The Disability Supports Feasibility Study

Final Report

Doug Tattrie

Colin Stuart

Roy Hanes

Reuben Ford

David Gyarmati

SRDC

SOCIAL
RESEARCH AND
DEMONSTRATION
CORPORATION

June 2003

Table of Contents

Tables

Acknowledgements

Executive Summary

Before any major experiment on the effectiveness of employment incentives to increase the employment of persons with disabilities could be launched, it was necessary to know how employment-related disability supports could be delivered. It was hypothesized that the effectiveness of the delivery system could be enhanced for people with disabilities and taxpayers if people with disabilities could manage their own disability and employment supports within established limits. This type of delivery mechanism was hypothesized to be able to provide quicker and less expensive access to disability and employment supports and to be able to adapt to the diverse and changing needs of the participants.

Governments have attempted to improve the employment prospects of people with disabilities by providing them with supports such as wheelchairs and hearing aids.[1] These programs usually have an administrator who has the final say over which supports each client should have. However, some people have argued that these programs would be more effective in increasing employment if their participants had more choice over which supports they should have.

The Disability Supports Feasibility Study (DSFS) is a small-scale pilot project that tested the feasibility of allowing people with disabilities to choose their own disability and employment supports within an agreed-upon framework.[2] The pilot project was in operation between March 2002 and February 2003 with 16 participants in Vancouver and Ottawa. The study was funded by Human Resources Development Canada (HRDC) and managed by the Social Research and Demonstration Corporation (SRDC).

DSFS participants were provided with a list of eligible goods and services that were both disability supports and employment supports. Participants, rather than administrators, had the final say on which of the eligible supports were purchased, where they were purchased, and when they were purchased (up to a maximum dollar value in a single month). Participants were not allowed to purchase goods and services that were not on the list. For example, the list did not include, and participants could not purchase, disability supports that did not have the potential to support job search or employment.

Participants were assigned to one of two payment approaches. Under one — more traditional — approach, the participant handed in a form proposing a support purchase to a program administrator. The program administrator confirmed that the proposed purchase was eligible and issued a cheque in the supplier's name to the participant. The participant used the

---

[1] Disability supports cover a wide range of goods and services that are used by people with disabilities to assist them in their daily living. A disability support is used by a person with a disability to perform tasks that a person without a disability can do without a similar support. This definition excludes goods and services that would be used by people without disabilities in similar circumstances. Examples of disability supports include the provision of devices such as prosthetics, beds, wheelchairs, canes, furniture, transportation, special appliances, software, clothing, home/attendant care, and counselling (Hanes & Moscovitch, 2002). "Disability and employment" supports, which are supplied by DSFS, are disability supports that help people with disabilities find work and keep working. For brevity, this report will sometimes refer to disability and employment supports as simply "supports."

[2] This framework included a fixed monthly support budget; purchases restricted to a list of eligible, employment-oriented supports; and full accounting for purchases including submission of purchase receipts. There were also limits on the quantity of some individual supports that could be purchased.

cheque to buy the support. Under a second approach, the participant used a commonly available technology — a credit card — to make immediate purchases of eligible supports. Both approaches were supplemented by a petty-cash fund for small purchases. The participant sent in receipts for all support purchases.

DSFS was designed to answer three specific questions:

- Was it feasible to deliver a program to recipients of disability-related benefits that included consumer choice over disability and employment supports?

- What types of disability and employment supports were most commonly in demand from such a program?

- Is such a program capable of operation at scale, for example, in a multi-site demonstration project?[3]

THE FINDINGS IN BRIEF

This final report uses information and documents from the design phase, 11 months of pilot operation, two waves of participant and staff interviews, and a limited number of employer interviews. This report shows the following:

Major findings

- **It was feasible to deliver a program that allowed participants choice over their disability and employment supports within established limits.** The program allowed participants to purchase any good or service from a list of eligible supports and allowed substantial choice over when and where to purchase those supports. DSFS functioned as an operating program with only routine administrative problems such as some late receipts and a few ineligible purchases. Participants praised the program for its speed, flexibility, and lack of bureaucracy.

- **Participants with diverse disabilities used DSFS funds to purchase a wide range of supports.** The payment mechanisms allowed one participant with a visual impairment to purchase specialized software that enabled him to use his computer at work, another participant in chronic pain to purchase ergonomic office furniture, and a third participant with a hearing impairment to purchase note-taking services in order to attend employment training. However, a substantial number of goods and services desired by participants were not funded by DSFS.

- **A program offering consumer choice over disability and employment supports is capable of being operated at scale as part of a large-scale demonstration project to promote employment.** A large majority of participants and some program managers liked the program and thought DSFS gave participants increased consumer choice. Most participants had the knowledge and ability to use the program. The program operated without major administrative difficulties.

---

[3]The study was not intended to answer important questions such as whether these supports helped people with disabilities to find work or to stay working.

Findings about participants

- **DSFS supports were often used to support the employment of participants.** Of the eight participants employed at the end of the study, seven participants used at least some of DSFS supports at work or in travelling to work.[4]

- **A large majority of participants liked DSFS and would participate in a similar project again.** Program administrators were divided in their opinions. Most participants said DSFS gave them more choice over what they could buy and where they could buy it. Some program administrators agreed while others felt it reduced participants' access to supports.

- **Most participants had sufficient information and ability to make choices over their support purchases.** These participants demonstrated this knowledge by purchasing a wide range of supports. Some participants needed some advice to use the program effectively. However, two participants did not have sufficient information or ability to use the program effectively.

- **Participants varied widely in how much they spent on supports — even when they had similar impairments. Setting entitlement levels will be a challenge to an expanded program.** The average participant spent less than one quarter of their entitlement. One participant spent close to her entire entitlement while three spent close to zero. Some participants spent approximately the same amount each month while others changed their expenditures dramatically from one month to the next.

- **Most purchases can be plausibly linked to participants' disability needs.** However, about 20 per cent of support expenditures have not been linked to their disability needs. Some of these expenditures included wide-screen computer monitors, ergonomic furniture, and transportation. Finally, participants may have sometimes purchased "Cadillac" versions of eligible supports when a less expensive version might have met their needs.

Findings about program operations

- **DSFS gave participants supports quickly.** The credit-card system used "off-the-shelf" technology to give participants immediate access to supports. DSFS quickly issued cheques for the administrator moderated approach and petty cash. For example, the Ottawa site issued 40 per cent of cheques on the same day that participants requested them. Seventy-five per cent of cheques were issued within six days.

- **Taken together, the payment mechanisms were sufficiently flexible to allow purchases to be made from large and small suppliers without major difficulties.** The credit-card system offered the most speed, convenience, and participant choice. However, it had the most financial risk for program funders and could not used with some small suppliers. The administrator-moderated system had less risk but was slower, more bureaucratic, and inconvenient for purchases that were small or quickly needed. The diverse range of support suppliers suggests that a payment mechanism

---

[4]The eighth participant made no support purchases using DSFS funds.

that requires a list of registered suppliers would substantially limit the choice of participants.[5]

- **A program in which people with disabilities choose employment-related supports from an eligibility list may result in some participants being unable to obtain some supports that they might have obtained under a more traditional program in which an administrator can permit specific supports to some but not to others.** The designers of DSFS were reluctant to place high-profile consumer goods — such as cell phones or laptop computers — on the list of eligible supports because all participants would be able to purchase those items with government funds. Expenditure on these items would likely have been high and widespread even though few participants needed these popular items as a disability and employment support. That would have been unfair to taxpayers and other program beneficiaries with genuine needs for public funds. However, a participant with a genuine support need for any of those consumer items might be unable to obtain them from a program with an eligibility list of employment-related supports. The same participant might be able to obtain them from a more traditional program, in which an administrator can make decisions on a case-by-case basis and give these items to one participant but not to another.

- **Most participants followed most program procedures.** Most participants were reasonably prompt in handing in receipts for purchases. Nearly all receipts were eventually collected. No participants made blatantly fraudulent purchases, had their credit cards revoked, or were removed from the program. Some participants made ineligible purchases but all were eventually returned or paid for by participants. A few receipts were not turned in or turned in quite late. In several cases, administrative sanctions were threatened but not imposed.

- **DSFS allowed participants to move between provinces without interruption to support funding.** One participant received uninterrupted support funding from DSFS despite moving from British Columbia to Ontario during the study in order to start a new job.

- **Consumer choice over disability and employment supports may cause the jobs of caseworkers to become more clerical in nature.** In DSFS, the program administrators spent a greater proportion of time on clerical work such as receipt collection and a smaller proportion of time on the traditional duties of counselling and support approval that they performed with other support programs.

- **DSFS cost about $1.30 in administration by Delivery Partners for every dollar of program benefits received by participants.** The fixed expense of Delivery Partner operations and the small-scale, temporary nature of DSFS make it difficult to draw conclusions on the administration cost of an expanded project. Administrative expenses of an expanded project might be reduced by economies of scale and the use of inexpensive clerical staff for many administrative functions.

---

[5]The credit-card payment system used a widely accepted, proven technology to modernize service delivery. Consequently, it could be implemented quickly and cheaply. In contrast, a program-specific system such as a payment card that could only be used to buy eligible supports might entail considerable investment in software, equipment, maintenance, and training for participants and suppliers.

POTENTIAL CHANGES FOR AN EXPANDED PROGRAM

Policy-makers might consider some changes to an expanded program. These changes include the following:

- Allowing participants to accumulate monthly entitlements in order to purchase more expensive supports

- Allowing more supports to deal with chronic pain

- Increasing restrictions on goods such as wide-screen computer monitors, ergonomic furniture, and transportation that can be used by people without disabilities

- Clarifying the role of program administrator
  A more clerical role for the program administrator would reduce paternalism and administrative expense, but might limit the program's ability to serve some people with disabilities and to fund supports that can also be used by people without disabilities. A more traditional caseworker role for the program administrator might be more accessible to some people with disabilities, and more capable of providing supports that can also be used by people without disabilities to some participants. However, it might risk reducing the ability of participants to manage their own supports and increasing administrative expenses.

- Increasing the petty-cash limit above $150

- Compiling a catalogue of potential eligible supports along with potential suppliers

- Continuing to improve the accessibility of forms and program instructions.

IMPLICATIONS FOR AN EXPANDED PROGRAM

Whatever shape the final program takes, it will still need administrative controls to ensure compliance with program goals and budgets. Ensuring that program funds provide "disability and employment" supports to "people with disabilities" *requires* administrative controls over who can have access to those funds and what they can purchase with those funds. For example, if program funds are not intended for items that are incapable of supporting employment, then the program must have administrative controls to prevent participants from buying them. Loosening of one set of administrative controls may result, in practice, in a tightening of other administrative controls. For example, giving participants more choice among a list of eligible supports may result in fewer listed eligible supports, tighter admission requirements, and smaller entitlement limits.

DSFS achieved high levels of service and convenience to participants. Stated another way, the cost to participants (in terms of time and effort) of obtaining supports through DSFS was substantially lower than in other programs. Other things equal, this lower time-and-effort cost of DSFS should cause participants to seek more supports than they would from other programs.

A program with consumer choice over a broad range of supports has the potential to disrupt administrative jurisdictions and hard-fought compromises over federal-provincial responsibilities. If such a program were sufficiently convenient for its participants, the program may assume the budgetary consequences of being the funder of *first* resort for

support needs that are currently serviced by other programs and jurisdictions. When people with disabilities can receive funds from several programs, relatively small changes in any of those programs could result in large budgetary consequences for *all* of the funding organizations. Therefore, designers of an expanded support program must carefully consider how the program will fit into the complex web of existing programs for people with disabilities.

CONCLUSION

None of these recommendations and qualifications changes the central optimistic conclusion of this report. A program allowing people with disabilities to manage their disability and employment supports within established limits is feasible and can be run as an expanded program. Most participants have the ability and knowledge to use the program well. The program gave participants more choice over which eligible supports they could purchase, where they could purchase them, and when they could purchase them. In doing so, participants used the program to purchase a wide range of supports from a diverse group of suppliers. Almost all of the participants who were employed at the end of the study were using some DSFS supports on the job or in travelling to their job. The program ran quickly with minimal bureaucracy and only routine administrative problems. Therefore, this report concludes these tested methods of providing disability and employment supports to people with disabilities can be expanded to scale and used as part of a larger demonstration project.

Chapter 1:
Introduction

This is the final report on the Disability Supports Feasibility Study (DSFS). DSFS was a small-scale study to test the feasibility of new methods of delivering disability and employment supports to people with disabilities that might be used in a future demonstration project. The key difference between DSFS and the existing provision of disability and employment supports is that DSFS was designed to allow decision making, within established limits,[1] to rest with the person with the disability. The study tested whether it was feasible to deliver such a level of choice to people with disabilities, while maintaining fairness to taxpayers, by means of a "voucher." Knowledge from this test will be valuable should any future large-scale demonstration propose to use a program in which people with disabilities manage their own supports purchases as part of an intervention to increase their employment outcomes.

Roy Hanes, a Carleton University professor, originally conceived the approach being piloted in DSFS. The study was funded by Human Resources Development Canada (HRDC) and managed by the Social Research and Demonstration Corporation (SRDC). Two Delivery Partners operated DSFS in Ottawa and the Greater Vancouver area.[2]

People with disabilities are a diverse group including people with mobility impairments, vision impairments, hearing impairments, and mental-health problems. Despite their differences, they have low employment rates and low labour market attachment in common. In an effort to improve the lives of people with disabilities, policy-makers have created programs to supply people with disabilities with supports such as wheelchairs and hearing aids.[3]

However, these programs usually have an administrator who has the final say over which supports each client should have. At an HRDC policy workshop,[4] Hanes argued that these programs did not give enough choice over supports to people with disabilities and were insufficiently concerned with encouraging employment among people with disabilities. Workshop participants supported the notion that any future research and demonstration project focused on the employment of people with disabilities should include increased choice over supports as part of the intervention.

---

[1]These limits included a fixed monthly support budget; purchases restricted to a list of eligible, employment-oriented supports; and full accounting for purchases including submission of purchase receipts. There were also limits on the quantity of some individual supports that could be purchased.

[2]The Delivery Partners are not named in the interest of preserving participant confidentiality.

[3]Disability supports cover a wide range of goods and services that are used by people with disabilities to assist them in their daily living. A disability support is used by a person with a disability to perform tasks that a person without a disability can do without a similar support. This definition excludes goods and services that would be used by people without disabilities in similar circumstances. Examples of disability supports include the provision of devices such as prosthetics, beds, wheelchairs, canes, furniture, transportation, special appliances, software, clothing, home/attendant care, and counselling (Hanes & Moscovitch, 2002). "Disability and employment" supports, which are supplied by DSFS, are disability supports that help people with disabilities find work and keep working. For brevity, this report will sometimes refer to disability and employment supports as simply "supports."

[4]*Workshop on Employment of Persons With Disabilities: Ideas for a Potential Demonstration Project* held in Ottawa on March 21, 2001 (Social Research and Demonstration Corporation, 2001).

DSFS arose as a response to this recommendation. HRDC was considering testing new interventions to improve the labour market performance of people with disabilities. However, prior to considering a large demonstration project with a component that allowed people with disabilities to manage their supports within established limits, HRDC authorized DSFS to find out whether increasing choice over supports would be feasible for a future demonstration. The approach under test gave participants the opportunity to purchase any support they wanted from a list of items that were both disability supports and employment supports. Participants, rather than administrators, had the final say on which of the eligible supports were purchased, where they were purchased, and when they were purchased. In addition, the DSFS approach attempted to speed up the process of obtaining supports so that the participant could respond quickly to labour market opportunities. However, DSFS placed limits upon the ability of participants to choose their supports. They could not purchase anything that was not on the list of eligible supports. DSFS would fund only eligible supports up to a maximum monthly expenditure. Finally, participants had to account for all their support expenditures by filling in appropriate forms and submitting receipts.[5]

Through operating this program, DSFS hoped to gain insight into the feasibility of a program that gives participants the ability to choose their disability and employment supports within an established framework. The study was not intended to answer important questions such as whether this framework improved the labour market performance of people with disabilities.

DSFS was a voluntary program that was run in Ottawa and the Greater Vancouver area between March 2002 and February 2003. It enrolled 16 participants — split evenly between the two sites. This report contains analyses of the types, amounts, and timing of support purchases during the first 11 months of the program as well as two waves of interviews with the participants and program delivery staff about the effectiveness and the feasibility of the approach under test. It also analyses interviews with selected employers.

Chapter 2 of this report establishes the rationale behind the program. In doing so, it examines current program approaches for people with disabilities including those that attempt to expand choice available to their participants. Chapter 3 sets out the design of DSFS and the design of the accompanying research. Chapter 4 examines how the participants were recruited for DSFS. Chapter 5 introduces the DSFS participants and their self-described support needs. Chapter 6 explores the operation of DSFS and participant experiences with the program and presents the central findings of the report. Chapter 7 concludes by reviewing the findings of the report and analyzing their implications for an expanded study.

---

[5]These limits are integral part of the framework of DSFS. However, for brevity, this report will sometimes refer to DSFS participants "managing" or "choosing" their supports. These phrases should be understood to mean managing or choosing their disability and employments supports within these established limits.

Chapter 2:
The Rationale for DSFS

THE PURPOSE OF THE STUDY

This study investigates the feasibility of delivering disability and employment supports to people with disabilities in order to help them start work and keep working.

The project arose following a HRDC policy workshop on employment of people with disabilities held in Ottawa in March 2001 (Social Research and Demonstration Corporation, 2001). Its theme was experimentation in encouraging employment (including the provision of disability and employment supports) for persons with disabilities. No intervention idea was finalized at the workshop. However, the idea to allow unemployed people with disabilities to arrange their own employment supports, within specific limits, did gain support. Concerns that such a new approach first needed to be tested for feasibility led to the development of this study.

Roy Hanes presented a paper at the workshop that proposed an approach that could remove barriers people faced from lack of supports and services when trying to find work. The proposal had several premises:

- People with disabilities will continue to have low employment rates unless they can obtain appropriate supports.

- Appropriate disability and employment supports in the workplace are often too expensive for either the employer or the employee.

- Current support providers often deliver their program in a manner that is more convenient for themselves than for their clients. In addition, these programs pay insufficient attention to the individual's desire for employment.

- If people with disabilities had more choice over supports that promote employment, they would have access to a greater range of supports and they would have more employment opportunities. As a result, the disability and employment support system would become more efficient.

The purpose of this study is not to test these premises, but is rather to test the feasibility of delivering supports for employment with methods that may overcome some of these problems that Roy Hanes identified. To select the appropriate delivery methods, the study began with a literature review of existing support programs. In addition, the study looked at a number of voucher delivery experiences in Canada, the US, and elsewhere. These experiences yielded a number of different approaches to voucher payment mechanisms that could be used to serve the needs of people with disabilities for the transition to employment.

Then the study went on to consider how the more promising designs identified by the literature review could be implemented in a field test of an intervention delivering disability and employment supports. The study judged the most appropriate delivery model by its ability to provide choice within established limits, its practicality for making purchases and

yielding research data, its ability to avoid misuse and ineligible purchases, and its ability to co-exist with established programs.

Some crucial, practical questions were also addressed: Who would be eligible, how much funding would they be eligible for, when would they receive the funds, and which supports would they be able to buy? The development of this design is presented in Chapter 3.

Before doing so, it is worth reviewing the policy context in which the study was developed. The delivery mechanism being tested can be seen as either an alternative to current practice or as a prototype for a program that must co-exist with current practice. In either case, current practice must be understood in order to understand why some believe there is a need for an alternative and to understand how the delivery mechanism might fit in with current practice. Knowledge of current practice is also useful for interpreting how the alternative under test fared by comparison.

EXISTING SYSTEM OF SUPPORTS

A diverse range of programs offer supports to unemployed Canadians with disabilities to help them find jobs and keep working. Some were specifically designed to support the transition to employment. Others were not designed with the transition to employment in mind but potentially offer support at some stage of that transition.

The federal government, especially HRDC, has developed many programs to help people with disabilities find work and keep working. Provincial governments also operate a number of programs. These are often related to the social assistance system. Municipal governments, workers compensation boards, private insurers, and non-profit organizations can also assist people with disabilities to move into employment. The following review can consider only the most prominent programs operating in the provinces in which the Disability Supports Feasibility Study (DSFS) will be tested (British Columbia and Ontario). Appendix A provides a more detailed summary of existing programs.

The most significant programs focused specifically on employment include HRDC's Opportunities Fund for Persons with Disabilities, its Targeted Wage Subsidies, and Employability Assistance for People with Disabilities (EAPD). In Ontario, EAPD funds contribute to the employment supports component of the Ontario Disability Supports Program (ODSP). In BC, EAPD funds help support the province's Vocational Rehabilitation Services.

Supports services are typically delivered on a case-by-case, professionally mediated basis. HRDC's Opportunities Fund serves as an example. It is a discretionary fund intended to aid the employment of people with disabilities through training, supports, or employer subsidies. Usually funds are administered through a local organization offering employment assistance to people with disabilities. Potential clients must want to work, identify themselves as a person with a disability, and commit to an action plan designed to assist them to move into employment or self-employment. There are some program exclusions (for example, those in receipt of Employment Insurance benefits), and caseworkers or coordinators assess needs on a case-by-case basis. This means that not every unemployed person with a disability is eligible.

It is difficult to calculate the level of spending on employment programs for people with disabilities at different levels of government in Canada.[1] The federal government sets aside $193 million annually for EAPD alone, and another $30 million for the Opportunities Fund. Nonetheless, over the past decade, unemployment rates of people with disabilities have remained stubbornly high (Fawcett, 2001). In this context, there have been grounds to scrutinize the success of existing approaches for supporting employment among people with disabilities.

PERCEIVED PROBLEMS WITH THE CURRENT SYSTEM

There have been relatively few systematic evaluations of supports provision in relation to employment. Those that have taken place tended to consider individual programs rather than assess the entire range of options available to consumers:

- HRDC has conducted an evaluation of the National Vocational Rehabilitation Program of the Canada Pension Plan (CPP). The evaluation demonstrated that many CPP disability pension beneficiaries could be rehabilitated and returned to employment, with possible cost savings. However the evaluation concluded that rehabilitation could be made more efficient, for example, by using alternative methods of service delivery.

- HRDC has conducted an evaluation of the Opportunities Fund for Persons with Disabilities. The evaluation recommended few changes in design and delivery but identified some weakness in the areas of program monitoring and data collection as well as marketing and sharing of innovative initiatives. The evaluation concluded that the Opportunities Fund had a positive effect on employment but no significant effect on weekly earnings, personal income, or attitudes.

- A Social Planning Council study, conducted in 2000, used a public forum and three focus groups to obtain public input on ODSP from Ottawa participants. The report indicated that some participants found the process of applying for ODSP cumbersome, complex, lengthy, and at times quite expensive. Some lacked a designated ODSP contact, which created problems for people with mental health problems or multiple disabilities who had to provide repeat information for each ODSP team member. Some reported difficulty accessing employment supports if they had partial income from ODSP and another source (like a CPP disability pension).

- Perrin and Associates (1999) reviewed earlier evaluations of vocational rehabilitation programs operating at the provincial level. They found one program[2] to be cost beneficial relative to client wages and social assistance. However, there were problems with access. Waiting lists for some provincial programs were as long as a year or more.

---

[1] HRDC estimates that the federal government spends more than $6 billion a year for income support programs and provision of goods and services to people with disabilities. That does not include the costs to provincial programs and private sector insurance plans (Human Resources Development Canada, 2000).
[2] This program was delivered by the Ontario Ministry of Community and Social Services in the early 1990s.

- An earlier review of employment-related programs across Canada by the Roeher Institute found, among other problems, that the wishes, interests, and needs of the client were not given adequate consideration (Roeher Institute, 1992).

Perrin and Associates (1999) observed "models of support which emphasize individual control and responsibility are usually more effective than models where professionals decide unilaterally what is best for someone else" (p. 40).

Thus, some tentative conclusions can be drawn from a review of existing programs and their evaluations:

- The provision of support services to Canadians with disabilities is the responsibility of multiple systems and delivery partners, resulting in a potentially confusing array of overlapping programs. It has been argued that the existing framework creates confusion, frustration, and increases dependency among people with disabilities (Hanes, 2001).

- Coverage is not comprehensive. The definition of support services does not often include supports used solely in the workplace[3] as distinct from dwelling-based supports.[4]

- The recipient of the service rarely has control over their choice of employment supports. Professionals usually retain control over budgets and the types of supports made available to an individual to support their employment.

Such conclusions have informed debates over access to employment supports in recent years and have suggested the development of alternative models of delivery based on increased consumer choice. The DSFS was devised to test one such alternative.

AN ALTERNATIVE WAY TO DELIVER EMPLOYMENT SUPPORTS

A federal government report, *In Unison 2000* (Human Resources Development Canada, 2000), emphasized the importance of support services for people with disabilities. Specifically it referred to supports as one of three core building blocks necessary for the full integration of people with disabilities, the other two being employment and income support. *In Unison 2000* noted the need for disability supports to be available continuously (i.e. to be portable), to be flexible, to be responsive to individual needs, and to provide maximum choice over provision to people with disabilities. It gave priority to consumer involvement and the need for reform of support service programs.

An HRDC report, *Disability Policies and Programs: Lessons Learned — Final Report*, identified individual control and empowerment as one of the most important factors in the success of community services in facilitating skills development, community and social integration, consumer satisfaction, and improvements in quality of life (Perrin and Associates, 1997). The authors reviewed evidence that suggested services based upon independent-living principles were more effective in this respect than traditional,

---

[3]Workplace supports could include technical aids, equipment, workplace design, on-site personal care attendant services, or personal work assistants.
[4]Dwelling-based supports could include attendant care services, house cleaning, meal preparation, washing, dressing, bathing, or other supports required for the activities for daily living.

professionally driven services. Such principles often challenge the prevailing "medical model" of disability that defines disability in terms of impairment and externally assessed treatments. Other authors have interpreted this evidence as grounds for a change in approach to the provision of supports. For example, the Council of Canadians with Disabilities (1998) has advocated replacement of "the more invasive, domineering, expensive rehabilitation and professional service model, to empower individuals to determine our own needs, to manage our own funds and services (to the greatest extent possible, as determined by the individual, and with the supports identified by the individual), and ultimately to take responsibility, and to take our own chances."

A system that allows people with disabilities choice over their supports within established limits has many potential advantages:

- The approach may be quicker because it avoids delays caused by establishing medical proof of a support requirement and professional decision making. It may allow people with disabilities to match their support changes to their changing support needs.

- The approach may save money by reducing program spending on professional decision making and budget setting.

