Study of Supports to Persons with Disabilities

Department of Human Resources and Employment

FINAL REPORT

Prepared for:
The Study Steering Committee
Department of Human Resources and Employment

Prepared by:
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March 31, 2000
1.0 Introduction

This study of Supports and Services to Persons with Disabilities was commissioned by the Department of Human Resources and Employment (HRE) as part of its ongoing process of program redesign.

HRE was officially formed on April 1, 1997. The creation of the new department was one of the most significant developments arising from the provincial government Program Review Initiative. The department, resultant from a combination of selected components of the former Departments of Social Services and Development and Rural Renewal, aims to develop human resources within a conceptual framework that links economic and social objectives and involves inter-departmental, inter-governmental, client and public partnerships. The mandate of the department is to focus on the development of individuals, and to improve access to employment opportunities so that individuals, families, and communities can participate in their collective well being and contribute to the development of the province.

The current study provides HRE with information that will assist in the development of a more coherent and integrated program development framework and service delivery system for services to persons with disabilities. To accomplish this, the study addressed seven (7) specific study issues:

1. Definitions of “disability” currently being used, and the implications of these definitions for the delivery of supports and services.

2. Compatibility of supports and services currently delivered through Income Support and Employment and Career Services to persons with disabilities with the new direction of Human Resources and Employment; the values and principles of HRE; and the EAPD Agreement.

3. The degree to which the current system is meeting the expectations and needs of individuals.

4. The strengths and weaknesses of the current system.
5. The degree to which programs and services of the department assist current recipients to achieve their employment related goals and objectives.

6. Services and supports that meet the department's objectives.

7. Potential implications for other government departments.

This report is structured as follows:

Section 2.0 provides the context of the study.
Section 3.0 describes the methodologies used, and noted limitations of this study.
Section 4.0 includes the summary of findings as related to each of the seven study issues.
Section 5.0 contains eight composite profiles which illustrate the major findings
Section 6.0 provides an analysis of findings and a set of recommendations
Section 7.0 includes a conclusion of the study
Appendices contain a list of documents reviewed, summaries of the proceedings from each of the Focus Group Sessions, and Key Informant Interview data collapsed across respondent categories.
2.0 Context of the Study

This current study is conducted within the context of two broad departmental considerations which have relevance to the supports and services offered to persons with disabilities. First, the department is currently engaged in an ongoing redesign effort that will likely impact on all its clients, including those with disabilities. Second, there is the transition to a new cost sharing mechanism as described within the Employability Assistance for Persons with Disabilities (EAPD) Agreement. In developing a more integrated approach to service design and delivery for persons with disabilities, both must be addressed.

2.1 HRE Redesign

Through a process of program and service redesign, the department is aiming to support the province in moving toward the vision, laid out in the provincial Strategic Social Plan, of “a healthy, educated, distinctive, self-reliant and prosperous people, living in vibrant, supportive communities within sustainable regions”.

The department is striving to achieve the following stated objectives:

• encourage and support clients in their efforts to seek and maintain employment,
• treat clients more equitably,
• simplify the administration and delivery of programs and supports, and
• allow staff more time to focus on people rather than administration.

2.1.1 Integrating Lines of Business

The Department of Human Resources and Employment has two primary lines of business, Income Support and Employment and Career Services, that have traditionally operated somewhat independently and in some instances may have been contradictory. The need to integrate these two lines of business has become clear given that both have a common client group and a common set of desired outcomes. A major objective of the department is the integration of these two lines of business such that the program components complement one another and disincentives to employment are removed. The department is attempting to create a viable and sustainable model of human resource development services by shifting its focus from a passive income support model to one that supports policy linkages between income support policies and labour market practices.
The following is a brief description of HRE’s two lines of business.

A. **Income Support**

This program area provides financial assistance to individuals and families who have limited or no income. Through the Income Support program, the department aims to ensure efficient, equitable, and dignified support for those who are unable to work while reducing the level of reliance on income support for those who are able to work. The stated principles of the program include to: provide a simplified set of policies that are implemented in a consistent manner; provide opportunities for informed choice; treat people, in a fair and just manner, with dignity, courtesy and respect; respect the right of individuals to privacy; support the achievement of self sufficiency; integrate efforts with Employment and Career Services; and to be affordable.

B. **Employment and Career Services**

This program area focuses on the provision of employment and career counselling services to non-Employment Insurance (E.I.) eligible clients, income support clients, youth, women, and persons with disabilities. With respect to persons with disabilities it is noted that access to supports and services is not contingent upon eligibility for income support benefits. The department is moving away from a “program driven” delivery system to one that is more reflective of a client centred approach. This approach is designed to assist individuals to become employed by offering services that include counselling, development of an employment plan, and access to a number of interventions that will link unemployed individuals to employment. Clients are able to access information services and participate in employment related programs offered on a provincial basis.

2.1.2 **HRE and Persons with Disabilities**

The primary intent of this study is to examine HRE’s supports and services as they respond to the needs of people with disabilities in this province. People with disabilities represent 6% of the working age population of Newfoundland and Labrador, and 32% of adults in receipt of income support benefits in this province. As well, labour market data reveal that persons with disabilities
are severely disadvantaged with respect to employment when compared with the population as a whole. The following sections provide further data and analysis on these points.

**Income Support and Disability**

Many people with disabilities resident in the province of Newfoundland and Labrador find themselves dependent upon income support in order to meet their basic needs. Statistics obtained from the Department of Human Resources and Employment (FACTS, December, 1999) reveal that 12,590 (32.2%) of the 39,053 adults in receipt of income support benefits report, or have been identified, as having a disability or illness lasting longer than 6 months. This number includes approximately 3500 persons who have been identified as “socially disabled”. Seventy-seven percent of people with disabilities remain on assistance in excess of 25 months.

**Labour Market and Disability**

According to the Health and Limitations Survey (HALS), Statistics Canada, 1991, approximately 7% of the working age population (i.e. ages 15 - 64 years) reported as having a disabling condition. Provincially this totalled approximately 26,000 people. Of this population only 7100 individuals (approximately 27% ) were employed. The remainder of this population reported as being either unemployed (3800 - 13%) or, for the greater majority, not in the labour market (15500 - 60%). Further analysis of these statistics revealed differences across gender and degree of disability. For example 30% of males were employed while this figure dropped to 25% for females. The differential employment levels with respect to degree of disability were even more obvious (i.e. persons with mild disabilities - 37% employed; moderate disabilities - 25%; and severe disabilities - 6%). A further consideration with respect to this population was that nearly 70% were at least 35 years of age.

### 2.2 Transition to EAPD

Concurrent with the ongoing redesign efforts at a departmental level was the introduction of the Employability Assistance for People with Disabilities (EAPD) Agreement. This Agreement, between the Government of Canada and the Government of Newfoundland and Labrador, is a five year, bilateral cost sharing agreement which replaced the former Vocational Rehabilitation
of Disabled Persons (VRDP) Agreement. The EAPD Agreement came into effect on April 1, 1998 and is to be fully implemented by fiscal year 2001-2002, following a three year transition period. This transition from VRDP to EAPD cost sharing represents a shift toward initiatives with “a focus on employment and labour market interventions for people with disabilities”. Programs and services to be cost-shared under EAPD are those which are designed to reduce barriers to employment and to enable people with disabilities to prepare for, obtain, or maintain employment. Eligible programs and services are those directly linked to meeting the employability needs of persons with disabilities and which provide the skills, experience and related supports necessary to prepare persons with disabilities for economic participation and employment in the labour market, or assist them in retaining employment.

2.3 Program Design and Service Delivery
The Department of Human Resources and Employment is moving toward a new and more focused mandate. This transition involves “leaving behind” a significant number of supports and services for which the former Department of Social Services was responsible. In order to be successful in this transition, the department needs to acquire those skills and understandings necessary to develop and deliver employment and career services, and divest itself of many of its former responsibilities, while ensuring that these responsibilities are assumed elsewhere.

In addition to major structural and design changes at the broad departmental level, the traditional methods of service delivery to persons with disabilities are also being critically (re)assessed. During the past twenty years there has been a slow realization that the reasons people with disabilities find themselves unemployed or permanently out of the workforce have more to do with the prevailing conditions within the workplace and our overall economic and social system than with the nature of the specific disability of the individual. This realization has enabled efforts toward the elimination of barriers inherent in the system rather than continuance of a historical focus on the remediation of the disability.

2.4 Intent of Study
The purpose of the present study is to review the role of Human Resources and Employment in the provision of supports and services to persons with disabilities. The study comments on whether or not these supports and services are meeting the needs of persons with disabilities;
whether program design and delivery is in accord with departmental directions and mandate; and
the extent to which policies and practices of Income Support and Employment and Career
Services present as an integrated, complementary system. Given that people with disabilities
represent a significant portion of the people served by HRE, this review will add a critical piece
of information to the ongoing redesign efforts.
3.0 Methodology

In keeping with the department’s commitment to actively engage stakeholders throughout its redesign process, this review was conducted using a process of collaborative inquiry. The Study Team facilitated an initial focus group meeting with representatives of consumer and advocacy organizations, and departmental staff (St. John’s based) regarding the research design and proposed methodology. The information gathered at that event contributed significantly to the identification of relevant stakeholders and appropriate data collection methods, as well as potential questions to be asked of various stakeholders (See Appendix A for participant list and proceedings).

3.1 Document Review

Documents reviewed included the HRE Mission Statement, program descriptions, departmental planning and redesign papers, departmental statistics pertaining to clients with disabilities, and other documents specifically related to the Income Support and Employment and Career Services programs. Other documents reviewed included the provincial Strategic Social Plan, the EAPD Agreement, In Unison: A Canadian Approach to Disability Issues, and previous evaluations/reviews relevant to this study. See Appendix B for a complete listing of documents reviewed.

3.2 Interviews with Key Informants

Interviews were conducted with consumers, HRE staff, representatives of other government departments, service providers, advocacy organizations, and employers. Table 1 reveals the number of informants interviewed in each category, the regions in which interviews occurred, and the Appendices where data from the interviews can be found.
### Table 1. Key Informant Interviews

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<th>Key Informant Interview Series</th>
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<th>Region(s)</th>
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<td>HRE Staff</td>
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<td>Employers</td>
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### 3.3 Focus Groups

Focus group sessions occurred with representatives of all identified stakeholder groups including consumers, community organizations, HRE staff, interdepartmental representatives, and employers. Table 2 provides a summary of the number of focus group sessions which were held with each stakeholder group, the regions where focus group sessions were held with each group, and the Appendices where data from the focus groups can be found.

### Table 2. Focus Group Sessions

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<th>Focus Group Participants</th>
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3.4 Organizational Submissions

Community organizations were invited to submit written commentary and feedback regarding the issues being addressed within the scope of this study. A formal set of questions was developed to guide the completion of these submissions, and sent to approximately 95 organizations. A total of 10 submissions were received. A list of organizations that made submissions is contained in Appendix N.

3.5 Limitations

The following limitations were identified during the course of this review:

1. The methodology used was somewhat limited in that the time available for the current study did not allow the use of a randomized survey of HRE clients. Discussions within the initial focus group identified specific difficulties with the use of mail out and/or telephone surveys for certain members of this particular client group. For example, it was pointed out that the language requirements of the deaf and the reading levels of some persons with intellectual disabilities would make use of these methods problematic.

2. Most of the participants were from larger communities. Therefore, the findings might not be representative of smaller, more rural communities.

3. There was a lack of available, recent employment statistics for persons with disabilities in this province.

4. It was beyond the scope of the current study to attempt to quantify the exact level of participation, by persons with disabilities, in the more generic and/or community based employment programs.

5. No attempt was made to identify individuals who are labelled by HRE as “socially disabled” or to systematically invite these individuals to interviews or focus group sessions. Thus, individuals with social disabilities were not specifically included in this study.
4.0 Summary of Findings

This section addresses the findings for each of the seven (7) research issues:

4.1 What are the current definitions of disability being used and the implications of these definitions for the design and delivery of supports and services?

The manner in which disabilities are defined, described, and perceived and the resultant types of services provided reflects the assumptions we make about people with disabilities. It also influences to a great degree how we view our responsibilities to persons with disabilities. Policy design, and associated service delivery, will in large measure flow from our use of definitions and classifications. Thus it is relevant to consider current definitions that are used and the implications for future use of such definitions.

4.1.1 How is “disability” defined by the various stakeholders?

A review of HRE documents and data from key informant interviews and focus group proceedings revealed that different definitions are used by various stakeholders:

a) HRE

Within the department, differences were noted both within and between Income Support and Employment and Career Services.

Within Income Support, disability refers to a “physical, developmental, psychological, or social disability, which may present a barrier to employment or training” (Income Support Policy Manual) while a disabled person is a person who, “in the opinion of an officer of the department, requires supportive services to aid independent living” (Social Assistance Regulations). Although cited in Income Support policy, the terms “physical disability”, “developmental disability” and “psychological disability” are not specifically defined. However, a client having a mental disability is described as being one who has “an illness/disability (that) has been medically verified”. Social disability is referred to as “the employment status of persons who have demonstrated an inability to find or retain employment”. Policy documents indicate a number of criteria that should be considered in assessing what constitutes a “social disability”
including: age and education; employment/training history; alcohol and substance abuse; habitual conflict with the law; and other criteria.

Within Employment and Career Services, no specific definition of disability was noted. Within the context of supports and services cost shared under EAPD, again, no formal definition of disability is used, but programs and services/supports (especially within the Training Services Program) are described as being available to those persons who have a disability ‘in association with a demonstrated vocational handicap’.

b) Consumers and Community Organizations
There was no single, consistent definition of disability in use by the community stakeholders consulted during this study. Opinion varied from complete self identification to a more formalized definition. While consumers and community organizations provided a range of definitions for the broader term disability, service providers and advocacy organizations were able to define the particular disabilities of the target populations they served and/or supported.

The majority of community stakeholders, while aware that definitions of disability were in use by HRE, did not know what the definitions were. The majority of stakeholders also felt that HRE does not apply definitions in a consistent manner. Stakeholders were very opposed to definitional labelling, preferring that the department recognize needs and barriers to employment and provide services and supports accordingly.

