

# **Comparative Resource Analysis of Support Services for First Nations People with Disabilities**



**October 21, 2005**

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## Overview

The purpose of this document is to provide a costing analysis of disability supports for First Nations persons with disabilities.

The analysis contained herein outlines the needs based on the Aboriginal Peoples Survey data in relation to programs provided by the federal government that are specific to First Nations persons with disabilities and disability supports.

The assumptions for this analysis are as follows:

Disability programs are limited or non-existent in First Nations jurisdictions. Those that do exist do not meet the needs of the population they are targeted for because:

1. *The values and culture are exclusively designed on the basis of non-Aboriginal, (Euro-Canadian) rather than First Nations' cultural premises, values or world views.*
2. *Programs are standardized and are limited in innovation and adaptability to local circumstances and conditions.*
3. *Social policy and programs are based on individual productivity versus the collective community-based economic interdependence of the Aboriginal community. This approach looks at the disadvantaged individual within society and not as the society being disadvantaged.*
4. *The assumptions made for mainstream social programs, services and policies do not hold true for First Nations. The mainstream policy makers assume that, First Nations people live in communities that are connected to healthy labour markets with ample access to employment and training opportunities. Many First Nation communities do not have the infrastructure or capital to offer economic opportunities, mainstream markets or other related benefits that mainstream society does.*
5. *Services are not holistic and do not take the individual or community as a whole into consideration. Social programs and policies are fragmented with limited integration of resources, standards, obligations or reporting. This results in gaps in services, duplication of effort, inefficiencies and approaches that make it impossible for the whole person or whole community to access what is required.*

## **Fiduciary Obligation and Jurisdiction**

Responsibility for First Nations persons with disabilities rests with the federal, provincial and territorial governments. This responsibility is articulated in Treaties, International Codes and the *Canadian Charter of Rights and Freedoms*. Section 15 of the *Charter* specifically includes protection for people with disabilities and First Nations as a result must have **equal benefit** to the programs and services available in Canada as anyone else – yet this is not always the case.

It is well established that First Nations are a federal responsibility. Those persons who are First Nations status under the *Indian Act* are the fiduciary responsibility of the federal government. There is dispute, however, related to the health and social services which provinces are responsible for from a public perspective. Most provinces use section 91(24) of the *Constitution Act of 1867* to dispute their responsibility for First Nations status individuals *living off-reserve* and defer these individuals back to their First Nation Councils. The result is First Nations people with disabilities often do not get the service they are entitled to receive. With the devolution of services to the First Nation level *there is a problem of accountability amongst the three governments* (federal, provincial/territorial and First Nation) which is compounded by the migration of First Nations and Aboriginal persons to the cities. Federal policy has yet to adequately address this issue of portability of rights and eligibility for programs and services. (RCAP, 1996, Durst, 2001).

The problem with the jurisdictional issue for First Nations is the *coordination and fragmentation of services overall*. The consolidating of services related to health, social services and education is required (Durst, 2001). The *Obstacles Report* recommended that a federal liaison and research office be established to obtain ongoing accurate information and provide feedback for the improvement of services. There is a serious need for restructuring of services provided to First Nations persons regardless of status. Even bigger is the question of self-government and the movement towards greater control and management of education, social and health programs. Although positive, the needs of First Nations persons with disabilities need to be a high priority of the leadership and will have to be addressed particularly in terms of how they vary from region to region.

## The Demographics of First Nations Disability

This section illustrates First Nation needs for disability supports based on APS data (although dated this is the only recent or detailed disabilities data available for First Nations populations) that provides a demographic picture of disability nationally. The following table indicates the population of First Nation people with disabilities by region from INAC's *Indian Register*.

Although more current register statistics are available the total population figures do not vary significantly from the total below. These data are utilized because they illustrate the number of First Nations people with disabilities by region. It may be assumed that because the data is from the 1997 Indian Register there may be an underestimate of current numbers by approximately 15 percent. 2002 figures indicate a Registered Indian Population of 704,851 which was about an 2.1-2.7% increase annually. Given that average it might be assumed that the number of persons with disabilities could also have increased by 93,991 for a total of about 284,739 by 2002.

**Table 1.1**  
**Population of First Nation People with Disabilities by Region**

Region	Population *	People with Disabilities**
Yukon	7,199	2,260
Northwest Territories	13,998	4,395
British Columbia	102,075	32,052
Alberta	76,419	23,999
Saskatchewan	94,953	23,815
Manitoba	95,113	29,865
Ontario	138,518	43,495
Quebec	58,640	18,415
NB-PEI	18,857	5,912
NS-NFLD/Labrador	20,834	6,542
TOTAL	626,606	190,748

Note: \*Population Source: Indian Register Population by Region INAC December 31, 1997

\*\*Disability Rate of 31.4% for Aboriginal People data source: Statistics Canada

Disability rates as illustrated above indicate a 31.4 percentage of the total registered First Nation population amounting to 190,748 individuals. The largest number of First Nation persons with disabilities are in Ontario (43,495), British Columbia (32,052) and Manitoba (29,495) followed by Saskatchewan (23,815), Alberta (23,999) and Quebec (18,415) respectively.

Table 1.2 indicates the total number of adults aged 15+ who responded to the disability question on the *Aboriginal Peoples Survey* (1991). The total *Aboriginal identity* respondents for Canada, the provinces and territories, who responded to the question was 373,785 **with 117,090 reporting a disability**. The total respondents reporting a disability on and off reserve of *North American Indian identity* was 87,210.

