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2009 Federal Disability Report

Advancing the Inclusion of People with Disabilities | 09

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Message from the Minister

The Government of Canada is building a stronger and more competitive Canada by providing Canadians with choices that will help them participate and succeed in their communities to improve their overall quality of life.

With that mission in mind, the Government is taking action towards creating greater opportunities for all Canadians, particularly Canadians with disabilities. We are building a country that, more than ever, is becoming accessible for everyone.

Advancing the Inclusion of People with Disabilities 2009 is the seventh annual report on disability issues in Canada. This year's report presents a portrait of Canadians with disabilities.

This report provides invaluable information to support all levels of government, associations, researchers and non-governmental organizations in designing and planning services to enable people with disabilities to participate fully in society.

The challenges people with disabilities face in their day-to-day lives are numerous and often go unnoticed. Since 2006, the Government of Canada has introduced a number of measures that benefit people with disabilities and their families. These include:

- the new Registered Disability Savings Plan, which helps parents and others to save for the long-term financial security of Canadians with severe disabilities;
- the creation of the Enabling Accessibility Fund with $45 million over three years to help cover the cost of improving physical accessibility for people with disabilities;
- a new Working Income Tax Benefit that includes an additional supplement for low-income working Canadians with disabilities, since they face even greater barriers to workforce participation;
- the establishment of the Canadian Mental Health Commission, which will lead to the development of a national mental health strategy; and
- the exemption of training from the goods and services tax / harmonized sales tax (GST/HST) and the expansion of the list of GST/HST-free medical and assistive devices to include service dogs to help people cope with disabilities or conditions such as autism.

Through Canada's Economic Action Plan, we are building on these significant investments for people with disabilities.

Our government will continue to work with provincial and territorial partners to ensure that all barriers are removed for everyone in Canada. Our combined efforts make it possible for everyone to participate fully in society.

The Honourable Diane Finley, P.C., M.P.
Minister of Human Resources and Skills Development

About the cover

The image featured on the cover of this report shows nine icons that will be displayed in a variety of situations when supports have been added to assist people with disabilities. You will see the following icons when:

Access is available for people with limited mobility, including wheelchair users.

A telephone device or number is equipped to support a teletypewriter for communication for people who are deaf, hard of hearing or speech-impaired.

A venue provides hearing augmentation or access, which may include induction loop, FM and infrared systems.

A telephone has a handset with amplified sound and/or adjustable volume controls.

A television program or videotape is closed captioned for people who are deaf or hard of hearing.

Sign language interpretation is provided for a lecture, tour, performance, conference or other program.

Attempts have been made to allow access for people who are blind or have low vision; this could be used for guided tours or museum exhibitions, for example.

Printed material is available in Braille.

Services are adapted to meet the needs of people with partial sight.

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Foreword

Advancing the Inclusion of People with Disabilities 2009 is the Government of Canada's seventh annual report on disability. This report looks at the experiences of Canadians with disabilities and notes changes over time.

Following the 2001 and 2006 censuses, surveys were conducted of adults and children who have difficulties with daily living activities, or who indicated that a physical or mental condition or health problem reduces the kind or amount of activities they can do.[1]

This report presents a statistical comparison of those surveys, building on *Advancing the Inclusion of Persons with Disabilities 2004*, which examined disability issues using 29 indicators of progress. This report uses many of the indicators identified in the 2004 report, as well as new indicators.

Advancing the Inclusion of People with Disabilities 2009 explores indicators of change in the following outcome areas:

- **Disability supports and services:** Required supports and services vary since each person with a disability has unique needs, goals and challenges. Inadequate access to needed supports and services can create unnecessary barriers to inclusion for people with disabilities.
- **Education and training:** Access to education is often an important measure of full participation in society. Children and adults with disabilities may experience obstacles to education and training, including physical, attitudinal and financial barriers.
- **Employment and income:** Employment contributes to both economic and social quality of life for working-age adults and is an important measure of inclusion. Canadians with disabilities are likely to have lower incomes than Canadians without disabilities. Access to sufficient income is essential, since higher income is associated with better quality of life and increased participation in society.
- **Health and well-being:** Health and well-being are fundamental to a full life and full participation in society. Physical, mental and emotional health impact virtually all aspects of people's lives and are linked to other outcomes such as level of education, employment, income and participation in the community.

Research projects exploring further questions around the situation of Canadians with disabilities are planned, and some are currently underway. Publications examining Aboriginal, age-specific and gender-specific disability issues are also planned.

[1] *Participation and Activity Limitation Survey 2006: Technical and Methodological Report*, page 8. Available online at: http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=89-628-X&CHROPG=1&lang=eng.

A complementary publication planned for release in early 2010, *Disability in Canada: A 2006 Profile*, will present national, provincial and territorial statistics for 2006.

The Government of Canada is pleased to share with you *Advancing the Inclusion of People with Disabilities 2009*. We look forward to your feedback and to continued collaboration in moving towards the full inclusion of people with disabilities in Canada.

About the data

This report focusses on data from the Participation and Activity Limitation Surveys conducted in 2006 and 2001. These surveys used the Census of Canada as a sampling frame to identify their populations.

The 2006 Census questionnaire included two filter questions on activity limitations. Survey respondents were selected through the responses to these two filter questions and census information on age and geography. The survey repeats the two census disability filter questions and follows them with a series of detailed screening questions on activity limitations. The responses to these questions were used to select individuals for the survey interview, which collected information on the impact of disability on respondents' everyday activities and other aspects of their life, such as education, employment, leisure and transportation.

The survey sample was 48 000, consisting of approximately 39 000 adults and 9 000 children. The interviews were conducted by telephone, and the interviewers used a computer-assisted collection methodology. Two questionnaires were used, one for adults aged 15 and over and one for children under the age of 15. The interviews for the children's questionnaire were conducted with the parent or guardian of the child. The overall response rate was 75%.

The population covered by the survey consisted of people residing in private households and certain types of collective households in the ten provinces and three territories. People living in institutions and on First Nations reserves were excluded from the survey.

The 2006 survey followed the groundwork laid by the 1991 Health and Activity Limitation Survey (HALS) and the 2001 survey. The HALS data cannot be compared with the 2001 and 2006 data because of significant differences in sampling plans, the operational definition of the target population and the content of the questionnaires. This report compares findings from the 2006 and 2001 surveys to identify trends in the previous five years.

Methodology for comparison of 2001 and 2006 surveys

The 2006 survey was expanded to include specific groups that were not included in the 2001 survey. Three main groups that were included in 2006 but not in 2001 are:

1. People living in the territories.
2. People living in off-reserve Aboriginal communities. In 2001, they were surveyed separately under the Aboriginal Peoples Survey.
3. People living in non-institutional collective dwellings such as supported living apartment buildings. This does not include people who live in institutional collective dwellings such as nursing homes and palliative care homes.

To allow more accurate statistical comparisons with the 2001 data, the above groups were removed from the 2006 data for the purposes of this report. The adjusted data set will be known as "2006 comparable" data and will be used for all data comparisons throughout this report.

The impact on disability rates resulting from removing the above groups is displayed by age in Chart 0.1. For ages 0 to 64, there is no material impact on the disability rates. For seniors, the overall disability rate drops by 0.2% when the above groups are removed. As a result, the disability rates shown in this report are, on average, slightly understated.

Chart 0.1 – Prevalence of disability by age group, 2006 and 2006 comparable

	2006			2006 Comparable		
Age group	Total Population	Population with Disabilities	Disability Rate	Total Population	Population with Disabilities	Disability Rate
Total: 0 to 14	**5 471 350**	**202 350**	**3.7%**	**5 408 580**	**200 460**	**3.7%**
0 to 4	1 656 040	27 540	1.7%	1 635 860	27 280	1.7%
5 to 14	3 815 310	174 810	4.6%	3 772 720	173 180	4.6%
Total: 15 and over	**25 422 290**	**4 215 530**	**16.6%**	**25 172 660**	**4 162 690**	**16.5%**
15 to 64	21 373 150	2 457 940	11.5%	21 175 880	2 437 610	11.5%
65 and over	4 049 140	1 757 590	43.4%	3 996 790	1 725 080	43.2%
Total: All ages	**30 893 640**	**4 417 880**	**14.3%**	**30 581 240**	**4 363 150**	**14.3%**

The impact on disability rates by disability type is similar, as shown below in Chart 0.2. Disability types for which seniors have a relatively large incidence rate (agility, hearing, mobility, pain and seeing disabilities) experienced slight rate decreases due to the data adjustment.

Chart 0.2 – Prevalence of disability by disability type, 2006 and 2006 comparable

Disability type	2006		2006 Comparable	
	Population with Disabilities	Disability Rate	Population with Disabilities	Disability Rate
Agility/Dexterity	2 856 820	9.2%	2 818 860	9.2%
Communication	557 980	1.8%	547 980	1.8%
Developmental	207 400	0.7%	205 330	0.7%
Emotional	649 780	2.1%	645 760	2.1%
Hearing	1 289 410	4.2%	1 264 960	4.1%
Learning	752 110	2.4%	746 290	2.4%
Memory	495 990	1.6%	491 400	1.6%
Mobility	2 946 160	9.5%	2 908 650	9.5%
Pain	2 965 650	9.6%	2 928 290	9.6%
Seeing	835 960	2.7%	822 810	2.7%

Introduction

This introduction provides highlights of the overall report as well as a brief snapshot of disability in Canada, comparing data from the 2001 and 2006 surveys.

Highlights

Some of the findings highlighted in *Advancing the Inclusion of People with Disabilities 2009* include:

General observations

- The overall disability rate in Canada rose from 12.4% in 2001 to 14.3% in 2006. Approximately one in seven Canadians now has a disability. There was an increase of reported disability in all age groups, particularly among adults over 65 (up about 3% to 43.2% in 2006). This increase is largely due to the ageing population and the increase in reported learning disabilities.
- The most common types of disabilities among adults are pain-related, mobility and agility disabilities. These three disability types experienced large incidence rate increases from 2001 to 2006, which is partially attributable to the larger percentage of seniors relative to the total population.

Disability supports and services

- Adults with disabilities were more likely to have their requirements for aids and devices fully met in 2006 than in 2001.
- In 2006, 56.5% of adults with learning disabilities who required aids and devices had their needs fully met, up 17.4% from 2001. However, adults with communication disabilities experienced a drop in their level of met needs, with just over one quarter of those with requirements having their needs fully met in 2006.

Education and training

- Overall rates of inclusion and educational attainment increased between 2001 and 2006, with the majority of people with disabilities obtaining a high school diploma. Education rates also increased by 12.3% since 2001, with 74.6% of working-age adults with disabilities obtaining a high school diploma or higher educational certification.

Employment and income

- Since 2001, the employment rate for working-age Canadians with disabilities increased by 4%, reaching 53.5% in 2006.

- Labour force attachment and the employment rate for people with disabilities increased during the period of economic growth between 2001 and 2006, with growth in full-time year-round employment and in the employment of women with disabilities. However, there continues to be a sizeable gender gap in annual salaries, with women with disabilities earning approximately $11,000 less per year than men with disabilities.
- The gap in total income between adults with and without disabilities increased slightly between 2001 and 2006. However, the gap between seniors with and without disabilities that was present in 2001 decreased by over half.

A snapshot of disability in Canada

There are roughly 4.4 million children and adults with disabilities in Canada. This represents an increase in the overall population reporting a disability from 12.4% in 2001 to 14.3% in 2006. This increase is largely due to the ageing population as well as to an increase in reported learning disabilities.

Disability rates by age group

The disability rates by age group for the 2001 and 2006 comparable data sets are listed in Chart 0.3. Approximately one in seven Canadians now has a disability. The disability rate among children aged 5 to 14 has experienced a notable increase (from 4.0% to 4.6%), as has the disability rate among adults of all ages. The disability rate for children aged 0 to 4 remained stable.

Chart 0.3 – Prevalence of disability by age group, 2001 and 2006 comparable

	2001			2006 Comparable		
Age group	Total Population	Population with Disabilities	Disability Rate	Total Population	Population with Disabilities	Disability Rate
Total: 0 to 14	**5 546 010**	**180 920**	**3.3%**	**5 408 580**	**200 460**	**3.7%**
0 to 4	1 641 680	26 210	1.6%	1 635 860	27 280	1.7%
5 to 14	3 904 330	154 710	4.0%	3 772 720	173 180	4.6%
Total: 15 and over	**23 445 760**	**3 420 330**	**14.6%**	**25 172 660**	**4 162 690**	**16.5%**
15 to 64	19 858 350	1 968 490	9.9%	21 175 880	2 437 610	11.5%
65 and over	3 587 410	1 451 840	40.5%	3 996 790	1 725 080	43.2%
Total: All ages	**28 991 770**	**3 601 250**	**12.4%**	**30 581 240**	**4 363 150**	**14.3%**

The Canada-wide disability rate for adult women is 17.7% and the rate for adult men is 15.4%. Among children aged 14 and under, 4.6% of boys have an activity limitation, compared to 2.7% of girls.

