Disability and Health Services Policy Analysis

Report for the Canadian Disability Policy Alliance CURA by Nicole Clara and Jennifer Misiorowski

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Purpose of this Report

The purpose of this report is to provide a summary of the major accomplishments and findings of our project for the Centre for Health Services and Policy Research and the Disability Policy Alliance CURA. It outlines the major activities undertaken in the project and demonstrates that all agreed upon deliverables have been met. General findings and conclusions are presented. We conclude by identifying the successes and limitations of the project to provide guidance as our clients move forward with the completion of their project.

Overview of the Project

The Centre for Health Services and Policy Research and the Disability Policy Alliance CURA has commenced an examination of health policies and their impact on persons with disabilities in Canada. A "Scoping Review of Disability Policy in Canada" has been developed to offer a comprehensive review of disability policy in Canada. Within this document, seven questions have been established as a framework to investigate existing health policy. Six questions remain to be answered within the report. Our project consisted of answering these six questions in the area of health policy for Ontario and Canada.

Our main objective was to research existing health policies at both the provincial and federal levels and examine their impact on persons with disabilities. These policies were analyzed by answering the final six questions set out in the "Scoping Review" document. These questions examine issues such as equitable access to programs, the degree of supports and services to persons with disabilities, eligibility clarification, and an investigation of whether gaps exist between jurisdictions in terms of disability policies. In answering these questions, we provided a

comparison of health policies at the federal and provincial levels in terms of their aim and their definition of 'disability'. We have made a significant contribution to the "Scoping Review of Disability Policy in Canada" and to CURA's overall objective of understanding health policy in Canada and its impact on persons with disabilities.

Outline of Major Activities

Our project began in early November when we met with Dr. Alice Aiken to discuss expectations and deliverables. We agreed that our main deliverable would be to complete the final six questions in the "Scoping Review for Disability Policy in Canada" as they apply to the previously chosen health policies in Ontario and Canada (see completed tables in Appendix 1). The health policies examined were chosen by the authors of "Scoping Review" based on their explicit mention of disability. There are other relevant policies and health legislation that were not included in our research. For instance, Ontario policies did not include the Ontario Drug Benefit Program. However, these overarching health policies did not explicitly mention disability and therefore were not included for the purposes of the scoping review. A detailed description of the Ontario and federal policies researched can be found in Appendix 2.

We decided to approach the project by splitting the research based on jurisdiction. Nicole examined federal policies and Jennifer looked at Ontario programs. We worked on the first Ontario policy as a group in order to get feedback from Dr. Aiken in terms of formatting and content. After receiving feedback, we researched the rest of the questions and policies over the course of four weeks. In early March, we met with Dr. Aiken and her colleague Dr. Mary Ann McColl, CHSPR's Associate Director of Research, to discuss the final steps for the research. In our discussion, we recognized that there may be a jurisdictional divergence between program

'aims' and the policy's definition of disability. We decided to focus on these comparisons, as well as an analysis of the relevant stakeholders impacted by the policy, for the purpose of summarizing our main findings in this report.

General Findings

Comparison of the Aims of Policies

The aims of the health policies analyzed generally fall into three categories outlined in the "Scoping Review of Disability Policy in Canada" report. These categories include whether the objective of the policy is Support, Equity, or Access.

The policies falling under the support category generally view disability as a minority group and aim to provide specialized services to those eligible for the program. The aim of these policies is to provide support through funding and/or specialized services in order to enforce individual rights and allow those with a disability to participate fully and independently in society. At the federal level, the aim of the First Nations Assisted Living Program is to provide support for First Nations by providing funding for in-home or institutional care. The aim of the Non-Insured Health Benefits for First Nations and Inuit Program is to support First Nations people and Inuit in reaching an overall health status that is comparable with other Canadians (Health Canada), which includes health costs that are associated with a disability. The Veterans Independence Program seeks to support veterans and their primary caregivers with needed personal health services including treatment benefits and residential care. In Ontario, the Assistive Devices Program provides access to personalized assistive devices to support an individual's functional limitation needs. Similarly, the Attendant Services Program provides

specialized assistance to support people with physical disabilities to maintain paid employment and/or to attend an adult education program to achieve a degree or certificate.

