Dear friend:

These pages may be hard to read.
If you have a hard time,
please find someone you trust to help you.

Thank you.

Dear friend:

As you know, people who with have been labelled "mentally handicapped" want to be able to live like other people in the community. They often need supports and services to do this. For example, people might need support on the job, or help with shopping, or access to good transportation. The federal government, and the provincial and territorial governments are all involved in providing these services.

Sometimes people have problems getting the supports and services they need. This can make it difficult to take part in the life of the community.

We are writing to you because we believe you have something important to say about these things.

The provincial and federal governments are looking at some of the problems with how services are being provided to people. These include problems around:

1. Jobs in the community
2. Getting enough money to live (including disability benefits)
3. Living independently or with supports in the community
4. Preventing handicaps

The Roeher Institute has been asked to help the governments to get the ideas and feedback of people who have been labelled.

We have included a discussion paper. It tells about what people want, and some of the problems they are having. We are asking you to tell us if you agree with the things people are saying in the paper.

You can tell us what you think by checking on the lines that are provided in the paper. You can write anything else you want to say as well, and some extra pages are provided for you to do this on. If you would rather, you can send us in a tape recording of what you think about the issues in the paper.

We will not tell your social worker, counsellor, or anyone else you know that you have answered the questions. What you tell us is private, and your name will not be told to other people.

It is very important for the governments to hear your ideas soon about the services that are provided to people who have been labelled "mentally handicapped". This means that it would be very helpful if you would send in your ideas by ___date_____.

If you have any questions about this letter, or the document we have provided, please feel free to call us.

LIFE IN THE COMMUNITY

Here's a few things that some people are saying about taking part in the life of the community. What do you think? On the short lines, check if you agree or disagree with what people are saying.

DISAGREE   AGREE

_____   _____   1.   People who have been labelled "mentally handicapped" should be allowed to take full part in community life. We shouldn't be segregated or prevented from participating.

DISAGREE   AGREE

_____   _____   2.   Everyone should be treated like equal citizens. That includes us.

DISAGREE   AGREE

_____   _____   3.   Everyone should be treated with respect. That includes us.

DISAGREE   AGREE

_____   _____   4.   People should have the supports they need so they can live properly in the community.

DISAGREE   AGREE

_____   _____   5.   We should have say over what happens to us in the community. Other people shouldn't be allowed to do things to us.

3

DISAGREE   **AGREE**

_____   _____

6. We should have a say in how services and supports are provided to us. If these aren't being provided properly, service providers should listen to us. They should do more of what we want.

DISAGREE   **AGREE**

_____   _____

7. We should have some real choices in who we live with, where we go, and the things we do. Other people shouldn't be allowed to make our choices for us. Other people shouldn't try to limit our choices either.

DISAGREE   **AGREE**

_____   _____

8. Sometimes, people who have been labelled need help to make good choices. This help should be available to us.

DISAGREE   **AGREE**

_____   _____

9. People who have been labelled need to be made aware of their rights.

DISAGREE   **AGREE**

_____   _____

10. People shouldn't feel afraid to exercise their rights.

DISAGREE   **AGREE**

_____   _____

11. Society needs to learn how to respect our rights.

DISAGREE   **AGREE**

_____ _____ 12. It is important for people who have been labelled to stand up for their rights. They should get involved in advocacy.

DISAGREE   AGREE

_____ _____ 13. People who have been labelled need to make friends and get to know other people in the community.

DISAGREE   AGREE

_____ _____ 14. People can make friends and get to know others by joining a support group that includes other people who have been labelled.

If you want to, use this page to tell about your hopes and dreams for your life in the community. Use other paper, too, if you want.

JOBS IN THE COMMUNITY

This is what some people have been saying about some of the problems they have in doing real jobs in the community. What do you think? On the short lines, check if you agree or disagree with what people are saying.

DISAGREE   AGREE

_____   _____   1.   The system for getting supports on the job is really confusing.

DISAGREE   AGREE

_____   _____   2.   It's hard to get the supports you need on the job.

DISAGREE   AGREE

_____   _____   3.   It's hard to get good job counselling and training.

DISAGREE   AGREE

_____   _____   4.   if you can't read, you can't understand the job ads or get into good jobs and training.

DISAGREE   AGREE

_____   _____   5.   Many people who have been labelled "mentally handicapped" haven't been taught how to read.

DISAGREE   AGREE

_____   _____   6   It's hard to get the training that will teach you how to read and use numbers.

DISAGREE   AGREE

_____   _____   7. Sometimes you have to take full-time training when you can really only afford to take part-time training.

DISAGREE   AGREE

_____   _____   8. No one has told me about how to get a real job or good training. It's hard to get this kind of information.

DISAGREE   AGREE

_____   _____   9. I do not know anyone who has been labelled and who has taken part in training that the government provides.

