

**Joint Community and Government Consultation on
The Definition of Disability for the
Employment and Income Assistance Program**

Follow-up to Recommendations of
Full Citizenship: A Manitoba Provincial Strategy on Disability

A COMMUNITY CONSULTATION
TO DEVELOP A NEW DEFINITION OF DISABILITY FOR
THE EMPLOYMENT AND INCOME ASSISTANCE
PROGRAM

WEDNESDAY JUNE 5, 2002

6:00 p.m. to 9:00 p.m.

Viscount Gort Hotel

A REPORT ON THE EVENING OF DISCUSSIONS

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DATE: JULY 2002

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INTRODUCTION

The Government of Manitoba Department of Family Services and Housing has considered two options of service delivery to people on Employment and Income Security. The purpose of public consultation is to receive feedback on the options, contained within the **Full Citizenship Defining Disability for the Employment and Income Assistance Program**. This report is available in the accompanying appendices to this document. It is understood that as a result of this meeting one of the options or elements of the options would be identified and supported by those in attendance.

Option one is described as a two-tiered approach as presented in the Full Citizenship paper. It is based upon the British Columbia model. People would be eligible for level 1 assistance if they have conditions, which will continue for six months and require ongoing assistance, supervision, or support for personal care to function in the community or the workplace.

Level two would support people who are eligible due to a severe, mental, or physical impairment that will continue for at least two years or one year where the disability is likely to reoccur.

Options were designed to embody principles in the White Paper promoting inclusion for persons with disabilities.

Two hundred people spent the evening in 19 discussion groups with facilitation of individuals representing various Governmental Departments and community based service and advocacy groups. Representation from rural Manitoba came from Brandon, Swan River, Thompson, Portage La Prairie, Steinbach, Selkirk, Elm Creek, and Dauphin.

This report of the discussions has recorded all comments and highlighted the commonality of the prominent viewpoints.

No one option was seen as complete in its service delivery model. Important characteristics to be included in a service delivery model were clearly identified. A series of questions have been recorded and by answering these questions a service delivery model will be clearly defined.

Participants of the evening were asked to send messages to the minister addressing key issues which they wish to ensure be included for consideration by the Minister and his colleagues. The participants also sent words of encouragement for the process and for the establishment of new programming criteria.

Minister Tim Sale has committed to this process and it is anticipated a second consultation will occur once the feedback contained within this report has been thoroughly reviewed.

WORKSHOP OVERVIEW

The following topic areas emerged during the discussion of the 18 groups.

The format chosen analyzes the topics by goals suggested Reactions/Concerns by groups.

- | | | |
|---|--|-------------------------------|
| 1.0 Additional Disability Allowance | 9.0 First nations | 17.0 Specific Disabilities |
| 2.0 Administration of Employment and Income Assistance Program | 10.0 Guaranteed Annual Income | 18.0 Health Services |
| 3.0 Appeal Process | 11.0 Inclusion | 19.0 Medical Panel |
| 4.0 Assessments – Panels | 12.0 Income and Benefits | 20.0 Office of Disability |
| 5.0 Assessments – Practice | 13.0 Labels | 21.0 Political Concerns |
| 6.0 Defining Disability | 14.0 Linking to Other Programs | 22.0 Re-organization Strategy |
| 7.0 Disability Supports | 15.0 Support to Couples and Families | 23.0 Rural Concerns |
| 8.0 Document Defining Disability for the Employment and Income Assistance Program | 16.0 Service Delivery Concerns for Persons with Mental Health Issues | 24.0 Self Identification |
| | | 25.0 Staffing |
| | | 26.0 Work Incentive |

1.0

ADDITIONAL DISABILITY ALLOWANCE

REPEATED THEMES/messages

1. Ensure additional costs of disability is supported – and not tied to employment

| | | |
|------------------|---|---------|
| | | Group # |
| Additional 80.00 | Reactions: Curious about \$80.00, does it cover telephones? | 14 |

MESSAGE TO MINISTER

Leave the \$80.00 alone! These people need more to live on. I have lived on two reserves so don't lecture me!

Re-assess the amount of money allowed to disabled people.

Rates are inadequate!

Increase shelter cost. Would you live in an apartment for \$285.00?

Shelter allowances should be higher.

Give cost of living increase each year.

Major concern is that amount of benefits to meet an individual's needs is adequate. Structure of rates is a secondary concern.

Increase income support rates

2.0 ADMINISTRATION OF EMPLOYMENT AND INCOME ASSISTANCE

REPEATED THEMES/messages

1. Administration should not be cumbersome
2. Administration system should support individualized needs
3. Administration process to respond timely to client requests
4. Administration process to enhance the coordination of other service delivery systems
5. Administration should ensure “service equity”
6. Clients will be made aware of Administration Process

| | Group # |
|---|---------|
| Reactions: will time be a barrier | 1 |
| Reactions: More red tape. | 11 |
| Reactions: Will it make process more difficult? | 11 |
| Restructuring Concerns: Hope no one gets lost in the shuffle. | 5 |
| Restructure: Simple application process/make it more user friendly. | 2 |
| General Concerns: Will the process by which earnings are declared be client friendly? | 15 |
| General Concerns: If everyone is treated the same why have a time qualification? (Short-term disability). | 15 |
| General Concerns: Is new medical report money going to be covered by program? | 8 |
| General Concerns: Cumbersome administration. | 16 |
| General Concerns: Standardized process for specific disabilities? | 16 |
| General Concerns: What is an administrative procedure influenced by EIA. | 10 |
| General Concerns: Need to have uniform system across Manitoba. | 7 |
| General Concerns: Who will inform people, families of need programs and information? | 18 |
| General Concerns: Administrative approach may enhance all integrated approach of service delivery. | 2 |
| General Concerns: Transitional issues of funding. | 2 |
| Changes: Is it going to be more difficult to get assistance? | 4 |

MESSAGE TO MINISTER

We need better interpretation of services. Example: one woman I support receives CPP she was told she doesn't qualify for Social Assistance because she would get slightly more from 55 Plus and Rent Supplement. However, these programs can't cover glasses, dental, or medical. She would have to apply separately for emergency funding for these, which will require +++ paperwork and time.

Restructuring is great, but need more money

Each individual should be #1 and important

Services need to be more intergraded and less paperwork. Example a person in support receiving CPP and was told she did not qualify for income assistance because she would get [?????]

Please do not use gender-neutral stance

Make it a positive/significant change for the better

Make sure the new process doesn't become a barrier/Attitudes in the EIA office are important - acceptance

That the money for disability and income assistance won't be so involved that there is a long wait

Separate medical/health benefits from I.A. Good that removing disincentives to employment. Don't use changes as a way to make money people ineligible.