4.1.2 Are the definitions used by the various stakeholders consistent, complementary or contradictory?
At a definitional level no substantial contradictions were noted. Perhaps more importantly, informants felt that, at present, there is sufficient consistency and commonality of understanding across the groups with respect to knowing what “is or is not a disability”, and that there is no imperative to adopt a “universal” definition of disability. The greater concern expressed by informants was whether (and how) government would use a definition (either current or future) to either enable or restrict access by consumers to programs and services. A concern expressed consistently by all stakeholder groups was that even in the presence of a broad and uniform definition of disability, access to services and supports would continue to be restricted based on
the disability labels attached to individuals. The majority of informants indicated a preference for a system designed and based on identified client needs, not disability related definitions and/or classifications.

4.1.3 Is the delivery of current supports and services of HRE linked to specific definitional criteria?

At present, being considered disabled provides access to differential services within the Income Support program. Most notably, this designation provides a higher rate of social assistance, and access to a variety of “special needs” items. This reality has given rise to an increased usage by staff of the term “socially disabled” in order to enable access to additional rates of pay and other supports for their clients. In the opinion of departmental staff this practice leads to unnecessary labelling of many individuals,

Within Employment and Career Services, being considered disabled with an associated vocational or employment handicap, provides access to supports and services cost shared under the EAPD Agreement. Within all other programs and supports/services of the Employment and Career Services, no features of the eligibility criteria were found to be exclusionary for persons with disabilities. However, data from all sources revealed that persons with disabilities were rarely referred to services other than those that were identified as “disability-specific”.

Within “disability specific” programs and services/supports, like EAPD and 3rd sector provision of employment supports to persons with disabilities, there is often a further delineation of disability in that services are delivered to specific disability groups, based on a demonstrated employment or vocational need. For example, the Supported Employment model (via Employment Corporations) serves persons with developmental disabilities and the Canadian Paraplegic Association (CPA) serves persons with physical disabilities. Recently, some organizations have moved to an increased cross disability focus but the system at present can still be best described as disability specific, not needs based.

The major concern expressed by stakeholders was that the specific disability labels attached to individuals in many ways defined the type of supports for which these individuals were eligible. The most frequently cited example was the provision of co-worker support only to those persons
defined as having a developmental disability. Most informants felt that this practice was a denial of the commonality of needs across disabilities.

“Co-worker supports are provided for clients with developmental disabilities only. Co-worker support should be available for other disabilities as well which could most likely be faded out much easier and replaced by natural supports”.

4.1.4 How should HRE define Disability?
The majority of informants did not place great weight or relevance on the issue of definition, only in so far as its potential and inappropriate use toward limiting access to supports and services. That being said, the overwhelming majority of informants felt that HRE should use a broad and inclusive definition of disability and that the definition adopted by the department should enable, not restrict, access to programs and services. The predominant view of informants was that with the new mandate and focus of HRE the issue of “definition of disability” should be no longer relevant. HRE should identify income support and employment and career needs, not disabilities.

4.2 Compatibility of currently provided services with the new direction of HRE, the values and principles of HRE, and the EAPD Agreement.
In order to complete this compatibility assessment, it is necessary to first briefly describe the key framework elements that are found within the new direction, values and principles of HRE and the EAPD Agreement, as well as the full range of services currently provided. Thus, sections 4.2.1 and 4.2.2 provide a brief overview of the key framework elements and the range of supports and services. In Sections 4.2.3 to 4.2.8, the range of services are discussed in relation to indicators of compatibility arising from these framework elements.

4.2.1 What are the Framework elements against which compatibility must be assessed?
A review of HRE documents revealed the following critical statements:

HRE Mission Statement: To be progressive, professional and flexible in working collaboratively with social, community and economic development partners to provide people
with employment and income supports that respond to client needs and that are linked to the social, community and economic development objectives of the province.

**Values:** HRE is guided by the values of integration, communication, consultation, equity, empowerment, inclusion and collaboration.

**Principles of EAPD:** Direct support of employability, focus on individual needs and participation, recognition of individual’s knowledge of their own employability needs, flexibility, equitable and fair application, avoidance of duplication and overlap, and operation within an accountability framework.

Analysis of HRE documents yielded the following indicators of compatibility with the new direction of HRE, the values and principles of HRE, and the EAPD Agreement:

- a) Assist people to prepare for, attain, and maintain employment;
- b) Focussed on employment related outcomes;
- c) Focussed on individual needs and employability requirements and flexible enough to respond to changing needs;
- d) Available to and accessible by all persons with disabilities;
- e) Complementary to each other, particularly Income Support and Employment and Career Services;
- f) Designed and delivered in consultation with stakeholders.

### 4.2.2 What is the full range of supports and services offered by the Department of HRE to persons with disabilities?

The current range of supports and services provided to persons with disabilities is contained in both the Income Support and Employment and Career Services sections of the department. Both program areas, designed as generic responses to persons requiring either basic income assistance (Income Support) or employment related supports (Employment and Career Services), also utilize targeted interventions specifically designed for persons with disabilities. Within the Employment and Career Services section, those services exclusive to persons with disabilities (disability-specific) are cost shared under the EAPD Agreement. The following is a brief
overview of both the generic and disability specific supports and services available in both sections.

**Income Support (Generic)**
The Income Support program provides financial assistance to individuals/families based on demonstrated financial eligibility. The specific level of support issued considers such factors as family status, # of dependants, employment status, and type of living arrangements, etc. Funds are provided for a variety of client needs including, but not limited to, basic income support, rent, utilities, board and lodging, transportation, and items of special need. In addition, clients are issued a Health Care Card.

**Income Support (Disability-Specific)**
It should be noted that at time of report writing, ongoing discussions were being held with officials of the Department of Health and Community Services, and indications are that responsibility for several of the disability specific program areas noted below may be transferred to that department in the immediate future.

**Special Child Welfare Allowance (SCWA) (code 45)** enables provision of funding necessary to offset the costs of identified needs of children with disabilities, of families in receipt of income support.

**Other special needs (code 60)** is used to provide those items of special need that are necessary for the health, safety and well being of an individual or family, and where no other requirement code is appropriate.

**Fuel and Utilities (code 25)** is used to enable the payment of actual expenses related to these items for persons with disabilities. Where such is provided the basic income support benefit is reduced (i.e. the amount contained in the basic rate is backed out).

**Rent (code 20)** enables the payment of “actual” costs of rent for persons with disabilities. This amount is paid as a supplement to the basic amount provided to all income support recipients.
Board and Lodging (code 58) enables payment of increased board and lodging rates for persons with disabilities who reside with non-relatives. Again this is in addition to that provided to a non-disabled person residing in board and lodging (non-relatives).

Blind Persons Allowance (code 27) is an amount of $89 per month provided to income support clients who are legally blind. This amount is supplemental to their basic income support benefit, but would reduce their entitlement (if any) to the Flat Rate Allowance, which is administered, and approved, by Health and Community Services for some individuals with disabilities.

Canadian Paraplegic Association Employment Program: the department is engaged in a pilot program with the Canadian Paraplegic Association (CPA) providing employment placement for persons with physical disabilities. Funding is provided for salary and administration for Placement Officer positions in three sites (Harbour Grace, Corner Brook and Goose Bay).

Employment and Career Services (Generic)
Career and Job Search Information Services: this service is available through The Career Information Hotline, Newfoundland and Labrador WorkinfoNET (NLWIN), and provision of Labour Market Information materials, including Labour Market Focus; A Guide for Practitioners; and Career Choices: Provincial Post Secondary Offerings List.

Employment Planning Services: this service is provided to persons requiring employment planning support as a prerequisite to returning to work, and is available via the NewfoundJOBS initiative.

Employment Programs: there are a number of specific programs available to assist employers in offering employment and work experience to clients of the department, through the provision of wage subsidies. These include:

Graduate Employment Program: assists post secondary graduates in obtaining employment related to their academic field of study. This program is targeted to those who have completed at least one year of post secondary training, and/or have graduated
for at least three months but no longer than two years. The program provides 60% of the starting salary up to a maximum contribution of $10,000, for a 52 week period.

**Seasonal Employment Generation Program:** assists seasonal employers in creating new employment. Provides for a wage subsidy of 50% to a maximum of $3.00 per hour, for a minimum of 8 weeks to a maximum of 15 weeks.

**Linkages:** provides career related employment and career planning workshops for youth (aged 18-24) who have not completed post secondary education. The program provides 26 weeks of career related employment, opportunity to participate in regular career planning workshops, and an ability to earn a completion bonus of (up to) $470 toward tuition. Employers receive a wage subsidy of up to $5.00 per hour to a maximum of $4,680 per position.

**Employment Generation Program:** provides wage subsidy to employers to encourage the creation of long term employment. Program provides for 60 continuous weeks of employment in either the private or non-profit sectors. Wage subsidies are provided for 50% of the hourly wage to a maximum of $4.00 per hour for the first 20 weeks and the final 20 weeks (private sector) and 100% of the hourly wage to a maximum of $5.68 per hour for the first 20 weeks and the final 20 weeks (non-profit sector) of the 60 week program.

**Student Work and Services Program (SWASP):** assists individuals who plan to attend or return to post secondary education. Students receive a $1,400 tuition voucher as well as a $50 per week stipend to a maximum of $400. Students must complete an eight week (280 hours) community service placement.

**Student Employment Program:** assists community based, non-profit organizations in creating summer employment for high school students.

**Delivery through Community Agencies:** HRE supports a number of 3rd sector or community agencies that offer employment and career services.
Employment and Career Services (Disability-Specific, cost shared under EAPD)

Training Services are provided to persons with developmental, psychiatric, and/or physical disabilities, or addictions. Eligible clients must identify a disability and demonstrate a vocational and/or employment handicap. This program provides funding to assist clients with attending a variety of post secondary training courses. Provision is also made for tuition costs (non needs tested) and disability related supports such as transportation, books, note takers, attendant care, and equipment.

Pre Vocational Assessment and Training: the department funds a centre based, day program and respite service for persons with developmental disabilities. The department, in concert with Health and Community Services, is actively involved in a process to close this facility. The Centre is scheduled to close March 31, 2000.

Supported Employment: funding is provided to Employment Corporations to assist in the provision of employment services for persons with developmental disabilities. Prior to 1999-2000 funding was provided by HRE for the operation and administration of Employment Corporations. However, the federal government Department of Human Resources and Employment (HRDC) now provides this “core” funding to the Corporations. HRE currently provides funding to Corporations for co-workers who are required by many clients of these corporations to enable their participation in the labour market.

Work Oriented Rehabilitation (WORC) Centres: funding is provided to two WORC Centres located in Lewisporte (Calypso) and St. John’s (Vera Perlin). These centres provide basic employment preparation, life skills, and work oriented rehabilitation to persons with developmental disabilities.

Targeted Wage Subsidy Program, Opening Doors Career Development Centre: funding is provided to the Opening Doors Career Development Centre to enable provision of wage subsidies on behalf of departmental clients (with disabilities) who obtain employment in either the provincial or federal public service.
4.2.3 Do the supports and services enable persons with disabilities to prepare for, attain, and maintain employment in the labour market?

**Prepare For:**
At present the major support available to persons with disabilities to prepare for employment is the Training Services program. Consumers and community organizations spoke very positively of this program, noting that it was flexible, non needs tested, and was delivered in a manner that was sensitive to the individual needs of consumers. The general opinion was that for those able to access it, the Training Services program was a very appropriate and empowering method of preparing persons for employment.

The department also funds a number of community-based, non-profit organizations (e.g. Longside Club, Brother T. I. Murphy Centre, CPA, WISE, Metro Business Opportunities, etc.) that provide pre-employment and employment preparation programs. However, persons with disabilities, who were consulted during this study, were not using these services. While the actual usage of community organizations (by persons with disabilities) was not reviewed in detail or quantified (as noted in the limitations of this study), indications are that these generic, community based programs are not preparing people with disabilities for the labour market because people with disabilities are not accessing these services to the extent that they might.

**Attain:**
Persons with developmental disabilities identified the Supported Employment (Employment Corporation) model, which is partially funded by HRE, as the primary mechanism used to assist with attainment of employment. Informants spoke highly of the efforts of these corporations and without exception rated them as an effective mechanism to achieve paid, sustainable employment. Consumers, consumer organizations and service providers also commended the department for its increased capacity (particularly in the last year) to make funding available for co-worker support. Informants were very supportive of the increased partnership between HRE and HRDC with respect to provision of core administrative funding that has freed up additional funding, from HRE, for co-worker support.

"AEI and Vera Perlin, they know how to help and they have given me lots of help before....."
For persons with physical disabilities, the department, as referenced earlier, is involved in a pilot program with the CPA in three locations within the province. The CPA was most often cited by consumers with physical disabilities as the organization that assisted in the attainment of employment on their behalf.

The Targeted Wage Subsidy Initiative of the Opening Doors Career Development Centre has also been used quite successfully by persons with disabilities to gain initial entry into the federal and provincial public services. Informants noted that while this program had a cross-disability focus, limited success was demonstrated to date with respect to persons with developmental disabilities.

While supportive of the above noted initiatives, all informants noted that these successes were limited to persons with specific disabilities. Many consumers, particularly persons who were deaf and people with mental health challenges, felt unserved by these programs and the department in general. They are not eligible for the current targeted, disability-specific interventions and the more general system does not presently accommodate their particular needs. In addition, necessary supports are not provided to enable them to access the more general system.

**Maintain:**
Informants at all levels felt that this was an area that needed to be given additional attention by the department, and that the majority of programs that were available did not address the needs of persons once they entered the labour market. The only notable exception was Employment Corporations which were found to provide ongoing support to clients after employment had been attained.

**4.2.4 Are there supports and services of the department that are not focussed on employment related outcomes?**
The maintenance of a primary focus on employment related supports and services is critical if the department is to develop in its clients an understanding that they are no longer “Social Services”. Equally important, continued adherence to an employment focus is critical in order to ensure that other government departments assume responsibility for delivery of other (non employment) related disability services.
Informants at all levels felt that the supports and services within the department were primarily focussed on employment related outcomes. The on-going redesign efforts of the department and consultations with 3rd sector agencies have already resulted in the transfer or discontinuation of many supports and services that were not focussed primarily on employment outcomes. Indeed, the compatibility of existing departmental supports and services with its new mandate, and that of the EAPD Agreement, has been addressed in a number of previous departmental reviews and significant progress has been made toward development (or retention) of services whose primary focus is on employment related outcomes.