The aim of the Ministry of Health and Long-Term Care's Accessibility Plan falls under the equity category. The objective of this policy is to ensure that health facilities are accessible to all by making policies, programs, services, buildings and practices consistent with the mandatory standards under the *Accessibility for Ontarians with Disabilities Act*. This policy does not specify eligibility criteria, but rather aims to provide equitable access for everyone in society.

The objective of the Ontario Health Insurance Act is to provide access to physiotherapy services for those deemed to be most in need. Access is provided for seniors 65 and over, those aged 19 and under, residents of long-term care homes at any age, those requiring physiotherapy services in their home or after being hospitalized at any age, in addition to recipients of any age receiving benefits from the Ontario Disability Support Program, Family Benefits and Ontario Works program (Ministry of Health and Long-Term Care).

The Canada Health Act is much more overarching than the other polices examined at both the federal and provincial level. The aim of the CHA includes support, equity, and access, and applies to nearly all Canadian residents.

Comparison of Definition of Disability

Our analysis indicates that policies targeted at specific groups of people or type of assistance offer a clearer definition of disability through their eligibility criteria, philosophy, and aim. Certain policies define disability in strictly physical terms. Some, such as the Assistive Devices Program outline strict eligibility criteria and time horizons on the physical limitation after which it can be considered a 'disability'. Others, such as the First Nations Assistance

Program, simply define the physical disability as a 'functional limitation'. Conversely, some policies, such as the Veterans Assistance Program, include both physical and mental aspects of disability. Again, the eligibility criteria are different across policies that define disability in physical and mental terms. Broad versus strict eligibility provisions for the physical or mental disability have obvious consequences for the effectiveness and equity of the program. To avoid these implications, the less specific, more overarching policies do not attempt to define disability. The Canada Health Act for instance, outlines insurance provisions for persons with disabilities, but leaves it to provinces to determine who receives extended health benefits.

Evidently, both within and across jurisdictions, policies do not agree on who has a disability and what should be done for disabled persons. This disagreement can and does lead to confusion between definitions of disability, eligibility criteria, and program objectives. The lack of a Canada-wide definition of disability can result in difficulties in program delivery and evaluation. However, a single definition of disability across the federal and/or provincial governments may not be desirable or achievable because of the potential implications for individual programs.[1]

Stakeholders Analysis

Each of the policies analyzed impact different groups, persons, and organizations. An important part of our analysis involved identifying these stakeholders and evaluating their potential position and relative power. This helped us determine who will be opponents and proponents of provincial and federal health policies impacting disabled persons. Table 1 summarizes the major stakeholders influenced by the policies and their likely position.