KISS - intergovernmental cohesiveness communication. Smaller hoops - one jump.

3.0

APPEAL PROCESS

REPEATED THEMES/messages
GOALS FOR APPEAL PROCESS:

1. An Appeal process to be essential part of service delivery

| | Group # |
|--|---------|
| Reactions: Needs to be spelled out more clearly, consumer input in appeal process. | 2 |
| General Concerns: Suggest some kind of appeal process. | 5 |
| General Concerns: What is the appeal process: Needs to be accessible (people already facing barriers). | 6 |
| General Concerns: What is a person doesn't see eye to eye with CSW (When only 1 in a community?) | 18 |
| General Concerns: Who is on appeal panel? | 2 |
| General Concerns: What if disagreement between practitioner and assessor. | 3 |
| Changes: Option of appeals. | 9 |

MESSAGE TO MINISTER OVERALL PROGRESS

Good job - Keep up the good work

Let's keep up the good work and lets get these changes implemented and keep progressing

4.0

ASSESSMENTS - PANELS

REPEATED THEMES/messages

1. Move away from medical model
2. Assess based upon “function”
3. Recruit persons from the community who are:
 - a. Professionals working in the field of ‘disability’
 - b. Consumer representatives
4. Male and females to be represented on all Assessment Panels
5. Keep process uncomplicated
6. Reduce paperwork process

5.0

ASSESSMENTS - PRACTICE

REPEATED THEMES/messages

1. Persons with long-term stable disabilities have their re-assessments at extended periods of time.

FURTHER CLARITY NEEDED:

1. Define role, responsibility, and selection of Assessors
2. Describe how Assessment Panels shall function in Rural Manitoba.
3. Who assesses persons with non-physical disabilities?
4. What financial are available to support Assessment Panel process?
5. Who has the “final decision” authority?
6. How to access function and needs with the following disabilities/;
 - a. Fetal Alcohol Syndrome
 - b. Learning Disabilities
 - c. Aspergers Syndrome
 - d. Multiple disabled
7. Establish “list” of eligible services and benefits, maintain flexibility and individualized
8. How will “waiting list” be addressed?
9. Define re-assessment policies and practice.

ASSESSMENT

| | Group # |
|---|---------|
| Reactions: Some not comfortable with assessing disabilities. | 16 |
| Reactions: Abolition of medical panel is a good thing. Separate functional assessment concept makes the disabled individual vulnerable to goodwill of those in power. | 17 |
| Reactions: Assessment process simple and brief. | 18 |
| Reactions: Can the assessor be a community support worker? | 4 |
| Reactions: Concern Re: who will be conducting assessments; not everyone can work; why not have people with disabilities on panel? Might use deference against us! | 13 |
| Reactions: 50/50 experts/pwd panel. | 13 |
| Reactions: Not the right person to assess. Expert consultant, Knowledgeable of that disability. | 13 |
| Reactions: Option 1 – 2-tired, who would be assessor? | 2 |
| Reactions: Excellent – the move away from a doctor towards other specialists is good. | 1 |
| Reactions: Good because the medical panel may lack info and details of circumstance. | 1 |
| Reactions: If they are replacing the medical panel then it appears that the system approach isn't working. | 1 |
| Reactions: Is it possible to have a person with disabilities on the panel? | 1 |
| Reactions: Male and female representatives on the panel. | 1 |
| Reactions: The less medical the better, but it still seems very medical. | 1 |
| Reactions: The subjectivity of who your doctor is could pose a concern. | 1 |
| Reactions: Who chooses the medical practitioner and or assessor? | 1 |
| Reactions: Who assesses non-physical disabilities? | 11 |
| Restructuring Concerns: Who has the final decision making authority? | 5 |
| Restructure: Reassessment not needed for a permanent disability. | 2 |
| General Concerns: Whose medical practitioner? Government's or the Individual's | 4 |
| General Concerns: Locates disability in the individual when it should be understood as a social, community-based definition (versus a biomedical diagnosis orientation) | 4 |
| General Concerns: "Diagnosis" = Big Barrier e.g. F.A.S., Asperger's Syndrome, access to diagnosis in rural areas. | 4 |
| General Concerns: How to define "medical Practitioner"? (May be especially pertinent in rural areas) | 4 |
| General Concerns: Requires a lot of flexibility regarding "Medical Practitioner Assessor" (Especially in rural areas). | 15 |
| General Concerns: Will Training money be included, as well as function capacity and vocational assessments. | 15 |
| General Concerns: How to ensure process itself doesn't become a barrier (medical followed by assessor) | 15 |
| General Concerns: Who pays for the assessor? Are they part of the EIA Program? | 15 |
| General Concerns: Need more information on Roles and Responsibilities of the assessor. | 15 |
| General Concerns: Will there be an "approved" list of assessors (those without a vested interest)? | 15 |
| General Concerns: Like the change – However express some concern if only one physician is involved. | 5 |

ASSESSMENT

| | |
|---|----|
| General Concerns: The assessor's agenda might influence final outcome. | 5 |
| General Concerns: How will persons with multiple disabilities be assessed? | 5 |
| General Concerns: Administration process = better than just medical practitioner. | 6 |
| General Concerns: Needs to be practitioners. | 9 |
| General Concerns: Would it be someone familiar with client. | 9 |
| General Concerns: Are there specific qualifications? | 16 |
| General Concerns: Can they use different doctors is not satisfied? | 16 |
| General Concerns: Must doctors be MD's? (Psychologists or counsellors maybe?) | 16 |
| General Concerns: Where to find a good assessor? | 16 |
| General Concerns: An assessment – who does it? Who pays? Appeal process? Access rural? Waiting lists? | 10 |
| General Concerns: Could there be an advocate to help individuals to access the system? | 10 |
| General Concerns: Medical diagnosis and assessor – what does it mean and why? | 10 |
| General Concerns: What about waiting lists for assessments? | 10 |
| General Concerns: Will it take too long? | 10 |
| General Concerns: About those individuals not attached to doctor may not have a full account of benefits/rates. | 7 |
| General Concerns: Assessment fee. | 7 |
| General Concerns: How to draw the line/establish a fair balance. | 7 |
| General Concerns: Loss of consistent evaluation of client needs. | 7 |
| General Concerns: Who decides what is an acceptable need? | 7 |
| General Concerns: Why need for doctor to assess need. | 7 |
| General Concerns: the general disabled community may not represent Discussions. Need more involvement by as many disabled individuals to endure proper assessment of options. | 17 |
| General Concerns: Understanding of needs by decision makers. | 13 |
| General Concerns: Who makes the decisions re: list, eligibility, support? | 13 |
| General Concerns: Who makes the list? | 13 |
| General Concerns: Clarity about the administrative process – How it will work? Time it takes to get approval from doctors and through system too long/too complicated. | 2 |
| General Concerns: Medical panel isn't best approach. | 2 |
| General Concerns: Who are assessors? | 2 |
| General Concerns: Inconsistencies will occur with different medical practitioners involved. | 1 |
| General Concerns: Who will pay for assessments? | 1 |
| General Concerns: Why can't the individual represent himself or herself? Let them speak for themselves. | 1 |
| General Concerns: How are assessments going to be funded? | 11 |
| General Concerns: How often are assessments done? | 11 |
| General Concerns: Is assessment done in content of living environment (home community). | 11 |
| General Concerns: Process too cumbersome – onus on supporting doctors needed. | 11 |
| General Concerns: Qualifications of assessor. | 11 |
| General Concerns: Subjective determination re: assessing needs. | 11 |
| General Concerns: Who chooses the assessor? | 11 |

