PEOPLE LIVING WITH DISABILITIES

Equity & Inclusion Lens

Snapshot
PEOPLE LIVING WITH DISABILITIES

We are parents, professionals, workers, students and volunteers. We wish to participate fully in the life of our city. Our accessibility gets limited not because of our disability, but as a result of the physical and social barriers. As we raise awareness about these barriers, we help make the city more accessible for everyone.

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This booklet is one of 11 Snapshots that serve as background information to aid in implementing the Equity and Inclusion Lens. To access them in an electronic version, visit the City of Ottawa Internal Site (Ozone) or the Equity and Inclusion Lens webpage. Or the City for All Women Initiative (CAWI) Equity and Inclusion webpage.
1. Who We Are

Disability is not solely a diagnosis or a self-identification. The broad range of disabilities ‘includes: vision disabilities, deafness or being hard of hearing, intellectual or developmental, learning, mental health issues, cardiac or diabetic conditions, balance, cognitive, etc.’ (City of Ottawa 2009)

We are a significant and growing part of Ottawa’s population. Some of us don’t consider ourselves as “a person living with a disability.” Not all disabilities are obvious and every experience of being disabled is different. Some disabilities are permanent while others are episodic or temporary. There are people living with disabilities in every part of our community. Examples could be a grandmother with arthritis, or a student who uses a spell checker.

The label “disability,” and the kind or level of our impairment, does not define who we are as a person or community. It is about whether each person has access to full participation and can contribute equally to our city. Accessibility gets limited not because of our disability, but as a result of the existing barriers in society (See Definitions).

For many of us, living with a disability is merely a fact of life, or a positive experience. Where we want to see improvement is in the way that our society, and our city at large, becomes more inclusive. We believe that such inclusivity will only lead to greater improvements for all.

Inclusivity can mean adapting the way our city works in various ways, including, materially, institutionally, socially, and attitudinally. Our city, in particular, should be inclusive towards:

» Various types of disability (sensory, learning, developmental, psychiatric, cognitive, physical, etc.);
» The extent to which our environment may require adaptation;
» The way barriers are addressed; and,
» Methods of accommodation that respectfully include us.

For immigrants with disabilities, cultural or religious attire, immigration status, language barriers and racism can add to the challenges. Mainstream disability agencies are able to address disability-related issues, but may not offer culturally appropriate programming. Conversely, cultural-specific community agencies and religious facilities are often inaccessible. For Francophone immigrants, accessing these services in French becomes an added barrier.
Disability-related and other general services are not always designed for people living with disabilities from all walks of life. Youth who have disabilities may not have fair access to school curriculum, camps or sports and recreation programs to support their learning. LGBTQ people (including seniors and youth) with disabilities may not have both LGBTQ-friendly and accessible spaces or services to fulfill their social, professional and community lives.

All people, living with disabilities or without, deserve equal consideration and equal treatment.

It is important then, to note that the experience of living with disabilities is varied and unique for everyone. People acquire disabilities at birth or later in life. The experience can be long-term, permanent, progressive, or temporary, and we may experience multiple disabilities simultaneously at a given stage of life. Thus, the experience of living with disabilities can be a complex, layering of social experiences.

Disabilities are not just the physical ones that are easy to see (e.g. using a mobility device). Disabilities can also be non-visible so people can’t always tell who has a disability.

Barriers for people with non-visible disabilities are often missed in the process of removing barriers (City of Ottawa 2009). However, barrier removal is not difficult or costly – often it involves small changes in the way we do things (OMCSC 2008).

Mental Health Problems

According to the Canadian Mental Health Association (CMHA), one in five Canadians will personally experience a mental illness in their lifetime. (CMHA 2015) Moreover,

- Mental illness indirectly affects all Canadians at some time through a family member, friend, or colleague.
- Mental illness affects people of all ages, educational and income levels, and cultures.
- Approximately 8 percent of adults will experience major depression at some time in their lives.
- About 1 percent of Canadians will experience bipolar disorder (or “manic depression”).

