

# Disability and Employment Policy in Canada: National Policy Variation for Working Age Individuals

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## Abstract

This article analyses and compares disability policies for working-age individuals in Canada with a focus on the mode of policy provision and type of measure to determine the degree to which direct funding is used in this country. To consider policy diversity in this federal system, policies are compared using a mixed-methods approach. Using quantitative methods, federal, provincial and territorial policies are first compared using hierarchical cluster analysis. This provides evidence of three distinct clusters in Canada according to policy provision and measure type. In a second, qualitative analysis, the disability strategies of four provinces' (British Columbia, Ontario, Newfoundland and Labrador and Quebec) are compared, to determine over arching policy orientations. Findings indicate that policy provision in Canada largely favours money over services. Furthermore, most provinces emphasize either health or integration measures over substantive measures. Despite these commonalities, significant variation persists across Canada. This extends to poverty and disability reduction strategies with two of the four provinces having a broader orientation while the other two provinces focus specifically on employment as a means of social inclusion. The article concludes with a discussion on the state of employment policies for individuals with a disability in Canada.

## Introduction

This article compares mechanisms for the social participation of working-age persons (15 to 64-year-old) with disabilities in Canada. Specific focus is given to the mode of policy provision and the types of services adopted, both of which are explained in the next section.

These two indicators have been selected because, among current disability policy debates, direct funding is a key issue. Direct funding is a policy approach that allocates public funds to people with disabilities or a designated third-party with the goal of allowing them to decide who is hired to help them meet their needs. This article analyses direct funding mechanisms because this idea has been important for many persons with disabilities, in particular, those that have been part of the independent living movement in Canada as well as in the

United States over the last four decades. This movement has also been defined as a means to empower persons with disabilities because it contributes to increasing control over life decisions. In this perspective, it is meant to lead to improved social participation for persons with disabilities depending on the manner in which policy provision works and implementation conditions.

Direct funding is related to the broader discussion on user participation in welfare policy since the 1970s and the emphasis on the individualisation of services in the 1990s (Askheim et al., 2017). More specifically, debates on disability policy trends identify a turn toward direct funding as part of the personalisation agenda. This agenda, sometimes also called consumer-related care, has existed in the United States since the 1980s and was popularized anew by the United Kingdom in the mid-1990s, but it is not a coherent framework (DeJong, 1979; Dickinson and Glasby, 2010). Echoing civil rights arguments, advocates state that citizens should have more independence and control over how they live and which services they receive. As opposed to the funding of agencies for service delivery, it is argued this approach generally increases freedom by providing beneficiaries with the choice of how to use allocated funds (Purcal et al., 2014). Inasmuch as country-specific implementation studies on the scope of user influence (Andersen, 2020) as well as debates on the model of citizen involvement in social policies (Andreassen, 2018; Christensen and Pilling, 2019) take this approach for granted in many Western European countries, user participation in Canadian employment policies for persons with disabilities is less well understood.

Elements of direct funding have been found in Canada since the 1970s (Spalding et al., 2006; Puttee, 2002). Whereas direct funding allows for greater freedom of choice in theory, disability policy in Canada, which is already a patchwork, has only partially adopted this stance – with a recent article on the subject finding 17 direct-funding programs (Kelly, 2016, 7). Moreover, as existing research demonstrates, it is necessary to distinguish between policy content and service provision (van Berkel, 2010). It should also be noted that individualisation and a consumer-based approach do not necessarily lead to an increase in benefits or services. For instance, activation literature, which investigates policies that link social protection and employment, demonstrates that individualised service provision does not necessarily equate to engaged citizen participation (Borghi & van Berkel, 2007). Welfare state changes such as these, which alter individual rights and responsibilities, have also been found to affect citizenship in positive and negative manners (Serrano Pascual and Magnusson, 2007). In this context of partial adhesion to a policy idea, we ask what types of policy provision and measures are most common in Canada and how they work.

This research is specifically oriented toward working-age individuals. This is explained by the fact that recent statistics show that 22% of Canadians 15 and older live with disabilities (Morris et al., 2018). These disabilities are wide-ranging

and include both mental health and physical limitations. They are also associated with lower employment levels, with the employment rate for working-age disabled individuals being 21% lower than that of the general population (Morris et al., 2018). As Prince (2014) highlights, working-age individuals with disabilities are more vulnerable to poverty and exclusion – even when employed – than the rest of the working population. Furthermore, this population relies heavily on government support, with two-thirds of the income coming from government transfers (Prince, 2014, 2). In Canada's federal context, most of this support takes the form of provincial income assistance. Given these issues, a global transdisciplinary initiative on the future of work disability policy in Canada was launched in 2012 by a group of researchers with the financial support of Social Sciences and Humanities Research Council of Canada (SSHRC). The initiative's overall goal is to provide a forum for dialogue on the challenges and opportunities for improving work policy and contributing to building research and knowledge mobilization capacity on the issue of work policy. This initiative also supports small studies regarding different aspects of regional policy provision (see Bornstein et al., 2019; Boucher et al., 2018; Kimpson et al., 2019). This article has a pan-Canadian scope with a focus comparing employment measures across Canada.