| | |
|---|----|
| General Concerns: Who is doing assessments? External to department? Third party assessment important. | 11 |
| General Concerns: Would every person need to be assessed? | 11 |
| General Concerns: Process feels manipulative. | 3 |
| General Concerns: Those with multiple disabilities – multiple assessors? | 3 |
| Changes: People who don't "fit" criteria will be lost/ will lose | 4 |
| Changes: Clarity regarding Re-Assessment. | 15 |
| Changes: Better system more than just one person deciding. | 6 |
| Changes: Need for other specialists to give diagnosis (not just medical practitioner) e.g. psychologist for LD. | 6 |
| Changes: Someone who is familiar with way person functions (not just medical) | 6 |
| Changes: Keep medical panel to avoid higher risk of fraud. | 8 |
| Changes: The medical component needs to be more open to accepting different medical professionals. | 8 |
| Changes: Choice of assessor be that of the client. | 11 |
| Changes: Issue of medical assessments for some disabilities e.g. cognitive learning disabilities. | 11 |

MESSAGE TO MINISTER

Don't make it more difficult!

The current system is often perceived as adversary and the concern with potential centralized intake in the sense a title with which citizens are received - particularly those with invisible disabilities.

Stop the stigmatization, get the right people involved not just medical doctors, but people who have more hands on with the clients to be involved.

There needs to be changes. Options need to be clarified of more details added - Who are the "Assessors" differences in benefit levels with the two options; what is the Appeal Process

6.0

DEFINING DISABILITY

REPEATED THEMES/messages

1. Definition to encompass the many stages of life
2. Definition to promote community inclusion
3. Definition to be person-centred embracing the whole person
4. Definition to encompass persons who are deaf and hard of hearing
5. Definition to include persons with:
 - a. Fetal Alcohol Syndrome
 - b. Learning disabilities
 - c. Anorexia
 - d. Fibra Malaysia
 - e. Other

FURTHER CLARITY NEEDED:

1. Provide a current definition
2. How will support be extended to persons whose disability is difficult to determine and /or define?

| | Group # |
|---|---------|
| Reactions: Shocking – finally admitting F/C denied. | 6 |
| Reactions: Recognizing disabilities. | 16 |
| Reactions: Some disabilities can be missed (LD's). | 16 |
| Reactions: Meet people's need throughout lifetime. | 18 |
| Reactions: Complicated definition – inclusive use. | 13 |
| Reactions: Shocked about stats – lack of public knowledge unsure where Deaf Community falls into it. | 13 |
| Reactions: Unique needs to each person. | 13 |
| Reactions: What is current definition – relative to current stats? | 13 |
| Reactions: Definition of disability unclear. | 2 |
| Reactions: Will there be barriers for people with hidden disabilities? | 1 |
| Reactions: FAS people will not benefit (hidden disability). | 11 |
| Reactions: Review of definition good. | 11 |
| Reactions: Thin edge of wedge – doesn't recognize variable nature of disability | 3 |
| General Concerns: What about disabilities not considered medical in nature? | 15 |
| General Concerns: Potential stigma/discrimination. | 8 |
| General Concerns: People with learning disabilities are not being included. | 16 |
| General Concerns: People with learning disabilities: medical doctor cannot assess. | 16 |
| General Concerns: Is this going to miss more people with disabilities? | 10 |
| General Concerns: Will it deal with gaps? | 10 |
| General Concerns: Who qualifies for status of disability? | 7 |
| General Concerns: FAS – only one doctor in BC who can diagnose, cost factor, this model would not improve matters for victims of FAS. | 17 |
| General Concerns: Deaf community have not been included in process system. | 13 |
| General Concerns: Terminology – sensitivity to groups. | 13 |

| | |
|---|----|
| General Concerns: Doesn't feel the term disability fits re: eligibility. | 2 |
| General Concerns: disabled for 6 months or longer is too long. | 11 |
| General Concerns: Limiting definition "poor me game" forces people to say how ill they are. | 3 |
| Changes: Definition of Disability needs to be broadened to socially include anyone facing a barrier i.e. no skills. | 6 |
| Changes: Broaden definition by considering whole person. | 9 |
| Changes: Reconsider inclusion of other conditions e.g. fibro malaysia. | 9 |
| Changes: Recognition of holistic medicine. | 9 |
| Changes: Incoming medical evidence should have enough investigative finding to confirm disabilities. | 17 |
| Changes: People with learning disabilities should be eligible for disability benefits. | 11 |
| Reactions: Does the definition include things like anorexia? L.D. | 14 |

MESSAGE TO MINISTER

Note provincial poverty level approximately \$16,000 + and look at a realistic cost of living vs. cost of slow death

This affects a lot of people and before we can adequately give feedback on the proposals we need more information and clarity regarding definitions - this is a complex issue and can't be decided in one evening

Keep up the good work and please do not become discouraged because this issue needs to be fully explored and a new definition of disability become law.

7.0

DISABILITY SUPPORTS

REPEATED THEMES/messages

1. Detach “disability supports” from “employment” and ‘Income Assistance’
2. Itemize / define “disability supports”

FURTHER CLARITY NEEDED:

1. How shall financial “caps” be determined, and by who?

| | Group # |
|--|---------|
| Restructure: Emphasize detaching supports from employment. | 2 |
| Restructure: Need to be able to separate disability supports from income assistance. | 2 |
| General Concerns: “Itemized” disability supports; who decides them? | 14 |
| General Concerns: Re: extra supports (based on assessments) will there be a ceiling or will they go up if needed to meet person’s needs? | 6 |
| Changes: Need to separate employment support from disability support and itemize each. | 7 |
| Changes: Person with disabilities gets to decide who will fill out form. | 7 |
| Changes: Strategic plan to sell to disabled. | 3 |

MESSAGE TO MINISTER

Let's not take too long to make decisions to help someone who is desperate.