Disability rates by disability type

The disability rates by disability type for the 2001 and 2006 comparable data sets are listed in charts 0.4 (adults) and 0.5 (children). The most common types of disabilities among adults are pain-related, mobility and agility disabilities. These three disability types experienced large incidence rate increases from 2001 to 2006, which is partially attributable to the larger percentage of seniors relative to the total population.

Chart 0.4 – Prevalence of disability by disability type for adults (age 15 and over), 2001 and 2006 comparable

Disability type	2001		2006 Comparable	
	Population with Disabilities	Disability Rate	Population with Disabilities	Disability Rate
Agility/Dexterity	2 276 980	9.7%	2 782 160	11.1%
Communication	362 720	1.5%	470 510	1.9%
Developmental	120 140	0.5%	135 230	0.5%
Emotional	522 950	2.2%	586 030	2.3%
Hearing	1 038 140	4.4%	1 241 940	4.9%
Learning	451 420	1.9%	626 090	2.5%
Memory	420 750	1.8%	491 400	2.0%
Mobility	2 451 570	10.5%	2 885 820	11.5%
Pain	2 376 760	10.1%	2 928 290	11.6%
Seeing	594 350	2.6%	803 260	3.3%

The most common types of disabilities for children are learning limitations, communication limitations and developmental delays. The percentage of Canadian children with learning limitations has increased notably from 1.8% to 2.2%.

Chart 0.5 – Prevalence of disability by disability type for children (age 0 to 14), 2001 and 2006 comparable

Disability type	2001		2006 Comparable	
	Population with Disabilities	Disability Rate	Population with Disabilities	Disability Rate
Agility/Dexterity	31 410	0.6%	36 700	0.7%
Communication	66 940	1.2%	77 470	1.4%
Developmental (5+) or delay (0–4)	64 000	1.2%	70 100	1.3%
Emotional	49 140	0.9%	59 730	1.1%
Hearing	23 750	0.4%	23 020	0.4%
Learning	100 360	1.8%	120 200	2.2%
Mobility	21 150	0.4%	22 830	0.4%
Seeing	16 600	0.3%	19 550	0.4%

The 2006 comparable data reveal that, among Canadians with disabilities, mild to moderate disabilities (2 624 390 people) are more common than severe to very severe disabilities (1 738 760 people).

Chapter

1 Disability supports and services

This chapter explores how Canadians with disabilities use disability-specific supports and services. These supports and services help people with disabilities carry out daily activities. The analyses focus on selected supports: aids and assistive devices, home modifications, caregivers and help with everyday activities, transportation, and access to information.

The types of supports needed vary, as every person with a disability has unique needs, goals and challenges that may influence both requirements and ability to have a given need met. Inadequate access to needed supports can create unnecessary barriers to inclusion for people with disabilities.

The need for certain types of supports, such as home modifications and caregiving, has decreased since 2001. Local and long-distance travel have also decreased, with the aggravation of a person's condition either causing difficulty travelling or preventing it altogether. Cost continues to be the most common barrier to meeting needs for aids and devices, home modifications, and caregiving.

Indicator areas

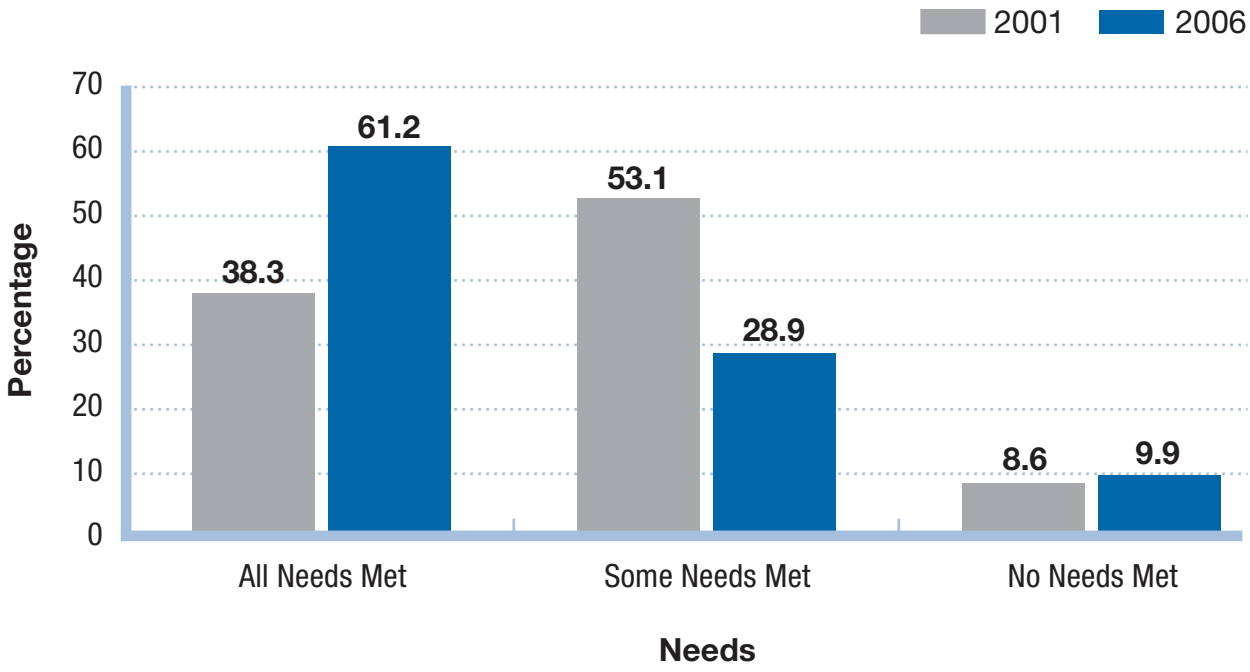
- Aids and assistive devices
- Home modifications
- Caregivers and help with everyday activities
- Transportation
- Access to information

Aids and assistive devices

In 2006, over 2.6 million adults and over 87 000 children required a diverse range of aids and assistive devices for daily activities. Examples of aids include hearing aids, grasping tools, voice recognition software and prosthetic limbs. While nearly two thirds of Canadians with disabilities require aids and devices, the level of met needs varies by age, gender, severity of disability and type of disability.

Six out of ten adults with disabilities who require aids and devices have their needs fully met. Another three out of ten adults have partially met needs, and one in ten has no needs met at all. The overall distribution of met needs changed from 2001 to 2006. Adults with disabilities who required aids and devices were more likely to have all of their needs met in 2006.

Chart 1.1 – Level of met needs for adults aged 15 and over with requirements for aids and devices, 2001 and 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. Not applicable to children aged 0 to 14.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

While adults are more likely to have a disability than children, younger Canadians are more likely to have unmet needs than older Canadians. Over half of children with disabilities aged 5 to 14 who require aids and devices do not have their needs fully met. In comparison, 44.2% of working-age adults and 31.8% of seniors with requirements have unmet needs. Between 2001 and 2006, the level of unmet needs for children increased, while the level of unmet needs for adults decreased.

Chart 1.2 – Unmet needs for aids and devices by age, 2001 and 2006

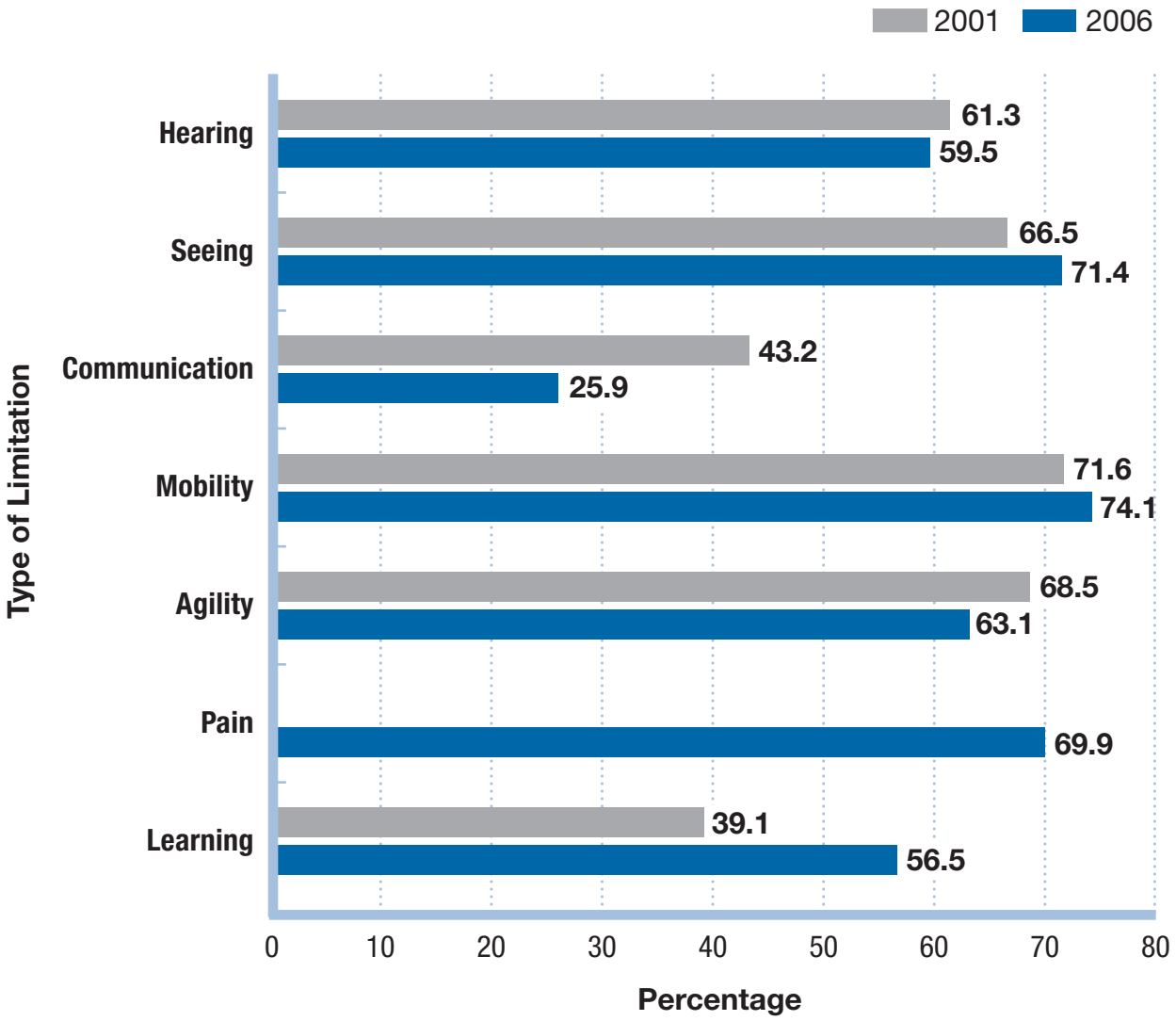
	2001				2006			
	All Needs Met		Unmet Needs		All Needs Met		Unmet Needs	
Age group	Number	%	Number	%	Number	%	Number	%
5 to 14	50 950	58.3	36 430	41.7	38 270	43.8	49 140	56.2
15 to 64	127 580	24.3	397 420	75.7	821 160	55.8	650 080	44.2
65 and over	270 850	52.6	244 560	47.4	782 420	68.2	365 110	31.8

1. The chart uses 2006 data that is comparable to 2001 data.
2. Not applicable to children aged 0 to 4.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

The level of met needs also varies by type of disability. Nearly three quarters of adults with mobility limitations who require aids and devices have their needs fully met. From 2001 to 2006, adults with communication disabilities experienced a drop in their level of met needs, with just over one quarter of those who have requirements having their needs fully met in 2006. In contrast, 56.5% of adults with learning disabilities who require aids and devices had their needs fully met in 2006, up from 39.1% in 2001.

Chart 1.3 – Rates of fully met needs by disability type, 2001 and 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. Not applicable to children aged 0 to 14.
3. Pain-related disabilities were not included in PALS 2001.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

People with more severe disabilities are more likely to have unmet needs than people with less severe disabilities. In 2006, 40.7% of people aged five and over with severe to very severe disabilities had unmet needs for aids and devices. In contrast, 13.8% of those with mild to moderate disabilities had unmet needs.

The most common reason for unmet needs is the cost of many aids and devices: 58.7% of working-age adults and 44.3% of seniors who have unmet needs for aids are unable to meet their needs due to financial barriers. Other common reasons for unmet needs include lack of information on aids and devices as well as lack of availability.