The article begins with an explanation of the data and the methods used. Canada's division of powers and its assortment of disability policies are then outlined. That section highlights how federal dynamics affect policy coherence and the fact that disability policies involve both provincial and federal jurisdictions. The article proceeds with two analyses. The first compares the mode of policy provision and the types of measures provided by the provinces. The second analysis focuses on poverty reduction and disability strategies in four provinces: British Columbia, Ontario, Newfoundland and Labrador and Quebec. This section compares historical approaches to disability policy in these provinces as well as more recent strategies. These comparative analyses lead to a discussion section in which commonalities and differences among the provinces are outlined. The conclusion addresses the approaches to disability policy found in the provinces and the types of coverage and access citizens across Canada can expect. Finally, questions about avenues for future research and their impact on the social participation of people with disabilities in Canada are discussed.

### **Data and methods**

This article uses a mixed-methods comparative approach to analyse mechanisms for the social participation of persons with disabilities with an emphasis on their work and employment integration. It first compares policies for working-age (15-64-year-old) persons with disabilities in Canada using quantitative methods.<sup>1</sup> Elements considered include the type of assistance provided, freedom

TABLE 1. Typology of Disability Measures

	Assistance	Insurance
<b>Financial</b>	Substantive	Indemnity
<b>Medical</b>	Health	Rehabilitation
<b>Environmental</b>	Integration	Reintegration

of choice in service delivery and eligibility criteria. Specific focus is given to the mode of policy provision (services versus financial benefits).

Data for each province and the federal government were compiled from official government websites and reports. This includes policy descriptions, objectives, and eligibility criteria. As explained below, the information from these websites was gathered and classified into different policy types. The measures included in this analysis are those affecting the working population, both policies directly addressing employment and other policies involving access to healthcare, homecare and transportation that affect work integration less directly. The objective is to create an analytical portrait of measures that directly and indirectly affect work and employment integration in Canada.

Policies are first analysed by determining the mode of policy provision by separating measures that provide money from those that provide services.<sup>2</sup> This acts as a proxy for direct funding, with financial benefits potentially allowing for a greater possibility of user participation. The objective being to analyse how policies are provided and the degree to which Canadians with disabilities are responsible for their service provision. In addition to distinguishing between the mode of policy provision, disability policies are analysed using the systematic model developed by Fougeyrollas' typology in which personal habits, personal factors and environmental factors are considered key elements affecting social participation (2010; Fougeyrollas et al., 2019).<sup>3</sup> This model allows the authors to determine how government measures interact with these three factors to affect workforce participation. In this second step, the authors also adopt Boucher et al.'s typology that distinguishes between coverage as assistance or insurance-based and between different types of aid provided, be it financial, medical or environmental (2018). This leads to a six-fold classification, visible in Table 1.

The underlying objective within this model is not to consider disability according to a medical lens, but as a social construct resulting from the interaction between an individual's personal characteristics and their physical or social context. This relationship, defined in terms of obstacles or opportunities, determines an individual's level of social and work participation. In this perspective, disability policies, including services, are part of the socio-political environment and the manner in which they function has a significant impact on the social participation of persons with disabilities (Fougeyrollas et al., 2019). This

approach to disability policy presents similarities with the World Health Organisation's International Classification of Functioning, Disability and Health. In particular, the interactionist approach and the role environmental factors have within the disablement process. Finally, the proposed approach is different from what is usually named the social model of disability: whereby disability is caused by social organisations failing to consider the reality of persons with disabilities.

Assistance measures are financed through public funds, are available to the entire population, and do not consider the cause of disability. Insurance-based measures rely on participation, usually in the form of contributions, and can be public or privately financed. There are three subtypes of each of these measures – however, the analysis is limited to assistance measures.

Because income assistance policies are policies of last resort and healthcare is universal in Canada, this choice removes all insurance-based policies that require contributions, may consider the cause of disability, and may lead to legal action. It also removes private sector support services, which are weak in Canada and vary considerably between the provinces. Assistance measures, therefore, represent the basic safety net for individuals with disabilities in Canada. In limiting the policies analysed to assistance measures, the objective is to provide a detailed portrait and comparison of the types of benefits to which Canadians with disabilities have access and how this aspect of the social safety net varies across the country. This choice allows the authors to better understand the variation found within this federal welfare state and facilitates the comparison between provinces and territories.