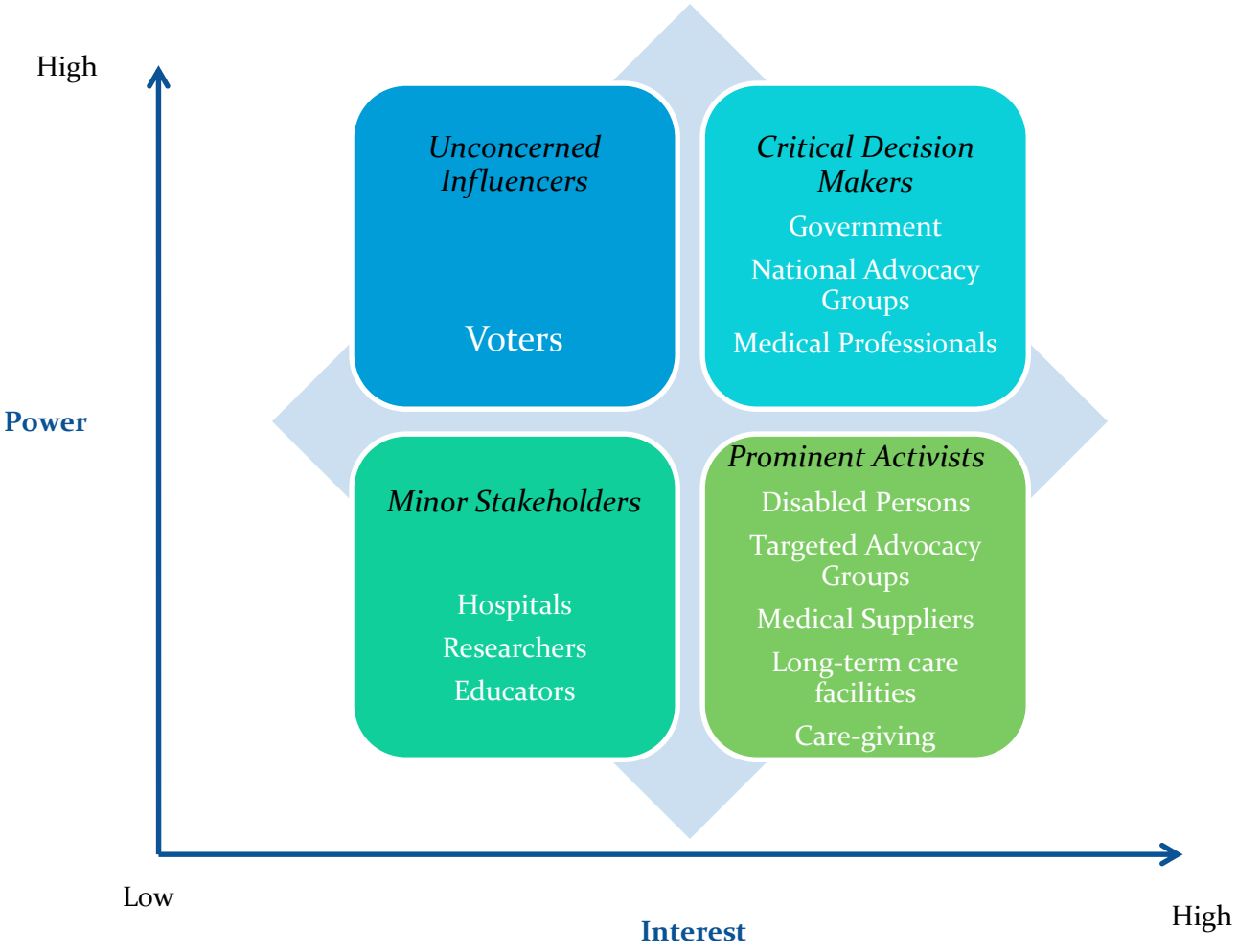
[1] Canada. (2003). *Defining Disability: A Complex Issue*. (Ottawa: Office for Disability Issues, Human Resources Development Canada).

Table 1: Stakeholders

Stakeholder	Example	Likely Position
Medical Professional Associations	Canadian Physiotherapy Association	Welcome support for disabled persons. Time-constrained so want to avoid administrative burden and desire clear guidelines.
Care-givers		Want a broad definition of disability in order to receive greater government support and funding.
Long-term care facilities	Retirement Home	Want a broader definition of disability. Economic interests.
Voters		Want to assist those with disabilities without a large tax burden.
Government (Provincial and Federal)		Political interests. Attempt to find balance between positions of all stakeholders
Large, National Advocacy Groups	Council of Canadians with Disabilities	Want a broad definition of disability and substantial support for disabled
Hospitals		Want low administrative burden and clear guidelines for eligibility.
Researchers	Government, Private, Think Tanks	Depends on area of research. May desire a consistent definition of disability for ease of analysis.
Educators	Physical Therapy Schools	Depends on education type. May desire a consistent definition of disability for educational purposes.
Disabled Persons		Want support and funding for their specific disability. Want easy access to program funding and clear guidelines.
Targeted advocacy groups	Canadian Paraplegic Association	Look for specific support for the group they represent. Want the definition of disability to include their group.
Medical Suppliers	Shoppers Home Health Care	With coverage of medical supplies, consumers likely to spend more on products and 'shop around' less. Suppliers concerned about administrative burden and want clear guidelines. Economic interests.