8.0 DOCUMENT DEFINING DISABILITY FOR EIA

REPEATED THEMES/messages

1. Provide case example for clarity, compare examples to each option being considered
2. Use simplified language
3. Outline how propose change are different or enhanced from present service delivery
4. Provide more specific details, avoid “generalization”

| | Group # |
|---|---------|
| Reactions: More specific – expansion needed. | 13 |
| Reactions: Interesting yet confusing | 14 |
| Reactions: Didn’t do much to clarify. | 10 |
| Reactions: is it going to really make a difference? | 10 |
| Reactions: Nice on paper, but will anything be done with it? | 18 |
| Reactions: Ideas are good – confused about options. | 13 |
| Reactions: Booklet – lack of clarity of options – presentation didn’t make it any clearer. | 2 |
| Reactions: Concern about new one. | 11 |
| Reactions: Don’t see difference it will make. | 11 |
| Reactions: Uncertainty that is dangerous – vagueness is very concerning. | 3 |
| Restructure: Don’t Understand the question. | 16 |
| Restructure Concern: More than what has been presented today. | 8 |
| Restructure: Not enough details. | 11 |
| General Concerns: Needs more detail and clarification. | 15 |
| General Concerns: Re: subjectivity (too easy to get no for an answer). | 6 |
| General Concerns: Disabled individuals expressed confusion re: how this will benefit the disabled – needs more information. | 17 |
| General Concerns: Don’t understand the need for a two-tired system. . | 17 |
| General Concerns: More information needed. | 17 |
| General Concerns: What are the definitions? | 1 |
| Changes: Clarity please | 5 |
| Reactions: Too general to comment on in an informed way | 5 |
| Reactions: No opinion yet (not clear yet). | 6 |
| Reactions: Too general to comment on in an informed way | 5 |
| Reactions: No opinion yet (not clear yet). | 6 |
| Reactions: Looking for clarification. | 10 |
| Reactions: Lots of questions. | 10 |

MESSAGE TO MINISTER

We need more clarification with respect to restructuring. Some areas are confusing.

No two level system.

Proposals are better than current system. Current system is inadequate. Start with philosophical discussion of system. Need a definition of disability - not criteria.

Go back to the drawing board. We were only given the option of choosing between the lesser of two evils.

Implement option 2! I didn't like option 1.

9.0

FIRST NATIONS

REPEATED THEMES/messages

1. Recognize the unique needs and arrange to consult with the First Nations community

| | Group # |
|--|---------|
| Reactions: Concerned about the jurisdiction issues of First Nations people with disabilities (Minister Sales comments on Feb Government role) | 14 |
| Reactions: Concerned about EIA Rates quoted not matching what First Nations people with disabilities get. (Contradictory to First Nations with Disabilities Organization Data) | 14 |

MESSAGE TO MINISTER

Address First Nations with disabilities issues! Fund the First Nation disability office, which has 98% of EIA recipients being serviced! This office does the job of EIA workers should be doing!

10.0

GUARANTEED ANNUAL INCOME

REPEATED THEMES/messages

| | Group # |
|---|---------|
| Changes: Everyone should be considered automatic as part of the workforce i.e. Guaranteed annual income for everyone. | 6 |

11.0

INCLUSION

REPEATED THEMES/messages

| | |
|-------------------------------------|---------|
| | Group # |
| Reactions: Excited about inclusion. | 18 |

MESSAGE TO MINISTER

Be Inclusive, listen, be consistent and sensitive, use lots of common sense

Great to see the process is inclusive of all people also that your Government is prepared to look at EIA changes and improvements, this has been a need for some time

Inclusion is imperative but if transparency is suggested there must be follow through

Good First Step

12.0

INCOME AND BENEFITS

REPEATED THEMES/messages

1. Service delivery to include financial support for;
 - a. Transportation
 - b. Dental
 - c. Therapy
 - d. Telephone
 - e. Leisure/recreation
 - f. Computer
 - g. Proper nutrition
2. Increase Rates
3. Housing allowance be increased
4. Supports to family and caregivers be enhanced
5. Recognized additional for persons with multiple disabilities
6. Circulate entitlements to recipients
7. Increase level for personal asset exemptions
8. Ensure persons with disabilities are not unjustly remove from income supports
9. Ensure benefit will not be decreased for any individual on Social Allowance
10. Provide additional financial support for disability supports
11. Provide access to therapy supports in urban and rural communities
12. The new service delivery promote ‘self-dignity practices’ and seek alternative support options other than “purchase vouchers’

| | Group # |
|---|---------|
| Restructure: Transportation; dental benefits. | 4 |
| Restructure: Yes! Should be restructured to be improved additional benefits. | 4 |
| Restructuring Concerns: More realistic support for basic needs. | 5 |
| Restructure Concerns: Can’t go lower. | 9 |
| Restructure Concerns: Taking advantage of family caregivers. | 9 |
| Restructure: Recognizing disability support costs. | 9 |
| Restructure: Rates need to go up across the board. | 16 |
| Restructure: Rates and benefits. | 7 |
| Restructure: A continuum of support. | 2 |
| Restructure: Budget for recreation/leisure/telephone needs to be built in to benefits. | 2 |
| Restructure: Multiple disabilities – gaps in services. | 2 |
| Restructure: What to see the itemized list first. (Bus passes, telephones, food supplements) | 11 |
| General Concerns: What is the limit. | 8 |
| General Concerns: How can someone live on the present rate for housing and everything in general? (X4). | 16 |
| General Concerns: Is there a chance that people will end up with less money? | 10 |
| General Concerns: Long-term recipient should receive more money. | 10 |
| General Concerns: Not anything less but will they get anything more? | 10 |
| General Concerns: Will this reduce barriers? | 10 |