**Table 1.2**  
**Total Number of Adults Aged 15+ who Responded to the Disability Question on the Aboriginal Peoples Survey 1991**

# of Respondents	Total Aboriginal Identity: Canada, Provinces, Territories	Total North American Indian on and off reserve	Total North American Indian – on reserve	Total North American Indian – off reserve	Metis	Inuit
# of adults 15+ who responded to the disability question	373,785	277,650	100,400	177,210	81,650	18,805
# of adults who reported disability(ies)	117,090	87,210	33,155	54,055	26,030	5,445
<b>Percentage</b>	<b>31.3</b>	<b>31.4</b>	<b>33.0</b>	<b>30.5</b>	<b>31.8</b>	<b>28.9</b>

Source: APS Statistics Canada 1991 1-Disability 2- Housing

In the area of expenditure analysis the growth of costs is affected by the prevalence between populations, changes in disease rates, changes in age profile of diseases and the population age. Diabetes, for example, is one condition where clear indications of increasing disease burden and accompanying higher costs are related. The following tables break out these data accordingly.

**Table 1.3**  
**Disability Rates among Aboriginal adults who report Disability by Age**  
**Aboriginal People Survey 1991**

Age Group	Total Aboriginal Identity: Canada, Provinces, Territories	Total North American Indian on and off reserve	Total North American Indian – on reserve	Total North American Indian – off reserve	Metis	Inuit
Total # who report a disability	117,090	87,210	33,155	54,055	26,030	5,445
15 + years (%)	31.3	31.4	33.0	30.5	31.9	29.0
15-24 (%)	21.7	21.7	21.7	21.7	21.9	21.0
25-34 (%)	23.6	23.7	23.3	23.9	23.1	23.2
35-54 (%)	25.5	35.4	35.5	35.3	37.2	33.3
55 yrs. plus (%)	66.5	66.4	70.1	63.3	68.1	62.5

Source: APS Statistics Canada 1991 1-Disability 2- Housing

As illustrated in Table 1.3 for the percentage of adults who report disability by age: **as age increases the incidence of disability also increases** in all Aboriginal population categories. For example, of the individuals reporting a disability at age 15-24 for the total Aboriginal population the rate was 21.7% compared to those age 55+ where the incidence of reported disability increased to 66.5%. This was the case across all population categories with the highest percentage reported by the Métis at 68.1% and *North American Indians on-reserve at 70.1%*.

The growth of the aging population is a strong indicator in cost driver analysis. As indicated above 66.5% of those who reported incidence of disability were in the age group of 55 years plus. When analyzing the use of *Non-Insured Health Benefits* the cost driver analyses were quite clear that the aging population has a significant impact on the benefit category usages to the extent that they are the second largest cost drivers for the program. For example, 14.8% of the prescriptions written during 2001-02 and 2003-04 were for the aging at \$7.9 million. This also applied to over the counter costs at 13% or \$1.8 million and medical supplies and expenses at 29.5% or \$526,472. Of the total 12.9 million spent for dental costs the aging population utilized 8.2% at a rate of \$922,588.00 Correspondingly as the population continues to age and disability incidences increase these costs will increase as well.

**Table 1.4**  
**Number of Aboriginal Adults Age 15+ who Report a Disability By Nature of Disability APS 1991**

Nature of Disability	Total Aboriginal Identity: Canada , Provinces, Territories	Total North American Indian on and off reserve	Total North American Indian – on reserve	Total North American Indian – off reserve	Metis	Inuit
Mobility disability	52,430	39,735	15,520	24,215	11,505	1,940
%	44.8	45.6	46.8	44.7	44.1	35.6
Agility Disability	41,335	30,665	11,195	19,465	9,925	1,430
%	35.3	35.1	33.7	36.0	38.1	26.2
Seeing Disability	28,560	21,865	10,555	11,310	5,745	1,310
%	24.2	25.0	31.8	20.9	22.0	24.1
Hearing	41,135	30,450	12,820	17,625	8,735	2,395
%	35.1	34.9	38.6	14.1	33.5	43.9
Speaking Disability	15,080	11,475	4,500	6,975	3,365	525
%	12.8	13.1	13.6	12.9	12.9	9.6
Other Disability	42,530	31,990	12,245	19,750	9,140	1,980
%	36.3	36.6	36.9	36.5	35.1	36.3

Source: APS Statistics Canada 1991 1-Disability 2- Housing

The following table illustrates an example of NIHB cost drivers analysis which ultimately will be impacted by these disability categories:

**Summary of Contribution of NIHB Cost Drivers to Total Expenditure Increase from 2000/01 to 2003/04**

Benefit Category	Utilization	Aging	Inflation	Pop Growth (Claimant)	Other Factors
<b>Prescriptions* (\$78.1 million)</b>	34.4% (\$18.4 million)	14.8% (\$7.9 million)	10.0% (\$3.4 million)	11.8% (\$6.2 million)	29.0% (\$15.5 million)
<b>OTC (\$13.7 million)</b>	43.8% (\$6.0 million)	13.0% (\$1.8 million)	4.8% (\$0.7 million)	22.8% (\$3.1 million)	15.7% (\$2.2 million)
<b>MS&amp;E* (\$1.8 million)</b>	-1.1% (-\$19,011)	29.5% (\$526,472)	19.9% (\$354,080)	9.2% (\$163,741)	42.5% (\$758,385)
<b>Dental (\$12.9 million)</b>	21.3% (\$2.7 million)	7.2% (\$922,588)	51.7% (\$6.7 million)	30.7% (\$4.0 million)	-10.9% (-\$1.4 million)