Figure 1 below categorizes stakeholder groups based on their relative interest and power in shaping disability policy. Stakeholders may fall in one of four categories: unconcerned influencers, minor stakeholders, critical decision makers, and prominent activists.

Figure 1: Stakeholder Power-Interest Matrix



Discussion

The project was a success and the objectives set out in the letter of agreement were reached. Our analysis of health policy at both the federal and Ontario level allowed us to answer the six questions outlined in the "Scoping Review of Disability Policy in Canada" report and gain a comprehensive understanding of disability policy in Canada. In addition to answering these questions, this final report allowed us to analyze whether there is consistency in terms of the aim and definition of disability in Ontario and federal disability policies.

A limitation of the project was that the health policies in other provinces were not analyzed. As a next step to this project, an examination of health policy in other jurisdictions in Canada should be performed. Another minor limitation was the chart in the 'Scoping Review' document used to examine the health policies. We found the chart limiting and not reflective of the complexities of the policies. However, we were able to expand on our analysis in this report and in our discussions with Dr. Aiken. We recommend that subsequent analysis use the table for organization but expand on the analysis in a report comparing policies across jurisdictions.

Conclusion & Next Steps

Our analysis of key federal and provincial health policies related to persons with disabilities indicates that there is definite room for improvement. Divergence among policies in terms of the definition of disability can cause confusion for key stakeholders and increase their administrative burden. Collaboration among and between governments is necessary to determine where a harmonized approach to disability policy is appropriate.

This project has resulted in a small but important piece of the overarching objectives of the Centre for Health Services and Policy Research and the Disability Policy Alliance CURA. The completion of the final six questions in the "Scoping Review of Disability Policy in Canada" for federal and Ontario health policies has demonstrated the value of this analysis in comparing disability policies in Canada. Various policy areas and provinces remain to be analyzed. We encourage the Centre for Health Services and Policy Research and the Disability Policy Alliance CURA to move forward with the completion of this analysis. Doing so will greatly contribute to the understanding of federal and provincial disability policy in Canada. This understanding can

lead to greater program coherence, ensure the integrity of individual program objectives, and, most importantly, result in improved services for Canadians with disabilities.

Appendices

Appendix 1: Disability-Health Policy Tables

Canadian Health Policies

Program	*History*	*Definition of Disability*	*Philosophy*	*Jurisdiction*	*Eligibility*	*View*	*Stakeholders*
First Nations Assisted Living Program[1]	A 1985 MOU between INAC and Health Canada set roles in health care. In 1988, a moratorium placed greater emphasis on in-home care.[2]	Functional limitations.[3]	Supportive place.[4] Enforces individual rights.	Federal	Available for First Nations living on reserve who have functional limitations.[5] Primarily aimed to the elderly.	Minority Group.[6] Specialized services.	Corresponds with the mission of the Assembly of First Nations[7], and the Native Women's Association of Canada[8]
Non-insured health benefits for First Nations and Inuit	No relevant information.	Functional limitations.	Supportive place.[9] Enforces individual rights.	Federal	Detailed eligibility criteria for First Nations and Inuit individuals.[10] Specified range of medically necessary health-related goods/services not covered by insurance.	Minority Group.[11] Specialized services.	Corresponds with the mission of the various Aboriginal advocacy organizations.[12]
Veterans Independence Program	Established in 1981.	The loss or lessening of the power to will and to do any normal physical or mental act. Both medical	Supportive place.[14] Enforce individual rights.	Federal	Mainly for Veterans and primary care-givers of Veterans.[15]	Minority Group.[16] Specialized services.	Corresponds with the mission of the numerous veterans' groups.[17]

		(impairment) and non-medical (quality of life).[13]					
Canada Health Act		Does not define disability. Provision of 'extended health benefits' at the discretion of provinces.[18]	Supportive place. Enforce individual rights.[19]	Federal	Canadian resident. Criteria for excluded persons.[20]	Universal issue. Applies to society as a whole.[21]	Healthcare providers, health care professionals.