Chart 1.4 – Reasons for unmet needs for aids and devices by age, 2006

Reason	Age 15 to 64		Age 65 and Over	
	Number	%	Number	%
Total	**650 090**	—	**365 110**	—
Cost (purchase/maintenance)	381 810	58.7	161 620	44.3
Not available locally	14 880	2.3	5 850	3.6
Condition not severe enough	42 460	6.5	34 160	9.4
Don't know where to obtain	69 080	10.6	38 410	10.5

1. The chart uses 2006 data that is comparable to 2001 data.
2. Not applicable to children aged 0 to 14.
3.The reason "Not covered by insurance" was removed due to unreliability of the numbers.

Source: Participation and Activity Limitation Survey, 2006.

Home modifications

In 2006, approximately 465 000 adults with disabilities (age 15 and over) required some type of home modification to reduce barriers and increase independence within the home environment. Such modifications included grab bars, automatic doors, and widened doorways and hallways. The percentage of adults with disabilities requiring home modifications decreased from 14.1% in 2001 to 11.2% in 2006.

Six out of ten adults with disabilities who have home modification requirements have their needs fully met. Seniors with disabilities are more likely than working-age adults to have all of their home modification needs met; seven out of ten seniors with requirements have their needs fully met, compared to five out of ten working-age adults.

Chart 1.5 – Level of met needs for home modifications, 2001 and 2006

Needs met	2001		2006	
	Number	%	Number	%
Age 15 to 64				
Total	**209 590**	**100.0**	**201 960**	**100.0**
All needs met	102 770	49.0	99 510	49.3
Some needs met	29 660	14.2	21 500	10.6
No needs met	77 160	36.8	80 950	40.1
Age 65 and over				
Total	**273 440**	**100.0**	**262 550**	**100.0**
All needs met	200 680	73.4	181 530	69.1
Some needs met	24 130	8.8	16 120	6.1
No needs met	48 630	17.8	64 900	24.7

1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Not applicable to children aged 0 to 14.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Of adults with disabilities aged 15 and over, women are more likely than men to require home modifications (13.3% versus 8.5%). Comparison by age and gender shows that 17.9% of senior women with disabilities require home modifications, compared to only 9.9% of working-age women with disabilities.

Although the overall requirement for home modifications decreased between 2001 and 2006, the number of adults with an unmet need for elevators or lift devices within the home increased from 39 620 to 59 020. The most common unmet home modification need in 2001 was grab bars or bath lifts; the number of adults with this unmet need dropped from 87 480 in 2001 to 49 150 in 2006.

Chart 1.6 – Most common unmet needs for home modifications, 2001 and 2006

Unmet need	2001		2006	
	Number	%	Number	%
Total	**179 590**	**—**	**183 470**	**—**
Automatic or easy-to-open doors	27 960	15.6	15 050	8.2
Elevator or lift device	39 620	22.1	59 020	32.2
Grab bars or a bath lift	87 480	48.7	49 150	26.8
Lowered counters in the kitchen	17 890	10.0	6 050	3.3
Ramps or street-level entrances	52 540	29.3	42 960	23.4
Visual alarms or audio warning	13 770	7.7	3 120	1.7
Widened doorways or hallways	20 780	11.6	7 120	3.9
Other special features	57 710	32.1	54 480	29.7

1. The chart uses 2006 data that is comparable to 2001 data.
2. Respondents could choose more than one option.
3. Not applicable to children aged 0 to 14.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Cost is the main reason home modification needs are not met. In 2006, two out of ten adults with disabilities who had a requirement (20.1%) were not able to obtain home modifications due to cost. A larger percentage of working-age adults with disabilities have difficulty affording required home modifications than seniors with disabilities (25.8% versus 15.7%). Other reasons for unmet home modification needs include being on a waitlist for modifications or not having the features recommended or approved by a health professional.

Caregivers and help with everyday activities

In 2006, over 2.65 million adults with disabilities (age 15 and over) required help with at least one everyday activity, such as getting dressed, cleaning or cooking. The percentage of adults with disabilities who required assistance remained stable: this figure was 63.4% in 2001 and 63.7% in 2006.

> The 2001 and 2006 surveys were restricted to people living in non-institutional housing; adults who live in nursing homes and palliative care homes were not included. In addition, while the 2006 survey included people living in non-institutional collective dwellings (such as supported living apartments), this group was not included in the 2001 survey. As a result, the caregiving data collected through these surveys are best interpreted as being representative of adults who are living in their own homes within their communities.

Both informal and formal caregivers are sources of support for help with everyday activities. Informal caregivers include family members and friends of people with disabilities. Formal caregivers typically encompass paid caregivers accessed through organizations. Family members tend to make up the greatest network of support for people with disabilities.

Many people with disabilities receive help with everyday activities from multiple sources. A total of 2 440 570 adults with disabilities (age 15 and over) receive some type of help with everyday activities. Eight out of ten adults with disabilities who receive help with at least one everyday activity rely on family members for assistance (82.4%). In addition, 13.5% receive help from friends, neighbours or co-workers; 13.1% receive help from organizations; and 10.6% receive help from paid employees or workers.

Seniors with disabilities are more likely than working-age adults to receive help with at least one everyday activity (64.8% versus 54.3%). Women with disabilities are more likely than men to receive help with a daily activity (67.4% versus 47.9%).

Chart 1.7 – Caregiver relationships by age and gender, 2001 and 2006

Type of caregiver	2001				2006			
	Men		Women		Men		Women	
	Number	%	Number	%	Number	%	Number	%
Age 15 to 64								
Total receiving help	**477 390**	**—**	**730 670**	**—**	**515 650**	**—**	**807 800**	**—**
Family living in same residence	325 040	68.1	552 360	75.6	354 890	68.8	600 400	74.3
Family not living in same residence	177 350	37.1	275 880	37.8	145 600	28.2	232 180	28.7
Friends or neighbours	150 470	31.5	178 990	24.5	86 310	16.7	116 820	14.5
Organization or agency	75 290	15.8	112 520	15.4	57 440	11.1	66 540	8.2
Age 65 and over								
Total receiving help	**376 310**	**—**	**683 760**	**—**	**381 750**	**—**	**735 380**	**—**
Family living in same residence	214 770	57.1	336 520	49.2	215 280	56.4	356 880	48.5
Family not living in same residence	170 710	45.4	333 610	48.8	146 200	38.3	322 430	43.8
Friends or neighbours	82 360	21.9	137 140	20.1	45 910	12.0	79 810	10.9
Organization or agency	114 990	30.6	246 500	36.1	67 360	17.6	127 510	17.3

1. The chart uses 2006 data that is comparable to 2001 data.
2. Respondents could choose more than one option.
3. Not applicable to children aged 0 to 14.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Just over half of all adults with disabilities who require help with at least one everyday activity have their caregiving needs fully met. The proportion of people with all needs met declined between 2001 and 2006.

Chart 1.8 – Level of met needs for caregiving, 2001 and 2006

Needs met	2001		2006	
	Number	%	Number	%
Age 15 to 64				
Total	**1 195 420**	**100.0**	**1 464 500**	**100.0**
All needs met	744 290	62.3	777 060	53.1
Some needs met	360 610	30.2	546 080	37.3
No needs met	90 520	7.6	141 360	9.7
Age 65 and over				
Total	**972 720**	**100.0**	**1 188 410**	**100.0**
All needs met	647 240	66.5	692 020	58.2
Some needs met	292 050	30.0	425 110	35.8
No needs met	33 430	3.4	71 280	6.0

1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Not applicable to children aged 0 to 14.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Severity of disability is a strong predictor of caregiving need: 85.6% of adults (age 15 and over) with severe to very severe disabilities require caregiving assistance, while 49.3% of adults with mild to moderate disabilities require assistance. Adults with severe to very severe disabilities are more likely to have their caregiving needs only partially met, whereas adults with mild to moderate disabilities are more likely to have their needs fully met.

Cost is the most common reason for experiencing difficulty in obtaining assistance with daily activities. Other barriers to obtaining required help include delays in obtaining assistance and difficulty finding qualified help.

Adults with severe or very severe disabilities who receive help are much more likely to have difficulty making the necessary arrangements than people with mild or moderate disabilities (19.7% versus 6.5%).

Chart 1.9 – Reasons for unmet caregiving needs by age, 2001 and 2006

	2001				2006			
	Age 15 to 64		Age 65 and Over		Age 15 to 64		Age 65 and Over	
Reason	Number	%	Number	%	Number	%	Number	%
Total	**140 700**	**—**	**73 740**	**—**	**211 800**	**—**	**122 390**	**—**
Difficulty finding qualified help	49 100	34.9	30 950	42.0	62 900	29.7	44 290	36.2
Delay in obtaining assistance	69 750	49.6	33 220	45.1	74 200	35.0	34 460	28.2
Did not know where to look for help	41 460	29.5	13 150	17.8	48 230	22.8	35 730	29.2
Too expensive	69 070	49.1	32 050	43.5	84 430	39.9	47 550	38.9
Other	56 760	40.3	22 370	30.3	86 300	40.7	41 550	33.9

1. The chart uses 2006 data that is comparable to 2001 data.
2. Respondents could choose more than one option.
3. Not applicable to children aged 0 to 14.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Transportation – Local and long-distance travel

Access to transportation is critical for full participation in society. Most Canadians use some form of transportation to undertake daily activities such as going to work, running errands, participating in leisure activities or being involved in their communities. For people with disabilities, comfortable travel is often influenced by the availability of accessible modes of transportation.

Local travel

In 2006, 86.3% of adults with disabilities (age 15 and over) travelled locally using various modes of transportation such as cars, buses or taxis to move around their environment for personal or business reasons. Most people with disabilities prefer to use a personal car for transportation; eight out of ten adults with disabilities (79.2%) travel in cars either as drivers or as passengers.

While most adults with disabilities do access or use transportation, in 2006, approximately 270 000 adults with disabilities experienced difficulty with riding in a car as a passenger, and nearly 190 000 had difficulty using public transportation. Many people with disabilities experience difficulty with travel because they have trouble boarding the modes of transportation available to them. Those who are able to board vehicles often experience further difficulty because the process of travelling aggravates their health condition.

Some people with disabilities are unable to use any mode of transportation. Of the total population of adults with disabilities, 4.1%—or approximately 170 000 adults—consider themselves to be housebound. Similarly to those who do travel but experience difficulties, six out of ten housebound adults with disabilities (57.6%) are housebound because travel will aggravate their condition or health problem. Other common reasons for adults being housebound include preferring to stay home, needing assistance once arriving at their destination, and not having an attendant or companion to accompany them.

Chart 1.10 – Reasons for being housebound, 2006

Reason	Number	%
Total	**170 230**	**—**
Accessible transportation is not available	20 970	12.3
Dependent on non-portable aids	13 660	8.0
Do not feel safe when leaving home	32 320	19.0
No attendant or companion to go with	38 040	22.3
Need assistance once arriving at destination	41 210	24.2
Condition or health problem aggravated upon going out	98 060	57.6
Prefer not to go out	53 520	31.4
Other	31 910	18.7

1. The chart uses 2006 data that is comparable to 2001 data.
2. Respondents could choose more than one option.
3. Not applicable to children aged 0 to 14.

Source: Participation and Activity Limitation Survey, 2006.

Long-distance travel

In 2006, over half (54.0%) of adults with disabilities (age 15 and over) travelled via airplanes or trains in order to take a long-distance trip for personal or business reasons. This percentage decreased slightly from 59.7% in 2001.

Eight out of ten adults with disabilities who travel long distances use personal cars (79.1%). The next most common mode of long-distance travel is by airplane: three out of ten adults who travel long distances use airplanes (33.7%).

In 2006, 9.9% of adults with disabilities had difficulty with long-distance travel and 5.0% were completely prevented from travelling long distances. Working-age adults are more likely than seniors to experience difficulty with long-distance travel (13.2% versus 5.3%). In contrast, seniors are more likely than working-age adults to be completely prevented from travelling long distances (4.3% versus 6.0%).

Adults with severe to very severe disabilities experience more difficulty travelling long distances than those with mild to moderate disabilities (15.3% versus 6.4%). In addition, adults with severe to very severe disabilities are more likely to be prevented from travelling long distances (10.0% versus 1.7%).

Similarly to local travel, the most common reason for experiencing difficulty with long-distance travel is that available modes of transportation aggravate conditions. This is also the most common reason for being completely prevented from travelling long distances.

Chart 1.11 – Reasons preventing long-distance travel, 2006

Reason	Number	%
Total	**208 540**	**—**
Boarding or disembarking	65 880	31.6
Hearing announcements	17 120	8.2
Lack of appropriate transportation to and from terminal or station	28 570	13.7
Moving around terminal or station	49 350	23.7
Need an attendant to help	38 490	18.5
Ride aggravates condition	134 990	64.7
Seating on board	42 110	20.2
Seeing signs or notices	29 190	14.0
Too costly	41 020	19.7
Transporting wheelchair or other specialized aids	33 300	16.0
Unsupportive staff	33 740	16.2
Washroom facilities	39 870	80.8
Other reason	51 700	24.8

1. The chart uses 2006 data that is comparable to 2001 data.
2. Respondents could choose more than one option.
3. Not applicable to children aged 0 to 14.