- The approach may better recognize the "unique" needs of people with disabilities. There will be variation in the need for and cost of supports and services from one individual to the next and variation over time for a single individual as their impairment and employment conditions change. Allowing individuals to manage their own package of supports may better reflect the diversity of need between participants and may be better able to adapt to the changing needs of individuals over time.

- It could present an opportunity for the individual and their potential employer to make a joint decision about how to solve a problem affecting access to employment.

- People with disabilities could potentially gain greater mobility to help pursue opportunities for work, both interprovincially or intraprovincially.

The above arguments were echoed at the HRDC-supported Workshop on Employment of Persons With Disabilities (Social Research and Demonstration Corporation, 2001) that featured contributions from academics, policy-makers, and representatives from disability organizations. The "choice" approach to the delivery of disability and employment supports was one of the five proposals for new employment-focused demonstration projects proposed at that workshop.[5] This approach would mean that there would be no external assessment of need for a particular support required by a particular person within a menu of available options. Importantly, individuals should be free to choose from a wide range of disability and employment supports.

To test a new delivery mechanism based on this alternative approach, DSFS had to tackle practical questions about what the delivery mechanism would look like. For example, in practice, if people with disabilities are going to have choice over a range of supports, then they need some form of purchasing authority to buy them. A widely used form of purchasing authority — discussed at the workshop in the context of choice over supports — is called a

---

[5]These demonstration ideas had themselves evolved from ideas put forward at a roundtable session with representatives from disability organizations held at Carleton University in November 2000.

"voucher." Vouchers have been used for many social programs in many ways and forms. The following section reviews a range of voucher approaches, with a view to how they could have been applied in DSFS.

VOUCHERS

In social and economic policy, a voucher usually takes the form of cheque or certificate indicating a credit against future purchases or expenditures. The most famous vouchers are pieces of paper such as food stamps or ration coupons. However, vouchers can also be a plastic card (for prescription drugs) or a government form (housing vouchers or child-care vouchers) or even a tax credit for specific purchases. The actual payment can be made either to the supplier or, occasionally, to the participant, as in the case of some child-care programs. Vouchers may cover the entire price of a good (as with food stamps), the "fair-market value" of a good, or only a portion of the cost (as with some child-care programs).

However, some things are not vouchers. A voucher is not a good or a service. A food stamp is a voucher but a sack of flour is not. Vouchers are usually limited to a fixed amount of the good or service. Therefore, an open-ended commitment, such as Medicare, is not a voucher. Vouchers can be spent only on a limited set of goods or services. Therefore, cash or an unrestricted tax credits, such as the Disability Tax Credit, are not vouchers.

Vouchers are a restricted form of cash because they can be "spent" on some goods and services but not on others. It is the freedom to spend the voucher on any eligible good that often gives voucher recipients more choice over what they get for a fixed amount of program dollars. However, voucher programs can restrict choice when they replace cash payments to recipients.[6] While vouchers have the potential to settle disputes over how to spend a given amount of program dollars, they do not have the potential to settle disputes over how many program dollars individual clients should receive from a program.

VOUCHER PROGRAMS IN PRACTICE

This section looks at some prominent voucher programs to gain insight into the design issues that might face a voucher-based program of disability and employment supports.

Food Stamps

One of the longest running contemporary examples of a voucher program is the Food Stamp Program run by United States Department of Agriculture (USDA). Before the program was established, USDA directly delivered agricultural surpluses to eligible participants. This was administratively intense and gave participants limited choice over what they ate. In contrast, the Food Stamp Program has provided each client with stamps and, more recently, an electronic card to purchase a wide range of food items at grocery and convenience stores that appear on a pre-approved list. The electronic card is designed to cut administration costs and reduce fraud, but requires recipients to purchase their food at a store that will accept the special electronic card (Moffit, 2000).

---

[6]Ration coupons are the most famous example of vouchers designed to restrict choice. The substitution of vouchers for cash could occur accidentally if the voucher were deemed to be income by an agency that gives the recipients means-tested income payments. This problem is considered in Chapter 3.

Attendant Care

The services provided by attendants include assistance with routine activities of living such as dressing, grooming, and bathing. In Europe it is common for people with disabilities to manage their own attendant care services. In Canada and the United States attendant care is often arranged through agencies that send the attendant care worker to the recipient's home. The agency determines need and also hires and manages workers (Cuellar, Tilly, & Wiener, 2000).

However, the Ontario Ministry of Health has a direct-funded attendant care program that is run through the Centre for Independent Living.[7] The Centre determines the level of assistance required by each participant in negotiation with the participant but allows participants to hire, manage and, potentially fire, their own attendant care worker. To qualify, applicants must complete an extensive application and interview process to show that they are personally able to manage the responsibilities of being an employer. If accepted, participants perform all the responsibilities of employers such as setting pay scales, schedules, and budgets as well as hiring and managing their attendants.

This attendant care program increases choice over the hiring and managing of care workers within established limits. However, program officials choose who is qualified for the program and have the final say over how much funding the participants should receive (Centre for Independent Living in Toronto, Inc., 2002). In March 2003 the program was at capacity and was not currently taking further applications.

Ticket to Work

Ticket to Work is a new large-scale US program that provides training and employment opportunities to all Social Security beneficiaries with disabilities. Beneficiaries take a voucher to an organization — dubbed an "employment network" — on a pre-approved list of service providers. The beneficiary negotiates a package of goods and services with the provider. Few restrictions are placed on the types of goods and services, which might include pre-employment training, on-the-job training, or direct employment. Unlike other voucher programs, the provider is not directly paid for these services. Instead, the Social Security Administration directly pays the provider 40 per cent of the benefit savings for each month that the participant does not receive Social Security benefits up to a maximum of 60 months.

The Ticket to Work program gives participants increased choice. The government retains financial control because it makes payments only to a registered list of suppliers. In addition, it makes these payments only for the verified results that it wants — a reduction in Social Security benefits (Office of Disability Employment Policy, 2001; Centers for Medicare and Medicaid Services, 2002).

Finally, the program avoids the need for program administrators to make difficult choices as to who gets how much of a given benefit. However, many of these difficult choices will be made by service providers who must decide what services they are willing to give to a particular client in return for delayed and uncertain payment. They may be eager to serve the most job-ready candidates and reluctant to serve the least job ready. They may attempt to steer clients toward careers with low pay but easy access to employment. Finally, they may

---

[7]Other provinces have similar schemes. Direct-funded attendant care is the dominant program delivery mechanism in Austria, Germany, and France.

attempt to cross-subsidize the least job-ready candidates with surplus funds from the most job-ready candidates. This final strategy would require the implicit agreement of the most job-ready candidates.

Person-Bound Reintegration Voucher Project

In 1998 the Netherlands started a voucher pilot project that has many similarities to the approach explored in DSFS. Known as the Person-Bound Reintegration Voucher Project, it aimed to increase the choice and employment of people with disabilities as well as flexibility in the operation of vocational rehabilitation and re-employment. People with disabilities could obtain a standard voucher (€4,500 or approximately $6,300) without specifying how they planned to spend it. Completing an employment plan made them eligible for a voucher of up to €22,700 (approximately $36,900).[8] There were few restrictions on what the vouchers could be spent on. The employment plan was supposed to be approved with minimal scrutiny. The vouchers could be used for training, counselling, placement services, or to support self-employment.

Overall, the pilot suffered from slow recruitment, poor publicity, and resistance from administrators who neglected to give information about the program to clients who they felt were not suitable for the program. Many clients needed help in designing employment plans. The plans took weeks or months to approve. Administrators rejected some employment plans because they proposed to buy re-integration services that the administrators did not think were appropriate for the client. There was little or no monitoring of how the money was spent. With little monitoring, the program risked becoming a traditional cash payment program rather than a voucher program (Prins & Bosselaar, 2001).

LESSONS FROM VOUCHER PROGRAMS

These voucher programs have similarities and differences that can be used to gain insight into the central issues of designing DSFS.

Voucher programs can increase choice within established limits. The USDA Food Stamp Program allows recipients to choose the type of food that is best suited to their individual tastes, health needs, and ethnic background. In addition, recipients can time their food purchases around their other responsibilities such as work and child care. Finally, food stamps give recipients a choice of provider that should ensure a higher level of service and respect from service providers than would be likely with a monopoly supplier. All these factors mean that recipients get more value for every dollar of benefits they receive. However, recipients have established limits on the value of food stamps they can receive, what they can purchase with them, and where they can use them.

Voucher programs vary in the choices and limits they give participants. The Dutch Reintegration program and Ticket to Work have few explicit restrictions on the types of goods and services that the voucher can buy. The food stamp program (as well as US housing and attendant-care programs) allows a substantial choice within the confines of their program areas but no choice outside of it.

---

[8]Exchange rate was 1.4 Canadian dollars for every €uro, which was the approximate rate near the end of the program in March 2001.

Some voucher programs exclude those who do not have the knowledge and skill to use the vouchers effectively. The Food Stamp program excludes no one on the basis of skills and knowledge since most participants have substantial knowledge about what foods are available, how to buy them, and how to prepare them. Ticket to Work is theoretically open to all disability beneficiaries but requires clients to find alternative support suppliers, negotiate deals with them, make use of the supports they provide, find work, and stay employed. In practice, suppliers may refuse to provide services to low-skilled beneficiaries who may require expensive services and have little chance of employment. In the Dutch program, administrators did not inform some potential recipients about the program if the administrators felt the program was inappropriate for them. In addition, recipients sometimes had difficulties completing employment plans. In contrast, the Centre for Independent Living explicitly excludes those who do not have the requisite management skills to hire and manage an attendant-care worker.

Voucher programs often use a pre-approved list of suppliers. The Food Stamp Program and Ticket to Work will not make payments to suppliers that have not pre-registered with them. This allows some control over the quality of goods purchased by the participants. It also facilitates payment mechanisms, such as electronic cards, that reduce administration costs and fraud. However, pre-registering suppliers with electronic payments systems is difficult, time consuming, and expensive to get started. This is particularly true with small, independent suppliers such as attendant-care workers. In addition, participants cannot purchase goods that are not in pre-registered stores — an important consideration for voucher programs that allow diverse set of goods to a diverse clientele such as people with disabilities.

Voucher programs often use incentives to achieve program goals. Clients have an incentive to spend their vouchers wisely so they get the most value for the fixed value of the voucher.[9] Some voucher programs have more explicit incentives. US vouchers for housing allow recipients to keep savings if their actual rent is less the local "fair market value." Some voucher programs, such as some US child-care programs, encourage frugality by insisting that the recipient pay part of the value of purchased goods. Ticket to Work pays suppliers 40 per cent of benefit savings, which gives suppliers a strong incentive to use cheap and effective methods of achieving employment goals.

Voucher programs vary in the methods used to determine the value of the vouchers that are given different participants. The Centre for Independent Living negotiates the size of its attendant-care voucher with each recipient. Food stamps are allocated by a formula based on family size, income, and age distribution. The Dutch Reintegration Program had two levels of payments while Ticket to Work has only one. A single standard voucher amount can leave some people with too much funding and others with too little. However, finely graded individual funding levels would require an administrator to assess individual support needs, interfering with the ability of participants to manage their own supports.[10]

---

[9]This incentive is not present if the recipient has vouchers worth more than their need.

[10]The level of funding given to an individual is particularly problematic for programs delivering disability and employment supports. Support needs can vary tremendously between people of different disability types and impairment levels. For a single individual, support needs can also vary over time as their impairment and employment situations change. Setting amounts for disability supports also differs from the approach for food stamps because disability supports are frequently durable goods. A person may need a large amount of money for a much-needed support in one month (a motorized wheelchair, for example) but require little in subsequent months.

Vouchers are often issued for a single good or service that is repeatedly purchased in relatively constant amounts. Examples of these types of goods and services include food, housing, child care, and attendant care. In contrast, Ticket to Work and the Dutch Person-Bound Reintegration Voucher Project can be used for a wider range of goods and services.

CONCLUSION

There has been considerable research and debate about the employability needs of people with disabilities. There has been somewhat less evaluation of the effectiveness of existing support programs and very few tests of alternative approaches.

People with disabilities and their advocates increasingly support the development of approaches to the provision of support services, including supports for employment, that allow people with disabilities to manage their own supports. There have been some tests of such approaches in other countries (notably the Netherlands) and in other areas of support (such as home-based care), but evidence is scarce on whether it is feasible to run a program in which people with disabilities are given the ability to manage their own supports and, if so, what they would do with that ability. This study was established to create such evidence.

Any test of the voucher approach must resolve the practical tasks of how — and how far — to transfer management of supports to unemployed people with disabilities in order to assist them in their job search and employment. To ensure such a voucher approach could operate at scale, as in any future demonstration project, it is essential to field test the selected "voucher" options. The next chapter will consider the design of such a field test.

Chapter 3:
The Design of DSFS

INTRODUCTION

The Disability Supports Feasibility Study (DSFS) was intended to answer the three key research questions:

- Is it feasible to deliver a program to recipients of disability benefits that includes consumer choice over disability and employment supports?

- What types of disability and employment supports are most commonly in demand from such a program?

- Is such a program capable of operation at scale, for example in a multi-site demonstration project?

These questions required that the study develop and implement new delivery mechanisms for supports as well as investigate the feasibility of those mechanisms. This chapter first documents the design of the delivery mechanisms and, subsequently, describes the accompanying research.

DSFS wished to learn as much as was possible about the feasibility of a different approach to delivering supports in the context of a small-scale study. The design included field tests of more than one payment approach, in more than one location, with more than one set of administrators. However, each mechanism offered the same entitlements to supports so that the mechanisms could be compared fairly. By this approach, the study had a greater chance of determining which successes and failures were due to the mechanism being tested and which were due to isolated factors such as a specific location, population, or specific program administrators. The study also had an increased chance of finding at least one feasible mechanism. These requirements structured the design of the intervention and the research.

KEY FEATURES OF DSFS

This section briefly describes the key features of DSFS that resulted from the design process described below. These features were as follows:

- DSFS had 16 participants, spilt evenly between Ottawa and Vancouver.

- DSFS operated from March 2002 to February 2003.

- Participants could buy any support from a list of eligible supports that were *both* "disability supports" and "employment supports."

- Participants did not need the approval of an administrator to buy an eligible support.

- Participants could spend up to $700 a month on supports. They could spend $950 a month if they worked at least 15 hours a week for at least one week.

- Participants used one of two payment mechanisms to buy supports:

- *The credit-card approach.* Eight participants used credit cards to purchase eligible supports.

- *The administrator-moderated approach.* Eight participants requisitioned cheques from the Delivery Partners to buy supports.

- All participants had use of a $150 petty-cash account for small support purchases.

- All participants were required to hand in receipts for purchases to the Delivery Partner.

The reasoning and process that resulted in these key design features of DSFS are described in the next sections of this chapter.

THE DESIGN OF THE SUPPORT DELIVERY MECHANISMS

The study looked for interventions that could be put into place quickly, could stay within a fixed budget, and could fit within the existing legal and policy infrastructure for supports. In practice, a team of Social Research and Demonstration Corporation (SRDC) employees, academics, and practitioners designed the DSFS between late November 2001 and late January 2002.[1] This team met each week to resolve design issues with the assistance of an initial review of existing voucher programs, discussions with service providers and guidance from the Applied Research Branch of Human Resources Development Canada (HRDC).

The team also addressed a number of practical questions that were crucial to determining the nature of the interventions: who should be eligible, how much funding would they be eligible for, when would they receive the funds, what supports should they be able to buy, and what should be the relationship between supports, funding levels, and employment? The different options were judged against the following criteria:

- Does the model live up to the ethos of consumer choice of supports?

- Is the model practical for making purchases of the required items and services?

- Can the model yield data for later analysis of both the nature of the support services consumed and the patterns of consumption of supports?

- Does the model permit verification of whether purchases were indeed made from the list of eligible supports?

- To what extent are the participants protected in cases of misuse, for example due to voucher theft?

- To what extent are the program administrators protected against misuse or fraudulent use of vouchers?

- To what extent would the proposed mechanism conflict with existing programs, policies, and tax regimes?

Inevitably, the options met some criteria better than others, and the resulting designs reflect a compromise between competing objectives. The selected options were those judged best able to meet all of the above criteria.

---

[1]Academic advice was obtained from Professor Roy Hanes of Carleton University. Practitioner advice was obtained from the Delivery Partners.

Who Should Be Eligible?

The intervention was to deliver supports to aid job search and employment for unemployed Canadians with disabilities. The target group was thus clearly defined as people with disabilities who were out of work. In addition, the study wanted to focus on those who would be likely to move into employment within a year so that a 12-month field test could observe their behaviour both when they were unemployed and when they were employed. Unfortunately, there was no readily available list of such individuals.

However, agencies that provide employment placement services for people with disabilities have clients who are likely to be job-ready and require disability and employment supports. Thus the study sought partnerships with two such organizations — one in Ottawa and one in Vancouver — so that their existing clients could be offered the chance to participate in the study.[2]

Once confirmed as part of the study, the Delivery Partners provided anonymous files of all potential participants who

1. were between 18 and 64 years of age;

2. were "job-ready" (that is, they were either unemployed and looking for work OR were working less than 15 hours a week and seeking additional hours);

3. would likely require some type of disability and employment support to assist with their job search and/or to help secure and maintain employment;

4. had a reasonable understanding of English or French;

5. were willing to participate in the study and be capable of providing consent either individually or through a parent/guardian/advocate; and

6. resided in the area immediately serviced by the Delivery Partners (Ontario or British Columbia).

The design team asked the Delivery Partners to provide anonymous information on *all* clients who met these criteria in order to ensure that there were no extra implicit criteria for including or excluding potential participants. For example, all disability groups were included in the list of potential participants in order to assess the feasibility of the program on a diverse clientele.[3]

The design team required potential participants to be "job-ready" because the program was designed to promote employment. Job readiness increased the probability that a substantial number of participants would become employed during the program so that DSFS could learn how feasible the program was for employed participants.[4] In addition, the design

---

[2]The use of these organizations also had the advantages of supplying expertise in designing the program as well as experienced caseworkers to deliver program services. Under tight deadlines, DSFS could be implemented faster in Vancouver and Ottawa than other cities because SRDC already had offices in those cities.

[3]In practice, the job-readiness criteria may have excluded some with severe impairments. Job readiness was not strictly defined. By default, DSFS accepted the judgment of the Delivery Partners as to which potential participants were job-ready.

[4]At the time this part of the program was designed (December 2001), the state of the economy was uncertain. The design team decided to reserve one spot in each site for a person who was employed but working less than 15 hours a week in order to ensure that at least two participants would be employed during the program.

team wanted a range of disability groups. Therefore, DSFS obtained information to stratify the sample in order to prevent one disability group from holding too many program positions.

Practical considerations led to other recruitment criteria. The design team required no formal assessment of disability status by a medical professional. Implicitly, DSFS adopted the same definition of disabilities as Delivery Partners did when they took on the clients. As a consequence, participants could join DSFS faster and with less effort than some traditional programs.[5] Requiring participants to have a working knowledge of French or English avoided the need for multiple translations of program forms and materials. Drawing participants from the service area of the Delivery Partners made recruitment and administration simpler and faster.

SRDC randomly selected potential candidates and invited them to an initial information meeting. SRDC randomly selected the final participant sample from those who volunteered to be in the study.[6]

How Much Funding Should Be Available for Participants?

Budget considerations played a major part in deciding the maximum expenditure per participant. After consultation with HRDC, the design team decided that each program participant would initially be entitled to a maximum of $700 per month in eligible supports over the course of the 12-month study. Program participants were not allowed to shift funds between months, nor were they allowed to spend more than their monthly entitlement in DSFS funds on any one good or service. However, they were allowed to rent or lease goods for the period of the program but not beyond.[7] Participants could use DSFS funds to fund part-purchase (up to their monthly entitlement) of an expensive good only if they had an alternative source of funds for the remaining portion of the purchase price.[8]

The design team also decided that participants should be able to buy up to $950 of supports per month if they found employment. The extra funding provided an incentive to find work quickly and helped participants to buy extra supports that might be required by a new job. Participants could receive the extra entitlement for the remainder of the program if they found any type of paid employment — including self-employment — that was at least 15 hours a week for at least one week. The work requirement was set low and wide in order to maximize the number of participants who would qualify for the employment-related maximum in an uncertain economic environment.

---

[5]It was important to limit the recruitment burden on the participants because program designers did not know how popular the program would be and there was not enough time to engage in a lengthy recruitment period. In addition, a medical assessment could have implied that the study would be relying on professionals to assess participants' support needs, rather than allowing individuals to determine their own support requirements. However, it is unclear how a "real-life" program would screen applicants for the benefits that DSFS offers. Program officials might impose tight entrance requirements to a generous program with few restrictions in order to limit budget expenditures. A theme of this report is that increased choice over one aspect of a program might result in stricter administrative control over the remaining aspects of the program.

[6]See Chapter 4 for more on the recruitment process.

[7]A set of rules was developed to ensure that participants did not attempt to sign leasing or rental agreements that had the indirect effect of allowing them to purchase expensive goods indirectly.

[8]Participants had to justify why they needed the good in a letter to DSFS. In principle, DSFS could deny them the right to use DSFS funds for the good if their justification was deemed insufficient. In theory, this limited the ability of participants to manage their own disability and employment supports. In practice, no one was denied the right to combine funds from DSFS and other sources to purchase eligible goods and services.

The design team decided to give the same set of entitlements to all participants because different funding levels for different groups of participants would require a formal assessment of participants' needs. This was thought likely to interfere with the goal to test the feasibility of allowing participants to manage their own disability and employment supports.[9] The risk of this design feature was that DSFS would give too much money to some participants but not enough to others. This risk was substantial because DSFS had a diverse group of participants that had equally diverse needs for disability and employment supports.

What Supports Should Participants Be Able to Buy?

At the earliest stages of the design process, the design team decided that a voucher-type program would be the best way to allow participants to manage their own supports within established limits. As explained in Chapter 2, a voucher system allows participants to purchase any *eligible* good or service up to the value of the voucher. A voucher program also *requires* that there are some goods or services that *cannot* be purchased with the voucher. A voucher without restrictions is simply an expensive way to make cash payments. However, imposing too many restrictions would unduly affect the ability of participants to manage their own supports and would not allow a true test of the feasibility of such a program.

Balancing these two objectives became a critical design task because *all* participants would be able to use their entitlement to buy *any* eligible good. Program administrators could not refuse to fund an eligible good because they felt it was inappropriate for a particular participant.[10] At the extreme, a participant with a hearing impairment could use DSFS funds to purchase a Braille printer (an eligible good). In accordance with testing the *feasibility* of such an approach, it would be left to the research to determine whether participants made purchases that were apparently unrelated to their impairment. In this way, DSFS allowed participants the maximum amount of choice over eligible supports but no choice or opportunity to obtain ineligible supports. It reduced the power of individual program administrators to decide which supports were funded but increased the power of those who decided which supports were eligible to go on the list and the power of participants to choose among them.

A key feature of the voucher mechanism was that DSFS could not easily permit one participant to have a particular support without allowing all participants to buy the same support if they wanted it. For example, suppose there were a strong case that a cell phone would be a useful disability and employment support for a participant with a particular disability but would not be for other participants. The DSFS designers faced the choice between allowing all participants to purchase cell phones and allowing none of the participants to make the purchase. Allowing none of the participants to purchase a cell phone denies one participant a needed support. Allowing all the participants to purchase cell phones means that many participants might purchase desirable consumer items at a high cost to the program budget. In practice, a participant might be more likely to obtain a needed cell phone under a program that gave more discretion to program administrators (and less to

---

[9]Often, voucher programs either have the same funding level for all participants or they set funding levels by simple, objective demographic characteristics such as household income and household size.

[10]They could deny a support if (1) it was not on the approved list, (2) the price exceeded the monthly maximum, (3) the good was not for the participant's own use, (4) the good was not purchased at fair market value, or (5) the purchase violated special rules for rental and lease agreements.

participants) because the administrator could refuse to fund cell phones for the other participants.

In order to implement the voucher policy, the design team decided to compile one list of eligible goods and services for all participants. In doing so, the design team rejected several alternatives. One rejected alternative was to have a list of good and services that could *not* be purchased. This was rejected as impractical because the list would be too long. Another alternative was to have separate lists for people categorized as having different disabilities. This was rejected because the categories risked being arbitrary and would again imply a prior assessment of need.

The goal of helping people with disabilities to become employed was key to deciding which goods and services should be eligible. In consultation with HRDC, the design team decided that the support list would include those goods and services that were both "disability supports" *and* "employment supports." This had the advantages of offering a substantial list of supports to people with disabilities, focusing on the employment goals of HRDC, and limiting overlap with other federal and provincial programs.

The content of the list depended on the definitions of "disability support" and "employment support." A disability support was defined as a good or service used by a person with a disability to perform tasks that a person without a disability can do without a similar support. This definition excludes goods and services that would be used by people without disabilities in similar circumstances. An "employment support" was broadly defined as any good or service that *could* be used for purposes related to work or job search.[11] These definitions were wide enough to include a broad range of disability supports that could be used at work such as chairs, desks, and computer software designed for people with disabilities. The definition excluded disability supports that could not be used for work or job search. For example, beds designed for people with disabilities were ineligible. The definition also excluded employment supports that were not specifically designed for people with disabilities (for example, general employment training or job-search training unrelated to a disability). A complete list of supports at the start of the program is presented in Appendix B.

The design team judged that there would inevitably be omissions from the list that they generated initially. Thus, participants were given a list of eligible supports divided into two parts: a specific list of approved items that could be purchased and a general statement that participants could purchase anything that was both a disability support and an employment support. Participants were urged to submit requests for goods or services that they considered met the criteria of being both a disability support and an employment support. If such an item were deemed eligible, it would then become accessible to *all* participants.[12]

How Should Participants Obtain Their Supports?

This section describes the process by which participants would obtain supports. This is important because the wrong process could undermine the ability of participants to manage their supports, be administratively infeasible, or leave the program open to abuse and fraud. The design team decided to test three delivery methods for two reasons: to increase the

---

[11]Participants were not required to prove that they used the support for work or job search.

[12]DSFS assumed that suppliers existed for needed supports so that they could be purchased. DSFS could not provide supports for which there was not an established market.

chances of finding at least one feasible method and to understand which strengths and weaknesses of the program were due to specific payment mechanisms.

In all three methods, the program administrator played a central role by dealing directly with participant concerns and questions, deciding on the eligibility of supports in consultation with SRDC, and ensuring participant compliance with program procedures.