Ontario Health Policies

Program	***History***	***Definition of Disability***	***Philosophy***	***Jurisdiction***	***Eligibility***	***View***	***Stakeholders***
Assistive Devices Program	No relevant information.	Functional limitations.[22]	Aims to make Canadian society a more supportive place. Seeks to enforce individual rights.[23]	Provincial.	Includes any Ontario resident with a physical disability of six months or longer.[24]	Minority group. Provides specialized services.[25]	Corresponds with the mission of various advocacy organizations.[26]
Accessibility Plan [2006-2007] Ministry of Health & Long-Term Care	Accessibility Plans required under the *Ontario Disabilities Act* 2001. [27]	Disability is defined in accordance with the *Accessibility for Ontarians with Disabilities Act.*[28]	Aims to make Canadian society a more supportive place. Seeks to outline collective responsibilities. [29]	Provincial.	No specific eligibility criteria exist. [30]	Minority group. Applies generally to society as a whole. [31]	Public sector, including government ministries, municipalities, hospitals, school boards, colleges, universities, and public transportation organizations; the private sector/business

							community; and the not-for-profit sector.[32]
Multilateral Labour Market Agreement for Persons with Disabilities: Attendant Services Program	Developed from the Independent Living Movement in the 1960s. [33]	Functional Limitations. [34]	Aims to make Canadian society a more supportive place. Seeks to enforce individual rights.[35]	Provincial.	(1) The applicant must be 16 years of age or older; (2) insured under the Health Insurance Act of Ontario; (3) able to direct their own personal support and homemaking services; (4) and unable to have their needs met through other existing programs or services.[36]	Minority group. Provides specialized services. [37]	Corresponds with the mission of independent living advocacy organizations. [38]
Health Insurance Act		Functional limitation and those requiring social support.[39]	Aims to make Canadian society a more supportive place. Seeks to enforce individual rights.[40]	Provincial.	As of April 1, 2005 government-funded physiotherapy services are available to seniors 65 and over, those aged 19 and under, residents of long-term care homes at any age, those requiring physiotherapy services in their home or after being hospitalized at any age, in addition to recipients of any age receiving benefits from the Ontario Disability Support Program, Family Benefits and Ontario Works program.[41]	Minority group. Provides specialized services. [42]	Long-term care homes, hospitals, physiotherapy clinics, social service agencies, physicians, Ontario Physiotherapy Association, College of Physiotherapists of Ontario.

Appendix 2: Description of Policies

Ontario policies:

The Assistive Devices Program provides funding and consumer support for residents of Ontario who have long-term disabilities to access personalized assistive devices.

The Ministry of Health Accessibility Plan outlines the ministry's ongoing commitment to making health facilities accessible for all in accordance with the *Accessibility for Ontarians with Disabilities Act*. Accessible to the public, these annual plans identify how the Ministry of Health is making policies, programs, services, buildings and practices that are consistent with the mandatory accessibility standards under the AODA. The ministry has notified their health-care transfer partners of their responsibility to adhere to the accessibility standards outlined in the ODA. Each capital project involving a health facility must comply with all applicable codes and requirements to ensure that health, safety, and accessibility issues are addressed.

The Attendant Services Program provides support to individuals with physical disabilities to maintain paid employment and/or to attend an adult education program to achieve a degree or certificate. The services provided through this program include lifting and transferring, dressing/undressing, eating assistance, washroom assistance including toileting, bathing, and washing, and any other activity that supports a person with a physical disability in their work or educational experience.

The Health Insurance Act provides physiotherapy coverage for seniors 65 and over, individuals 19 and younger, residents of long-term care homes, and Ontario Disability Support Program, Family Benefits, and Ontario Works recipients of any age.

Federal policies:

The First Nations Assisted Living Program which provides funding for in-home care or institutional care.

Non-Insured Health Benefits for First Nations and Inuit Program which offers needs based funding for non-insured health benefits for First Nations and Inuit, which includes health costs associated with a disability.