\* 2001/02 to 2003/04

**Table 1.5**  
**Persons with Disabilities Among the Adult (15+) Population Reporting Aboriginal Identity for Canada, Provinces and Territories (APS 1991) by Level of Severity**

Severity of Disability	Total Aboriginal Identity: Canada, Provinces, Territories	Total North American Indian on and off reserve	Total North American Indian – on reserve	Total North American Indian – off reserve	Metis	Inuit
Mild	77,005	57,090	21,415	36,675	16,930	4,055
%	65.8	65.5	64.5	67.8	65.0	74.5
Moderate	26,065	19,365	7,195	12,170	6,000	975
%	22.3	22.2	21.7	22.5	23.0	17.9
Severe	14,020	10,760	4,545	6,120	3,095	415
%	11.9	12.3	13.7	11.3	11.9	7.6

Source: APS Statistics Canada 1991 1-Disability 2- Housing

**Table 1.6**  
**Managing Everyday Activities Persons with Disabilities (age 15+) Population Reporting Aboriginal Identity (APS 1991) N=117,000**

Number of Adults who	Total Number of Adults who Need Help	Number of Adults Getting Help	Getting help from family member	Getting help from friend or neighbor	Getting help from someone else
Need help preparing meals	8,770	8,325	6,995	1,895	2,220
Shopping for groceries	17,775	16,755	14,795	4,905	3,145
Everyday housework	19,430	17,070	14,365	3,865	4,320
Heavy household chores	37,560	32,740	28,345	10,005	6,295
Personal Finances	11,865	10,485	8,805	1,970	1,810
Personal Care	5,350	4,895	3,690	810	1,695
Moving about within Residence	4,045	3,710	3,300	1,050	850

Source: APS Statistics Canada 1991 1-Disability 2- Housing

**Table 1.7 Managing Everyday Activities Persons with Disabilities (age 15+)**  
**Population Reporting North American Indian Identity Living on and Off Reserves and Settlements (APS 1991) N=87,210**

Number of Adults who	Total Number of Adults who Need Help	Number of Adults Getting Help	Getting help from family member	Getting help from friend or neighbor	Getting help from someone else
Need help preparing meals	6,920	6,565	5,730	1,565	1,625
Shopping for groceries	13,555	12,735	11,320	3,645	2,375
Everyday housework	14,920	13,200	11,090	3,035	3,425
Heavy household chores	28,015	24,525	21,270	7,535	4,615
Personal Finances	9,070	7,940	6,725	1,560	1,185
Personal Care	4,150	3,765	2,065	690	1,170
Moving about within Residence	3,145	2,885	2,600	780	655

Source: APS Statistics Canada 1991 1-Disability 2- Housing

The only source of assistance for First Nations persons with disabilities **is from family members or friends**. A lesser percentage receive their assistance from neighbors and other sources as illustrated above. Programs such as home support provide some respite for family members, however, training, additional resources and staffing is a big problem in terms of meeting the full need requirements of First Nations persons with disabilities in an on-reserve setting. In off reserve settings, although supports are available, infrastructure and funding mechanisms do not holistically exist to ensure the same kind of access and coverage that mainstream persons with disabilities see in similar settings.

In the costing of program expenditures for disability support services (to assist persons with disabilities in managing everyday activities such as preparing meals, shopping for groceries, housework, personal care, etc.) there are two programs that provide these services. They are the INAC *Home and Community Care/Assisted Living program* and Health Canada *Home and Community Care Program*. Both programs spend between \$60 and \$90 million respectively on home support, nursing care, community support, client assessment, case management, home care nursing, personal care and in-home respite. These programs have had significant impacts on First Nations and Inuit communities across the country, however, the scope and quality of services offered at the provincial and territorial levels cannot be matched by these programs because of inadequate funding levels and jurisdictional issues. Significant cost drivers in this instance are the **rates of utilization, the increase in the aging population, inflation and other related factors**. The following tables illustrate disability supports that are driven by other programs such as CMHC home retrofit programs and NIHB medical transportation.

**Table 1.8**  
**Specialized Features Required To Enter, Leave Or Move About Residence**  
**An Aboriginal Comparison (Source: APS 1991)**

Number of Adults who Require Specialized Features	Total Aboriginal Identity: Canada, Provinces, Territories	Total North American Indian on and off reserve	Total North American Indian – on reserve	Total North American Indian – off reserve	Metis	Inuit
Access ramps or ground level entrance	2,900	2,265	1,105	1,160	550	85
Widened doorways	1,120	820	375	445	285	-
Elevator or lift device	690	445	110	335	235	-
Total	3,425	2,725	1,310	1,420	600	105

Source: Aboriginal Peoples Survey Statistics Canada 1991

**Table 1.9**  
**Total Aboriginal Population Who Stated That They Had Difficulty Making Short Trips And That They Were Unable To Leave Their Residence Source: APS 1991**