At the start of the program, DSFS assigned each participant to a program administrator. In addition, DSFS gave the participant program information, forms, and the list of eligible supports. Several steps in the process to obtain a support were the same for every participant, regardless of the delivery mechanism. The participant decided which eligible support he or she wished to purchase from the list of eligible goods. If the participant wished to purchase something that was not specifically mentioned on the support list, then the participant could ask DSFS to decide whether the proposed purchase was an eligible disability and employment support.[13] If DSFS ruled that it was, then the proposed good or service was specifically named on the support list and all participants became potentially able to purchase it.

Once the participant had decided upon an eligible good, the participant used the appropriate payment mechanism — discussed below — to purchase the support.[14] All mechanisms gave the participant choice over when and where to buy the eligible support. The timing of support purchases was restricted only by the maximum monthly entitlements and the speed of the payment mechanisms. Following the purchase, the participant filled out a receipt submission form and handed in receipts for the purchase.

Administrator-Moderated Approach

DSFS assigned all participants to either the administrator-moderated approach or the credit-card approach. The administrator-moderated approach was the more traditional approach. A participant submitted a Support Request Form that detailed the type of support required, the name of the supplier, and the price of the support. The program administrator determined whether the requested support was eligible and conformed to other program rules. If everything was in order, the Delivery Partner issued a cheque in the name of the supplier for the exact amount of support request. The participant took the cheque to the supplier and purchased the eligible support. Later, the participant submitted the purchase receipts to program administrators to confirm that an eligible purchase had been made and to maintain financial records and controls.

The administrator-moderated approach was administratively conservative with tight financial controls. The approach gave the participant time for reflection prior to purchase and gave program administrators time for informal intervention. Program administrators did not release funds until they had determined that the specific support request was eligible and did not exceed the participant's monthly entitlement. The Delivery Partners issued cheques in the name of the supplier to reduce the possibility of fraud or ineligible purchase. Receipts were required after the purchase to ensure that the approved good was, in fact, purchased. The design team selected this traditional mechanism because they felt it was likely to prove feasible.

---

[13]Program administrators decided straightforward cases while less straightforward cases were decided by SRDC in consultation with the Delivery Partners.

[14]DSFS did not require that participants obtain several quotes prior to purchase.

However, the administrator-moderated approach had the potential to be slow, bureaucratic, and expensive to administer. Participants might have had difficulty using the system if they were working or if they needed supports in a hurry. Administrators might have exercised undue influence over participants and, possibly, unduly restricted the ability of participants to manage their own supports. The administrator-moderated approach might have been impractical to use for relatively minor expenses, some types of transportation, and Internet purchases.

Credit-Card Approach

DSFS gave half the participants a proven, "off-the-shelf" technology — credit cards[15] — to use for purchasing eligible supports. Before making a purchase, participants with credit cards had the option, but not the obligation, to ask the program administrator whether a specific support was eligible. The participant purchased the support with the credit card. As a fraud prevention measure, SRDC monitored purchases electronically and forwarded purchase information to program administrators. The participant submitted purchase receipts twice monthly to program administrators. Administrators reviewed the electronic summaries, purchases, and receipts. If a purchase was ineligible, the participant was required either to return the purchase or to pay DSFS for the purchase. If a supplier did not accept the credit card, the participant could use the administrator-moderated approach (above) or petty-cash account (below).

The credit-card approach took its inspiration from the electronic cards issued to food stamp recipients in the United States. With current technology, electronic cards can be programmed so that participants can purchase a wide range of goods at predetermined stores. Electronic cards are a potentially useful tool to allow people with disabilities to manage their own disability and employment supports. However, they require lengthy development times, large up-front expenditures, and advance registration of eligible suppliers. All of these requirements were impractical for a small, one-year study. A standard credit card mimicked many of the desirable properties of a specialized electronic card but still could be implemented quickly and cheaply. In addition, credit cards were widely accepted by the diverse group of suppliers who did not have to be pre-registered with DSFS.[16]

The credit-card approach gave maximum autonomy, flexibility, and dignity to the participants. Participants were not obliged to consult with the program administrator before making a decision. Participants could purchase supports quickly when they were needed. Finally, participants could use the credit card discreetly in stores without special forms or procedures that drew attention to their disability status.

However, in practice, this approach required SRDC to issue corporate credit cards to unemployed participants with limited sources of income. Participants could have potentially used the card to purchase any non-eligible good that can be purchased within the credit limit of a standard credit card. In addition, the participant could potentially use the card to

---

[15]SRDC corporate credit cards were issued.

[16]The suppliers had to be pre-registered with the credit-card company.

purchase more than their monthly entitlement.[17] Credit cards could be lost or stolen. Some eligible purchases, such as attendant care, might be difficult to make with a credit card.[18]

Petty-Cash Account

The credit-card approach and the administrator-moderated approach were unlikely to be able to be used to purchase all eligible goods in all circumstances. In addition, both these approaches required the participant to hand in a receipt after they spent DSFS funds. It was anticipated that this would be administratively difficult to enforce in many cases. Therefore, the design team decided that all participants should have a petty-cash account to purchase low-cost supports. As its name suggests, this account was similar to the standard petty-cash accounts found in many offices. DSFS issued all participants a $150 petty-cash advance at the start of the program. Each participant could make eligible support purchases of up to $150 at a time.[19] He or she could submit receipts as often as he or she liked to get a reimbursement cheque. When the receipts were received, the program administrator judged the eligibility of each purchase and issued a cheque to the participant for eligible purchases that conformed to other program rules. Ineligible purchases or eligible purchases without valid receipts were not reimbursed.

The petty-cash account was simple to understand and could be used for all types of supports valued at less than $150. In addition, no reimbursements were made until the purchase had been made, the receipt had been received, and the support had been confirmed as eligible.

The petty-cash account had the potential to generate cash flow problems for participants who used the $150 advance for non-program purposes. Participants might have found themselves out of pocket if they lost receipts or purchased ineligible goods. Finally, it was judged to be difficult to collect the $150 advance at the end of the study.[20]

Other Government Programs and Departments

DSFS interacted with other government programs and departments. The first part of this section looks at how DSFS, a small-scale pilot, met the needs, concerns, and requirements of other parts of government. The second part briefly considers how a full-scale national program might interact with other government programs.

DSFS and Other Government Programs and Departments

DSFS interacted with other government programs and departments. For example, some participants received mean-tested income and support benefits from provincial agencies. A concern for DSFS was that these agencies would declare DSFS entitlements to be income and, consequently, reduce the means-tested benefits of some DSFS participants. This would

---

[17]The credit-card company, VISA, will rarely issue a credit card with a credit limit of less than $1,000.

[18]DSFS also considered several additional alternatives to credit cards besides payment cards. A debit card was rejected because it would require DSFS funds to be transferred to a personal account in the name of the person using the debit card — the participant. The ability of DSFS to monitor this account and prevent cash withdrawals was, at best, problematic. DSFS also considered setting up an SRDC bank account for each participant and allowing them to write support payment cheques on this account. This method was rejected for legal reasons. SRDC believed that giving participants cheque-signing authority would make them agents of SRDC. This meant that a supplier could sue SRDC if a participant wrote a cheque in excess of the amount in the DSFS account.

[19]The limit of $150 was put in place to ensure that participants also used the other purchase mechanism they were given.

[20]Partly for this reason, participants who participated fully in the research were granted a $150 honorarium at the end of the study. This had the effect of cancelling the participant's obligation to return the advance.

have hampered recruitment, increased participant hardship, and reduced participant choice because participants would have lost unrestricted benefits (cash payments) in exchange for a restricted benefit (DSFS entitlements).

To avoid this situation, SRDC entered into negotiation with two provincial government agencies that support people with disabilities, the Ontario Disability Support Program (ODSP) and the BC Ministry of Human Resources. Both sets of negotiations eventually had favourable outcomes.

ODSP provides means-tested income benefits and work-related support benefits to Ontario residents with disabilities. It issued a formal ruling that, in general, DSFS benefits will not be counted as income. However, ODSP reserved the right to review each support individually to ensure that it did not count as income and to ensure that there was no duplication of supports between DSFS and ODSP Employment Supports.

The BC Ministry of Human Resources provides means-tested income benefits for BC residents with disabilities. It has issued an internal document that stated that eligible DSFS benefits would not be treated as income and, therefore, would not affect the BC benefits provided to any participants.

The tax treatment of DSFS benefits had to be resolved before program operations could begin. The Canada Customs and Revenue Agency (CCRA) decided that DSFS benefits were taxable under the *Income Tax Act*. This required that participants be issued with T4As for the value of the DSFS supports they received.

These decisions had three effects for participants with other taxable income from such sources as subsequent employment. First, participants with other taxable income could have an additional tax bill at the end of the year if they made extensive use of the program and had few tax credits. Second, the tax decision had the potential to limit participant choice because it meant that offering a restricted means to make purchases (DSFS supports) resulted in a reduction of an unrestricted means to make purchases (cash). Third, taxes on DSFS supports could have the effect of limiting participant use of program benefits. In effect, the taxes act as an unofficial copayment for participants with other taxable income. These copayments could cause hardship, could reduce less essential use of program dollars, or both. CCRA also determined that EI premiums and pension contributions should not be paid on DSFS benefits.

Finally, participants were left with the responsibility of determining the effects of DSFS on their benefits from all other departments, agencies, and private organizations. This responsibility could be substantial because there is a wide range of means-tested government programs that might rule that DSFS supports are income under their program rules.

Other Government Programs and a Hypothetical, Full-Scale Program With Maximum Choice

Suppose a support program offered people with disabilities the maximum amount of choice to purchase the supports they believe they need and the fewest limits on what could be purchased, and suppose that this hypothetical program provided people with disabilities with much faster, more convenient access to supports. Then, assume such a program was feasible and had been launched on a national scale. The (assumed) speed and convenience of this program might encourage people with disabilities to use it for their various needs rather than use the existing programs that currently have those responsibilities. The funder of this

hypothetical program might have to assume the budgetary consequences of being the funder of *first* resort for a wide range of supports and services offered under other government programs. Some of the budgetary consequences could be avoided by restricting admission into the program, by restricting the level of funding for each participant, by restricting the range of goods and services offered by the program, or by insisting that participants attempt to obtain support funding from other programs first. These alternatives would entail some movement away from the idealized program with maximum choice and few established limits.[21]

RESEARCH DESIGN

Overview

The principal research task for DSFS was to determine the feasibility of offering a program that enables people with disabilities to manage their own disability and employment supports within established limits. In addition, DSFS wished to determine what types of disability and employment supports were most commonly in demand from such a program. Finally, DSFS wished to determine whether such a program was capable of operation at scale, for example in a multi-site demonstration project.

The first two questions can be answered by considering the following sub-questions:

- Can delivery mechanisms be devised that meet the criteria for the intervention?
- Can these mechanisms be implemented for a field test?
- Can participants choose from a range of supports?
- Can participants choose when they receive the supports?
- Are participants sufficiently informed to make these support choices?
- How well do participants follow the program procedures?
- How high is the administrative burden or cost of operating the program for administrators?
- What disability and employment supports are purchased?
- To what extent do purchases represent needed supports?
- To what extent do purchases not represent needed supports used in job search and employment?
- What supports needed for job search and employment are desired but not purchased?
- Is the level of funding available to individuals sufficient or excessive for meeting their disability and employment support needs?
- Does the target population value these delivery mechanisms?
- Are there gains (or losses) for the participant relative to existing support mechanisms?

---

[21]Many voucher programs are limited to a single, well-defined type of good or service such as food, housing, or attendant care. The department or level of government with primary jurisdiction often runs these programs. Both these factors tend to limit the amount of additional expenditure caused by overlapping jurisdictions. In contrast, ODSP potentially offers a wide range of services to people with disabilities, but its program rules often deny funding to those who are qualified to receive similar benefits from other programs.

To answer these questions, the research is concerned largely with DSFS program implementation, as observed through the program experiences and the characteristics of the participants, and the views of program staff and, to a lesser extent, employers. Given this emphasis, the research is less concerned with traditional outcome measures for participants, such as gains in employment.

The following sections elaborate on the method used to answer these research questions. The first section sets out the basic design of the study — a case study using two delivery partners and two payment mechanisms. A second section lists the data sources. A third section shows how DSFS will use the data sources to answer the research questions listed above.

Study Design

This report studies the questions of interest using a symmetric two-by-two case study design using 16 participants, as shown in Table 3.1.

Table 3.1: Number of DSFS Participants by Site and Payment System

Delivery Partner\ Payment System	Administrator-Moderated	Credit-Card	Total
Ottawa delivery partner	4	4	**8**
Vancouver delivery partner	4	4	**8**
Total	**8**	**8**	**16**

Source: DSFS design documents.
Notes: All participants have access to a petty-cash account.

The study divided program participants equally between the two payment approaches and two delivery partners in two separate cities. The study used two payment systems to increase its ability to determine their feasibility, their potential for abuse, and their ability to give increased choice over disability and employment supports to program participants. If both systems had been successful or unsuccessful in all three outcomes, then researchers would have had more confidence in the conclusions of DSFS than if only one payment method had been tested. In contrast, if one payment method appeared more successful in terms of giving participants the ability to manage their own supports while another was more successful in terms of avoiding abuse, then the study would have gained insight into the compromises that any future program would have to make. Similarly, having two Delivery Partners permits assessment of which outcomes of DSFS were due to the characteristics of the design and which were due to the characteristics of an individual delivery partner or its clientele.

The method of choosing the participants could also increase the reliability of the study's conclusions. The potential participants were drawn from the current caseload files of the delivery partners according to explicit criteria. The exclusive use of explicit selection criteria ensured that no hidden or implicit selection criteria might bias the conclusions of the study. DSFS invited a stratified random sample of potential participants to apply to join the test. A final stratified sample randomly selected the actual participants from the applicants and randomly assigned them between the administrator-moderated approach and the credit-card approach. Every effort was made to ensure that there was no systematic bias toward selecting one type of participant over another. This helped to ensure that the program participants had

a wide range of disabilities and were broadly representative of the current case files of delivery partners who met the explicit selection criteria.[22]

Data Sources

The next two sections review the different data sources used in this study and show how they are used to answer the DSFS research questions.

Participant Interviews

Participants were the most important sources of data in the study. Study researchers conducted two sets of in-person interviews with participants over the course of the 12-month study. The initial interviews, conducted in April 2002, focused on the participants' demographic characteristics, employment experience, experience with disabilities, and experience with disability support programs. The second set of interviews, conducted in December 2002, focused on their experiences with DSFS and their opinions about it. Chapter 5 and Chapter 6 of this report make extensive use of these interviews.

Staff Interviews

Two sets of interviews with program administrators were also conducted. Chapter 6 uses these interviews to add insight into how the program was implemented and used by participants.

Employer Interviews

DSFS intended to interview employers of participants, if the participants gave their consent to the interviews. However, most employed participants did not want DSFS to interview their employers. As a result, only two employer interviews took place. These are included in Chapter 6.

Management Information System (MIS)

Program administrators keep a detailed electronic record of every support purchase in the Management Information System (MIS). The MIS records who purchased supports, what they purchased, when they purchased them, where they made the purchase, and how much they paid. The MIS also records whether a purchase was eligible, whether a receipt was submitted, and whether the program administrator took any further administrative action. In addition, a participant contact log records all phone calls and letters sent to or from participants. Researchers analyzed these logs to determine questions and concerns surrounding the operation of DSFS. Chapter 6 uses the MIS data and logs extensively.

Administrative Files and Operational Documents

These files are the internal memos and documents between members of the DSFS team at SRDC, the Delivery Partners, and HRDC and other governmental organizations. These documents include minutes of meetings and documents used to design DSFS, program and procedures manuals, memos on support requests, and memos on other operational issues. Chapter 3, Chapter 4, and Chapter 6 make use of these sources. In addition, Chapter 6 uses various memos on the eligibility requests of participants.

---

[22]This did not mean that the sample was representative of unemployed people with disabilities. Clients of the employment agencies were likely to be more job-ready. DSFS implicitly accepted the Delivery Partners definition of who was job-ready. Those who volunteered to join the study could well have been more favourably disposed to the study approach than those who did not join the study. Finally, the small sample size could have confounded some of the results by chance.

Program Summary and Hypotheses

Table 3.2 outlines show these data sources will help answer the research questions presented at the beginning of the Research Design section of this chapter.

Table 3.2: Data Sources Used for Research Questions

Research Questions	Documents			Staff	Participants
	Design	MIS	Program		
Can delivery mechanisms be devised?	X				
Can these mechanisms be implemented?		X	X	X	X
Participants choose a range of supports?	X	X		X	X
Participants choose when they get supports?	X	X		X	X
Are participants sufficiently informed?		X		X	X
Do participants follow procedures?		X	X	X	X
How high is the administrative cost?		X		X	
What supports are purchased?		X			
Are they needed supports?		X		X	X
What supports are desired but not purchased?		X			X
Is the level of funding sufficient?		X			X
Do the target populations value the delivery mechanisms?				X	X
Are there gains (or losses) for the participants relative to existing support mechanisms?		X		X	X

(Note: the "Data Sources" heading spans the Design, MIS, Program, Staff, and Participants columns.)

CONCLUSION

This section gives an initial answer to some of the research questions that concern the design of the project. The design team was able to create delivery mechanisms that met the criteria for giving participants the ability to manage their disability and employment supports. Participants could choose to purchase the supports they needed from a wide range of supports (see Appendix B) as long as they conformed to program procedures. No program administrator could deny them an eligible support because the program administrator felt that it was inappropriate. Finally, participants had a wide choice over when and where to purchase their supports.

However, the DSFS design did not give participants unlimited choice over their supports. Participants were restricted to purchasing supports that were included in the list of eligible supports. Participants were also strictly limited in the amount they could spend — no more than their maximum monthly entitlement. This monthly entitlement also had the potential to restrict what was purchased and when it was purchased.

These restrictions could have been relaxed to meet the goal of giving participants even more choice. Items, perhaps many items, could have been added to the support list. However, a program with the *meaningful* goal of delivering supports to people with disabilities must define what a support is and what it is not. That implies enforced restrictions on what can be purchased by participants. As well, the funds available to each participant could have been made larger — perhaps much larger. However, there must be some restrictions on how much funding individual participants can receive in order to meet basic needs for financial accountability.

This chapter shows the central role of the eligible support list in giving participants choice over their disability and employment supports. Participants could choose any item on the list of eligible supports. However, this chapter suggests that giving participants freedom to choose from the support list makes the program designers reluctant to place some types of goods on the list. Some participants with a genuine need for items that are also popular consumer goods may be better able to obtain them from a more traditional program. Unlike DSFS, traditional programs have administrators who can grant access to these consumer goods to one participant without granting access to all participants. Substantial, but not unlimited, choice over support purchases was given to the participants who were recruited into DSFS. Their recruitment is the subject of the next chapter.

Chapter 4:
Recruitment of the Participants

This chapter describes how the Disability Supports Feasibility Study (DSFS) recruited its 16 participants. It also assesses the success of DSFS in achieving its enrolment goals.

INTRODUCTION

The recruitment process had five stages, which were to

- identify individuals from the Delivery Partner caseloads who met the sample selection criteria as outlined in Chapter 3;

- select potential participants from this group;

- introduce them to DSFS and encourage them to volunteer;

- select the final 16 participants from among the study volunteers; and

- complete participant enrolment during orientation sessions.

The following sections describe each of these steps in detail.

Identifying Potential Participants From the Caseloads of the Delivery Partners

In late January and early February of 2002, Delivery Partners selected all the clients from their caseloads who met the selection criteria for DSFS, as described in Chapter 3. Subsequently, they provided an anonymous file to the Social Research and Demonstration Corporation (SRDC) containing individuals meeting those criteria. Rigour in the caseload review was enforced to ensure that no one was overlooked, to avoid bias in participant selection, and to avoid the appearance of favouritism. Table 4.1 describes this population in an approximate way.[1]

Stratified Random Selection and Invitation to DSFS Information Sessions

Using the caseload files, SRDC conducted stratified random selections to obtain a sample of potential participants who would be offered a chance to take part in the study. The random selections were first stratified by location (Vancouver and Ottawa) and by employment status (unemployed and employed less than 15 hours per week). The latter condition ensured that at least two employed people would use the payment mechanisms. A third stratification was used in Vancouver to ensure that no more than 25 per cent of people invited to participate from Vancouver would have mental health disabilities. The purpose of stratification was to ensure that the study included a diverse range of disabilities.[2]

---

[1] Some discrepancies appear between case file information and information gathered directly from participants. Consequently, the information in the case files should be viewed as broad indicators of the client characteristics.

[2] About 40 per cent of the Vancouver caseload files listed mental health as a disability. In 1991 the Health and Activity Limitations Survey found that 18 per cent of Canadians with a disability reported having a mental health disorder (1996, Office of Disability Issues, *Living with a Disability in Canada*, HRDC: Ottawa). In 2001 the Participation and Activity Limitation Survey adopted different categories, however psychological disability was reported by 15.3 per cent of people reporting any disability (*A profile of disability in Canada 2001,* Statistics Canada, Ottawa, 2002).

How Many to Invite to the Information Sessions?

About twice as many individuals were invited to take part in the study as there were positions in the program. In this way, all the program positions could be filled quickly even if half the invitees declined to participate.[3] Twenty potential sample members from each site were selected at random from each study site. Eighteen were unemployed and two were working less than 15 hours a week. The potential participants were similar in most respects to the larger case files except that there was a higher proportion of clients with physical impairments.

INFORMATION SESSIONS

Notification

The Delivery Partners invited the potential participants to an information session. Thirty-four of the forty potential participants agreed to attend an information session while six declined. Five of the six said they did not require additional supports while the sixth said the supports offered by DSFS were not suitable for him.[4]

Information Sessions

The information sessions, held in mid-February 2002, explained DSFS along with its benefits and obligations, and showed participants how to volunteer for the study.[5] The sessions also gave participants a chance to meet representatives from the Delivery Partners and SRDC and to ask any questions about the study prior to joining.

Those who asked questions at the 90-minute sessions appeared to understand the study well. Three issues predominated the questions, and these are described below.

Monthly Entitlements and Expensive Supports

A few participants questioned whether the monthly maximum could be increased or accumulated from month to month in order to facilitate the purchase of expensive supports. Although some were disappointed at the negative answer, it appears that this, in itself, may not have led many participants to decline the offer.

High Cost Purchases and Lease Arrangements

Some participants were very quick to explore the limits of the support list to determine if they could obtain high cost goods that cost in excess of the monthly maximum. Participants questioned the use of alternative purchase arrangements including lease-to-own or rental agreements, where monthly payments were less than the maximum entitlement. Participants were advised that they could use lease or rental agreements as long as the agreement did not allow them to use DSFS funds to purchase expensive goods.[6] This limitation did not appear to be a major factor in participation decisions.

---

[3]Recruitment had to be rapid because the contract with HRDC required 12 months of active participation beginning no later than March 2002. There was little time for additional rounds of selection and enrolment.
[4]Non-volunteers will be discussed in more detail below.
[5]To volunteer formally, participants had to sign the Consent Form, which allowed the release of their case-file information with personal identifiers to SRDC.
[6]These questions sparked additional program rules concerning leasing and rental agreements.

Effect of DSFS Support Purchases on Other Benefits

Several participants expressed concern over the potential effect of DSFS entitlements and support purchases on their eligibility for other support programs (e.g. Ontario Disability Supports Program (ODSP), Income Assistance Disability) and their future income tax liability. Written interpretations from provincial support programs and the Canada Customs and Revenue Agency (CCRA) were still pending at the time of the information sessions. Participants were advised of the informal rulings that SRDC had received and that official interpretations would be provided before the program was to begin.[7]

Non-volunteers

In total, 27 of the 40 individuals who were invited to information sessions agreed to join the study. Thirteen declined to join — six prior to the sessions and seven afterwards. Non-volunteers were similar to volunteers except that they tended to be older and more likely to receive income assistance (IA). Non-volunteers commonly said that they did not need any of supports at the current time or that the study did not offer the supports that they needed.[8]

Random Selection of 16 Eligible DSFS Participants

Sixteen participants were selected from the volunteers — eight in each site. One person in each site was working less than 15 hours a week. Half the participants in each site were assigned to the program-administrator approach and half were assigned to the credit-card approach.[9]

ORIENTATION SESSIONS AND PARTICIPANT AGREEMENT

Group orientation sessions were held in Vancouver and Ottawa on March 11, 2002. Orientation sessions provided a more detailed review of the DSFS as well as the specifics of the administrator-moderated approach, the credit-card approach, and the petty-cash account.[10] If participants decided to complete their enrolment, participation agreements and other administrative documents were signed at this time. Participants were then provided with a petty-cash cheque and the necessary program forms to begin making support purchases on March 15, 2002. Credit cards would be sent to those in the credit-card approach at a later date.[11]

Table 4.1 presents the characteristics of the final 16 participants. It shows that the sampling process achieved its objective of having a diverse sample of disabilities and other participant characteristics. The next chapter describes the participants in detail.

---

[7]As outlined in the previous chapter, CCRA ruled that DSFS benefits were taxable.

[8]An additional two volunteers eventually declined to participate in the study for similar reasons.

[9]This stratification was in accordance with the research design. See Chapter 3.

[10]During the DSFS orientation session, participants were provided with details regarding their monthly support amounts, a list of permissible supports, as well as the administrative procedures for making purchases using their assigned payment mechanism.

[11]The credit cards were not sent out until the last week in March because of administrative delays and delivery times. This may partially explain the lower support purchases for some participants in the month of March, although these participants were still able to utilize petty cash or the administrator-moderated approach to make purchases.

Table 4.1: Caseload and Participant Samples

Characteristics	Caseload (%)	Participants (%)
Gender		
Male	57	56
Female	43	44
Age		
Under 25	4	6
25 to 34	19	19
35 to 44	32	38
45 to 54	28	31
55 and over	11	0
Missing	8	6
Months in job search		
3 or less	48	56
4 to 9	32	38
More than 9	20	6
Employment status		
Unemployed	93	88
Part-time (< 15 hours per week)	7	13
Disability type		
Physical	30	38
Visual	3	19
Hearing	7	13
Learning	14	6
Mental health	30	13
Other	4	0
Multiple disabilities	10	13
Primary income source		
None	29	44
Employment Insurance	20	25
Income assistance	22	0
Provincial disability (ODSP, IA DBII)	17	19
Salary or wages	2	0
Spouse's income	4	13
Other	4	0
Sample size	**138**	**16**

Source: Anonymous sample files provided by the Delivery Partners.
Notes: The Delivery Partners reviewed their current caseloads in late January and early February 2002, applying the five selection criteria for the DSFS target population. Percentages may not sum to 100 due to rounding.

