDs—incorporate it into the curriculum
- If people are not exposed to a disability, then they are not aware of their behaviours
- Education and awareness
- Develop and implement a rigorous education curriculum for engineers, architects and design professionals that informs them of the needs of people living with disabilities, how to design environments that promote inclusion, and uses PWDs as educators
- Create a shift in attitude across all sectors in Canada whereby people value and actively seek the involvement of community members living with disabilities; this would target the public sector, private sector, schools, preschools, governments, etc. Community members living with disabilities would be educators in this process.

- Education awareness and training for service providers
- Education—to promote awareness about disabilities
- Foster a culture that allows everyone, regardless of their ability, race, sex, religion...to have the same opportunity to succeed
- Develop a national strategy of disability awareness to change cultures and perceptions
- Education component – not only educating people without disabilities but also pwd regarding their rights and opportunities (a new generation of Canadians who are educated regarding accessibility and inclusion)
- Embedding education service (curriculum)

IMPROVE INFRASTRUCTURE

- Increase in accessibility in all spaces and places via improved building code or guidelines
- Minimum accessibility requirements in housing
- All spaces and places must be accessibility for all Canadians, regardless of ability or disability
- Accessibility of all spaces/places/etc.
- Accessibility of infrastructure and transportation that is consistent across Canada
- Too many buildings, restaurants etc still aren't accessible
- Indigenous population: more access to information/healthcare/renovations
- 100% accessibility: funding/infrastructure/publicized information/youth education
- Accommodation must be equitable—i.e., “no plan B”. Accommodation should not make you feel like a second class citizen.
- National building code minimum standards brought closer to best practices (entrances, washrooms)
- Building code—improved
- Easier access to buildings should include bathrooms, and floor plans for restaurants and stores
- New parking lots—less barriers
- More initiative to build/renovate toward accessibility
- Accessible housing for everyone that is humane, comfortable, and specialized to the individuals unique needs, while giving a voice to the person with the disability to design their house according to their needs
- An enforced mandate to follow accessibility rules/guidelines/standards when building accessible houses and public buildings
- Better entrances in public buildings and also apartment buildings.—ramps need to be built to code. Canada everywhere needs to catch up and needs to be required to follow codes.
- Parking Legislation! Abuses of parking need to stop and a way to do this needs to be sorted out.
- Mandatory ramps for any public or private business
- Provide more accessible living
- CMHC accessible housing needs
- Create an act of enforcement for universal design, not just guidelines
- Develop accessibility/barrier free design that assures a consistent, high-standard barrier free environment across all three levels of government. For example, develop standards for full access to digital resources, add Braille as a requirement on all products and services, etc.
- Further assistance with housing (tend to not fit in well with group living)

- Accessibility—restaurants
- Physical accessibility to spaces
- More handicap spots to encourage people to participate
- Create and consistently implement new national building code standards, informed by PWDs working in collaboration with engineers, architects and design experts
- Enforce the uniform application of new national building code standards at all three levels of government in Canada
- Mandate that all new buildings are accessible/meet universal design
- Focus on non-legislative levers to advancing accessibility in the built environment
- Accessible housing for everyone that is humane, comfortable, and specialized to the individuals unique needs, while giving a voice to the person with the disability to design their house according to their needs
- An enforced mandate to follow accessibility rules/guidelines/standards when building accessible houses and public buildings
- Building inspection—before buildings/housing is made, they should make sure accessibility is a priority. If we make everything accessible, everyone will feel included.
- Develop and implement a stronger national building code with a focus on private and public development including transportation, sport and recreation facilities and visitable homes
- Universal standards on physical accessibility across Canada
- Visitable housing (all new builds)
- Five percent power chair accessible housing across Canada (new builds)

IMPROVE SERVICES

- Citizens not consumers
- HOW/processes to create inclusive programming
- Stop the gutting of services, making vulnerable persons more vulnerable
- Qualified staff in supports
- Ensure that people with eating disorders have immediate access services. These services would need to be appropriate to needs. This could be done by better matching clients to services. As well as by conducting research into service types. A cornerstone of legislative change would be ensuring diverse and appropriate services are funded.
- Provide fitness trainers/assistants in gyms—e.g., proposed abilities centre
- Have more personal advocates rather than social workers
- There are two different Canadas, the general population and the other is First Nations. The level of care, services, funding and programming provided to the general population with disabilities, should also be available to those living on reserve as well as First Nations living off reserve. The access to services, accessible housing, supportive housing, long-term care facilities, palliative care, respite, supportive programs, mental health services, inclusion programs, accessible transportation, medical equipment and devices, food security (drinkable tap water) and quality of life is drastically lower, insufficient, and or non-existent for First Nation PWDs both on and off reserve.
- Government needs to address the social determinates of health and build capacity in the First Nation communities
- Full range of supports when someone is diagnosed or injured, not just while they are in hospital
- Reserves should get equal access to services/funding/resources
- Affordable facilities

- Portability of services and benefits across provinces (to allow moving)
- Guaranteed minimum income and housing, healthcare and services