Source: Participation and Activity Limitation Survey, 2006.

Access to information

Barriers to accessing information can be overcome through the use of alternative format materials. A variety of technological aids and devices as well as other supports and services are available.

Many people with disabilities use the Internet to receive up-to-date information. In 2006, almost 1.9 million adults with disabilities (age 15 and over) used the Internet at least once in the past 12 months (44.7%). Working-age adults with disabilities are more likely to use the Internet than seniors (62.2% versus 19.8%).

People with different types of disabilities have varied requirements for accessing information. For example, large-print and Braille reading materials are two alternative formats for text that benefit many adults with sight limitations. In 2006, approximately 101 000 adults with sight limitations used large-print materials and 6 000 adults used Braille reading materials. In addition, 36 000 adults with learning disabilities make use of software organizational tools, and approximately 55 000 adults with hearing limitations use closed captioning. Closed captioning allows people with hearing disabilities to read spoken dialogue in television programs.

Chapter

2 Education and training

This chapter looks at how Canadians with disabilities access education and work-related training. Access to education is an important measure of full participation in society. Improving access to education increases access to employment and income. This chapter examines important indicators of access, including education supports, barriers to education and highest level of education reached, for three key age groups: children, youth and working-age adults.

Despite the importance of education in ensuring the inclusion of people with disabilities, both children and adults experience barriers to formal education and training. These barriers can take physical, attitudinal and financial forms, among others. With sufficient supports, people with disabilities can access formal and informal education.

Although some children and adults with disabilities continue to face barriers to formal education and training, overall rates of inclusion and educational attainment have increased between 2001 and 2006. Education rates have increased since 2001, with the majority of people with disabilities obtaining a high school diploma.

Indicator areas

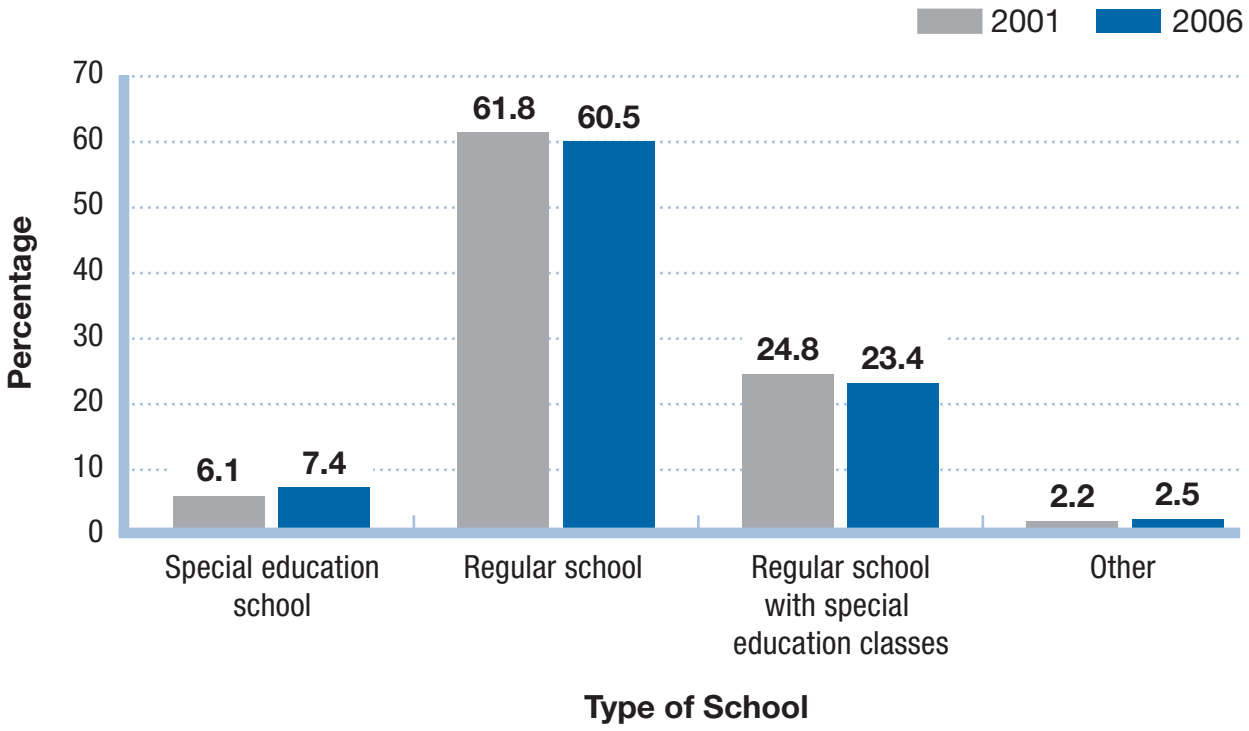
- Children aged 5 to 14
- Youth aged 15 to 24
- Working-age adults aged 25 to 64

Children aged 5 to 14

In 2006, 165 880 children with disabilities aged 5 to 14 were attending school or being tutored at home through the school system. The percentage of children with disabilities enrolled in formal education did not change between 2001 and 2006.

Eight out of ten children with disabilities (83.9%) attend mainstream public or private schools. Of these children, 23.4% were enrolled in schools with special education classes. Another 7.4% of children with disabilities attend special education schools.

Chart 2.1 – School attendance for children aged 5 to 14, 2001 and 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. Applicable to children 5 to 14 years of age only.
3. Percentages exclude children who are tutored at home or are not enrolled in school.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

A small group of nearly 4 000 children with disabilities neither attend school nor have school-provided tutoring support at home. Reasons young children are prevented from accessing school include a lack of local special education schools, insufficient care supports at school, and difficulty attending school due to the child's condition or health problem.

Learning, chronic and communication disabilities are the three most commonly reported disabilities among children aged 5 to 14. Of the 121 080 children aged 5 to 14 who have learning limitations, 39.2% attend special education schools or mainstream schools with special education classes. Of the 78 240 children with communication limitations, 44.3% attend special education schools or mainstream schools with special education classes.

Boys and girls with learning limitations are equally likely to attend special education schools or schools with special education classes. However, while more boys have communication disabilities than girls, a smaller percentage of boys with communication disabilities are enrolled in special education schools or classes than girls (42.5% versus 48.4%).

Children with disabilities in special education schools or regular schools often require educational aids. In 2006, 85.4% of children in special education schools used one or more educational aids or devices, and 24.5% had unmet needs for educational aids. Unmet needs also vary by severity of disability. Children with severe to very severe disabilities in special education schools were more likely to have an unmet need than children with mild to moderate disabilities (28.7% versus 18.1%).

Some children in mainstream and special education schools (5.7%) also required various building features or equipment in order to attend school. Of children with these requirements, 29.3% had unmet needs. Since 2001, the need for building features or equipment has decreased (from 6.6%), but unmet needs have increased (from 23.7%).

Youth aged 15 to 24

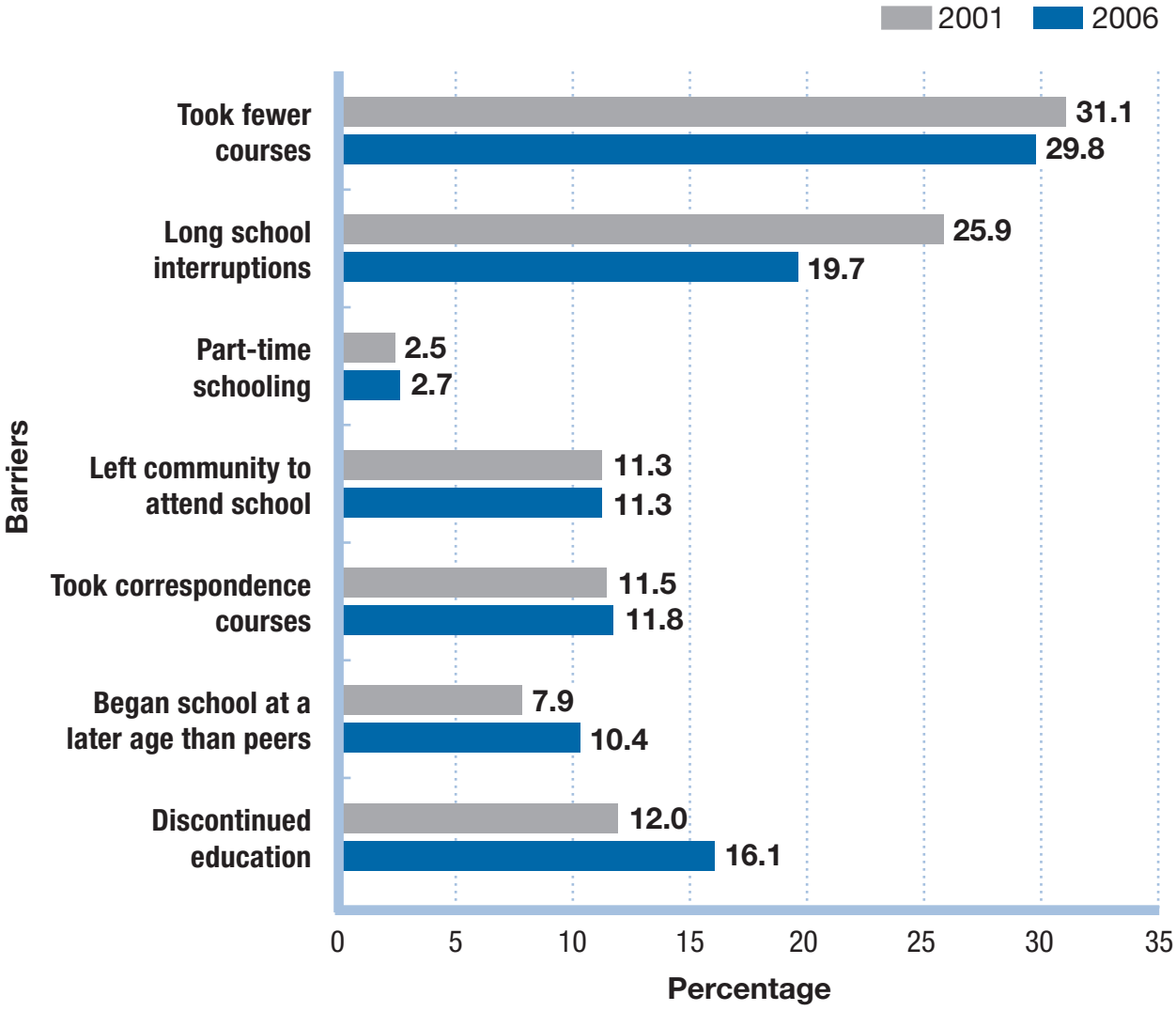
In 2006, 76.8% of youth with disabilities aged 15 to 19 and 30.0% of youth with disabilities aged 20 to 24 were attending school.

Many youth with disabilities experience barriers directly related to their disability when completing their education; 19.7% of youth with disabilities have experienced long school interruptions because of their disability, and 11.3% of youth have to leave their communities in order to attend school because of their disability.

In addition, youth with disabilities adopt many coping mechanisms that may affect their educational path. A total of 58 160 youth aged 15 to 24 (30.0%) have attended a special education school or school with special education classes at some point in their childhood or youth. In addition, 29.8% of youth with disabilities have taken fewer courses in school because of their disability, and 2.7% of youth have attended school part time. Taking fewer courses at a time can lengthen the time it takes to complete educational requirements.

Of youth with disabilities, 16.1% have discontinued their education because of their condition. Withdrawing from educational studies can have a life-long impact; higher educational attainment is linked to improved employment opportunities and higher income.

Chart 2.2 – Effects of disability on education for youth aged 15 to 24, 2001 and 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to youth 15 to 24 years of age only.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Working-age adults aged 25 to 64

The education chapter defines working-age adults with disabilities as those aged 25 to 64. This grouping is different from the 15 to 64 age range used for working-age adults elsewhere in this report. The education chapter uses different age ranges to better capture the rate of post-secondary education attainment.

Overall education rates have increased: in 2006, 74.6% of working-age adults with disabilities had a high school diploma or higher educational certification. However, adults with disabilities are less likely to complete high school than adults without disabilities. In 2006, 25.4% of working-age adults with disabilities (age 25 to 64) had not received any certificate for school completion, compared to 13.5% of working-age adults without disabilities. This percentage improved from 38.2% for those with disabilities and from 22.5% for those without disabilities in 2001.

Adults with disabilities are more likely than adults without disabilities to have trade diplomas and certificates (14.7% versus 12.0%), but are less likely to have bachelor's degrees (8.3% versus 15.3%).