PARTICIPANT REACTIONS TO THE ORIENTATION

Most participants expressed a positive reaction to the information and orientations sessions when interviewed several weeks later. "Well, overall, it went fine," said Marc.[12] For the most part, participants felt the sessions gave detailed information about the program that left them well informed about the payment mechanisms and purpose of the study. "Everything was well explained to me," said Sandra.

---

[12]Pseudonyms are used for all participants in the study.

Almost all of the participants were pleased with the efforts of DSFS to accommodate the different needs of the participants such as wheelchair accessible rooms and large print materials for those with visual impairments. One participant with a hearing impairment was provided with a note taker so he could read what was being said. He stated this accommodation made the information clear.

While satisfied overall with the accommodations, two participants identified two areas for improvements. Marc, who had a visual impairment, wanted to access information in electronic forms. Donna felt that the size of the meeting room was simply too small. "I couldn't highlight my notes and I felt claustrophobic. I thought I was going to start to hyperventilate," she said.

To summarize, from the evidence there is every indication that the orientation provided participants with sufficient clarity for the study to proceed.

> *It went as well as can be expected for something that is just getting started. It wasn't honed to a point where it was perfect, but you know I went in knowing it was a study and they were just trying to work out the bugs. So it went as well as can be expected.* (Ewan)

Enrolment was completed promptly for the newly selected participants, and their eligibility for supports began on March 15, 2002.

Chapter 5:
Experiences, Disabilities, and Supports of the Participants

In a small pilot project to test a new intervention, the individual lives and experiences of participants play a large role in determining how the intervention performs and how it is observed to perform. For example, a large number of missing receipts could be due to a failure in the program, changes in the impairment of a small number of participants, or long-standing tendencies toward procrastination among a few participants. Similarly, the levels and types of support purchased may reflect the design features of DSFS or the support needs and wants of the particular people in the study. Therefore, understanding the results of the study requires an understanding of its participants, their impairments, their experiences, and their self-described support needs. The first part of this chapter looks at disabilities and life experiences of the participants while the second part of the chapter looks at their self-described support needs.[1]

WHO WERE THE PARTICIPANTS?

Table 5.1 shows that almost all of the participants shared attributes common to mature adults. With one exception, all were of prime working age — from their late 20s to their early 50s. About two thirds had extensive employment experience and nearly all had some work experience prior to the study. Therefore, at the start of the study, the goal of almost all participants was *returning* to the labour market rather than starting in the labour market. Only 3 of the 16 participants relied on income transfer programs that were specifically designed for people with disabilities.[2]

At the beginning of the study, 10 were either married, living common law, or separated. Five owned their own homes. Only two were living with their parental families. During the study, only one participant moved. Ewan found a job in Toronto and moved there with his spouse from the Vancouver area.

Three quarters of the participants reported some post-secondary or university education, which means this sample was more educated than both the general population and the population of people with disabilities.[3] As a consequence, study participants may have been better able to purchase supports and understand program procedures than the general population of people with disabilities.

---

[1] The information for this chapter comes from interviews with participants. These interviews were held in April 2002 and December 2002. The interview protocols were structured using primarily open-ended questions. The sequencing of questions in the actual interviews was generally, but not rigidly, adhered to. The sequence and wording of questions was altered when what the participant said indicated a different sequence or made some questions superfluous. All names are pseudonyms.

[2] These income transfer programs were CPP-Disability, ODSP in Ontario, and DBII in British Columbia. The DBII classification was renamed "Disability Benefits" in September 2002.

[3] A high proportion with post-secondary education experience may not represent a sample bias, given that the intention was to sample those clients of existing programs who were defined by delivery agencies as those who were "job ready."

Table 5.1: Participant Attributes

Name	Presenting Disability	Age	Education	Primary Income	DSFS System
Neil	amputation above knee	44	secondary	EI	CC
Jeannette	arthritis	22	secondary	family	AM
Wendy	bipolar	49	university	family	CC
Kim	chronic pain	40	university	EI	CC
Donna	dyslexia	36	secondary	EI	AM
Sean	hearing impairment	48	college	family	CC
Beth	hearing impairment	43	secondary	IA	AM
Pearl	hypersomnolence	49	university	wages	AM
Kevin	morbid obesity	52	university	CPP-D	CC
Marie	multiple sclerosis	38	college	family	AM
Sandra	paraplegia	28	university	family	AM
Martin	polio	46	university	provincial disability income	CC
Rod	visual impairment	30	university	provincial disability income	AM
John	visual impairment	52	college	personal savings	CC
Marc	visual impairment	38	university	wages	AM
Ewan	visual impairment	29	college	family	CC

Source: Participant interviews.
Note: Participants in the credit-card payment system are denoted "CC" while participants in the administrator-moderated payment system are denoted "AM."

PARTICIPANTS' DISABILITIES

Table 5.2 describes participants' presenting disabilities in the participants' own words. For some participants, the presenting disability was only one of a number of conditions determining how they approached their search for work and limiting the kinds of employment they could undertake. For others, the presenting disability was their only disability.

Changes in Disability During the Study

A substantial number of participants reported that their disability had changed during the course of the study. Some reported deterioration, some reported improvement, and some reported both. Marie, with multiple sclerosis, reported that increased fatigue restricted her ability to actively look for work. She noted that visiting potential employers was difficult because of the energy required. Another participant with mental health problems said that her medication had stabilized during the course of the study. As a result, she was working three days per week. Finally, Kevin, with morbid obesity, reported that he had lost 95 pounds — a change for the better. However, he also reported the onset of emotional problems, stemming from childhood sexual and physical abuse. "I haven't gone to a lot of job interviews . . . I'll see a child who's being well treated, or mistreated, or . . . something will flash in my mind, and I'll go, 'Yes, that probably happened,' and burst into tears," Kevin said.

The experiences of these participants show that the extent of impairment varies over time. For example, people with multiple sclerosis may have periods of greater or lesser physical stamina. As a consequence, their support needs will also vary over time.

Pain: A Common Theme

Nearly half of the participants suffered from chronic pain. Sometimes the pain was so severe that some of the participants only had limited ability to work or to look for work. Jeannette, who has severe rheumatoid arthritis, for example, had a difficult time just getting through the day. Wendy managed to work part time but had to cope with the pain from arthritis in her feet, hip, and knee. Wendy also reported she had severe pain in her neck and back that increased when she was working. As a result, she often had headaches at work. Wendy said, "Every time I went . . . I got home, I couldn't do anything. I would just have to lie on the sofa or put my feet up, and I was getting concerned because I thought . . . there's got to a be a life outside of work."

Table 5.2: Presenting and Related Disabilities of Participants

Name	Presenting Disability	Related Disabilities
Neil	**Amputation — above knee** "Blood clots in the arteries of my right leg." "They tried to save my leg through bypass surgery, which failed . . . and they had to amputate the leg off above knee."	**Colitis** "It is an inflammatory bowel disease. It is an inflammation of the colon when you get extremely, like . . . bloody stools." "I used to get major flares up of it and I would be right out of it. I was sicker than a dog."
Jeannette	**Arthritis** " I have arthritis full body." "There were some exams and I could not finish it because it was too painful."	**Voice impairment, depression, chronic pain** "It is really hard to speak because it is hurting." "It goes on and on."
Wendy	**Bipolar** "I am manic-depressive." "I came to [city] to get help. There was no help in [another country]." "It took about four years to get the proper medication to keep me balanced."	**Arthritis in the knee and hip, chronic pain** "I would come home and just immediately crawl in bed because I was in much pain and my legs and feet were swollen."
Kim	**Chronic pain** "About four years ago I had an accident. I twisted my back and from that time on, I have sciatic and low back pain that keeps on all the time." "I just, I do not know, sometimes I just want to kill myself so that everything is done! No pain, you know? No more suffering!"	**Depression** "I have some kind of depression. I was in psychiatric. I got treatment for one year."
Donna	**Dyslexia** "You might say something to me and I might hear it completely backwards or not really understand it because it gets scrambled in my ears."	**Chronic pain** "It goes from my elbows into my wrists and I live in chronic constant pain everyday."
Sean	**Hearing impairment** "It's not really that bad, just a hearing loss; I can speak well, I got through high school and college, I go swimming, water-skiing, I drive boats and cars — I do everything I was doing, except playing the piano in high school."	**None**
Beth	**Hearing impairment** "[I am] . . . totally deaf in my left ear. I can't work in any noisy environment, and even working as a telemarketer, when my supervisor was trying to get my attention, she would throw things at me."	**Arthritis, chronic pain** "It has been only in the last year that it has gotten really bad. It is in both, but more severe in my left hand."

(continued)

Table 5.2: Presenting and Related Disabilities of Participants (Cont'd)

Name	Presenting Disability	Related Disabilities
Pearl	**Hypersomnolence** "When I arrived at home from work, a couple of times, I fell asleep on the wheel." "When I came back to, I was on the shoulder [of the road]."	**Multiple including chronic pain** "People would come in and talk to you . . . and after they left, I couldn't remember what they said. Your head is cloudy, right? And you have all these pains, muscle pain in your arms, in your legs. You walk upstairs and your legs burn, constant sore throat, and also bleeding gums."
Kevin	**Morbid obesity** "I gained over three hundred pounds in about two and a half, three years. My metabolism went nuts." "It was well over 520 [lbs.]. I am now at 460 [lbs.]." "I only have two siblings." "Both have thyroid problems."	**Multiple including chronic pain** "I will be walking across the floor and something will just give in and a knee will buckle." "I am chronically tired."
Marie	**Multiple sclerosis** "The fatigue and some of the other factors: bowel and bladder, I find quite restrictive. The nausea, sometimes." "There is no cure and so I just have to manage it as best I can. I think I am doing ok." "I am an optimistic person."	**None**
Sandra	**Paraplegia** "It is a spastic in the legs for me. I can't use them. A long, long time ago, I used to be without a wheelchair." "My sister and I, we have the same disability." "They still do not know what we have. So, they just called it 'familial paraplegia'."	**None**
Martin	**Polio** "When I was two years old I got sick with polio." "I cannot use my right arm at all." "My left arm I can use it only partially." "I cannot lift things."	**None**
Rod	**Visual impairment** "Basically, it is like looking out, if you've got a really strong prescription and you take your glasses off: everything is just a little out of focus." "I learned how to accept, as I used to call it or still call it: 'Playing the cards that you are dealt'."	**None**
John	**Visual impairment** "I've lost my central vision . . it manifest[ed] itself later in life around the age of 45."	**None**
Marc	**Visual impairment** "I have been visually impaired pretty much all my life." "[Before,] I could walk around by myself, and read, and write if it was large print, and so on for like, most of my life." "[In 1997,] I lost about 80 to 90 per cent of my sight."	**None**
Ewan	**Visual impairment** "When I was thirteen, I was diagnosed with a visual impairment." "I have nothing in my right eye and what I see in my left eye, at five feet, a person with 20-20 vision would see it at 400 feet."	**None**

Source: Participant interviews.

Pearl put two telephone books on the floor to support her feet in an effort to reduce her back pain. "Sometimes I get horrible, horrible back pains, right, . . . my body hurts," she said.

The issue of pain and pain management was often not mentioned by participants when they were initially selected for the study. However, pain seemed to have a significant impact on the ability of nearly half the participants to find or keep work.

EMPLOYMENT EXPERIENCE OF PARTICIPANTS

At the inception of the study, the work experience of the participants was varied (see Table 5.3). Participants' work histories varied from part-time to full-time, from decades of work experience to little or no work experience; from professional and semi-professional to office clerks and factory workers; some of the participants were self-employed; some had home-based employment; one worked in grocery stores and one only had work experience as a babysitter.

Table 5.3: Participants' Employment Experiences

Name	Work Experience Before Study	Employed During Study	Duration of Work (Start–End)	Part-Time/ Full-Time	Kind of Work During Study
Neil	mill sawyer	yes	April to July, July to end of study	Full-time/ full-time	sales clerk, mill sawyer
Jeannette	babysitter	no	—	—	—
Wendy	bookeeper, receptionist	yes	September to end of study	part-time	clerical/bookeeper
Kim	clerk, ESL teacher	yes	March to July, July to end of study	part-time/ full-time	clerical
Donna	office assistant, cashier	yes	one week only in June	full-time	road flag person
Sean	printing layout	no	—	—	—
Beth	telemarketing, assembly	yes	July to end of study	full-time	telemarketer
Pearl	accountant	yes	throughout study	part-time/ part-time	accounting
Kevin	game tester	no	—	—	—
Marie	disability advocacy, rehab worker	no	—	—	—
Sandra	telemarketing	no	—	—	—
Martin	senior manager	yes	July to end of study	full-time	bank teller
Rod	sound technician	yes	June to October	full-time	Web site development
John	contractor	no	—	—	—
Marc	clerk, Web site design	yes	April to end of study	full-time	information technology
Ewan	computer technician	yes	May to end of study	full-time	computer programmer/ receptionist

Source: Participant interviews.

When participants joined the study in mid-March, only two were working. By the end of the study, eight participants were employed and an additional two had found employment and lost it during the course of the study. One of these participants worked briefly for a highway construction crew but said she quit after one week because of working conditions. For those who did not find employment, their major sources of financial support changed little. These varied employment experiences meant that DSFS was able to study the feasibility of the program among a reasonably wide range of participants who were employed and unemployed.

Most of the participants who were actively searching for work used standard methods of finding a job: searching the Internet and want ads, preparing resumés, and attending interviews. The process left some participants frustrated with their inability to find work. Sean, for example, mentioned going to four job interviews. He was informed that he would be getting a call from the employers, but no one ever called him back.

> *They said they were going to have the meeting in two days and get back to me by the end of the week, Friday. Well, they didn't call Friday. I called them back the next Monday. And they said," This guy calls here way too much." Bang! [hung up phone].* (Sean)

For some of the participants, their impairments limited their capacity to find or keep work. Marie, with multiple sclerosis, was often exhausted and could not actively look for work. "It's always difficult because I just don't have the energy to spend on that. I have to manage my use of energy very carefully," she said.

Beth reported that her ability to find work was impeded by her deafness, while Wendy, with bipolar disorder and arthritis, said her impairments limited her to part-time clerical work. She stated the part-time work helped her adjust to being in the workforce and in the public.

SUPPORTS OF PARTICIPANTS AND SELF-DESCRIBED SUPPORT NEEDS FOR WORK AT THE BEGINNING OF THE STUDY

This section considers participants' perspectives on their supports at the beginning of the study. It shows what supports participants had either at or prior to the beginning of the study. In addition, the section shows what supports the participants thought they needed as the study began.

Table 5.4 outlines the supports participants were using before the study began and describes the supports they felt they yet needed in order to find or keep work. The table and the narrative that follows are arranged according to the disability type of the participants in this study (using a very approximate categorization of impairment group).

Table 5.4: Self-Described Support Needs of DSFS Participants

Impairment Group	Participant	Current Supports	Self-Described Supports Needs
Limb impairments: amputation-above knee, polio-related arm impairment	Neil, Martin	prosthesis, medication for blood clotting, none	medication, prosthesis repairs, overcoat, Palm Pilot
Pain related: arthritis, chronic back pain, hypersomnolence	Jeannette, Kim, Pearl	none, none, massage, physiotherapy, accupuncture	voice amplification equipment, transporation, modified chair, computer desk, accupuncture, massage
Mental disorders: bipolar	Wendy	medication, counselling	job coaching, bus transportion, knee brace, education and training, large screen monitor
Learning disorder: dyslexia	Donna	none	voice and text software, voice pen, voice recorder, auditory processing training
Hearing impairment	Sean, Beth	computer equipment and software, hearing aid	TTY, cordless phone, Internet, big screen monitor, fax machine, car, gas, training, acupuncture
Mobility impairments: morbid obesity, multiple sclerosis, paraplegia	Kevin, Marie, Sandra	breathing apparatus, oxygen, arm splints, cane, disabled transit	extensive computer equipment, cell phone, transportation, wheelchair tray
Visual impairment	Rod, Marc, John, Ewan	computer equipment software, closed-captioned TV, guide dogs, canes, buses, taxis, reader	laptop, large screen monitor, special lenses for glasses, computer training, job coaching, taxis

Source: Participant interviews

Visual Impairment Supports

Marc, John, Ewan, and Rod all said that computers and related hardware and software provided great utility in "levelling the playing field" for people with visual impairments. For example, a laptop, an optical scanner, and specialized software can turn the printed page into spoken words and spoken words into text. A laptop computer allows this to be done in any location. However, one participant complained about the lengthy times to acquire these supports (partial funding for a laptop computer) through the existing provincial disability and employment supports program. "Eventually, I did get it, so I do not really have a complaint, even though it took a year," said Marc.

At least two participants complained about the cost of upgrading computer equipment and software in a time of rapid technological advance. Ewan said, "The [screen reader] I have right now will work on Windows 95 and 98, but if I were to upgrade to 2000 or XP, I would have to buy a whole license for it."

At the beginning of the study, participants were asked about their future disability and employment supports needs. One participant, Rod, mentioned a large screen monitor, special

lenses for his glasses, a magnifier, and an ergonomic chair. He had a rather disdainful view of some other technological supports available. "Putting it plainly, for a young guy on the go, most of it is not necessary," he said. Rod and John saw value in computer training that would directly help them with their chosen careers. John and, to a lesser extent, Marc were concerned about transportation and having technology available appropriate to their professions. When the study began John stated that "transportation is number one."

In summary, those with visual disabilities were focusing on needs in transportation, training and computer supports that would upgrade their existing skills and their computer hardware and software. Among these, text-to-voice scanning hardware and related software were the most significant. The cost of upgrading was of concern to them. In two cases there was a stated need for job coaching.

All of the individuals in this category were skilled, three of them in computer use and the other as an architect and contractor. For at least three of them, further training in computer-related skills was high on their list of needs for finding and retaining a job.

Hearing Impairment Supports

There were two participants with hearing disabilities: Sean and Beth. Both had lost their hearing later in life and were able to use their voices well. Otherwise, their situations were radically different. Sean had a near total hearing loss while Beth had better hearing, as she was deaf in only one ear. Sean had been a graphic and layout artist for 27 years while Beth was a single mother on income assistance when the study began. She had four children and a Grade 10 education.

Before the study began Sean had an older TTY machine and a decoder. Sean had received a cochlear implant to help with his hearing but had it taken out because "it sounded like a drill running." The provincial disability employment supports program funded much of Sean's training as a graphical layout artist, and some of the computer supports were provided under a provincial program.

Sean said he wanted a new TTY, a phone, Internet, a fax machine, gas, a car, and a large screen monitor. A large screen monitor is a "must-have" for his more complex graphical work while the car would give him transportation from his rural home, he said.

Beth focused on getting a portable phone, a microphone for others to talk to her and, in the long run, education. Beth had arthritis in her hands and expressed a need for acupuncture. However, her central concern was not disability and employment supports but rather financial supports for herself and her family.

Supports for Pain-Related Impairments

Pain was a theme common to seven participants. The three discussed below are those for whom chronic pain was the dominant characteristic of their disability. The three people in this group had very different presenting disabilities, situations, and personalities — Jeannette (arthritis), Kim (chronic pain), and Pearl (hypersomnolence). All three were women, and two of the three were employed at wages in the lower end of the scale. All three were either experiencing depression; had been treated for depression; or had been thought, by others, to need treatment for depression.

Jeannette, 22, had what she called "full-body" arthritis. She was in constant pain and was exhausted easily. Her arthritis caused her to lose the use of one vocal cord. She found talking painful. She was also affected by bleeding feet and pain in her hands as well as depression. She had received little support in the past.

During both interviews Kim chose to stand for some of the time and was clearly in pain. Kim was a recent immigrant to Canada and at the beginning of the study did not think of her chronic back pain as a disability. "It is not a disability in [the country of her birth]. It is only a disease . . . if you are blind or you are crippled, that is disability . . . this is not disability. I never think of myself as [having] a disability. I have never asked anybody for help before," she said. Despite her pain, Kim works full time as a clerical worker and also works one day a week at a retail job.

Pearl was a certified general accountant who had been seriously affected by hypersomnolence and constant back pain and other related disorders. She was working part time throughout the study and did not feel she could cope with full-time work. She had received disability payments under her previous employer's insurance, but these were terminated in February 2001 when the insurance company insisted that she take antidepressants. Pearl contested this requirement, but gave up the legal battle because of the stress. At the beginning of the study her supports were limited to massage therapy, which she pays for herself.

Jeannette wanted voice amplification equipment, an ergonomic chair, and transportation. Kim wanted a low-back support chair, but thought it would only slightly ease her pain. Pearl wanted acupuncture, massage, and a gym membership, which she believed would relieve her pain and fatigue.

Supports for Those With Limb Impairments

Childhood polio left Martin, 46, with no use of one arm and only partial use of the hand in the other arm. Martin earned an MBA in his country of origin and has considerable management experience in the public and private sector. He immigrated to Canada with his family about four years ago and began taking courses in database software and programming, which he financed through loans. Martin obtained full-time work in July as a bank teller. At the beginning of the study Martin had difficulty understanding the idea of supports. "This is something new for me. I don't have any idea about what things are in the market at this moment," he said. However, Martin mentioned a raincoat to keep dry (he is unable to use an umbrella), a personal digital assistant as a low-weight means of keeping notes and, ideally, an adaptation to his car.

Neil had his leg amputated above the knee in 1995 as a result of a blood clot due to colitis and an autoimmune disorder. This meant he had to be very cautious about how far he walked and the work he did. He obtained permanent work in April at a large chain hardware store but left in July to return to his previous work as a sawyer at a local mill. His work was largely automated and his employer made some modest modifications to the machinery to allow him to use only one leg. His renewed employment at the mill raised his wages significantly and allowed him to use the company/union benefits package.

The cost of his prosthesis was covered in part by the provincial government and the balance by insurance from his original employer. He had to pay about $1,000 a year for

medications to prevent blood clotting and the possible loss of his other leg. Neil said that if he lost his other leg "then I'd really be, basically screwed." At the beginning of the study Neil was very concerned about how he would cover the cost of medications and any needed repairs to his prosthesis.

Supports for Those With Mobility Impairments

Three participants had very different presenting disabilities that shared the predominant feature of limiting mobility. Kevin's obesity was linked to a wide range of other impairments. He walked with great difficulty, and when away from home felt very vulnerable because he could not move quickly. He had experienced assault and wanted a cell phone to increase his security. Kevin has a talent for doing voice-overs in video animation and radio and he wanted extensive computer equipment to allow him to pursue this work at home. He used a number of non-DSFS physical supports, including breathing apparatus, splints on both arms, and a cane. Kevin made use of the transit system for people with disabilities but considered it too slow. Interviews with Kevin were difficult because of his emotional problems and a consequent lack of coherence in responses.

Marie, who had been diagnosed with multiple sclerosis, came to the study with considerable experience as an advocate for developmental disability programs. Marie was not reliant on any current program supports and had a modest income from her family. "I haven't used any other disability supports before, as far as employment-based supports," she said. At the beginning of the study, she expressed a strong reluctance to use the DSFS support system.

Sandra, who has paraplegia, used a motorized scooter after her condition worsened following several automobile accidents. At times she had an emotional reaction to supports. She recalled thinking about buying a seat for the bathtub. "Oh God! I just don't want to use this. I wished I did not have to use this sort of thing," was her reaction to the idea.

Supports for Those With Mental Impairments

Wendy's presenting disability was bipolar disorder for which she had received psychiatric help and counselling. She has arthritis in her hip, knee, and foot and has obtained medical assistance for these as well. She received job coaching from an employment assistance agency and was quite pleased about the support she had received there.[4]

At the beginning of the study, Wendy said she needed pain alleviation with orthotic devices as well as transportation and a large screen monitor.

Supports for Learning Impairments

Donna had severe dyslexia, which meant she had extreme difficulty in reading and in retaining information, either oral or written. She also had some physical equilibrium or balance problems as well as tendonitis in one arm. Prior to DSFS, Donna had been employed at several jobs, including one with the federal government, but had been unemployed for over a year at the beginning of the study.

She had received few supports before she started DSFS. The most useful support she received prior to DSFS was the job coaching and training she was receiving with an

---

[4]This agency is the same agency that was acting as the DSFS delivery partner.

employment assistance agency.[5] She also had a support for her wrist to relieve pain. The supports that Donna wanted include voice-to-text and text-to-voice software plus related scanning hardware and possibly a new computer.

CONCLUSION

This chapter has shown that the participants were mostly well educated and often had substantial experience both in the labour market and with disability programs when they joined DSFS. Possibly because of that experience, most already had a well-articulated set of supports that they felt they needed at the beginning of the study to perform well in the labour market. These self-described needs were as diverse as their disabilities, personalities, and life experiences. Participants with similar disabilities often wanted different supports. DSFS gave them considerable ability to manage the purchase of those supports. The next chapter describes what they bought and how well DSFS worked for them.

---

[5]This agency is the same agency that was acting as the DSFS delivery partner.

Chapter 6:
How DSFS Worked

This chapter examines how the Disability Supports Feasibility Study (DSFS) functioned from March 2002 until January 2003. It describes the ability of participants to make informed support purchases, the responses to the support list, the supports participants bought, the payment mechanisms used, and the opinions of participants and staff about the operation of DSFS. Conclusions are drawn on the feasibility of a larger program modelled on and modified by the lessons learned from the DSFS.

DSFS functioned well with no critical system failures. Participants complied with most procedures and filled out most forms appropriately. Delivery Partners issued cheques for supports rapidly. Participants used the cheques and credit cards to purchase a wide range of eligible supports from a wide variety of suppliers. Participants obtained eligible supports quickly. With some exceptions, participants handed in receipts on time. Participants purchased few ineligible supports and made no blatantly fraudulent purchases.[1] Program staff did not confiscate any credit cards or remove any participant from the program.[2] This operational success contrasts with the operational difficulties suffered by a Dutch pilot project with similar goals.[3]

Most participants understood DSFS and the supports they wanted, but two participants may not have had sufficient information or ability to use the program effectively. DSFS gave participants real power to purchase what they wanted from the support list. However, it also left some participants with less access to some supports not on the list than they might have obtained through a more traditional program.

This chapter looks first at the support list — one of the most important features of DSFS. "There is no doubt that the list is driving the study in the early stages," said one administrator. This continued to be true throughout the study.