Aboriginal Population as Compared to Canada's total Population	Difficulty Making Short Trips Under 80km or 50 km	%	Unable to Leave their Residence	%
Aboriginal	11,160	10%	3,255	29%
North American Indian	8,460	10%	2,550	30%
North American Indian on-reserve	3,275	10%	1,160	20%
North American Indian off-reserve	5,185	10%	1,390	27%
Metis	2,275	9%	580	25%
Inuit	600	11%	195	3%
Canada		12%		41%

Source: Aboriginal Peoples Survey Statistics Canada 1991

**In these analyses it must be noted that although data appears to indicate that disability requirements are being met at least in some areas as indicated below there is a serious undercount representing 44,000 persons and 78 First Nation communities that are not included in the APS.** This indicates that although these data give us a glimpse into the conditions and concerns for Aboriginal persons with disabilities, the reality may be even more dire than data indicate because of the data limitations, as well as, the age of the data. The information contained herein, however, does give a bench mark for where we are and where we need to go in terms of program gaps.

**Table 1.10**

**Total Aboriginal Population Who Stated That They Required Travel Adaptations to Leave Their Residence for short and long trips Source: APS 1991**

Travel Adaptations Required	Total Aboriginal Identity: Canada, Provinces, Territories	Total North American Indian on and off reserve	Total North American Indian – on reserve	Total North American Indian – off reserve	Metis	Inuit
Adults who require an attendant or companion on short trips	14,710	11,515	5,155	6,360	2,825	575
Adults who are unable to take long trips – 80km or 50 miles or more	14,085	10,325	4,040	6,285	3,180	715

Source: Aboriginal Peoples Survey Statistics Canada 1991

Upon analysis of the *NIHB Interim Medical Transportation Framework* which took effect on April 1, 2004 and defined the terms and conditions under which the Program will assist eligible clients to access medically required services, anecdotal evidence suggested that regions' implementation of those terms and conditions restrict access to health providers such as dental (for fillings or teeth cleaning) and medical transportation benefits in at least two regions (Ontario and the Pacific). The problem cited by most First Nations persons with disabilities is the limits in resources for transportation which restricts access to health care services and other transportation needs.

**Table 1.11**  
**Disability Rate by Age Group, Aboriginal People 1991**

Age Group	Aboriginal People	Canada
15-34 yrs	23%	8%
35-54 yrs	36%	14%
55 yrs +	66%	53%

Source: In Unison/APS 1991 and HALS 1991

As for services and specialized aides to facilitate being able to work, 4,080 or 3.5 percent of the respondents indicated they were using specialized aides or equipment to be able to work. The highest demand for aides and services was in job redesign and modified or reduced hours, followed by retraining, technical aides and human support.

**Table 1.12**  
**Number of Adults age 15+ Requiring Specialized Aides or Specialized Technical Services to be Able to Work reporting Aboriginal Identity on the Aboriginal Peoples Survey**

# of Requiring Specialized Aids or services to be able to work	Total Aboriginal Identity: Canada, Provinces, Territories	Total North American Indian on and off reserve	Total North American Indian – on reserve	Total North American Indian – off reserve	Metis	Inuit
# adults using specialized aids equipment or services to be able to work	4,080	2,880	770	2,115	1,005	220
%	3.5	10.6	2.3	3.9	3.9	4.0
Number of adults who require human support	330	310	110	195	-	-
Technical aids	475	360	85	275	90	-
Communication services	200	160	65	-	400	-
Job redesign	1,395	965	180	785	325	-
Modified or reduced hours	1,355	940	185	755	140	100
retraining	665	515	135	380	-	-

Source: APS Statistics Canada 1991 1-Disability 2- Housing

The following table illustrates the labour force participation rates of Non-Aboriginal and Aboriginal persons with disabilities. Aboriginal persons with disabilities participated in the labour force 42% compared to 43% Non-Aboriginal persons with disabilities. Comparatively when mainstream data was compared for Non-Aboriginal persons with disabilities and gender the lowest participation rates were for Non-Aboriginal women at 62% indicating they are most at risk.

**Table 1.13**  
**Labour Force participation Rates, Aboriginal, Non-Aboriginal 1995**

Group	Percentage	Mainstream / Worked Full Time/ Full Year	Percentage	Mainstream Did Not Work In 1995	Percentage
Non-Aboriginal with disabilities	43%	Men with disabilities	23%	<b>Men with disabilities</b>	<b>52%</b>
Non-Aboriginal w/out disabilities	83%	Men w/out disabilities	58%	Men w/out disabilities	10%
Aboriginal with disabilities	42%	Women with disabilities	14%	<b>Women with disabilities</b>	<b>62%</b>
Aboriginal w/out disabilities	77%	Women w/out disabilities	38%	Women w/out disabilities	24%

Source: In Unison/Census 1996

Table 1.14 illustrates the percentage of unemployed persons with disabilities by gender and Aboriginal status. The highest percentage of unemployed persons were Aboriginal men with disabilities at 27% followed by Aboriginal women at 25%. The lowest percentage of unemployed were Non-Aboriginal women with disabilities at 15% compared to Non-Aboriginal men at 16%.