The three subtypes of assistance measures are: substantive, health, and integration measures. Substantive measures provide for basic economic needs and tax relief. These measures are varied and include accessibility measures such as reimbursement policies for individuals with disabilities that customise their personal vehicles. They also include job supports and subsidies that aim to increase the number of people with disabilities in employment. Health measures cover basic health needs, an example being medical supplies and individual medical assistance. Integration measures affect the individual's environment with the objective of social and work integration. The most common type of policies found in this category are income support and general tax credits that apply to persons with disabilities.

### **Disability policy in federal Canada**

Aptly described as a patchwork, disability policies in Canada have been modified over time according to concurrent definitions of and approaches to the notion of disability (Prince, 2009). Contrary to other federated liberal welfare states like

Australia, “there is no explicit national disability legislation in Canada” and both levels of government have legislated on the issue (McCull et al., 2017, 9).

In Canada, although the division of powers is clearly defined in the constitution, programs affecting people with disabilities fall under both federal and provincial jurisdiction. The federal government has the exclusive right to legislate employment insurance and old-age security whereas the provincial and territorial governments are responsible for health care services, education, training, social assistance, and social services. Given the significant role assigned to the provinces, levels of access and support policies for persons with disabilities are different across the country. Although recent efforts to collate databases on expenditures and caseloads in this country have been made (Finlay et al., 2020), these characteristics make collecting precise data on disability policy in Canada difficult.

Since the 1980s, the federal government has coordinated disability policy through various funding initiatives and reports. This has not, however, led to a coherent national policy. Recent federal legislation, namely the Accessible Canada Act, continues a rights-based approach to disability in Canada but does not create a national policy framework or necessarily increase support. Furthermore, despite the straightforward nature of Canadian federalism, labour market policy remains a grey area, as it includes elements of employment insurance, employment services and social assistance that span both federal and provincial jurisdictions. The federal government also uses funding to influence policies outside its jurisdiction. An example of this is conditional cost-sharing through the Canada Assistance Plan. This mechanism was replaced by block funding with the Canadian Health and Social Transfer between 1996-2005 and later divided in two transfers, the Canada Health Transfer (CHT) and Canada Social Transfer (CST), that provide equal per capita financial support to the provinces. Whereas the CHT is self-explanatory, the CST covers post-secondary education, social assistance and social services, early childhood development, and early learning and childcare.

Since 1999, the administration of federal funding is structured by the Social Union Framework Agreement which frames principles of cooperation for the creation and design of pan-Canadian social programs. In this way, the federal government also continues to influence social policy through bilateral cost-sharing agreements. It negotiates framework agreements to guide cooperation on social issues between levels of government and promote accountability through reporting on outcomes.

Specific to employment policy for persons with disabilities, the federal government previously allocated funding through Labour Market Agreements for Persons with Disabilities (LMAPD). These bilateral cost-sharing agreements encourage economic self-sufficiency through employment. They provide unconditional per capita funding and are renegotiated when they expire. These

agreements have been described as a means for facilitating linkages between persons with a disability and other members of society, especially local employers (Torjman, 2014). While framework agreements allow the federal government to participate in the elaboration of social policy, scholars argue these agreements, including LMAPD, suffer from inertia (Graefe and Levesque, 2010). In 2018, LMAPD expired, and Workforce Development Agreements were reached. These new agreements consolidate disability funding with funding for other individuals to enter and remain in employment and include specific amounts for persons with disabilities. The federal government's participation in this policy area is thus mainly through taxation and federal funding to the provinces.

Canada's lack of a coherent national disability policy means that protection varies across the country and between citizens with disabilities. As Torjman argues, this can create poverty traps for Canadians with disabilities (2017). Coverage conditions and rates also differ between the provinces. Quebec, for example, has created a client-centred and individualised approach related to its distinct social model (Boucher, 2005; Bourque, 2000). Eligibility criteria also vary. For instance, although no medical assessment is required to access Alberta's Assured Income for the Severely Handicapped, most provinces require proof of a disability for similar programs.

A final development of interest is the adoption of poverty reduction strategies. Like many other countries, governments in Canada have adopted these strategies as a new way of addressing the issue (Notten and Laforest, 2016). While their efficacy is openly debated (see for example Plante, 2019), these policies now exist at the federal level and in each province and provide broad policy orientations and frameworks for stakeholder participation.

### **Provincial and territorial clusters**

Because of Canada's federal structure, expectations are for the mode of policy provision and the types of measures offered to vary considerably across the country. Analysis indicates that the federal government acts on disability policy primarily through fiscal measures and funding to the provinces. As the 15 federal government measures analysed in this article represent tax credits and deductions, they all affect individual finances by helping them recoup costs related to disability.<sup>4</sup> In contrast, provincial and territorial measures include a wider array of interventions such as income and employment support, health services, and tax credits and exemptions. These are discussed below.