Mental illnesses are problems that affect the ways in which we relate to ourselves and interact with the world around us. These mental illnesses affect our abilities, thoughts, feelings, and behaviours. The most common mental illnesses are depression and various anxiety disorders. Mental illnesses are more likely to present themselves during stressful periods and times of uncertainty. Individuals who experience a mental illness may doubt their abilities or have little confidence. The individual affected may have a difficult time concentrating, learning, and decision making (CMHA nd).
Barriers related to mental illness can make someone more vulnerable to poverty (e.g., lack of primary health care and community mental health services, shortages of affordable housing, inadequate income support, etc.). These barriers can interrupt a person’s educational or career path and their ability to earn an adequate income. For people with mental health issues, community services and supports are often difficult to access due to stigma, gaps in service and/or challenges in system navigation.

Approximately 8 percent of adults will experience major depression at some time in their lives (CMHA 2015). Despite the prevalence of the illness, embarrassment about having depression can keep an individual from seeking effective treatment or families from seeking help for their child. Feelings of fear, rejection and loss of self-esteem can also affect individuals who have mental health issues.

“Mental illnesses are still feared and misunderstood by many people, but the fear will disappear as people learn more about them. If you, or someone you know, has a mental illness, there is good news: all mental illnesses can be treated”. – (CMHA nd)

**ADDICTIONS**

According to the Ontario Human Rights Code: ‘Drug and alcohol addictions are disabilities under the Code. There is often significant cross-over between addictions and mental health issues, with many people experiencing both.’

People with addictions can also face issues of marginalization, stereotyping and other stigmas. Yet, ‘people with addiction disabilities have the same right to be free from discrimination as other people under the Code.’
2. An Overview of People Living with Disabilities

**IN CANADA**

» In 2012, 14 percent of the Canadian population aged 15 years or older reported having a disability that limited them in their daily activities—that’s 3.8 million people!

» Women (15 percent) reported a higher prevalence of disability than men (13 percent).

» About one quarter of people living with disabilities were classified as having a severe disability.

» Disabilities related to pain (10 percent), flexibility (8 percent), and mobility (7 percent) are the most prevalent.

» More than 80 percent of people living with disabilities use at least one aid or assistive device and 27 percent needed at least one aid that they did not have.

» Three quarters of persons with disabilities have more than one disability. (Statistics Canada 2015)

**IN OTTAWA**

» In Ottawa, there are 161,445 people living with disabilities, they comprise 13.2 percent of Ottawa’s population (SPCO based on 2011 NHS).

» Though people may live with disabilities at all ages. One-third of Ottawa residents with disabilities are over 65 years old.

» 2.2 percent of people living with disabilities (3,250) have Aboriginal identity.

» 16 percent of the Francophone population (21,575) have disabilities.

» The most common first languages spoken by Ottawa residents with disabilities include: English (60.4 percent), French (18.0 percent), French only (2.2 percent), Non-official language (19.8 percent), Non-official only (2.8 percent).

» 25 percent of people living with disabilities are immigrants, and only 2.3 percent are recent immigrants.

» Higher percentage of women have disabilities than men (54.7 percent vs. 45.3 percent), partly as there are more women among seniors.

(SPC 2008, 2006-b CMHA-a)
3. Contributions we make

We are valuable contributors to our city’s civil society and our country’s economy.

Inclusive design – or designing services and products to be accessible by people living with disabilities – benefits everyone in the community. Ramps on sidewalks benefit people using wheelchairs, pushing strollers or shopping carts, riding bicycles, using roller-blades or skateboards. Low-floor buses, accessible websites, and alternate formats (multiple formats) are other examples of design that ensure everyone can participate. (See Council mandates and legislation)

Innovations designed by (or in support of) people living with disabilities generate economic boosts, and often become an integral part of the economy. People living with disabilities have a spending power of about $25 billion a year. This will only increase as baby boomers begin to acquire age-related disabilities (OMCSC 2006-a).