However, there are at least two areas that were identified by informants as not being primarily employment focussed. These are:

1. **Income Support**: The majority of informants spoken to during this study felt that not only did the Income Support program not focus on employment related outcomes for its clients, but that in reality many of its current policies actually prevented employment from occurring. (See section 4.4 for a full discussion of this issue). As one person phrased it:

   “It makes no sense for the department to provide all this employment and career counselling and employment supports, if by going to work, me and my family have less money to live on than if we had stayed on welfare.”

HRE key informants also indicated that there are still many “health related” items that are within the responsibility of the department (Client Services Officers or CSOs) that are not employment focussed. These include such items as special and/or medical equipment (splints etc.), comforts allowances, Blind Persons Allowance, Inability to Pay certificates, and special board and lodging approvals.

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1At time of this review, the reclassification of Financial Assistance Officers (FAOs) as Client Services Officers (CSOs) was occurring. Therefore, some quotes included in the body of the report and in the Appendices may include the term “Financial Assistance Officers” (FAOs) but in all other instances, the term Client Services Officer (CSO) will be used.
2. **Training Services:** There was some disagreement among informants as to whether this program, in its current form, was fully compatible with the new direction and focus of the department. Several informants felt that this program would be better placed within the Department of Education, particularly those components that were related to attendance at post secondary facilities.

4.2.5 Do supports and services focus on the individual needs and employability requirements of consumers? Are supports and services flexible so that they can respond to the changing needs of individuals and communities?

Many people with disabilities require special equipment, services, or supports in order to prepare for, attain, and maintain employment. For example, some may require TTY devices to enable telephone communication, others may require brailling, while still others may require accessible transportation. Other, perhaps less obvious, requirements need to be met in order that people with disabilities can be “on a level playing field” with non-disabled peers. For instance, some deaf people may require special alarm clocks. In many instances, a one time cost is all that would be required to meet an individual need. In other cases, longer term, continued support may be required.

Respondents at all levels indicated that supports and services offered through HRE do not focus on individual needs and employability requirements. Indeed, most felt that the current structure was such that consumers were being grouped and responded to according to their disability label rather than their individual need. This was illustrated by the fact that HRE staff rarely consulted with persons with disabilities regarding their employment needs but rather referred them, based on their disability label, to particular community organizations.

Many people linked the fact that individual needs and employability requirements were not being addressed to the fact that HRE staff lacked awareness and sensitivity to disability related issues. It was frequently suggested that many staff of the department do not understand the needs of persons with disabilities and what accommodations are necessary to enable a fuller participation of persons with disabilities within the labour force. Many of the workers themselves recognized this weakness and expressed a desire to learn more about supporting people with different needs.
“Some people may have needs for TTY or Brailling. I haven’t done this, but I would try to help them access the supports. I’m not sure what others (CDSs) would do. They might refer them on to (community group) and say, “That’s out of our realm”. I would do it but I would not be that comfortable since I do not have the knowledge and I would have to research what is available. We (CDSs) are not referred many people with disabilities, so our experience is very limited”.

Some notable exceptions to the “lack of responsiveness to individual needs” were noted in the Training Services, NewFoundJOBS, and Single Parent Employment Support (SESP) programs. Clients who were able to access the Training Services program offered under the EAPD agreement felt that their individual needs and employability requirements were being addressed. And, although few people reported accessing NewFoundJOBS, staff of community based employment services indicated that they felt this program appears very flexible and should allow appropriate responses to individual needs. SESP was often cited as an example of a very flexible program and while it was acknowledged that few people with disabilities had been directed to access this program to date, it was stated that the program was very responsive to individual needs and requirements. There was a general perception among both HRE staff and consumers that the other departmental programs were geared more towards the “able-bodied”.

Ability to respond to individual needs also seems to be dependent upon employment status. If a person gets a job, there may be a capacity to access funds in order to meet their individual needs and requirements. But, if people are still looking for work, these needs cannot be addressed even though these may be requirements of looking for work.

“Individual needs for things like alarm clocks, TTYs etc. are not being met for people who are looking for work. If they find work, it may be possible to fund these things under NewFoundJOBS or some other source, but if they are still looking, and require these things to look, there is no support. It also seems that if you are in Family and Rehabilitative Services (FRS) you can access all kinds of things...but if you are not under FRS you cannot”.
4.2.6 Are the supports and services of HRE available to and accessible by all persons with disabilities?

At a design level, all employment and career services are available to all persons with disabilities. However, evidence gathered during this study indicates that while technically “available”, the services are not “accessible” to all persons with disabilities for a number of reasons:

- The majority of persons with disabilities are not aware of the array of services available and are thus not in a position to access them.
- Many persons with disabilities are not being referred to those departmental staff (i.e. CDS, EAPD workers) who have responsibility for employment and career counselling.
- The disability specific supports and services (i.e. Employment Corporations, CPA) that are accessed by some persons with disabilities are only available in some areas of the province.
- Feedback from consumers indicates that access to disability specific supports and services is also limited to a great extent by the severity of disability, with people with significant disabilities not being served by available programs, including Employment Corporations and CPA.
- Disability-specific programs are not available for some individuals, in particular the deaf and mental health consumers.
- Within the Training Services Program, accessibility is also restricted due to funding shortfalls.

“The only thing they put me through was Job (Employment) Opportunities; 20 weeks to get U. I. for a year. Nothing else with respect to employment. I don’t even know what kinds of programs they have got.”

“I met with my worker and talked about getting a job. He said that was great and that he would refer me to the CPA program. Afterwards, I found out about the SESP program for single parents. I am a single parent, why wasn’t I told about this program or referred to it? Did he think that being in this wheelchair made me less of a single parent?”
While not a pervasive theme, there was evidence that some consumers have been told by HRE staff that particular programs were not “open” to them (eg. Linkages) because of their disability status. This practice certainly presents as a contradiction to the non exclusionary design of these programs and, at best, suggests a misinterpretation and/or misapplication of policies and/or supports on the part of some HRE staff.

4.2.7 Are the range of supports and services complementary to each other, particularly Income Support and the Employment and Career Services?

HRE has devoted considerable time and effort toward increased integration of its Income Support and Employment and Career Services lines of business. A review of its Strategic Plan outlined in “Investing In People: Building the Future Together” and associated documents, indicates that the department views such increased integration across Income Support and Employment and Career Services as a fundamental and key strategy toward accomplishing its stated goals and objectives. Departmental awareness of the implications of program incongruence, and the actions they have taken to address these incongruencies, are positive findings of this study.

During the course of this review three departmental initiatives were noted that singularly, and in combination, have resulted in greater integration of effort across the two lines of business. In brief these include:

**Single Parent Employment Support (SESP) Program:** This pilot project, focused on single parents, provides for a partnership arrangement between a community organization (Single Parent Association of Newfoundland - SPAN) and the department (at both provincial and regional levels). The program is an intervention strategy that addresses a full range of client needs including: employment preparation, placement, and follow up support. It provides for dedicated support from district staff (CSO) and enables access to and use of other departmental employment measures. The program also makes provision for needed supports for employment (eg. child care) and gives clients access to an Earned Income Supplement (EIS).

Informants at all levels felt that this model, especially the income supplement component, represented a key strategy to increased integration of effort, and commonality of outcome,
across both Income Support and Employment and Career Services. Informants viewed this initiative as being a very positive example of how Income Support dollars can be invested in clients in a more meaningful way and accordingly lead to increased employment. Many informants felt that the elements of SESP (especially the EIS) represented an excellent example of a targeted intervention that should be extended to other client groups, especially persons with disabilities.

**Enhanced Screening Assessment (ESA):** The ESA process was originally used to assist with identification and referral of Employment Insurance (EI) eligible clients to HRDC for appropriate intervention. This process was viewed by the majority of HRE staff as having great applicability to and utility for all clients, including persons with disabilities, as a method to better identify employment related and/or other special needs of Income Support clients. The ESA would allow more appropriate and timely referrals to other departmental staff (i.e. CDSs) and/or to staff of other government departments (eg. Social Workers in Health and Community Services).

**Reform of Income Support:** Many informants noted that the department has in recent times introduced several positive revisions to the Income Support program that they view as indicators of an effort to better integrate this program area with enhanced employment outcomes for clients. The example cited most frequently was the extension of drug card benefits, for 6 months after employment, for heads of families.

While the above noted initiatives have resulted in increased integration of effort across the department’s two lines of business, the degree to which the department acts in an integrated and complementary fashion is much less evident in relation to services offered to persons with disabilities. Little evidence was found of collaboration between Income Support (CSOs) and Employment and Career Services (CDS and EAPD) staff with respect to enhancing employment outcomes for persons with disabilities in receipt of income support benefits. In fact, informants indicated that very few clients with disabilities were being considered for employment related supports and fewer still were being referred for formal employment and career planning. In addition, the significance of the current disincentives in the Income Support system was obvious. These disincentives were cited as a major reason why persons with disabilities are hesitant
(perhaps afraid) to pursue employment options and CSO staff are reluctant to refer persons to CDS staff. In essence, from both a consumer and staff perspective, employment for many consumers was not a more attractive or viable option.

Many informants also suggested that the portrayal of EAPD as a “separate program” may actively serve as a barrier to integration of services to persons with disability at both a design and delivery level. Informants indicated that EAPD should be discussed and used as a cost sharing mechanism, not as a “program or service”.

“EAPD is a distinct service, therefore it is not complementary. Currently there is an initiative to look at “Youth at Risk”. This initiative will never deal with youth with physical or developmental disabilities because they are perceived as being looked after under EAPD”.

4.2.8 Have stakeholders been consulted regarding the design and delivery of supports and services?

Responses to this line of inquiry ranged from “no one has ever asked my opinion on anything” to “we are tired of being consulted with”.

The majority of community organizations spoken to during this study expressed a belief that the department has begun to actively seek the opinion of consumers with respect to ongoing redesign. Informants cited the Goss Gilroy Study of Vocational Supports Implementation Committee, the ongoing consultation on the transition to EAPD, and the current study, among other initiatives, as positive attempts by the department to engage in constructive dialogue with its clients, and the community.

“The fact that HRE is actively seeking consumer feedback on its efforts of redesign is in itself a strength of the department. The willingness to open communication, receive ideas, input, and suggestions sends a clear message that such information is valued. Accessing the expertise of individuals who access services and programs from the department will no doubt result in a better understanding of the day to day issues as well as, a number of solutions”.
The prevailing sentiment expressed by these same organizations however, was a scepticism about
the purpose of such community consultations. A common complaint directed toward the
department, and government in general, was that no action was ever seen by the community
pursuant to these consultations. The community organizations expressed impatience with waiting
for the department to act on many of the recommendations already presented by the community
as part of so many other reviews.

At a direct consumer level there was much less satisfaction with respect to consultation.
Consumers, in general, indicated a significant lack of awareness of the supports and services of
the department and without exception expressed a view that they have little capacity to influence
the redesign of the department.

Key informant interviews (with HRE staff) indicated that while there were varying levels of
awareness of the changes within the department as a result of redesign, staff were not well
informed or kept up to date on departmental changes or redesign efforts. Staff indicated that
correspondence from the provincial office with respect to redesign was infrequent, and that no
regular meetings were scheduled with staff to keep them up to date. This was viewed by staff as a
major weakness in the redesign efforts, and made appropriate service delivery to clients very
difficult.

With the notable exceptions of the Goss Gilroy Review Implementation process and the EAPD
Committee, this study did not discover any formal structures established by the department to
seek input and advice from its clients on an ongoing basis.

4.3 The degree to which the current system is meeting the expectations and
needs of individuals?

4.3.1 How are the individual needs/expectations of persons with disabilities
identified by HRE?
Across the two lines of business within HRE, initial intake and assessment processes do exist to
identify needs of clients. There are three discrete points of possible needs identification: Client
Services Officer (CSO), Career Development Specialist (CDS), and Employability Assistance for Persons with Disabilities (EAPD) worker.

Within the Income Support program, a form for self-application has been introduced which captures extensive financial and personal information about a client. Contained within this seven page application form is one, open-ended question that asks clients to identify any special needs they may have. In addition, there is a section that allows clients to indicate their desire to be considered for and referred to career and employment services, including employability assistance for persons with disabilities. However, the following limitations call into question the quality of the current needs/expectation identification process:

1) The self-application form, which is intended to streamline the application process, was not considered by informants to be user-friendly because of its length and complexity. Many felt that they would need assistance in completing it.

2) Many consumers reported difficulty contacting HRE staff and doubted whether workers, who had very little or no contact with them and only had access to their application form, really understood their needs.

3) Some consumers also doubted whether they were actually referred to appropriate CDS and/or EAPD staff following the application procedure because they had never been contacted by these staff even though, in some instances, they had been assured by CSOs that they had been referred.

Within Employment and Career Services, the identification of needs of persons with disabilities is primarily conducted through assessment/planning processes that are undertaken by workers who administer EAPD funding. Needs identification in this program area usually occurs through applications for post secondary training and/or for co-worker funding. This type of needs identification is often done in conjunction with other agency personnel (eg. Health and Community Services, Community Employment Agencies, and Educational facilities). This collaborative planning on behalf of persons with disabilities primarily involves the EAPD worker and there was little evidence to suggest involvement in this planning process (for this client group) by other staffing groups (CSOs or CDSs) within the department.
It was identified that most referrals for employment and training services originate from outside the department. Consumers, by themselves or with the support of community groups, approach the department for services they have been made aware of in the department. In spite of the involvement of CSOs with the majority of clients with disabilities, and the triggers built into the income support application form, departmental informants indicate that rarely are employment issues of persons with disabilities followed up within the department or with non-”disability specific” community programs. The assessment protocols developed for use by CDSs are not typically employed for persons with disabilities because of the prevailing view (with some exceptions) that employment assessment for these clients is more appropriately conducted by disability-specific service providers. The CDSs do not exclude persons with disabilities from their caseload, but current practice appears to relegate employment concerns to those who are perceived to be knowledgeable in disability issues (ie. EAPD Worker and/or community disability organizations).