Chart 2.3 – Educational attainment for adults with and without disabilities aged 25 to 64, 2006

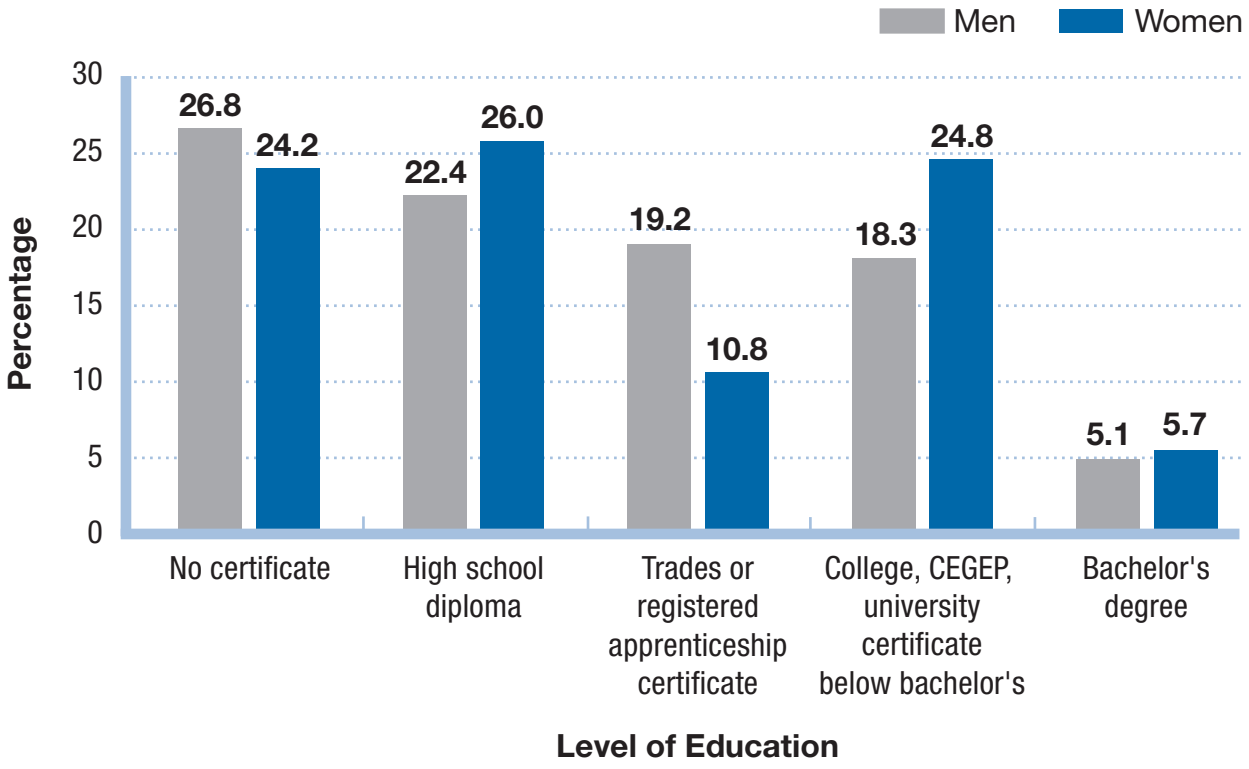
	People with Disabilities		People Without Disabilities	
Level of education	**Number**	**%**	**Number**	**%**
Total	**2 244 010**	**100.0**	**14 830 000**	**100.0**
No certificate	569 610	25.4	2 002 340	13.5
High school diploma	545 720	24.3	3 545 970	23.9
Trades or registered apprenticeship certificate	329 590	14.7	1 785 910	12.0
College, CEGEP, university certificate below bachelor's	488 730	21.8	3 933 010	26.5
Bachelor's degree	187 300	8.3	2 274 630	15.3
Graduate degree	122 480	5.5	1 289 890	8.7

1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 25 to 64 years of age only.

Source: Participation and Activity Limitation Survey, 2006.

Working-age women with disabilities are more likely than men to pursue a degree or diploma rather than a trade. In 2006, 24.8% of women with disabilities had college diplomas, compared to 18.3% of men with disabilities, while 19.2% of men had trade or apprenticeship certificates, compared to 10.8% of women.

Chart 2.4 – Educational attainment by gender for adults aged 25 to 64, 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 25 to 64 years of age only.

Source: Participation and Activity Limitation Survey, 2006.

Education is a life-long journey for many Canadians. Once formal degrees and certificates are obtained through colleges and universities, ongoing informal and formal workplace training is a common job-related requirement. Job-related training within the workplace is important for both career maintenance and career advancement.

Formal workplace training can include classroom or off-site training subsidized by the employer, while informal training can take place on the job through activities such as mentoring. Computer instruction and career guidance are examples of workplace training.

One quarter of employed adults with disabilities (26.1%) have received formal workplace training in the past five years, and one quarter (25.3%) have received informal training. Employed adults aged 25 to 54 were more likely to have received at least one type of workplace training than those aged 55 to 64 (48.7% versus 35.1%).

Of adults with disabilities who wanted to take workplace training, 10.5% have been prevented from taking work-related courses because of their condition. Cost was also a factor for 26.0% of this group.

Chart 2.5 – Barriers to workplace training for adults aged 15 to 64, 2006

Reason	Number	Percent
Total who wanted to take workplace training	**119 260**	**—**
Location was not physically accessible	15 960	13.4%
Courses were not adapted to the needs of condition	5 520	4.6%
Denied requested courses by employer	7 720	6.5%
Condition	12 540	10.5%
Inadequate transportation	5 150	4.3%
Too costly	30 980	26.0%
Too busy	37 450	31.4%
Other	21 710	18.2%

1. The chart uses 2006 data that is comparable to 2001 data.
2. Respondents could select more than one option.
3. Applicable to adults 15 to 64 years of age only.

Source: Participation and Activity Limitation Survey, 2006.

Chapter

3 Employment

This chapter examines employment among working-age adults with disabilities. Since employment is linked to higher levels of income and to many measures of quality of life, it is an important indicator of inclusion. Employment also provides opportunities for interaction with others in the community: unpaid work / volunteering can serve a similar role. This chapter explores changes between 2001 and 2006 using the following indicators: employment rates, year-round employment, workplace accommodations and unpaid employment / volunteering.

The employment chapter defines working-age adults with disabilities as those aged 15 to 64.

Labour force attachment and the employment rate for people with disabilities both increased during the period of economic growth between 2001 and 2006, and larger growth occurred among people with disabilities than among people without disabilities. During the same period, there was a significant increase in year-round full-time employment, particularly for women with disabilities. However, across all of these measures, people without disabilities continue to have stronger labour force attachment than people with disabilities.

Indicator areas

- Employment rate
- Year-round employment
- Workplace accommodations
- Unpaid employment / volunteering

Employment rate

> "Labour force": Working-age adults who are participating or are available to participate in the labour market, whether or not they are employed.
>
> "Not in the labour force": Working-age adults who are unwilling or unable to participate in the labour market. This includes full-time students, people who are retired and stay-at-home parents.

Between 2001 and 2006, the employment rate for working-age Canadians with disabilities increased from 49.3% to 53.5%. In comparison, the employment rate for working-age Canadians without disabilities increased from 73.8% to 75.1% over the same period.

Adults with disabilities are more likely than adults without disabilities to not participate in the labour force. There are many reasons why adults with disabilities are underrepresented in the labour force. Some are physically unable to work due to their condition; others have left the labour force after facing barriers such as inaccessible workplaces or unsupportive work environments; and still others have voluntarily left the workplace to care for children or enter retirement.

The employment rate for women with disabilities is 52.1%; the employment rate for men with disabilities is 55.5%. This gap is much smaller than the gender gap seen among men and women without disabilities.

> To make the statistics of one population comparable with those of another, age standardization is sometimes used. For instance, since older people are more likely to have disabilities, the collective average age of people with disabilities is higher than that of people without disabilities. In addition, older people are more likely to have developed stronger attachments to the labour force over the course of their work history. Because of these two factors, the employment situation for people with disabilities appears stronger than it really is. In order to remove the age effect on the employment rate, the population of working-age adults with disabilities is standardized to match the age structure of the population without disabilities. This allows the comparison of the two groups to reflect the actual differences between them rather than the differences in their age structures.

Chart 3.1 – Employment rates for men and women with and without disabilities, 2006

Disability status	Number	Employment Rate
With disabilities		
Both genders	1 250 720	53.5
Men	617 160	55.5
Women	633 560	52.1
Without disabilities		
Both genders	14 069 780	75.1
Men	7 440 200	80.2
Women	6 629 590	70.1

1. The chart uses 2006 data that is comparable to 2001 data.
2. Applicable to adults 15 to 64 years of age only.
3. Age-standardized employment rates.

Source: Participation and Activity Limitation Survey, 2006.

Employment rates also vary by type of limitation. In 2006, working-age adults with hearing disabilities had the highest employment rate (57.7%), which increased from 53.1% in 2001. Working-age adults with learning disabilities experienced the largest increase in employment rate between 2001 and 2006 (from 32.5% to 41.8%).

Year-round employment

Employment stability is an important indicator of quality of life. Year-round full-time work can provide income stability for people with and without disabilities. In 2006, the majority of working-age adults with disabilities who participated in the labour force were employed full time year-round.

Among working-age adults with disabilities who are employed, just over half (54.7%) are employed full time year-round; three out of ten (28.0%) are employed full time but only part of the year; and one out of ten (10.2%) is employed part time year-round.

While men with disabilities remain more likely to have year-round full-time employment than women with disabilities, women experienced more growth in this area between 2001 and 2006; the number of women with year-round full-time employment increased from 200 490 to 313 510, while the number of men increased from 289 100 to 371 100.

Employed working-age adults with more severe disabilities are less likely to work full time year-round: 57.9% of those with mild to moderate disabilities were employed full time year-round, compared to 46.8% of those with severe to very severe disabilities. Since 2001, this number has increased for people with mild to moderate disabilities (from 55.2%), but has decreased for people with severe to very severe disabilities (from 49.7%).

Workplace accommodations

Workplace accessibility and accommodations are important measures of inclusion in the workforce. Inadequate supports in the workplace create barriers to employment for people with disabilities. Lack of necessary supports can cause people to completely withdraw from the labour force, struggle with unemployment, or work in jobs that do not match their interests, skill sets and abilities. To create a workplace environment that is fully inclusive and equitable, employers must provide accommodations to current and prospective employees with disabilities.

> Workplace modifications usually fall into two categories: resource-specific (e.g., job redesign, a modified work schedule, computer aids) or physical/structural (e.g., handrails, modified workstations, accessible washrooms).

In 2006, 207 580 employed working-age adults with disabilities required resource-specific accommodations and 270 920 required physical/structural changes to their workplace environments. The number of people who required resource-specific accommodations decreased between 2001 and 2006. However, the number of people who required structural modifications increased by more than 160 000.

In 2006, 70.2% of employed working-age adults with disabilities with requirements had all of their resource-specific workplace modification needs met, compared to 79.9% in 2001. In contrast, 49.1% of those with physical/structural modification requirements indicated that all of their needs were met in 2006, a decrease from 76.1% in 2001.

People with severe to very severe disabilities are more likely to require physical/structural changes to the workplace (40.3%) than resource-specific modifications (24.5%). People with severe to very severe disabilities with requirements are more likely to have no physical/structural workplace modification needs met (48.3%) than those with mild to moderate disabilities (31.0%). This represents a shift from 2001, when 73.2% of people with severe to very severe disabilities with requirements had their physical/structural needs fully met and only 17.2% had unmet needs.