DISAGREE   AGREE

_____   _____   10. Often, people only get training or work activity in sheltered workshops.

DISAGREE   AGREE

_____   _____   11. Training and work activity in sheltered workshops doesn't help you get a real job with good pay.

DISAGREE   AGREE

_____   _____   12. People are afraid to take a job because you will get cut off benefits if you get one.

DISAGREE   AGREE

_____   _____   13. The feelings that employers have about people who have been labelled makes them not want to hire us.

DISAGREE AGREE

____   ____ 14. Often, employers treat people who have been labelled unfairly.

DISAGREE AGREE

____   ____ 15. Often, a person with a handicap that is going for a job interview doesn't know how to get past the person who answers the phone for the employer. So people don't even get to the first stage of the job interview.

DISAGREE AGREE

____   ____ 16. I don't know anyone who has been labelled "mentally handicapped" and who works with a department of the government.

If you want to, use tell about your experiences on this page. Use other paper as well if you need to.

1. Do you have the training and support you need to have a real job in the community? If so, how did you get this? If not, why didn't you get this?

2. Have you ever worked in a sheltered workshop? Has this helped you get a job outside the sheltered workshop?

GETTING ENOUGH MONEY TO LIVE (INCLUDING DISABILITY BENEFITS)

This is what some people have been saying about getting enough money and the other supports they need. What do you think? On the short lines, check if you agree or disagree with what people are saying.

DISAGREE   AGREE

_____   _____   1.   People with disabilities are poor and have to rely on benefits.

DISAGREE   AGREE

_____   _____   2.   Benefits don't provide enough money to live on.

DISAGREE   AGREE

_____   _____   3.   It's not fair that people sometimes have to be labelled "unemployable" so they can get benefits.

DISAGREE   AGREE

_____   _____   4.   It's harder to get a job if you're labelled "unemployable".

DISAGREE   AGREE

_____   _____   5.   If you do find work and are on benefits, the government will take back some of your pay. This makes it hard to move off benefits to a real job.

DISAGREE	AGREE		
_____	_____	6.	People who are on benefits often don't feel good about themselves.
DISAGREE	AGREE		
_____	_____	7.	Without benefits, it can cost a lot to live with a disability.
DISAGREE	AGREE		
_____	_____	8.	People are usually worse off working because of the lack of benefits.
DISAGREE	AGREE		
_____	_____	9.	We need a benefit system that helps to cover the costs of living with a disability, but without taking away self-respect.

If you want to, use the rest of this page to tell about your experiences. Use other paper as well if you need to.

1. What are some of the big problems you have in getting enough money to live?

PREVENTING "HANDICAPS" AND PROMOTING LIFE IN THE COMMUNITY

This is what some people have been saying about preventing disabilities and handicaps, and about promoting independent living in the community. What do you think? On the short lines, check if you agree or disagree with what people are saying.

DISAGREE   AGREE

_____   _____   1.   It is important to prevent or remove the disabilities that people have.

DISAGREE   AGREE

_____   _____   2.   Sometimes, people who are trying to prevent or remove disability don't show respect for people who have disabilities.

DISAGREE   AGREE

_____   _____   3.   Society should believe that people with disabilities have a right to support. If society thought this way, then it wouldn't see people's "handicaps" as all that much of a problem.

DISAGREE   AGREE

_____   _____   4.   The real problem is not our limitations, but the barriers that society creates and the labels it uses.

DISAGREE   **AGREE**

_____   _____   5.   Society should pay attention to getting rid of the barriers we face. Society should not be so worried about stopping people from having limitations. After all, everyone has limitations.

If you are not living in the community, what stops you from doing this? Use this page to tell your answer.

LIVING INDEPENDENTLY OR WITH SUPPORTS IN THE COMMUNITY

This is what some people have been saying about some problems with living independently or with supports in the community. What do you think? On the short lines, check if you agree or disagree with what people are saying.

DISAGREE   AGREE

_____   _____   1.   Not having enough money limits what you can do in the community and who you can meet.

DISAGREE   AGREE

_____   _____   2.   Being poor and being labelled means you don't have many choices about where you live.

DISAGREE   AGREE

_____   _____   3.   It is really hard to afford a good place to live.

DISAGREE   AGREE

_____   _____   4.   People who have been labelled often have to live in places that are dirty or unsafe.

DISAGREE   AGREE

_____   _____   5.   If you need support to live, this usually means that you have no choice about where you will live. You have to go live where the supports are provided.

DISAGREE   AGREE

_____   _____   6.   Not having accessible transportation makes it hard to take part in community activities.

DISAGREE   AGREE

_____   _____   7.   It is hard to find information about transportation in the community.

DISAGREE   AGREE

_____   _____   8.   Information about transportation is hard to understand.

DISAGREE   AGREE

_____   _____   9.   People who have been labelled have a hard time getting straightforward information about good supports for living in the community.

DISAGREE   AGREE

_____   _____   10.   Often, people can't get the supports they need at the times and places where these are needed.

DISAGREE   AGREE

_____   _____   11.   People who provide supports often don't show respect to people who have been labelled.

DISAGREE · **AGREE**

_____   _____   12. Often, the people who provide supports don't let us do the things that we want to do and that we should have a right to do.