A total of 151 provincial and territorial measures are analysed. As Figure 1 which displays the percentage of policies by mode of provision shows, a majority of provincial and territorial governments (9/13) provide money rather than services. The most extreme example of this is Quebec, where most of the measures analysed provide money to individuals. A hierarchical analysis on policy

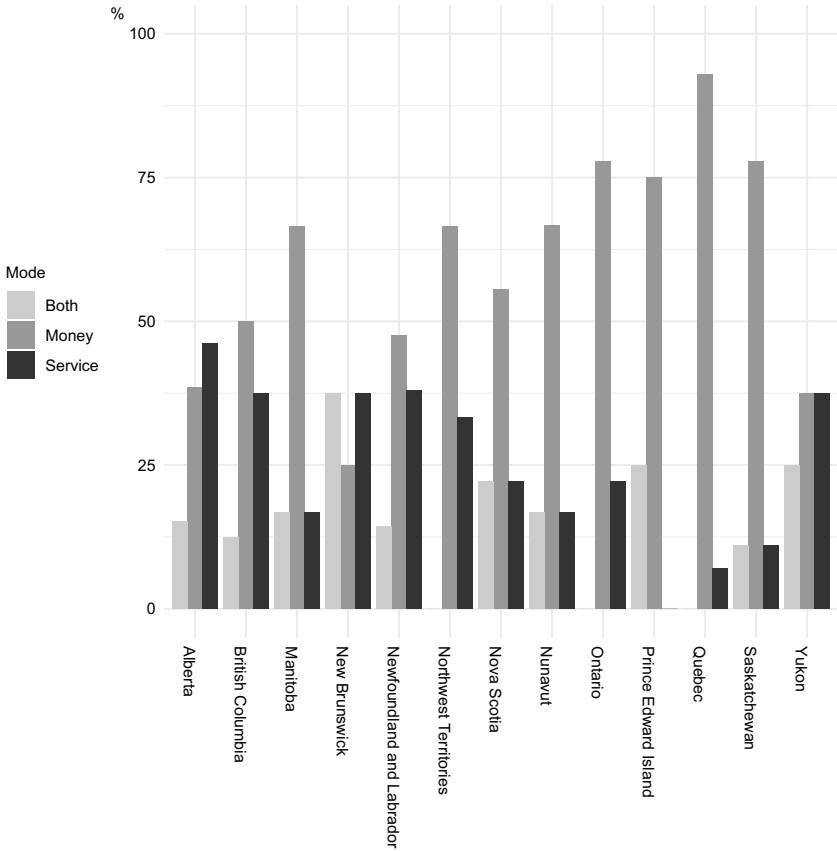


Figure 1. Policy Provision by Province.

provision was performed using the percentage of total measures and mode of provision by provinces and territories. Agglomerative clustering was chosen because this method is better for identifying small clusters than divisive hierarchical clustering. The optimal number of clusters was determined using the elbow method (Kodinariya and Makwana, 2013).<sup>5</sup> The cluster analysis distinguishes two clusters: governments that principally give money (Manitoba, Northwest Territories, Nunavut, Ontario, Prince Edward Island, Quebec, and Saskatchewan) and those that are more balanced between money and services (Alberta, British Columbia, New Brunswick, Nova Scotia, Newfoundland and Labrador and the Yukon).

As Figure 2 of the percentage of measure type shows, measure type is mixed. Overall, of the measures classified, 60/151 are integration measures. These affect the individual’s environment intending to lead to social and professional integration. Common examples are subsidies to retrofit personal vehicles and



