COVID-19’s Impact on People with Disabilities in Canada

Fact Sheet No. 3:
Involving People with Disabilities in Decision-Making

The COVID-19 pandemic and related policy measures had many negative impacts on diverse people with disabilities in Canada. While these impacts were often profound for those in the disability community, they remained largely invisible to others. In this fact sheet, people with disabilities describe in their own words how decision-making by the government during the pandemic affected people with disabilities, their support or care providers, and disability organizations.

Key impacts of COVID-19 and related policies on access to essentials:

- Individuals, families, and support providers said they were rarely consulted about pandemic policies that affected their day-to-day lives. They did not see themselves represented in government decision-making processes.
- Decisions on mask wearing, closing community programs, and family visits to group or long-term care homes had negative effects on people with disabilities and their support providers. The effects could have been improved if people with disabilities had been consulted.
- People with disabilities can support and shape COVID-19 decisions if they have a seat at the table with government policy-makers.

“I just don’t think there is enough representation from people with disabilities in government. I don’t think there ever could be enough, whether it is provincial or federal level. I’m sure there are people with disabilities in government, but I’m not seeing them really up front. I’m wondering if there is, how hidden are they? Like we need more of a voice in the government level. There’s all kinds of agencies out there that have a voice, but they’re not being heard.”

– Focus group participant
Lack of representation

The Accessible Canada Act requires the government to engage and consult with people with disabilities when developing laws, policies, and programs.* Yet during the pandemic, individuals, families, and caregivers reported that they were not consulted or represented in the emergency response. Some disability leaders were invited to advise the federal Minister of Employment, Workforce Development and Disability Inclusion on disability-related COVID policies. Disability organizations also advocated to address problems such as visitor policies in long-term care homes and hospital triage policies. At the same time, many disability organizations needed time to respond to the pandemic themselves challenging their capacity to support people with disabilities.

Exclusionary policies

The needs of many people with disabilities were often forgotten in pandemic policies. In some cases, policies led to more discrimination and isolation of people with disabilities. For example:

• Work from home requirements meant that some disability services were not open or available.

• Social distancing and lockdown policies also made it hard for many people with disabilities to get regular home care and services. These lockdown measures also increased isolation.

• The shift to online platforms for many services along with closed public libraries excluded people who do not have regular access to the internet, cannot afford phone or internet access, or are unfamiliar or uncomfortable with information technologies.

Gaps and lack of complementary policies

The federal government provided pandemic relief funding to people with disabilities who were registered for the Disability Tax Credit (DTC). However, the DTC has well-known problems that make it difficult for people to qualify and apply. As a result, many people with disabilities did not receive the support they needed.

*According to Section 6(f) of the Accessible Canada Act, regulated entities must involve persons with disabilities in the development and design of laws, policies, programs, services, and structures when carrying out their obligations under the Act.
Disability Organizations: A Key Connector

Many local and national organizations of persons have wide networks for information sharing and important connections with diverse individuals with disabilities, including Indigenous people, older adults, women, girls, non-binary, trans, and gender non-conforming persons—and their family members. Many of these organizations work across disabilities and are keenly aware of and advocate to remove the barriers that policies can create for people with disabilities. Including these organizations in the policymaking process can ensure that programs and services work better for everyone.

Some initial policy steps

During the pandemic, the federal government made some progress towards addressing these impacts with the COVID-19 Disability Advisory Group, which was established to provide advice to the Minister of Employment, Workforce Development and Disability Inclusion about the lived experiences of Canadians with disabilities. The advisory group also provided perspectives on challenges, systemic gaps, and potential responses. It reported in December 2020. The federal government also announced funding to support 28 national disability organizations through the Social Development Partnership Program. The funding will support communications and engagement activities to better address the impact of the COVID-19 pandemic on persons with disabilities.

Coordinating policies

Emergency situations require coordinated responses across communities and jurisdictions. During the pandemic, some federal and provincial policies overlapped in confusing ways. For example, the federal Canada Emergency Response Benefit was clawed back at different rates across provinces. As a result, in most cases, people with disabilities received less CERB funding than people without disabilities. In addition, people in Indigenous communities were often caught between differing interests of Indigenous and provincial/federal governments.

“It’s not like people with disabilities fell from the face of the earth and said, ‘We’re here!’ . . . Hello. We have been here since beginning of time. So, why are people only waking up now and saying, You know what, we have people with disabilities here. . . . we should not be a ‘problem.’ Because we are part of your society. We are all living here, part of your society.”

– Interview participant
What are some good practices for involving people with disabilities in decision-making in future crises?

- People with disabilities should be involved in developing policies that affect people with disabilities.
- To develop truly inclusive policies, governments must fully engage with disability organizations and provide resources that enable organizations to reach out to their communities.
- The essential role that many families and support providers play must also be considered in policy development.
- Systems exist for coordinating policies and programs across jurisdictions. These systems should be used to manage federal and provincial funding and benefit overlaps for people with disabilities.
- Policies and emergency plans need to be developed, reviewed, and monitored to reflect the diversity of experiences among people with disabilities.

About this series

This fact sheet is part of a series highlighting research conducted in Fall 2020 by the Live Work Well Research Centre in partnership with the DisAbled Women’s Network of Canada. Read the final report and fact sheet series at liveworkwell.ca.

As part of this research we:

- Gathered data from five provinces (British Columbia, Alberta, Ontario, Québec, and New Brunswick) and from international websites;
- Analyzed statistical data, research articles, policies, and media coverage;
- Conducted interviews and focus groups with 24 disability leader key informants, 30 people with disabilities, and three federal, provincial, and regional health key informants; and
- Identified themes from the data by applying our intersectional disability and gender analysis framework (IDGA).

The COVID-19’s Impact on People with Disabilities in Canada fact sheet series includes:

1. Sharing the Experiences of Diverse People with Disabilities
2. Accessing Essentials During the Pandemic
3. Involving People with Disabilities in Decision-Making
4. Barriers to Health Care and Services
5. Housing and Congregate Living
6. Learning from International Examples
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Sources used