“Individual needs might or might not get identified. There is a big difference between those identified and those who get referred. There is about 34% of the department clients who have been designated as having a disability but only a small number get referred for employment services. It is important for something to change at the point of first contact (within the department) for many people receive income assistance but many times this is all that happens. It seems that most of the referrals for employment or training services come from outside the department - there appears to be an inability within the department to address the needs of persons with disabilities.”

“I haven’t really met HRE staff…….They wouldn’t understand what I go through in a day, let alone in a life time…….I didn’t go directly to HRE because I didn’t know where my starting point was there…….I don’t know if anyone in HRE is assigned to work with disabled. But, if they are, they have never had that kind of personal contact.”

4.3.2 Are the current services and supports meeting the individual needs and expectations of persons with disabilities?
The Income Support Program is generally perceived as too rigidly applied in most instances and inadequate to meet basic needs. A consistent view held by consumers, service providers and
department staff is that many program elements of the Income Support program impede movement toward employment. With respect to Employment and Career Services, informants at all levels expressed the belief that these are not currently meeting the needs of persons with disabilities because there is no widespread awareness of their existence and they are not frequently accessed by persons with disabilities. The view was held that persons with disabilities are not seen by the department as “employable” and are thus given less priority in the department’s transition to a greater focus on employment outcomes for its clients. The one exception to this was found within services cost-shared under the EAPD Agreement. The limited number of clients who have received this funding view it very positively and feel that it adequately meets their individual needs and expectations.

The view is held that general Employment and Career Services are not sufficiently flexible to address the significant employment barriers of persons with disabilities. Informants offered several suggestions as to how to enhance the flexibility of the existing programs and address the significant employment barriers of persons with disabilities including, the provision of increased incentives through more generous wage subsidy programs and providing additional supports to help clients link with prospective employers.

Within the services that are being delivered and targeted for persons with disabilities, significant inequities continue to exist. Persons with intellectual disabilities are viewed as receiving a greater range of supports and services than other labelled groups. The difference in service provision is most clearly observed with consumers with mental health issues and the deaf. Traditionally, the department has not made provisions (with the exception of some income supports) to address the needs of these particular consumer groups. Currently, consumer advocates believe that the department needs to pay particular attention to this issue by enabling greater access to the range of services that address the particular needs of these traditionally under-served groups.

### 4.4 Strengths and Weaknesses of the current system?

#### 4.4.1 What aspects of the current system are working well?
Leadership Potential of the Department

There is a small number of people in the department who are perceived as having an appreciation of issues that pertain to persons with disabilities. These individuals were viewed as having an understanding of the systemic barriers to social and economic integration that exist for people with disabilities. This knowledge and awareness was viewed by informants as a major strength of the department. Informants felt that in order for the system to become more responsive to all its clientele, it was essential to capitalize on the specific knowledge and capacity that currently exists within the department and develop it further. Many informants felt that the department can and should play a significant leadership role in the development of services and programs across the government sector and facilitate a community development approach to the identification of, and response to, the needs of persons with disabilities.

Disability Specific Programs

There are a number of specific programs and program elements that, according to informants, should be retained and extended in some instances. In addition to the positive recognition generally directed toward the Training Services program, the Supported Employment model was also viewed as an effective vehicle for identifying employment opportunities, assisting people to obtain jobs and supporting them to maintain employment. Some questions remain, however, on how this program can be most effective and better utilized within the community for the broader population of persons with disabilities. Informants also spoke highly of the employment programs of the Canadian Paraplegic Association (CPA) and their approach to planning and case management with respect to persons with physical disabilities. It was reported that the CPA staff demonstrated a capacity to respond to the individual needs of people and had a wide knowledge of the supports and services available through both HRE and HRDC.

A “disability focus”, and disability specific interventions, must be maintained, even as there is a move toward increased access of generic services. Informants stressed the need for adequate protections for, and increased emphasis on, disability programs and expenditures. Informants were fully cognizant of the fact that even as efforts are made to greater inclusion within all employment services that there will remain an absolute necessity for the continued provision of targeted interventions for persons with disabilities. This was seen as no less necessary for persons with disabilities as it is, for example, for youth and women. Informants felt that during the
transition (which most felt would be at least a generation) period toward a more inclusive system there will be a need for the continued use of the expertise that is found within community and advocacy organizations for persons with disabilities.

**Career and Employment Services**

The employment generation initiatives of HRE are viewed as having relevance and applicability for persons with disabilities. These programs, in a limited way, have been accessed by persons with disabilities and are perceived as an effective mechanism for some to gain entry into the labour market. The NewfoundJOBS Program was reported to have been successfully used to assist some clients with disabilities, and is seen, along with other programs, to have potential for increased usage by this clientele.

**Income Support**

Within the Income Support Program, the provision of the health care benefits is seen as a critical service for persons with limited income and especially for persons with disabilities, many of whom have extensive medical needs. The recent policy change of extending health care benefits for up to six months after obtaining employment, has been positively received by all informants.

**Service Coordination**

Informants within the current review were able to identify examples of effective planning and coordination for service provision that has occurred. These instances occurred most often through the auspices of the Training Services Program where there is involvement with a community agency (Ability Works, CPA, Employment Corporations, etc.) and/or Health and Community Services personnel. Knowledge of effective planning models is evident within the department and, when utilized, is viewed as leading to positive outcomes.

**4.4.2 What aspects of the system are not working well?**

**Information Sharing**

The feature of the system that was most frequently cited as not working well was the lack of up-to-date and accessible information that is both readable and understandable. Consumers, service providers within the community, and staff within the department are unaware of the full range of service that can be provided to assist persons with disabilities to make the transition to work. A
number of informants felt that the department was reluctant to share information about programs and services. The lack of understanding about the role of the department goes beyond inadequate mechanisms to let consumers and other service providers know what transitional programs are available - there is a perception that departmental officials may be too carefully guarding access to the programs, thereby undermining its own mandate.

_HRE should inform clients about what they are providing. Perhaps a monthly newsletter could be sent out to clients. It’s almost like they are threatened by our involvement, like it is supposed to be a secret. It should be more open. They should hold public forums. Lay out all the information so no one is threatened by it._

**Disability specific knowledge of HRE Staff**

Informants, particularly consumers, revealed a general perception that the majority of HRE staff have little or no experience with or knowledge of disability-related issues.

_There should be more education/training and awareness-building for all HRE staff, particularly CDS workers. Perhaps CDSs should be supported to access more training and events regarding people with disabilities. They need to increase their knowledge of what can and should be done. CSOs also need this._

It was also suggested that HRE staff are not linking and coordinating with other relevant service providers (Health and Community Services, Education, Community Agencies) in order to enhance services and supports for people and address needs in a more holistic fashion.

**Income Support**

In discussion of longer term maintenance of employment, informants were unanimous in stating that there were still significant disincentives to employment within the Income Support program (eg. inadequate allowable income levels; loss of drug card benefits; transportation). Informants expressed the view that exemption provisions are too low and act as a major disincentive to moving from the relative “security” of receiving benefits to the uncertainty and low earnings
associated with the labour market niche many of the department’s clients may occupy. Once employed, the net financial gain in earnings is felt by many to be insignificant when consideration is given to the current allowable income level and the other informal costs of being employed.

In addition, Income Support provisions are considered inadequate to offset the costs associated with some disability-related supports that may be required to prepare for, attain, or maintain employment. Representatives from the deaf community, for example, indicated that the cost for basic telecommunication (TTY system) is not covered.

The ‘waiting period’ for reinstatement of income support benefits, following employment, was also cited by informants as prohibiting some individuals from taking part in short term employment. This period of time (without any income) was viewed as difficult to manage, particularly if the position held prior to lay-off was low paying and insufficient to offset personal living expenses in the interim period awaiting assistance.

“One of the clients of our service was laid off after a short period of employment and was told by HRE that she could not get any assistance during her waiting period. I had to give her food because she had no others means to meet this basic need. There is something wrong with this.”

“Last year I had a real job for 9 weeks. After that, HRE said I had earned too much money and I had to wait 6 weeks to go back on social assistance. That was a very difficult time and unfair. I am trying to work, make a living for myself, getting up, going to work and getting paid for it. I was able to support myself for 9 weeks and what did I get? Basically punished. What was I supposed to do for that 6 weeks?”

**Disability Specific**

Consumers stated that despite its positive features (or perhaps because of them) the Training Services program area was significantly underfunded. Consumers revealed that this program area in recent years has been closed (to new applicants) almost as soon as the new fiscal year begins.
Due to this fact, most consumers felt that the program was no longer able to respond to the needs of its designated client group.

Funding restrictions in pursuing part time and/or graduate studies is also considered as a flaw in the Training Services program. Informants are of the opinion that considering that the program has been designed to ‘level the playing field’ for persons with disabilities who are disadvantaged in entering the labour market, the non-eligibility for part time or graduate studies may diminish its potential effectiveness. Representatives of the Deaf community are particularly critical of the limitations of the EAPD funded programs because of the apparent inconsistencies in funding policies with respect to post-secondary training. On the one hand, applicants who wish to attend Gallaudet University (for the deaf) at $30,000 may do so, subject to budgetary provisions, but those who wish to attend generic post-secondary facilities are much more limited in funding.

The Training Services program area (still referred to by many as the VRDP program) is currently undergoing a consultation process. Any detailed commentary from this review prior to an analysis would therefore be inappropriate and premature. It would be correct to state, however, that most consumers consulted in this review were in favour of significant changes to the program. The one area cited most frequently as a concern (especially by those who could not access the program) was the provision of tuition. Although no consensus was reached, consumers did indicate a preference to have more funding directed toward disability supports, job placements and employment follow up programs rather than a continuance of provision of tuition (at least in its present format). This may represent an area that will require further investigation and consultation by the department.

While the Supported Employment (Employment Corporation) model was highly regarded, many informants felt that staff of these programs were underpaid and were given inadequate initial and ongoing training. The concern was also expressed that wage levels for co-workers were not applied consistently across the province. Informants indicated that disability-specific support is available for some groups, to a limited degree, but clearly lacking for others. It was suggested that without some special provisions (e.g. co-worker support or direct job finder positions), success in finding and maintaining employment is significantly lessened.
Employment and Career Services
The majority of informants in this study were not accessing generic services and thus were unable to comment on any specific service or program components that were not working well. Informants suggested that programs designed to foster employment opportunities, where the onus is on the client to first find a job and then maintain it without any further support, may not be effective for many clients with disabilities who have significant barriers which are poorly understood in the workplace.

4.4.3 What improvements could be made to strengthen the current system?
Information Sharing
Informants, both within and external to the department, clearly believe that more openness at a basic information sharing level is required. Furthermore, within the department, disability knowledge needs to be promoted across all levels of personnel, with a recognition that employment solutions require involvement of all different staffing classifications.

Service Coordination
Increased utilization of systematic and co-ordinated planning approaches with clients and other stakeholders has been put forward as a critical need to be addressed. Many respondents felt that there was insufficient communication both within the department (eg. between CDS and CSO worker) and between the department and other departments or community agencies. Informants indicated that HRE needs to do a better job of identification of employment related needs upon initial contact with new clients. This, it was felt, would lead to increased involvement of CDS staff and better linkages to 3rd sector organizations and/or other government agencies. Further to this point, some informants recommended the consolidation of the CDS and EAPD functions into one position.

“Perhaps it might make sense for CDS workers and CSOs to meet together with the client when the client is in the planning stages for training, etc. Often CDS workers are not aware of child care, transportation allowances, etc. that the CSOs administer that clients might be eligible for and require to make participation in training or employment...
possible. In addition, clients sometimes report that they have difficulty communicating their plans to the CSO workers once they have been agreed upon by the CDS.”

“There needs to be a better flow between CDS workers and community groups people are referred to. More clarity with respect to who is case managing (CDS should do overall case management). Community groups seem to be better equipped to provide more individualized and in-depth support to clients, but CDS should continue to monitor to ensure the organization is meeting the client’s needs.”

**Income Support**

More generous provisions under the Income Support program to neutralize the disincentives identified in other sections of this report were clearly seen as critical before training, employment counselling or additional disability-related employment supports can be maximally beneficial. Extension of health care benefits, transportation assistance, and higher income exemptions were the most frequently cited as means to most effectively address disincentives.

**Employment and Career Services**

As the shift of the department toward maintaining a strategic focus on long-term, sustainable employment for its clients is new, an enhanced understanding of the labour market (the demand side) is required. Informants, particularly HRE staff, felt that while this has not traditionally been in the realm of interest for the Department of Human Resources and Employment, it is now a domain which needs to be carefully considered. In addition, as part of the process to strengthen its presence as a contributor to economic health within the province, HRE needs to establish better connections with employers, and in particular, create awareness with employers on disability-related issues through promotion and community development.

The majority of informants strongly suggested that the department move away from a program specific approach and adopt a client-centred model based on responding to identified need, not disability. In doing so, the department would need to consider the development of new interventions as well as ensuring increased access for all persons to those programs and services that currently exist.
Currently the Supported Employment Programs, which are administered primarily through Employment Corporations in various communities throughout the province, provide services for persons with developmental disabilities. Indications are that the Department of HRDC, which provides administrative funding for these programs, wishes to expand the mandate to be more inclusive of the full range of persons with disabilities. This is desirable, in many ways, as a means of increasing community capacity and extending an effective model of service provision for a greater range of clientele. Care, however, needs to be taken as this program area evolves to ensure that persons with the most significant barriers are afforded an equitable share of resources to assist them in finding and maintaining employment.

4.5 The degree to which programs and services of the department assist current recipients to achieve their employment related goals and objectives?

4.5.1 How are the employment-related goals/objectives for persons with disabilities identified?

Most respondents (HRE staff, consumers, and community organization representatives) reported that people who were assisted in the identification of their employment related goals were most often assisted by community based staff. In the St. John’s area, persons with disabilities are frequently referred by HRE staff to Ability Works for testing to determine their aptitudes and areas of interest.

“No, nobody from the department has ever approached me about employment. I have done things on my own. I have sought the support of ILRC and Ability Works.”