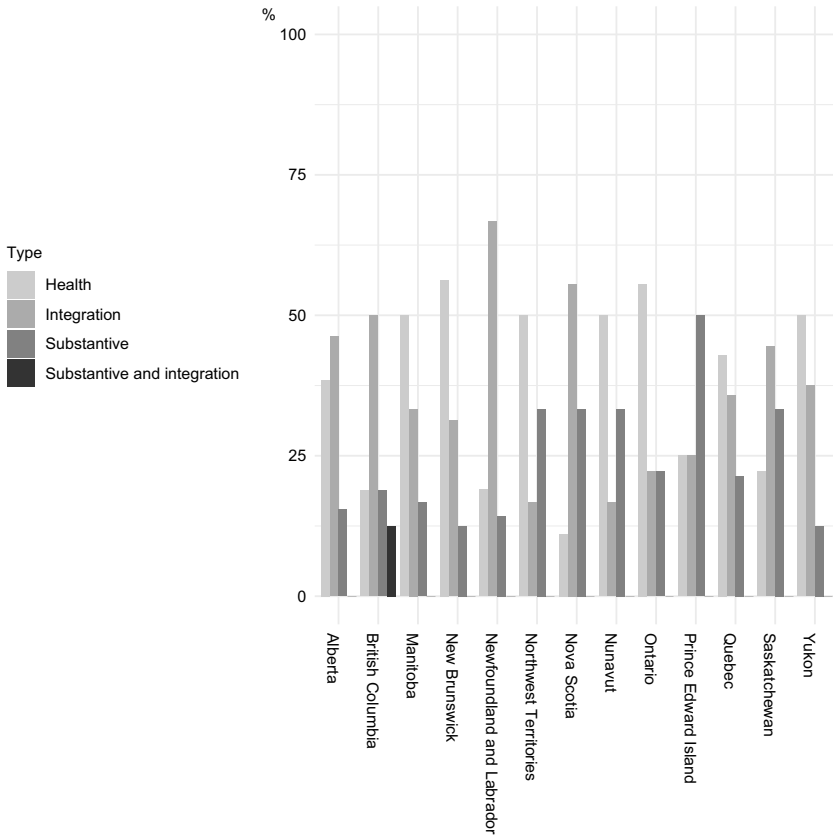


Figure 2. Policy Type by Province.

improve access to public transportation. This type also includes employment programmes that target both employees and employers. The second most common type, involving 54/151, are health measures. These measures cover basic health needs (services and materials) like partially covering the costs or medication or prosthetics. Finally, 34/151 are substantive measures, which provide basic economic needs and tax relief. These prove far less popular in Canada. Two policies in the sample are a hybrid of substantive and integration measures.

The policy portrait is different when each government is analysed individually. This shows that health measures are the most popular as an overall proportion of measures within the provinces and territories. They account for over half the measures provided in six provinces. This is followed by integration measures and substantive measures. As Figure 2 shows, all the provinces (except Prince Edward Island) provide mainly health and integration measures. This trend is remarkably different from the federal level. Although not visible in the figure, substantive measures account for over half (62.5%) of federal policies.

Once measure type is included in a hierarchical analysis, three clusters can be distinguished. Measures for each government were standardized as a percentage of total measure type and policy provision. To better situate these differences, groups of provinces were then determined using agglomerative hierarchical clustering. Agglomerative clustering using Ward's method identified the strongest clusters.<sup>6</sup>

This analysis confirms the above observations. The primary difference between the provinces is the mode of policy provision. That is to say, whether disability measures provide money or services. The second distinction is the emphasis on measure type, with two clusters showing preferences for either health or integration measures. Taken together, these differences lead to three clusters. The first cluster is the largest both in the number of provinces and the percentage of the Canadian population involved. It consists of Manitoba, the Northwest Territories, Ontario, Prince Edward Island, Saskatchewan, and Quebec. Disability policies in these provinces tend to emphasize money for policy provision and most of the provinces in this cluster (except for Prince Edward Island and Saskatchewan) skew towards health-type measures over integration and substantive measures.

In the second cluster, policy provision is similar in that it also tends towards monetary provision, but to a lesser degree. The provinces in this cluster – British Columbia, Newfoundland and Labrador and Nova Scotia – also show a clear preference for integration-type measures.

The third cluster is the smallest and includes Alberta, New Brunswick, and the Yukon. These provinces provide the most services relative to the rest. However, they do not share a clear preference for measure type which is more evenly distributed between health and integration measures.

### **Provincial strategies**

Whereas all provinces and territories have assistance policies for persons with disabilities, overall provincial and territorial strategies vary. To provide more context to this variance, this section analyses strategies for persons with disabilities in four provinces: British Columbia (BC), Newfoundland and Labrador, Ontario, and Quebec.

These provinces, which are part of the SSHRC-funded analysis of the future of work disability policy in Canada, represent governments from the two largest clusters from the hierarchical analysis. BC and Newfoundland and Labrador provide both money and integration measures which are meant to affect the individual's environment with the objective of leading to social and professional integration. Ontario and Quebec belong to the first cluster which also provides money to beneficiaries but emphasizes health measures for basic health needs.

The adoption of poverty and disability strategies is part of a broader international trend toward poverty reduction strategies that has gained speed in Canada since the 2007-08 financial crisis (Brown, 2011; Notten and Laforest, 2016). Emphasis is given to a historical perspective and an analysis of the most recent strategies in each province.

### **British Columbia**

Qualitative analysis of the content of poverty strategies indicates British Columbian governments have adopted a holistic stance towards disability policy. Unlike other provinces, the emphasis is not on employment; and measures aim to ensure social integration as well as professional integration.

While keeping the same name, British Columbia's income assistance program, BC Employment and Assistance (BCEA), has changed since its adoption in 2002. Today, persons with disabilities must apply for BCEA's Disability Assistance (DA).<sup>7</sup> Although this program includes work incentives and provisions to discourage individuals from remaining on assistance, there are earnings and work-search exceptions for those on DA that other BCEA recipients cannot access. Despite this, as in other provinces, caseloads for persons with disabilities have increased dramatically, and this became a priority in the early 2010s (Pulkingham, 2015).

Contrary to the other provinces in this analysis, British Columbia was late in developing its poverty reduction strategy, adopting *TogetherBC* in 2018. Among its "foundational elements", the strategy commits to increasing income assistance rates for persons with disabilities. While this province has not always had holistic poverty strategies, it has adopted strategies specifically geared towards persons with disabilities in the past.

