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# Cypress Hills Ability Centres, Inc. Exploring Alternatives

A Research Report

Maria Basualdo  
Chipo Kangayi

**A research report prepared for the Northern Ontario, Manitoba,  
and Saskatchewan Regional Node of the Social Economy Suite**

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Entreprises sociales  
économies intelligentes  
et communautés durables



CYPRESS HILLS ABILITY CENTRES, INC.:  
EXPLORING ALTERNATIVES



We acknowledge with gratitude the contributions made to this project  
by our community partner, the Cypress Hills Ability Centres, Inc.  
Without the participation of its staff, management, and clients,  
this research would not have been possible.



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or the Social Sciences and Humanities Research Council of Canada.

Further acknowledgements are found on page vii.

# CYPRESS HILLS ABILITY CENTRES, INC.: EXPLORING ALTERNATIVES

A RESEARCH REPORT

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## EXECUTIVE SUMMARY

**I**<sup>N</sup> MAY 2007, as a result of a board/management annual strategic planning meeting, Cypress Hills Ability Centres, Inc. (CHACI), a nonprofit organisation in Shaunavon, envisioned the need to expand the services it offers to persons with developmental disabilities, as well as to cater even further for the unmet needs of persons with one or multiple disabilities in Shaunavon and surrounding area. Geographically, the town of Shaunavon is a central place to the smaller communities in the southwest region of Saskatchewan. CHACI's proposed service expansion would help serve persons with cross disabilities in Shaunavon and surrounding areas who are either not receiving services or travelling to Saskatoon to receive them. It was thus important to identify these people and determine their needs, along with industry trends regarding options for vocational training, as well as to examine CHACI's capacity to expand. The goal was to identify and fill gap(s) in service rather than duplicate a service already operating successfully elsewhere. This report presents the detailed findings of the research along with recommendations, study limitations, and the identification of potential public policy implications.

### **Research Approach**

CHACI engaged the Community-University Institute for Social Research (CUISR) to undertake a feasibility study on the possibility of expanding its services and programs to the southwest region of Saskatchewan. A team of CUISR researchers consulted with CHACI management and, together, they designed the protocols for undertaking the study. Using a participatory action research approach, the research team developed an understanding of the operations at Cypress Hills Ability Centres Inc. by:

- identifying the characteristics of the clients that the organisation is currently serving

- determining the awareness of and experiences with CHACI services through focus groups, as well as exploring the potential options for expanding services and funding options; the focus group discussions and interviews consisted of people with disabilities participating in CHACI programs, family member(s), guardian(s), CHACI staff and management, social services, employment councillors, NGOs, government representatives, business people, Cypress Hills Regional College, other schools, persons with disabilities not in CHACI, family members, and representatives from other disability groups

The study also reviewed secondary data sources for trends and numbers of people with disabilities in Shaunavon and surrounding communities to map the type and location of possible clientele that CHACI could serve. Due to the unavailability of actual past and present data on the population with disabilities in the southwest region, however, the research team was limited to secondary data analysis. Therefore the calculations for possible clientele are based on estimates from the 2006 Statistics Canada Participation and Activity Limitation Survey (PALS) data.

### **Findings**

- A greater proportion of people with disabilities are found in urban areas due to better program and service endowments compared to rural areas. However, there are still people in rural areas who may not be accessing much-needed disability services.
- Interviews with community organisations revealed that there was a need for greater collaboration to provide services and avoid duplication. In addition, the collaboration was perceived as an opportunity for economic development.
- The focus groups identified several themes relating to CHACI's services:
  - ◆ Program and service delivery — Services provided by CHACI fill a big gap in the geographical area and improve quality of life for its clients. There was some concern about the communication protocols with regard to programming decisions. In addition, there was also a feeling that individualised programming options should be explored further.
  - ◆ There is a need for more collaboration between community organisations and government programs (Personal Program Plan) for people with disabilities age sixteen to twenty-one transitioning out of the educational system.
  - ◆ There are additional service gaps such as lack of support systems for clients who decide to have families, and no services for persons with disabilities unrelated to developmental/intellectual disabilities.

- ◆ CHACI experiences some human resources issues such as ensuring competitive wages, and there are additional service gaps relating to other community stakeholders.
- ◆ Funding limitations — There is a need to explore alternative/additional funding initiatives between CHACI and other service providers.

## Recommendations

### *For CHACI*

- Develop programs that are responsive to client needs.
- Strengthen CHACI's partnerships with local health services and businesses (e.g., oil companies) to access additional funding so that services can be expanded beyond the definition of persons with developmental disabilities.
- Create strong communication linkages among
  - ◆ internal staff, management, and parents/guardians/caregivers, and
  - ◆ CHACI and external agencies.
- Create more community awareness of CHACI's services and programs through newsletters, an updated website, and advertisements in the local newspaper.
- Create an information/support centre to provide parents with information (there was mention of a similar service in Swift Current; parents/guardians said it would be of great help if provided in Shaunavon).
- Develop long-term strategies and collaboration among CHACI, the Community Living Division (CLD), and the school division to smooth the transition from school to CHACI (participants suggest planning at least three years prior to transition).
- Look at the appropriateness of the infrastructure vis-a-vis the type of programs CHACI wishes to embark upon, e.g., wheelchair access.
- Develop more partnerships for the work-readiness-program clients and contribute to the economic development of the smaller communities.

### *For Policy Makers*

- Collect information on demographics of persons with cross/multiple disabilities at a sub-provincial level in a more systematic way.
- Combine efforts and funds from different government agencies (CLD, social services, health regions, education, service providers) in order to facilitate the development of

individual plans tailored for each person and his/her needs. Transitions should be smooth to ensure that clients' services and programs are minimally impacted.

- There should be greater co-ordination between SaskLearning's Personal Program Plan and other plans such as that offered by the Cognitive Disability Strategy.
- Funds should follow the person transitioning from one sector to another.
- Have realistic expectations for service providers, who work with a limited fiscal capacity. Obligations should be accompanied with appropriate funding.
- Allocate government funding to ensure competitive salaries for staff running the programs, which may address issues of personal mobility faced by service providers who cannot offer competitive salaries.

### **Areas for Further Research**

It would be useful for researchers to collect regional demographic information to determine where and how best to deliver services. They should also identify models of collaboration between community organisations and government for potential application to organisations such as CHACI.

CHACI is to be commended for taking the initial steps towards planning for the future of persons with disabilities, and we hope the organisation will obtain adequate support from the government and other stakeholders identified in this report. The findings suggest that there is potential for the Cypress Hills Ability Centres, Inc. to expand and enhance its services to better address the needs of persons with cross/multiple disabilities. This can be achieved through enhancing its human resources assets and its infrastructure, re-aligning its program, and strengthening and/or creating alliances with community partners.

## BACKGROUND

THE PARADIGMATIC SHIFT from a medical model to a social model of disability makes societies more aware of the need to treat persons with disabilities as full citizens, as well as to give them access to necessary services and programs. The medical model of disability associates the individual with deficiencies requiring agency-controlled services and/or separation from society (Lynch and Findlay 2007), whereas the social model acknowledges that the individual has a right to self-determination, community inclusion, and full citizenship within society (Lynch and Findlay 2007). Under the social model, training programs and services for persons with disabilities are continually evolving. The shift from the medical to the social model is clearly indicated in the Cypress Hills Ability Centres's strategic mission statement and its organisational objectives, which provide holistic support services for individuals with disabilities to develop as participatory citizens. CHACI's overall objectives promote *the new vision of "participatory citizenship" that aligns with the concept of the social model.*

CHACI has been providing services to Shaunavon and its surrounding areas since 1989 and wishes to expand these services to the entire southwest region of Saskatchewan. CHACI's expansion was envisioned during its strategic planning meeting, where board members and management recognized the need to increase services to people with disabilities. With the advantages of Shaunavon's central location in the southwest corner of the province, participants pictured an organisation that could be a regional leader in providing services to persons with disabilities in the area. CHACI's strategic mission to assist individuals with disabilities to become participatory citizens as well as its organisational objectives are indicative of its energy and determination to become a leader in providing services to persons with disabilities.

Seeking ways to streamline current services and programs as well as the viability of expanding, CHACI engaged the Community-University Institute for Social Research (CUISR) to undertake a feasibility study. This report maps potential clientele demographics, programs, and partnerships in areas where CHACI could expand its services. Results and recommendations from the report will allow CHACI to fine-tune its programs and services, map potential clientele, identify gaps and services in the region, as well as give it a basis to source more funding in order to offer enhanced, high quality programs and services to persons with disabilities in Shaunavon and surrounding area.

### **About Cypress Hills Ability Centres, Inc.**

The Cypress Hills Ability Centres, Inc. (CHACI), established in 1989, provides vocational and residential services to persons with developmental and/or multiple disabilities in Shaunavon and surrounding area. Its vocational day programs are designed to strengthen participants' pre-vocational (Activity Centre) and vocational (Workshop) skills. CHACI also assists the Saskatchewan Association of Rehabilitation Centres (SARC) in the administration and operation of a provincial beverage container recycling program, along with used paint and electronics recycling and paper shredding. CHACI's residential services (e.g., Houston House, Shaunavon Group Home) enable adults with intellectual and/or multiple disabilities live as independently as possible in a supportive family-like environment in the local community. CHACI also provides transit services to and from school, work, or medical appointments for persons with physical disabilities and/or a history of mental health issues.

CHACI is presently supported by thirty-five employees and provides services to twenty-six clients ranging from wheel-chair-bound individuals to high functional clients. The organisation provides services that are not normally available in smaller communities.

Past studies have shown that while the provinces are accepting the social model of disability, the majority of disability-related supports are offered by service providers whose funding determines the eligibility of the clients (Lynch and Findlay 2007). CHACI is no different. The bulk of its funding currently comes from social services through the Community Living Division, which mandates them to provide services to clients with intellectual disabilities who are twenty-one years of age and over. Secondary funding comes from Service Canada, Saskatchewan Lotteries, Saskatchewan Association of Rehabilitation Centres (SARCAN, Career and Employment Services), school divisions (Saskatchewan Learning) as well as

other miscellaneous donations from local business people, individual pledges, and fundraising efforts.