If you want to, use this page to tell about your experiences. Use other paper if you need to as well.

1. What are some of the hardest problems you have in living in the community?

IT'S TIME FOR ACTION

This is what some people have been saying about the need for action. What do you think? On the short lines, check if you agree or disagree with what people are saying.

DISAGREE   AGREE

_____   _____   1. Lots of people in government, and lots of service providers, know about the problems we face.

DISAGREE   AGREE

_____   _____   2. It is frustrating to keep explaining our problems over and over again to people in government and to service providers.

DISAGREE   AGREE

_____   _____   3. Sometimes, it seems that people in government and service providers just aren't listening to us. Things aren't getting much better.

DISAGREE   AGREE

_____   _____   4. It's time that people in government and service providers <u>do something</u> to fix the problems we face.

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If you have anything else to say, say it on this page. Use other paper, too, if you want.

Focus Group participants

PARTICIPANTS IN FOCUS GROUP SESSIONS

At all meetings, facilitation was by G. Allan Roeher Institute staff: Marcia Rioux, Cameron Crawford, Michael Bach.

Employment - Vancouver, July 9:

Laurie Bellefontaine
Bill Black
Michael Cannings
Tanis Doe
Robin Loxton

Rob McInnes
Ray McIsaac
Paul Thiele
John Trainer
Wolfgang Zimmerman

Empowerment - Toronto, July 15:

Jane Atkey
Pauline Berthiaume
Jerry Bickenbach
Sandra Carpenter
Judy Carter-Smith

Henry Enns
Irene Feika
Ernie Lightman
Ken Nash

Transition - Halifax, July 17:

Jane Atkey
Gord Barnes
Ivan Hale
Shulamith Medjuck

Mike Murphy
Mary Reid
Joseph Tindale

Prevention/Promotion - Winnipeg, July 20:

Harold Barnes
Ron Bell
Norma Collier
Alfred Cormier
Patricia Pardo-Demiantschuck
Gudrun Fritz

John Lane
Diane Milliard
Allan Simpson
James Sanders
Janice Wood

Income Security - Ottawa, July 22:

Harry Beatty
Ken Battle
Mario Bolduc
Brian Cruikshank
Jim Derksen
Paul Dickenson
Rod Hagglund
Hugh Lafave

Rod Lauder
Allan Moscovitz
Leon Muszynski
Ken Nash
Gordon Roberts
Paula Sanders
Sherri Torjman
Susan Ward

APPENDIX C

THE "OPEN HOUSE" VISION

D R A F T

MAINSTREAM 1992

Federal/Provincial/Territorial Review
of
Services Affecting Canadians with Disabilities

THE "OPEN HOUSE" VISION

MAINSTREAM 1992

Federal/Provincial/Territorial Review
of
Services Affecting Canadians with Disabilities

THE "OPEN HOUSE" VISION

I. INTRODUCTION

This paper presents the "Open House" vision. An outline of the vision was endorsed by provincial, territorial and federal ministers of social services as the foundation of the Mainstream 1992 Review and as a basis for guiding constructive change in services for people with disabilities. The ministers charged the Mainstream 1992 Review with describing the vision more fully.

II. HISTORICAL DEVELOPMENT

There have been major changes in social attitudes regarding people with disabilities, with corresponding modifications to policies, programs and services.

Progress varies from place to place and from issue to issue. It is safe to say, however, that over the past twenty years, people with disabilities have been moving from a largely segregated environment in the direction of assuming their rightful place in the community along with everyone else.

The vision and its implications can best be understood in the context of the historical development of policies and practices concerning people with disabilities. The previous ways in which people with disabilities have been served are characterized in terms of two general approaches labelled the "warehouse" and "greenhouse" approaches. These approaches are not finite or discrete but involve a very complex, interwoven and changing pattern of philosophies, practices and programs.