At the present time, very few people with disabilities are supported by HRE staff in the identification of their employment-related goals. Many respondents also pointed out that they were not even aware of the employment related stream of HRE and they questioned how anyone in that department could help them identify their employment related goals if they had never even spoken to them.
When people were assisted by HRE staff, goals and objectives were usually identified through the application and interview processes facilitated by either EAPD workers or, to a much lesser degree, CDS staff. Consumers are encouraged to identify their own goals and objectives and workers help them by supporting them to discuss their interests, limitations, skills, knowledge, and education.

4.5.2 How is consumer progress toward their identified goals measured?
HRE staff consistently reported that they felt this was an area where the department was particularly weak. The majority of clients with disabilities are referred directly from intake to community based groups that “specialize” in supporting people with disabilities. In most instances, the progress of the clients is not known to HRE except if at some point they find employment and no longer require income support. HRE staff have little or no contact with the community organizations with respect to the progress of particular clients.

One exception with respect to tracking of client progress may be found within the educational/training component of the Training Services program. Client progress in this program is monitored through the requirement to submit grades at the end of semesters and report on the number of semesters and credits completed.

A few respondents reported that for the limited number of people with disabilities who were seen by a CDS, short term and long term goals were set and progress toward these goals was monitored by the CDS in collaboration with the client - the same procedure as would happen for other clients of the CDS.

4.5.3 To what degree are services offered responsive to the goals and objectives of consumers?
Respondents reported that there are major gaps in the current range of supports and services required to meet the employment goals and objectives of all clients with disabilities. They further stated that the gaps vary greatly from region to region. Consumers described a range of supports and services that would be required to assist them to meet their needs. Some of these included: assistance with career exploration; support in resume writing and enhancing interview skills;
assistance developing business ideas and establishing small businesses; post-secondary education; support with job finding; on-the-job support; etc.

There are very few community-based programs to which people can be referred. In addition, the majority of those that people are being referred to are “disability specific” and are therefore not open to all clients. Furthermore, programs targeted at specific groups frequently provide only one kind of support or service. Many consumers, especially those with mental illnesses, reported that there are very few services and supports to assist them to meet their employment related goals.

“If you have a developmental disability you are sent to an employment corporation, if you have a physical disability you are sent to CPA, and if you have anything else you are sent home!”

On the positive side, many consumers report a high degree of satisfaction with the support and service they receive from community organizations. In particular, they feel that the staff of the community based organizations understand their needs and have a desire to help them move toward their employment goals and objectives.

One concern regarding the responsiveness of community based programs that was raised frequently by HRE staff and by some consumers themselves was the fact that there seems to be some tension between community organizations and organizations tend to “hoard” their clients. That is, clients do not seem to get referred on to other community organizations for services, even when it might enable their employment needs to be better met.

“At present, there is fuzziness around which community organizations are providing which services. Some may track same clients and both are counting those clients in their statistics. Also there is an ownership issue and tendency to hang on to clients who might be more appropriately referred on. Two agencies dealing with same person may also be confusing for employers who hire people. They may get conflicting advice or information from the two groups serving the clients”.


The majority of respondents who had familiarity with the EAPD cost shared programs, and in particular Training Services, felt that these programs and services were responsive to their employment related goals and objectives.

### 4.5.4 Are consumers achieving their identified goals and objectives?

It is important to note that within the research design of the current study it was not possible to adequately address this issue. A more adequate response would require statistical analysis from a random sample of consumers and/or the availability of statistics of success rates from community organizations and departmental programs. However, anecdotal evidence gathered from consumers spoken with during the course of this study indicates some are achieving success while the majority are not.

Consumers supported through the Training Services program reported that they have been successful in achieving their employment related goals. They report that the education they acquired and the subsequent support they received to find employment (many were referred by EAPD worker to Opening Doors) was excellent. A concern noted, however, was that persons with disabilities who gain employment, face additional systemic barriers which lessen their ability to advance their careers.

Other consumers reported that they have had success in achieving their employment related goals and they acknowledge the support they received, and in some cases are continuing to receive, from community based organizations like CPA and Employment Corporations towards the attainment of these goals.

The majority of consumers spoken to during this study reported that they are not having any success in achieving their employment related goals. In many cases, consumers reported that they either had no services to turn to for support or were accessing services that were not helping them move toward their goals and objectives.

### 4.6 Services and supports that meet the department’s objectives?
4.6.1 What are the key strategic objectives of the department?

Upon review of available departmental documents, the following presented as being key departmental objectives relevant to the study of supports and services to persons with disabilities:

- To assist people to prepare for, attain, and maintain employment;
- To shift to a more client centred rather than program-driven approach;
- To remove barriers to employment;
- To provide easier access to a simplified income support system for those who need it.

4.6.2 Are the services and supports compatible with the identified objectives of HRE?

Assisting people to prepare for, attain, and maintain employment

This issue is addressed in section 4.3 of this report.

Shift to a more client centred approach

Consumers almost unanimously reported that they did not feel that HRE staff were aware of or could respond to their individual needs. The primary reason people cited for believing this was the fact that most people had no direct contact with any HRE workers.

“I never met with an HRE worker, so I don’t think so.”

“Very few people at HRE or HCS could actually put a face to (my daughter’s) name.”

Many suggested that there continues to be an over-reliance on the “medical” model with respect to their needs. They stated that policy requiring a “doctor’s note” as proof of disability and the credence given to medical reports as opposed to consumer’s opinions regarding their potential or progress is further evidence that the system is not “client-centred” when it comes to persons with disabilities. The majority of informants indicated that services and supports were still delivered based on a “disability-focus” rather than identification of consumer needs.

“I want to go out and work. I don’t want to be on social assistance all my life. But, to them, I have no future. It’s in my files. My file says things like “can’t handle the
information given”. There are doctor’s reports that suggest that I will basically be on social assistance all my life. One FAO worker said I am “incapacitated”. I am not. That is like saying I have my head cut off. The workers pay more attention to the written word in the file than what I say I want for myself. In fact, she never asked what I want to do.”

Remove barriers to employment
Barriers and their implications have been discussed throughout other sections of this report, in particular Section 4.4.

Provide easier access to income support to those who need it
From the consumer perspective there was very little, if any, comment about any increased ease with which income support can be accessed from the department. Consumers did report continued difficulty in accessing CSO workers and felt that the application form was cumbersome. Departmental staff did report, however, that the simplification of the program has eased program administration.

4.7 Potential Implications for other government departments?

4.7.1 Are there policies that exist in the other government departments that would impact upon the ability of clients to meet their employment-related goals and objectives?

It is important to note that a number of respondents, including HRE staff, stated that they were unable to comment on the impact of policies of other departments because they were simply unaware of the policies. Respondents indicated that discussions between departments seem to be occurring at a high level but little information regarding these discussions or opportunity for interaction with other departments has been made available to the majority of HRE staff.

Respondents who were more familiar with the policies of other departments, pointed to three main policy areas that could potentially impact on the ability of clients to meet their goals and objectives. First, policies of the Department of Health and Community Services that make the provision of home support contingent upon income testing. Second, the Treasury Board policy to promote the hiring of people with disabilities in the public sector. Third, the Department of
Education’s policies with respect to transition planning for students, inclusion of students with disabilities at the post secondary level, and administration of the Student Loan Program.

**Health and Community Services**
Respondents pointed out that the fact that consumers have to start paying for their home supports if they earned income as a major barrier (to employment) for most people in receipt of home support. Consumers spoke passionately about the fact that their disability related supports are not a luxury, but rather an absolute requirement. They believe that it is unjust to expect people to have to pay for their home supports out of their earned income, while people who do not have disabilities never have to incur such expenses in the course of their working lives. In many cases, this requirement means that people would always be living at or below the poverty line, no matter what their income, because expenses related to their disability are so great.

**Treasury Board**
The Treasury Board policy to promote and support the hiring of people with disabilities in the public sector was spoken of very positively, particularly by consumers and HRE staff. Informants stated that the Opening Doors program (Treasury Board) represents a very effective mechanism by which to gain access to employment in both the provincial and federal public service sectors. EAPD workers seemed most familiar with the program and had frequently referred graduates of the Training Services program to Opening Doors for employment assistance. There was some suggestion that the Opening Doors programs was not being accessed uniformly in different areas of the province.

Many informants felt that as the department increases its focus on assisting persons to achieve employment outcomes, that a closer and more collaborative relationship should be developed between HRE and the Opening Doors program. While supportive of the efforts of the Opening Doors program, most informants felt that the provincial government should pay further attention to the issue of ensuring greater employment equity in the public service. Efforts should be made to ensure the proportion of persons employed in the public sector is reflective of the general population. Informants felt that if government believes persons with disabilities should be better represented in the workplace, then it should lead by example.
Department of Education

Community organizations providing employment support to persons with disabilities and consumers and their family members were the most vocal about the need for the Department of Education to become more pro-active in terms of supporting the development of transitional plans for school age people. This is an area of perceived weakness. The fact that HRE staff are rarely involved in the transition planning processes was also identified as a weakness.

With respect to inclusion of people with disabilities at the post secondary level, again, the opinion was expressed that the Department of Education has a role to play in the promotion and support of inclusion of all people in post secondary institutions.

The issue of accessing student loans arose during interviews with three clients. One client reported that they were deemed ineligible for a student loan, even though they are on income support, because the student loans office considered the money she received for home supports as “income”. Two clients reported that they were discouraged by the fact that they had significant student loans but no capacity to repay them since, although they had completed their degrees, they were unable to find employment related to their training. They also pointed out that while they might be able to find work that pays minimum wage, that would be insufficient to allow them to pay off their loans and cover all other living expenses.

4.7.2 Are there effective mechanisms/linkages that enable referrals to appropriate programs within other departments?

The Individual Support Services Plan (ISSP) process is being utilized for school age students, with special needs, up to age 21. It is still relatively new and, to date, very few HRE staff have been involved in the ISSP planning processes that have been occurring. Throughout this review, parents of young people with disabilities, educators, and HRE staff themselves indicated that the participation of CDS staff in ISSP processes would likely benefit students by enabling them to be aware of the full range of employment and career services that are available to them even before they leave high school. It would also provide CDSs with an opportunity to get to know the individuals they are (or will be) serving and enable them to respond more appropriately to their individual employment needs and/or refer them to appropriate services.
“ISSP planning is supposed to involve HRE/Education/Justice/Education. HRE workers rarely participate. HRE workers need to be made aware that there is an ISSP process and they need to be provided opportunities to participate where appropriate.”

In some areas of the province, HRE staff, representatives of community organizations providing employment support, post secondary educators, and others have established Networks that meet on a regular basis (i.e. once a month) to share ideas and information about employment and training. Participants in these networks report that they have been very helpful with respect to learning about other supports and services that are in the community. These have also enhanced the rapport and increased referrals between various agencies.

“We have a CET Network (Career, Employment, and Training) that meets once a month. It involves everyone: CONA, Compucollege, the community agencies, HCS, etc. It has been very helpful.”

Many staff are creating and using informal linkages with staff of other departments when needed. These linkages have been effective for those who have been able to establish them. But for those who are less well connected, the lack of more formal mechanisms has been a source of frustration and results in an inability to serve clients effectively.

4.7.3 Are there ways to enhance coordination across departments in order to better assist clients to meet their employment-related goals and objectives?

HRE staff consistently reported that there is very little communication between workers in different departments who work with the same clients. Where staff of different departments (i.e. HCS and HRE) are co-located in the same premises, staff report greater communication. Respondents indicated a need for more information about the programs and policies of other departments and a need to share information about the programs, services, and policies of the Department of Human Resources and Employment. Informants felt that by sharing the information regarding HRE with other departments (and front line staff within those departments), more people with disabilities will be referred to programs that can support them to meet their employment related goals and objectives.
Informants who were familiar with the ISSP process suggested that the ISSP process, or a similar process, should be carried through for adults as well. However, these respondents also cautioned that care would have to be taken to ensure that the process was truly a team effort. Some HRE staff spoke about General Service Planning and the fact that while that process was supposed to be a team effort as well, too frequently the social worker and the mother of the person with the disability were the only people on the “team” doing any work.

Respondents also indicated that any opportunities to engage in joint training with staff from other departments is helpful in building rapport and facilitating information sharing. It was pointed out that the training need not be anything related to people with disabilities. People stated that just being brought together, even for computer training, enhances communication across departments and this, in turn, can enhance coordination.

Informal networks established by various agencies to enable greater communication regarding employment related supports have been reported to be very successful. The suggestion was made that the department could take a more pro-active role in establishing new networks and supporting the existing networks.

There was some support noted among informants at all levels for the creation of a department, division, or office in government that would serve as an internal “advocacy voice” for people with disabilities. It was suggested that this body could serve a pivotal role in ensuring that disability-related issues are dealt with in a coherent fashion within government. This body could also be responsible for monitoring the extent to which the needs of people with disabilities are being addressed by the various departments and suggest changes when necessary. This office would work closely with community advocacy groups.

4.7.4 Are there suggested or proposed changes to Income Support or Employment and Career Services that would have impacts on other departments?

Respondents caution that, as the department becomes more focused on employment and career services and the separation between HRE and HCS becomes even greater, there will be an
increased need to establish clear mechanisms for referring people with social/emotional/medical issues to other relevant departments and programs. They further point out that the identification and response to these issues is often linked to clients’ abilities to successfully access career and employment services. HRE staff, consumers, and community organizations all indicated that some clients’ issues are already not being adequately addressed either because referrals or services are not in place.

4.7.5 Are there current programs or services that would be more appropriately offered by other departments?

As referenced in section 4.2, the majority of respondents were satisfied that most of the supports and services of HRE are within their mandate.

Respondents varied with respect to their opinions about which department should be responsible for pre-employment training and funding of post secondary education for persons with disabilities. Many HRE staff suggested that the Department of Education should be responsible for both providing and funding post secondary education and training. However others, particularly consumers, were opposed to this suggestion. They indicated that their experiences with the Department of Education had been less than supportive and felt that HRE was actually providing a more responsive and supportive program than that which they would anticipate receiving from the Department of Education. They further suggested that HRE should maintain responsibility for funding post secondary options because they believe the education/training needs to be done in conjunction with career counselling.