### **Disability in Context**

Over the last four decades, the definition of disability has undergone much debate and change. According to Pfeiffer (1999), authors have discussed many different possibilities and argued for the most encompassing description. While some put forward an individualist definition, others argue for the origins of disability outside the individual, that is, in the environment. Regardless of these differences, researchers seem to agree that the World Health Organisation's (WHO) definition is the "gold standard for defining disability." The International Classification of functioning, disability, and health (ICF) defines disability as a component of health rather than a consequence of disease, a determinant of health, or a risk factor. WHO (2001) further elaborates that disability is an umbrella term for "impairments, activity limitations or participation restrictions." According to the WHO's definition, disability is thus associated with health, not disease, and is manifested as impairments that place limitations on activity and restrictions on participation.

The Government of Canada's efforts at integrating services for people with disabilities have, for a number of years, been guided by the understanding that disability is not defined merely as the direct result of a health problem or any physical or mental limitation. Instead, it is seen as the result of complex interactions between a health problem or functional limitation and the social, political, cultural, economic, and physical environment. These, in combination with personal factors such as age, gender, and level of education, can result in a disadvantage — that is, a disability.

Although efforts to clarify the issue continue to be explored, several factors still inhibit people with disabilities from achieving full citizenship, including lack of inclusive services and programs and respective public policies streamlined for persons with disabilities. For instance, the Community Living Division's (CLD) main objective is to ensure physical, emotional, and social needs are met and that people with intellectual disabilities live and function as independently as possible within their own communities. Thus a person requires proof of an intellectual disability to access programming support from the CLD. According to one of the focus group participants, "Community Living Division programs used to be a lot looser ... but in the past couple of years clients need to prove they have an intellectual disability."



Yet, accessibility and disability supports are fundamental requirements for full participation, regardless of the type of disability a person has. If policies are not broad enough, there is a risk of excluding people. As noted above, CHACI's definition of disability follows the government funding criteria, thus its programs and services are not as inclusive as they want them to be. CHACI is making efforts to find more diverse sources of funds that could enable those who are presently excluded. We will discuss this in detail in the following sections.

## SCOPE AND PURPOSE

The specific study-level objectives were to:

1. Identify demographics for the southwest region of Saskatchewan to ascertain the potential clientele that CHACI could serve
2. Evaluate existing programs at CHACI and the potential for expansion, collaboration, and funding
  - a. Identify existing programs and services for persons with cross disabilities in Shaunavon and surrounding area to determine gaps in service and trends
  - b. Explore potential for collaboration with other service providers to persons with disabilities in Shaunavon and surrounding area
  - c. Explore funding potential for capacity building and sustainability at CHACI
3. Review external communications at CHACI to ensure they meet the needs of target audience(s)

## RESEARCH APPROACH

WITH THE INCREASED SOCIAL ACCEPTANCE of issues around disability, communities have begun to openly report cases of people seeking services for persons with disabilities. In Canada, the 2006 Participation and Activity Limitation Survey (PALS) data on disability reveals that activity has continued to progress along this continuum (Statistics Canada 2006). It is important, therefore, to identify these populations and determine their needs. Most researchers in this area, unfortunately, are lim-

ited by the availability of data. Although Canada is one of the few countries to have disability data stores, they are available only at the national, provincial, or regional level. Researchers on this study found no community-level data. As far as we know, this research is the first to map the demographics of persons with cross/multiple disabilities at a sub-provincial level.

Our preliminary step in addressing the research objectives was to conduct a secondary data review. This involved a combination of reviewing past literature and contacting various organisations that could collect statistics on persons living with disabilities in the southwest region of Saskatchewan. Due to the nature of the statistics and the size of the geographical regions under study, however, we were limited to using estimates from Statistics Canada's Participation and Activity Limitation Survey.

Next, we used a participatory research approach to guide the investigation and the collection of qualitative data. We gathered data through telephone interviews, focus group discussions, and personal interviews. CHACI management assisted the CUISR team in identifying the target population for focus groups and personal interviews. We sent letters of invitation (Appendices A1 and A2) to these participants before the meetings. We explained the purpose of the research, the statements of anonymity and confidentiality, and future steps to all participants, and then gave participants consent forms (Appendix B) to sign. The purpose of the interview questions was to gather information about what programs or services (if any) people felt could be added (or removed) to more effectively meet the needs of people with disabilities. We asked questions on topics such as personal goals, needs, and social supports, how people felt these needs were being met (or not met) at the Cypress Hills Ability Centres (see the conversation guide, Appendix C).

### **Secondary Data (PALS)**

The Participation and Activity Limitation Survey is a national Canadian survey that gathers information about adults and children whose daily activities are limited by a physical, mental, or other health-related condition or problem. We encountered the following limitations in our secondary data review:

- Demographic information on people with disabilities living in the southwest region of Saskatchewan was not available. Although some statistics are kept by the school board, the CLD, and the hospital, these numbers reflect only the caseload that currently passes through each of these systems, and hence were not useful for this study.

- The definition of disability makes the comparison between the available statistics (Statistics Canada and the actual numbers, especially those served under CHACI) difficult. Statistics Canada records information on disability based on who answers “yes” or “no” to the question of whether a member of a household has any form of disability. The data collected follows a *broad definition* of disability, while service providers such as CHACI need to follow the *specific definitions* (e.g., intellectual disability) required by funders.

### **Telephone Interviews**

We approached selected community groups to discuss disability issues as well as to get an understanding of how much support is currently available within the Cypress Hill Health Region and in communities surrounding Shaunavon. These organisations were the Office of Disability Issues, the Acquired Brain Injury Program, Cypress Hills Regional College, Shaunavon Hospital and Care Centre, Cypress Hills Regional Economic Development Authority, and the Community Living Division.

The purpose of these preliminary telephone interviews was to gain an understanding of the alternative services and programs in the region that could benefit CHACI through the creation of partnerships. We faxed letters of invitation to these community organisations and followed up with a fifteen to twenty minute telephone interview. We used a set of eight questions (Appendix C, section e) as a guideline for the discussions.

We conducted a second round of telephone interviews as a follow up with those participants who could not make it to the focus group or personal interviews but were interested in participating. We spoke mainly with CHACI staff, personnel from the Community Living Division, and the Shaunavon school division.

### **Focus Group Discussions**

The research team and CHACI identified the participants for the focus groups and sent them letters of invitation (Appendix A1) and sample interview questions (Appendix C). The focus group discussions were scheduled to be an hour long. Table 1 illustrates the breakdown of the participants, the expected number per group, and the actual turnout on the day.

**Table 1: Interview Target Groups**

Target Group	Persons with disabilities participating in CHACI programs	Family member(s), guardian(s), and support workers associated with CHACI recipients of services	CHACI staff and management	Social services, employment councillors, NGOs, gov't representatives, business people, Cypress Hills Regional College, other schools	Persons with disabilities not in CHACI, family members, representatives from other disability groups
Interview Target (n=)	10	10	15	10	5
Actual Surveyed	6	7	11	8	1

Although the conversations were dependent upon participant responses, we used semi-structured questions to guide the discussions as well as to enable the research team to capture important information required for the study. We informed participants that their responses would be reported as part of the aggregate of all the information we gathered.

Focus group participants formed the majority of those interviewed. According to Greenbaum (1998), participants in focus groups are brought together because they possess certain characteristics related to the subject under study. Group members can influence each other by responding to ideas and questions that may not otherwise be brought out in measuring the quality and impact of a current or potential program. We found the focus groups to be instrumental in evaluating the current programs and services at CHACI, as well as in obtaining an understanding of the gaps in services and possible programming changes that could help serve people with disabilities better.

### Personal Interviews

To seek more detailed information on potential alliances with CHACI, we conducted personal interviews with individuals from social services and the town administrator. We also planned to have interviews with nongovernmental organisations and other disability service providers from communities surrounding Shaunavon, but this was not possible because these smaller centres did not have any community-based organisations (CBOs). Our sample was thus limited to Swift Current and Shaunavon participants.

## FINDINGS

### Secondary Data Analysis

#### *Profile of the Southwest Region of Saskatchewan*

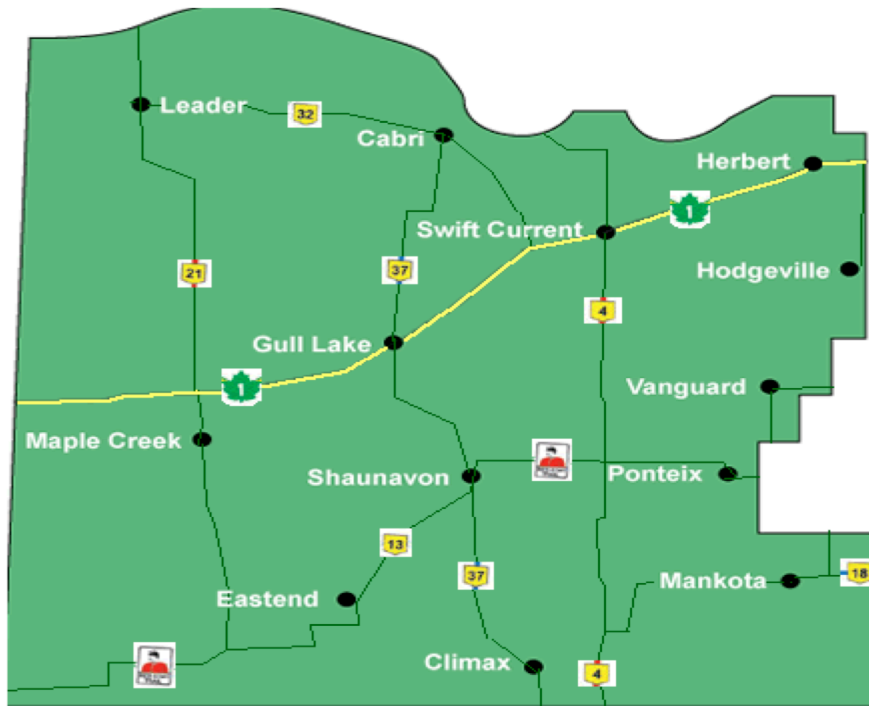
ONE OF THIS PROJECT'S MAIN OBJECTIVES was to provide CHACI with estimates of the potential pool of future clients living in the region. These statistics are essential for planning purposes as well as to determine if the services being provided to people with disabilities in the region are sufficient. Although we could not source actual statistics or migratory trends for persons living with specific disabilities in the southwest region, we used the 2001 and 2006 Statistics Canada PALS data to derive estimates. The data, therefore, must be interpreted with caution. See Appendix D for a foreword on the availability of sub-provincial disability data. If this data eventually becomes available, we hope that CHACI will be notified and the report will be updated accordingly.