Chart 3.2 – Level of met needs for physical/structural workplace accommodations by severity of disability, 2001 and 2006

	2001				2006			
	Mild to Moderate		Severe to Very Severe		Mild to Moderate		Severe to Very Severe	
Needs met	Number	%	Number	%	Number	%	Number	%
Total with needs	**56 080**	**100.0**	**53 600**	**100.0**	**127 820**	**100.0**	**143 100**	**100.0**
All needs met	44 240	78.9	39 210	73.2	83 000	64.9	49 980	34.9
Some needs met	3 840	6.8	5 190	9.7	5 200	4.1	23 950	16.7
No needs met	8 000	14.3	9 200	17.2	39 620	31.0	69 170	48.3

1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 to 64 years of age only.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

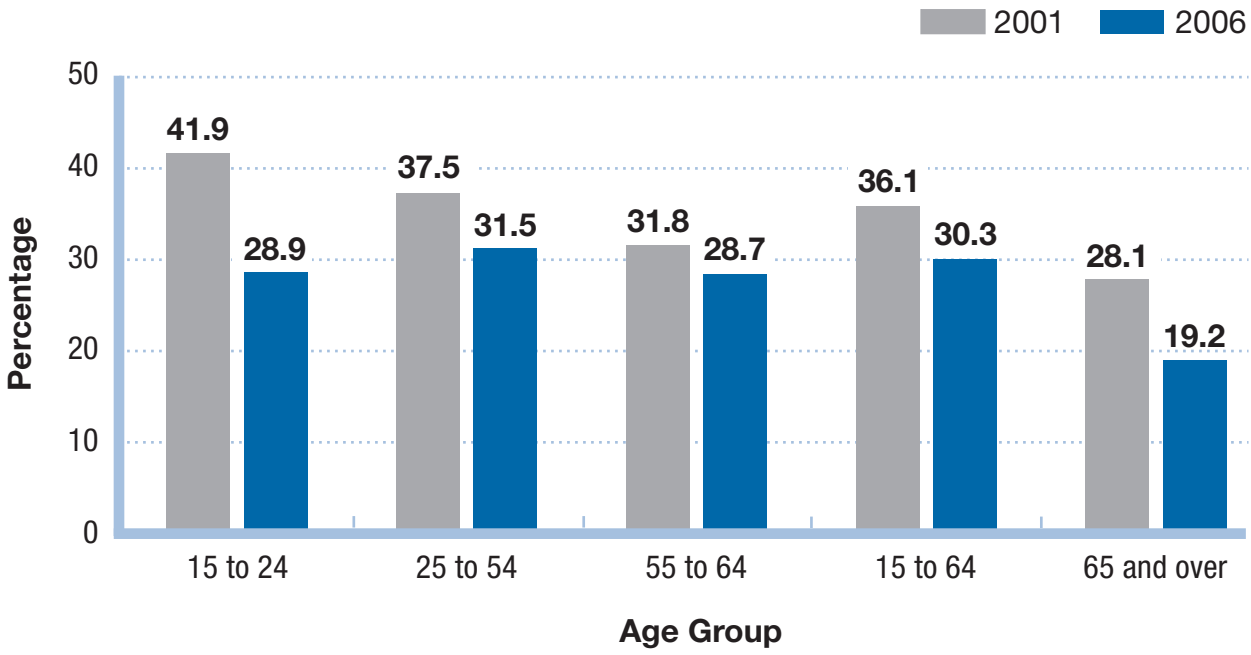
Women with disabilities were more likely than men to have their workplace accommodations needs met, whether these needs were resource-specific or physical/structural. In 2006, 20.4% of men with disabilities did not have any of their resource-specific needs met and 43.8% did not have any of their physical/structural modification needs met. This gap has increased significantly since 2001, when 17.9% of men indicated that they had no structural needs met. Of women with disabilities, 27.9% indicated that they had no structural needs met in 2006, compared to 14.4% in 2001.

Unpaid employment / volunteering (working-age adults and seniors)

Volunteering is not only a means by which people can participate in their communities; it also provides opportunities for developing employment-related skills. Over one quarter (25.7%) of adults with disabilities (age 15 and over) devote time to volunteering. However, this is a decrease from 2001, when almost a third (32.7%) of adults with disabilities volunteered. Although there was a drop across all age groups, the largest drop was among youth (age 15 to 24).

Working-age adults are more likely to volunteer than seniors: 30.3% of working-age adults with disabilities volunteer, compared to only 19.2% of seniors. Working-age women are more likely to volunteer than working-age men, but among seniors, men and women volunteer at the same rate.

Chart 3.3 – Rates of volunteering or unpaid work by age, 2001 and 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Adults with less severe disabilities are more likely to volunteer than adults with more severe disabilities (30.8% versus 17.9%), but rates of volunteering for both groups have decreased since 2001 (from 37.8% and 25.3% respectively). This decrease was most apparent among youth with severe disabilities, where the drop (from 38.6% to 20.9%) was larger than that for youth with mild or moderate disabilities (from 43.4% to 32.2%).

Chapter

4 Income

This chapter reviews income characteristics for Canadians with disabilities. Access to sufficient income is essential for quality of life and full participation in society. This chapter examines annual salary, household income and main sources of personal income.

Income is based on the 2000 and 2005 taxation years (for the 2001 and 2006 surveys respectively). To allow comparison between 2001 and 2006, income data for the year 2000 were converted to 2005 dollars based on annual consumer price indexes.

Canadians with disabilities are likely to have lower incomes than those without disabilities. Insufficient income can increase a family's risk of being unable to obtain basic necessities such as food and housing. Lower income can cause difficulties in many areas of life and can create barriers to obtaining sufficient education and employment.

While average salary has remained the same for people with disabilities since 2001, those covered by collective agreements saw an increase in their salaries. Total household income has also increased, with the majority of people with disabilities claiming employment income as their greatest source of personal income. Gaps continue to exist between men and women both with and without disabilities.

Indicator areas

- Annual salary
- Total income
- Main sources of personal income

Annual salary

On average, adults with disabilities earn a lower annual salary than adults without disabilities. The average salary for employed working-age adults with disabilities has not increased since 2001: the average salary was $30,380 in 2006, compared to $30,490 in 2001. In contrast, the average salary for employed working-age adults without disabilities was $38,150 in 2006, an increase from $35,670 in 2001.

In addition to the gap in annual salary between people with disabilities and people without disabilities, people with disabilities continue to experience a sizeable gender gap. While women with disabilities saw a slight increase in their average annual salary (from $23,710 in 2001 to $24,720 in 2006) and men with disabilities experienced a slight decrease (from $37,130 in 2001 to $36,240 in 2006), women continue to earn approximately $11,000 less per year than men.

Collective agreements and union contracts are linked to better wages. The average salary for people with disabilities who have a collective agreement or union contract is $42,191, compared to $29,235 for people with disabilities who do not have union support.

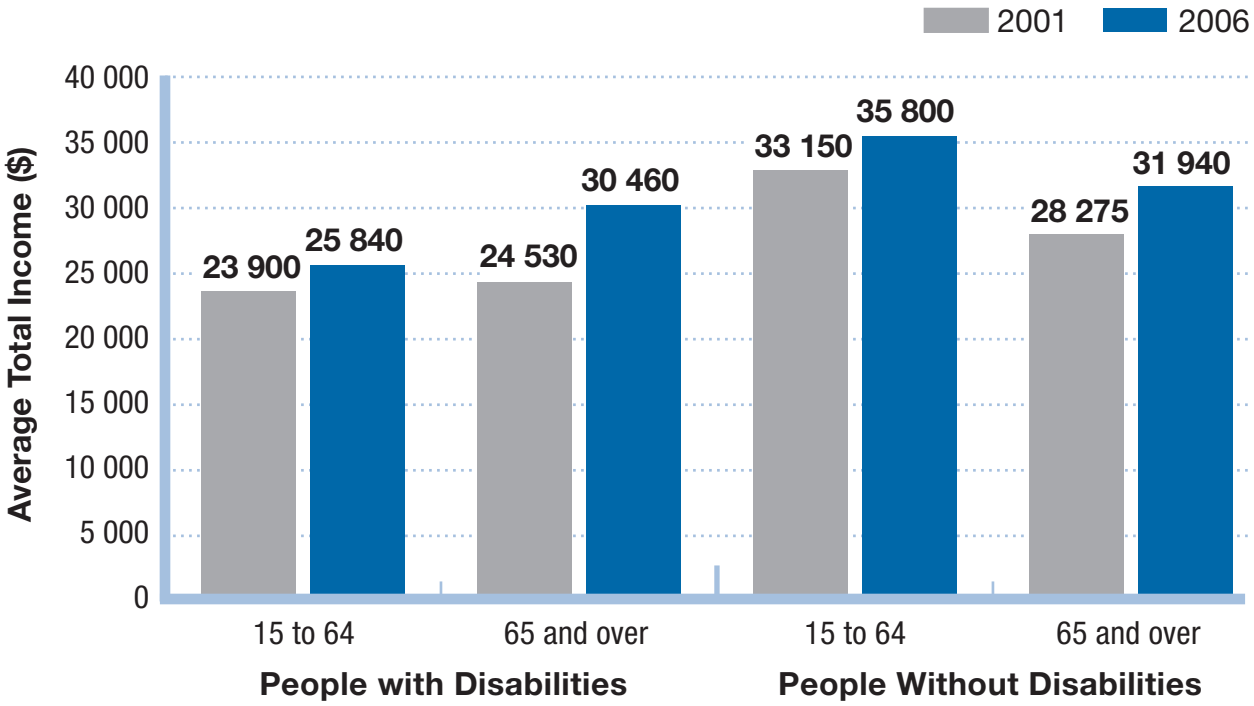
Although women under collective agreements or with union contracts still report lower average salaries than men ($35,677 versus $49,152), their average salary is much higher than that of women who do not have these agreements ($21,983).

Total income

Whereas salary is reported solely for the approximately 1.4 million working-age adults with disabilities who are earning a wage or salary, total income—the total combined income for a person—is reported for all 4.2 million adults with disabilities, whether or not they are employed. Total income encompasses all sources of income, including employment income and government transfers.

In 2006, the average total income was $25,840 for working-age adults with disabilities and $30,460 for seniors with disabilities. Overall, adults with disabilities have lower total incomes than adults without disabilities; average total income was $35,800 for working-age adults without disabilities and $31,940 for seniors. The income gap between working-age adults with and without disabilities increased slightly between 2001 and 2006; however, the gap between seniors with and without disabilities decreased by over half since 2001, falling from approximately $3,700 to $1,500.

Chart 4.1 – Average total income by age and disability status, 2001 and 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

There is also an income gap between men and women in terms of total income. In 2006, the annual total income of working-age women with disabilities was two thirds of the average annual total income for men with disabilities ($20,760 versus $31,610).

Chart 4.2 – Average total income by gender, 2001 and 2006

Disability status	2001		2006	
	Men	Women	Men	Women
People with disabilities	$30,250	$18,320	$31,610	$20,760
People without disabilities	$41,276	$25,103	$44,060	$27,660

1. The chart uses 2006 data that is comparable to 2001 data.
2. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Total income also varies by severity of disability. Working-age adults with severe to very severe disabilities have two thirds the average total income of those with mild to moderate disabilities. In 2006, the average annual total income of working-age adults with severe to very severe disabilities was $19,880, while that of working-age adults with mild to moderate disabilities was $29,770.

Chart 4.3 – Average total income by severity of disability, 2001 and 2006

Age group	2001		2006	
	Mild to Moderate	Severe to Very Severe	Mild to Moderate	Severe to Very Severe
15 to 64	$27,600	$18,780	$29,770	$19,880
65 and over	$25,440	$23,130	$29,610	$31,760

1. The chart uses 2006 data that is comparable to 2001 data.
2. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

In 2006, seniors with mild to moderate disabilities had an average annual income of $29,610, compared to $31,760 for seniors with severe to very severe disabilities. From 2001 to 2006, seniors with mild to moderate disabilities saw an increase of $4,170 in their average total income, whereas seniors with severe to very severe disabilities saw an increase of $8,630.

Main sources of personal income

Sources of income for Canadians with disabilities include employment income, investments, government transfers, pensions and private insurance.

The most common source of personal income for working-age adults with disabilities (age 15 to 64) is employment earnings. However, only five in ten working-age adults with disabilities claim employment earnings as their largest source of income, compared to eight in ten working-age adults without disabilities (52.1% versus 81.2%).

Self-employment income is another source of personal income for people with disabilities. In 2006, the average self-employment income for working-age adults with disabilities (age 15 to 64) was $12,183. This amount has decreased from $15,950 in 2001. People without disabilities report higher earnings from self-employment (an average of $17,924); nonetheless, people without disabilities saw a greater decrease in self-employment earnings between 2001 and 2006 than people with disabilities.

Regardless of age, men with disabilities receive more income from self-employment than women with disabilities ($14,970 versus $8,582). Among people with disabilities, younger working-age adults (age 25 to 54) earn more from self-employment than other age groups; in contrast, older working-age adults without disabilities (age 55 to 64) earned the most from self-employment. This has changed since 2001, when people aged 25 to 54 earned more from self-employment than any other age group, regardless of disability status.

Many working-age adults with disabilities rely on government transfers to support their personal income. In 2006, working-age adults with disabilities were over three times more likely to receive government transfers as a source of personal income than adults without disabilities.

Primary sources of income differ between men and women with disabilities. Women are more likely to receive government transfer payments. In 2006, government transfers were a source of personal income for 55.7% of women with disabilities aged 15 and over, compared to 46.8% of men with disabilities.

Having government transfers be a primary source of income is strongly related to age. Seniors with disabilities are most likely to receive government transfer payments, which include payments under the Canadian Pension Plan or Quebec Pension Plan, Old Age Security and the Guaranteed Income Supplement. The proportion of seniors who receive such payments has decreased only slightly from 2001 (from 60.8% to 59.5%). In 2006, 20.8% of seniors with disabilities also claimed retirement pensions as a source of income, compared to 14.0% in 2001.