Warehouse

The warehouse approach to people with disabilities was dominant in Canada prior to 1960. Major features of this approach, as illustrated in the chart below, involved care and protection for people with disabilities as patients in residential institutions. This institutional-medical model of care was primarily based on the assumption that people with disabilities, for the most part. were permanently incapacitated and therefore deemed to be incompetent.

```
┌─────────────────────┐
│ WAREHOUSE           │
│                     │
│ Caring for          │
│                     │
│ Protection          │────────▶
│                     │
│ Labelled permanently│
│ Incapacitated       │
│                     │
│ Deemed Incompetent  │
└─────────────────────┘
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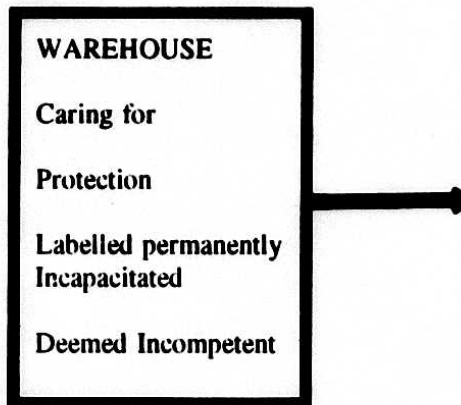
Institutionalization resulted in isolation from the community and a uniform design of services. Isolation emphasized the differences between people with disabilities and others who, for the most part, remained unaware of the needs and interests of people with disabilities. This lack of awareness and contact bred myths and stereotypes about people with disabilities, many of which still exist today.
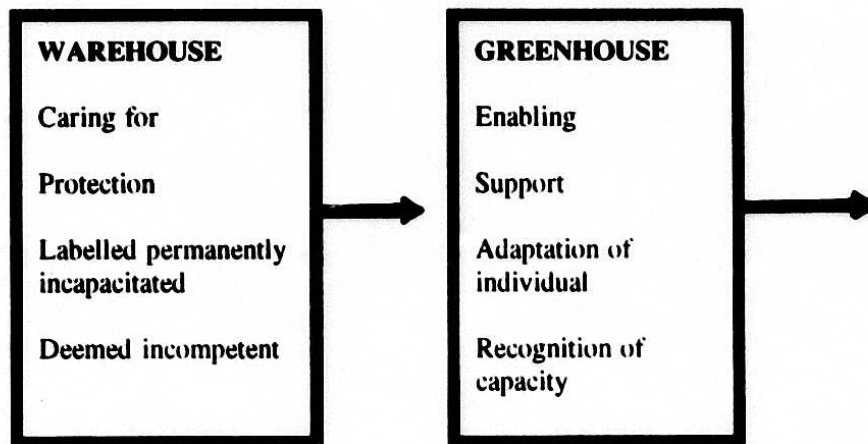
A second major consequence of the "warehouse" approach was that services were standardized, based on the assumption that people with disabilities are a homogeneous group. Generally, facilities, programs and services were not designed to meet individualized needs. Individuals had little choice but to accept the programs offered.

Greenhouse

Three major features distinguish this period from the first:

. A movement of many people from institutions to community based services

. A focus on rehabilitation

. A larger role for government social services

These features reflected a gradual change in societal attitudes toward people with disabilities. The assumption that people with disabilities need to be cared for grew into a recognition that they could be "enabled" to care for themselves. The view that they were in need of protection changed into a view that they required support. Instead of being viewed as permanently incapacitated, they were regarded as needing to adapt to the existing environment. Finally, the view that all people with disabilities were incompetent changed to a recognition that people with disabilities have many abilities.

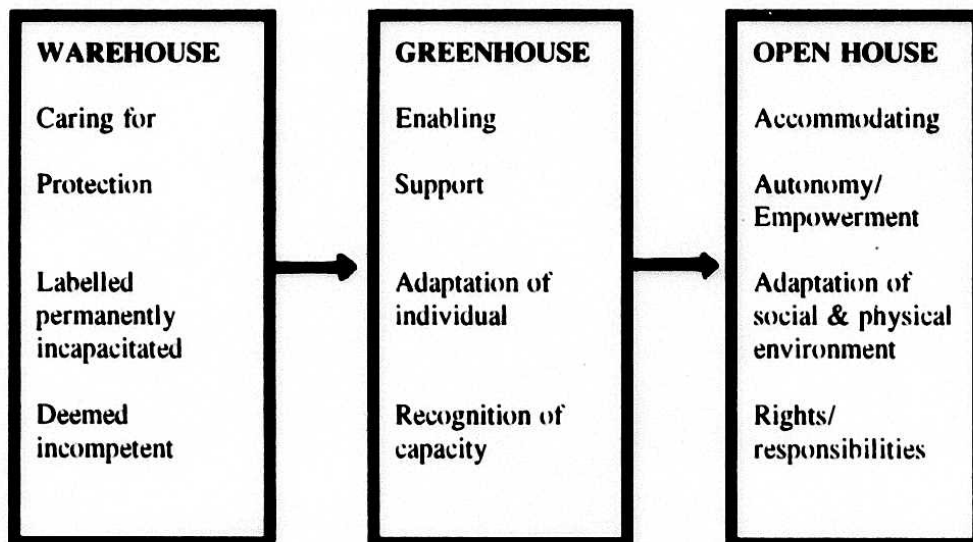| WAREHOUSE	GREENHOUSE
Caring for	Enabling
Protection	Support
Labelled permanently incapacitated	Adaptation of individual
Deemed incompetent	Recognition of capacity

These attitude changes resulted in the movement of many people from residential institutions to group homes in the community. Special schools were also established for people with disabilities. Both homes and schools were supported by social services.

But real integration into the community does not take place when people are still segregated in sheltered environments such as group homes, sheltered workshops and special schools. Isolation from society remains. New forms of group strategies rather than effective means for meeting individual needs continue to predominate.

III. THE "OPEN HOUSE" VISION

The vision has its roots in changes in Canadian society as a whole over the past couple of decades. It is consistent with international trends and the evolution of opportunities and services for persons with disabilities. But it is much broader than just disability and social services. It reflects broad trends and changes in attitudes encompassing all aspects of Canadian society and responding to all people, disabled or not.

The "Open House" vision reflects a society which is accommodating to its citizens with disabilities, which understands the importance of empowerment of people, which recognizes the necessity of adapting the social and physical environment, and which acknowledges the rights and responsibilities of people with disabilities.

WAREHOUSE	GREENHOUSE	OPEN HOUSE
Caring for	Enabling	Accommodating
Protection	Support	Autonomy/ Empowerment
Labelled permanently incapacitated	Adaptation of individual	Adaptation of social & physical environment
Deemed incompetent	Recognition of capacity	Rights/ responsibilities

An Accommodating Society

Canada is a diverse society, encompassing people of many different backgrounds and characteristics across many dimensions. Our society is striving to accommodate everyone, with their differences. Rather than expecting individuals to adjust to the status quo, society itself is adjusting to accommodate diversity.

The "Open House" point of view means that accommodation of differences in our diverse society includes all people with disabilities. They should be able to live in the community and to have reasonable access to regular community structures, opportunities and services, just as their non-disabled neighbours do.

The "Open House" perspective focuses on abilities, while recognizing and, to the extent possible, accommodating differences and limitations.

Empowerment