**Table 1.14**  
**Unemployment Rates, Persons with disabilities by Gender and Aboriginal Status 1995**

Group	Percentage
Non-Aboriginal Men with disabilities	16%
Non-Aboriginal Women with disabilities	15%
<b>Aboriginal Men with disabilities</b>	<b>27%</b>
<b>Aboriginal Women with disabilities</b>	<b>25%</b>

Source: In Unison/Census 1996

## Implications for Cost and Gaps in Disability Services

As all of the previous tables illustrate there is a dire need for disability supports services at a bare minimum for First Nations persons with disabilities. This refers to services for mobility, agility, seeing, hearing, speaking and other disabilities. It also pertains to assistive support in terms of home health aides and assisted living, specialized features and modifications to facilitate entering, moving about or leaving ones residence, traveling, technical services and labour force participation.

The following table outlines information regarding cost information on key programs where data was available with gaps identified.

Program	Allocation	Comment
<b>FN Children</b>		
Aboriginal Head Start ( urban and northern)	\$31M for 3,616 children	For children aged 0-6 – no special funds are available for disability or special needs although service is provided. Despite disparities in child care, and the lack of legislation, there are still centres that admit and enroll children with special needs. Also, Aboriginal Head Start currently reaches approximately <i>seven percent</i> of its target population. According to 1996 Census data, there were 41,915 three to five year old Aboriginal children living in urban and northern communities across Canada (the primary target group for AHS) with 2,776 enrolled in Aboriginal Head Start in urban and northern communities.
Aboriginal Head Start on-Reserve	\$35M for 9,101 children	For children aged 0-6 – no special funds are available for disability or special needs although service is provided. Despite disparities in child care, and the lack of legislation, there are still centres that admit and enroll children with special needs.
First Nations/Inuit Child Care Initiative	\$50 M for 7,500 regulated spaces at about \$6,500 per seat	For children aged 0-12 with emphasis on 0-6 - no special funds are available for disability or special needs although service is provided. Despite disparities in child care, and the lack of legislation, there are still centres that admit and enroll children with special needs
First Nations Child and Family Services (on-reserve)	\$238 million for 105 FNCFS Agencies - the average cost paid by INAC for a child in care nationally is approximately \$34,600 ( this is an average cost without the cost of a disability or special needs factored in)	<u>Directive 20-1 does not have the flexibility to provide provisions for funding high cost special needs.</u> Agencies are seeing the demand for high support, high cost services dramatically increasing due to FAE, FAS and other medically defined conditions and behaviors. There is a need to highlight the gap in resources that are badly needed to provide special needs services in areas such as FAS, Spina Bifida, drug abuse prevention, etc.
Day Care Alberta and Ontario	\$17 M for 3,559 spaces at about \$4,776.63 per seat (a much lower rate per seat than provincial rates)	Day care centers are funded according to provincial standards. Children are targeted from age 0-6 with some up to age 12 – no special funds are available for disability or special needs although service is provided. Despite disparities in child care, and the lack of legislation, there are still centres that admit and enroll children with special needs

<b>Program</b>	<b>Allocation</b>	<b>Comment</b>
FNCFS Head Start New Brunswick	\$1.4 M	Target population is 0-6 years – no special funds are available for disability or special needs although service is provided. Despite disparities in child care, and the lack of legislation, there are still centres that admit and enroll children with special needs.
Elementary Education (Kindergarten)	\$51 M for 13,483 children at approximately \$3,782.54 per child (a much lower rate per seat than provincial rates)	Funding for junior K and K on a half day basis attending K classes in FN, federal, provincial or private schools. This is not special needs or special ed. funding.
Elementary and Secondary Ed. (SPECIAL ED)	\$95 M distributed over approximately 633 FN communities = \$150,078 per community. 9,500 children have been assessed, 8,797 are receiving services.	This program targets school age children and youth – it provides in school special education services. The program provides academics, self care and health skills, responsibility/independence/citizenship, personal and social well being. It is limited in funding and does not meet the needs nationally.
<b>First Nations Jobs and Training</b>		
AHRDS Skills training programs (DISABILITY)	\$3 M nationally at about \$37,500 per AHRDA holder distributed over 400 locations within 80 agreements or about \$7,500 per location.	Disability funds are distributed via AHRDS agreements to First Nations. There are 80 AHRDA holders in Canada, and they deliver services in over 400 locations. Each AHRDA holder may average about \$37,500 for disability which they have to distribute over 400 locations within the 80 agreements. This is minimal dollars to impact disability requirements nationally.
<b>Health and Well Being</b>		
Assisted Living	\$75 M for Home and Community Care for home support, nursing care and community support (about \$60M); and Assisted Living which provides in home care, foster care and institutional care services in Type I and II institutions (about \$15 M)	In 1988 there was a moratorium placed on new construction of on-reserve personal care homes, placing a greater emphasis on in-home care. This moratorium was imposed because of the escalating costs and INAC's unclear authorities in that area. Since 2000 INAC has agreed to approve the construction of new facilities under several conditions. This has resulted in serious gaps in services for the Elders, people with disabilities, the chronically ill and those requiring acute short term replacement services. As of January 2004 683 out of 698 communities have received funds for home and community care programs. There are still serious gaps however for in home supportive care, foster care and institutional care up to Type II. Canada takes the view that health services are in the area of provincial jurisdiction and are supposed to be covered by the provinces which are funded on a per capita basis through Canada Health and Social Transfers. Provinces and territories, therefore, for the most part do not provide these services on reserve resulting in large gaps and health risks for First Nations.