#### *Demographics*

The southwest corner of Saskatchewan (Census Divisions 4 and 8)<sup>1</sup> illustrated in Figure 1 (facing page) shows the group of communities that CHACI serves/could serve. These communities make up part of the Cypress Hills Health Region.

Using the 2006 PALS disability figures, we drew estimates to determine the potential number of people with disabilities among the 37,637 people (see Table 3, page 10) in the communities shown in Figure 1. Perceptions of disability are fluid and ever changing as society evolves. The 2006 PALS data suggests that Canadians are becoming increasingly accepting of individuals reporting a disability. Although there is a greater proportion of people with disabilities in urban areas due to better program and service endowments, there are people in smaller rural communities who may not be accessing much-needed disability services. CHACI is to be commended for wishing to expand its services for the benefit of people with disabilities in the smaller communities illustrated in Figure 1.

1. A census division is a geographic area established by provincial or territorial law; it is an intermediate area between the census subdivision and the province or territory (Statistics Canada 2006).



**Figure 1: Communities That CHACI Is Serving/Could Serve**

In the 2006 Census, Statistics Canada asked two general questions on activity limitations. PALS respondents were selected through census information on age, geography, and the responses to these two general questions. The PALS interview began with the disability filter questions followed by a series of detailed screening questions on activity limitations. If respondents answered “No” to all of the filter and screening questions, the interview ended. If they answered “Yes” to any of the filter or screening questions, the interview continued to collect information on the impact of disability on their everyday activities and other aspects of their lives, such as education, employment, leisure, transportation, and accommodation. Saskatchewan had a disability rate of 14.5 percent in 2001 and a nonstandardized rate of 16.0 percent in 2006. We used these rates to approximate the number of people with disabilities for the communities that CHACI serves/could serve in the southwest Saskatchewan. Table 2 (next page) shows the estimates of percentages and actual distribution of people with disabilities in the areas that CHACI serves/could serve. The towns of Shaunavon and Gull Lake constitute the bulk of the total percentage of people living with disabilities.

**Table 2: Disability Estimates in Communities CHACI Serves/Could Serve**

Geographic Name		2006		% of Total Disabled Persons	2001		% of Total Disabled Persons
		Population	Persons with Disabilities		Population	Persons with Disabilities	
Shaunavon	Town	1,691	271	44%	1,775	257	42.6%
Eastend	Town	471	75	12%	576	84	13.8%
Gull Lake	Town	965	154	25%	1,016	147	24.4%
Admiral	Village	30	5	1%	25	4	0.6%
Bracken	Village	25	4	1%	35	5	0.8%
Cadillac	Village	80	13	2%	95	14	2.3%
Climax	Village	182	29	5%	206	30	5.0%
Frontier	Village	283	45	7%	302	44	7.3%
Val Marie	Village	137	22	4%	134	19	3.2%
<b>Total</b>		<b>3,864</b>	<b>618</b>	<b>100%</b>	<b>4,164</b>	<b>604</b>	<b>100%</b>

Source: Authors' estimates using Health and Activity Limitation Survey and PALS data and Canada Cansim Table 051-0034

Table 3 shows a complete breakdown of the estimates for neighbouring cities, towns, rural municipalities, and reserves to which CHACI could potentially extend its programs and services. CHACI's total pool of prospective clients is 6,024 for 2006 (5,732 for 2001). We provide this information to depict estimates of the numbers of people living with disabilities, as well as to give a clear picture of their distribution. Relative to population size, Table 3 shows that the rural municipalities have higher numbers of persons with disabilities.

**Table 3: Breakdown of Estimates for Communities CHACI Serves/Could Serve**

Geographic Name	2006		2001	
	Population	Persons with Disabilities	Population	Persons with Disabilities
<b>Cities</b>	<b>14,946</b>	<b>2,391</b>	<b>14,821</b>	<b>2,149</b>
Swift Current	14,946	2,391	14,821	2,149
<b>Rural Municipalities</b>	<b>12,705</b>	<b>2,035</b>	<b>13,857</b>	<b>2,009</b>
Arlington No. 79	413	66	371	54
Bone Creek No. 108	321	51	377	55
Carmichael No. 109	450	72	484	70

<b>Geographic Name</b>	<b>2006 Population</b>	<b>Persons with Disabilities 2006</b>	<b>2001 Population</b>	<b>Persons with Disabilities 2001</b>
Frontier No. 19	323	52	319	46
Grassy Creek No. 78	305	49	401	58
Lac Pelletier No. 107	524	84	501	73
Lone Tree No. 18	150	24	190	28
Maple Creek No. 111	1,167	187	1,156	168
Piapot No. 110	392	63	424	61
Reno No. 51	462	74	457	66
Val Marie No. 17	479	77	481	70
White Valley No. 49	518	83	570	83
Wise Creek No. 77	222	36	257	37
Big Stick No. 141	182	29	196	28
Chesterfield No. 261	475	76	532	77
Clinworth No. 230	228	36	272	39
Deer Forks No. 232	213	34	226	33
Enterprise No. 142	160	26	225	33
Fox Valley No. 171	368	59	414	60
Gull Lake No. 139	221	35	251	36
Lacadena No. 228	613	98	708	103
Miry Creek No. 229	458	73	573	83
Monet No. 257	479	77	564	82
Newcombe No. 260	361	58	405	59
Pittville No. 169	216	35	272	39
Riverside No. 168	511	82	495	72
Saskatchewan Landing No. 167	480	77	506	73
Snipe Lake No. 259	427	68	524	76
Swift Current No. 137	1,587	254	1,706	247
<b>Towns</b>	<b>8,291</b>	<b>1,326</b>	<b>8,923</b>	<b>1,294</b>
Eastend	471	75	576	84
Maple Creek	2,198	352	2,270	329
Shaunavon	1,691	271	1,775	257
Burstall	315	50	388	56



Geographic Name	2006 Population	Persons with Disabilities 2006	2001 Population	Persons with Disabilities 2001
Cabri	439	70	483	70
Eatonia	449	72	474	69
Elrose	453	72	517	75
Eston	971	155	1,048	152
Kyle	423	68	478	69
Leader	881	141	914	133
<b>Villages</b>	<b>1,695</b>	<b>272</b>	<b>1,926</b>	<b>280</b>
Admiral	30	5	25	4
Bracken	25	4	35	5
Cadillac	80	13	95	14
Carmichael	10	2	20	3
Climax	182	29	206	30
Consul	93	15	91	13
Frontier	283	45	302	44
Val Marie	137	22	134	19
Abbey	130	21	137	20
Hazlet	85	14	126	18
Lancer	65	10	75	11
Pennant	119	19	150	22
Sceptre	99	16	136	20
Stewart Valley	100	16	101	15
Success	40	6	51	7
Tompkins	173	28	191	28
Webb	44	7	51	7
<b>Total</b>	<b>37,637</b>	<b>6,024</b>	<b>39,527</b>	<b>5,732</b>

Source: Authors' computation from PALS data

Table 4 gives a breakdown of the total persons with disabilities by type of disability and age group; this information will be useful for planning future programming. Since some people may have reported multiple disabilities, these numbers differ from the totals in Table 3.

Table 4: Type of Disability for Children and Adults for CHACI Community Catchment, 2006

	0 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 plus
Agility	–	67	123	956	3,905	2,189	3,725
Developmental	–	134	86	145	164	–	–
Hearing	–	44	42	209	809	567	1,356
Learning	–	203	189	469	458	102	85
Memory	–	–	72	192	291	82	461
Mobility	–	40	132	621	1,856	1,345	1,243
Pain	–	–	174	846	2,348	1,082	1,543
Psychological	–	112	72	312	478	81	87
Sight	–	51	34	135	421	203	671
Speech	–	181	104	202	312	104	439
Other	–	18	18	45	62	–	–

Source: Authors' computation from 2006 PALS data

## Qualitative Data Analysis

### *Analysis of Telephone Interview Results*

Out of the five community organisations/groups invited to participate in the telephone interviews, we talked with personnel from the Office of Disability Issues, the Acquired Brain Injury Program, Cypress Hills Regional College, and the Regional and Economic Development Authority. From the analysis of the information collected, we found that several organisations were at some point referring clients to CHACI. Other organisations were not fully aware of CHACI's work, but as soon as they learned about it, they were open to collaboration opportunities. Two of the organisations had problems finding demographic information; one was using the PALS data for planning purposes. One organisation that referred its ABI (acquired brain injury) clients to CHACI mentioned that CHACI could not support the clients due to funding limitations (CHACI's funding mandate supports only clients with intellectual disabilities).

The need for collaboration was a common goal for all the organisations. Some felt that services could be provided more efficiently if organisations would work together. Cypress Hills Regional College and CHACI, for instance, offer basic adult courses to clients with disabilities. There was a sense that duplication of services could be addressed through

collaborative planning. Collaboration was also perceived as a way to create employment opportunities and economic development. For detailed telephone interview responses, refer to Appendix E.