Veterans Independence Program which provides needed personal health services for those who qualify (veterans and primary care givers of veterans) including treatment benefits and residential care.

Canada Health Act provides insurance for hospital services that are medically necessary for the purpose of maintaining health preventing disease or diagnosing or treating an injury, illness or disability includes physiotherapy services. Extended health services include: nursing home intermediate care, adult residential care, home care and ambulatory services.

Endnotes

[1] Website in National Disability Policy chart no longer functioning. Use http://www.ainc-inac.gc.ca/hb/sp/alp-eng.asp

[2] INAC, 2008

[3] Indian and Northern Affairs Canada. http://www.ainc-inac.gc.ca/hb/sp/alp-eng.asp.

[4] The Assisted Living Program aims to help First Nations "maintain their independence, maximize their level of functioning, and live in conditions of health and safety" (Indian and Northern Affairs Canada). Further, the program is part of the federal government's general policy to provide First Nations people on-reserve with access to services which are comparable to services provided by the provinces to other Canadians. These two features of the Assisted Living Program indicate that its philosophy is to make Canadian society collectively a more supportive place for people with disabilities while seeking to enforce individual rights.

[5] Indian and Northern Affairs Canada. http://www.ainc-inac.gc.ca/hb/sp/alp-eng.asp.

[6] The Assisted Living Program is only provided to registered First Nations individuals living on-reserve who have 'functional limitations'. Based on this narrow criteria, the policy seems to refer to disability as a minority group issue. It applies only to those individuals requiring specialized services.

[7] The Assembly of First Nations (AFN) is the national representative organization of the First Nations in Canada. The group exists to restore and enhance First Nations peoples historical relationship to the land and ensure First Nations people are treated equitably. The AFN Secretariat presents the views of various First Nations through their leaders in many areas including health and social development (Assembly of First Nations).

[8] The Native Women's Association of Canada (NWAC) has a collective goal to "enhance, promote, and foster the social, economic, cultural and political well-being of First Nations and Métis women within First Nation, Métis and Canadian societies"(Native Women's Association of Canada 2009).

[9] Non-insured health benefits aims to "support First Nations people and Inuit in reaching an overall health status that is comparable with other Canadians" (Health Canada).

[10] Eligible recipients are residents of Canada and one of the following: (1) a registered Indian according to the Indian Act; (2) an Inuk recognized by one of the Inuit Land Claim organizations; or (3) an infant less than one year of age whose parents is an eligible recipient (Health Canada).

[11] It is clear that the policy refers to disability as a minority group because the program is only available to individuals meeting specific eligibility criteria. It aims to provide specialized services by only covering particular health-related goods and services not covered by provincial, territorial, or private insurers. Recipients must prove that they meet the benefit criteria.

[12] Including the Assembly of First Nations, the Inuit Tapiriit Kanatami, the Congress of Aboriginal Peoples, the Metis National Council, and the Native Women's Association of Canada.

[13] The Pension Act and the Canadian Forces Members and Veterans Re-establishment and Compensation Act defines disability for all Veterans Affairs Programs. See the 'Table of Disabilities' http://www.vac-acc.gc.ca/content/dispen/2006tod/pdf_files/tod_total_2006.pdf.

[14] The VIP aims to "help clients remain healthy and independent in their own homes or communities" (Veterans Affairs Canada). The services offered vary depending on circumstances and health needs. These characteristics indicate that the program is in place to make Canadian society collectively a more supportive place for people with disabilities and enforces the individual rights of veterans to receive adequate health-related services.

[15] See Veterans Affairs Canada for a list of eligibility criteria for the VIP.

[16] The VIP has very specific eligibility criteria and potential services available to clients. The specificity of the program features indicate that the policy views disability as a minority group issue and proposes to provide specialized services to that group (veterans and their primary caregivers).

[17] There are numerous veterans' groups and associations linked to the VIP. Some of these include the War Amps of Canada, Veteran Voice, the Royal Canadian Army Service Corps, Air Force Association of Canada, and Army, Navy, & Airforce Veterans' in Canada.