The notion of empowerment is based on the concepts of individual responsibility and self reliance. There is an increasing belief among all segments in society in the importance of control over one's own life. There is also increasing rejection, at all ends of the political spectrum, of paternalism and dependence upon government. Coupled with this is growing recognition that solutions need to come from individuals, families and communities rather than from systems, government and professionals.

People with disabilities need to have control over their own lives and well being, just like anyone else. They reject paternalism and dependence. But they need to be empowered.

Empowerment means equipping people with disabilities with the means to assume responsibility for their own lives and well being, encouraging them to take control, and supporting and promoting their efforts in this regard.

Adaptation of Social and Physical Environment

We make many adaptations of the environment to accommodate specific needs of the general population. For example, resources go into developing and maintaining roads and highways. But not everyone drives. Our social environment accommodates a variety of needs through such initiatives as paid maternity leaves, language programs for new Canadians, and child care.

Similarly, a society which welcomes the participation of everyone requires the accommodation of all persons *with* their differences, including those with disabilities. Social and physical environments need to be adapted as necessary and possible in order to reduce both direct and unintentional barriers which prevent individuals with disabilities from participating. A willingness to identify and to reduce these barriers is essential to improving accessibility.

Accessibility involves more than just physical access. Social accessibility means that everyone is welcomed and accepted in regular community activities, even if they happen to have a disability. Adjustments can be made to such things as programs, school curricula, job duties, and recreational activities so that those with disabilities can participate.

Rights and Responsibilities

The *Canadian Charter of Rights and Freedoms* enshrines in our constitution, with primacy over all legislation and policies, (subject to an override clause), the rights of all Canadians to equal access and participation in all aspects of our society. The *Charter* includes the prohibition of barriers, however unintentional, which prevent access by anyone to opportunities available to others.

The Charter specifically designates people with disabilities, among others, as having the right to non-discrimination and the opportunity to benefit equally under the law. Thus the *Charter* provides for equal access by people with disabilities to the rights and responsibilities accorded to all Canadians. This includes access to regular education, employment, recreation, transportation, communication, and housing.

Equality and self determination can no longer be treated as privileges. They are basic rights for all citizens, including people with both physical and mental disabilities, legally mandated by our constitution.

Equality is the key. Equality, however, does not necessarily mean treating people with disabilities the same. Equity of outcome is foremost. As Judge Rosalie Abella wrote in her Royal Commission Report *Equality in Employment*:

> "To treat everyone the same may be to offend the notion of equality. Ignoring differences may mean ignoring legitimate needs. It is not fair to use the differences between people as an excuse to exclude them arbitrarily from equitable participation. . . . Ignoring differences and refusing to accommodate them is a denial of equal access and opportunity. It is discrimination."
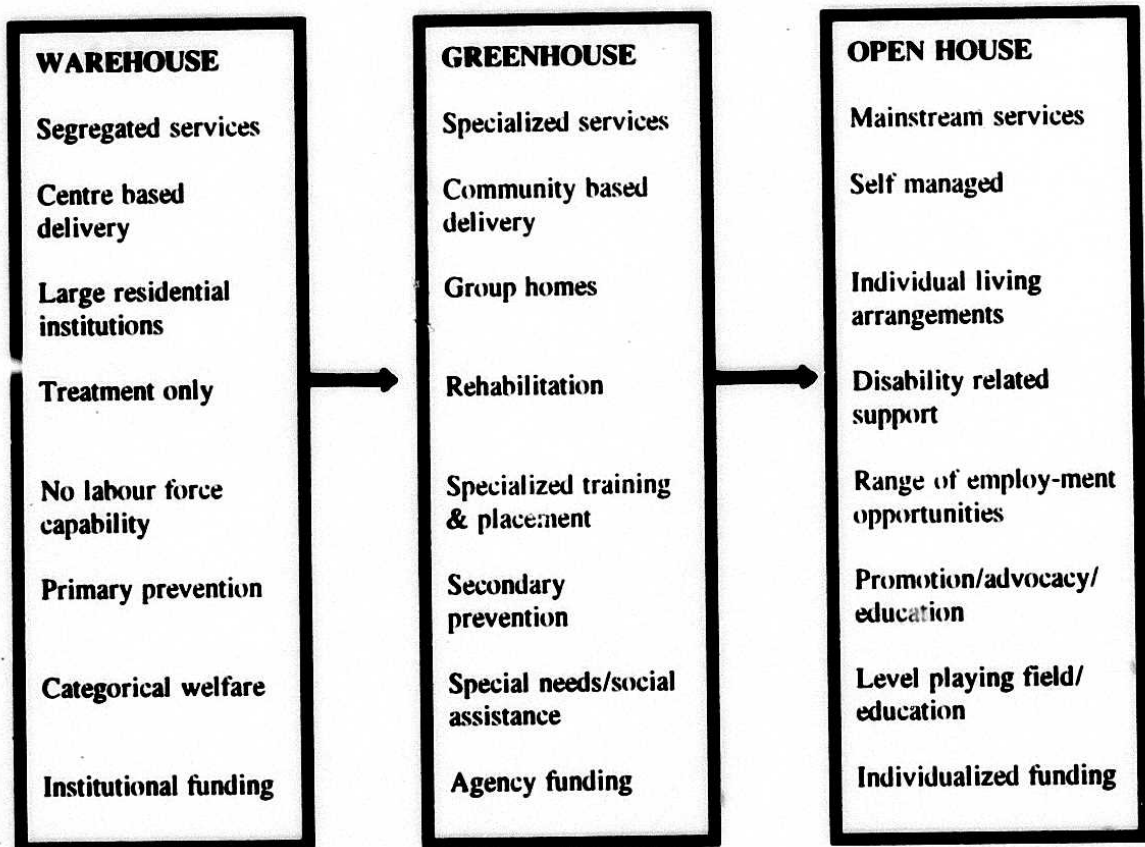
Thus special measures and accommodations and the reduction of barriers are appropriate and necessary in order to equalize opportunities for equality of outcome for persons with disabilities.

IV. IMPLICATIONS OF THE "OPEN HOUSE" VISION

The "Open House" philosophy, as stated above, is simple. It has, however, significant implications for society and for regular community or mainstream services so that people with disabilities can participate in the community just like everyone else. It also has profound implications for the organization, structure, manner of funding and the delivery of social services.

The implications of the "Open House" philosophy or vision for systems are summarized in the following chart:

Evolution of Systems

WAREHOUSE	GREENHOUSE	OPEN HOUSE
Segregated services	Specialized services	Mainstream services
Centre based delivery	Community based delivery	Self managed
Large residential institutions	Group homes	Individual living arrangements
Treatment only	Rehabilitation	Disability related support
No labour force capability	Specialized training & placement	Range of employ-ment opportunities
Primary prevention	Secondary prevention	Promotion/advocacy/ education
Categorical welfare	Special needs/social assistance	Level playing field/ education
Institutional funding	Agency funding	Individualized funding

Mainstream Services

As the chart indicates, the human services system has gradually shifted its emphasis from segregated services to specialized services targeted to people with disabilities, and finally to the realization that people with disabilities can and should be included in regular community or mainstream services.