Chart 4.4 – Main source of income by disability status, 2001 and 2006

Source of income	People with Disabilities		People Without Disabilities	
	Number	%	Number	%
2001				
Total	**1 785 380**	**100.0**	**16 756 480**	**100.0**
Employment income	858 810	48.1	13 664 460	81.5
Government transfers	716 380	40.1	2 109 460	12.6
Investment income	67 170	3.8	373 670	2.2
Retirement pensions, superannuation and annuities, including income from RRSPs and RRIFs	106 000	5.9	412 840	2.5
Other money income	34 100	1.9	177 120	1.1
2006				
Total	**2 226 610**	**100.0**	**17 617 500**	**100.0**
Employment income	1 160 240	52.1	14 311 770	81.2
Government transfers	826 270	37.1	2 102 220	11.9
Investment income	69 220	3.1	441 830	2.5
Retirement pensions, superannuation and annuities, including income from RRSPs and RRIFs	117 250	5.3	393 590	2.2
Other money income	51 020	2.3	363 950	2.1

1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Chapter

5 Health and well-being

This chapter explores health and well-being among Canadians with disabilities. Because disability is often interrelated with health and well-being difficulties, health and access to well-being supports are important elements to consider in ensuring that people with disabilities have the opportunity to participate as fully as possible in society. This chapter focusses on the self-rated health status of people with disabilities and the interrelation of health and factors such as stress, employment and income.

Health and well-being are fundamental to a full life and full participation in society. Physical, mental and emotional health affect virtually all aspects of people's lives. Health and well-being are linked to outcomes such as level of education, employment and income, and participation in the community.

Health is often described as the presence or absence of physical limitations. However, the World Health Organization (WHO) provides a broad definition of health that takes physical and mental well-being, lifestyle, and social interactions into account. According to WHO, health is a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

While seniors with disabilities report poorer health than in 2001, more working-age adults with disabilities are reporting that they have good to excellent health. Physical activity, social relationships, good income, education and employment are some of the factors that influenced a stronger health rating. Access to health care remains an issue for people with disabilities.

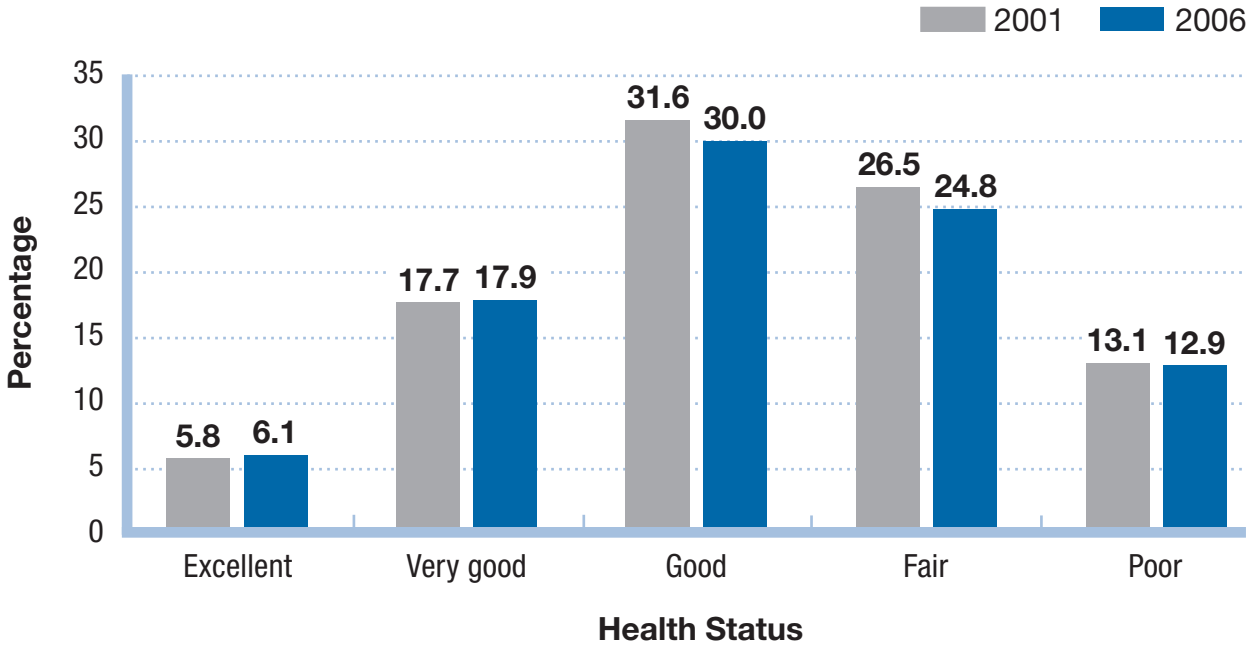
Indicator areas

- Self-rated health status
- Impact of stress
- Physical activity
- Income, employment and education
- Access to health care
- Social contacts

Self-rated health status

In 2006, just over half (54.0%) of adults with disabilities rated their health as good, very good or excellent, and one quarter (24.8%) rated their health as fair. Another 12.9% rated their health as poor.

Chart 5.1 – Self-rated health status for adults aged 15 and over, 2001 and 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

In general, men with disabilities are more likely than women to rate their health as very good or excellent (26.5% versus 22.0%). This trend is similar across age groups. When asked to rate their satisfaction with their health out of ten, women reported slightly lower ratings than men (6.0 versus 6.3).

The overall percentage of seniors with disabilities who rated their health as excellent, very good or good decreased slightly, from 56.4% in 2001 to 53.0% in 2006. A small gender gap in self-rated health is seen among seniors with disabilities: from 2001 to 2006, the percentage of senior women who rated their health as excellent, very good or good decreased slightly, from 55.7% to 53.3%, while the percentage of senior men reporting one of those ratings decreased from 57.5% to 52.6%.

Chart 5.2 – Self-rated health status by age, 2001 and 2006

Health status	2001				2006			
	Age 15 to 64		Age 65 and Over		Age 15 to 64		Age 65 and Over	
	Number	%	Number	%	Number	%	Number	%
Total	**1 968 490**	**100.0**	**1 451 850**	**100.0**	**2 437 610**	**100.0**	**1 725 090**	**100.0**
Excellent	127 640	6.5	69 490	4.8	167 110	6.9	87 720	5.1
Very good	354 910	18.0	251 620	17.3	451 550	18.5	294 360	17.1
Good	583 270	29.6	498 310	34.3	715 120	29.3	532 750	30.9
Fair	492 980	25.0	413 870	28.5	576 230	23.6	456 150	26.4
Poor	296 990	15.1	152 230	10.5	309 630	12.7	226 390	13.1

1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

There is a relationship between severity of disability and self-rated health. Seven out of ten adults with mild to moderate disabilities rate their health as good, very good or excellent, whereas only three out of ten adults with severe to very severe disabilities report one of those ratings. In addition, 26.2% of adults with severe or very severe disabilities rate their health as poor, in comparison to 4.1% of adults with mild to moderate disabilities.

When asked to rate their satisfaction with various life factors such as health and work out of 10, adults with disabilities rate their satisfaction with relationships as 8.3 but their satisfaction with health as 6.2. Furthermore, severity of disability affected the response regarding satisfaction with health: people with mild to moderate disabilities reported an average rating of 6.9, whereas people with severe to very severe disabilities reported an an average rating of 4.7.

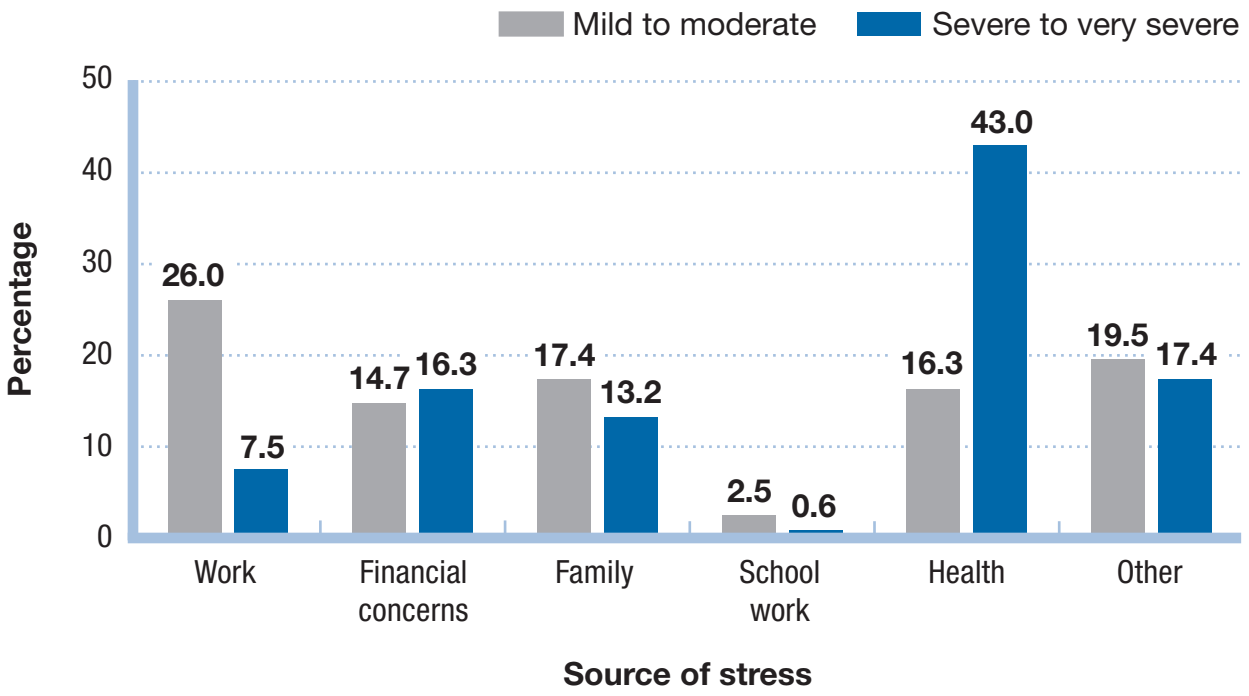
Impact of stress

Stress has negative effects on health and can have even more harmful effects on the health of people with disabilities. As people age, their main sources of stress change.

Work is the most common source of stress for working-age adults with disabilities aged 15 to 64 (main source for 24.5%), whereas health is the most common source of stress for seniors (main source for 37.4%). When looking at gender, health is the most common source of stress for working-age women (24.6%) whereas work is the most common source of stress for working-age men (28.9%).

People with severe to very severe disabilities are most likely to identify health as their main source of stress (43.0%). In contrast, people with mild to moderate disabilities identify a larger variety of main causes of stress, with the most common cause of stress being work (26.0%).

Chart 5.3 – Main source of stress for adults aged 15 and over by severity of disability, 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2006.

Physical activity

Regular physical activity is an important component of good health. It can prevent or delay the onset of certain disease such as diabetes. The majority of adults with disabilities who engaged in physical activity in their homes over the past 12 months rated their health as either good or fair. In addition, the percentage of people who exercised in their homes who rated their health as very good or excellent rose from 27.4% in 2001 to 30.6% in 2006.

In 2006, 33.5% of men with disabilities who exercised at home in the past year rated their health as excellent or very good, compared to 28.3% of women. This percentage has increased significantly since 2001 for men (from 27.7%), but only slightly for women (from 27.2%).

The gap by severity of disability was much larger: 39.3% of people with mild to moderate disabilities who exercised rated their health as excellent or very good, compared to only 13.7% of people with severe to very severe disabilities. Since 2001, these figures increased only slightly for people with mild to moderate disabilities (from 36.3%) and did not change much for people with severe to very severe disabilities (was 13.2%).

In 2006, 31.5% of working-age adults with disabilities who exercised at home rated their health as very good or excellent, up from 27.9% in 2001. In addition, 29.2% of seniors with disabilities who exercised at home rated their health as very good or excellent, up from 25.9%.

Income, employment and education

Income levels, employment and education are associated with health status. These three factors play an important role in determining a person's quality of life and ability to contribute to his or her family and community.

The percentage of adults with disabilities living in low-income families who rated their health as poor decreased slightly between 2001 and 2006 (from 22.7% to 21.4%). Adults with disabilities who do not live in low-income families remain less likely to rate their health as poor: 12.8% did so in 2006.