### *Analysis of Focus Groups and Personal Interviews Results*

The research team visited Shaunavon 10–11 July 2008 and conducted six focus groups and five personal interviews with thirty-three out of the fifty planned participants. The six focus groups were comprised of persons with disabilities participating in CHACI programs, family members/guardians of CHACI clients, CHACI staff, management, executive management, and board members, and government agencies. The five personal interview participants were family members/guardians of CHACI nonclients, parents of a CHACI client, CHACI onsite staff, and two government representatives. The original interview/focus group schedule included CBO representatives from Shaunavon and surrounding areas, but while scheduling the interviews we noticed an absence of CBOs. This became more apparent during our focus group discussions with government agencies, which indicated that Shaunavon and its surrounding communities were too small to have community-based organisations. The role of CBOs is played by churches, some government agencies, and community members at large. We made efforts to bring business representatives to the discussions, but had no success. Three broad themes emerged from the discussions held in Shaunavon:

1. Program and service delivery
2. Potential for expansion
  - service gaps for people with disabilities aged sixteen to twenty-one
  - other service gaps
  - CHACI human resources issues
3. Funding (limitations and identification of alternative/additional funding) initiatives between CHACI and other service providers

Data collected from focus groups and personal interviews is discussed below with aggregated anecdotes from the participants.

#### ► *Program and Service Delivery*

Overall, participants showed appreciation for the programs and services that CHACI offered.

*We have so much fun ... we laugh around ... but we have to do work as well.*  
(Program Participant)

*Each time we pick up our family members for weekends they can't wait to return to the centre; if we stand too long visiting, we are hustled to go home. (Parents/Guardians)*

The findings show that CHACI's services fill a gap in the area, since small communities do not have the capacity or infrastructure to provide them. The services also relieve pressure for aging parents, as well as improve the quality of life of clients.

CHACI is also perceived as a place where clients can improve social skills, make friends, and develop essential life skills to lead a more independent life (Independent Living Program). CHACI creates an environment where clients develop a sense of belonging, as indicated by one of the participants:

*I consider people I meet at CHACI my family. (Client)*

As mentioned above, the Community Living Division funds the majority of CHACI's programs. These funds are available only to support programs for people with intellectual disabilities. Despite funding limitations, CHACI has been able to run programs that serve people with a wide range of needs, such as:

- the transit program (funded by user fees)
- the supported employment program (funded by Career and Employment Services)
- the recycling program (funded by SARCAN)

Although participants appreciate the work CHACI is doing in Shaunavon, they identified areas where improvements could be made. They indicated the need for inter-sectoral collaboration to address challenges in service provision. An example that came often during our group discussions was the possibility of collaboration around clients in transition from the school system to the agency (CHACI). The school system serves students with complex needs until they reach the cut-off age. Participants mentioned the need for improvements in the process of planning the client's school-agency transition.

The Saskatchewan Association of Community living (SACL) emphasized that transition strategies help students and their families plan for their future as they move through school and into the adult world. SaskLearning also addresses the transition issue within the Personal Program Plan (PPP), a functional curriculum for the students (Saskatchewan Learning 2002). Participants recommended integrated planning among the school division, social services, the Community Living Division, and CHACI to initiate the transition process at least three years before the client graduates from school. These comments reiterate recommendations in

SACL's transition handbook as well as PPP content. A transition plan will ensure that the funding is in place to accompany the client to the agency without losing services. As one participant put it:

*One of the big gaps was that once he was out of the school system and at the ability centre full time, the funding is different. That meant he did not have an aid for himself anymore, he lost the work program that he had at the co-op ... The funding is not the same and does not follow people's needs. The transitioning need more work, starting at the bureaucratic level. Funding is for the person not for the space. Funding should follow the person so they don't lose a program. There is need for more conversations between the school and the centre. (Parent)*

Findings commended CHACI for the employment program, which gives clients workplaces with local companies under the supervision of a job coach. Clients mentioned their work at the credit union, the golf club, day cares, delivering newspapers, and cleaning offices. Clients enjoy working in different places and it was noticed that work has a positive influence in their lives.

Participants discussed the opportunity to create more job placements through building stronger partnerships with the town hall, including the library, the health region, and local companies (e.g., oil companies, small business). Participants also mentioned potential opportunities for job shadowing, as well as how CHACI might build on the opportunities created by the labour shortage.

With regard to program planning and streamlining, respondents felt CHACI should continue to work towards the provision of individualised programming since each individual has different needs. Concerns were raised about the way programs were either ended or developed. Some of the participants were disappointed about the conclusion of the reading program:

*We really wanted the reading program. (Client)*

Participants claimed there were no explanations for why the program ended. Although the discussion indicated that the reading program had a specific timeframe due to funding limitations, it was suggested that revisions should be made so the program could be revived. As one participant commented,

*This seemed to be a program that clients were interested in and were sad to see it go. (Focus Group Participant)*

Comments from participants indicated development and changes in programs should follow a more bottom-up approach, which would make all stakeholders feel part of the planning and implementation process. Participants indicated the importance of involving staff in all stages of program planning. The frontline staff has more contact with clients on a daily basis and could contribute to tailor-made individualised programs. This approach has already been implemented in the woodwork programs, in which the manager meets with clients to determine their individual program needs. Once these needs are determined, the manager gives the list to the program supervisors, who begin the individualised projects. Participants acknowledged this as a first step to a more inclusive way of developing programs. If CHACI decides to pursue individualised programs, however, staffing will be the major limitation.

*Staff-to-client ratio is a barrier to individualised programs as well as a barrier to expansion. General programs could be in place but more one-on-one time would be excellent. (Focus Group Participant)*

Participants acknowledged the existence of a communication protocol. If they have comments or concerns, they address them with the co-ordinators or the director. They also mentioned the need for closer contact with front-line staff, since they are with the clients on a day-to-day basis.

*Now I am waiting for feedback; sometimes it has to go through the command; I understand that management needs to know what is going on ... we should not have to go up and down all the time specially if medical conditions are involved. (Parent)*

In general, participants indicated that communication channels needed to be more flexible. They felt that staff should be allowed to interact more with parents and relatives. Some parents/guardians commended the way the communication protocol used to operate:

*We recently received a letter about the change in communication protocol and it is fairly new that parents/relatives have to go through the program co-ordinator. Our sons and daughters each had a key worker and that was the person who worked right in the home. If you had any concerns or you wanted to discuss something, you talked with the key worker.... I like that system better. (Parent)*

Although parents/guardians had concerns with the communication protocol, they acknowledged that communication was a two-way street; they also recognized their responsibilities to improve the quality of life for their relatives. They proposed the creation of a space within the organisation where parents/guardians could have a voice. It could take the form

of a quarterly or annual meeting to share experiences and concerns, and suggest ways of improving CHACI's programs, services, communication, etc. This gathering could also serve as a support group for new parents to help them through the transition of moving children from home to the group home, and additionally, as an information session about options available to clients or parents/guardians seeking the agency's help for the first time. Participants indicated that CHACI should take an active role in informing community members about services and programs available for people with disabilities, especially the programs it sponsors itself.

►► *Potential for Expansion*

**Service Gaps for People with Disabilities aged Sixteen to Twenty-One** The provincial framework for Saskatchewan regarding special education is guided by *The Children's Services Policy Framework* (Saskatchewan Learning 2002), which is designed to meet the need for individualised education. The framework requires a Personal Program Plan (PPP) for each student with an intellectual or multiple disabilities. Focussing on individual strengths and needs, the PPP is a comprehensive assessing, planning, evaluating, monitoring, and consulting tool that involves administrators, educators, parents or guardians, the student, and support personnel (Saskatchewan Learning 2002). It is a functional curriculum to guide the student's individual development, listing the priority goals and objectives that have been identified by the educational team. A PPP should include the current level of performance and detail strengths and needs, strategies and classroom activities and adaptations, assessment methods, student progress reports, assignment of responsibility, support services, technology and equipment, a transition plan, a review, and an evaluation and updating process. The PPP is a living document constantly subject to evaluation and renewal (Saskatchewan Learning 2001). To enhance its usefulness, the policy recommends that the processes of development, implementation, evaluation, and revision of the PPP be conducted in a collaborative fashion (Dollar 2006).

The PPP strives to provide short- and long-term sustainable plans for students with disabilities, but according to our discussions with participants, students from sixteen to twenty-one fall between the cracks of the system. According to one of the participants, for instance, there is an Early Childhood Intervention Program (ECIP) that offers programs for kids with disabilities until they turn fifteen. Schools are also providing most of the services during the school year. Once they turn sixteen, students are no longer eligible to participate in after-

school programs or summer daycare. Participants thus identified a clear gap in program support for people with disabilities between the ages of sixteen and twenty-one.

CHACI and the schools have been working collaboratively to address these issues, but efforts are not integrated within the PPP. CHACI has supported parents in obtaining funds from the Cognitive Disabilities Strategy, which provides services to address the unmet needs of people with cognitive disabilities and their families. The strategy also offers assistance to individuals with unmet needs who require supports that do not fall within the scope of any other service providers (e.g., community resources, mental health). In addition, the strategy helps clients and their families to develop plans around individual needs and desired outcomes (Saskatchewan Ministry of Health 2009).

Even though the PPP documentation talks about integrated services and transition, efforts are still not necessarily co-ordinated. Participants felt that educationally, great strides had been made for students with disabilities, but that stops at the age of sixteen when they no longer have access to the proper programs. According to participants, the PPP does not provide the means to address these issues; on the contrary, it adds stress and responsibilities to the role of the resource teacher, who has to make the case for the student in need. As one participant put it:

*Clients are falling into the cracks of the system when they are fifteen to twenty-one.... We have to prove the need of the student, just the medical diagnosis from the education psychologist is not enough. It falls upon the resource teacher to write the personal program plan. SaskLearning comes and audits the paperwork and determines if we have documented the need or not beside the medical diagnosis. (Participant)*

A great amount of co-ordination is necessary to develop a comprehensive plan to address the needs of students with disabilities. The PPP is a good start for a more collaborative approach, but additional planning and co-ordination is required if the burden of gathering resources is to be shared among a team. A partnership among health services, mental health advocates, social services, schools, the Community Living Division, daycares, and other service providers should co-ordinate an integral plan that reflects the PPP. This plan could be tailored to the student's needs, including special programs such as physiotherapy, after-school programs, and summer daycare. Ideally, the PPP should facilitate the student's development and transition to adult life without an interruption in funding.

As the only service provider for people with disabilities, CHACI has a key role within the PPP team. CHACI's collaboration with the Cognitive Disabilities Strategy could address some



of the programming issues for the sixteen to twenty-one-year-olds. It could also play a critical role in their transition to adult life.