The "Open House" philosophy implies a commitment on the part of all of society to the participation of people with disabilities in the mainstream of living and working. It recognizes that true integration has social, physical, and economic aspects and that barriers to participation often arise from the characteristics of the environment rather than the person. In realizing the vision, all sectors and services need to cooperate in jointly identifying barriers and figuring out ways of overcoming these. Each sector has its own form of expertise to contribute.

The "Open House" point of view suggests that a major function of social services is to facilitate and support people with disabilities who require help of some form in participating in the "mainstream". This can involve providing support and assistance to individuals. It can involve interaction with other systems and services to identify any environmental barriers and to jointly develop means of overcoming these.

Thus "Open House" suggests that the social services field is no longer directly responsible for all aspects of the lives of people with disabilities and that the responsibility for delivery of conventional services needs to be transferred to the mainstream wherever possible.

Within the conventional or mainstream sector, there may be some services which will be more effective in helping people participate in the community if provided in a specialized way. Parallel transportation systems and special needs programs in colleges

and universities serve as just two examples. Equality does not necessarily mean treating everyone the same. Sometimes different treatment may be needed in order to achieve equity of outcome.

Self-Managed

The delivery of human services for people with disabilities has undergone major changes as the focus has shifted from centre-based delivery to community agency delivery. Control and management of services by people with disabilities has emerged as the next step on a continuum.

The change in orientation from the group to the individual implies a major shift in focus from service providers to consumers. The "Open House" vision means that human service systems need to enable consumers to make their *own choices* about all aspects of their lives. This in turn means that services need to be designed for the needs and interests of individual consumers.

A consumer-managed approach means that control of service delivery shifts from service providers to consumers. With this approach, consumers choose which types of services they need, select the service provider, and direct the way in which these services are provided, on a partnership basis with service providers.. As with other effective consumer or market-oriented services, "quality" is defined by the consumer rather than the service provider.

A consumer-managed approach includes individuals managing their own lives, consumer run or directed services, and in the case of children, parent directed services.

People with disabilities also should be involved in the planning of programs and services and in the development of policies affecting them. This involvement should be real rather than token so that people with disabilities are actively involved in establishing

directions. It should be at all levels of systems, from high-level government policy to local planning bodies.

Individual Living arrangements

Residential institutions largely dictate the lifestyle of their residents. The move to group home arrangements has increased individual lifestyle possibilities to a degree. Institutions and group homes have also provided disability-related supports, leisure services, training, employment, transportation and other specialized services under the same roof or the same management structure.

The "Open House" vision, on the other hand, suggests that people with disabilities should have the same opportunities as others for a variety of individual lifestyles. They should have access to housing, work, leisure and recreation opportunities available to others. Lifestyles among people with disabilities can be as diverse as for others. In planning for inclusion of people with disabilities in all aspects of community living, systems need to assume that all of society must be accessible.

People with disabilities need flexible and portable support from social services, not tied to specific residences or workshops, so they can live and work and play in the manner and place of their choice.

Disability Related Support

The "Open House" philosophy means facilitating and providing support for people with disabilities who require help of some form in participating in the community. The type and levels of support and assistance may vary from person to person, from time to time, and throughout their life span. Information is needed in a form which facilitates choice.

To minimize the need for special interventions, natural supports and links between people with disabilities and with others in the community are important.