INCOME AND BENEFITS

| | |
|--|----|
| General Concerns: What is the benefit rate attached to it? | 7 |
| General Concerns: No mention to date of rate raise. | 17 |
| General Concerns: Should shelter rates be increased for people with disabilities and the considered as a support e.g. need for elevator? | 17 |
| General Concerns: Inadequacy in rates must be addressed e.g. housing. | 18 |
| General Concerns: What additional information we need to know: More sensitivity need for outings, attitude of blame. | 18 |
| General Concerns: Will the decision making be more complicated? | 18 |
| General Concerns: Itemized vs. non-itemized? | 13 |
| General Concerns: Money guarantees? | 13 |
| General Concerns: What's on the list? | 13 |
| General Concerns: A certain limit for discretionary funds. | 2 |
| General Concerns: Will the option affect benefit levels? How? | 2 |
| General Concerns: Meaningful increases of benefits have not happened. | 1 |
| General Concerns: Will some people lose benefits be restructuring? | 1 |
| General Concerns: Extensive supports definition? | 11 |
| General Concerns: Rates are too low! | 11 |
| General Concerns: Role of caregivers in assessment? | 11 |
| General Concerns: Current system is disabling people, people want to seek employment but lack means. (Computer, phone, bus, proper nutrition). | 3 |
| General Concerns: Cost of living? | 3 |
| Changes: Cost of living should be built in. | 16 |
| Changes: Sufficient income for proper nutrition. | 16 |
| Changes: Need to have flexibility. | 7 |
| Changes: Shelter allowance needs to change needs to increase. | 1 |
| Changes: Benefits paid and cost of living must be connected. | 3 |
| Restructure: Raising asset exemption level for people with disabilities (make it more flexible). | 2 |
| Restructure: How can one live on present benefits? | 2 |
| Restructure: \$12 per month for laundry too low. | 2 |
| Reactions: Concern Re: People with disabilities being unjustly removed from income support. | 4 |
| Reactions: If more people will benefit we hope that they won't have to settle with smaller pieces of the pie | 5 |
| Reactions: If more people will benefit we hope that they won't have to settle with smaller pieces of the pie | 5 |
| Reactions: Extra money: people with disabilities will they benefit from that: | 16 |
| Reactions: Same money. | 10 |
| Reactions: What about other supports or disability costs (non physical?) | 10 |
| Reactions: Needs room for more enhancements. | 13 |
| Reactions: What is extra? Many variables. | 13 |
| Reactions: Won't address low benefit levels. | 2 |
| Reactions: Not warm/fuzzy regarding extensive supports. | 1 |
| Reactions: Will benefits go up? | 1 |
| Reactions: Will people be moved off program? | 1 |
| Reactions: Concern about rates. | 11 |
| Reactions: concern re: physiotherapy in rural and northern areas. | 11 |
| Reactions: Looking for ways to exclude e.g. assessors. | 11 |
| Respect Issues: Restructure Concerns: Use of purchase vouchers should not be encouraged. | 9 |

MESSAGE TO MINISTER

Give people enough to live on so that they have supports they need and dignity

That the minister and company and his family try to live on the same amount of money that special needs families and individuals live on. Then and only then will you understand.

The level of income support needs to “support” an adequate quality of life poverty is avoidable

It (social assistance) needs a total overhaul and increase in benefits (money) and stop deducting from CPP should not be touched what so ever (It is a provincial benefit and need money badly).

Bring rates up to standards

Raise the rates! Include bus passes and telephones as disability necessities

Raise the rates and don't stop me from participating in social/romantic relationships through withdrawal of income support

Full citizenship and inclusion will not be realized when basic needs are not covered e.g. housing

13.0

LABELS

RELATED THEMES/messages

| | Group # |
|---|---------|
| General Concerns: Don't like the word disabled. | 1 |
| Changes: Do not like term "recipients" (indicates poor, underprivileged). | 6 |
| Changes: Talk about positive, not the negative. | 1 |

MESSAGE TO MINISTER

We need less stereo-typing that handicap people are wanting to be supported to work in sheltered workshops.

It is a long time in coming...people need to be recognized by abilities not disabilities.

Stop labelling change language from disability to NEEDS and more money is not the whole answer - maybe a monthly expense sheet or a subsidy e.g. Taxi's, grass cutting, snow removable etc.

14.0

LINKING TO OTHER PROGRAMMING

REPEATED THEMES/messages

1. Ensure CPP benefits are not adversely effected for the individual
2. Coordinate funding and support services from:
 - a. Housing
 - b. Health
 - c. Vocational rehabilitation
3. Government to integrate support services interdepartmentally
4. Expand support from federal programming

| | Group # |
|---|---------|
| Reactions: Greater inclusion or cost savings. | 10 |
| Reactions: No reduction of EIA due to CPP disability benefits. | 2 |
| Restructure: Coordination of services (housing, income, health etc) CPP, 55 Plus vent supplement. | 2 |
| Restructure: Government integrated service delivery – duplication. | 2 |
| Restructure: What happens after age 65? | 2 |
| General Concerns: Is there a limit on the number of programs/ services people can access to get employed? | 10 |
| General Concerns: Need to discuss quality of life terms. (Internet connections, night school, even if not looking for work). | 7 |
| Changes: EIA/IAD recipient provinces – wide must not be held liable for mistakes made by her/his financial worker re: to the individual's income allowable. | 8 |
| Changes: Concerns needs to have EIA refer to VR. | 7 |
| Changes: Agree with two-tired system, but more federal integration needed. | 17 |

MESSAGE TO MINISTER

Requires greater transparency of details. How will this impact/work with other provincial government departments, federal LMDA?

Policy development will require collaboration with many systems/services. Values based option 2 is a great starting point inclusion of all citizens.

15.0

SUPPORT TO COUPLES AND FAMILIES

REPEATED THEMES/messages

1. Acknowledge through policy and programming that disability related cost should not be placed upon the life-partner of the persons with a disabilities
2. Increase support to family member providing extensive care giving

| | Group # |
|---|---------|
| General Concerns: Options do not address issues re: married couples where one partner is disabled. | 17 |
| General Concerns: Single – wanting a relationship – (live in) now family income calculation – not fair. | 11 |

MESSAGE TO MINISTER

As the spouse of a disabled person on IA. I would not have ever come under those same rules! We are individuals; it just so happens that one is disabled. But what I earn should not affect her, or visa-versa. Please start recognizing the rights for a fair income for all disabled people, regardless - whether married, or single will keep being delivered unfairly

Respite in our private home instead of sending our son to a group home. He is quadaplegic and needs 24 hours supervision. More money to pay for extra expenses, like van with wheelchair lift and access to physio.

That disabled people who are married or single have rights to a reasonable unrestricted income, unaffected by gifts from family, husbands, or friends. Until you realize this, the "white paper" will not work. I.A. support is not near high enough anyway. It benefits no disabled people at all.

The rates need to be significantly higher both for families with one member or more with a disability and for singles with disabilities. See a person as an individual, not an expense

**16.0 SERVICE DELIVERY CONCERNS
FOR PERSONS WITH MENTAL HEALTH ISSUES**

REPEATED THEMES/messages

1. Do not allow persons with mental health issues, to become lost in the proposed service delivery system
2. All existing service gaps be closed, consulting with service providers and consumers
3. Expand early intervention programs to address mental health issues

| | Group # |
|---|---------|
| General Concerns: Intake process – sign documents – can’t read, mental health. | 3 |
| Restructure: Mental health – gaps in services. | 2 |
| Reactions: MB not leading provinces with mental health issues – not as proactive as should be. Early intervention: preventative measures. | 16 |
| Reactions: People with mental health issues will get lost. | 10 |

MESSAGE TO MINISTER

Remove punitive policies. People don't. Need the problem - environment is the problem.