**Other Service Gaps** Findings from interviews and focus groups identified other gaps that could be addressed by creating partnerships and working in collaboration. As one participant put it:

*It is the responsibility of the whole community to create a good quality of life for all the members. (Participant)*

Community members noticed that when CHACI was closed during the flood problems in the wood workshop, clients were wandering and visiting places, including the library. The same thing occurred when clients were on holidays. Participants recommended the creation of programs/activities when there is a break in the daily schedules to which clients are accustomed. Participants felt that with timely co-ordination by CHACI, community members would be open to suggestions about the programs that could be put in place to cater for such incidences. They recognized that lack of training working with people with disabilities was a limitation, but were open to training possibilities. Building a partnership with the library to offer some sort of program during holidays and breaks could be beneficial and would keep clients happy and occupied.

Some community members felt that CHACI should disseminate information about their work in a more comprehensive manner, beginning perhaps by updating their website as well as reaching out to communities through monthly or quarterly newsletters (depending on resources). Apart from the benefits of making information readily available, some participants felt that if communities were more aware of CHACI programs and services, they would be more likely to chip in through volunteer work, or provide in-kind or cash donations. Participants mentioned that even accessing information about CHACI was difficult when a referral was needed.

*Program information is not easy to find. Referrals are difficult to direct ...  
(Community Member)*

Participants also expressed concern about the lack of support for people with disabilities who decide to have a family. Suggested solutions included the following:

- more visits from social workers even when clients have gained independence and social support

- mentorship programs for people with disabilities who are parents
- partner with the faith community (churches) and the food bank to support this group

Community members also talked about lack of services for persons with disabilities unrelated to developmental/intellectual issues, e.g., ABI and mental health problems. This arose from the fact that the criteria for Community Living funding poses restrictions on people/clients who are seeking services. Participants recognized funding as a huge limitation in addressing most service gaps, especially services for people suffering from issues different from intellectual disabilities.

Participants also identified services for mental health clients as a significant gap in the southwest of the province. They pointed to the need for short-term, stabilizing, respite services for persons with mental health problems. At the time of the interviews and focus groups, the mental health worker was available only three to four days a week. Mental health issues are increasing at a rate parallel to the growth of the town of Shaunavon, and there is no immediate on the spot response for ambulance or police services.

Participants also identified community partnerships as a means to promote a more diversified approach. Town administration could work with CHACI to create more work placements, identify where additional effort could be put into the recycling programs, and broker funding arrangements with local businesses. The library may have opportunities for clients to work with computers doing data retrieval, though this would require some initial training. And the hospital might offer possibilities for work shadowing.

**CHACI's Human Resources Issues** Human resources issues came to the fore repeatedly during the course of this study, and researchers focussed their analysis on understanding how they would affect CHACI's future plans, particularly with regard to the expansion of services. CHACI staff are unionized and their comments need to be contextualized in a union environment, where concerns and suggestions should be channelled through the union. The literature suggests that the human resources department should work closely with the union in communicating potential expansion plans (Macleod 2010).

Concerns about competitive wages arose during discussions with managers, staff, and board members. Staff members indicated that although their jobs bring a lot of satisfaction, the wages are not competitive. CHACI is losing employees to other sectors that offer better wages and opportunities.

*I am not here for the wage. I work two jobs to supplement my family. I love working with the clients ... otherwise I would be gone to a better paying job. The hospital is hiring right now and they offer better wages for a similar position. (Staff Member)*

CHACI has been lobbying the provincial government for salaries comparable to similar positions in other sectors, but no improvements were reported at the time of the interviews. CHACI offers basic skills training for casual staff, which counts as credit towards a rehabilitation certificate. This training is mandatory for new staff members and must be completed within their first year at CHACI. The organisation also partners with the local college to offer the St John Ambulance first aid and emergency training as well as other courses, depending on the needs. According to one of the managers, CHACI is losing certified personnel to the health region and education. There is a 6 percent turnaround of casual personnel during their first year of work, mainly due to finding other positions or partners being transferred elsewhere. CHACI has been attempting to develop strategies to address the difficulties in recruiting personnel. Examples include:

- making the community aware of available positions at CHACI
- recruiting volunteers in the community
- recruiting staff from within the pool of volunteers
- encouraging people to look at the job opportunity as a career opportunity
- developing a pool of candidates (recommendation)
- receiving applications constantly (recommendation)
- offering the incentive of training to volunteers and possible applicants (recommendation)

CHACI finds itself in a very difficult position. As a nonprofit organisation, it cannot adequately address the issue of providing competitive wages. However, staff appear to be strongly committed to their clients, regardless of the competitive wages issue.

*I come back to work here because I enjoy the people; it is a great job and I love it. We're supposed to be here for the clients. Overall, at the program level, things are being managed in a more efficient way. Since the new program co-ordinator started, things have been much better and less stressful. (Staff Member)*

Recommendations from focus groups centred on creating a more flexible environment where staff could have opportunities to provide inputs into new programs as well as to participate more directly in planning activities for clients in general and for individual programs.

*I feel that frontline staff is not empowered. We are not part of the programming decisions most of the time. Often, directives are put on us without much choice. (Participant)*

Another participant commented:

*I was quite upset to have the reading program stopped. There is no explanation on why staff is put in or taken away ... for instance, the reading program was taken away and no explanation was given. (Participant)*

As already noted, CHACI staff is unionized, so recommendations from this report could be channelled through the union. Suggestions from staff members were related to:

- staff consultation before making decisions in changing programs or shifts that would affect staff jobs and positions
- involvement in communication with parents and relatives
- involvement in transition processes for clients coming from other places or institutions
- creation of space for staff members and parents/guardians to communicate with board members
- more training and support prior to commencing the job
- need for professional development days to give staff more training, especially in the case of expansion

CHACI's management could use discussions with the union as a vehicle to give staff input into programs and services. The literature suggests that management and the union (staff members) find common interests and collaborate. Agreeing that both sides wish to provide quality patient care, they can then sit down to discuss the issues and collaborate on an action plan. Involving the union in the discussions around action plans and implementation generally results in increased staff satisfaction because of their involvement in both decisions and implementation. If necessary, a paid third party could be hired to facilitate these discussions. The union literature also suggests a "talk — don't push paper" policy to encourage collaboration. Basically, management should engage the union in a conversation, not just pass proposals back and forth on paper (MacLeod 2010).

A 2006 report to Congress (DHHS 2006) identified human resources challenges similar to those experienced by CHACI — high staff turnover, training, and concerns around career development. The report concludes that high turnover is based largely upon less-than-favourable wages and high staff-to-client ratios. In addition, high turnover can have a

negative impact on the remaining staff, thus perpetuating the turnover cycle. The report included several solutions to staffing issues that have been piloted or established in various US states.

- provide longevity bonuses to staff members who work for a certain period of time
- develop a skills certification framework and curriculum to formalize the training process; this includes credentialing and apprenticeships to provide career development
- create organisations devoted to the career development and networking of support workers

Staff members need to be better informed about their rights as unionized employees as well as about the procedures for channelling demands through the union. The union should offer training for members about its role in negotiating terms and conditions of employment, which will govern them for the duration of collective agreements.

A report for Human Resources and Skills Development Canada highlighted the important role of unions in identifying and creating awareness among employers about the challenges faced by support staff. In addition to its advocacy role for staff, the union should also ensure that its members are aware of its activities (Human Resources and Skills Development Canada, 2006).

Staff members were in favour of expanding CHACI's roles and services. Participants mentioned the need to hire more personnel as well as to train staff in the services and programs for new clients. They noted that the training should be offered in advance so they have time to familiarize themselves with new issues.

#### ►► *Funding*

As mentioned, CHACI receives the bulk of its funding from the Community Living Division (CLD), whose primary mandate is to provide funding to persons with intellectual disabilities. This excludes other potential clients that CHACI could serve. Funding limitations are a clear concern:

*People with multiple disabilities are catered for as long as they have an intellectual disability. However, not much will be done for the other forms of disability. For instance, if a client has an intellectual and physical disability, there is nothing we can do for the physical part, apart from referring the person to other health regions for more help.  
(Interview Participant)*

Participants consistently noted the need for adequate funding to improve on infrastructure, to address human resource issues, to offer more services, and to provide more information to the communities. We invited participants to identify possible sources of funds that would assist CHACI in providing holistic programs for persons with any form of disability. We list the most probable sources below. Participants also provided us with attributes that would make CHACI better able to access these funds.

- ◆ Human Resources and Skills Development Canada (HRSDC)
  - It is important that people with disabilities (where applicable) attain economic independence through skills training. HRSDC is a potential source of funding that could be used to train clients in life and employment readiness skills.
  - Participants noted CHACI's Independent Living philosophy, which would assist the organisation to access these funds.
- ◆ Federal Government — Rural Secretariat
  - The Rural Secretariat supports initiatives that enhance rural economic development. This study reveals that persons with disabilities who are able to work are an important source of employment in rural communities, thus contributing to community economic development initiatives. PWD (persons with disabilities) are a source of underutilized labour in rural communities, primarily due to stigma issues.
  - It seemed apparent that the clients in the high functional group were willing to partake in more employment activities. One commented,  
*I would like to get another job ... I would like to work at the credit union. (Client)*
- ◆ Corporate Sponsors
  - CHACI could approach local businesses such as oil companies for funding or for possible employment opportunities. Participants suggested the possibility of creating a revolving fund with the booming oil industry.

## SUMMARY OF FINDINGS

- Although the statistics in this report are estimates and should be interpreted with caution, we find a significant need for services for persons with disabilities in Shaunavon and its surrounding areas.
- Communities in the southwest lack support services such as short-term respite services for persons with mental health problems, ambulance services, or immediate police response.

- As the town of Shaunavon grows, there is a need to create awareness about CHACI programs, job placement, and the potential for partnerships.