Accessibility and inclusion also mean greater social benefits are enjoyed by the whole community, as more people with different abilities and perspectives contribute to social, economic, and political life in our city. Greater diversity and inclusion translate into a healthier community for all (Inclusive Cities Canada 2004).

We vote, volunteer, and we belong in our communities to the same extent as people without disabilities. (CHRC 2015)

4. Barriers and Inequities

ATTITUDES

Barriers are more than just the physical obstacles. To eliminate barriers requires more than simply building ramps. Viewing impairment as a problem or deficiency of the individual is a deep attitudinal barrier. It extends into our thinking and practice both as individuals and as society. This has impact on infrastructure, policies, institutional practices, customer service, and stereotypes about people living with disabilities. People have impairments; but disabilities and barriers to participation, are created by attitudes and environmental conditions in society that are disabling to people.

Moreover, there is significant diversity within the disability community and differing levels of power exist within the community. Therefore, there is no ‘quick fix’ or ‘one-size-fits-all’ solution. Instead we can work to create positive change and take our lead from individuals living with disabilities. This way our city can offer more inclusive services.

For tips on how to welcome customers with disabilities, see: Tips on Serving Customers with Disabilities (OESC).
EMPLOYMENT

The employment rate of Canadians aged 25 to 64 with disabilities was almost 50 percent in 2011. This is about 30 percent lower than the rate for Canadians without a disability.

Compared to the general population, unemployment is higher for people who live with disabilities (8 percent vs. 5.8 percent) and the trend is also similar for people who have children with disabilities. They are more likely to be part-time workers – by choice for some people, but not all – and it reduces their average incomes (SPC 2006-a).

This barrier is not only costly and unfair towards people living with disabilities but also unnecessary and harmful to the employers and to society in general. This is because such practices leave a valuable pool of potential labour untapped, depriving employers the diverse and important knowledge base that people living with disabilities represent. Moreover, often the changes that would be required in order to make such workspaces more accessible are neither expensive nor difficult. For example, they may include: one-time purchase of software; modifications to a workspace; scent free environment; and flexible work hours.

University graduates with a mild or moderately mild disability had employment rates that did not significantly differ from their non-disabled counterparts. The employment rates for these groups ranged from 77 percent to 83 percent.

People living with disabilities are slightly more likely to work in lower-skilled occupations including clerical, intermediate sales and service and other sales and service occupations. They are less likely to be in managerial or professional work. (ESDC 2012)

Not all disabilities are visible. Individuals with less visible or invisible disabilities may choose to hide their disability at work. A quarter of persons with disabilities indicated that that their employer was not aware of their work limitation. (Statistics Canada 2015)

In Canada, about 64 percent of men and women with disabilities who are employed, unemployed, and not in the labour market, report experiencing discrimination based on their disability (CHRC p58). Most significant types of discrimination reported by those who are employed are: beliefs that current employer or potential employer would likely consider him/her as disadvantaged in employment; being refused a job; and, given less responsibility than co-workers.

In the face of labour shortages in Ontario people living with disabilities represent a significant untapped labour pool. Many employers are realizing the benefits of hiring a person with a disability, and that workplace accommodations are not difficult to implement (OMCSC 2006-a).
**INCOME**

Average median total incomes in 2010 were lower for people living with disabilities (~$20,000) than for the general population (~$30,000).

More specifically, the median income for women with disabilities aged 15 to 64 is $8,853 less than it is for women without disabilities. For men with disabilities, the median income is $9,557 less than it is for men without disabilities in the same age group. (CHRC 2012, 22)

For over one third of persons with disabilities, non-employment income (pensions, investment income, etc.) is their only source of income.

Living on a low income – and associated conditions like poor working conditions, compromised quality of life, poor nutrition, lack of access to health care, etc. – can increase the incidence of disability (SPC 2006-a).