UNDERSTANDING OF THE SUPPORT LIST

The central concept of DSFS was that all participants had the right to buy any eligible support without any assessment of need by a program administrator.[4] Staff gave participants a list of eligible supports comprised of a list of categories of support and specifically named examples of eligible supports. The categories and specific examples tended to be weighted toward supports designed for persons with physical disabilities. In addition, the support list contained the general statement that: "You can buy any good or service that is BOTH "a disability support" AND "an employment support" as long as it conforms to other program

---

[1]For example, no participants purchased food or liquor with their credit cards.

[2]These administrative sanctions were considered in several cases in response to late receipts and non-payment for an ineligible good.

[3]See Chapter 2.

[4]Participants must comply with monthly entitlement maximums and other program procedures.

requirements." "Disability supports" and "employment supports" were then defined in general terms. (See Chapter 3 and Appendix B).

Some administrators initially understood that DSFS procedures were designed to allow participants to have the final interpretation as to what was an eligible support, while others believed that DSFS allowed a support to be granted to one participant but not another. "I didn't think that (the support list) was a hard and fast, carved in stone," one said. These initial misunderstandings suggest that some information about DSFS was initially not communicated clearly to participants and staff. However, administrators quickly came to have a better understanding of about the nature of the program.

Some participants said the support list was clear. "I felt the list was extremely comprehensive," said Rod, describing the list as "extremely specific." Marie said, "I think that the list that was provided was quite sufficient. Had I had any questions, it was incumbent on me to ask." She added, "I think that it's impossible to have a complete list. I think the reason for that is because the nature of everybody's disability is quite different." These participants tended to be educated and have physical disabilities. The list tended to be more specific for physical disabilities.

Other participants said that with the administrator's assistance the support list gave sufficient information. "If I need to know anything I just phone [administrator] up and I ask her," said Beth. Finally, some found the list unclear and difficult to interpret. Donna said the list should have been clearer and included more specific examples. Kevin also found the list difficult to interpret.

Were Participants Sufficiently Informed to Make Support Choices?

DSFS relied on the participants to determine their own support requirements rather than to be advised of those requirements by the program administrator. Therefore, it was important to the feasibility of DSFS that participants could determine what they needed and knew where to get those needed supports.

Overall, 14 of the 16 participants had sufficient knowledge and ability to use a DSFS-type program effectively. The previous two chapters have shown that a number of participants had years of experience in dealing with their disability and disability professionals such as doctors, teachers, caseworkers, and vocational counsellors. Those with the most experience in dealing with disability-related service providers and government organizations were most often very capable of naming the supports that they wanted and reasons that they wanted them. Chapter 5 shows that most participants were able to articulate the supports they wanted. For the most part, these self-expressed needs were directly related to their disability and employment situation.

Seven participants said, without qualification, that they had sufficient information to use the program effectively.[5] "I know what I need, and if I do not know what I need, I'll look for information on how to get what I need," Marc said. Beth's response was only slightly more qualified. She said that the list and the program administrator gave her sufficient information.

---

[5]The seven participants were Ewan, Sean, Rod, Wendy, Marc, John, and Marie. An eighth participant, Neil, was not directly asked whether he had sufficient information about supports. However, he spoke articulately and confidently about his supports and what support he might need if his condition should change.

Five participants said they had some knowledge but it was incomplete. Martin, Donna, and Kim suggested respectively that the program should include a catalogue of supports and support suppliers, a more specific support list, and more training on how to get the greatest use out of DSFS. Pearl was confident in her knowledge about therapy for pain but said she did not have sufficient knowledge about possible physical supports. Sandra was less involved in the program. "I assume the information is there. I just really haven't looked at it," she said. As shown later in the chapter, these five participants demonstrated their effective knowledge and ability by making support requests, finding support suppliers, purchasing supports, and complying with program procedures. For example, Pearl purchased ergonomic furniture and supports to control her pain while Sandra purchased a table and cushions for her wheelchair.[6]

There were two participants who probably did not have the knowledge or ability to use a DSFS-type program. Jeannette was the youngest participant and reported arthritis and depression. She said she lacked knowledge about supports and where to buy them. She said she needed help in purchasing supports.[7] In contrast, Kevin had some knowledge of the support list and purchased a substantial amount of computer peripherals early in the program. However, he did not own a functional computer. His purchases were unrelated to his many mobility impairments while eligible supports relevant to his situation went unpurchased. Kevin was under treatment for emotional problems during part of the study and was emotionally distraught during the final interview.[8] He said he needed therapy and someone to help him determine what supports were eligible and how to integrate them into realistic employment goals.

Program administrators had some concerns about a number of participants. One program administrator was concerned that some participants in some situations did not have the knowledge of the local services available to them to know where to buy supports. Another program administrator perceived a subtler problem. He said that some participants were still reliant on caseworkers because of their history as long-term clients of caseworker-based programs. This administrator felt that some participants did not use the program to its full advantage because of their own "fears" and self-doubt.

> *It wasn't a system problem, a study problem, or a project problem; it had to do with clients, participants, still not willing to get out of the box a bit. We've been hand-held; we've been told what, when, and how many. We saw a lot of that early on in the project, with the amount of questions coming in. And I'm still getting checks and double-checks and triple-checks around things that are clearly written in the allowable goods and services.* (Administrator)

He said that that some participants who initially inquired about the eligibility of supports seemed to have an underlying question about their suitability. "I'll get asked, 'Is this on the list?' But my assumption is that it is more than just a question of 'Is it on the list?' because it is obviously on the list. The underlying tone of the question is, 'Do you think I could use this and benefit from it?'" he said. An alternative interpretation might suggest that participants were following program guidelines laid out in the support list. Those guidelines placed strong

---

[6]In February Sandra purchased footrests, footplates, arm pads and an anti-tipping device for her wheelchair.

[7]Jeannette could not speak louder than a whisper and wanted a telephone that would amplify her voice. Her attempts to find a support supplier using a non-amplified telephone left her frustrated. She made no purchases before October. Then, she purchased a bus pass in each of the remaining months of the study.

[8]The Management Information System shows that Kevin spoke of buying custom-made furniture — a support directly linked to his obesity impairment. However, in the DSFS interview, he said he had believed his therapist was making the furniture for him. The therapist had only recently told him that she was not.

emphasis on ensuring that goods were eligible prior to purchase and, when in doubt, to contact an administrator. (See Appendix B.)

In practice, a number of participants did make use of counselling services during their participation in DSFS. Usually, they were referred to non-DSFS caseworkers working for the Delivery Partner. In addition, DSFS program administrators had an informal and residual caseworker role. In that role, they sometimes dispensed advice and knowledge about supports. However, it is not clear how large this role was in practice.

One administrator suggested that DSFS should include counselling for support needs — the traditional role of caseworkers in traditional programs.[9] Another administrator said that people with disabilities were the best judges of what their needs were.

One interpretation of this evidence is that a small portion of participants may need a traditional caseworker rather than a DSFS-type program. The remainder were capable and knowledgeable enough to use a DSFS-type model effectively, either by themselves or with some additional assistance. This assistance could include more program information on supports, support suppliers, and counselling or a referral to outside counselling. The merits of additional counselling services to DSFS would have to be weighed against the increased administrative workload and costs as well as the availability of appropriate counselling services. Options would include traditional counselling services by caseworkers or peer support offered by disability organizations. Some might consider the latter mechanism more compatible with a philosophy of consumer choice.

APPROVAL OF PURCHASES: THE DSFS SUPPORT LIST AND GUIDELINES

DSFS had formal procedures for inquiries about support eligibility. Participants could call the administrator to confirm the eligibility of the support before they made a purchase (with petty cash or their credit card) or before they submitted a formal support request form (administrator moderated). These "Permissibility Requests" helped participants avoid making ineligible purchases. The program administrator decided clear-cut cases. More difficult cases were referred to the Social Research and Demonstration Corporation (SRDC), which determined whether the support met the criteria for being placed on the support list.[10] If a support was ruled eligible, all participants could buy it, not just the participant who submitted the request.

Permissibility Requests

In principle, an eligibility request was accepted if it was "a disability support" and also "an employment support." In practice, three factors helped in interpreting those terms. First, DSFS had a limited mandate to supply "disability and employment supports." It would not fund items that fell outside this mandate even if there was a clear and pressing need for them by some participants. Second, DSFS drew a distinction between "disability and employment supports" and "medical treatments." The former would be funded by DSFS; the latter would

---

[9] DSFS did not pay the program administrators to give advice on support needs. Those in need of extensive advice were referred to other sources.

[10] SRDC could refer the decision to the DSFS Implementation Committee consisting of a SRDC member and the program administrators from each site. SRDC retained the final right to decide the eligibility of any support.

be the on-going responsibility of public and private health care plans. As a consequence of this decision, DSFS did not fund such things as medications, chiropractor services and massage therapy. Third, DSFS attempted to use public funds appropriately. This meant SRDC made rulings that attempted to keep program expenditures within the DSFS budget and to achieve a balance between the expected expenditure and expected social benefit.

In practice, these factors meant that DSFS would fund virtually any physical good that was specifically designed for persons with disabilities that could potentially be used at work or in job search. Items that had little possibility of being used in an employment situation were ruled out. For example, DSFS would not fund leisure items for persons with disabilities or specially designed furniture that could be exclusively used at home. As discussed below, DSFS was more reluctant to fund items that could be used by persons without disabilities.

Supports not originally on the list but that were ruled eligible included dictation software, knee braces, and a wheelchair table. Sometimes, relatively fine distinctions were made. Specialized glasses for people with vision impairments were ruled eligible but bifocals were not because the latter were not a disability support. An ergonomic keyboard was eligible but a non-ergonomic keyboard was not, again because the latter was not a disability support. An Obus Forme chair was ruled eligible but an Obus Forme mattress was ruled ineligible because it was not an employment support.

These rulings show that DSFS was a voucher program rather than a form of cash payment because there were restrictions on what could be purchased with DSFS funds. Table 6.1 shows that many of the ineligible items were goods and services that people, regardless of disability status, often want and purchase – cell phones, personal digital assistants, operating system software.[11] Informal inquires were also made about laptop computers and marijuana (with a doctor's prescription) but were ruled ineligible. As an early support ruling memo from SRDC explained:

> DSFS has a reluctance to fund items that are not specifically designed for persons with disabilities. This applies most strongly to items that most people without a disability would like to own because they are high profile consumer items. For example, suppose one client could make a plausible case that their specific disability requires them to have "high profile consumer item X." If we put it on the eligible support list, all the clients can use DSFS funds to purchase "high profile consumer item X" whether they need them for their disability or not.

DSFS ruled out many goods and services *because* there would be few controls within the study limiting purchases, particularly purchases of some high profile and more costly consumer items. It was recognized that this would deny a few people items that were, in their particular circumstances, both a disability support and an employment support. A traditional program does not have this problem because the program administrator can allow one participant to have a particular support while denying it to other participants. For example, Marc eventually received a laptop computer through a provincial disability support program but Rod (and others) did not receive laptop computers they wanted from DSFS.

---

[11]The number of items ruled ineligible is *not* a measure of how restrictive the support list is. A liberal list may have many denials while a very restrictive list may have few. The number of denials measures uncertainties or differences in expectations over what is or should be eligible.

One administrator expressed the dilemma this way:

I was, in some ways, happy to see cell phones didn't go on [the support list], because my guess would have been 60 to 70 per cent of the participants here in [DSFS site] would have bought one, if they didn't already have one, so I was glad to see it. But there was 10 or 20 per cent of the participants that I knew could really use it, and it was justified based on their disability, and that's where the difficulty for me is. (Administrator)

Table 6.1: Permissibility Requests and Rulings

	Presenting Disability	Permissibility Ruling	
		Eligible	Non-eligible
Credit-card approach			
Kim	chronic pain	ergonomic keyboard and mouse Obus Forme chair adjustable computer desk	French language training Obus Forme mattress workstation standing computer desk pool membership physiotherapy
Sean	hearing impairment	transit pass TTY batteries note taker large screen monitor	Internet access gasoline telephone line
John	visual impairment	large screen monitor	employment conference fees
Wendy	bipolar	knee brace support hose orthopaedic insoles telephone headset	bifocal glasses
Ewan	visual impairment	dog food for guide dog veterinary services for guide dog telephone with audio caller ID large screen monitor	Internet access
Neil	amputation		medications
Kevin	morbid obesity	microphone and headphones custom support chair	Internet cell phone non-ergonomic keyboard/mouse computer speakers PC digital assistant
Martin	polio	transit pass dictation software driving assessment and rehab	personal handheld PC PC digital assistant numeric computer keyboard

Table 6.1: Permissibility Requests and Rulings (Cont'd)

Presenting Disability		Permissibility Rulings	
		Eligible	Non-Eligible
Administrator-moderated approach			
Donna	dyslexia	listening skills therapy	computer power supply
		reading pen for dyslexia	extra computer memory
		voice recorder with software	computer fan
		ergonomic cordless mouse	traffic control training course
		Dragon Naturally Speaking software	AccuHealth acupuncture system
		technical assistance for software	foot spa
		Obus Forme seat and backrest	Samsonite briefcase on wheels
		orthotics and castings	chiropractic
		large screen monitor	massage therapy
		cassette tapes	physiotherapy
		bus tickets	
		Obus Forme office chair	
		second large screen monitor	
		speaking dictionary and thesaurus	
Marie	multiple sclerosis		tuition for university course
Beth	hearing impairment	hand splint	herbal remedy for arthritis
		hearing aids	
Pearl	hypersomnolence	transit pass	wind-up bed
		lower back support	coenzyme Q10 garlic tablets
		Obus Forme chair	gym membership
			acupuncture treatment
Rod	visual impairment	specialized glasses	ink cartridges
		black felt markers	Office XP software
		ergonomic keyboard and mouse	
		Dragon voice recognition software	
Jeannette	arthritis	volume control phone	
		speech therapy	
		bus passes	
		voice amplification phone	
Sandra	paraplegia	support table for wheelchair	gasoline
		seat cushion for wheelchair	
		footrests for wheelchair	
Marc	visual impairment	dog food for guide dog	cell phone
		voice mate Parrot	
		reader services for print material	
		Kurzwell 1000	
		computer scanner	

Source: Management Information System (MIS).
Note: Participants use Permissibility Requests to obtain rulings about the eligibility of supports prior to purchase.

He concluded that some of these goods should be given out on a case-by-case basis rather than placing them on a support list or excluding them entirely.

This central aspect of DSFS left program administrators divided over whether DSFS increased or decreased participant control over their supports. Two administrators felt the support list gave participants considerable control. One administrator expressed the view that DSFS was very effective in providing a program based on consumer choice, and challenged the "professionals know best" philosophy underpinning the present arrangement of service provision:

> *This project allowed individuals to have independence in terms of making their own decisions as to what, as to when, and as to why. They never had to explain, often, why. Whereas with any other program, the "why" is the most problematic thing. And when you're dealing with the "whys" to people who are not in the know of the disabled community, it can become very cumbersome and complicated and confusing, and I think this project has started to deal with that question of: Why should we as non-disabled, or legislators, or policy-makers be making up the minds of the individuals as to what they need. Who knows best? And I think that's really where this has come a long way. (Administrator)*

Participants were happy with the support list if their major support needs were eligible. Even when requests were denied, many participants still felt that it increased their control over support decisions. In addition, one participant liked the clarity of the support list in spelling out what could and could not be obtained from the program. Rod described his feeling about the program with a metaphor related to his visual impairment: "With this program, it's like taking the blinders off and walking down a very wide hallway. You know exactly where the walls are, . . . you've got a much wider scope of things, but you know exactly where the drop off is."

Donna had mixed feelings. She made the most permissibility requests, had the most denials, but also made the most support purchases. On the whole, the support rulings left her grateful, disappointed and, sometimes, puzzled. "I was just . . . I was a bit surprised. I almost want to say disappointment, but, I don't want to say that because, you know I'm very grateful to be part of the program, so I mean this whole thing has been wonderful, and it's been a blessing, it really has," Donna said. She expressed puzzlement as to the reasons why some of permissibility requests had been turned down. Others, including Kim and Wendy, expressed similar feelings about the list.

However, a few had more negative views about the support list. One administrator was far more critical. She felt DSFS reduced participant control relative to other programs because the support list often did not contain the supports needed by individual participants. She felt that DSFS was not flexible enough to tailor supports to participant's individual needs. "I think if we went case by case, and administrators were allowed to look at [each individual] case by case, there would have been a lot more purchases," she said.

John also expressed his frustration at the list that he saw as inflexible in adapting to the individual needs of participants. "My disability is lumped in with everything else, and you know, I find that to be a little strange. Because I do have a particular disability, and there are

certain things that would benefit me, that would not necessarily benefit other people with other disabilities," John stated in a written appeal over a support decision.[12]

SUPPORT PURCHASES BY PARTICIPANTS

This section discusses the support purchases of participants. It will show whether DSFS allowed participants to make support purchases, how much participants spent on supports, and what they purchased.

DSFS Allowed Participants to Make Support Purchases

Table 6.2 shows that DSFS was a functioning pilot for the duration of the study. DSFS procedures and payment mechanisms allowed participants to purchase almost $31,000 worth of supports from March 2002 to January 2003. Participants spent an average of $175 a month each or slightly less than $2,000 over the 11 months to purchase disability and employment supports. The level of support purchases is evidence of the feasibility of the DSFS-type mechanism for an expanded program.

Participants with diverse impairments effectively used DSFS to acquire valuable supports. In doing so, they had to make support requests, shop for supports, purchase those supports and comply with program procedures. Participants with visual impairments, hearing impairment and mobility impairments were able to make substantial support purchases. Participants with dyslexia, bipolar disorder, and depression were successful in using the program.[13]

Participants purchased approximately the same amount of supports in both the Ottawa site and the Vancouver site.[14] This provides evidence that the feasibility of DSFS model is not dependent on the unique characteristics of a single Delivery Partner. The ability of participants in both sites to make substantial support purchases is evidence that a DSFS-type support program can be operated in multiple sites and different provinces.

Participants varied widely in how much they spent on supports. One participant spent more than $8,000 while four others spent less than $700. Two participants did not make a single purchase. There is no obvious relationship between the presenting disability of the participants and their expenditure levels. For example, expenditures of those with visual impairments varied from 13 per cent to 29 per cent of their total entitlements. The two participants with hearing disabilities spent 12 per cent and 52 per cent of their entitlements.

---

[12]John has well-defined career goals in a narrow specialty. He wished to attend a conference in that specialty in order to meet potential employers. In denying the request, DSFS ruled that "conference fees" were an employment support but not a disability support.

[13]As noted in the previous section, two of the sixteen participants did not have the knowledge or ability to use the program effectively.

[14]One site had approximately $3,827 more in participant expenditures than the other site.

Table 6.2: Support Purchases by Participant

	Presenting Disability	2002										2003	Total	Per cent of Entitlement
		March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan		
Credit-card approach														
Kim	chronic pain	360	749	67	60	111	61	95	61	61	61	61	1,744	17
Sean	hearing impairment	700	471	550	178	0	0	0	0	700	700	700	3,999	52
John	visual impairment	0	0	410	0	0	0	0	0	0	0	700	1,110	14
Wendy	bipolar	60	547	60	60	61	61	0	411	0	133	84	1,475	18
Ewan	visual impairment	0	0	505	352	114	0	0	429	171	0	664	2,235	22
Neil	amputation	0	0	0	0	0	0	0	0	0	0	0	0	0
Kevin	morbid obesity	585	146	36	686	0	0	0	0	0	0	0	1,453	19
Martin	polio	0	431	40	240	96	52	40	40	40	612	246	1,836	19
Total ($)		**1,705**	**2,344**	**1,667**	**1,575**	**381**	**173**	**135**	**940**	**972**	**1,506**	**2,455**	**13,852**	
Per cent of entitlement		**30**	**40**	**26**	**25**	**6**	**3**	**2**	**14**	**15**	**22**	**36**		**20**
Administrator-moderated approach														
Donna	dyslexia	600	700	700	600	700	698	502	947	947	948	939	8,282	93
Marie	multiple sclerosis	0	0	0	0	0	0	0	0	0	0	0	0	0
Beth	hearing Impairment	0	80	55	0	0	0	24	0	0	0	950	1,109	12
Pearl	hypersomnolence	46	173	87	87	81	87	87	87	87	907	710	2,439	24
Rod	visual impairment	547	295	0	0	83	104	65	243	0	0	0	1,336	13
Jeannette	arthritis	0	0	0	0	0	0	0	61	61	61	61	242	3
Sandra	paraplegia	0	132	0	0	0	0	0	0	0	0	488	620	8
Marc	visual impairment	677	286	61	107	146	149	950	415	63	0	147	3,001	29
Total ($)		**1,869**	**1,666**	**903**	**794**	**1,010**	**1,038**	**1,628**	**1,752**	**1,158**	**1,916**	**3,295**	**17,029**	
Per cent of entitlement		**33**	**27**	**14**	**13**	**15**	**16**	**25**	**26**	**17**	**28**	**48**		**24**
Total		**3,574**	**4,010**	**2,570**	**2,369**	**1,391**	**1,211**	**1,763**	**2,692**	**2,130**	**3,422**	**5,750**	**30,881**	
Per cent of entitlement		**32**	**34**	**20**	**19**	**11**	**9**	**13**	**20**	**16**	**25**	**42**		**22**

Source: Management Information System (MIS).

Finally, participants such as Donna, Marie, and Neil spent approximately the same amount every month while other participants changed their expenditure levels substantially over the 11 months of the program. Kevin had a relatively high expenditure level in the first four months of the program but subsequently did not purchase anything. Others, such as John and Sandra, had two months with substantial expenditure separated by many months with no expenditure at all.[15]

Are Funding Levels Adequate for Meeting Disability and Employment Support Needs?

On average, participants spent just over one fifth of their total entitlements. However, there was substantial variation in expenditure levels between participants. One participant spent close to entire entitlement (Donna — 93 per cent); one participant spent about half (Sean — 52 per cent); and another about a third (Marc — 29 per cent). Together these three participants accounted for about 50 per cent of all support purchases. Nine participants spent between 10 per cent and 25 per cent of their entitlement. Four participants spent less than 10 per cent of their entitlements.

One program administrator suggested that some participants felt that they needed only a few supports and declined to purchase more despite their ability to purchase anything on the support list. He said, "It is so surprising because often the assumption out there is that 'Oh! Well if you give people everything, they will need everything.'" There are several possible explanations for the apparently low expenditure relative to the entitlement:

- It could be that the level of funding was excessive for the support needs of most participants during the term of the study.

- It could have been that the supports that participants wanted were not eligible. For example, some participants wanted to purchase ineligible supports such as acupuncture, massage, and medications. "You weren't giving what, funding what I really need," said Pearl.

- Monthly spending caps could have prevented participants from combining monthly entitlements to purchase relatively expensive supports. Participants noted this constraint most frequently. At least four participants said they wanted increased flexibility. Ewan was typical of these responses. "A lot of disability supports cost more than the monthly allotment. And I don't just mean in my particular case with the visual impairment. I know that chairs for paralyzed people and what not, can run in the, you know, more than a thousand dollars," he said.

- The needed supports depended upon having an item, such as a computer, which participants did not have and was not on the support list. John with a visual disability decided not to purchase Dragon software because he would have needed to upgrade his existing computer.[16]

---

[15]Expenditure was relatively high in the early months of the program. This may have reflected a pent up demand for certain supports. Purchases slowed during the summer and increased in the autumn. Expenditures reached a peak in January. This may have reflected participants making final purchases before their entitlements stopped at the end of February.

[16]As noted earlier, DSFS was reluctant to fund non-disability-specific goods such as computers.

- Some participants, such as Jeannette, may have lacked knowledge and ability to purchase supports. Others may have lacked knowledge of specific support items.

- Awareness that entitlements were taxable may have inhibited expenditure.[17]

For example, Neil purchased no eligible supports. He attempted use DSFS funds to purchase (ineligible) prescription drugs to prevent the loss of his other leg. If these drugs had been eligible, Neil might have used DSFS funds to cover the deductible of his regular government drug plan. He said he gave considerable thought to other potential purchases but concluded that he had no additional support needs at the time. Finally, he said he has always avoided becoming dependent on others. "That is my biggest fear," Neil said.

In summary, DSFS was successful in delivering almost $31,000 worth of supports to 16 participants over 11 months. This provides evidence that it is feasible to deliver disability and employment supports through a program that allows people with disabilities to manage their supports within established limits. DSFS delivered substantial supports through each of the two Delivery Partners. This provides evidence that the feasibility of the DSFS program model does not depend on the unique characteristics of a single Delivery Partner. It also demonstrates again that the DSFS program model is capable of operating in multiple sites and different provinces.

On average, participants used about 22 per cent of their entitlement. There is no single reason why the participants' use of entitlements was low. However, this section also provides evidence that the ability to combine monthly entitlements would be welcomed by a substantial number of participants.

Participants varied widely in the amounts they spent on supports. One participant used virtually all of her entitlement while four participants used less than 10 per cent of their entitlements. The variations in expenditures between participants — and over time for individual participants — suggest that it will be a significant challenge to set appropriate monthly funding levels in any expanded program.

PARTICIPANTS' SUPPORT PURCHASES

This section examines the types of supports that participants purchased and participants' use of payment mechanisms. Data on purchases help to provide answers to some of the following research questions: What supports were purchased? What types were desired but not purchased? To what extent do purchased supports represent needed supports? The study tested alternative payment approaches that helped to address questions of whether participants valued these mechanisms: Which payment approaches do participants utilize most? Are particular payment approaches preferred for certain support purchases?

Table 6.3 shows the extent to which DSFS was a feasible way to deliver a large number of supports. DSFS rules and payment mechanisms processed 220 separate support purchases between March 2002 and January 2003. This provides evidence that it is feasible for a DSFS-type program to process a substantial volume of purchases. It also provides no evidence that an expanded program would encounter difficulties administering a larger number of support purchases.

---

[17]One participant, Ewan, mentioned that he would have preferred DSFS supports not to be taxable.