Mental health needs are not easily "itemized" don't forget about 38% of your clients. Option 1 is not good. If I understand option 2: basic assistance + disability support benefit + itemized supports = increased costs. Are you prepared for that?

Mental health clients often have difficulty advocating for themselves due to such difficulties as anxiety or other illness symptoms. Often lowest power groups who can be easily marginalized.

The defining disability can cause more confusion. Medical Health issues needs more supports.

17.0

SPECIFIC DISABILITIES

REPEATED THEMES/messages

- 1. Make resources available for therapy services including; physio, occupational and speech
- 2. Expand health care services

FURTHER CLARITY NEEDED:

- 1. Describe service delivery design for person whose disability is not constant, but is cyclical

| | Group # |
|--|---------|
| General Concerns: It is predetermined that option 2 will be chosen. What about cyclic disabilities? Are they included? | 16 |
| General Concerns: Availability to physiotherapy and speech therapists? | 18 |

MESSAGE TO MINISTER

Need time to discuss with Deaf people who have experiences with income assistance and give their comments. I can't speak for them.

Put some of these things into action! Don't forget about those who are less visible (Learning Disabilities).

Be proactive. People shouldn't have to ask what they are eligible for - they should be told. Continue community involvements policy. Quality of life vs. basic needs issue. Policy deaf implementations.

Consider the needs of the learning disabled.

Get creative; close the gaps that people with FASD fall through.

18.0

HEALTH SERVICES

REPEATED THEMES/messages

1. Medical and Health supports not be linked to employment, but seen as a disability support

| | Group # |
|--|---------|
| Reactions: Need for Health Care and training. | 18 |
| Reactions: <u>Medical and health supports</u> ; must be on income assistance to receive them and is this disincentive to employment? | 6 |

MESSAGE TO MINISTER OVERALL PROGRESS

Good beginning, excellent start. Must follow-up.

Keep moving - we are going in the right direction!

19.0

MEDICAL PANEL

REPEATED THEMES/messages

1. Do not incorporate a medical part as part of the service delivery model

| | Group # |
|--|---------|
| Reactions: A start but needs lots of work. Strong concerns with medical panel. | 4 |
| Reactions: Afraid of medicalization. Who's on board? Are people going to be listened to? | 4 |
| Reactions: Variable, subjective, different doctors with different opinions. | 16 |

20.0

OFFICE OF DISABILITY

REPEATED THEMES/messages

| | Group # |
|---|---------|
| Reactions: Disability office positive step and consulting the community is important. | 16 |

MESSAGE TO MINISTER OVERALL PROGRESS

Great start - please keep the ball rolling

Right direction

21.0

POLITICAL CONCERNS

REPEATED THEMES/messages

1. Politicians continue to listen to consumers and families
2. The Quebec model be reviewed

FURTHER CLARITY NEEDED:

1. What financial recourses will Government commit to put towards these needs?

| | Group # |
|---|---------|
| Reactions: like the set up, politicians are actually listening, headed in the right direction. | 7 |
| Reactions: Ideas are good – insure money is there – who determines need – when determined. We need to ensure money. | 13 |
| Restructuring Concerns: Addressed more as a consumer issue than a political one!! | 5 |
| General Concerns: Commitment of Government to provide money? | 18 |
| General Concerns: Based on conservative ideology – punish the poor. | 3 |
| Changes: Social assessment. | 8 |
| Reactions: Quebec was not mentioned. | 1 |

MESSAGE TO MINISTER

Twist the finance Minister and T. Boards collective arms – fairness and equality

40% of people live outside the Winnipeg area – they do not see 40% of the money.

Don't make us focus on what we can't do. Let us focus on what we can and want to do and what support and help we need to get there.

22.0

RE-ORGANIZATION STRATEGY

REPEATED THEMES/messages

1. Eliminate language and operating policies which attach “Label” to persons and families
2. Remove reference to employment or unemployment
3. Achieve flexibility in service delivery
4. Government to move forward, community in favour of the direction set up in Option 2
5. A separate category within Employment and Income Assistance be created to serve person with disabilities.
6. Created service delivery structure respond in a timely manner to service requests

FURTHER CLARITY NEEDED

1. Explain how services and benefits will be enhance and a true difference to service delivery will be seen
2. By streamline service delivery, how will barriers to services be removed?

| | Group # |
|---|---------|
| Reactions: Gaps | 14 |
| Reactions: Eliminate labels | 5 |
| Reactions: Long over-due | 5 |
| Reactions: Good that people won't be labelled as unemployable | 5 |
| Reactions: Hope that this will bring about greater flexibility | 5 |
| Reactions: That the system will account for specific challenges | 5 |
| Reactions: It will go a long way in fighting stigmas | 5 |
| Reactions: Hope that this will bring about greater flexibility | 5 |
| Reactions: That the system will account for specific challenges | 5 |
| Reactions: It will go a long way in fighting stigmas | 5 |
| Reactions: Presentation was misleading. | 3 |
| Reactions: Major problems. | 3 |
| Changes: Medical profession should come together with welfare. | 8 |
| Reactions: Object to only 2 options. | 3 |
| Reactions: Fair, Good, Positive, Timely, Good Ideas, Good Step Into The 21 st Century, Good/Exciting News, Someone's Listening, and Inclusive. | 15 |
| Reactions: More efficiently meet variety of needs. | 6 |
| Reactions: Right directions, still a ways to go. | 6 |
| Reactions: More efficiently meet variety of needs. | 6 |
| Reactions: Right directions, still a ways to go. | 6 |
| Reactions: Excellent start. | 16 |
| Reactions: Need action – Make it happen. | 16 |
| Reactions: Good to have a review. | 10 |
| Reactions: Finally moving forward. | 10 |
| Reactions: Excited about making positive changes and impact. | 18 |
| Reactions: Potentially good process. | 18 |
| Reactions: Want to ensure that who ever is involved knows the needs. | 18 |
| Reactions: Smaller hoops – jump once. | 13 |