Overall, the proportion of men with disabilities in low-income status is almost 10 percent higher than that of men without disabilities. Overall, the proportion of women with disabilities in low-income status is almost 8 percent higher than that of women without disabilities. There are only minor differences between the proportion of women and men with disabilities in low-income status (CHRC 2012, 28-29).

People living with disabilities are at a greater risk of living in poverty than those who do not live with disabilities and this factor impacts everybody in society. Greater divergence of society along socio-economic lines can lead to various social problems but it also makes the entire economy more susceptible to shocks. Poverty not only affects people living with disabilities as individuals but also hinders the development and academic performance of children and the quality of life for families.

**FAMILY RESPONSIBILITIES**

Parents who care for children with disabilities often incur greater expense and other stresses when trying to access supports and essential services for their child. Mothers are more likely to adjust their paid work than fathers to support their child (64 percent vs. 8 percent), while one quarter of families alter both parents’ employment to meet their needs (Statistics Canada 2008). Parents often need to advocate for their child’s medical, educational, and social needs to be met as these are often denied by public administrations.

Parents who have disabilities themselves also experience challenges when raising children. Some people fear losing their children because there are serious attitudinal assumptions that people living with disabilities cannot parent.

**HOUSING**

It can be a challenge for any person living with disabilities to find housing that is accessible, affordable, safe, and in good condition. In particular, there is a lack of available social supports for people with intellectual disabilities who may need supportive and community housing.
In Canada, housing need is 6.2 percent higher for adults with disabilities than for adults without disabilities. For adults living with disabilities, 60.7 percent are women whereas 39.3 percent are men. Housing costs also disadvantage those of us with disabilities. A higher proportion of people living with disabilities spend more than 50 percent of their before-tax income on housing than adults without disabilities. This makes us more vulnerable to financial instability and poverty. The proportion of women with disabilities (6 percent) needing accessibility features in housing is even higher than men (3.8 percent) with disabilities.

People with disabilities tend to move more often in search of adequate housing than the general population, and many who experience homelessness have disabilities. There is a significant number of people with psychiatric disabilities who experience homelessness due to lack of safe, affordable, and supportive housing and care services (SPC 2006-a).

**TRANSPORTATION**

Being able to get around is essential to find a job, attend a course, see a doctor, volunteer, or meet a friend. For people living with disabilities, public transit is an irreplaceable key to health, advancement, happiness, and inclusion in all aspects of life. Yet it is one of the areas where people living with disabilities experience challenges in day-to-day life (Canadian Urban Transit Association 2008).

Access to different modes of transportation is important to people living with disabilities – for example, driving works best for some people, while public transit is essential for others. The City of Ottawa is at 100 percent accessibility in buses (e.g., next stop announcements, ramps, priority seating, hailing kits); and there is movement to increase access taxis in Ottawa. Continuing education and raising awareness among service providers and the general population is an important step in achieving full accessibility.

In Canada, one third of people with severe disabilities reported experiencing “a lot” of difficulty using public transportation. Unfortunately, a high proportion of men and women with disabilities report feeling unsafe waiting for or using, public transportation alone after dark. It is worse for women with disabilities who report feeling unsafe twice as often as do men with disabilities (CHRC).

In the City of Ottawa, 884,000 people use ParaTranspo services annually. Without the ability to get around the city, it is very difficult for People living with Disabilities to participate in city life. Inclusive planning is required to be an inclusive city.

**CIVIC ENGAGEMENT**

People living with disabilities are active as volunteers in the community and the city, but many people face significant barriers to participation. Lack of accessibility to sites and programs, cost and financial barriers, inadequate information, transportation problems, and exclusion by participants or staff are some examples. Many voluntary organizations, already stretched in limited resources, are not yet attuned to the accommodation needs of people living with disabilities (SPC 2006-a).