Table 6.3: Expenditures on Different Types of Supports

Support	Purchases (number)	Purchases (%)	Cost ($)	Cost (%)
Transportation	149	67.7	$5,238	17.0
Monthly bus passes	57	25.9	3,904	12.6
Taxi trips	92	41.8	1,334	4.3
Electronic and computer equipment	33	15.0	14,429	46.7
For visual impairment	*21*	*9.5*	*10,660*	*34.5*
Large screen monitors (17 or 19 inch)	9	4.1	5,709	18.5
Voicemate note taker	1	0.5	624	2.0
Scanner	4	1.8	1,330	4.3
Magnifying lenses	1	0.5	17	0.1
Dragon software	5	2.3	2,029	6.6
Kurzwell software	1	0.5	950	3.1
For hearing impairment	*5*	*2.3*	*1,703*	*5.5*
TTY Uniphone	1	0.5	471	1.5
Phone with hearing-aid compatibility	2	0.9	258	0.8
Hearing aids	1	0.5	950	3.1
Hearing aid repairs	1	0.5	24	0.1
For learning impairment	*3*	*1.4*	*1,052*	*3.4*
Talking telephone with caller ID	1	0.5	352	1.1
Voice recorder with PC software	1	0.5	257	0.8
Reading pen for dyslexia	1	0.5	443	1.4
For physical impairments	*4*	*1.8*	*1,015*	*3.3*
Audio head-set	1	0.5	112	0.4
Hands-free telephone	1	0.5	72	0.2
Mavis Beacon 12 DLX program	1	0.5	52	0.2
Memory Stick voice recorder	1	0.5	779	2.5
Ergonomics and mobility	20	9.1	5,486	17.8
Wheelchair accessories	2	0.9	620	2.0
Ergonomic chairs and supports	9	4.1	2,930	9.5
Ergonomic keyboard, mouse/trackball	5	2.3	690	2.2
Braces and splints	2	0.9	165	0.5
Orthotics and castings	2	0.9	1,081	3.5
Job coaching, other skills training	6	2.7	2,900	9.4
Listening skills therapy	5	2.3	2,700	8.7
Driver's assessment and rehabilitation	1	0.5	200	0.6
Other supports and accessories	12	5.5	2,827	9.2
Note-taking services	3	1.4	2,100	6.8
Contact lenses	2	0.9	410	1.3
Dog food for guide dog	6	2.7	297	1.0
Markers	1	0.5	21	0.1
Total non-disability-specific purchases	**179**	**81.4**	**16,102**	**52.1**
Total purchases March 2002 to January 2003	**220**	**100.0**	**30,881**	**100.0**

Source: Management Information System (MIS).

Notes: Non-disability-specific purchases are items that are both supports for some disabilities and can also be used by persons without disabilities. These include bus passes, taxis, monitors, scanners, hands-free telephones, audio headsets, and markers as well as ergonomic chairs and computer equipment.

What Types of Supports Are Purchased?

Table 6.3 also illustrates that DSFS allowed participants to make a wide range of support purchases. Purchases included electronic and computer equipment, software, transportation, ergonomic furniture and equipment, wheelchair accessories, hearing aids, listening skills therapy, and note-taking services.

Forty-seven per cent of program funds were used to purchase electronic devices, computer peripherals and software that were intended as supports for participants with visual, hearing, or learning impairments. Ergonomic equipment, mobility devices, and accessories accounted for about 18 per cent of support expenditures. Transportation used about 17 per cent of program funds but accounted for two thirds of the purchase transactions. Slightly less than 10 per cent of program funds were used for job coaching or training, almost all of this by one participant (Donna). No funds were used for attendant care.[18]

As noted earlier in the chapter, DSFS was reluctant to fund items that were disability and employment supports for some people with disabilities but could be used as consumer goods by anyone regardless of disability status. Most of these non-disability-specific items[19] were kept off the support list because some participants might purchase them as desirable items rather than as a support for their disability. However, the support list did include a few non-disability-specific goods such as large-screen monitors, flatbed scanners, ergonomic chairs, taxis, and bus passes. Purchases of non-disability-specific goods constituted 81 per cent of all purchase transactions and 52 per cent of support expenditures.[20] Large screen monitors alone, of which nine were purchased, accounted for 18 per cent of total entitlement expenditures. This provides some evidence that concern over non-disability-specific goods could be warranted if the purchases had little relationship to the disabilities of the participants who bought them. It also provides evidence that the inclusion of a single item on the support list can have a significant impact on the level of overall expenditure.

ARE PURCHASED SUPPORTS NEEDED SUPPORTS?

Table 6.4 shows that most of the purchases correspond to either the presenting disability or the related disability in a straightforward manner.[21] Kim with chronic back pain bought an ergonomic chair, Sandra with paraplegia bought a table for her wheelchair, and Donna bought listening skills therapy for her dyslexia. Overall, about 81 per cent of support expenditures could be broadly linked to the impairment of the participants.[22] All supports

---

[18]Attendant care was an eligible good. There was no person in the study with an impairment that might have required attendant care or who expressed a desire to have attendant care.

[19]In this report, "disability-specific" goods and services are designed *exclusively* for use by people with disabilities. A Braille printer is a "disability-specific" good. In contrast, "non-disability-specific" goods and services can be used as supports by people with disabilities but can also be used as consumer goods and services by anyone regardless of disability status. A large screen monitor is a non-disability-specific good because it can be used as a support by people with vision impairments but can also be used as a consumer good by anyone regardless of their disability status.

[20]Most of the non-disability-specific purchases were small expenditures for taxis and bus transportation. If transportation were excluded from the support purchases, then non-disability-specific goods accounted for slightly more than 40 per cent of purchases and expenditures.

[21]See Chapter 5 for the related disabilities.

[22]There are some cases where it is not clear whether there was a link between the impairment and the support. A borderline case is whether bus passes are "linked" to the impairment of chronic pain. This study counts them as linked.

specifically designed for a particular disability were purchased by participants with that particular disability. This evidence is consistent with the purchased supports being needed by the participants.[23]

However, the record is mixed with non-disability-specific goods, which can be used as either a support or simply as a desired consumer item. About 37 per cent of non-disability-specific expenditures (19 per cent of all support expenditures) could not be linked to the impairment of the participant. Only two purchasers of large screen monitors had a visual impairment – which was the initial justification for inclusion of this item on the list. Six other participants purchased monitors including Kim (chronic pain), Sean (hearing impairment), Wendy (bipolar), Kevin (morbid obesity), and Pearl (hypersomnolence). Donna (dyslexia) purchased two monitors.

According to one program administrator: "You speak to clients and they say, 'I want a large screen monitor.' Their disability has no relevance to the large screen monitor. I am now watching individuals purchasing things off of this list that are considered eligible that maybe they don't really need."

An extreme example is Kevin (morbid obesity) who purchased a monitor along with other computer peripherals. These were not helpful to him because he did not own a serviceable computer. "My roommate keeps referring to it [the monitor] as the $700 coffee table," he said.

Ergonomic furniture and equipment also had a mixed record. Two participants with chronic pain purchased ergonomic equipment designed to relieve pain. Sean (hearing impairment) with no visual impairment purchased a large screen monitor. Rod (visual impairment) purchased an ergonomic chair that bore no relationship to finding or keeping employment.

Two visually impaired participants used taxis extensively. Marc used taxi services for job-related activities as required by DSFS program rules. Rod, who was visually impaired, took 24 taxicab rides to travel to the university. "I used them to get back and forth to school, with the research I was doing and the consultation with my thesis advisor, which, in discussion with (administrator), I have to be honest, we were told at the outset, that, frankly, it was left kind of wide open. It was left to our discretion. And I honestly believed that the furthering of my education furthered my advantage in the job market . . . ."[24]

Attempting to link supports to impairments is a useful but crude method of determining whether program dollars were well spent. For example, Rod's taxi trips to school arguably served a useful social purpose. Wendy used her computer monitor for employment purposes but did not need it as a disability support. On the other hand, it is possible that some participants with visual impairments bought computer monitors primarily as a consumer good rather than a support.

---

[23]More precisely, the evidence provides a logical, straightforward "story" why the supports were needed and no reason to suspect they were not needed.

[24]The support list included local taxi trips for "an employment-related purpose (such as directly to or from work, job interviews, or location of a supplier of employment/disability supports)." Therefore, the trips were not eligible even though it could be argued that furthering his education could have improved his labour-market performance in the future.

Table 6.4: Support Purchases and Payment Streams

	Disability	Support		Disability	Support
Credit-Card System			**Administrator-Moderated System**		
Kim	chronic pain	monitor ergonomic keyboard ergonomic chair Obus Forme seat transit pass/tickets/taxi side-to-side back support wrist-rest for keyboard ergonomic mouse	Donna	dyslexia	listening skills therapy reading pen voice recorder ergonomic cordless mouse Dragon voice software technical assist. for software Obus Forme seat, car seat, backrest orthotics and castings monitor
Sean	hearing impairment	monitor TTY uniphone note-taking services optical scanner Ameriphone call alert *computer accessories*[a]			bus tickets second monitor Obus Forme office chair cassette tapes and batteries ergonomic keyboard
John	visual	contact lenses monitor	Marie	multiple sclerosis	none
Wendy	bipolar	monitor knee brace transit pass orthopaedic support Insoles hands free telephone set *taxi fare (personal)*[a]	Beth	hearing impairment	hearing-aid-compatible telephone hearing aids hearing aid repairs hearing aid batteries hand splint
Ewan	visual impairment	train tickets / bus pass pet food for guide dog talking telephone/caller ID monitor scanner JAWS software	Pearl	hyper-somnelence	bus tickets transit pass chair back support monitor Obus Forme back rest, seat support Obus Forme chair
Neil	amputation	*medication*[a]	Rod	visual impairment	taxis magnifying lenses ergonomic chair
Kevin	morbid obesity	monitor flatbed scanner ergonomic keyboard/mouse Dragon voice software Labtec Axis headset *non-ergonomic keyboard and mouse*[a] *computer speakers*[a]			ergonomic keyboard/mouse markers and pens Dragon voice software *light bulbs for magnifying lens*[b]
			Jeannette	arthritis	monthly bus pass
			Sandra	paraplegia	wheelchair table

(continued)

Table 6.4: Support Purchases and Payment Streams (Cont'd)

	Disability	Support		Disability	Support
Credit-Card System			**Administrator-Moderated System**		
Martin	polio	Dragon voice software			wheelchair seat cushion
		bus passes/taxi			
		driving assessment	Marc	visual	taxis
		typing software		impairment	dog Food for guide dog
		voice recorder			Voice Mate notetaker
		memory stick			Kurzwell reading software
		raincoat [a]			scanner
		personal digital assistant [a]			

Source: Management Information System.
[a] Ineligible support. Participant returned goods or refunded DSFS.
[b] Ineligible support purchase as valid receipt was not provided. Participant was not reimbursed for this purchase.

Finally, it should be noted that many participants did not purchase eligible non-disability-specific goods even though they usually had modest incomes and had used only a portion of their entitlement. In the first 11 months of the project, seven participants did not buy computer monitors, 12 participants did not buy ergonomic furniture, and participants without a visual impairment rarely or never took taxi trips. In summary, about 81 per cent of total support expenditures could be linked to the participant's impairment. Virtually all goods that were designed for a specific impairment were purchased by a participant with that impairment. However, 37 per cent of non-disability-specific purchases could not be easily linked to the impairment of the purchaser. This suggests that designers of an expanded program should consider placing greater restrictions on non-disability-specific goods in order to reduce inappropriate purchases.

Where Were Supports Purchased?

Data from the management information system (MIS) show that participants were successful in purchasing supports from a wide range of suppliers including medical supply stores, non-profit agencies, large chain retailers, small independent retailers, doctor's offices, the Internet, convenience stores, and out-of-town specialty suppliers. Some individual participants made repeat support purchases from the same supplier while others chose a wide range of places to buy their supports. However, different participants rarely chose the same supplier (with exception of taxis and bus passes). The diverse range of suppliers is not surprising because the participants had different support needs and lived close to (or preferred) different suppliers.

The diverse range of suppliers demonstrates that participants had substantial choice as to where to purchase their supports. Marc said he particularly appreciated the ability to shop and compare prices at different stores. In addition, it provides evidence that the payment mechanisms had the ability to handle a wide range of purchases from a diverse group of suppliers. Finally, in an expanded program, it would be difficult to pre-register all or even a substantial portion of the potential suppliers of disability and employment supports that would eventually be chosen by the future participants. Therefore, a list of pre-registered suppliers would place substantial restrictions on where future participants could purchase their supports. This appears to rule out payment mechanisms that require a list of pre-

registered suppliers. For example, a payment cards require a list of pre-registered suppliers so that suppliers can install specialized electronic hardware and software.[25]

SUPPORTS PURCHASED TO FIND WORK AND KEEP WORKING

DSFS supplied "disability and employment" supports in order to help participants to find work and keep working. However, DSFS was not designed to determine whether the program was successful in accomplishing this goal.[26] However, this report can shed light on the extent to which participants found work and used their DSFS supports in the labour market.[27]

At the start of the study, two participants were working. Both worked less than 15 hours a week. During the first 11 months of the study, 10 participants worked in the labour market during the first 11 months of the study. Of these 10, 8 were employed more than three months and were still employed 11 months into the study. Of these eight, one (Neil) did not purchase any supports from DSFS. The remaining seven said they used at least some of their DSFS supports in connection with their work, whether they work at home or at another workplace.

One participant, Beth, reported that the supports she received were indispensable to finding or keeping work. She purchased a portable handset/phone that overcame her hearing disability and allowed her to respond to prospective employers and her current employer. She also purchased a hand splint for keyboarding at work. After her final interview, she purchased a new hearing aid, which presumably helped her at work. Wendy reported that the orthotic devices she purchased were important to her at work. Kim used her ergonomic keyboard and mouse and an Obus Forme chair. Pearl used similar supports at work to overcome pain. Most of Marc's supports (scanner, Voice Mate Parrot, Kurzwell software) contributed to doing his job as an information technology specialist. Ewan said he used his train tickets to get to work every day and the DSFS-funded software was essential for him to use his computer at work. Martin used his monthly transit pass only to look for work and, later, to get to and from work.[28]

Nine participants purchased bus passes, bus tickets, or paid taxi fare and, in one case, train fare. These are non-disability-specific goods. Six of these nine participants said they regularly used transportation support to get to work or to search for work. Of the remaining three, one participant, Jeannette used her bus pass to get to her babysitting job (less than 15 hours per week) and to search for supports. Donna occasionally used her bus tickets for job interviews, but used them primarily to go to her training and assessment sessions, and in searching for supports. Rod, as noted in the previous section, did not use his taxi trips for finding or keeping work but for education.[29]

---

[25]Payment cards are used in some voucher programs such as the Food Stamp Program because they have low administration costs and reduce fraud. DSFS designers had originally intended the credit-card system as a proxy for a payment card system.

[26]DSFS has only 16 participants and lacks a comparison group. The latter would have shown how participants would have fared in the labour market without the supports supplied by DSFS.

[27]In DSFS, a "disability and employment" support must be capable of being used in work or job search, but DSFS did not require participants to actually use their DSFS supports in work or job search.

[28]Sean, unemployed, purchased note-taking services so that he could receive job training in the hospitality industry.

[29]The remaining seven participants, who purchased no transportation with DSFS funds, either had arrangements with the local transport systems for persons with disabilities or relied on family and friends.

Employers and DSFS

The broad purpose of DSFS was to help participants find work and keep working. A well-designed support program might lower employer's costs of hiring and keeping persons with disabilities. As a consequence, employers might be more inclined to employ people with disabilities.

With this in mind, DSFS asked all employed participants whether researchers could interview their employers. Most refused. However, interviews with two employers were arranged to discuss the DSFS model, employment supports and the employment of persons with disabilities.

Both employers spoke favourably about DSFS. The two employers indicated that a program such as DSFS could reduce the number of requests by employees for special equipment and adaptations including computer equipment, monitors and software. DSFS might reduce costs and the unpredictability of additional costs when employing a person with a disability. If a person with a disability wanted supports from employers, the employer would factor this into the costs of retaining the employee and this might discourage retention, one employer said.

> *If we know that this program that would actually alleviate some of that cost, it just makes the working relationship that much more feasible. And it also makes the person that much more, with a disability, that much more desirable as an employee because they'll be able to do more.* (Employer)

One employer particularly noted that DSFS would relieve him from the responsibility of filling out government forms and waiting for a response from traditional disability support programs. He indicated that such time consuming processes discourage employers from hiring people with disabilities.

> *This is the small business common perception of dealing with the government . . .you fill out the forms in triplicate, and you have to do it each month to renew it, . . . it's just not efficient . . . It's time consuming. And suppose it's to do something like get her a headset, right. I would just buy the goddamn headset.* (Employer)

Another employer commented that the discretion allowed to the DSFS participants permitted them to purchase items that were useful immediately. He noted especially that employees sometimes need taxis because it reduces lateness and sick leave. He said routine was particularly important for employees with mental disabilities. DSFS supports provided more opportunities to maintain that routine, he said.

One employer said DSFS could be improved by expanding the eligible support list to include clothes for some people who need to be presentable for employment, some assistance for paper work, and assistance to get support from other programs.

> *And I also think that the parameters should be expanded to involve something for hand holding and advocacy, even if the funding went through* [names administering agency]. *But I mean, where is the job search? These people, I mean, the anxiety level… can you imagine a person who has a bi-polar disorder, which typically goes with an anxiety disorder, walking into* [large prestigious firm]*?* (Employer)

Both employers felt it was very important to let employers know that the participant had access to "small adaptability things" because this would encourage employment. In addition, one employer cited examples to illustrate how employers needed to understand the disability and employment history of the employee in order to make accommodations.

Both employers spoke of the risk of hiring persons with disabilities. One employer was concerned about taking on an employee with bi-polar disorder, in case that person had a relapse at some point. He was suggesting that the government should assume some of the risk perhaps by allowing two people to be hired with a wage subsidy so that he had someone to fall back on if one left. However, he said that the cost of accommodating persons with disabilities was not large.

> *I think when most people think of people with disabilities, they think, oh, my gosh, that's just gonna be too much, too difficult to accommodate, and too expensive. But if these programs, first of all, offer funding, and offer education as to the fact that some accommodations are not as big a deal as you might think, it would go a long way to providing employment with people with disabilities.* (Employer)

In summary, all seven participants who were employed at the end of the study said they used at least some of their DSFS supports in employment-related activities. Often, participants claimed that DSFS supports were extensively used at work. This makes it more plausible that DSFS helped them to find work and keep working. However, they may have found work without DSFS. Proof of the relationship between DSFS and employment would require an expanded study with a counterfactual.

SUPPORTS DESIRED BUT NOT PURCHASED

DSFS did not supply all the things that participants wanted. Table 6.1 presents some of the ineligible items that participants wanted to place on the support list. These ineligible items reflect decisions made during the study that several items would not be funded such as herbal remedies, acupuncture treatments, gym memberships, bifocal glasses, and specialized mattresses. Neil, who had one leg amputated due to blood clots, purchased prescription medications to prevent blood clots from endangering his other leg. However, DSFS made a policy decision not to fund prescription medications and his purchase was ruled ineligible. Popular items such as Internet access, cell phones, hand-held PCs, and computer peripherals were also ruled ineligible. There were informal inquires about laptop computers and three participants mentioned their desire for general employment training, which was also not eligible.

Some participants felt that DSFS should have funded the support they felt they needed. Pearl said, "I don't need physical aids. I need therapy. The only thing is my back, right? I suffer back pain."

In the interviews, one participant expressed a desire for items that were eligible which they had neither purchased nor formalized in a permissibility request. Jeannette, for example, wanted splints and orthotic devices for her hands and feet, but did not make a formal request for them. She inquired about speech therapy and specialized telephone but did not purchase them. Some, such as Kim and Martin, said that full-time work constrained their ability to shop for supports.

THE PAYMENT MECHANISMS

Credit-card purchases accounted for 38 per cent of the total support expenditures while administrator-moderated purchases accounted for only slightly more — 43 per cent of expenditures. Therefore, there was no conclusive evidence in this small study that one payment system was used more than the other. Petty-cash purchases accounted for the remaining 19 per cent of support expenditures.

The small sample size of the study makes it difficult to draw firm conclusions about whether one payment mechanism was preferred over another for certain types of purchases. An exception is that most transportation expenditures were paid for with petty cash. Most petty-cash expenditures were well under $100. The petty-cash account was introduced into DSFS because it was anticipated that participants would have difficulty making most of these purchases with the other payment mechanisms. The evidence shows that participants rarely used the administrator-moderated and credit-card approaches for these types of purchases. Instead, the administrator-moderated and credit-card approaches were generally used for

items costing over $200. This evidence suggests that participants prefer to pay for inexpensive supports using petty cash rather than other payment mechanisms.

This following subsections review results of implementing three payment mechanisms, including implementation challenges and the initial administrative burden and cost of these processes.

Credit-Card System

The credit-card system worked smoothly and quickly in most cases. The credit cards were widely, but not universally, accepted by suppliers. All credit-card participants were able to use the cards, including participants with visual impairments and bipolar disorder. Participants received their supports immediately. For eligible support purchases, the credit-card system required less work on the part of participants and administrators because it did not require initial support requests, supporting documentation, or issuance of cheques. The credit-card system was also easy to use. It fitted smoothly into the routine of both participants and suppliers. In addition, the credit-card system allowed participants to purchase supports through the Internet.[30] A participant could make a credit-card purchase without drawing attention to their disability status or their dependence on program funding. Finally, one participant who moved to another province during the study period was still able to use the credit-card system to purchase supports quickly.[31]

Participants used the credit cards to purchase supports from a wide variety of suppliers. For the most part, these purchases were as straightforward as any regular consumer purchase. However, there were a several instances where small suppliers would not take credit cards. As a consequence, these participants used the administrator-moderated system to purchase these supports. For example, Kevin used the administrator-moderated system to purchase computer peripherals, Sean used it to buy note-taking services, and Wendy used it to buy orthotic insole supports.[32] If the administrator-moderated approach had not been present, Kevin could have easily purchased his supports from another supplier, but Sean and Wendy may have had more difficulty. In addition, an expanded program would probably include participants who wanted the services of attendant-care workers. These workers would probably have to be paid by cheque or direct deposit rather than by credit card. Consequently, an expanded program using the credit-card approach would also require the ability to issue cheques for supports in some cases.

Participants with credit cards unanimously liked the system for its speed and convenience. Martin said using the card was "no problem at all." Ewan agreed saying, "The credit-card system has worked fabulously. I just pay for the stuff and forget about it, and then send in the receipts."[33]

---

[30]On-line purchasing of supports was relatively infrequent in DSFS. However, it may become important in an expanded study if some of the participants live in smaller towns or have more specialized support needs.

[31]The administrator-moderated approach would have less convenient for this participant because sending paperwork and cheques across provinces would have resulted in long postal delays.

[32]There may be unreported instances where potential suppliers did not accept credit cards but the participant simply used the credit card to purchase the support from another supplier.

[33]Ewan noted that his visual impairment prevents him from inspecting any "receipts" he is given in the store to ensure that they are an appropriate proof of purchase. He said, "They hand me back a piece of paper, I assume it's a receipt, and I can't really say otherwise, because I can't read it right there on the spot."

However, the credit-card system imposed a financial risk on DSFS because it allowed participants potentially to make a vast array of ineligible purchases such as liquor, restaurant meals, and other blatantly fraudulent purchases. In addition, the credit cards had credit limits in excess of the two months of monthly entitlements.[34] It was feared that SRDC might have difficulty recovering any money owed by participants for inappropriate expenditures because it would have been impractical to take court action against a relatively impoverished participant.

To minimize the financial risk, SRDC electronically monitored credit-card purchases. Electronic monitoring allowed SRDC to observe where the purchase was made and the amount of the purchase, but not what was purchased. Therefore, SRDC was able to detect purchases that exceeded monthly limits and purchases in stores that were unlikely to sell any eligible goods. The system also allowed administrators to follow up on ambiguous purchases or eligible purchases for which receipts were due. However, electronic monitoring could not detect all ineligible purchases.[35]

Despite these concerns, there was no blatant misuse of credit cards. No participants used their credit cards to purchase liquor, holidays, restaurant food, or groceries. "Nobody ran off with money. Nobody's taken any money. Nobody's even bought purchases where they refused to take them back or to return the money," said one administrator.

There was only one instance of a participant using the credit cards to spend more than their monthly entitlement. The participant said he did so in order to purchase an expensive but eligible good with convenience. He said it was always his intent to pay DSFS the amount in excess of the entitlement. DSFS received the payment promptly. On the whole, those spending near their maximum monthly entitlements appeared to go to considerable effort not to violate program limits on monthly spending.

The vast majority of credit-card purchases were for eligible supports, but four purchases were not. These are discussed in detail to show the actual extent of the financial risks posed by the credit-card system.

One participant, Neil, purchased prescription medication to control blood clotting knowing that it could be ruled ineligible.[36] "I thought, I'll try it, and worse comes to worse they'll send me a letter saying it's not covered and I've got to pay it back. Which is exactly what happened," said Neil. Martin purchased a raincoat (he cannot use an umbrella) and a personal digital assistant (PDA). Both were ineligible. He had been told the PDA was not an eligible good prior to purchase. "I bought on a conditional basis, this PDA, because I knew it was not good for the study . . . I had to return the PDA because (the administrator) told me it is not possible," Martin said. He returned the PDA and reimbursed DSFS for raincoat late in the study. A third participant, Kevin, made three purchases of ineligible computer items using a combination of credit cards and petty cash. He eventually returned the purchases after

---

[34]This ensured that credit-card participants who spent the monthly maximum late in one month would be able to purchase supports at the start of the subsequent month. Initially, DSFS put a $1,000 limit on the credit cards in order to reduce the risk of large, fraudulent purchases. The intention was to confirm the eligibility of all credit-card purchases and pay the credit-card bill early in the month in order to allow the participant to make purchases in the next month. However, this procedure was quickly abandoned because processing times left some participants unable to purchase supports early in the month.

[35]As an added precaution, participants could not get cash advances with their credit cards.

[36]Blood clots had caused one of his legs to be amputated and he wanted to avoid the risk of losing his other leg. His expenditure was ruled ineligible because DSFS did not fund medications.

considerable administrative effort.[37] In these three cases, the ineligible goods were often plausibly similar to other eligible goods or were goods for which the participants could make a plausible argument that they should have been eligible. In this way, these ineligible purchases might be considered a far less serious breach of program rules than might liquor purchases.

In addition, there were three cases of participants using credit cards to make minor purchases of ineligible goods. These participants said that they had accidentally used the DSFS credit card rather than their personal credit card. The participants paid for these purchases. One participant had trouble purchasing a monitor from an on-line supplier. In the confusion, she accidentally purchased two monitors. One monitor was returned. Finally, one credit card was lost and replaced without incident.

Administrators differed in their views on the credit-card system. One administrator said when it worked well, it required fewer forms and less administrative effort than the administrator-moderated approach. Moreover, this administrator felt that the credit cards captured the essence of a program that allows participants choice over their supports, saying, "It really eliminates any bureaucracy and it really eliminates that issue, or that potential, of needing to prove something."

A second administrator said that participants found the system easy to use and easy to process. She had originally thought that participants might "go wild" with the cards but this had not happened. She said it worked "fairly well" despite the ineligible purchases.