Program	Allocation	Comment
Home and Community Care	<p>\$ 90 M for <b>Client assessment</b> – through physical check ups, review of health histories, talking with family and doctor, <b>Case management</b> – by ensuring that the care plan is right for the client, <b>Home care nursing</b> – nursing care in the home or community by professional care givers and by teaching the family to help care for the client, <b>Personal care</b> – help with bathing, foot care and getting dressed, <b>Home support</b> – help with light housekeeping, laundry and meal preparation and <b>In-home respite services</b> – “care for the client while the family has a rest.”</p>	<p>686 communities have been funded with an average population per community of 634. The delivery of home support personal care services that are determined by community needs assessment plans do not duplicate, but compliment existing Department of Indian Affairs and Northern Development (DIAND) adult care services (e.g. bathing, grooming, dressing, transferring, care of bed-bound clients including turning, and routine skin care, etc.). Although the program has significant impacts First Nation clients on reserve still do not have the same scope and quality of in-home care services as those offered by provincial or territorial programs. Further, regional funding levels are inadequate to meet the existing needs of First nation clients on reserves.</p>
Social Assistance (food, shelter, and clothing)	<p>\$ 611 M for income assistance to indigent resident who require financial assistance to cover basic and special needs e.g. shelter, food, clothing, personal incidentals, special diets, essential household items, guide dogs, special transportation and moving costs, employment and training related child care and accommodation, transportation and equipment costs, funerals and burials and other items identified in the reference provincial/territorial legislation</p>	<p>In 2002-2003 Income Assistance was administered by 532 out of 564 eligible First Nations with funding provided through a number of contribution arrangements (Basic Departmental Data 2003). The maximum payments to recipients are limited to covering the expected direct costs, up to \$50,000 per recipient per year for the costs of basic, special and pre-employment needs. Funding arrangements may provide First Nations up to \$650,000 per year to cover the costs of delivering both the Income Assistance and Assisted Living programs and services. Generally, the program needs more money. INAC expects First Nations to deliver the program with inadequate resources. This needs to be addressed. Special needs and adult care has been capped for too long. Adequate funding is required for this. Also, there needs to be consistency in rates from region to region. Some regions are way higher. Special needs funding is very limited. There is a lack of treatment centers for FN people and family respite money is needed. Resources for housing are not equal to off-reserve; especially for rent on-reserve maintenance costs which are higher and not covered by INAC.</p>

## Children with Special Needs

Nearly two-thirds of children with special needs are refused services by licensed facilities, and under half of the children with disabilities do not have transportation services available in their community. The two most common cited barriers to activities for children with special needs are costs and lack of nearby facilities

Cut backs in services often pose a significant problem for children with special needs and a barrier for parents of these children. Centres that have inclusive policies are further challenged. For example, parents face long waiting lists, and some have to travel great distances to obtain services because services in their communities have been discontinued or are just not available. In some cases, when a child care centre does not have a special needs license, parents will not qualify for financial assistance. Cut backs to services for children with special needs have resulted in significant barriers for parents, and for child care centres, in providing adequate care.

There is a lack of legislation in Canada to deal with child care programs for children with special needs. In Canada it is illegal to exclude a child from care because a child has a disability though the policies for child care services that do exist are, at best, ad hoc, and tend to deal with children on a child-by-child basis. The result is there is a huge gap for First Nations children requiring services either through conventional programs; even those that are special targeted programs such as Aboriginal Head Start and Day Care.

A sample of categorical funding norms for special education per student is provided below. If for example the rate of students per category were 15%-25% the cost per category which could be as much as \$758 for K, \$6.2 M for Elementary, \$6.8 M for Secondary totaling up to \$13.8 for all categories per annum. Funding currently provided by INAC does not cover this scope of need for *any* First Nation nationally.

Cluster	Category	Kindergarten	Elementary	Secondary
Mild	Mild behavioral	\$4,821	\$4,570	\$11,329
	Moderate to severe behavioral	\$3,116	\$6,524	\$6,714
	Mild learning	\$2,831	\$3,170	\$6,711
	Moderate to severe learning	\$2,495	\$4,908	\$8,937
Severe	Moderate to severe behavioral and learning	\$9,651	\$7,074	\$10,467
	Sensorial/physical disabilities	\$3,866	\$10,218	\$9,279
	Developmental disabilities	\$2,970	\$16,150	\$9,448
	Multiple disabilities	\$13,189	\$16,777	\$28,045

### **Analysis of Need for Assisted Living**

There is a critical need for quality and adequately resourced continuing care services. The demand for institutional care and related continuing care services for First Nations will grow rapidly over the next several decades due to increases in the number of First Nation members aged 55 and older over the next 25 years. The 55-64 year age group will increase by 236% and 65+ age group by 229% in this period. Life expectancy of First Nations males will increase from 59.2 to about 72 years by 2010 and from 65.9 to 79 years for First Nations females. **There will be 57,000 more First Nations members aged 65 and older in 2021.**

Increasing prevalence of chronic illness that limit independent living for First Nation community members will increase from 16% (1996) to 27% in 2016 for diabetes, for example. Based on population and morbidity trends, it is probable that there will be a demand for approximately 2,000 to 2,250 Types 1 and 2 beds by 2011 and approximately 3,000 to 4,000 by 2021. Existing capacity is about 700 beds. The demand for Levels/Types 3, 4 and 5 beds may be as high as 2,700 beds by 2011 and 4,500 beds by the year 2021.