| | |
|--|----|
| Reactions: A move in the right direction. | 1 |
| Reactions: Administrative nightmare. | 1 |
| Reactions: Encouraged but what is the bottom line? | 1 |
| Reactions: The word disabled should be abolished. | 1 |
| Reactions: Back to the drawing board. | 3 |
| Reactions: Better ways of doing this. | 3 |
| Reactions: Feels boxed in. | 3 |
| Reactions: Form changed not substance. | 3 |
| Reactions: Ignored other options. | 3 |
| Reactions: Making it worse. | 3 |
| Reactions: No amount of fine-tuning will make the program work. The structure delivery, intent of program is the problems. | 3 |
| Reactions: Nothing new, shuffling around words, no additions. | 3 |
| Reactions: Program as a whole is very concerning. | 3 |
| Restructure: YES!! Unanimously. | 6 |
| Restructure: YES – Unanimous. | 9 |
| Restructure: Yes unanimous, only if higher. | 1 |
| Restructure: No, Enhancement – yes. | 1 |
| General Concerns: What is timeline to implement change? | 18 |
| General Concerns: Change could provoke fear. | 1 |
| General Concerns: Not individualized approach lacks social participation. | 1 |
| General Concerns: Other problems aren't being addressed. | 11 |
| General Concerns: Haven't talked to health practitioner. | 3 |
| Changes: Will this streamline / Reduce the barriers to receive assistance and support? | 4 |
| Changes: <u>All sounds too medical.</u> | 4 |
| Changes: Not broad enough. | 6 |
| Changes: Non-Consensus of medical community. | 8 |
| Changes: Don't make process more cumbersome than now. | 11 |
| Restructure: YES. | 8 |
| Restructure: Yes (X8). | 8 |
| Restructure: YES! Unanimous. | 18 |
| Restructure: YES – unanimous. Society, attitudes, systems. | 13 |
| General Concerns: No consistency (or lack of). | 5 |
| Restructure: YES!!!! | 5 |
| Restructure: YES! Unanimous. | 7 |
| Restructure: Leave it as it is. | 16 |
| Reactions: Must choose lesser of 2 evils. | 3 |
| Reactions: Good in the sense that people with disabilities should not be on regular social assistance but should be a separate category of assistance. | 4 |
| Reactions: unemployables being separated out are good. | 1 |
| Reactions: Different support categories might help but concerned about the time lines to receive money. | 18 |

MESSAGE TO MINISTER

In the newspaper it said the meeting was about defining disability, it didn't indicate that it was in regards to Social Assistance. More details needed regarding who is considered a medical practitioner? What is considered extensive assistance (subjective)? What if a client doesn't have a physiotherapist to recommend extra supports, who does? Is the monthly income going to go down to what an able body person gets? Unless you do qualify for extra supports.

Please report back to us how our feedback was used/implemented.

Change entire system, not just words, and language. Need more money.

No restructuring. Overall social welfare needed.

We are rearranging the deck chairs on the titanic.

We like the consolation process - we expect to see some recommendations used.

Listen to the disabled they know what they want.

We need more consultation, more opportunity to explore other options. Recommendation is that committees be developed in all areas of the province to explore issues and make recommendations.

23.0

RURAL CONCERNS

REPEATED THEMES/messages

1. Expand profile of rural issues
2. Rural Issues Social Allowance rates must be equitable to urban areas
3. Provide increase reimbursement for travel costs for medical reasons
4. Provide training for staffing and panel members in rural communities
5. The unique needs and circumstances of rural and northern communities shall be carefully considered when establishing Review Panels and developing guidelines for how they are to function

| | Group # |
|---|---------|
| Reactions: Rural people with disabilities need more attention (38% of disabled community). | 16 |
| General Concerns: Re: rural, northern – need access to other players; not just medical practitioner. Need money to get diagnosis! | 6 |
| General Concerns: Rural rates are lower, must be balance across province. | 8 |
| General Concerns: Municipal vs. provincial conflict. | 7 |
| General Concerns: Medical travel cost money reimbursement only .13 per KM. | 18 |
| Changes: People with disabilities living in rural areas need support with filling out forms and income declarations. | 16 |
| Changes: Spell out training and ensure that money for supports are there – especially in a rural area. | 7 |

MESSAGE TO MINISTER

Make sure to include rural communities specifics - make accommodations for travel for employment. Keep up the good work on making changes!

Include “consistency, equal income, adequate income, individually - improved balance of income assistance and services coverage for rural area residents be made equivalent to cost of living” include social and leisure activity funding.

Option 2 - the preferred, more interaction from rural areas, ‘disability’ groups prior to decision making. Medical panel should NOT exist.

24.0

SELF IDENTIFICATION

REPEATED THEMES/messages

1. Ensure that self advocacy is supported in system

| | Group # |
|---|---------|
| Reactions: Can the individual choose a person to represent them? | 1 |
| Changes: Self-identification of need. Outside forces should not always decide need. | 7 |
| Reactions: Where is role of self-identification in terms of support. | 4 |

MESSAGE TO MINISTER OVERALL PROGRESS

Be aware your efforts are making a difference

Mr. Sale is always excellent in his presentation but like he said ACTION is needed.

Thank you Tim! Way to go!

25.0

STAFFING

REPEATED THEME/messages

1. Provide education opportunities to staff, re: the lifestyles of persons with disabilities
2. Include persons with disabilities in the delivery of staff training
3. Hold staff accountable for their decisions
4. Establish case speciality positions
5. Remove the hiring freeze and lower caseloads

| | Group # |
|--|---------|
| General Concerns: Education of EIA workers re: range and reality of living with a disability. | 6 |
| Reactions: Representation should include people who know the individual on a personal level. | 1 |
| General Concerns: attitude of staff needs to be positive towards change. | 18 |
| General Concerns: The EIA staff have to be very well trained to implement and interpret inclusion option. | 18 |
| General Concerns: Will staff be informed and knowledgeable? | 18 |
| Changes: Any change requires <u>more disability awareness training</u> for staff. (Mandatory staff training) | 4 |
| Changes: Social Workers must be held accountable of her/his own mistakes. | 8 |
| Changes: Case coordinators should have specialty caseloads. | 10 |
| Changes: Reduce caseloads of staff. | 10 |

MESSAGE TO MINISTER

Good step in right direction. Staff training to ensure new structure is operational as it is intended.

26.0

WORK INCENTIVES

RELATED THEMES/messages

1. Release Supported Employment Report – Kaplin
2. Enhance financial support to bridge transition period from EIA to gainful employment
3. De-link employment from Income Assistance
4. Increase and enhance work incentives
5. Be supportive of a person’s employment goal not punitive
6. Ensure easy of Rapid Re-enrolment without disincentives
7. Earning retention be increased

| | Group # |
|---|---------|
| Reactions: Cut backs, frozen positions for employment placement (VR). | 16 |
| Reactions: Rapid re-enrolment positive. | 16 |
| Reactions: Supported employment report not released. | 16 |
| Restructure Concerns: Allowance for working – maintain or increase incentives. | 9 |
| Restructure: Yes (4 group members). People need to keep more of their earned income. | 16 |
| Restructure: Earnings exemptions need to be increased. | 2 |
| General Concerns: How will very part time (1-2) hours per day be acknowledged (top-up), are there employer incentives. | 15 |
| General Concerns: What about people who aren’t capable of working through the system? | 10 |
| General Concerns: De-linking employability covered in both options. | 11 |
| Changes: Enhanced supported employment resources to provide necessary supports. | 6 |
| Changes: Will there still be work incentives? They should be increased, i.e. instead of just no sanctions (if choose not to work), should be rewards if do work, or seek education. | 6 |
| Changes: Disincentive to employment concern income earned. | 16 |
| Reactions: They won’t be penalized for mot working. | 5 |
| Reactions: They won’t be penalized for not working. | 5 |

MESSAGE TO MINISTER

To allow the people to work as much as they can without penalty – depending on the illness if it’s cyclical some says are good and some bad. It’s about “quality of life” Work needs to be done with dsychiatic disabilities – number 1 people on assistance lowest amount of money from Manitoba Health.