- Transportation
 - Accessibility of infrastructure and transportation that is consistent across Canada
 - Affordable transportation
 - Improve transportation options
 - Strong transportation regulations
 - Accessibility—travel
 - Airline travel—stay in chair
 - Transportation

- Healthcare
 - Indigenous population: more access to information/healthcare/renovations
 - More services for dual diagnosis—try to head off self-medication leading to addiction
 - Medical records need to be stored so they can be shared, accessible
 - Endorsement of new technology and therapy in regards to accessibility
 - Everyone’s medical needs should be met federally or provincially as a standard that all provinces must meet. Prescription coverage needs to be offered.
 - Improve timeframes for provision of equipment and services for essential mobility products
 - More respite/training for helpers
 - Analyze Veterans Affairs rehab program
 - FASD can often be misdiagnosed for conduct disorder, ODD, ADHD, autism, attachment disorder (often FASD and ADHD overlap, however demonstrates the importance for assessment. Addressing effects on the body (for example heart issues, lower life expectancy)
 - Education awareness and training for service providers
 - Weekend support
 - Mechanism for consistent, high-quality, low-cost medical equipment

- Public services
 - Maintain efficient postal services—i.e., door-to-door service
 - Free internet for everyone
 - Universal access to internet

- Education and training for PWDs
 - Reinstigate vocational rehabilitation programs
 - Start helping people as young as possible so they can reach their full potential
 - 100% Accessibility: funding/infrastructure/publicized information/youth education
 - Children with FASD in schools: not given same attention/programming as autism
 - First Nation children with learning and behavioural issues are being kicked out of the public system. Tuition fees and money is not being turned back to the First Nation communities to help support the alternative learning needs of that child.
 - Wages and education should be the same across the nation

IMPROVE EMPLOYMENT

- Programs for workplace accommodation
- Give employers/businesses incentives to hire PWDs
- Secure employment—we are not all able to work and this would provide funds to help us get better
- Employment inclusion—affects quality of life, ability, identity and addresses so many barriers

- Employment requirements focused more on skills and suitability, than degrees/academic credentials. Distribute the information so that it reaches the front-line job recruiter, human resources personnel (in hiring processes and training procedures). Need to eliminate the front-line bias by changing traditional recruitment methods. A change in assessment and training of individuals (through the whole recruitment and selection process)
- Awareness and promotion of incentives to employers such as wage subsidy, training grants, tax credits so that all businesses can catch up
- Ensure that employers' recruiting methods are more accessible and fair. How can we educate employers?
- Set clear goals and targets of employment rate of PWDs
- Affirmative action around employment
- Wages and education should be the same across the nation
- I would like to see some mechanism or incentive put in place that would encourage perspective employers across Canada to think and look more closely into hiring individuals with disabilities or at least giving them a chance. In my experience the hardest thing for individuals with a disability is to get a job. The easiest thing is to keep it once you have had the opportunity to show your worth.

PROCESSES

- Ease of access to supports when intermittent needs are presented (e.g., multiple sclerosis relapse)—the system penalizes PWDs
- People need support to help with national initiatives such as taxes, CDPP
- Access to government information at all levels (e.g., accessible web pages, clear language, alternative formats)
- Communication

• Streamline administrative processes

- Federal health card with disability listed on it to cut out the red tape and consistently having to take their doctor's time to fill out forms to prove their disability, when applying for assistance, including memberships with nonprofits, CPP. An ID number that could be used to access various transportation, grants, services specifically for those with medical mobility issues.
- National disability card (identify invisible disabilities)
- Permanent, executive level indigenous rights officer to eliminate the bureaucracy by streamlining funding and services for First Nations—create a person to work with all the Ministers on behalf of First Nations with the power and authority to create an accountability and ensure the voiced concerns of the indigenous person/people are being heard and appropriate follow through action is taking place. This person should work one on one with the government, be a part of the legislative assembly and appointed by AFN. Furthermore, they should be a provincial representative from each of the provinces and territories to act at a provincial level of accountability and advocacy.

• Flexibility and choice in needs

- Letting person with disabilities decide what they need and want
- Accessible housing for everyone that is humane, comfortable, and specialized to the individuals unique needs, while giving a voice to the person with the disability to design their house according to their needs

• Transitional service provision

- Accommodating supports for marginalized populations as they age
- Better support for transitions to adult services

PARTICIPATION

- Focus on the individual rather than differences (e.g., improve quality of life via leisure, employment, social, etc.)
 - Funding of basic participation opportunities for all
 - Encouraging participation beyond programs in the traditional sense
 - Don't just change and adapt the physical environment, but every aspect of the environment to increase accessibility and inclusion. For example, don't just make the environment available to all persons (passing through), but change the environment so that all persons can participate within that environment (i.e., participate in activities).
 - Access to opportunities, including social inclusion
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OTHER*

- Responsible federal prison system (many people obtain ABIs while incarcerated)
- Corrections and penitentiaries: all-inclusive accessible jail (reduces casualties)
- Immigration: caregiver—spouse (citizenship-landed immigrant status)
- Endorsement of new technology and therapy in regards to accessibility
- Contribution agreement for first nations
- Remove immigration bias against disabled skilled workers

*These additional responses did not fit amongst the themes identified in the Top 5 Responses