In addition to chronic illness, in Canada, First Nation populations with disabilities resulting from injuries represent the highest rates of injured *than any other racial group in the country*. Canada is suffering an injury epidemic and in Aboriginal communities the epidemic is even more staggering.

In First Nation communities, injury is the leading cause of death for people under the age of 45 (Health Canada 2001). As well as being a major cause of death, injuries tend to kill at comparatively young ages. The biggest causes of injury death are motor vehicle accidents, suicide and accidental drug poisoning (2001). Injury death rates in First Nations communities are *far higher for men than for women*. First Nations people die from the *same types of injuries* as other Canadians *but the rates are much higher*. The age pattern is also similar in that in both cases, *people age 15-24 are at highest risk* (2001). Of those individuals who survive their injuries many are often permanently disabled and require home or institutional care for the rest of their lives.

Over the last two decades, health care costs for the Canadian population have increased steadily and, in most provinces the health care budget represents the single largest expenditure. This is also the case for First Nations.

**In summary**

There are several limitations to this cost analysis. One is the size and scope of the disability issue. **This analysis is limited to the costing and analysis of disability supports only.** Some discussion herein has addressed employment and income support and to a very limited degree injury but these have not been cost out as part of this analysis. The following chart illustrates the larger issue of disability and the 5 elements of need which must be cost out as part of a larger analysis exercise.

Disability Supports and Access	Education, Employment and Skills Training	Income Support	Injury Prevention and Health Promotion	Community Capacity Building
<ul style="list-style-type: none"> <li>• Housing</li> <li>• Retrofits, ramps and access</li> <li>• Adequate infrastructures</li> <li>• Transportation</li> <li>• Public Accommodations – public building retrofits and access</li> <li>• Communications - technology, assistive learning devices, etc.</li> <li>• Rehabilitation</li> <li>• Independent Living</li> <li>• Training for caregivers</li> <li>• Home support</li> <li>• Respite care</li> <li>• Personal care</li> </ul>	<ul style="list-style-type: none"> <li>• Special Education</li> <li>• Integrated Programming</li> <li>• Access and accommodations for ed. And training</li> <li>• Proper assessments</li> <li>• Flexibility and social supports to facilitate education and training</li> <li>• Training, curriculum development and qualified staff</li> </ul>	<ul style="list-style-type: none"> <li>• Income Security rates and formulas – the inadequacy and need for change</li> <li>• Personal planning and pre-vocational services</li> <li>• Incentives</li> <li>• Tax credits</li> <li>• Disability incomes</li> <li>• Community support</li> <li>• Income support dollars while in training</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention</li> <li>• Injury control</li> <li>• Awareness campaigns</li> <li>• Recreation, sports and leisure</li> <li>• Long term care</li> <li>• Sensitivity training</li> <li>• Alcohol and drug awareness and counseling</li> <li>• Road and water safety</li> <li>• Home safety</li> <li>• Safety for children, youth and Elders</li> <li>• Domestic violence and prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Federal Fiduciary Responsibility for Persons with Disabilities</li> <li>• Treaty Obligations</li> <li>• Federal policy requirements</li> <li>• Jurisdiction</li> <li>• Barriers to access</li> <li>• Multi-departmental responsibilities</li> <li>• Resourcing</li> <li>• Training and community capacity and skills development</li> <li>• Economic Development</li> </ul>

One additional limitation is the costing out of the **impacts of injury as a cost driver** for disability supports and over all disability expenditures. According to the Health Canada *Statistical Profile on the Health of First Nations in Canada* injury is the leading cause of death in First Nations at a rate of 107.2 deaths per 100,000 population. The leading cause of death for First Nations males is injury

and poisoning at a rate of 146.7 per 1000,000 men. Followed by women at a rate of 67.67 per 100,000 women. This is a rate of 40% of all deaths among males. The types of injury causing the most deaths were suicides, motor vehicle accidents, suffocations, drownings and homicides. In contrast to males, females were more likely to die from motor vehicle accidents than from suicides, while homicide was not a major cause among First Nation females. More analysis is required to determine injury as a cost driver for disability and the cost benefit implications in terms of prevention.

The following table illustrates the leading causes of death in First Nations by age group in 1999 (source FNIB 1999).

<b>Age</b>	<b>Cause of Death</b>	<b>Percentage</b>
<b>Age 1-9</b>	Fire and flames	26%
	Motor Vehicle Accidents	24%
	Other Injuries	24%
	Other	26%
<b>Age 10-19</b>	Suicide and Self inflicted Injury	38%
	Motor Vehicle Accidents	30%
	Drowning and Submersion	10%
	Other	23%
<b>Age 20-24</b>	Suicide and Self Inflicted Injury	23%
	Motor Vehicle Accidents	15%
	Homicide	7%
	Accidental Poisoning by Drugs	6%
	Drowning and Submersion	5%
	Other	43%
<b>Age 45-64</b>	Ischemic Health Disease	17%
	Lung Cancer	6%
	Motor Vehicle Traffic Accidents	5%
	Diabetes	4%
	Liver Disease and Cirrhosis	4%
	Other	64%
<b>Age 65+</b>	Ischemic Health Disease	20%
	Other forms Heart Disease	9%
	Lunch Cancer	7%
	Pneumonia and Influenza	6%
	Other	50%