This approach began with the Liberal provincial government when it had a consultation process and published the *Increasing Accessibility for Persons with a Disability* report in 2013. This was immediately followed by *Accessibility 2024*, in 2014. This document outlines 12 objectives or "building blocks" (the same ones highlighted in the 2013 report) to increase accessibility for persons with disabilities. Contrary to Quebec and Ontario, much less emphasis is given to employment. The building block on employment does, however, announce investments to WorkBC, training pilot programs, and assistive technologies. Despite the change in government in 2017 to the left-leaning New Democratic Party, no new strategies have been announced since the New Democratic Party has come to power. Instead, *Accessibility 2024* has continued, as have its progress reports.

### Newfoundland and Labrador

Newfoundland and Labrador also belongs to the provincial cluster that emphasizes monetary service provision and integration measures. Despite this similarity with BC, there are significant differences.

Whereas the other provinces analysed have separate programs for persons with disabilities, Newfoundland and Labrador's Income Support program instead includes special allowances for them. Like others, this province has long had work incentives. However, changes in the 2000s, following community consultations, have tempered these trends towards work incentives (Mondou, 2015). In 2006, the province adopted a poverty reduction strategy, *Reducing Poverty: An Action Plan for Newfoundland and Labrador*, which included changes to disability policy (Bornstein et al., 2019, 12). Studies of the 2006 poverty reduction strategy indicate that income supports are not work-related and there are few work disincentives for persons with disabilities (Brown, 2011).

Adopted under the previous Progressive Conservative government in 2012, *Access. Inclusion. Equality.* is Newfoundland's most recent strategy for persons with disabilities. The Liberal government that has since come to power in this province appears to have maintained the strategy. Like its 2006 poverty reduction strategy, Newfoundland and Labrador does not emphasize employment, instead opting for a broader strategy. This strategy also does not affect the existing policy framework and instead presents objectives to be fulfilled under the existing framework.

Indeed, as in the BC strategy, Newfoundland's strategy for persons with disabilities is not limited to employment. Rather it focuses on inclusion more generally by reducing barriers to social participation – with employment being one theme among many. The strategy has the objective of increasing the number of disabled people in the workforce. This includes modifying financial or service supports.

### Ontario

Ontario belongs to the first cluster of provinces that emphasize monetary service provision and health measures. Analysis shows there has been little change to the structure of welfare policy delivery in Ontario since workfare reforms were adopted by a Progressive Conservative government in 1997 (Herd et al., 2005; Graefe, 2015). This system is characterized by low benefit levels and stringent conditions even for individuals with long-term disabilities qualifying for the Ontario Disability Support Program (ODSP). While the structure of income assistance in Ontario hasn't changed, there have been strategic changes with incoming Liberal governments adopting two poverty reduction strategies in 2008 and 2014.

Specific to disability policy, the Liberal government adopted *Access Talent* in 2017. In this strategy, emphasis is placed on making sure those with disabilities are in employment. As with other provinces, this strategy addresses expected labour market shortages. Information, tighter regulation and encouraging employers to hire disabled individuals are key aspects of the strategy. Individual service provision and starting early to transition youth with disabilities into education and employment are also key pillars.

In 2018, as part of a broad reform effort involving cost reduction to social assistance, the Progressive Conservative government announced it would modify the Ontario Disability Supports Program. One reason for this may be the well-documented rise in ODSP caseloads (Stapleton, 2013; Graefe, 2015) which increased by 65% between 2003 and 2014 (Kerr et al., 2019, 22). Although legislation is yet to be adopted, government communications explain the objective of streamlining ODSP into financial supports for the severely disabled. They also mention changing the definition of disability and creating make work pay scenarios in which individuals can earn more income before clawbacks occur. Until new legislation is adopted, it remains unknown what these changes, especially the redefinition of disabled and targeting the “severely” disabled, mean. What is clear is that the work-orientation adopted in Ontario since the mid-to-late 1980s continues.

### Quebec

Existing research indicates that the development of Quebec’s distinct social model in the 1960s-80s coincided with a trend toward an emphasis on social integration within disability policy found in other Western democracies such as Great Britain, the United States and France (Boucher, 2005, 148). Quebec’s social integration model is client-centred and individualised with service provision generally being provided by healthcare professionals. This can, in large part, be explained by the role coalitions of civil actors, like parents’ associations and associations of persons with disabilities, played in demanding services and promoting disability policy in the province (Boucher, 2005; Fougeyrollas et al., 2018). Like similar social movements across the globe, these groups reframed disability as a socially constructed issue rather than a personal tragedy (Drieger, 1989). This reframing of the issue allowed them to fight for specific policies within Quebec’s distinct social model and to be included in public consultations on these issues, including on poverty and employment.