Respondents also suggested that the additional supportive services for mental health consumers and those labelled socially disabled should come from the Department of Health and Community Services rather than HRE.
5.0 Composite Profiles

Section 4.0 of this report provided commentary, based on feedback from stakeholders at a variety of levels, as to the differing impacts and implications of existing HRE policy, procedure and service delivery. In this section, eight composite profiles are presented which further illustrate the findings and provide additional insight into the strengths and weaknesses of the system as experienced by consumers. These composites are not factual accounts of any one specific individual or family but rather are based on common issues/themes arising from an analysis of all data sources.

PROFILE # 1

Mental health disabilities are not understood by government or by employers. The needs of people with mental health disabilities may fluctuate, they are not usually constant. At one point in time, I may appear to have no needs while at another time I may need to be hospitalized because my needs are so great. The severity or presence of my disability is not constant, therefore it is much harder for the public to identify and understand my disability.

The fact that the illness is not constant really seems to impact on the treatment I receive most places. There is a real skepticism about my illness. I am sure that Financial Assistance Officers who have seen me on a good day think, “There’s nothing wrong with that guy except a great deal of laziness!” What they have got to realize is that I wouldn’t even make it into their office on a “bad” day so they are unlikely to ever see me at my worst. I feel like I have to convince them that I have a mental illness. Perhaps the variability in symptoms is one of the reasons that some people who have mental illnesses get a lot of supports and services and others get absolutely none. Another reason is the variability of workers. Some HRE staff seem very sensitized to the issues. Others seem to have no knowledge or awareness of what it means to have a mental illness.

The only support I get from HRE is income support ($174 every two weeks), rent ($250 per month), and drug card. This is not a lot to live on but I thank God for the drug card. The biggest barrier I face in getting employed would be the drug card. The medications I require to control my symptoms are very expensive, over $300.00 per month. That means that if I were to get a job that paid minimum wage and were to work 40 hours a week, I would be worse off than if I were
on social assistance. The medications alone would bring my income to less than what I currently receive. If you also consider the extra expenses I would have related to going to work, (transportation, clothing, etc.) I would be considerably worse off.

I would like to work. But, apart from the drug card, I also feel that I would need a lot of support to prepare for and find employment. I have spoken to my FAO worker and told her I would like to work. She said she would refer me on to someone. That was about 3 months ago and I haven’t heard from anyone. I am not sure who she referred me to or if she did refer me at all. It has been 6 years since I worked anywhere. I have no resume. I have no job hunting skills. I have very low self-esteem and feel that not many employers would want to hire me. I guess if I have to start somewhere, my preference would be to work with a non-profit community group because I suspect there would be more sensitivity to my needs in that kind of a work situation. That might help build my confidence and enable me to move on to work elsewhere.

If I were to get a job, I would like to have a co-worker or someone to support me for the first little while on the job but I understand that kind of support is not available to people with mental health disabilities. I think that is wrong. If people need a certain kind of support they should be able to access it. It doesn’t make sense to say you have to have a particular label (in this case developmental disability) in order to get a service. I have actually heard that some people with mental health problems have been labeled “developmentally disabled” in order that they could access employment corporations and co-worker support. That is ridiculous.

It may be hard for you to understand just how much support I may need because I am having a good day and I am comfortable sitting here talking to you. But, more often that not, that is not the case. There are days that I may require a lot of support just to get out of bed and get some food on the table. I don’t get that support, but my needs are such that I may require that kind of support. If those days go on for too long, I usually end up back in hospital. There is not enough community based support out there for people like me so we end up in hospital for extended stays. That makes financial sense doesn’t it?

I have no idea what kind of employment related supports and services HRE has. These have never been explained to me. I suspect there is a belief that if I want the information I will go
looking and find it. But I think that government has to realize that some people are not at that point of empowerment. I need support to even get to that point. That doesn’t mean that I am not ready to move forward, I just need more support.

PROFILE # 2
I am presently working as a clerk/receptionist with a provincial government department. I am very satisfied with the job I have. I got the job with the support of the CPA. They helped me access EAPD funding to attend post secondary college and then they linked me up with Opening Doors and, through that program, I got my job.

Before I started post secondary training, I was receiving Income Support and had a drug card. Now that I am working for the provincial government, I have Blue Cross and that covers my medications. I am very fortunate to have a job with this kind of health care plan since my medications are very expensive.

I haven’t really had many dealings with HRE. When I got out of High School I went on income support. I didn’t want to be on income support for the rest of my life. I knew I needed training in order to get work and I knew computers were the new thing, so decided to pursue training in that area with the aim of eventually getting an office job. I went to CPA and told them what I wanted to do and they helped me get into the college and get the supports I needed. They made all the contacts with HRE for EAPD funding.

The EAPD funding covered the cost of my college tuition, books, and tutor. The support to go to college was very helpful and enabled me to get work. Going to college made me feel very good about myself. When I was growing up I never thought I would ever go to college. I never thought I would be accepted, but I exceeded my expectations. I feel that experience gave me the self-confidence to move ahead and get a job.

After I graduated, I got a call from the provincial government about this job. I was thrilled. However, I found it very difficult in the first few months. I was afraid I was not going to make it there. But I did.
PROFILE # 3
I am interested in cooking and would like to work in the restaurant business. I don’t want to be on social assistance all my life. But, to HRE, I have no future. It’s in my files. My file says things like “can’t handle the information given”. There are doctor’s reports that suggest that I will basically be on social assistance all my life. One FAO worker said I am “incapacitated”. I am not. That is like saying I have my head cut off. The workers pay more attention to the written word in the file than what I say I want for myself. In fact, no workers have ever asked what I want to do.

I have to fill out an application form for HRE every year, usually around March. On my application, I always say I am interested in employment. I have never received a call from HRE to explore my interest. It seems that HRE only helps people who are not as severe (as me). People with significant limitations do not get included. I believe that they are under the impression that my employment needs are being met by the local employment corporation but I am not getting served there. They have many clients and not enough jobs.

There are many advantages to getting support from community groups. As a disabled person, the first place you would reach out to is an organization for the disabled. Most people with disabilities are familiar with the organizations and the staff. They feel comfortable there. Community groups are also better at contacting clients regularly, even if clients are not in contact with them. They call every few months and make that personal contact.

On the other hand, there are some disadvantages to the community groups. For one, they all have more clients than they can handle. Second, they do not have the means to respond to all needs of all clients. They can’t be all things to all people. Community groups also have a tendency to support people with less severe needs. This is driven by the fact that their effectiveness is measured by the number of jobs they get and it is easier to get jobs for people with less severe needs. Finally, most community organizations are so busy fund raising or competing for government dollars that they cannot support their members correctly. Government should make a stronger commitment to community groups and reduce the friction among them.
If community programs are going to continue, there should be a much stronger team approach between HRE and these community groups. Right now, people are sent to these groups and HRE loses track of them completely. Also, agencies, like consumers, have to fight for information about the programs and services that are available through HRE. I also wonder if people served by third sector might be the last at the trough when it comes to accessing programs and services when HRE staff are working with the “non-disabled” to try to get them employed and they are closer to the programs and services that can be accessed.

I believe HRE should be providing me with more employment support. The way the system is now, it seems that if you have a disability you can only apply to be on assistance. There is no support to get into employment. They could help me explore my interests and get the skills I need to do the job I want. I don’t want them to just give me social assistance and then forget about me. I want them to contact me, ask me about my work and education goals, get me involved in developing an employment plan and then help me to get the supports I need so the objectives I set can be accomplished. HRE really needs to be able to provide career and employment planning to persons with disabilities. Give us more choices. Provide real counseling.

I have a friend who is also on social assistance but who doesn’t have a disability. When she told her FAO worker she was interested in finding work she was sent to a Career Development Specialist who helped her with her resume, helped her identify short term and long term goals, helped her access a wage subsidy program, followed up with her, and much more. She’s doing great. It’s like if you are not disabled, you are fast tracked. If you are disabled, you are shuffled off somewhere and no one in HRE knows or cares what becomes of you.

The system is also not respectful of people. Information is not shared and workers are in control of your situation but they are nearly impossible to contact. Last year they sent out letters saying that, in response to complaints from consumers, they were no longer going to have the voice mail system at the office I use. But things haven’t really improved. Many times when I call, the person on the other end hangs up before speaking or I get transferred to the receptionist who simply says the person is away from their desk. You still have to wait for them to call you back and sometimes you are waiting for days or forever - they don’t call back. If you are calling about
something very important, this can really impact on your life for several days because you are afraid to leave your home in case they happen to call when you are out. It gets very frustrating.

HRE staff, including FAOs, should get training to help them understand the needs of people with disabilities and to help them recognize the barriers people face so they will be able to help them overcome the barriers. Staff have to believe in us, that we can be employed and be enthusiastic about it. They need to know how to get around the barriers. But the main thing is that they have to believe in us and our strengths not always point out our weaknesses. They need to see us an individuals with unique strengths, needs, and goals.

PROFILE #4
I haven’t really worked since 1985. I have worked on some projects with a couple of advocacy groups but my disability, which is progressive in nature, has deterred opportunities for employment. I need flexible hours and other accommodations that I do not believe are readily available in most employment situations.

I am trying to return to university. A lot that I have been involved in has been disability related. But that is not necessarily my area of interest. I am interested in computer programming. Therefore, I would like to further my education to enhance the likelihood that I could work in that area.

I tried to go to university on my own in September because I couldn’t get EAPD funding. I applied for student loans but was turned down because they said I made too much money. They included my home support as my income! I appealed and, with much assistance from an advocacy group, got my social worker to FAX them something saying what I actually got for myself. She told them I was getting $344.00 every two weeks. I am not sure about that. Also, she did not tell them what I would lose if I got the loan. I was turned down again. I have applied for EAPD funding for next September but I am on the waiting list.

It would be good if the Department of Education could work more collaboratively with HRE to recognize my needs. The Department of Education processes our loan applications but they have no idea of our needs. The loan request came back saying I made $22,000.00 and I was
disqualified although I had placed an asterisk highlighting my support needs and pointing out that this is not income that I have at my disposal. This is simply money I receive to pay my support workers.

I felt very frustrated with the whole experience because I didn’t get any support at all from government. The only support I have gotten has come from community groups that I have sought out and accessed on my own. I attended a workshop sponsored by a post secondary youth group and enlisted the help of an advocacy group. I have also had contact with Ability Works. Other than the EAPD worker, I have never spoken to anyone at HRE, not even a Financial Assistance Officer. I learned about EAPD through my community connections. There is no employment support from HRE unless I go looking for it or hear about it from some other source, even then, it is not always helpful.

The most contact I have is with Health and Community Services social workers. I receive 24 hour care. I don’t see my current social worker very often. She is at the Mount Pearl office and she is very difficult to contact. It’s very hard to get in there. In the past I saw a worker in the office nearer my home but since the Family and Rehabilitative Services were moved to the Mount Pearl office, I rarely see my worker. I believe I receive the regular allowance (income support) from HRE but I am not certain what I am getting. All the money I receive comes in one cheque. I manage my own staffing so the money for payroll as well as the money for my own living expenses comes on the same cheque. It is very confusing.

I don’t like that the HCS and HRE support dollars are combined in one cheque. I would have no problem if they decided to separate that out and send me 2 cheques. I want my income to be mine, coming to me and home support coming separately so that I could put it into a payroll account. Then it would also be easier for me to get loans, etc. It won’t look like it is my income! I would also welcome having two workers. I don’t get to know the HRE part of it. If I had two workers, I would probably get more information about what HRE does.

My social worker has never discussed employment goals or education goals with me. She has never offered information or referred me on to any organization for help. At one point I told her I
was interested in university. She told me that if I got a loan I would be cut off from regular assistance. I don’t think she meant home support although I am not one hundred percent sure.

I am not able to access the supports and services I need because I don’t really know what all the programs and services are. Often you find out about supports and services through the grapevine. No one tells you what you are entitled to or what is available in the line of support. You have to go looking or find out by accident. HRE should inform clients what they are providing. Perhaps a monthly newsletter could be sent out to clients. It’s almost like they are threatened by our involvement, like it is supposed to be a secret. It should be more open. HRE should hold public forums, lay out all the information so no one is threatened by it. You can’t access a program if you don’t know it exists. I think that if you are getting home support there is an assumption that you cannot work.

Apart from my personal need to find an employer who is sensitive to my health needs and who is willing to make accommodations for my needs, one of the biggest barriers to employment that I face is the fact that my home supports are income tested. I wonder if I were to make a lot of money, would I have to pay for my home supports? I am not the type of person to work for minimum wage or less. It takes a lot out of me to go to work. If I make $1000.00, I don’t want to keep $200 and use the rest for my supports. I want to keep at least 75% of it.

If I were to go to work, my home support should stay in place. Disability related supports should be provided but I should pay my own rent, food etc. I should also benefit from my work. At present, having to pay for your own disability related support needs if you go to work is a big disincentive. The attitude seems to be, “You’re getting all this money and you should be grateful”. But, the reality is that we aren’t getting the money. We are not personally benefitting. The money is going to technology, transportation, personnel, and other disability related supports that we need.

PROFILE # 5
My daughter, who has autism, is 19 years old. We haven’t set any specific employment goals for her yet because we don’t want her to be slotted into work too soon. I want her to have time to
really explore options and learn more before being expected to go out in the work force. Other kids have lots of options after high school. I want my daughter to have those options too.

We don’t really know about all the supports and services of HRE. When she turned 18 it was suggested to me by members of the Autism Society that she was eligible for services in her own right, so we contacted HCS and she is now receiving income support. At that time we also requested, and got, 6 hours of respite per week. The support wasn’t difficult to get once we knew who to contact (I got the name of the appropriate contact from a friend I knew in the department). All of our contact has been with the Department of Health and Community Services. We have never spoken to anyone in HRE and, as I said before, we really don’t know about HRE’s supports and services. No one is informing us. Government is now quite aware we have a disabled person here but nobody is knocking at our door saying this or that is available. Unless I inquire I don’t think I will be hearing anything.

The department should make efforts to ensure people are informed. We shouldn’t have to go looking. We don’t even know what we are looking for or what questions we need to ask in order to find out about things. They could do mail outs or telephone from time to time. Perhaps there should be a service where you could walk in and say, “I’ve got a disability, what supports are available for me?” One stop window/information service. Who do you call right now? Nobody has all the information. It’s important to have someone who is knowledgeable. Service does not always mean money. It can also mean just giving us the information we need.