The provision of disability-related support has the objective of empowerment. We have defined empowerment earlier to mean "equipping people with disabilities with the means to assume responsibility for their own lives and well being, encouraging them to take control, and supporting and promoting their efforts in this regard".

A range of options and individually designed packages of services need to be available to match individual consumer strengths, preferences and lifestyles.

Disability-related supports include, but go beyond, medical treatment and various forms of rehabilitation. Many rehabilitation services are time limited and do not reflect the need of people with disabilities for some form of ongoing or periodic support. Rehabilitation efforts have also been restricted to specific medical or vocational outcomes. The aim of disability-related services should be to support individuals in participating in all aspects of society, in accordance with their own wishes and interests.

One way of encouraging people to assume responsibility for their own lives is by facilitating informed choice. Everyone, no matter how severely disabled, is capable of indicating likes, dislikes and preferences in some way. Individuals need information, in a form which they can understand, about alternatives and their consequences. The right to make one's own choices carries with it consequences. Individuals with disabilities, just like everyone else, may not always make what others, including professionals and family members, feel is the correct decision. But risk taking is a basic right and the experience of success or failure is common to everyone.

Individual responsibility and self reliance often derive from mutual support in the community. Self-help and advocacy groups foster interdependence among individuals, families, and the community. Through such mechanisms people with disabilities are empowered to make choices in directing their own lives.

Range of Employment Opportunities

The employment opportunities available for people with disabilities have changed dramatically. A prevalent model of the "warehouse" era was occupational activity in an institutional setting. The "greenhouse" approach recognized that specialized training and placement could lead to regular labour force participation for some people.

The "Open House" approach recognizes that people with disabilities should have access to the full range of opportunities in the mainstream training and employment sector and that the emphasis lies in reducing the barriers which limit people with disabilities from participating. A major implication is that the mainstream employment system be responsible for improving accessibility. To some extent, the employment sector, through employment equity and related initiatives, has started to assume its responsibility in this area.

For social services, the implications are equally profound. People with disabilities need social services to assist them in obtaining access to regular training and employment, and to support and facilitate their participation in an ongoing way. These efforts should gradually replace the provision of segregated training and employment through the social service system.

Promotion/Advocacy/Awareness

The "Open House" approach calls for promotion, advocacy and awareness in order to prevent obstacles to participation among people with disabilities. In contrast to earlier approaches which have focused on the impairment (loss of function) or on the disability itself (restriction in the ability to perform an activity), "Open House" calls for action to prevent *handicap*, which arises through the interaction between disability and the environment.

Disability need not result in a handicap! With a welcoming, accessible and accommodating environment, every person with a disability can participate in our society in some way.

To make this possible, there is a need to *promote* the abilities of people with disabilities, to *advocate* for their inclusion in the mainstream, and to raise public *awareness*. By working together, consumers, mainstream sectors and service providers can collectively develop solutions in order to overcome barriers and to reduce the handicapping effects of the physical and social environment.

Level Playing Field/Incentives

The evolution of income support systems for people with disabilities in the social services area has gone through several marked changes which reflect societal attitudes toward people with disabilities. Initially, income support was in the form of welfare assistance by disability category, e.g. Blind Persons Allowances. In the mid 1960s, income support for people with disabilities was integrated into the general social assistance system with provisions for "special needs" related to disability. Social insurance came into effect for those who could no longer work because of disability.

However, the disincentives to social and economic integration remain. The design of these mechanisms was predicated on the assumption that people with disabilities are incapable of working and living in the community as others do. The related provision of disability-related needs is often discretionary and charitable, rather than facilitative of living and working in the community.