Political participation is also a basic right for everyone. However, participating in Council and ward meetings or consultations is not an option for some people, when disability-related accommodations are not in place. Democracy is, by definition, an inclusive activity. It is therefore essential that all levels of government become more accessible.
Many people living with disabilities have difficulty getting primary and preventative health services they need because of barriers such as lack of accessibility, lack of information, discriminatory attitudes and cost. People living with disabilities have been disproportionately affected by the de-listing of many medical services and the reduction in access to others (SPC 2006-a).

People living with disabilities are more likely to rate their health care as “poor” compared to their non-disabled counterparts. It can also be more difficult to obtain health care information (CHRC).

Closed captioning for deaf people benefits millions more consumers and businesses. It is used for showing subtitles for foreign movies, used by foreign-language learners and for children’s literacy development, “listening” to programs in noisy restaurants, and allowing businesses to “data mine” videos through word search. It has now become a standard design for TVs and DVDs. (Jacobs 2002)

Multiple formats include: Accessible Adobe Acrobat; Audio cassettes; Braille (Grade 1 and 2); Diskettes; Electronic Text; HTML; Intervention services; Large Print; Orientation and Mobility service; Signed films, videos and meetings; Sign language interpretation; Touch Tone Line; and TTY Line.

ACCESSIBILITY ADVISORY COMMITTEE

Accessibility for Ontarians with Disabilities Act, 2005 created an Accessibility Advisory Committee which serves to ‘advise the council about the requirements and implementation of accessibility standards and the preparation of accessibility reports and review in a timely manner the site plans and drawings described in section 41 of the Planning Act that the committee selects’. It is staffed by 11 members (with two reserves) and Liaises with Councillor Shad Qadri.

ABUSE AND LACK OF AUTONOMY

Many people living with disabilities have little choice or autonomy over essential services such as attendance care or decisions about where to live. Some people are unnecessarily housed in institutions or nursing homes due to lack of housing options. Others with disabilities and mental health issues, women in particular, experience abuse by professional caregivers or family members (Independent Living Canada 2008).

In Canada, the proportion of women and men with disabilities who report experiencing emotional or financial abuse is between 6 and 12 percent higher than that of people without disabilities. Adult women are twice as likely to experience abuse as non-disabled women, whereas men with and without disabilities report similar levels (CHRC).

Unfortunately, people living with disabilities are twice as likely to report hate crimes as people without disabilities.

For action recommendations on abuse, see Crime Prevention Ottawa 2009.
5. We envision: An Accessible City

» The environment is barrier-free – attitudinal, institutional, social, or physical, (See “Barriers and inequities”).
» People are not defined by their disabilities.
» People living with disabilities are recognized as whole persons with their own personalities and aspirations.
» Workplaces value employees with disabilities.
» People living with disabilities are proportionally represented in the workforce.
» People living with disabilities experience the same high quality of service that other residents receive.
» People living with disabilities have a say and actively participate in decisions that affect them.
» People living with disabilities fully participate in the community to the best of their abilities along with other citizens in Ottawa.
» People living with disabilities are recognized for their abilities and what they contribute to all aspects of the community, workplace and family lives.

For specific indicators, see “Inclusion by Design: Meaningful Indicators of Inclusion and Accessibility in Local Communities for People living with disabilities” (SPC 2005).

WHAT CAN ALLIES DO?

✓ Remember that people living with disabilities have the same preferences, perceptions, attitudes, habits and needs as people without disabilities.
✓ Provide the same quality of products, services, or work environment as people without disabilities.
✓ Be as polite, respectful and patient as I would be when speaking to anyone.
✓ Don’t assume what the person can and can’t do.
✓ Always ask how I can help. They will let me know how to best provide service or work with them.
✓ Know that it’s okay to ask if I’m not sure what to say or do.
✓ Speak normally and clearly, directly to the person – not their companion or attendants.
✓ Ask again if I don’t understand what’s being said.
✓ And, if I have a disability, I know that my knowledge and experience can enrich the city.