Gaps in services as identified by interviewers:

- Services for people with disabilities in the fifteen-to-twenty-one age range
- Lack of support system for clients who decide to have a family
- Services to persons with disabilities unrelated to developmental/intellectual disabilities, e.g., ABI and mental health problems
- Lack of co-ordination around transition from school, which risks clients losing programs and services in the interim

## RECOMMENDATIONS

**O**UR FOCUS GROUP DISCUSSION and personal and telephone interviews indicated that CHACI is highly commended for the programs and services it offers to persons with disabilities in Shaunavon and some of the surrounding communities. The study results revealed a significant need to expand services to people with disabilities in the southwest region of Saskatchewan if CHACI can acquire the necessary funding. We have two sets of recommendations, one for CHACI, the other for policy makers.

### For CHACI

- Develop programs that are responsive to client needs.
- Strengthen CHACI's partnerships with local health services and businesses (e.g., oil companies) to access additional funding so that services can be expanded beyond the definition of persons with developmental disabilities.
- Create strong communication linkages among
  - ◆ internal staff, management, and parents/guardians/caregivers, and
  - ◆ CHACI and external agencies.
- Create more community awareness of CHACI's services and programs through newsletters, an updated website, and advertisements in the local newspaper.
- Create an information/support centre to provide parents with information (there was mention of a similar service in Swift Current; parents/guardians said it would be of great help if provided in Shaunavon).

- Develop long-term strategies and collaboration among CHACI, the CLD, and the school division to smooth the transition from school to CHACI (participants suggest planning at least three years prior to transition).
- Look at the appropriateness of the infrastructure vis-a-vis the type of programs CHACI wishes to embark upon, e.g., wheelchair access.
- Develop more partnerships for the work-readiness-program clients and contribute to the economic development of the smaller communities.

### **For Policy Makers**

Drawing from the interview responses we obtained during our focus group and telephone and personal interviews, we acknowledge that while CHACI could work on streamlining its programs and services as efficiently as possible, public policy in some instances stands as a barrier to progress. We therefore recommend the following:

- Collect information on demographics of persons with cross/multiple disabilities at a sub-provincial level in a more systematic way.
- Combine efforts and funds from different government agencies (CLD, social services, health regions, education, service providers) in order to facilitate the development of individual plans tailored for each person and his/her needs. Transitions should be smooth to ensure that clients' services and programs are minimally impacted.
  - ◆ There should be greater co-ordination between SaskLearning's Personal Program Plan and other plans such as that offered by the Cognitive Disability Strategy.
  - ◆ Funds should follow the person transitioning from one sector to another.
- Have realistic expectations for service providers, who work with a limited fiscal capacity. Obligations should be accompanied with appropriate funding.
- Allocate government funding to ensure competitive salaries for staff running the programs, which may address issues of personal mobility faced by service providers who cannot offer competitive salaries.

We commend CHACI for taking the initial steps towards planning for the future of persons with disabilities, and we hope adequate support will be obtained from the government and other stakeholders indentified in this report. In addition to the data included in the report, we have provided in Appendix F, below, the government's 2008–09 budget for people with disabilities. Such investments demonstrate the government's commitment to securing the future for people with disabilities.



## Next Steps 2009

### *Literacy Program*

Reading was reinstated in the activity area at CHACI approximately one year ago. The literacy program referred to in the report had been discontinued due to the end of the literacy pilot project and the fact that Social Services objected to the supportive living worker being involved.

### *Student Transition Planning*

CHACI is currently collaborating with the local school division in Shaunavon and Eastend. One student is transitioning currently and another is slated to transition next year. Meetings are scheduled to be held quarterly.

### *Parent Group*

CHACI has been in touch with Swift Current's parent group. Efforts to connect CHACI parents with the Swift Current parent group co-ordinator have been made. It is expected that CHACI parents can join the Swift Current initiative. CHACI acknowledges that communication with parents needs to be much more frequent.

### *Leisure Time When Centre Is Closed*

CHACI has tried to structure activities on off hours and encourages participants to take part, but those who live independently or semi-independently prefer to determine where they wish to go and what they wish to do when there is no work. However, CHACI now has contingency plans in place if the vocational centre needs to be closed for a long period of time.

### *Union/Management Meetings*

Meetings with the union to discuss any changes, plans, or issues have been quite regular [averaging once every two months]. Virtually no changes are made or contemplated without running them by the union first. The union is consulted on all matters, even some policy matters such as the Basic Skills Training requirements. CHACI is working to create awareness

among staff so they can express their concerns through the union. CHACI is planning to hold information sessions with union representatives, where staff can learn more about the union and their rights and obligations as unionized personnel.

### *Cognitive Disabilities Strategy*

CHACI is using the CDS funding services for one youth. This funding can be utilized only if it can be proven that there is absolutely no other funding available. The funding is quite minimal and CHACI feels that it is not a viable alternative in every situation.

### *Work Readiness Program*

CHACI has been in contact with Shaunavon Hospital and Care Centre to see about work experience in that setting. CHACI is preparing a proposal defining the type of work experience that might be offered. The Service Employee International Union has stated that no paid employment would be allowed. CHACI will move on the proposal as soon as all the details are worked out. Work readiness programs are also available at SARCAN.

### *Collaboration with ABI*

CHACI met with people from the Acquired Brain Injury Program. There were two individuals who needed a day program. CHACI is currently providing this service for one individual.

### *Oil Companies*

CHACI has approached Encana and the conversation resulted in an exchange of opportunities. Encana will provide CHACI with \$1,000 if CHACI allows one of their employees to volunteer forty to sixty hours.

## APPENDICES

### **Appendix A: Research Invitation Letters**

#### *A1: Invitation to Focus Group and One-on-One Participants*

**Title of Research Project:** Cypress Hills Ability Centres, Inc.: Exploring Alternatives

The Community-University Institute for Social Research (CUISR) is conducting research to look at the possibility of expanding programs and services for persons with disabilities at Cypress Hills Ability Centres, Inc. (CHACI). This research is a partnership between CHACI, CUISR, and the University of Saskatchewan. About 50 people will be invited to participate. The purpose of this letter is to invite you to take part in this research and to describe how we will be collecting information.

Your involvement in the project is a chance for you to give your impressions about existing programs and services at Cypress Hills Ability Centres, Inc. We are interested in knowing what programs or services (if any) people feel could be added (or removed) to better meet the needs of persons with disabilities. Questions will be asked on topics such as personal goals, needs, social supports, and how you feel these needs are being met/not met at Cypress Hills Ability Centres, Inc.

Also taking part will be other relevant people in the community who will be able to identify gaps in services and programs for persons with disabilities that need to be filled, along with avenues for potential partnerships and funding. These include other persons with disabilities, their family members and caregivers, employment councillors, social services, educators, government, Aboriginal peoples, and disability groups. People will be invited to take part in one-on-one meetings or small groups. These will take thirty minutes to one hour to complete respectively.

CUISR has not been given your contact information at this point. If you wish to take part in the research project, please contact CUISR. If you do not wish to participate in the research project, no one from CUISR will contact you. Only after you have contacted CUISR will researchers be able to contact you.

The information you give us is confidential, and this confidentiality will be protected to the extent permitted by law to the best of the researchers' ability. Only the researchers will have access to the notes made during the discussions.

Your names will not be used when we write up the results. We will use words like "several participants reported" or "only participant A found it significant that."

The information collected during this research may be used for educational purposes, and will become part of a published report, which you can read and ask for in alternate format if needed.

Participation in the study is voluntary. You do not have to answer any questions that make you uncomfortable. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time without any consequences.

By examining how you feel about programs and services at Cypress Hills Ability Centres, Inc., we hope to provide an effective evaluation of how well these programs and services are going and if they meet your needs.

This letter is yours to keep. After reading this letter, having the contents of the letter explained and your questions answered, if you are comfortable with participating in the research, please complete the attached consent form and send it to the contact at CUISR. If you have any further questions about this research, please feel free to contact:

Dr. Isobel Findlay, Associate Professor  
Department of Management and Marketing  
Edwards School of Business  
University Saskatchewan  
Telephone: (306) 966-8423  
Email: findlay@edwards.usask.ca

If you have questions about the conduct of this study or your rights as a research subject, you may contact the Office of Research Services (306-966-2084) at the University of Saskatchewan.

Contact for this letter of invitation:  
Maria Basualdo, Community Research Liaison  
Community-University Institute for Social Research  
RJD Williams Building, 432-221 Cumberland Ave  
Saskatoon, SK S7N 1M3  
Telephone: (306) 966-2136  
email: maria.basualdo@usask.ca

*A2: Invitation for Telephone Interview Participants*

Building healthy sustainable communities  
Community-University Institute for Social Research  
432 – 221 Cumberland Avenue, Saskatoon, SK S7N 1M3  
Phone: (306) 966–2121. Fax: (306) 966–2122  
Email: [cuisr.oncampus@usask.ca](mailto:cuisr.oncampus@usask.ca)  
Website: [www.usask.ca/cuisr](http://www.usask.ca/cuisr)

Dear .....

You are invited to participate in a research project entitled **Cypress Hills Ability Centres, Inc.: Exploring Alternatives**. The objective of this study is to examine the feasibility of expanding services currently being offered to persons with disabilities at Cypress Hills Ability Centres, Inc. Using a participatory action approach, the research team is hoping to work with community-based organisations, community members, government and social services, and persons living with disabilities and their families to elicit their impressions of services for persons with disabilities in the Southwest region of Saskatchewan.

In addition, we are hoping to get a better understanding of the existing programs and services being offered by the Cypress Hills Ability Centres, Inc. (CHACI) to ascertain satisfaction among current users and their families/caregivers. We will also identify gaps (if any) in services for persons with disabilities in the Southwest Region, Saskatchewan, and explore potential alliances and funding sources to allow for implementation and sustainability of additional services to address these gaps at CHACI. Your contribution to this research will be invaluable in helping to shape our recommendations to CHACI.

To further explain the research and how you can assist us as well as answer possible questions you might have about this project, I propose to call you within two days of receipt of this letter. If you have specific preferences in terms of date and time that you are free to talk to any one of our research team, please email us at [chk559@mail.usask.ca](mailto:chk559@mail.usask.ca).