[18] **Extended health care services** are defined in the CHA as 'aspects of long-term residential care (nursing home intermediate care and adult residential care services), and the health aspects of home care and ambulatory care services.

[19] The objective of the CHA is "*to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers" (Health Canada 2004). This aim indicates that the philosophy of the policy is to make Canadian society as a whole a more supportive place by enforcing individual rights to health services.*

[20] The CHA excludes members of the Canadian Forces, persons appointed to a position of rank within the Royal Canadian Mounted Police, persons serving a prison term in a federal penitentiary, and persons who have not completed a minimum period of residence in a province or territory (Health Canada 2004).

[21] The CHA applies to nearly all Canadian residents.

[22] Any Ontario resident who has a physical disability of six months or longer is eligible for the Assistive Devices Program. The objective of the program is to provide access to personalized assistive devices to support an individual's functional limitation needs (Ministry of Health and Long-Term Care).

[23] The aim of the ADP is to provide the necessary support and resources to provide access to personalized assistive devices. Access to devices under the program "enable people with physical disabilities to increase their independence" (Ministry of Health and Long-Term Care). The program is open to any Ontario Resident with a physical disability of six months or longer. These two components of the ADP indicate that the philosophy of the program is to make Canadian society collectively a more supportive place for people with disabilities. These characteristics also demonstrate that the ADP enforces the individual rights of people with disabilities to have access to the equipment and supplies they require.

[24] Equipment used exclusively for sports, work, or school cannot be required under the program. Funding is not provided for equipment that is available under the Workplace Safety and Insurance Board or to Group "A" Veterans for their pensioned benefits. Further, specific eligibility applies to each device category. (Ministry of Health and Long-Term Care: http://www.health.gov.on.ca/english/public/program/adp/adp_mn.html).

[25] Only Ontarians who have had physical disabilities for six months or longer are eligible for the ADP. Further, only specific equipment categories qualify for funding (Ministry of Health and Long-Term Care). These two characteristics of the ADP indicate that the policy views disability as a minority group issue and aims to provide specialized services to people with disabilities.

[26] Some of these organizations include: The Canadian Paraplegic Association which "assists people with spinal cord injuries and other physical disabilities to achieve independence, self-reliance, and full community participation" (CPA); The Canadian Association of the Deaf which advocates for the "needs and interests of Deaf Canadians" (CAD); and The Canadian Council of the Blind which "acts as the voice of the blind and focuses on activities that express their concerns and interests (CCB).

[27] Under the provisions of the ODA, every ministry within the Ontario government, in addition to public sector organizations such as municipalities, school boards, hospitals, universities, and public transit providers, were required to develop and make public their first annual accessibility plan by September 30, 2003 (ODA Committee: http://www.odacommittee.net/news151.html).

[28] The AODA defines disability as:
(a) Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment,

muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
(b) A condition of mental impairment or a developmental disability,
(c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
(d) A mental disorder, or
(e) An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; ("handicap"). Please see the AODA 2005: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm.

[29] The objective of the policy is to make Canadian society collectively a more supportive place for people with disabilities by ensuring equitable access to health facilities for all. The ministry has notified their health-care transfer partners of their responsibility to adhere to the accessibility standards outlined in the ODA. Each capital project involving a health facility must comply with all applicable codes and requirements to ensure that health, safety, and accessibility issues are addressed. The policy outlines the collective responsibility of public sector organizations in preventing, identifying and removing barriers for people with disabilities. Under the AODA, a 'barrier' is defined as "anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice" (Ministry of Health and Long-Term Care).

[30] Accessibility Plans ensure that Ontario is accessible to all, and thus benefit society as a whole. They outline the collective responsibility of our society in ensuring that policies, programs, services, buildings, and practices adhere to the accessibility standards set out in the AODA (Ministry of Health and Long-Term Care).