(OMCSC 2009; 2006-b)
6. Council Mandates and Legislation

- **City of Ottawa Accessibility Policy** - This policy is intended to provide the overarching framework to guide the review and development of other City of Ottawa policies, standards, procedures, By-laws and guidelines to comply with the standards developed under the Accessibility for Ontarians with Disabilities Act 2005, S.O. 2005, c. 11. (the AODA).

- City of Ottawa Equity and Diversity Policy – In 2002, City Council adopted the Equity and Diversity policy, which recognizes women, racialized citizens, people with disabilities, GLBTQ and Aboriginal People as groups designated for measures intended to promote equity.

- **City of Ottawa Municipal Accessibility Plan (COMAP)** – Provides an overview of accessibility programs and initiatives taken by each City branch.

- **Accessibility Lens in the City of Ottawa** - The Accessibility Advisory Committee held a meeting on 21 June 2006 and approved a motion that the City of Ottawa apply a “Accessibility Lens” to all of its work - reports, motions, policies, procedures and decisions. All submissions to council would thereby include a statement or description of the impact on all persons ensuring that any accessibility and inclusion issues or potential barriers have been identified and precluded.

- **Accessibility Checklist** - Designed as a tool for all staff to utilize and assist as a reference guide to ensure that accessibility goals, as set out by the Accessibility for Ontarians with Disabilities Act and the corporate Accessibility Policy, are included in all decision-making and to assess potential accessibility impacts of proposed policies and projects.

- **Workplace Accommodation Policy** - The City of Ottawa is committed to providing equal treatment with respect to employment without discrimination and accommodating employees and potential employees, including job applicants, in a manner which respects their dignity, is equitable and enhances their ability to compete for jobs, perform their work and fully participate in employment at the City.

- City of Ottawa Equity and Diversity initiatives – Works to attract and promote persons with disabilities within the City of Ottawa, for example through mentorship programs and partnerships with various external agencies.

- **Accessible formats and communication supports procedure** – Ensures an inclusive and barrier-free access to City documentation to people living with disabilities.

- **City of Ottawa Universal Access Design Standards** – Requires the use of appropriate auxiliary aids and services where necessary to ensure the accessibility of the City’s communications. (e.g., the City has adopted the Design of HTML Pages to increase accessibility to users with disabilities.)

- **Accessibility for Ontarians with Disability Act (AODA), 2005** – Provincial legislation aimed at making Ontario fully accessible by the year 2025. Focused in five key areas to be implemented over time: Customer Service, Information and Communication, Employment, Built Environment and Transportation.

- **Ontario Human Rights Code** (Provincial)

- **Canadian Human Rights Act** (Federal)

- **Canadian Charter of Rights and Freedoms** (Federal)
7. What’s Happening in Ottawa

- **Accessibility Advisory Committee** – Advises on the preparation, implementation, and effectiveness of the City’s Accessibility Plan prepared according to AODA.
- **City of Ottawa Accessibility Services** – Summarizes the City’s accessibility services, programs, and policies.
- The Accessibility Office - Manages the development and coordination of the City of Ottawa Municipal Accessibility Plan (COMAP) which includes corporate-wide accessibility initiatives that ensure the City meets compliance with the provincial Accessibility for Ontarians with Disabilities Act (AODA), enacted in 2005, and its related regulations, as well as additional non-legislated City accessibility initiatives.
- **AccessAbility Day** – Celebrated annually at City Hall as part of the City’s effort to make accessibility everyday business.
- **Accessibility by Design Award** – Recognizes innovative architectural or interior design that facilitates access for persons with disabilities.
- **OC Para Transpo** – Door to door transportation service for people living with disabilities who are prevented from using OC Transpo’s regular, fixed-route transit service.
- **Connecting on Disability and Abuse (CODA)** is a community-based initiative with the goal of developing community capacity to address abuse and disability issues through prevention and education.
- **The CODA Ambassador Program** - Provides trained volunteers to represent CODA at community events, information fairs and meetings.