Sincerely,  
Chipo Kangayi  
Research Assistant, CUISR



## **Appendix B: Consent Form**

You are asked to take part in a study entitled “Cypress Hills Ability Centres, Inc.: Exploring Alternatives.” Please read this form carefully, and feel free to ask any questions you might have.

### *What Is This Study About?*

This study explores the feasibility of expanding services and programs for persons with disabilities at Cypress Hills Ability Centres, Inc. (CHACI). We aim to get a better understanding of existing programs and services to ascertain satisfaction among current users and their families/caregivers. We will also identify gaps (if any) in services for persons with disabilities in the Southwest Region, Saskatchewan, and explore potential alliances and funding sources to allow for implementation and sustainability of additional services to address these gaps at CHACI.

About 50 participants will be included in the study, which is a joint effort of CHACI, the Community-Institute for Social Research (CUISR), and the University of Saskatchewan. The purpose of this letter is to invite you to take part in this research study and to describe how we will be collecting information.

We plan to interview:

- Persons with disabilities who are currently involved in CHACI programs and services, along with their parents, family members/ guardians/caregivers
- CHACI staff
- Persons with disabilities in the region who are not directly involved with CHACI’s programs and services, along with parents, family members/guardians/caregivers
- People who provide services to persons with disabilities in the region
- Other marginalized groups in the community such as farmers’ organisations, women’s groups, and Aboriginal groups
- Representatives from government sectors

### *What Is Involved?*

You will talk with the researchers in individual conversations or focus groups for about thirty minutes to one hour respectively. If you agree, we will use questionnaires to lead the discus-

sion. You can request that the questionnaire not be used, or can ask for the researcher not to document any of your responses, or refuse to answer particular questions at any point. If at any time you need a break, you are free to take one.

Participants with disabilities not involved in CHACI programs and services will be asked about their knowledge of CHACI programs, about personal goals, met and unmet needs, support networks, and community involvement. Remaining participants will be asked about their perception about training programs available to persons with disabilities in their community, including CHACI programs, as well as what they feel needs to be in place. Government and nongovernment organisations will be asked about needs, potential alliances with CHACI, and potential funding mechanisms to address identified needs.

### *Potential Benefits*

Benefits of the research include a better understanding of how existing CHACI programs and services affect the lives of persons with intellectual and/or multiple disabilities, their families and caregivers. By identifying gaps in service for persons with cross disabilities and potential alliances and funding sources, CHACI will be able to address more effectively its plans for expansion. If implemented, the programs will benefit persons with disabilities, their families, and the community at large.

### *Risk or Deception*

Participants will not be deceived in the course of this study.

Although there is no risk of participants with disabilities losing access to CHACI's programs and services for not participating in the research project, researchers cannot guarantee that the programs and services participants currently enjoy will remain unchanged as a result of this study.

### *Your Confidentiality*

Only the researchers will have access to the completed questionnaires; however, because data is collected from participants drawn from a small population, the researcher's ability to ensure total anonymity is limited.

No personal names will be used in completing the questionnaires and reporting of the

data. All identifying information will be removed; statements will be reported generally, as in “several participants reported” or “only participant A found it significant that.”

The level of security involves locked file cabinets, contained in a locked office (for paper files such as consent forms and interview questionnaires). Files are accessible only to research staff. Computer access is by password only; computers are kept in locked offices. Backup copies of data are maintained by the researchers and contained in a locked file drawer in a locked office.

### *Right to Withdraw*

As a participant, you may refuse to answer questions, and you are free to withdraw from the study at any time without giving reasons, without consequence. Withdrawal from the study will in no way influence services you are receiving. This withdrawal will not affect your access to or continuation of services provided by public agencies such as the university, hospitals, social services, employment services, and schools, and in no way changes your relationship with CHACI. If you choose to withdraw, your data will be deleted from the study and destroyed.

Although the data from this study will be published and presented publicly, the data will be reported in summary form, so that it will not be possible to identify individuals. Moreover, the consent forms will be stored separately from the materials used, so that it will not be possible to associate a name with any given set of responses. Please do not put your name or other identifying information on the materials used.

### *Questions*

If you have any questions concerning the study, please ask at any point or contact the researcher at the number provided below if you have questions at a later time.

### *Consent to Participate*

I have read and understood the project objectives and potential use of interview information. I realize

- My participation is voluntary
- I may withdraw at any time and this withdrawal will not affect my status or access to services



- My name will not be attached to the data
- I can obtain results from Maria Basualdo (306) 306–966–2136 or CHACI
- I have been able to ask questions and they have been answered satisfactorily
- I consent to take part in the study described above
- I can keep a copy of this consent form for my records

### *Feedback on Results*

We are happy to share the results with you. A one-page summary of research findings will be made available to participants at the end of the study.

### *Ethics Approval*

This study has been approved by the Behavioural Research Ethics Board at the University of Saskatchewan on \_\_\_\_\_. Any questions can be directed to the researcher or to the Office of Research Services, (306) 966–2084.

Principal Investigator  
Dr. Isobel Findlay, Associate Professor  
Department of Management and Marketing  
Edwards School of Business  
University of Saskatchewan  
Telephone: (306) 966–8423

Contact for this consent form:  
Maria Basualdo, Community Research Liaison  
Community-University Institute for Social Research  
RJD Williams Building  
432–221 Cumberland Ave.  
Saskatoon, SK S7N 1M3  
Telephone: (306) 966–2136  
Email: maria.basualdo@usask.ca

I agree to participate in the study as outlined above.

---

Signature of Participant

Date

I explained the research to the participant and, to the best of my knowledge, the participant understood the proposed research and freely consented to participate.

---

Support Person's Signature (If applicable)

Date

## Appendix C: Conversation Guides

### *Section A: For Persons with Disabilities Involved/Not Involved in CHACI Programs and Services*

Intro: Ask the individual for a general brief overview about him/herself, such as place of residence, family, friends, likes and dislikes.

1. What is your age/disability/how long have you had the disability/living arrangements?
2. What types of programs and services (if any) are you accessing now/how accessed in the past and for how long?
3. What do you know about CHACI programs and services?
4. Would you get involved in CHACI programs and services? If yes, why; if not, why not?
5. If involved in CHACI, how did this happen? How long? (selection process, understanding of choice, flexibility, and control; sources of information and how gathered)
6. If involved in CHACI, how would you rate your quality of life *before* participation in CHACI programs and services? Excellent; Very Good; Good; Fair; Poor? (Circle one response)
7. How would you rate your quality of life *after* participating in CHACI programs and services? Excellent; Very Good; Good; Fair; Poor (Circle one response)
8. If involved in CHACI, what additional services or programs (if any) do you feel would help you to reach your goals/meet your needs?
9. If not involved in CHACI, what programs or services (if any) do you feel would help you reach your goals/meet your needs?
10. Discuss how being involved in CHACI has affected your life. (more/less independent; more/less a part of the community)
11. What are the challenges (if any) about the program or services you are receiving? (barriers, attainment of goals, sense of isolation)

### *Section B: For Family Members/Guardians/Caregivers of Persons with Disabilities*

Intro: Ask the individual for a brief overview about the family member/person with a disability and their role in supporting this person (alone; other family members; respite; added stressors; employed/not employed; retired)

1. What type of disability does your family member have/age/living arrangements?

2. What supports/services is your family member currently accessing/accessed in past?
3. What do you know about CHACI?
4. Would you support your family member in receiving services or joining a program at CHACI? If yes, which ones; if no, why not?
5. If involved in CHACI, what services or programs is the family member currently involved in/how long/how was the decision made? (collaborative/unilateral/options)
6. How would you rate your family member's quality of life *before* CHACI? Excellent; Very Good; Good; Fair; Poor (Circle one response)
7. How would you rate your family member's quality of life *after* CHACI? Excellent; Very Good; Good; Fair; Poor (Circle one response)
8. If involved in CHACI, in your opinion what additional services or programs (if any) do you feel would help them to reach their goals/meet their needs?
9. If not involved in CHACI, in your opinion what programs or services (if any) do you feel would help the organisation reach its goals/meet the needs of persons with disabilities?
10. Discuss how the person with a disability's involvement in CHACI has affected/not affected your life. (supported/unsupported; more/less stressed)
11. What are the challenges (if any) about the program or services your family member is receiving? (barriers, geography, attainment of goals, sense of isolation)
12. If your family member is not involved in any programs or services, what, in your opinion, would help them to become more independent and involved in the community?

*Section C: For Cypress Hills Ability Centres, Inc. Staff*

Intro: Ask about background, training, stress levels, time for interests, outside work

1. How long have you worked at Cypress Hills Ability Centres?
2. What programs and services do you provide?
3. How do people access your services?
4. How many clients do you provide programs and services to? (number/range of needs, the service area)
5. How would you rate the level of services and programs you provide? Excellent; Very Good; Good; Fair; Poor (Circle one response)
6. How do you feel that current programs and services could be improved upon or are they fine as they are?
7. Are you aware of other organisations or services for persons with disabilities in your community and surrounding area?

8. How equipped do you feel if more services and programs were added to existing programs and services? Very Equipped; Equipped; Not Equipped. (Circle one response)
9. Expand on your response to the above (staffing; expertise; stress)
10. Discuss organisations in or outside your community that you collaborate with/in what capacity/what programs and services they offer persons with disabilities
11. Can you think of any groups or organisations that you do not collaborate with that you feel would benefit your clients from working with?

*Section D: For NGOs, Government, and Social Services Representatives*

Intro: Ask the individual for a general brief overview of the department/organisation and how long they have been working there.