Chart 5.4 – Self-rated health status by level of family income, 2001 and 2006

	2001		2006	
Health rating	**Number**	**%**	**Number**	**%**
Member of low-income economic family				
Total	**498 890**	**100.0**	**540 350**	**100.0**
Excellent or very good	86 200	17.3	98 800	18.3
Good or fair	299 450	60.0	326 150	60.4
Poor	113 250	22.7	115 420	21.4
Member of non-low-income economic family				
Total	**1 348 540**	**100.0**	**3 265 030**	**100.0**
Excellent or very good	393 950	29.2	899 550	27.6
Good or fair	772 260	57.3	1 945 930	59.6
Poor	182 330	13.5	419 540	12.8

1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

In terms of employment and self-rated health, 37.2% of employed working-age adults rate their health as very good or excellent, in comparison to 25.1% of unemployed working-age adults.

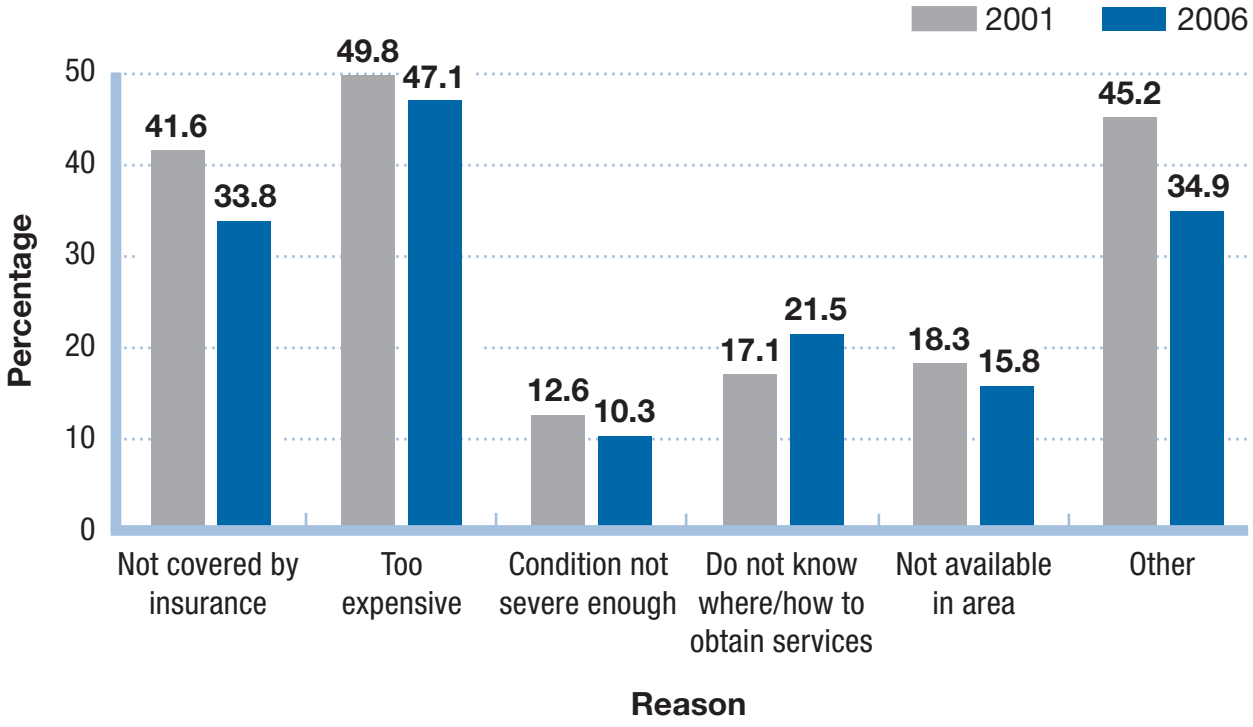
Education, which is closely related to employment opportunities and income levels, is also associated with perception of health. Of people with disabilities who reported having fair to good health, 57.9% had a post-secondary education. This number has increased slightly from 2001 (56.1%).

Access to health care

Having access to health care is an important component of a person's health care status. Of adults with disabilities who need health care or social services, 13.9% feel they do not receive them. Women are more likely than men to report an unmet need for health care or social services (15.8% versus 11.7%). Similar results were reported in 2001.

There are various reasons why health care needs are not met. These include expense, not having insurance coverage, or lack of availability. Cost is the most common reason. In 2006, 47.1% of those who felt they did not receive needed health care claimed expense as the most common reason their needs were unmet, whereas 21.5% did not know where or how to obtain the health care they required.

Chart 5.5 – Reasons for not receiving needed health care, adults aged 15 and over, 2001 and 2006



1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2001 and 2006.

Social contacts

In 2006, 25.9% of adults with disabilities had at least three close social contacts they were comfortable talking to and relying on for help. However, 281 930 adults with disabilities (6.8%) said they had no close friends they could confide in or depend on for help.

Women with disabilities were more likely than men to report having close friendships. However, men were more likely to have larger social networks (11 or more close friends).

Chart 5.6 – Number of close friendships by gender, 2006

Number of close friendships	Men		Women	
	Number	%	Number	%
Total	**1 872 290**	**100.0**	**2 290 410**	**100.0**
None	144 760	7.7	137 170	6.0
1 to 2	290 310	15.5	417 470	18.2
3 to 5	433 400	23.1	642 830	28.1
6 to 10	287 520	15.4	365 380	16.0
11 to 20	141 870	7.6	130 030	5.7
More than 20	128 960	6.9	95 980	4.2

1. The chart uses 2006 data that is comparable to 2001 data.
2. The sum of the values for each category may differ from the total due to rounding.
3. Applicable to adults 15 years of age and over.

Source: Participation and Activity Limitation Survey, 2006.

A total of 28.4% of adults with mild to moderate disabilities had three to five close friendships, compared to 22.0% of adults with severe to very severe disabilities.

Appendix A

Principal disability-related benefits and programs for the 2007–08 and 2008–09 fiscal years

PROGRAM/INITIATIVE	AMOUNT ($ millions/year) 2007–08	2008–09
Inclusion and supports		
Canada Mortgage and Housing Corporation programs (RRAP-D, HASI, RRAP-Secondary/Garden Suite, SEP) [1]	29.4	34.0
Canadian Transportation Agency programs—disability component	2.4	2.8
Special Olympics sports funding and Canadian Deaf Sports Association (Canadian Heritage)	1.6[2]	1.5[2]
Paralympics sports funding, Athlete Assistance Program for athletes with disabilities and Long-Term Athlete Development Model for sports programs for athletes with disabilities (Canadian Heritage)	9.6[3]	10.9[3]
2010 Paralympics spending (Canadian Heritage) [4]	0.5	5.0
Sport participation funding—disability component (Canadian Heritage), base funding for national sport organizations' sports programs for athletes with disabilities	5.7[5][6]	4.6[5]
Funding for national sport organizations' Long-Term Athlete Development Model for sports programs for athletes with disabilities		0.1[6]
Hosting program funding (major international games for people with disabilities, international single-sport events)	0.3	0.4
Federal/provincial/territorial projects related to sports programs for people with disabilities	0.4	0.3

PROGRAM/INITIATIVE	AMOUNT ($ millions/year) 2007–08	2008–09
Sport Canada's total contributions for sport for people with disabilities	15.9	17.8[6]
Sport Canada's total grants and contributions (Canadian Heritage)	138.0	151.4
Initiative for Equitable Library Access (Library and Archives Canada)	0.3	0.9
Social Development Partnerships Program grants and contributions (HRSDC)	11.0	11.0
Canadian Radio-television and Telecommunications Commission accessibility hearings	**	0.1[7]
Justice Canada programs—disability component	**	0.1
Canadian International Development Agency Programs—disability component	17.5[8]	24.0[9]
Canadian Institutes of Health Research funding of research related to disability	**	4.0
Income supports		
Canada Pension Plan Disability Program (HRSDC)	3,474.1	3,581.1
Canada Pension Plan Disability Vocational Rehabilitation Program (HRSDC)	3.0	1.7
Child Disability Benefit (Finance Canada and CRA) [10]	143.5	160.9
Earnings Loss and Supplementary Retirement Benefit (VAC)	11.7	19.1
Employment Insurance sickness benefits (HRSDC)	954.9	**
Federal Workers' Compensation benefits (HRSDC)	159.2	177.6 [11]
Penitentiary inmates accident compensation (CSC)	0.1	0.1
Veterans Disability Pension and Disability Awards Program (VAC)	1,895.4	1,973.9

PROGRAM/INITIATIVE	AMOUNT ($ millions/year) 2007–08	2008–09
Learning, skills and employment		
Canada Access Grant for Students with Permanent Disabilities (HRSDC)	26.7	**
Canada Study Grant for the Accommodation of Students with Permanent Disabilities (HRSDC)	20.2	**
Entrepreneurs with Disabilities Program (WD)	1.4	1.4
Labour Market Agreements for Persons with Disabilities (HRSDC)	218.3	222
National Council of Federal Employees with Disabilities	0.3	0.3
Opportunities Fund (HRSDC)	26.8	26.8
Permanent Disability Benefit (HRSDC)	5.1	**
Vocational services (VAC)	1.1	1.8
Health and well-being		
Aboriginal Diabetes Initiative	40.0	**
Active Living Alliance for Canadians with a Disability (PHAC)	0.2	0.0
Canadian Diabetes Strategy (Health Canada)	**	18.0
Fetal Alcohol Spectrum Disorder Program (PHAC)	3.3	**
Fetal Alcohol Spectrum Disorder Program: First Nations and Inuit Component (Health Canada)	16.7	**
First Nations and Inuit Home and Community Care Program	105.7	**
National Native Alcohol and Drug Abuse Program and the National Youth Solvent Abuse Program	70.0	**
Non-Insured Health Benefits	898.2	934.6

PROGRAM/INITIATIVE	AMOUNT ($ millions/year) 2007–08	2008–09
Veterans Independence Program (VAC)	303.2	320.0
Treatment Benefits Program (VAC)	285.7	293.0
Tax measures (Finance Canada and Canada Revenue Agency)	(12)	(13)
Caregiver credit	80.0	85.0
Disability supports deduction	(14)	(14)
Disability tax credit (including supplement for children)	375.0	395.0
Infirm dependant credit	5.0	5.0
Medical expense tax credit	895.0(15)	970.0
Refundable medical expense supplement	110.0(15)	120.0
Aboriginal people		
Aboriginal Human Resources Development Strategy—disability component (HRSDC)	3.0	3.0
Assisted Living Program (INAC) (16)	88.7	92.3
Special Education Program (INAC) (INAC) (16)	128.8	130.1

** data not available

Note: The figures in this table are based on departmental estimates. Numbers have been rounded.

(1) Commitment amounts are for the 2007 and 2008 calendar years respectively.

(2) Includes Canadian Deaf Sports Association funding in 2007–08.

(3) Includes targeted funding for teams'/athletes' preparations for the Paralympic Games, Athlete Assistance Program funding for athletes with disabilities, Long-Term Athlete Development Model funding to national sport organizations, and funding to the Canadian Paralympic Committee.

(4) It should be noted that the total investment for the 2010 Olympic and Paralympic Winter Games is $1.2 billion. Part of this total investment is $20 million for the planning and staging of the 2010 Paralympic Games. As well, part of the total investment is being spent on infrastructure (e.g., building accommodations, venues) that will be used for both the 2010 Olympics and the 2010 Paralympics. There is no breakdown to allocate spending specifically to the Paralympics as the infrastructure will be used for both events.

(5) Includes base funding for national sport organizations' disability sports programs and sport participation projects for people with disabilities.

(6) The figure presented is lower than the actual figure since contributions to national sport organizations' (NSO) Long-Term Athlete Development Model for sports programs for athletes with disabilities cannot be separated from the total contribution to long-term athlete development (LTAD), and as such, they have been left out of this figure. In 2007–08, the contribution to NSOs for LTAD for athletes with a disability was separated out from the total contribution to NSOs for LTAD.

(7) Public hearings on telecommunications and broadcasting services accessibility for people with disabilities, November 17 to 26, 2008.

(8) In 2007–08, approximately $17.47 million worth of CIDA programming targeted disability issues.

(9) In 2008–09, approximately $24 million worth of CIDA programming targeted disability issues.

(10) The Department of Finance estimate of payments for the July to June benefit year.

(11) Includes the compensation costs under the federal statutes, i.e., the Merchant Seamen Compensation Act and the Government Employees Compensation Act. These funds also represent the compensation costs for fiscal year 2008–09 and the injury-on-duty leave for calendar year 2007.

(12) Tax expenditure amounts are estimates for the 2007 tax year (Source: Department of Finance, Tax Expenditures and Evaluations, 2008).

(13) Tax expenditure amounts are estimates for the 2008 tax year (Source: Department of Finance, Tax Expenditures and Evaluations, 2008).

(14) The amount was not published in the 2008 tax expenditures report since it is less than $2.5 million.

(15) The tax expenditures for the medical expense tax credit and the refundable medical expense supplement include tax relief offered to all taxpayers.

(16) Indian and Northern Affairs Canada explicit expenditures on disability.