**Did you know...**

- TTY number is always provided on City information;
- All newly purchased buses for fixed-route services are low floor;
- All newly constructed City buildings have accessible entrances and washrooms;
- All new emergency alarm systems are visual and auditory.
8. Relevant Practices in Other Cities

Advancing Equity and Inclusion: A Guide for Municipalities presents a flexible approach to equity and inclusion and is adaptable to the diverse structures, contexts, and experiences of municipalities from across Canada. Flip through the different sections of this guide or visit City for All Women Initiative (CAWI) to find examples from municipalities across Canada.

9. Sources


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10. Definitions

**Activity Limitation** — Statistics Canada defines it as “any limitation on activity, restriction on participation or reduction in the quality or type of activities because of a physical, mental or health problem. Activity limitation includes “difficulties in hearing, seeing, speech, walking, climbing stairs, bending, learning or any other difficulty in carrying out similar activities, and conditions or health problems that have lasted or are expected to last six months or more.”

Although the terms “persons with disabilities”, “persons with activity limitations” and “disabled persons” might reflect different realities, those three terms will be used interchangeably, and include those with one or more disabilities (Statistics Canada 2008; SPC 2008).

**Barrier** — A barrier is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability. There are many kinds of barriers:

- Architectural barriers may result from the design of the building, shape of rooms, size of doorways, or width of hallways, for example.
- Physical barriers refer to objects added to the environment, such as doors, windows, elevators, furniture, bathroom hardware, etc.
- Information or communication barriers make it difficult for people to receive or send information. For example, a person with a visual disability may not be able to read printed materials, read
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Signs, locate landmarks, or see a hazard. A person with an intellectual disability may not understand information that is not expressed in plain language.

» Attitudinal barriers refer to persons who do not know how to communicate with people living with disabilities, or persons who display discriminatory behaviours.

» Technology barriers refer to devices such as computers, telephones, inadequate or inappropriate assistive technologies.

» Systemic barriers can result from an organization’s policies, practices and protocols if they restrict persons with disabilities. (OMCSC 2007)

Cross-Disability Focus — Ensuring inclusion for all citizens with any type of disability, founded on a vision that accessibility is for everyone. Policies, services, and programs are equally available to everyone regardless of disability – sensory (vision or hearing loss), mobility, mental illness, cognitive, health related, environmental or multiple, etc. (City of Ottawa 2009). Other organizations may use the term cross disabilities to mean at least three disability sub-groups are represented in a given project.

Deaf — Refers to people who are culturally deaf, oral deaf, deafened, and hard of hearing. It is about a person’s identification with the culture based on language (sign language) and barriers to communication (The Canadian Hearing Society 2004).

The deaf community or the deaf culture refers to an individual’s identification with the language-based culture, rather than the extent of hearing loss or a disability. We include this community in this document because of our common focus on barriers and accessibility. When the deaf culture is listed separately, (i.e. “People living with disabilities and people who are deaf”), it is a way of acknowledging that the deaf culture does not define itself as having a disability.

Disability — While impairment is biologically and physically grounded, disability is largely a creation of society, with barriers being imposed by social systems, beliefs, and the environment surrounding the individual, rather than the impairment itself (Whetstone Group Consulting 2003).

Inclusive Design — Part of a broader principle that our society should be structured and designed for inclusiveness for all. It extends beyond barrier removal and emphasizes barrier-free design from the start, so as to ensure equal participation of people with varying levels of ability.

Inclusive design is about taking “positive steps needed to ensure equal participation for those who have experienced historical disadvantage and exclusion from society’s benefits,” as well as for those who can become disabled through the aging process. It is also called accommodation with dignity or integration (OHRC 2002).
11. Acknowledgments

The Equity and Inclusion Lens is the product of a collaborative partnership between City for All Women Initiative (CAWI) and City of Ottawa.

The original Equity and Inclusion Lens Guide and Snapshots were developed from 2008-2010 by an Equity and Inclusion Reference Group and working groups focusing on each of the 11 equity seeking groups profiled in the Snapshots.

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