1. What percentage of persons with disabilities do you carry on your caseload?
2. Do you work with more persons with one type of disability more than another?  
Expand.
3. What supports/programs and services do you offer persons with disabilities in the region?
4. Are these programs for persons with cross disabilities or one type of disability?
5. What is your knowledge of CHACI?
6. Do you refer patients with disabilities to CHACI? If yes, expand/which ones; if no, why not?
7. Do you currently partner with CHACI on any initiatives?
8. How would you rate the services and programs provided by CHACI? Excellent; Very Good; Good; Fair; Poor (Circle one response)
9. Aside from CHACI, what other programs and services do you refer persons with disabilities to in the local community/Saskatoon?
10. Are there any services or programs for persons with cross/specific disabilities that, to your knowledge, are not being offered by any existing organisation in the region?  
Expand. (age, ethnicity)
11. Would your organisation be prepared to partner with CHACI for some of these programs and services?
12. Can you suggest any potential avenues of funding to help initiate and sustain these services and programs?
13. What, in your opinion, are the challenges to services for persons with disabilities in your region? (geography, access to transportation, lack of resources, lack of expertise)

*Section E: Questions for Telephone Interviews*

1. Please give a brief outline of the programs/services that you offer.
2. Which regions/communities do you serve?
3. What percentage of persons with disabilities do you carry on your caseload?
4. Can you provide us with the actual statistics (age, sex, Aboriginal or non-Aboriginal)
5. What do you know about CHACI program and services?
6. If they know
  - a. Have you worked in conjunction with CHACI before? In what capacity?
7. Do you collaborate with other disability organisations in your region? Doing what?
8. What, in your opinion, are the challenges/gaps in service for persons with disabilities in your region? (geography, access to transport, lack of resources, lack of expertise)

## Appendix D: Foreword on Sub-Provincial Data Availability

Statistics Canada was the only source of data from which the research team had the possibility of obtaining sub-provincial disability statistics. We were unfortunately unable to obtain these statistics since the geographic area (the southwest region of Saskatchewan) was too small; Statistics Canada is working at ensuring these statistics become available in the near future. Canada is one of the few countries to have disability data stores, which is commendable.

Below is a script on data availability from Statistics Canada's Saskatchewan regional office.

From: Debbie.Jacobs@statcan.gc.ca  
To: chk559@mail.usask.ca  
Subject: RE: Tier 2 RE: Sub-provincial level disability data  
Date: November-24-08 8:59:59 AM

Chipo,

The person at the RDC is correct; there was a release in October/November of some of the 2006 PALS data, but at National and Provincial levels only. I have spoken with the Division to see if any custom data can be run in Saskatchewan at a sub provincial level. They are doing some testing of that right now, but they are not hopeful that we will be able to produce sub provincial data for Saskatchewan, except maybe Regina and Saskatoon together. I will let you know what I hear from the Division.

Debbie Jacobs  
Regina | Regina  
Government of Canada | Gouvernement du Canada / Floor | Étage 7  
Statistics Canada | 1783 Hamilton Street, Regina SK S4P 2B6  
Debbie.Jacobs@statcan.gc.ca  
Telephone | Téléphone 306-780-5377  
Facsimile | Télécopieur 306-780-5403  
Government of Canada | Gouvernement du Canada

——Original Message——

From: Chipó Kangayi [mailto:chk559@mail.usask.ca]  
Sent: November 20, 2008 3:19 PM  
To: infostats@statcan.gc.ca  
Subject: Sub provincial level disability data

Hello

Sometime in April 08 I inquired about some sub provincial disability data from the HALS and PALS and was notified this data would not be available at such finer levels of geography. Recently I have been in touch with the Saskatoon RDC and was informed the data might have been released (mid November 08). Am wondering may I have the custom tabulations for the following Disabilities by age, type of disability, sex, Aboriginal and non Aboriginal for Rural and Urban communities in the Southwest region of Saskatchewan, over the most recent five years. If available the migration trend statistics will also be appreciated. The lowest level of geography if available will be great. Otherwise we can make use of the data by Census Division and these are the respective CDs Census Divisions No. 3. Assiniboia Census Divisions No. 4. Maple Creek Census Divisions No. 7. Moose Jaw Census Divisions No. 8. Swift Current.

Regards,  
Chipó



## Appendix E: Responses from Telephone Interviews

### *Office of Disability Issues*

- The Office of Disability Issues (ODI) is the service leader for persons with disabilities in Saskatchewan and is responsible for making referrals for people in the province. While the ODI provides leadership in the development and co-ordination of disability policies, programs, and services across government, it remains the responsibility of government departments and agencies to develop and deliver the services and programs required to meet the needs of persons with disabilities.
- The ODI does not keep statistics, but relies on the PALS datasets.
- Until the time of the interviews, the ODI was not aware of CHACI; however, it does collaborate with other organisations offering services to persons with disabilities, particularly with regard to referrals.
- After the discussions, the ODI personnel recommended that economic independence should be at the top of the list for any disability service provider; this can be achieved through appropriate training. They noted that transportation is also an issue for most people living with a disability, especially those in small rural communities.

### *Acquired Brain Injury Program*

- This organisation provides services in the Cypress Hills Health Region to persons under sixty-five years of age who report a brain injury within a period of three years after an injury.
- It has partnerships with SaskHealth and works on referral as well.
- It has referred two people with ABI to CHACI.
- **Major challenges:** Affordable housing is a huge challenge, followed by lack/shortage of independent workers to assist persons with ABI. Affordability of medication as well as acceptance within society are also issues.
- **Gaps in services:** About eight people with ABI in Shanavon and surrounding area have not received assistance from CHACI due to lack of funding (ABI clients do not fall under CHACI's funding mandate).

### *Cypress Hills Regional College*

- As a training institute, the college's main focus related to disabilities is in first aid

courses, particularly for organisations, including CHACI. In general, the college provides training to adults over twenty-one who were unable to complete grade eight but would like to obtain a GED, or those who are considering high-school correspondence courses. The college also offers basic adult education services (i.e., general grooming, grocery shopping, financial management, etc.) to persons with disabilities. This is an area the college feels CHACI is also covering, so there is some overlap of services.

- The college's catchment area includes Swift Current, Gravelbourg, Shaunavon, and Maple Creek.
- The college does not maintain statistics on the persons with disabilities it serves; since they are dealt with on a come-and-go basis, it would not be practical.
- The college is well aware of CHACI; it teaches first aid courses to CHACI staff and over the years has referred people to CHACI programs.
- **Gaps in service:** CHACI does not provide services to persons with ABI or those with "steering wheel syndrome" (a blunt chest injury to the driver in a head-on collision). The college has sometimes referred such people to CHACI, but because of its mandate, CHACI has been unable to help.
- **Potential for collaboration:** The college could consider partnerships with CHACI in the provision of adult education services.
- Overall the college is very impressed with CHACI's program.

*Regional Economic Development Authority (REDA)*

- It has no direct relationship with organisations that offer services to persons with disabilities and was unaware of CHACI.
- Potential for collaboration: There could be some employment opportunities vis-a-vis economic development. The REDA could act as the go-between or facilitate the acquisition of funds from the Rural Secretariat.

**Appendix F: Factsheet:****The 2008–09 Saskatchewan Budget and People with Disabilities**

- The 2008–09 provincial budget provided more than \$20 million to support the inclusion of people with disabilities in the social and economic life of our province.
- These investments demonstrate the government’s commitment to securing the future for people with disabilities.

**2008–09 Budget Highlights by Ministry***Social Services*

- \$2.4 million to expand community-based residential and day program supports for individuals with intellectual disabilities
- \$1.6 million to community-based organisations funded through the Community Living Division for a 2.3 percent wage increase and selected nonsalary expenses
- \$700,000 increase to the Cognitive Disability Strategy to provide supports for people with cognitive disabilities and their families
- \$635,000 increase for approved private service homes that provide residential services
- \$400,000 increase to the Disability Rental Housing Supplement for accessible housing
- \$100,000 increase for the Family Respite Program so more Saskatchewan families can purchase alternate care for their child (children) with an intellectual disability.

**Education**

- \$3.2 million to support the inclusion of children with disabilities in child-care facilities; this includes a \$1.7 million increase to Enhanced Accessibility Grants to improve access to licensed child care
- \$3 million increase to the special needs/intensive supports factor of school operating grants to provide individual programming and supports for students with learning difficulties/disabilities
- \$300,000 increase to Early Childhood Intervention Programs that deliver home-based support to children with disabilities

**Health**

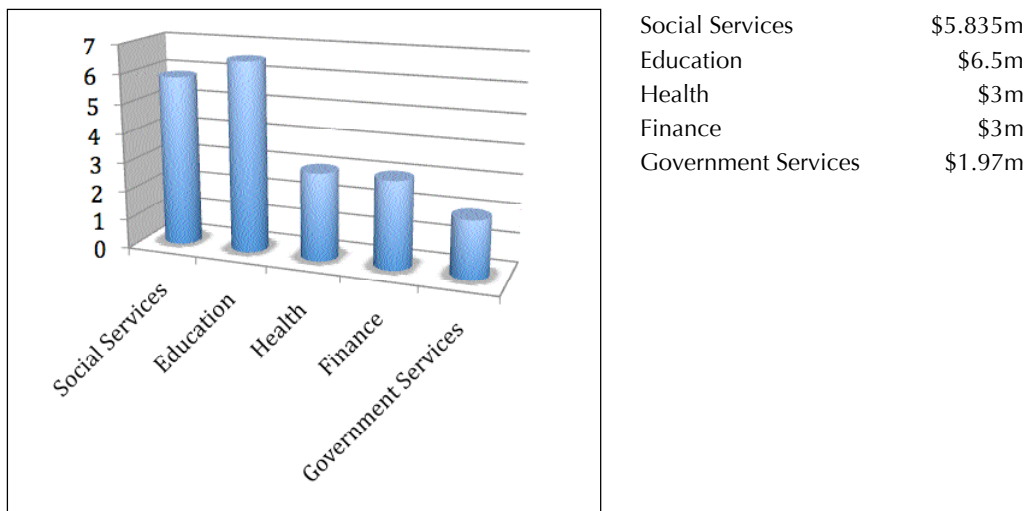
- continuation of the \$3 million investment for autism programs and services announced last fall

## Finance

- \$3 million for the following:
  - ◆ Caregiver Tax Credit increases from \$4,095 to \$8,190
  - ◆ Infirm Dependant Tax Credit increases from \$4,095 to \$8,190
  - ◆ Disability Supplement Tax Credit increases from \$4,095 to \$8,190
  - ◆ Disability Tax Credit increases from \$7,021 to \$8,190

## Government Services

- \$1.97 million to make government buildings more accessible



The 2008–09 Saskatchewan Budget and People with Disabilities, by category, in millions

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