The "Open House" approach suggests that there be an economically level playing field for people with disabilities so that they have the same incentives for social and economic integration as others. In their efforts to live and work in the community, people with disabilities often face extraordinary costs, above and beyond what others have to bear,

resulting specifically from disability.

New funding mechanisms need to be developed which recognize extraordinary costs, which acknowledge that "employability" is not an all or nothing determination, and which provide incentives, rather than disincentives, for people with disabilities to seek employment and to participate fully in the community.

Individualized Funding

Government funding approaches based on the institutional or "warehouse" model were often directed to standardized programming and services for all residents, not only for disability-related needs, but for all aspects of their lives. The shift to funding of community agencies for selected programs suggested that people with disabilities lived and often worked in the community and could be referred to appropriate programs depending on their needs at the time. However, such programs often could not individualize their services or could not meet all of the service needs of individuals because of the funding mechanism. In effect, what services people with disabilities receive can depend on what agency program is funded in their area, not on what their individualized needs may be.

The "Open House" approach suggests an individualized funding model based on the individual's disability-related needs. Funding needs to be attached to the individual in relation to all aspects of living and working, and at all ages. It needs to be flexible as the individual's life circumstances change. It needs to be portable from location to location.

There are different mechanisms for individualized funding, ranging from giving individuals funds directly to purchase services of their choice to funding agencies or service brokers who put together individual service packages on behalf of the individual.

V. CONCLUSION

The "Open House" philosophy is a vision of our society as accommodating to its citizens with disabilities and understanding of the importance of empowerment of people. It is a society which recognizes the necessity of adapting the social and physical environment. Finally, and most importantly, it is a society which acknowledges the equality and citizenship rights of all Canadians with disabilities.

This vision is consistent with the views of people with disabilities themselves. It is consistent with international trends and the evolution of opportunities and services for people with disabilities. It is consistent with legal developments. It has profound implications for social services.

There has already been some progress in implementing parts of the "Open House" vision. Progress to date has been uneven and greater in some areas than in others. There is still a need for a commitment by society and by the social services field to turning the vision into a reality for people with disabilities in Canada.

APPENDIX D

LIST OF RESEARCH REPORTS

MAINSTREAM 1992

REPORTS OF CONTRACT STUDIES

1. *Role for Social Services in Prevention and Promotion as Related to Persons with Disabilities: Preliminary Conceptual Framework.*

   Prepared by Beth Hoen and Mary Thelander.

2. *A Review of Demographic Studies of Persons with Disabilities.*

   Prepared by Dr. Eric G. Moore and Dr. Mark W. Rosenberg, Department of Geography, Queen's University.

3. *The Case for Comprehensive Disability Income Reform.*

   Prepared by Harry Beatty.

4. *Issues and Perspectives of Women with Disabilities: Background Paper.*

   Prepared by Mary Reid and Regina Ash.

5. *International Implications for the Development of a Canadian Framework for Action.*

   Prepared by Disabled Peoples' International.

6. *An Overview of the Situation of Aboriginal Persons with Disabilities.*

   Prepared by New Economy Development Group, Inc.

APPENDIX E

LIST OF COMMITTEES AND STAFF

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**Steering Committee
of Deputy Ministers**

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Nova Scotia

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Ms. Suzanne Potter,
Secretary of State

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Ms. Jane Atkey

Mr. Donald MacLeod

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Mr. Martin Spigelman

Consultation Coordinator:

The Roeher Institute,
Ms. Marcia Rioux
Mr. Cameron Crawford

Reference Group

Canadian Association for Community Living,
Ms. Diane Richler

Canadian Association of Independent Living Centres,
Mr. Ross Robinson

Canadian Council of the Blind,
Ms. Geraldine Braak

Canadian Deaf and Hard of Hearing Forum,
Dr. David Mason

Coalition of Provincial Organizations of the Handicapped,
Mr. Laurie Beachell

DisAbled Women's Network Canada,
Ms. Leslie MacLeod

National Aboriginal Network on Disablility,
Mr. James Tomkins

National Educational Association of Disabled Students,
Mr. Steve Estey

National Network for Mental Health,
Ms. Susan Hardie

People First of Canada,
Mr. Peter Park