Finally, a third administrator was critical of the credit-card system. She emphasized the problems of ineligibles purchases and the difficulty in getting participants to return them or repay the money to DSFS. "I found it really hard to tell them that they had to take the purchases back," she said. She said it was easier to say "no" before a purchase was made rather than after.

In summary, the credit cards gave participants quick and easy access to supports. Participants liked them. Administrators disagreed on their merits. There were infrequent, but real, problems with ineligible goods being purchased with credit cards. These purchases caused some administrative problems but had no financial consequences in the first 11 months of DSFS. All ineligible purchases were returned or paid for by participants with some administrative effort.

Administrator-Moderated Approach

The administrator-moderated approach was the more traditional payment mechanism. It required that a participant get an invoice from a potential supplier, fill out a support request form, and send it to the program administrator. Prior to issuing a support cheque, administrators determined whether the support was on the eligible support list and whether the participant would remain within their monthly entitlement. If so, a cheque was issued in the name of the supplier and given to the participant.

The administrator-moderated approach was chosen for DSFS because it was felt that this traditional system would likely prove to be feasible. This proved to be the case.

---

[37]The purchased items, a non-ergonomic keyboard, a non-ergonomic mouse and a pair of computer speakers, were sufficiently close in definition to eligible supports that they should not be considered blatant fraud.

Participants used this system to purchase supports worth $13,350 from a diverse range of suppliers. In contrast to the credit-card system, the administrator-moderated system worked in all cases where it was tried. The administrator-moderated approach had tighter financial controls than the credit-card approach. No ineligible purchases were made through the administrator-moderated approach. When functioning properly, no participant should have been able to spend more than his or her monthly entitlement.[38] In addition, the administrator-moderated approach limits the possibility of fraudulent purchases of clearly ineligible goods.[39]

However, an eligible purchase through the administrator-moderated approach requires more effort from the both participant and the program staff than the credit-card system. The participant must visit the supplier to obtain the initial invoice. This may be somewhat disruptive for some suppliers and requires the participant to explain their program status to the supplier. Participants must fill out a support request form and mail (or deliver) it to the Delivery Partner. This form is not required by the credit-card system. After receiving the paperwork, the Delivery Partner must process the request and issue a cheque. The cheque must be mailed to or picked up by the participant. Once the cheque is received, the participant must return to the store a second time to buy the support.[40] In contrast, the credit-card approach allows the participant to purchase the support on the first visit to the store.

Despite being slower and more bureaucratic compared with the credit-card approach, the administrator-moderated approach still managed to function quickly and with relatively little paperwork when compared with other cheque-issuing systems. A support request form was a single page that required one piece of supporting documentation (a supplier invoice). The consumer-choice process allows for quick administrative processing without requiring the participant to attend interviews during regular working hours. Delivery partners issued cheques with remarkable speed.[41]

Participants using the administrator-moderated approach said that it worked quickly and smoothly. "I had no problem with it," Marc said. Rod agreed, adding that he also liked the administrator-moderated approach because all purchases were approved by an administrator before they were made. He said this eliminated the possibility of having to pay money back to the program due to an accidental ineligible purchase.

Administrators agreed that the administrator moderated-approach issued cheques quickly and smoothly. They also agreed it contained little financial risk.

Petty Cash

The petty cash accounts had the advantage of speed and flexibility for the participants as well as high levels of financial control. A participant could purchase a support immediately and be paid later. No cheque would be issued before the administrator had received the

---

[38]One participant did exceed her entitlement though administrative error. The administrator did not notice that the sum of administrator moderated expenditures and petty-cash expenditures exceeded the participant's monthly entitlement. The money was eventually recovered.

[39]There were a couple of cases where the Delivery Partner issued a cheque for the amount of the invoice but the participant handed in a receipt for less than price on the invoice. In both cases, the money was recovered.

[40]A participant can speed up the process by delivering the paperwork and picking up the cheque in person. However, participants may find this difficult if they are working or mobility-impaired.

[41]Cheque processing times and how they were achieved is discussed later in the chapter.

receipt for the purchase and checked its eligibility. This increased financial control and reduced administrative effort and cost in collecting receipts. One participant liked the petty-cash system so much he requested that he be allowed to make all of his purchases using the petty-cash account.[42] Another participant avoided any cash flow problems by buying all her petty-cash purchases with her personal credit card.

However, one administrator complained that the petty-cash system consumed considerable staff time in processing numerous, irregular receipts worth small amounts of money. Taxi receipts caused the most problems, he said. They were often incomplete with missing dates, times, pick-up points, or destination points. Consequently, it was difficult for the program administrator to determine if taxis were used for job searches or employment-related functions. These concerns were not hypothetical. One participant used taxis to further his education rather than for the eligible purposes of work and job search. However, the other two administrators said the petty-cash system worked well. Their clients did not make substantial use of taxis.

Most of the problems with the petty-cash system can be resolved with a solution to the taxi problem. One solution is to place restrictions number of taxi rides or the time period when taxis can be used. Participants would be expected to be using public transit by the time the limits came into effect.[43] An alternative solution is to establish accounts with local taxi firms — especially those with adapted vehicles — to combat this problem.[44]

Comparing the Payment Systems

Participants tended to praise the system they were using. A few participants compared the payment systems and tended to like the one that they were using. Ewan was happy to use the credit card because the administrator-moderated approach seemed like "a much more difficult way to go about doing things." Rod preferred the administrator-moderated approach because it prevented any possibility of accidental ineligible purchases.

One administrator said the credit-card system was much faster, much less bureaucratic, and offered more consumer control than the administrator-moderated approach. One administrator said all of the systems worked well. The credit-card system was slightly faster for the participants, produced slightly less administrative work, and gave the participants somewhat more control. "It's not like it's a huge difference," she said. The third administrator strongly preferred the administrator-moderated system. She stressed the ineligible purchases made with credit cards and her difficulty getting participants to make restitution after a purchase had been made.

In conclusion, all three payment systems appeared to function quickly and smoothly. The credit-card system gave clients access to supports immediately while the administrator-moderated system required more time and more paperwork. However, it was a well-functioning, fast cheque-issuing system that did not require substantial paperwork. The credit-card system had more risk of ineligible purchases. However, there was no abuse of the

---

[42]His request was refused so that DSFS could have sufficient participants using the administrator-moderated approach.
[43]People with visual impairments find taxis most useful when going to unfamiliar places such as a new job or a job interview.
[44]This was considered in the design phase but was too complicated to implement for a small number of participants in the short start-up phase.

credit cards. Few ineligible purchases were actually made. With some administrative effort, participants returned all of the ineligible goods or made restitution.

Potential Abuse of the Payment Systems

When the study was first initiated some of the administrators were concerned about the potential for abuse. Administrators were especially concerned that abuse could occur with the credit-card and the petty-cash systems. Two administrators said initially they expected some participants to abuse the credit cards. All administrators agreed that participants did not use the cards to abuse the system. One administrator saw confusion rather than abuse. "We had some people making multiple purchases with their credit card of the same item, just because they were trying to use it online and it didn't work. That wasn't really abuse." Another more critical administrator said she saw the ineligible purchases as clients taking a chance rather than abuse. However, she said the program had strong potential for abuse if "a more 'creative' bunch of people" were admitted as participants.

The same administrator felt the potential for abuse of the credit-card system would be increased in an expanded program. This program administrator's concern was directed at people with mental health disabilities. "I'm just looking at the disabilities, and think . . . like off the top of my head, bi-polar, to let them loose with the credit card, I think they would need to be monitored more closely than someone with a physical disability perhaps. We may have more difficulties with people with mental illness than with physical disability."[45]

One administrator felt that some purchases could be construed as testing the limits of the system. He provided the example of a participant with low vision who bought a high-quality flat screen monitor when a less expensive more mainstream monitor would have provided the same benefits. He further noted that a participant requested funding for an ergonomic chair and then bought a rosewood leather ergonomic chair. These "Cadillac" purchases, as he referred to them, fell within the realm of the criteria for eligible supports, but he was not convinced that these expensive items were necessary.

One administrator made the following summation when asked about abuse of the payment systems. "That was a concern I think that we all had when we started; like I said, with the credit card people could go and purchase whatever; petty cash, same thing. And I haven't seen that happen."

OPERATING DSFS

Maintaining Service Delivery Standards

In the design phase, DSFS set a goal to improve service delivery standards to participants. This goal was achieved. The credit-card system and the petty-cash system gave participants immediate access to supports.

At the outset of the DSFS one administrator suggested that both the credit-card and the petty-cash systems had fast processing times compared with the provincial program and HRDC's Opportunities Fund. "There can't be anything more quickly accessible to the

---

[45]Wendy was taking medication for bi-polar disorder. She used the credit-card approach with only minor problems.

individual. There is no system that I am aware of . . . that can give them that speed of being able to make the purchases when and where and pretty much 24 hours a day, 7 days a week."

Another area of achievement was the speed in which the cheques were issued for the administrator-moderated system and the petty-cash system.

For example, the Ottawa Delivery Partner was able to issue 40 per cent of cheques on the day that they were requested by the participants. Seventy-five per cent of Ottawa cheques were issued within a week. The longest processing time in Ottawa was 16 days.[46] The Vancouver Delivery Partner achieved broadly similar results.[47]

All administrators and all participants who made purchases rated the speed of DSFS service as either good or superb.[48] The more experience participants had with other support programs, the higher they rated the speed of DSFS. "It is 10 times faster," said Rod.

The consumer-choice model of DSFS was central to the program's ability to deliver supports quickly. By allowing participants to purchase any eligible good, DSFS eliminated the time-consuming assessment of need by program administrators. This allowed participants immediately to purchase eligible goods with the credit-card or petty-cash systems. In addition, it also simplified and sped up decision making in the administrator-moderated approach. To approve a support cheque, the administrator did not have to make a complex, subjective assessment of the needs of the participant. The administrator only needed to determine two objective facts: (1) Was the proposed purchase on the eligible support list? and (2) Would the support purchase cause the participant to exceed their monthly entitlement? In most cases, a decision to issue a cheque could be made in a couple of minutes. The simplified administrative decisions allowed for simplified one-page forms that were relatively easy to fill out and to process. When new supports were proposed, a single eligibility ruling determined whether the proposed support would be placed on the support list and available for all participants. An individual decision was not repeatedly made for each individual participant on a case-by-case basis.

Several organizational measures also improved cheque and administrative processing times. First, program administrators were available five days a week to process DSFS supports as opposed to doing all DSFS work on a single specific day of the week.[49] Second, delivery partners issued cheques on five days each week rather than issuing cheques on one day every week or every two weeks.

Third, DSFS had a flat decision-making process after the initial start-up period. Participants made most of the decisions about supports themselves. Program administrators

---

[46]These figures are in "calendar days" rather than "working days." Therefore, a cheque requested on a Friday and issued on a Monday had three days of processing time. The figures do not make any allowance for valid reasons for delay in issuing a support request such as program start-up problems, missing invoices or receipts, or the need for support eligibility decisions.

[47]A complete analysis of the cheque-issuing times in Vancouver was not possible because of recording errors in some cheque-issuing times recorded in Vancouver.

[48]Marie and Neil made no purchases and ventured no opinion on the speed of the payment systems

[49]Administrators might only do a few minutes of DSFS work in a day and spend their remaining working hours on non-DSFS duties.

handled almost all of the rest of the decisions. Only non-routine support eligibility decisions and major administration problems went to SRDC.[50]

An administrator said that the DSFS had much better payment systems ". . . better in the sense that response times to questions, concerns, to cheques, to process, was easily 5 to 10 times quicker than any of the other projects that I know of . . . the project eliminates some of the tedious paperwork necessities of the bureaucracy, without necessarily compromising the accountability, and I think that's where this project has started to entertain things that government I don't believe thought could be done before."

The same administrator was very impressed with the speed of processing times. "I think overall, most of them would have felt that this was a breath of fresh air, that this was quite different than what they've had . . . for anybody to access supports under the Opportunities Fund . . . there's a 20-page application," he said.

The other two administrators agreed that payment system worked quickly but were less forthcoming in their praise.

Administrative Costs

The Delivery Partners billed SRDC about $1.30 in administration costs for every dollar of supports received by participant, as shown in Table 6.5.[51] The administrative burden and costs of implementing the program were higher during the start-up phase of the program and lower in later stages of the program. However, Delivery Partners billed SRDC at a relatively constant amount. As a consequence, there was an under-billing in the early months of the program and, perhaps, an over-billing during some subsequent months.

Much of the administrators' time was spent collecting receipts, matching receipts to purchases, and recording information in the MIS. In the view of one administrator, the timely submission of forms and receipts was a new skill for some participants to learn and should improve over time. Timely submission of receipts remained problematic throughout the study and getting receipts from participants became the most time-consuming element of the administrative workload.

There is some tentative evidence that an expanded program may have lower ratio of administrative costs to participant benefits. First, the intensive start-up period would occupy a smaller proportion total program time. Second, administrators were relatively inexperienced in DSFS procedures at the start of the program. Third, administrators only spent a small portion of their work time on DSFS each month. As a consequence, work was slowed by the need to spend time switching from other duties to DSFS. Fourth, there may be potential savings in the amount billed on financial administration. Fifth, it may be possible to use inexpensive clerical staff for most of the DSFS work rather than expensive case managers. This would be made possible by the DSFS-type model that simplifies the decision-making role of the program administrator.

---

[50]Appeals of support decisions would involve a second decision-maker at SRDC.

[51]The costs reflected in this table refer only to the expenses billed by the Delivery Partners. The costs also do not reflect expenses incurred by SRDC for research activities or operational support. In addition, costs associated with recruitment of study participants were not included as they were not part of ongoing program expenses.

Table 6.5: Delivery Partner Administrative Costs

| | 2002 | | | | | | | | | | 2003 | |
	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total
Ottawa												
Total Services and Expenses	1,593	1,975	2,023	1,984	1,442	1,442	1,432	1,451	1,432	1,441	1,471	17,686
Participant Purchases	2,343	2,480	1,147	404	400	374	1,110	1,189	884	954	2,240	13,527
Ratio of Cost to Purchases	**0.7**	**0.8**	**1.8**	**4.9**	**3.6**	**3.9**	**1.3**	**1.2**	**1.6**	**1.5**	**0.7**	**1.3**
Vancouver												
Total Services and Expenses	1,702	2,168	1,948	1,948	2,005	1,962	1,963	1,965	1,966	2,005	1,962	21,593
Participant Purchases	1,231	1,530	1,423	1,965	991	837	653	1,503	1,245	2,468	3,509	17,354
Ratio of Cost to Purchases	**1.4**	**1.4**	**1.4**	**1.0**	**2.0**	**2.3**	**3.0**	**1.3**	**1.6**	**0.8**	**0.6**	**1.2**
Total All Sites												
Total Services and Expenses	3,294	4,143	3,970	3,931	3,448	3,405	3,395	3,416	3,398	3,446	3,433	39,279
Participant Purchases	3,574	4,010	2,570	2,369	1,391	1,211	1,763	2,692	2,130	3,422	5,750	30,881
Ratio of Cost to Purchases	**0.9**	**1.0**	**1.5**	**1.7**	**2.5**	**2.8**	**1.9**	**1.3**	**1.6**	**1.0**	**0.6**	**1.3**

Source: Management Information System and accounting records.

Notes: Costs refer to expenses billed by the Delivery Partners. Some program administrators said they worked unbilled hours in the early weeks of the program. Costs do not include research or recruitment costs or SRDC operational support costs.

The Changing Role of the Program Administrator

The DSFS-type program may change the type of work done by program administrators. At the beginning of the study one administrator reported that DSFS required him to do substantially less of the traditional work done by senior caseworkers such as counselling and approving support requests. Instead, much of his DSFS time was spent giving out program information as well as collecting and recording forms and receipts. This program administrator felt that his role in DSFS was more of an "information clerk and an accountant." After the initial months he said that 70 per cent of his time was spent in an administrative function consisting of "follow-up with the client, ensuring that their receipts were being submitted, the forms were being filled out properly, and reminders of when things needed to be done." He said that an experienced clerical worker could perform many, but not all, of his DSFS tasks for about half the salary he is paid." This administrator did not view this changing role in a negative light.

But another administrator indicated that this changing role had significant consequences for the worker-client relationship. "It's completely different support. We're not supporting the client through any process." She strongly defended close individual relationships between caseworkers and client. "If we're not willing to invest the time in the client, money is not the be-all. You know, if the client has no support and there's money thrown at them, what are we doing to the client?" she said. She said some clients could "Take the ball and run with it. They know what they need. They can make decisions." She said clients with mental illness could do the same, at times. Other times, "It's a roller coaster," she said.

While not required by program rules, program administrators sometimes performed some residual functions of the traditional caseworker. On occasion, they advised participants on support purchases, found suppliers, established relationships with participants, and helped clients to fill out forms. In addition, they would refer clients to traditional counsellors. It is not clear how important these residual caseworker functions were to the success of DSFS. Using clerical workers as program administrators might make more of a "clean break" with the traditional system, re-enforce the philosophy of consumer control, and reduce administration costs. However, the resulting system might be less accessible to some persons with disabilities.

It could also be argued that an expanded program should allow the program administrator to be somewhat more like a traditional caseworker — advising and helping clients and, perhaps, having discretion over non-disability-specific supports. Such a program might be more personal, more accessible to the least able participants, and more capable of delivering non-disability-specific supports to some clients. However, it risks being administratively expensive, bureaucratic, paternalistic, and may provide less choice for participants.

Interprovincial Mobility

In the middle of DSFS, one participant moved from Vancouver to Toronto in order to start a new job. Program service from the Vancouver office continued without interruption in his new location. The participant used his credit card and petty cash to

gain immediate access to supports in his new job. Longer mailing times might have slowed his access to supports if he had been using the administrator-moderated approach.

PARTICIPANT AND ADMINISTRATOR OPINIONS ABOUT DSFS

A large majority of participants expressed a favourable view of DSFS, two had strong reservations, and one did not like the program.

Eight of the sixteen participants gave an enthusiastic endorsement of the program. These "big fans" included all of the participants with either visual impairment or hearing impairments.

> *It was extremely valuable. (Ewan)*

> *It's been a blessing, it really has. (Donna)*

> *An excellent idea. (John)*

> *I think this is a better mousetrap. (Rod)*

They praised DSFS for its extensive support list. "I mean that would give an awesome advantage to people with handicaps to access things," said Sean. These participants praised DSFS for its speed of service, lack of bureaucracy and the control it gave them over their supports.

Five of the sixteen participants gave a more limited endorsement of DSFS. They liked it and most would continue to be part of DSFS in the future if they could. "Sure, why not?" said Kim. Kim, Kevin, and Martin said they needed more information and/or counselling. Kevin and Martin two wanted more computer equipment on the support list. Kevin, who called the program "brilliant," also believed that the support list was unclear and misleading. Other limited endorsements came from participants, such as Neil and Sandra, who were less involved with the program. Neil said the program would be good for others but he didn't need anything from it right now.[52]

Three participants were more critical for different reasons. Jeannette said she would not participate in a similar program again unless she had more help in finding supports. Pearl said she would participate, but said the DSFS support list was strongly oriented to physical disabilities but had little for pain control. "You are not really giving me what I want," she said. Marie, who bought no supports, firmly said she would not participate in another DSFS-type program. With extensive work experience in the disability community, she said she was very skeptical of new programs that confuse all stakeholders and overlap with existing programs. She also saw little need for yet another research project when she felt solutions were already known.

Administrators disagreed strongly about the value of DSFS. One administrator felt very enthusiastic about DSFS, a second administrator said it was appropriate for only some people with disabilities, and a third administrator was quite critical of the DSFS. The administrator who had a positive view of DSFS saw it as a fast, client-friendly program that gave participants substantial choice over supports. "The project met my

---

[52]After the interviews, Sandra made a number of purchases in the final months of the program.

expectations," he said. However, he thought DSFS could benefit from an expanded support list that allowed clients to use funds for wage subsidies. The second administrator agreed that DSFS increased the control that participants had over their support purchases. "I would say within this study they would have greater control, and it's immediate," she said. However, she thought only some clients had their support needs met by the program.

However, the administrator who was critical of the study suggested that the DSFS eligibility list was not able to tailor support packages to meet the individual needs of clients. As a result, many clients could not get the supports that they wanted and needed, she said. "There was very little consumer control," she said.

Comparison With Other Programs

Most DSFS participants had no experience with other government disability support programs. Three participants who did have experience with other support programs said DSFS was enormously better than other programs that fund disability and employment supports. With one possible exception, all said DSFS was much less bureaucratic and much faster. DSFS gave them access to supports in days rather than months, they said. "There is no red tape or virtually none," Rod said. In contrast, some traditional support requests required forms and meetings to discuss what was wanted and why it was needed, said Ewan. These participants, all enthusiastic supporters of DSFS, said DSFS gave them more control than other support programs. Finally, Rod said he liked the fact that DSFS was much clearer about what was funded than other programs. "It is very cut and dry," he said. Finally, he praised DSFS for being quicker to inform him about what could not be funded. "Whether it is for you or against you is immaterial at this point. It is just the fact that a decision is made in a day or two days or three days or whatever," he said.

Program administrators on both sites had many years of experience working with different programs for people with disabilities. One administrator noted that it was highly unlikely that participants unable to get items through DSFS would have received the same items through other government programs. "Although the DSFS project wasn't able to help in certain areas, I don't believe any of the other projects either, funding bodies, would have been able to help either, so, in fact, it's just . . . it's identical," he said.

All program administrators felt the DSFS payment systems, including the credit-card, administrator-moderated, and petty-cash systems, required much less administration time than other federal or provincial payment programs. One program administrator speculated that if DSFS were developed to scale, the workload would be less than other large programs he was presently involved with. This administrator concluded that the DSFS payment system was a more efficient system than payment systems used by other programs and that it offered much more flexibility to participants. He suggested that the DSFS payment system allowed for client decision making and empowerment, something not evident in other programs. He said that DSFS offered a more participant-friendly and participant-focused approach than is normally offered through existing government programs. "It tends to be often antagonistic. It tends to be not pleasurable for the client, and it's certainly not pleasurable for the counsellor who's helping to complete the application."

Another administrator, critical of DSFS, agreed that DSFS was less work than other programs once the participants were enrolled. She said once a client had been selected for existing training programs, it was quite easy to administer as well. She said other traditional employment assistance program allowed clients more choice because they were not as "cut and dried" as DSFS. "We develop a working relationship with the client in what it's going to take them to get them back to work."

CONCLUSION

This chapter has shown that most participants were able to make informed and appropriate choices over their support purchases. Some would like additional information or counselling. Two could not make effective use of the program. DSFS was successfully operated the field with only routine administrative problems. Participants used its procedures and payment mechanisms to obtain a wide range of supports from numerous types of suppliers. Participants in DSFS varied widely in how much they spent on supports, even when they had similar impairments. There were some inappropriate purchases but no blatant abuse of the system. There was general satisfaction among participants with the study.

Three payment systems were tested. Each payment system functioned with surprising speed. The credit-card system was the fastest, and offered the most consumer choice. Some but not all program administrators thought it was the easiest to administer. It also provided the most financial risk to the program and could not be used with some small suppliers. The administrator-moderated system offered less financial risk but was more burdensome for participants and administrators. However, one administrator thought the differences were large while another thought these differences were slight. The petty cash was convenient for participants making small purchases, but taxi receipts consumed considerable administrative time.

Participants who had experienced other programs felt strongly that DSFS was more responsive and timely than other programs. In some cases, participants were not able to purchase items they felt to be appropriate to their particular needs. A large majority of participants liked the program and felt it gave them more control over their supports. A minority had substantial objections to the program either because it did not supply their most important supports or did not offer enough assistance in purchasing supports. Administrators were strongly divided in their opinions.

Chapter 7:
Conclusion

The Disability Supports Feasibility Study (DSFS) answered three major research questions: (1) Was it feasible to deliver a program to recipients of disability-related benefits that included consumer choice over disability and employment supports? (2) What types of disability and employment supports were most commonly in demand from such a program? (3) Is such a program capable of operation at scale, for example in a multi-site demonstration project? Chapter 1 and Chapter 2 establish the policy context for these questions by reviewing current disability support and voucher programs. Chapter 3 presents the features of a support program that would allow participants to manage their disability and employment supports within established limits. These features include giving participants the ability to purchase anything from a list of eligible supports up to a monthly maximum entitlement. Chapter 3 also presents details of the three payment mechanisms; credit card, administrator-moderated, and petty cash. Chapter 4 explains how the participants were recruited, while Chapter 5 introduces those participants and their experiences with employment, their disabilities, and their supports. Chapter 6 presents the central findings of the study.

This concluding chapter first reviews the findings of Chapter 6 and other chapters in this report. It then reviews this evidence to examine whether a DSFS-type program is capable of operation at scale in a multi-site demonstration project. Subsequently, the chapter looks at how a support program similar to DSFS might be improved. Finally, it concludes with some of the challenges that a larger program might face.

FEASIBILITY

This report finds that a program that allows participants to manage their own supports within established limits is feasible. Most, but not all, participants have the ability and knowledge to use the program well. The program gave participants more choice over which eligible supports they could purchase as well as when and where they could purchase them. Participants used this increased choice and flexibility to purchase a wide range of supports from a diverse group of suppliers.

However, a substantial number of goods and services desired by participants were not funded by DSFS. Often these goods and services were not "disability-specific" but "non-disability-specific" — items that could be used as a support for some people with disabilities but could also be used as a consumer item by others. DSFS was reluctant to put high-profile non-disability-specific goods — such as cell phones and Palm Pilots — on the support list because all participants could then use DSFS funds to purchase them. Despite this reluctance, half of support expenditures were for non-disability-specific goods and services such as computer monitors, ergonomic furniture, and transportation.

Participants received supports quickly. Participants immediately received supports purchased with a credit card or with petty cash. DSFS quickly processed cheques for participants using the administrator-moderated payment system or petty-cash fund. The

Ottawa Delivery Partner issued 40 per cent of its cheques on the same day that they were requested, 75 per cent within six days. The DSFS program model played a major role in the speed of the cheque-issuing system because it simplified administrative decisions and reduced paperwork. Other factors included a flat decision-making process, staff available to process participant requests five days a week, and staff available to issue cheques five days a week.

DSFS had only routine administrative problems. There were no system-wide failures and no blatant fraud. No participant had their credit cards taken away or were removed from the program. Most participants followed program procedures most of the time. Participants purchased some ineligible goods but eventually returned the goods or paid for them from their own funds. Most participants handed in receipts reasonably promptly. However, on several occasions, the collection of receipts required the threat of administrative sanctions.