Right now I need to get my daughter ready for employment. She needs to be talked to as an adult. She’s not going to get that in school. My daughter has to be mentally prepared to go to work. Training should be available to her, whether it’s at a college or somewhere else. But the college would have to be trained to learn how to prepare people for employment. Some may not want or need this (training) but it should be available to people.

Instead, the only option open to my daughter right now is to go to work (if she’s lucky enough to find work). The work will be in a grocery store or some other low task job and that’s where she will be expected to learn. They will put her somewhere where she will have to “put away things” because she’s good at that. She likes to have everything in its place. But, I look at that
characteristic of my daughter and see her being “driven”. This is not necessarily what she wants to be doing all the time.

I think HRE should link more with High Schools. They need to look at who is coming out and help prepare them for the future, help them explore options. At present, it seems neither Education nor HRE is interested or concerned about what happens after high school. I think it would be really beneficial to have team approach that would involve a number of players who could help my daughter move toward employment. Right now we have contact with Health and Community Services and Education. It would be nice to have contact with Human Resources and Employment, post secondary colleges, and whoever else might be appropriate to help my daughter move ahead.

PROFILE # 6
It’s been about 6 years since I last worked. I want to work as a clerk in a bank but it has been a number of years since I did anything like that so I think I need to go back to school to acquire new skills first. I am not presently receiving any supports or services from HRE and I have no idea what supports or services they offer. I assume I am not eligible for any services because my husband works and I am not on social assistance. I am also deaf and the information I have read about HRE is very difficult for me to understand since English is not my first language.

My immediate need is for training. But, I have no idea where I can access funds for interpretive services I would require to complete the training.

If I were to go to work, I would need supports in my place of employment such as TTY, Fax machine, computer, etc. I have no idea where to access funds to get these supports.

I feel completely alone in my search for supports and services that might help me achieve my employment goals. There needs to be more employment support available for the deaf.

PROFILE # 7
Right now I am not working. I am receiving income support ($174 every two weeks), rent (I live in subsidized housing and HRE pays the rent), and I have a drug card.
The last time I worked was about 2 years ago. I went to work with a non-profit community organization for 9 weeks and made $6.50 an hour ($260 per week gross). I had to pay all my own expenses out of that: rent, transportation, food, clothing, drugs, etc. My drugs are pretty expensive because I have some health problems ($50 per month). But, I still enjoyed making the money and getting up and going to work. I felt valued and it was a great boost. I got paid for what I was doing and I was paying my own way.

The big problem arose when the work ended. I was told that I wasn’t eligible for Employment Insurance because I didn’t have enough hours and I had to wait 6 weeks before I could get back on income support. That was a very difficult time and unfair. I was able to support myself for 9 weeks and what did I get? Basically punished. Sure I had a better income for a few weeks, but I wasn’t making a tonne of money! What did they expect? That I would save the little extra that I made to hold me over for the 6 weeks? There wasn’t even enough to do that when you consider the extra expenses you have when you go to work.

When I was waiting for that 6 weeks, I was desperate. I had no money for food, my rent was due and I was afraid I was going to be evicted. I was a nervous wreck. I ended up telling a woman that I knew from the employment corporation how bad off I was and she actually brought me some food. I was grateful but very humiliated at the same time. It was a terrible way to end my work experience. I am very, very scared to consider going out to work again. I feel like I was trying to do the right thing, by working, and instead of being praised and thanked for getting off the system for a while, I was punished.

PROFILE # 8
I recently graduated with a degree from Memorial University. VRDP/EAPD paid for much of my university degree. The EAPD worker was excellent. He always returned phone calls in the same day. He was the nicest social worker and would always try to do the best he could for you, even when it meant bending the rules. The support for university was great. The only problem I had with it was the fact that my tuition and books were paid for by vouchers. This system is stigmatizing and embarrassing. People know you are on social assistance. There is a perception that if you are getting HRE to pay for your education it is because you are “lazy”.
Now that I am finished my degree, I am looking at starting my own business. As far as I know, there is very little help available for that. I do not feel that I am getting enough employment support from HRE. When I graduated, the EAPD worker referred me to the Opening Doors Program and I am seeing a counselor there every couple of weeks. She helped me do a resume. Apart from this, I am not receiving any employment services. I did speak to my FAO worker in early February and told him I am interested in employment. He said he would refer me on to a Career Development Specialist but I don’t know if that’s been done. I find it very frustrating that I have no way of making direct contact with people in Career and Employment Services. I don’t have phone numbers and I must wait for a referral (in my case I am not even sure I have been referred). There should be better communication between FAO workers and CDS workers. There should also be much more clear communication with clients about their status and about referral processes. If I am referred, I should know who I am referred to and how long I should expect to wait before hearing anything.

For the most part, I feel like I am on my own now in terms of trying to find employment. There is no one to help me develop a strategy for starting my own business or for getting employed. I have approached Ability Works on my own because I knew of their existence through my connections in the community. But, they have not offered much more than resume writing assistance. I have also approached another community organization for support in getting employment, but that has not resulted in anything yet.

I am receiving social assistance ($158.00 every two weeks). Newfoundland and Labrador Housing subsidizes my rent and Social Services pays the balance. I have a drug card. I have applied for a metro bus pass but didn’t get it. $158 every two weeks is not enough to meet my basic needs. At present I have a lot of debt. I live off my credit cards.
6.0 Emerging Issues and Recommendations

Emerging from discussions with informants at all levels was an overall impression that, at present, HRE presents as a fragmented and disconnected system, as related to persons with disabilities. The department contains an array of generic employment and career supports and services that appear responsive to the employment and career needs of clients (yet these remain relatively inaccessible to persons with disabilities); the department has a set of highly rated and positive disability specific interventions (yet these are significantly limited in what they do, and for whom they do it); the department has created a pivotal position (Career Development Specialist) to provide career and employment counseling to its clients (yet existing intake, screening, and assessment procedures do not result in access by persons with disabilities to this position); the department funds many appropriate pre-employment and employment programs via community agencies (yet there is no formal mechanism to connect these organizations to each other, or to HRE).

Analysis of the findings from this study revealed a number of critical issues that require further examination, and suggest future departmental action. Further analysis of, and action within, each of these areas may enable HRE to make significant strides toward an enhanced program development and service delivery framework for persons with disabilities. The following section provides a discussion of the critical issues that emerged from this study and a set of recommendations flowing from these issues.

With respect to the recommendations, one cautionary note is required. While this report, based on overwhelming feedback from consumers, emphasizes the need for a greater and more efficient use of the “generic” system, it does so in full acknowledgment that the generic system is not yet accommodating or inclusive. Stating, and believing, that the existing system, if asked, will become completely inclusionary is naive and would represent a real disservice to persons with disabilities. It must be remembered that discovering that services are “not exclusionary” does not necessarily mean that they are “inclusionary”. Thus, recommendations for change, are directed toward an increased use of existing programs, services, and structures. However, this must not be misconstrued to mean that additional supports and services and/or specific disability related
interventions will not continue to be needed. Indeed, these additional supports are required if persons with disabilities are to ever reach a “level playing field”.

6.1 The “New” Direction of HRE

Emerging Issues:
- The new direction of HRE is compatible with and supportive of the employment goals and objectives of persons with disabilities.
- Confusion still exists at the consumer and staff levels as to the ongoing separation of the former functions of the Department of Social Services across HRE and Health and Community Services, and implications for service delivery.
- Not everyone is benefitting equally from the new direction.

Discussion and Recommendations:
Staff of HRE are particularly enthusiastic about the new direction of HRE. They state that the availability of a wide variety of programs and services, the introduction of the Enhanced Screening Assessment procedure, and the investment in staff (through training and engagement of staff in the redesign process) have all resulted in increased enthusiasm on the part of workers. They further feel that their enthusiasm and positive attitude is beneficial to their clients. Many staff recognize the need for and potential benefits of applying the employment and career capacities of the department to persons with disabilities.

Representatives of community organizations, who were somewhat familiar with the new direction of HRE, were also pleased. However, because they have not had a great deal of opportunity to observe the impacts on consumers, they are still in a “wait and see” mode.

Consumers were generally unaware of the new direction and thus could not really comment on whether it was positive or negative. Referring to the on-going separation of roles of HRE and HCS, most consumers indicated being unclear as to which department is responsible for what programs and/or services. Role confusion also exists within staff of both departments.

Informants who were aware of the new direction of HRE and the array of supports and services available to assist people to move toward employment, were very pleased with this direction and
the available services and supports. They felt that the array of supports should be helpful to people with disabilities but that the supports and services were not being accessed to the extent that they might be.

The department has made significant gains in the movement toward its strategic objectives. As well, stakeholders, both within and external to government, express great optimism that the new direction will contribute to the development of “a healthy, educated, distinctive, self-reliant and prosperous people, living in vibrant, supportive communities within sustainable regions”. To ensure that persons with disabilities share fully in this anticipated outcome, it is recommended that:

**Recommendation 1**

The department continue to work collaboratively with consumers to ensure that the new direction is inclusive.

**Recommendation 2**

The department, in collaboration with the Department of Health and Community Services, continue to clarify the roles of HRE and HCS workers with respect to the provision of supports/services to persons with disabilities.

### 6.2 Communication

**Emerging Issues:**

- The great majority of consumers and community organizations had little knowledge of the programs and supports/services of the department.
- The department is not getting the message out about what programs and supports/services are available.

**Discussion and Recommendations:**

There are a number of reasons for this current lack of awareness:

1. Many clients deal almost exclusively with HCS social workers (even though they receive income support benefits). These social workers are perceived as not being well informed
regarding HRE’s programs and supports/services, and information is not shared with consumers.

2. Consumers being served by HRE (CSO) staff are unaware of the employment and career programs and supports/services that exist within the department. While many have stated that they are interested in employment, few have been referred to Career Development Specialists or informed about the employment and career services available through the department.

3. Information regarding the programs and supports/services is not being made available to consumers in alternate formats (e.g. in large print, braille and/or plain language).

4. Community organizations, especially service providers, seem to have a fair understanding of the programs and supports/services of the department but this information does not appear to be shared with clients of these organizations.

Consumers need to be made aware of the supports and services that are available through HRE. In making this information available, the department needs to be aware that not all people access information in the same way. Simply making the information available in written format or on the Internet does not make it accessible to all clients. It is recommended therefore that:

**Recommendation 3**

The department share information with all its clients on a regular basis.

**Recommendation 4**

The department produce and make available all information regarding supports and services in alternate formats.

**Recommendation 5**

The department collaborate with community agencies to ensure that information products are accurate and accessible to all consumers.

### 6.3 Defining Disability and the Client Centred Model

**Emerging Issues:**

The department is continuing to serve clients with disabilities in a “program” driven
manner rather than on an individual basis, focusing on individual needs.

- Program driven practice is contrary to the stated mandate of the department to move toward a client centred model of service delivery.

**Discussion and Recommendations:**
The former Canada Assistance Plan (CAP) provided many reasons for identifying and differentiating between disabilities. Programs and services to persons with disabilities were cost-shareable only upon application of certain definitional criteria. However, with the introduction of the Canada Health and Social Transfer (CHST) and the major reform efforts already completed within the income support area of HRE, the need for medical verification and labeling has been diminished.

On a practical delivery level, the department currently requires “medical verification” and “labeling” in order that specific program eligibility be established and services subsequently provided. However, consumers, consumer organizations and indeed the department itself (as per its stated mandate) indicate a preference for a model that focuses on identification of individual needs and elimination of barriers to employment (i.e. Client Centred Model). Adoption of this approach would replace the current emphasis on, and necessity for, diagnosis, labeling and program driven responses. In order to address these issues, it is recommended that:

**Recommendation 6**

The department design and deliver all programs and supports/services such that they are responsive to individual needs, not disability labels.

**Recommendation 7**

The department discontinue current practice within the Income Support program of providing differential rates of income support based on disability label.

**Recommendation 8**

The department transfer responsibility for the Blind Persons Allowance to the
Department of Health and Community Services, and that it be combined with the Flat Rate Allowance.

Recommendation 9

The department continue negotiations with the Department of Health and Community Services to ensure that all clients (including those labeled mentally and/or socially disabled) who require disability specific, non-employment related supports can access these supports through the Department of HCS.

Recommendation 10

The department refer any individual who self identifies as having a disability to a disability specific agency when such a referral is the most effective and appropriate response to his or her employment needs.

Recommendation 11

The department discontinue required medical verifications of disability.

Recommendation 12

The department use self-identification for the purposes of data collection and internal reporting necessary to access cost sharing.

6.4 Barriers to Employment

Emerging Issues:

- The pursuit of employment or the development of a career is more challenging for people with disabilities than for others in society due to the barriers that exist for people with disabilities.
- Due to the barriers that continue to exist, the pursuit of employment and career services is not an attractive option for many persons with disabilities.

Discussion and Recommendations:

This study identified several areas where barriers to employment continue to exist including
within the Income Support program, in societal attitudes and awareness, and in access to required individual supports.

6.4.1 Income Support
Recent changes to the Income Support policy have reflected acknowledgment of and response to the fact that policies were, in many instances, discouraging people from going to work. However, through the current review process, several disincentives remaining within the Income Support Policy were found. Disincentives most frequently cited include transportation costs, drug card benefits, and claw back of earned income. In order to reduce or eliminate these financial disincentives to employment, it is required that the department continue with its changes to the Income Support program. To that end, it is recommended that:

Recommendation 13
The extended health care benefits (for six months after employment), recently provided to “families” be immediately made available to all clients.

Recommendation 14
The department examine the implications of extending health care benefits indefinitely through a policy which considers income level, the cost of required medications, and the availability of private health care insurance.

Recommendation 15
The department increase the allowable earnings exemption levels for singles and families.

Recommendation 16
The department increase one time payments for clothing, tools, etc. to enable persons to go to work.

Recommendation 17
The department, in determining eligibility for income support benefits, assess
income earned during the previous 30 days only, and that clients, under no circumstances, wait more than 14 days for financial assistance.