Quebec governments have continued to adopt social and labour market policies for persons with disabilities. However, these policies have not yielded the expected results. For example, despite persons with disabilities being included in Quebec’s *Act Respecting Equal Access to Employment in Public Bodies* since 2005, their representation as employees in public institutions

was only 1% in 2019 (CDPDJ, 2020, 27). This is well below the target of 4.6%. Furthermore, poverty among persons with disabilities remains high despite the province repeatedly revising its poverty reduction strategy, including specific measures for persons with disabilities since the early 2000s (Archambault, 2013; Vaillancourt and Aubry, 2014).

In this context, the conservative *Coalition Avenir Quebec* government adopted its most recent employment strategy for people with disabilities in 2019. While the province has a long history of poverty reduction strategies dating back to 2002, this is only the second such strategy specifically targeting people living with disabilities. The first employment strategy for people with disabilities was adopted by a Liberal government for the 2008–2013 period. Both employment strategies for people with disabilities envision work as a means of social inclusion and poverty reduction. The most recent strategy directly addresses the issue of a need for workers in a context of full employment and large-scale retirements. The policies outlined continue a trend in which Quebec governments have progressively adopted policies to move those furthest from the labour market into employment, including individuals with disabilities. This effort includes the wage subsidies *Programme de subventions aux entreprises adaptées* (PSEA) and *Contrat integration travail* (CIT). Other policies include the *Prime au travail adaptée* and *Supplément du Prime au travail*, refundable tax credits for individuals with severe constraints limiting their ability to work. Under the new strategy, funding was increased for several programs, including wage subsidies.

The latest strategy emphasizes the guiding principles of support for individual decision-making (evoking notions related to direct funding), empowerment and mutual obligations. The mutual obligations aspect also puts the onus on employers, unions, and service providers. Particularly, employers are encouraged to adopt better practices and review their hiring and human resource procedures, especially in the context of full employment. The strategy also argues in favour of greater coordination among ministries – specifically, health and social services, employment, and education. Nonetheless, previous analyses have found that these strategies also include work disincentives as they do not encourage part-time work, limit the amount an individual can earn per month, and prohibit certain programs from being combined (Archambault, 2013).

## Discussion

Hierarchical cluster analysis reveals that, in ten of the 14 governments in Canada, the mode of policy provision primarily takes the form of money rather than services. This provides evidence that Canadian governments do appear to subscribe to elements of direct funding. However, more research is necessary to determine to what degree this idea has been adopted in Canada and to what

extent, if any, it pertains to increasing individual autonomy and choice. The federal and Quebec governments are the most extreme examples of provision via money. For the federal government, this can be partially explained by the division of powers in Canada. Regarding Quebec, the explanation appears to be the province's stronger consumer orientation and a history of activation policies.

The second hierarchical cluster analysis reveals that provinces and territories that mainly provide money can be further subdivided: into those that prioritize health and those that provide integration-type measures. A third, smaller, cluster of provinces can also be distinguished that mainly provide services and a mix of types of measures to their citizens. The pattern is much different at the federal level where the measures provided are mainly substantive. Once again, this makes sense as this level of government mainly acts on this issue through cost-sharing agreements with the provinces and fiscal measures. When measures targeting individuals are analysed, we find the federal government mainly provides tax credits to Canadians with disabilities.

Nonetheless, this mode of policy provision may not be efficient for all Canadians with disabilities. For instance, many federal tax credits are non-refundable and persons with disabilities often do not have sufficient work experience or earnings to benefit from these measures. As refundable tax credits can be used to cover additional costs related to disability, certain advocacy groups for people with disabilities have demanded access to these measures (COPHAN, 2018). The issue of additional costs is important as it may impact the quality of social participation for persons with disabilities, contribute to increasing their economic difficulties and their presence in the labour force. In fact, these issues should be better discussed in poverty reduction and disability strategy policy circles. Of interest is the discussion by Stienstra and Lee (2019) on work poverty and the impact that additional costs related to disability can have on an individual's financial situation. These scholars argue particular emphasis should be placed on shifting the focus from the individual towards the development of an inclusive labour market, thus reducing the burden on their shoulders. The Convention on the Rights of Persons with Disabilities (United Nations, 2006), which entered into force in 2008, supports this type of approach. Among other things, it emphasizes the importance of transforming one's environment and offering people support to ensure the full exercise of human rights on an equal footing with their fellow citizens without disabilities. In this vein, the Quebec government's (2019) recent employment strategy targeting persons with disabilities presents interesting proposals to support employment integration. The proposed measures target employers as well as persons with disabilities and present an interesting interface between these work-oriented policies and those supporting persons with disabilities in their daily life as described in this paper.

Finally, poverty reduction and disability policies within the four provinces analysed help contextualise these findings. British Columbia and Newfoundland

and Labrador have more global strategies in which work is one priority among many, whereas both Ontario and Quebec emphasize disability strategies focused on work.