Together, the payment mechanisms allowed participants to purchase from a wide range of large and small suppliers, either in person or over the Internet. The credit-card system offered the most choice, speed, and flexibility but had the highest potential for abuse and participant error. In addition, some small suppliers would not accept credit cards. The program administrator system had the least potential for abuse but was slower and more bureaucratic than the credit-card system. The petty-cash system was relatively flexible and well suited for small purchases. However, some purchases, such as taxis, consumed considerable administrative time and had poor quality receipts. The weaknesses in one payment system were offset by strengths in the other payment systems. However, a payment system that requires a list of pre-registered suppliers would substantially restrict the choice of participants.

Almost all employed participants said they used their supports at work. The study is not capable of saying whether DSFS supports increase their ability to find work and keep working.

A large majority of the participants said they liked the program and would participate in a similar program again. Many compared it favourably with other support programs. As a consequence, this report concludes that it is feasible to deliver a program that allows participants to manage their own disability and employment supports within established limits.

EXPANSION OF THE STUDY

Can a Program Similar to DSFS Be Operated at Scale?

A program similar to DSFS can be expanded and operated at scale in a larger demonstration project because (1) DSFS worked well as a small-scale pilot and (2) the DSFS program model is particularly suitable for large-scale operations.

Results from this pilot study show it is technically possible to operate a similar program in a multi-site project. DSFS operated effectively in the field, in two sites, without major operational problems or system failures. Participants chose supports, made purchases, filled out appropriate forms, and handed in most receipts in a relatively timely manner. With some

exceptions, most participants followed program procedures. There were no major instances of fraud, few ineligible purchases, and no credit cards were suspended.

In addition, the DSFS program model is amenable to large-scale operation. In the DSFS model, participants make most of the decisions about supports rather than program administrators. For the most part, administrators have simple, objective rules that quickly guide most decisions about the program. For example, with a few exceptions, a participant can purchase a good if that good is on the support list and does not cause the participant to exceed their monthly entitlement. This simplified decision making requires no individual assessment of need for the support, little subjective analysis, and limited amount of forms and supporting documentation. Decentralized decision making would allow for an expanded program to continue to operate quickly at larger size. When a complex administrative decision has to be made — deciding on the eligibility of a support or the level of monthly entitlements — the decision is made once for all participants rather than repeatedly on a case-by-case basis. All these factors are well suited for administering a large caseload in multiple sites.

It can be argued that the DSFS model will work better at scale than the current system. In the current system, traditional caseworkers attempt to tailor an individual support package that is unique for each client. Each support request requires a renewed assessment of need, extensive forms, and supporting documentation. Those features present difficulties when working with a large number of clients that are not present with the DSFS program model.

Should a Similar Program Be Operated at Scale?

Exploration of this question revealed a difference in opinion between participants and program administrators. Fifteen of the sixteen participants supported expansion of the study. Marie was opposed. "I'm very skeptical," she said.

Program administrators were divided over expansion. One program administrator said he would support expansion but suggested the support list be expanded to include wage subsidies. One administrator did not support expansion of the program because she felt that participants would benefit more from programs offering job skills training, mentoring, and therapy. A third administrator said she would support an expanded program for clients whose needs were met by the support list but not for other clients.

One program administrator suggested the credit-card system was the best payment system for an expanded project while another program administrator preferred the administrator-moderated system because there would be less potential for abuse. The third administrator felt that not all participants would be able to handle the credit-card system.

OPTIONS FOR AN EXPANDED DEMONSTRATION PROJECT

Designers of an expanded program should consider allowing participants to accumulate monthly entitlements in order to purchase expensive, but needed, supports. Program designers should also consider expanding the support list to include more supports to alleviate chronic pain. Three DSFS participants suffered from chronic pain as a presenting disability while four others suffered from at least some chronic pain. However, the addition of acupuncture, massage, and other professional pain control treatments might cause DSFS to

have overlapping responsibilities with the health care system. In addition, it could significantly increase support expenditures. These additional expenditures could be paid for by increased budget or by restricting participants' ability to purchase other goods and services.

Program designers should consider increased restrictions on non-disability-specific goods such as computer monitors, ergonomic furniture, and transportation. The purchase of non-disability-specific goods and services accounted for 50 per cent of support expenditures. Computer monitors alone accounted for 18 per cent of all support expenditures. There was significantly less accountability for taxi rides than other support expenditures. These restrictions might include excluding non-disability-specific goods from the list of eligible supports, separate support lists for different disabilities, limits on the quantity or value of purchases of certain non-disability-specific goods, co-payments, or requiring administrator discretion for the funding of non-disability-specific goods. Each solution appears to require some limitations on the principle of consumer choice.

A more complex solution might entail allowing disability organizations to run separate DSFS programs for their own clientele. Each organization would have its own support list and program administrators. This solution would help to ensure that program administrators understand the disabilities of their clientele and to ensure that the support lists fit the needs of a specific disability. Specific support lists could exclude non-disability-specific goods that are inappropriate to a specific disability. This solution would also provide increased budgets, staffing, and power to disability organizations. However, this solution would increase the complexity of a system that is already administratively complex. For example, a person with multiple disabilities would probably have to make separate applications to different organizations. These organizations would then have to coordinate funding levels and receipt collection.

Designers of a future program may wish to clarify the role of the program administrator. DSFS used experienced caseworkers as program administrators. While not required by program rules, these program administrators sometimes performed some residual functions of the traditional caseworker. On occasion, they advised participants on support purchases, found suppliers, established relationships with participants, and helped clients to fill out forms. In an expanded program, appointing clerical workers as program administrators could eliminate these residual functions. A strictly clerical role for the program administrator might re-enforce the philosophy of consumer choice, eliminate paternalism, and reduce administration costs. The resulting system might also be more impersonal, less accessible to some people with disabilities, less able to provide support information and advice, and less able to provide funding for non-disability-specific supports. Alternatively, the role of the program administrator might be expanded to become more like a traditional caseworker — advising and helping clients and, perhaps, having discretion over non-disability-specific supports. Such a program might be more personal, more accessible to the least able participants, and more capable of delivering non-disability-specific supports to some clients. However, it risks being administratively expensive, bureaucratic, paternalistic, and may provide less choice to participants.

An expanded DSFS-type program in a demonstration project could help answer important questions that remain unanswered by DSFS. The most important of these questions is whether choice over disability and employment supports within established limits helps

participants find work faster and keep working longer at better pay. An expanded program could help determine whether a DSFS-type program would improve the quality of other aspects of participants' lives. A pilot project, such as DSFS, could not answer this question because it had a small sample size and lacked a comparison group.

LONG-TERM CHALLENGES

DSFS was a small, short-term pilot project. DSFS selected participants from the existing client bases of established agencies serving unemployed people with disabilities. DSFS gave one level of funding to all participants and kept that funding level constant for the duration of the study (12 months). As a consequence, DSFS avoided administrative assessment in deciding who should be admitted to the program and in determining the level and duration of individual entitlements.

An established program may not have the ability to avoid some assessment of need. An established program would have to decide whether to use a medical examination for admission into the program. In addition, it would have to choose between broad or restrictive admission policies. A more liberal admissions policy would imply some combination of higher budgets, lower entitlements, and rationing of program positions. Similarly, an established program may have to use an assessment of need to assign program participants to different levels of entitlement or to cut off funding entirely. However, such attempts to direct funding to where it appears to be most needed might interfere with the ability of participants to manage their own disability and employment supports.

The decisions over admissions and funding levels are further complicated because (1) support needs vary drastically between individual participants; (2) individual support requirements change over time as the individual's medical, employment, and personal situations change; and (3) participants would be encouraged to engage in wasteful spending if low expenditures in one period resulted in the loss of future entitlements.

Whatever shape an expanded program takes, it will still need administrative controls to ensure compliance with program budgets and accountability of expenditures. Ensuring funds are only spent on "disability and employment supports" for "people with disabilities" requires program restrictions on what can be purchased and who can purchase them. In practice, loosening of one set of administrative controls may result in a tightening of other administrative controls. For example, giving more choice to participants may, in practice, result in restricted lists of eligible supports, tighter admission requirements, or smaller monthly entitlements.

DSFS achieved high levels of service and convenience to participants. Stated another way, the time-and-effort cost to participants of obtaining supports through DSFS was substantially lower than in other programs. Other things equal, this lower time-and-effort cost of DSFS would cause participants to seek more supports than they would from other programs.

Finally, a program that allows people with disabilities to manage their own support within established limits has the potential to disrupt administrative jurisdictions and hard-fought compromises over federal-provincial responsibilities. A convenient support program with low time-and-effort costs might assume the budgetary consequences of becoming the funder of *first*

resort for support needs that are currently serviced by other programs and jurisdictions with higher time-and-effort costs.[1] Therefore, designers of a DSFS-type program must carefully consider how the program will fit into the complex web of existing programs for people with disabilities.

SUMMARY

This report finds that it is feasible to operate a program that allows participants to manage their own supports within established limits. DSFS increased the ability of people with disabilities to choose which eligible supports to buy, when to buy them, and where to buy them. DSFS operated with flexibility, speed, and only routine administrative problems. Almost all participants said they would participate again. As a consequence, a DSFS-type program offering disability and employment supports is capable of being operated at scale as a part of a larger demonstration project.

---

[1]Many voucher programs are run by organizations that are already the funder of first resort for a particular social need. For example, the U.S. Department of Housing and Urban Development delivers housing vouchers while the United States Department of Agriculture delivers food vouchers.

Appendix A:
Canadian Disability and Employment Support Programs

There is a diverse range of programs available across Canada that offer a variety of supports to unemployed people with disabilities and that may help them to take up employment. Some have been specifically designed to support the transition to employment. Others are not focused on the transition to employment but offer support at some stage of the transition. The following review can only consider the most prevalent programs.

Many programs are operated by federal government agencies including Canada Customs and Revenue Agency and Human Resources Development Canada (HRDC). Provincial supports are most commonly related to the social assistance system. Municipal governments, workers compensation, private insurers, and non-profit organizations can also assist people with disabilities move into employment.

FEDERAL SUPPORTS

Canada Customs and Revenue Agency offers a non-refundable tax credit that may reduce the amount of income tax people with disabilities (or people supporting them) pay, and offers partial and full refunds of allowable medical expenses (including some supports expenses like wheelchairs), attendant care, and gasoline tax.

HRDC offers several programs:

- The Opportunities Fund for Persons with Disabilities is a discretionary fund intended to aid employment or self-employment of people with disabilities through training, supports, or employer subsidies. Usually funds are administered through a local organization offering employment assistance to people with disabilities. Potential clients must self-identify as disabled and must want to work. They should be ineligible for Employment Insurance (EI) benefits but be in need of assistance to prepare for or obtain employment or self-employment. They do not necessarily have to be job-ready. Opportunities Fund recipients must commit to an action plan designed to assist them into employment or self-employment.

- Targeted wage subsidies can be offered by local Human Resource Centres to employers to assist them in hiring individuals (normally EI recipients or EI "reachback" cases) they probably would not hire otherwise.

- Employability Assistance for People with Disabilities (EAPD): funds to support vocational rehabilitation that are delivered in a partnership with the provinces.

- Canada Pension Plan Disability benefits (CPP-D): Eligibility for these financial benefits depends on the extent of contributions made by employers and employees. To be eligible, employees must have contributed in four out of six recent years. In addition, a medical examination must indicate that the applicant

has impairments so severe and prolonged that individuals are prevented from pursuing regular, gainful employment. The applicant, if eligible, will receive a disability pension that is paid until they can return to work or until they reach age 65. A National Vocational Rehabilitation Project experimented with the provision of consultant-based rehabilitation services and extension of pension payments for a three-month trial work or job-search period.

- A veteran's disability pension.

- Employment Insurance: 15 weeks of benefits are offered to those with sufficient contributions who are prevented from working by temporary sickness/injury.

While not strictly a "program," the *Canadian Human Rights Act* places a duty on employers to accommodate employees with disabilities, short of undue hardship.

PROVINCIAL SUPPORTS

In purely financial terms, disability and employment support programs for which the provinces are responsible are probably at least as important as federal programs. These programs include social assistance for people with disabilities, medical support, attendant and home care, and assistance with aids and devices and educational grants. The delivery of employment-related supports varies by province. Since the present study will test delivery in Ontario and British Columbia, programs specific to these provinces are given as examples.

Presently in Ontario, the primary method of social assistance for disabled people is the Ontario Disability Supports Program (ODSP) — a dedicated (albeit income- and asset-tested) program of income and employment supports to recognize the distinct needs of people with disabilities. The two semi-independent sections of the ODSP are: (a) Income Supports (financial assistance) and (b) Employment Supports directed at helping disabled individuals find and secure employment.

Types of assistance provided through the Employment Supports Program include

- planning and preparing for a job, possibly including some training;

- technical aids ranging from mobility devices and reading aids to adapted computers, and the training to use them;

- interpreter, reader, note taker, and intervener services;

- job coaching and help with job search; and

- transportation assistance while training for a job.

A third program concerned with the employment of people with disabilities — Supports to Employment Program (STEP) — allows ODSP income support recipients to work and to keep part of their ODSP income.

At the time that DSFS began, the British Columbia Ministry of Human Resources offered two kinds of social assistance benefits for people with disabilities: Disability

Benefits Level I (DBI) for people with a partial or short-term disability and a more generous Disability Benefits Level II (DBII) for people with a permanent disability.

Unlike ODSP, a person's ability to work was not a significant factor in determining eligibility for BC Disability Benefits. There is enhanced medical coverage which includes Medical Services Plan and Pharmacare coverage, as well as other medical benefits such as basic glasses and dental care (after six months) under both programs. Under DBII these benefits are kept while working. Other benefits include an annual low-cost bus pass, homemaker services (prior to April 1, 2002), and help with transportation costs to get to medical appointments. Both DBI and DBII used to contain earnings disregards.[1] From April 2002 only DBII carried an earnings disregard of $300 per month.

Disability Benefits program participants can take part in MHR employment training or other job-related programs, but are not required to do so.

In September 2002 the DBII classification was renamed "Disability Benefits." A process of review began to assess who would retain eligibility for "Disability Benefits." At the same time, the DBI category was discontinued and former DBI clients were reviewed to determine their eligibility for a new "Persons with Persistent Multiple Barriers" (PPMB) classification. PPMB provides assistance, a $300 earnings disregard and enhanced medical coverage for people with persistent multiple barriers that "directly prevent the person from maintaining employment now or in the foreseeable future."

People with permanent disabilities in BC may also be able to access Ministry of Human Resources Vocational Rehabilitation Services (VRS) provided through employment services centres and community-based service providers. Eligible individuals have to demonstrate through an assessment that they have a realistic potential to benefit from VRS. About 4,000 individuals used the program in the 1998–99 fiscal year. VRS services include vocational counselling, assessment, career planning, technical aids, restorative goods, workplace and vehicle modifications, prescriptive goods, and services while at school or on-the-job training; or pre-vocational work adjustment and on-the-job training, funding for education, or training.

The Ministry of Human Resources in British Columbia also allows Disability Benefit recipients to set up legal "non-discretionary" trust funds to pay for their disability supports. The government does not pay any money into the trust fund but does not count money in the trust fund among assets that affect the participant's benefits. Money from the trust fund could come from the participant, the participant's relatives, or other sources. The trust fund must have at least one trustee other than the participant. The beneficiary of the non-discretionary trust fund can use the money to purchase qualifying disability supports such as medical aids, attendant care, home renovations, education, or training. Up to $5,484 can be spent annually to assist with independent living. The participant sends in a brief account of these expenditures with receipts to the Ministry of Human Resources. Permitted expenditures do not affect disability benefit amounts but unqualified expenditures are counted as income.

---

[1]The earnings disregards were as follows: for DBI, $100 per month and 25 per cent of earnings in excess of $100 for any 12 months in a 36-month period; for DBII, $200 and 25 per cent of all earnings in excess of $200.

OTHER PROGRAMS THAT OFFER SUPPORTS

There are four other areas of provision that can contribute to employment opportunities for people with disabilities:

- Municipal governments are responsible for several factors that can influence the employment of people with disabilities, including building standards (accessible workplaces), street and vehicle design (transit and licensing accessible taxis, parking), health programs, delivery of home support, community service grants, and city employment strategies.

- Workers' Compensation is a publicly administered insurance fund paid into by employers for employees injured on the job or who contract an occupational disease from work. Worker's Compensation is comprised of a cash component as well as a medical and vocational component.

- Private sources in Canada include long-term disability insurance, motor vehicle no-fault accident benefits, personal injury awards, and settlements. Receipt may or may not be related to the beneficiary's employment status.

- Non-profit and charitable organizations may provide a range of supports, from advice to program assistance, for their target populations.

Appendix B:
Allowable Support Purchases

Disability Supports Feasibility Study

Allowable Support Purchases

This Document tells you what you can buy with DSFS money

**IF YOU BUY SOMETHING THE DSFS DOES NOT COVER,
DSFS WILL NOT PAY FOR IT.**

Ask program staff if it is not clear what you can buy.

Keep this document and refer to it before buying a support.

What can I buy with DSFS money?

You can buy any good or service that is BOTH 'a disability support' AND 'an employment support' as long as it conforms to other program requirements.

That means that you can buy any good or service that is needed by a person with a disability to help them find work and to keep working. You can't buy things that a person WITHOUT a disability would use to achieve the same outcome in the same circumstances. You also can't buy things a person with a disability could only use for purposes unrelated to work. If there is doubt about the eligibility of a purchase, eligibility will be judged against this principle.

Can you give me some specific examples of things I can buy?

The following are examples of goods and services that are both 'disability supports' and 'employment supports.' That means, if you follow other program procedures, you can buy them with DSFS money.

Services

Attendant care or personal care assistant (at home, when you are looking for work or when you are working)

Education and Training in skills specific to persons with a disability that are required for work or job search. You can't buy more than 10 days worth per employment position. This does not include general human capital and job search training that a person without a disability would use.
- Skills necessary for adapting to a disability (including occupational therapy and auditory speech processing therapy)
- Job coaching

Services that are normally required for the purchase and use of other eligible goods and services
- Insurance and warranties for other eligible goods
- Repairs to other eligible goods
- Dog food and veterinarian treatment for support dogs
- Assessment for adaptive technologies
- Education and Training in the use of other eligible goods and services. You can't buy more than 10 days of education and training for any one good or service.

Signing Translators/Interpreters/Note takers

Transportation Services
- Local taxi transportation for an employment-related purpose (such as directly to or from work, job interviews or location of a supplier of employment/disability supports)
- Public Transportation designed for persons with disabilities
- Transit passes and tickets (a limit of 1 annual pass OR 12 monthly passes OR 50 transit passes per month. A reminder that receipts must be provided.)

Goods

Communication devices designed for persons with disabilities
- Telephone devices, synthetic speech communicators, writing devices, internet access devices specifically designed for persons with disabilities (not including internet access service), volume controls, reading pen

Computer hardware and software designed for persons with disabilities or made necessary by a disability
- Voice-activated computer software or related equipment, low-vision computer monitors or software, big screen monitors, Braille printers, optical scanners, Braille spreadsheets, 1-handed keyboards, ergonomic keyboards, ergonomic mouse, talking agenda recorders such as a "Parrot."

Control equipment and devices that could be used for work, en route to work or in job search
- Chin switches, head wands, mouth sticks

Equipment designed for persons with disabilities that could be used for work or job search
- Watches, calculators, calendars, Braille labellers, wrist support

Furniture, or additions to furniture, designed for persons with disabilities that could be used in a place of work.
- Chairs, desks, tables
- Computer desks specifically designed for persons with disabilities
- Obus forms, such as cushions and back supports, that can be used in a place of work
- Specialized back-support chairs that can be used in a place of work

Medical devices for persons with disabilities
- Hearing aids, magnifiers, prosthetics
- Knee Braces orthopaedics, support hose
- Glasses, including sunglasses, which are specifically designed to *severe* vision impairment (does not include regular prescription glasses or sunglasses)

Personal care products for persons with disabilities that could be used in, or in preparation for, work or in job search
- Devices for feeding, carrying, drinking, holding, grooming/hygiene, transfer, toileting, reaching

Tools designed for persons with disabilities that could be used for work
- Automotive tools, carpentry tools, measuring tools

Training materials (including manuals) necessary for other permissible goods and services

Transportation and mobility equipment designed for persons with disabilities that would normally be used going to, from, or at work
- Wheelchairs, wheelchair accessories such as wheelchair tables, canes

Can I buy anything else that is not specifically mentioned above?

Yes, but it is wise to contact your Program Administrator before you buy anything that is not specifically mentioned above. Your Program Administrator will tell you whether the item you want is both a 'disability support' and 'an employment support' as those terms are interpreted by DSFS. If it is, you can use DSFS money to buy it.

So, I can buy those things if they meet "other program requirements."

What are those "other program requirements"?

The things that you buy with DSFS money must be used by you. They are not to be used by anyone else, such as your employer, a friend or a member of your family. For instance, any workplace supports will be your property not your employer's. If you get another job, the workplace supports go with you.

Is there a limit to how much DSFS will pay for my supports in a given month?

Yes. Usually, DSFS will not pay for more than $700 a month for your supports. That maximum will be increased to $950 per month if you get employment of 15 hours a week or more.

However, you must send in the receipts for your support purchases quickly. We cannot make funds for future months available to you until the study administrators receive original receipts to match your earlier support purchases.

What if I need to spend more on supports?

You may wish to purchase a support that costs more than the amount you have available in a given month. That might happen if the support costs more than your monthly maximum or you have already spent some of your available funds that month.

You can use DSFS funds to pay for *part* of a support up to the amount you have still have available in that month. However, you will have to get the rest of the money to buy the support from another source. In addition, to obtain study funds to make up *part* of a purchase like this, you must apply to the study administrators before you buy the support. You will be asked to provide a description of the purchase, the amount of money required from study funds, the total cost of the purchase, and why you need that particular support.

What should I do if I am not sure what I can buy, how much I can spend, or what I have to do?

Ask your Program Administrator.

References

Bradford, D. F., & Shaviro, D. N. (2000). The economics of vouchers. In C. E. Steuerle, V. D. Ooms, G. Peterson, & R. D. Reischauer (Eds.), *Vouchers and the provision of public services* (pp. 40–91). Washington, DC: Brookings Institute Press.

Burt Perrin Associates. (1999). *Lessons learned from evaluation of disability policy and programs,* Ottawa: Human Resources Development Canada.

Burt Perrin Associates. (1997). *Disability policies and programs: Lessons learned final report.* Ottawa: Human Resources Development Canada.

Centers for Medicare & Medicaid Services. (n.d.). *Ticket to Work and Work Incentives Improvement Act of 1999.* Retrieved June 22, 2002, from http://www.cms.hhs.gov/twwiia/

Centre for Independent Living in Toronto (C.I.L.T.) Inc. (n.d.). *Direct Funding Program.* Retrieved June 22, 2002, from http://www.cilt.ca/Direct%20Funding/DF%20program.htm

Council of Canadians with Disabilities. (1998). *Disability income, supports and services project — Consultation report.* Retrieved May 1, 2002, from http://www.pcs.mb.ca/~ccd/isdraft3.html

Council of Canadians with Disabilities. (n.d.). *Introductory message.* Retrieved May 1, 2002, from http://www.pcs.mb.ca/~ccd/fact5.html

Cuellar, A. E., Tilly, J., & Wiener, J. M. (2000, October). *Consumer-directed home and community services programs in five countries: Policy issues for older people and government.* Washington, D.C.: Urban Institute. Retrieved June 22, 2002, from http://www.urban.org/UploadedPDF/ intergen8.pdf

Derksen, J. (1980). *The disabled consumer movement: Policy implications for rehabilitation service provisions.* Winnipeg: COPOH Publication.

Fawcett, G. (2001). Canadians with disabilities and employment: Current knowledge. In Social Research and Demonstration Corporation (Ed.), *Report on a workshop on employment of persons with disabilities: Ideas for a potential demonstration project* (pp. 24–25). Ottawa: Social Research and Demonstration Corporation.

Hanes, R. (2001). Consumer control of supports: Home to workplace and back again. In Social Research and Demonstration Corporation (Ed.), *Report on a workshop on employment of persons with disabilities: Ideas for a potential demonstration project* (pp. 51–73). Ottawa: Social Research and Demonstration Corporation.

Hanes, R., & Moscovitch, A. (2002). Disability supports and services in the social union. In A. Puttee (Ed.), *Social union and disability policy.* Kingston, Ontario: Institute of Intergovernmental Relations, McGill-Queen's University Press.

Human Resources Development Canada. (2001). *Summative evaluation of the Opportunities Fund for Persons with Disabilities.* Ottawa: Human Resources Development Canada.

Human Resources Development Canada. (2000). *In unison 2000: A Canadian approach to disability issues, A vision paper.* Ottawa: Human Resources Development Canada.

Moffit, R. A. (2000). Lessons from the food stamp program. In C. E. Steuerle, V. D. Ooms, G. Peterson, & R. D. Reischauer (Eds.), *Vouchers and the provision of public services* (pp. 129–138). Washington, DC: Brookings Institute Press.

Office of Disability Employment Policy. (2001). *Ticket to Work and Work Incentives Improvement Act of 1999. Fact Sheet.* Washington, D.C.: Department of Social Security Administration.

Office of Disability Issues. (1996). *Living with a Disability in Canada.* Ottawa: Human Resources Development Canada.

Prins, R., & Bosselaar, H. (2001). *Return to work of disabled persons: The Dutch re-integration voucher.* Netherlands: AS/tri Research and Consultancy Group.

Roeher Institute. (1993). *On target? Canada's employment-related programs for persons with disabilities.* Toronto: Author.

Steuerle, C. E. (2000). Common issues for voucher programs. In C. E. Steuerle, V. D. Ooms, G. Peterson, & R. D. Reischauer (Eds.), *Vouchers and the provision of public services* (pp. 3–39). Washington, DC: Brookings Institute Press.

Steuerle, C. E., Ooms, V. D., Peterson, G., & Reischauer, R. D. (Eds.). (2000). *Vouchers and the provision of public services.* Washington, D.C.: Brookings Institute Press.

Social Planning Council of Ottawa. (2001). *Executive summary report of the public forum. The experience of people with disabilities in Ottawa and the Ontario Disability Support Program.* Ottawa: Author.

Social Research and Demonstration Corporation (Ed.). (2001). *Report on a workshop on employment of persons with disabilities: Ideas for a potential demonstration project.* Ottawa: Social Research and Demonstration Corporation.

Statistics Canada. (2002). *A profile of disability in Canada.* Ottawa: Author.