Recommendation 18
The department continue income support payments, without reduction, to clients for a 30 day period subsequent to commencement of employment.

Recommendation 19
The department introduce, subject to results obtained from ongoing evaluation of the Single Parent Employment Support (SESP) program, an Earned Income Supplement incentive for clients who obtain employment.

6.4.2 Societal Attitudes and Awareness
A frequently cited theme in this review was that attitudes prevalent in our society present as a significant barrier to the employment of persons with disabilities. Informants suggested that due to such factors as lack of direct experience with persons with disabilities, misconceptions about disability, and lack of awareness of disability related supports, many service providers and employers hold attitudes that impede their ability to support people with disabilities to prepare for, attain, and maintain employment.

Lack of sensitivity to and awareness of the needs of persons with disabilities, particularly among generic service providers and employers, is often provided as one rationale for the continued use of disability-specific services. Indeed, most consumers report that staff of disability specific services (both within and external to HRE) are more sensitive to and aware of the needs of people with disabilities. In addition, from an employment perspective, informants indicated that non-profit community groups often present as employers who are more willing to hire and to accommodate persons with disabilities in the workplace.

Creating more awareness among service providers and employers about disability related issues is a critical component in the development of more positive attitudes about employment of
persons with disabilities. As well, encouraging the hiring of persons with disabilities through the provision of employer incentives is viewed as an effective means of both increasing labour force participation and introducing positive attitude change. At present, incentive programs for hiring do exist within the Employment and Career Services program area. However, the limited number of employers spoken to during the course of this review indicated that they, and employers generally, are not aware of many of the currently available employment incentives or at the very least were not aware that such supports were available to, and for, persons with disabilities.

The following recommendations are aimed at creating awareness about disability issues and sensitizing service providers and employers about the needs of persons with disabilities. It is recommended that:

**Recommendation 20**

The department ensure that its staff and the staff of 3rd sector agencies contracted to provide employment services are kept up-to-date with respect to disability related issues.

**Recommendation 21**

The department provide “Values Based Training” immediately for departmental staff (particularly for Client Service Officers and Career Development Specialists) and staff of 3rd sector agencies funded by HRE to increase sensitivity to and knowledge of the needs of persons with disabilities.

**Recommendation 22**

The department host annual events involving all stakeholders that would serve as an opportunity to learn about disability related issues and also facilitate information exchange between stakeholders.

**Recommendation 23**

The department develop and provide regional training activities for departmental and 3rd sector agency staff that are tailored to the specific needs of particular areas.
Recommendation 24
The department ensure that persons with disabilities and/or representatives of consumer organizations be included as both facilitators/presenters and participants in all training events related to creating awareness about disability issues.

Recommendation 25
The department, in conjunction and in partnership with other government departments and community organizations, engage in ongoing education and awareness campaigns directed at employers about the value of including persons with diverse needs in the workforce.

Recommendation 26
The department host annual Employers Forums in each region of the province to ensure that employers are kept fully informed about incentive programs and other disability related issues.

Recommendation 27
The department, in conjunction with its community, consumer and government partners, produce Public Service Announcements promoting the inclusion of persons with disabilities in the workforce.

Recommendation 28
The department, in recognition of their greater awareness of and sensitivity to needs of persons with disabilities, increase employment placements within non profit community organizations.

6.4.3 Access to Non-Employment Related Supports
A barrier frequently identified by consumers is the continued linkage of home supports to income testing. Many informants indicated that this practice continues to ensure that for many persons with disabilities, especially those with extensive needs, employment (from a financial perspective) is simply not a preferred alternative. Therefore, it is recommended that:
**Recommendation 29**  
The department undertake immediate discussions with Health and Community Services with respect to redesign of the home support program area.

**Recommendation 30**  
The department undertake an agreement with the Regional Health and Community Services Boards to ensure that support services are portable across regions.

### 6.5 Service Delivery

**Emerging Issues:**

- Unlike other clients of the department who express an interest in employment, consumers with disabilities are not being referred to Career Development Specialists for counseling and service provision. Instead, consumers, in general, are referred directly to community based service agencies that support people with disabilities (e.g. Employment Corporations, CPA, CNIB) or to the EAPD worker.
- There is a lack of coordination of service provision both within the department, and with other government departments and community agencies.

**Discussion and Recommendations:**

#### 6.5.1 Access to Services

Under the current system, clients are, most often, identified as “disabled” and either (1) receive no employment and career services or (2) are directed almost exclusively to disability-specific programs and supports/services. As described earlier in this report, this systemic response has resulted in positive responses for only a limited number of persons with disabilities. In general, however, the current system significantly restricts access by persons with disabilities to the broader array of career and employment programs and supports/services that exist both within HRE and the community.

While it is recognized that there are several positive aspects of a disability specific approach, there are also major limitations to the use of this approach as a primary method of service delivery. These limitations would include:
1. The exclusive usage of “disability-specific” agencies often means that other more generic services are not forced to become more flexible and accommodating. There is an expectation that “disability-specific” agencies will meet the needs of people with disabilities, therefore more generic services need not consider the needs of persons with disabilities. So, for example, programs that support youth, women, or entrepreneurs might not see the need, nor develop the ability, to support people with differing abilities.

2. Some groups are simply not getting served because there are no “disability-specific” agencies providing employment services to this clientele, and they are not being accepted into existing services.

3. Programs and services that are designed based only on a disability consideration present as a contradiction to the goals, objectives, and mission statement of HRE, which promote an individualized client centred, needs based approach.

4. There is no compelling rationale for the maintenance of two separate and distinct entry points for employment and career services (i.e. CDS vs. EAPD worker) or for the continued predominant practice of disability specific, rather than needs based, responses.

5. The isolation of the EAPD process within the department has resulted in a real lack of knowledge among consumers and community groups as to the actual and/or intended role of the Career Development Specialist as related to the provision of career and employment planning.

If people with disabilities are to be accepted and welcomed in all workplaces, then greater usage must be made of generic supports and services in assisting persons with disabilities to move toward employment. At the same time, it must be recognized that individuals may require specific supports to enable them to access these services. As well, given that widespread inequities for persons with disabilities continue to exist in the system and in society, an “employment need” of some clients may be to have targeted interventions that assist them to address the significant employment barriers they face or to provide them with required intensive interventions. In consideration of these issues, it is recommended that:

**Recommendation 31**

The department adopt and embed in policy and practice a Client Centred model for all its clients, including persons with disabilities.
Recommendation 32
The department eliminate the position title of “EAPD Worker” and merge with the functions as contained within the Career Development Specialist position classification. Current incumbents to assume CDS positions.

Recommendation 33
The department prepare all frontline HRE workers, through training in Enhanced Screening and Assessment (ESA), to be able to assess the needs of, provide required support to, and/or refer clients with disabilities appropriately.

Recommendation 34
The department develop an effective tracking mechanism to enable overall client services management and facilitate follow-up with all clients.

Recommendation 35
The department begin immediate discussions with all its funded 3rd sector agencies (including disability specific) as to any required accommodations to enable the inclusion and support of all persons with disabilities whose employment needs are relevant to their programs.

Recommendation 36
The department continue to work collaboratively with all 3rd sector agencies to clarify roles and types of services that are or should be provided by HRE and the various agencies. These discussions should be guided by the recently developed “Framework and Selection Criteria for Partnership Arrangements”.

Recommendation 37
The department continue to support disability specific community organizations to provide required targeted interventions and career counseling services.
Recommendation 38

Co-worker supports be made available to all clients, based on their identified career or employment need, not disability label.

Recommendation 39

The department, in collaboration with Employment Corporations, provide enhanced training to co-workers.

Recommendation 40

The department, in conjunction with Employment Corporations, develop and implement a standardized wage structure for co-workers.

Recommendation 41

The department facilitate joint training opportunities for HRE staff and staff of all 3rd sector agencies funding by HRE to enhance knowledge and abilities related to career counseling, assessment, job finding, and labour market awareness.

Recommendation 42

The department promote increased collaboration and sharing of resources among community agencies to achieve employment objectives of persons with disabilities.

Recommendation 43

The department provide disability-related supports required by the individual to access career and employment services.

Recommendation 44

The department allocate funds, within the Training Services Program, to enable provision of required supportive services to clients who wish to pursue part time or graduate studies, and provision of supports directed at transition to employment subsequent to training.
6.5.2 Coordination of Services

The employment and career needs of individuals cannot be considered in isolation of other “life” issues. At present, the lack of coordination and effective linkages within HRE programs, and between HRE and other departments and community agencies, has resulted in weaknesses in the system’s responsiveness to the needs of persons with disabilities. Some of these, like a lack of information sharing, have been elaborated elsewhere. The following represent additional weaknesses/challenges resulting from the lack of coordination:

1. Clients are experiencing frustration at having to make individual contacts with a series of workers in HRE and other departments, and having to repeat their stories over and over.

2. HRE staff (CDS, CSO) are not actively involved, in conjunction with other relevant stakeholders, in transitional planning efforts on behalf of youth leaving the secondary school system.

3. Workers in different programs or departments who have differing perspectives and/or interpretations of policies often give conflicting advice regarding available programs/services to clients.

4. Clients are being referred to community agencies with no provision for monitoring or follow-up by HRE staff. If the program to which they been referred is not appropriate to their needs or is not meeting their needs, HRE is unaware and unable to intervene.

In consideration of the above, it is recommended that:

Recommendation 45

The department where necessary, and as appropriate, require and support CDS and CSO staff to be part of any planning process (e.g. ISSP Teams, General Service Plans etc.) that may exist with respect to their clients, and which may enhance the achievement of positive employment outcomes.

Recommendation 46

The department require and support CDS and CSO workers to link with agencies providing career and employment services on a regular basis to ensure appropriate client services management, and appropriate follow-up to ascertain if employment related goals have been met.
7.0 Conclusion
This study has confirmed the fact that persons with disabilities, despite the existence of many appropriate and increasingly responsive services, are still not participating to the extent indicated within the labour market of this province. This report has further called for significant changes at several levels on a concurrent basis. First, the policy and delivery structures that guide the development of employment and career services within this province must acknowledge and accommodate, in real ways, the needs of people with disabilities; second, those specific interventions that have proven successful must be expanded such that they accommodate the full range of disabilities; and third, that in consideration of the inequities that will continue to exist in the system for an extended period of time, despite our best efforts, additional and appropriately designed interventions must be made available to persons with disabilities. These changes and the increased disability focus that these bring must be viewed as a complementary and mutually inclusive process, not a linear process where efforts in one area negate the necessity of action on the other.

7.1 Cost Implications
When considering the fiscal implications of enhancing supports and services to persons with disabilities it is instructive to first acknowledge the actual costs associated with the provision of passive income support benefits to this client group. For example it now costs HRE (i.e. this province) in excess of $50M per year (based on an average cost of $5000 per client) to enable approximately 11000 persons with disabilities to not participate in the work force. This represents an enormous amount of funding that could potentially be reinvested toward more active measures resulting in these same clients entering the labour force, and ultimately becoming independent of the income support system.

The situation is obviously not quite that simple. Even in the presence of enhanced and effective career and employment options, all persons with disabilities will not seek nor obtain employment, the system must continue to provide benefits to its clients even as new services and supports are developed, many clients will continue to rely on income support benefits even after entry into the workforce, and, finally, new clients will enter the system on a continuous basis.
In acknowledging these factors it is nonetheless important that the department in considering the costs of new and/or enhanced interventions do so within a framework of “reinvestment”, and not as completely new and supplemental funding. This reinvestment framework is in full accord with the values and direction articulated in the provincial Strategic Social Plan and the HRE Strategic Plan. Both acknowledge and endorse a strategy of reinvestment of existing resources toward enhanced employment outcomes for clients. Indeed the department has been very successful in recent years in utilizing exactly such an approach, most notably with respect to the CPA Employment program and SESP. The department must expand on these successes and apply similar strategies with respect to the situations identified within this report.

Many of the recommendations put forward in this report will undoubtedly require financial resources in order to be implemented. It is equally true, however, that if implementation of these recommendations leads to enhanced employment outcomes for persons with disabilities there will be concurrent savings accrued in the Income Support program. This study did not conduct any financial analysis nor attempt to identify specific “price tags” for individual recommendations.

The critical element in the consideration of these recommendations is the overriding fact that the current system “prevents” people from working. Without significant changes to the manner and method in which services are delivered the vast majority of current clients with disabilities will not enter the workforce. The Federal Task Force on Disability Issues indicated that “experience and research have shown that many Canadians with disabilities are ready to join the workforce and await only the necessary preparation and opportunity. Additional investments required to address these barriers would be worthwhile.”

It would be naive to assume that introduced enhancements (within a reinvestment strategy) will be completely offset by countervailing savings to Income Support. It is equally inappropriate to think, however, that the “savings” generated by increased employment of persons with disabilities are manifested only within the Income Support system. Such employment results in increased taxes being paid, increased consumer spending and increased employment in the service sector, all of which contributes in real ways to the economic well being of this province. In addition there are many other longer term benefits that are not so easily quantified such as
improved health of clients and decreased usage of the health care system, increased self esteem and self confidence, and increased participation in and contribution to the economic and social well being of communities. All are factors that must be fully and equally considered in rationalizing the introduction of systemic enhancements.

7.2 Implementation Schedule

The recommendations contained in this report have not been prioritized. They should, however, be viewed in their totality, and the interconnectedness between them be fully realized. To implement some, and not others, will certainly diminish the possible impacts, and it is quite possible that action in one area may be completely neutralized by inaction in other areas. This is particularly true with respect to the identified financial disincentives in the Income Support system.

In developing an Implementation Plan further to this report, the department should give immediate attention to those recommendations that pertain to the planning process and staffing. These recommendations (consolidation of CDS - EAPD positions, enhanced disability awareness, joint training with 3rd sector agencies etc.) will create the context and culture necessary so that the other recommendations will have greatest impact. The second major area involves communication and information sharing with consumers and community organizations. Efforts must be directed as soon as possible toward increasing the understanding and knowledge of the departmental programs and services. The third major area involves the removal of the identified financial disincentives in the system. These recommendations have the greatest financial implications for the department and as such will require further analysis at a departmental level. The department should give serious consideration to the use of Pilot Projects as a method of assisting with the full financial analysis of these issues.