## Government of Canada Principal Disability-Related Benefits and Programs

<u>Program/Initiative</u>	<b>Amount (\$M/year, 2003=04)</b>
<b>Disability Supports</b>	
CMHC renovation programs (including HASI, RRAP-D)	15.6
Veterans Independence Program	201.0
Total	216.6
<b>Learning and Employment</b>	
Opportunities Fund	23.8
Employability Assistance for People with Disabilities <sup>1</sup>	192
Canada Study Grants for Students with Permanent Disabilities <sup>2</sup>	13.0
Aboriginal Human Resources Development Strategy--disability component	3.0
First Nations Special Education Program	95.1
Office of Learning Technologies (disability-specific projects)	0.7
Canada Pension Plan disability, vocational rehabilitation program	5.7
Total	333.3
<b>Income Support Benefits</b>	
Canada Pension Plan disability (except vocational rehabilitation)	3094.3
Federal workers' compensation benefits	121.0
Employment insurance sickness benefits	750.0
Veterans Disability Pension Program	1533.3
Total	5498.6

<u>Program/Initiative</u>	<u>Amount (\$M/year, 2003=04)</u>
<b>Capacity of the Disability Community</b>	
Social Development Partnerships Program--Disability	16.3
INAC Assisted Living Program--disability initiative	1.0
Total	17.3
<b>Health and Well-Being</b>	
Sport Canada funding for athletes with disabilities	9.3
Veterans Affairs Canada mental health strategy	2.0
Support for Active Living Alliance for Canadians with a Disability	0.3
Falls Prevention Initiative	2.5
FAS/FAE Strategic Project Fund	5.0
Canadian Diabetes Strategy	30.0
Total	49.1
<b>Total Program Expenditures</b>	<b>6115.9</b>
<b>Tax Measures <sup>3</sup></b>	
Disability tax credit (including supplements)	375.0
Medical expense tax credit	645.0
Disability supports deduction <sup>4</sup>	15.0
Caregiver tax credit	65.0
Infirm dependant tax credit	5.0
Child disability benefit	50.0
Medical expense supplement for earners	70.0
<b>Total Tax Measures</b>	<b>1225.0</b>
<b>TOTAL</b>	<b>7339.9</b>

<b>Partially Targeted Programs (excluded from total spending analysis)</b>	
Health Canada's Non-Insured Health Benefits Program	668.1
Health Canada's First Nations and Inuit Home and Community Care Program	90.0
Veterans treatment benefits program	272.5

**Notes:**

- (1) Employability Assistance for People with Disabilities was replaced by the Multilateral Framework for Labour Market Agreements for Persons with Disabilities in 2004=05, at a funding level of \$223 million.
- (2) Canada Study Grants for 2002=03 (preliminary data).
- (3) Tax measures for the 2004 tax year rather than the fiscal year 2003=04.
- (4) Replaces the attendant care and child care expense deduction.

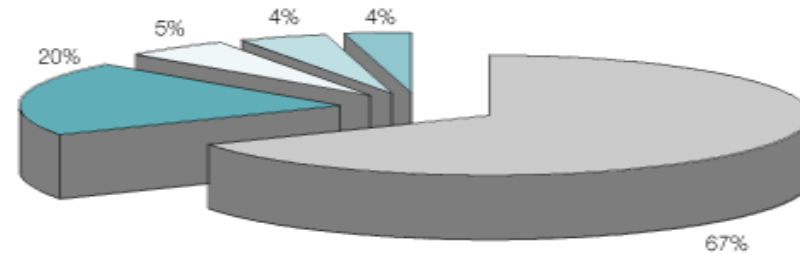
Source: Advancing Inclusion A Government of Canada Report 2004, Social Development Canada

As for Aboriginal specific government expenditures the following is an excerpt from the Treasury Board of Canada publication Canada's Performance 2004 Annual Report to Parliament. The chart indicates the breakdown by department and annual expenditures as follows:

Fourteen federal government departments and agencies provide programs and services, directly or indirectly, to Aboriginal people with total expenditures of approximately \$8.2 billion in 2003-04, (see figure 4.2 below). Most of this amount (87 per cent) is spent by Indian and Northern Affairs, whose mandate is focused on **Status Indians on reserve and Inuit; and Health Canada, whose programs are primarily directed to First Nations on reserve.**

In addition to the \$8.2 billion, **the federal government also funds programs for all Canadians and provincial/territorial transfers, which also benefit Aboriginal people.** Provinces and territories provide programs and services to Aboriginal people off-reserve that, along with the private sector, can help to create sustainable economic development opportunities for Aboriginal people.

**Figure 4.2**  
**Federal Government**  
**Expenditures in Aboriginal Programming by**  
**Department (2003-2004)**



- ▶ Indian Affairs and Northern Development \$5,511 M
- ▶ Health Canada \$1,648 M
- ▶ Other Departments \$434 M
- ▶ Human Resources and Skill Development Canada \$365 M
- ▶ Canada Mortgage and Housing Corporation \$290 M

Other Departments:  
Public Safety and Emergency Preparedness: \$77 M  
Canadian Heritage: \$74 M  
Indian Residential Schools Resolution Canada: \$74 M  
Fisheries and Oceans Canada: \$72 M  
Industry Canada: \$52 M  
Correctional Services Canada: \$36 M  
Justice Canada: \$15 M  
National Resources Canada: \$13 M  
Privy Council Office: \$13 M  
National Defence: \$8 M