Too little incentive to keep wages earned above IA. Too much reliance on the medical community and not a rehab offering supports for emotional needs.

Picture 5

REVIEW OF THE ELEMENTS OF THE SERVICE DELIVERY MODEL

Questions were posed to the proposed delivery system. These questions are offered as constructive tools in the design of a viable service delivery option.

- 1.1 Administration Process
- 2.1 Advocacy Consideration
- 3.1 Panel Assessment
- 4.1 Defining Disability
- 1.1 Service Delivery and Service Equity
- 6.1 Disability Supports
- 7.1 Employment Related Support Services

- 8.1 Linking to Other Programs
- 9.1 Labelling Practice
- 10.1 Levelling Practice
- 11.1 Loss of Income Practice
- 12.1 Options
- 13.1 Terminology

| QUESTIONS | CONCLUSIONS |
|--|--|
| ADMINISTRATION PROCESS | |
| <p>1. Has Government committed additional funds, or it s a reshuffling of the same financial and human resources?</p> | <p>1. Option 2's service delivery flexibility is supported, the complexity of administration decision making must be further streamlined</p> |
| ADVOCACY CONSIDERATION | |
| | <p>1. The importance of individual and group advocacies must be recognized and a process is included within any chosen service delivery option.</p> |

| QUESTIONS | CONCLUSIONS |
|--|---|
| PANEL ASSESSMENT | |
| <ol style="list-style-type: none"> 1. How will Assessors be selected? 2. What qualification / work experience shall be required? 3. What training shall be provided? 4. What financial resources will be available to support their work? 5. Will there be expertise to review the needs of person with Mental Health issues on the Assessment Panel? | <ol style="list-style-type: none"> 1. Panel to be representative of the community and include person with disabilities. 2. Panel to assess persons’ “function” not medical diagnosis. 3. Persons knowledgeable with Mental Health issues be represented on Medical Panels. |
| DEFINING DISABILITY | |
| | <ol style="list-style-type: none"> 1. The definition ensure the inclusion of persons with: learning disabilities, FAS, deaf and hard of hearing, short-term, reoccurring and cyclical disabilities to have easy re-entry access to programming. 2. A definition must be clear. 3. If personal function is limited on the long-term, a different, longer time period should be required for re-assessment. 4. Additional support and services to be available to persons with multiple disabilities. |
| SERVICE DELIVERY AND SERVICE EQUITY | |
| <ol style="list-style-type: none"> 1. Regarding Option 2, how will an equitable service delivery system be assured? | <ol style="list-style-type: none"> 1. Support services Option 2, community respect and supports an equitable service delivery model, which means an individualized service approach. 2. Increased accountability and proposed procedure shall delay service delivery. 3. The “list” of available support and services to be shared with the community as soon as possible. |

| QUESTIONS | CONCLUSIONS |
|--|--|
| DISABILITY SUPPORTS | |
| <ol style="list-style-type: none"> 1. How will Option 2 address and support persons with “extensive” support needs, when a wider range of service options is required? 2. Will Option 2 offer social related supports, i.e. transportation? 3. Will Employment and Income Assistance pay for support services including: psychiatric services, vitamins and over the counter medications? 4. Will persons have options to use a scooter versus a wheelchair? | <ol style="list-style-type: none"> 1. Financial and support services which are not tied to employment and support inclusion is preferred. |
| EMPLOYMENT RELATED SUPPORT SERVICES | |
| <ol style="list-style-type: none"> 1. Regarding Option 2, how long would the waiting period be for a person who becomes disabled to review disability support service? | <ol style="list-style-type: none"> 1. Option 2 is preferred as it recognizes the individual and offer support and services, which are person-centred not program or category based. 2. Important that services are not tied to employment. 3. Equally important person be encouraged and supported to persons pursue training and employment opportunities. |
| LABELLING PRACTICE | |
| <ol style="list-style-type: none"> 1. Option 1 – What is severe and who decides who gets that label? | <ol style="list-style-type: none"> 1. Option 2 is preferred as it shall not stigmatize or label persons. |

| QUESTIONS | CONCLUSIONS |
|--|--|
| LINKING TO OTHER PROGRAMS | |
| <p>1. Why can we not have continuity between Federal and Provincial Government – If you have a disability credit certificate, could you use it?</p> | <p>1. A much-improved relationship between the Province and CPP, and EIA and VR for the benefit of the individual.</p> |
| LEVELLING PRACTICE | |
| <p>1. How will functionality level of support be assessed and qualified in Option 1?</p> | <p>1. Option 2 preferred, as it does not create discriminatory or hierarchy service delivery.</p> |
| LOSS OF INCOME PRACTICE | |
| <p>1. In option 2, is there a “cap” on services? 2. Can the community be assured that no one will get a smaller piece of the pie? 3. How will the program address the issue of lump sum inheritance?</p> | <p>1. Current rates are not adequate and must be raised</p> |
| OPTIONS | |
| | <p>1. Option 2 is preferred, but in reality a third option should developed.</p> |
| TERMINOLOGY | |
| <p>1. Option 2 – what does itemized support mean? 2. Option 1 – define medical practitioner.</p> | <p>1. Language is very important and should convey respect and remove labels.</p> |

CONCLUSION

This document has been constructed with the information received on June 5th, 2002. While the objective was initially to examine two options the result of the evening was the identification of important and key elements to a Service Delivery Model.

Both Government and Community are now challenged to examine the elements and to weave them into a new Service Delivery Option. The Community consultation process has been successful in bringing together the Service Provider and Consumer of Services into an effective planning process.

The participants of the evening were asked to choose the best option. Neither option provided the full range of Service Delivery needs required by the Community. By addressing the questions that were posed on June 5th, 2002, it is believed that a Service Model will emerge.

This process has not been completed and the next two steps are for the Department of Family Services to address the questions put forward and for the Community to once again review the service options, which emerge from the consultation process.

An appendix booklet has been prepared further detailing responses from both the group discussions and the evaluations sheets.

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