[31] Accessibility Plans refer to disability as a minority issue and adhere to the definition of disability set-out in the AODA (Note: Please see above for how AODA defines disability). The Accessibility Plan applies generally to the society as a whole. It is a component of the ministry's commitment to achieving an inclusive and accessible province by ensuring that people of all abilities have a chance to reach their full potential (Ministry of Health and Long-Term Care).

[32] Please see the Ministry of Community and Social Services Website at: http://www.mcss.gov.on.ca/en/mcss/programs/accessibility/OntarioAccessibilityLaws/2005/indei.aspx.

[33] Attendant services are based on the Independent Living model of service, and developed with the growth of the Independent Living Movement in the 1960s. These services "evolved out of the desire and the need of persons with disabilities to lead independent lives" (Centre for Independent Living in Toronto: http://www.cilt.ca/overview.aspx).

[34] Funded through the Ministry of Health and Long-Term Care, the objective of the Attendant Services Program is to provide support to individuals with physical disabilities to maintain paid employment and/or to attend an adult education program to achieve a degree or certificate. The

services provided through this program include lifting and transferring, dressing/undressing, eating assistance, washroom assistance including toileting, bathing, and washing, and any other activity that supports a person with a physical disability in their work or educational experience (Ministry of Community and Social Services: http://www.mcss.gov.on.ca/NR/rdonlyres/4B678FE9-F2F6-46DC-98DE-6A95508E8720/1820/200607annualreportNov22version1.pdf).

[35] The objective of this agreement is to ensure the "full inclusion of Ontarians with disabilities in all areas of society", and to foster independence by allowing people with disabilities to participate more fully as members of their communities (Ministry of Health and Long-Term Care). It seeks to ensure that all Ontarians can reach their full, individual potential and participate fully in the economic and social life of Canada. The Premier of Ontario stated that to ensure the success of Ontario's economy and society, it is critical to eliminate the barriers those with disabilities currently face to participate fully in the labour market. (http://www.hrsdc.gc.ca/eng/cs/comm/sd/news/2004/040503.shtml).

[36] Ministry of Community and Social Services: http://www.mcss.gov.on.ca/NR/rdonlyres/4B678FE9-F2F6-46DC-98DE-6A95508E8720/1820/200607annualreportNov22version1.pdf.

[37] The program is specifically designed for those individuals with physical disabilities to maintain their employment or to attend an education program. These specialized services are "consumer-directed physical assistance with routine activities of daily living and may include assistance with personal grooming, bathing, dressing, transfers, toileting, eating, breathing, essential communication, meal preparation, housekeeping" (Service Canada, "Ontario Programs for People with Disabilities", http://www.servicecanada.gc.ca/eng/on/epb/disabilities/pd.shtml#AOS). These characteristics indicate that the policy refers to disability as a minority issue and provides specialized services to these individuals.

[38] For instance, Independent Living Canada's vision is to promote "an inclusive and accessible society where people with disabilities are valued equally and participate fully. Independent Living Canada and its member IL Centers work with individuals with disabilities to have greater choices and control over how support is provided" (IL Canada: www.ilcanada.ca).

[39] Government-funded physiotherapy is provided for those who the government deems "are most in need". These individuals include the elderly, the young aged 19 and younger, long-term care home residents, those needing physiotherapy in their home or after being hospitalized, and ODSP, Family Benefits and Ontario Works recipients. Based on these eligibility criteria, the policy defines disability as both a functional limitation and a factor of limited financial resources.

[40] The policy seeks to grant access to physiotherapy services for those deemed to be most in need. Only those individuals specified within the eligibility criteria are provided with government funding. These characteristics demonstrate that the policy aims to make Canadian

society collectively a more supportive place and seeks to enforce individual rights (Ministry of Health and Long-Term Care).

[41] Ministry of Health and Long-Term Care: http://www.health.gov.on.ca/english/public/pub/ohip/physiotherapy.html.

[42] The changes in coverage for physiotherapy services were initiated in order to better serve those individuals who were most in need. The policy does not apply to the general public, as only those that meet these eligibility criteria receive coverage (Ministry of Health and Long-Term Care). This indicates that the policy refers to disability as a minority issue and provides specialized services for these individuals.