Findings indicate that BC and Newfoundland and Labrador, which do not emphasize monetary provision to the same degree and favour integration measures, have far fewer comprehensive employment policies for people with disabilities. This does not mean these provinces do not have work incentives but that these are less developed and the strategies for people with disabilities highlight other aspects of integration such as inclusion and individual development. This means that, while integration measures are emphasized, these provinces have more evenly balanced social integration and employment integration.

Ontario and Quebec, which have been found to emphasize health measures in their cluster, also share work-oriented disability strategies. Ontario is the most workfare-oriented disability policy with low-benefits, stringent conditions, and the promise of reforms under the Progressive Conservative provincial government. Quebec's newest strategy maintains its long-existing stance demanding that individuals with disabilities join the labour market. However, this latest strategy also argues that employers have a large role in this issue. This may be related to the important role social partners and community actors historically play in social policy governance in Quebec. Furthermore, Quebec adopted a minimum income scheme for individuals with severe employment constraints in 2018 (*Assemblée nationale* 2018). This law affects individuals who are already on social assistance and is meant to increase financial assistance provided to them by 2023 to reach the minimum income level which has been set at over 18,000\$. In 2018, social assistance was set at \$12,500 for a single person. The objective of the law is to increase well-being and social integration, and not job market prospects. Nonetheless, it is important to underline that this financial assistance will not be reduced if the person with disabilities receives money from other sources.

Finally, it must be acknowledged that policy provision in the form of monetary compensation as well as work-oriented strategies such as those found in Ontario and Quebec do not necessarily indicate more autonomy or services for persons with disabilities. A recent analysis of general activation policy trends in Quebec shows that, while maintaining its overall model, this province has reduced spending and increased conditions since the 1990s (Dinan and Noël, 2020). Analyses of activation programs in other provinces have also shown that there is an alignment with the more punitive workfare model (Daigneault, 2015). Although these analyses are not specific to persons with disabilities, this is the context in which Canadian provinces are modifying social and labour market policies. These trends signal that further research is necessary to understand the effects direct-funding policies are having on Canadians with



disabilities and whether they are associated with spending reductions and increased conditionality.

Related to this is the question of what effect these policies may be having on employment. Despite the varying strategies found across Canada, estimates by Statistics Canada show very similar probabilities of being employed in these provinces (Turcotte, 2014, 5). In 2011, persons with disabilities in Quebec and Newfoundland and Labrador are the least likely to be employed at 41.1 and 41.4% respectively, whereas the likelihood for individuals in Ontario is estimated to be 46.3% and 50.7% BC. Thus, poverty reduction strategies aside, performance in this aspect of employment policy remains low and in-line with the national average of 49% for that year. Where these provinces do vary is the predicted probability of a worker with disabilities still being employed a year later. Here Ontario performs much better, BC and Quebec are in the middle, and Newfoundland and Labrador is last. Unfortunately, more recent statistics – which would coincide with the disability strategies discussed here – do not present employment rates by province (Morris et al., 2018).

### **Conclusion**

This analysis of assistance-type disability policies across Canada indicates that monetary service provision predominates across the country, with only a few provinces and territories providing a high proportion of services. Furthermore, this country emphasizes measures that affect individual's environments with the objective of leading to social and professional integration as well as policies to provide basic health needs. The portrait is different at the federal level, where economic needs and tax relief appear to be the policy priority. This research is the first step in better understanding the patchwork that characterizes disability policy in Canada.

Future research should analyse the mode of provision and measure type for insurance policies across Canada. This would provide a deeper understanding of the variety of measures citizens can access, and further highlight variation within the country. Additional research should also determine the exact nature of policy provision and the policy ideas behind these changes. Finally, this research should examine the impact these policies have on beneficiary's social participation in terms of quality and supporting roles they can play on a daily basis.

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## Competing interests

The author(s) declare none.

## Notes

- 1 This analysis excludes data from Indigenous governments in Canada and therefore does not include the experience of Indigenous Canadians living in recognized First Nations communities. Research has shown this context to be of importance in explaining different policy experiences (Stienstra, 2018).
- 2 Although this distinction may be subdivided to include whether the individual may choose the service provider or not, it has not been included due to the small within-province sample size.
- 3 Human Development Model and Disability Creation Process.
- 4 Despite the potential of overlapping between categories, policies are classified according to their intended impact. For instance, federal tax credits for medical expenses primarily seek to ensure individuals can pay for medical expenses.
- 5 This method determines the optimal number of clusters visually by analysing within-cluster variance.
- 6 This approach minimizes within-cluster variance (Murtagh & Legendre, 2014).
- 7 Two broad categories for persons with disabilities exist in BC: Persons with Disabilities and Persistent Multiple Barriers to Employment. The former targets adults with long-term disabilities and the latter targets individuals with medium-term disabilities and consistently benefitting from social assistance.

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