



Pandemic and Disabilities Issue Survey Report

A joint report by:

Disability Matters Vote,
Abilities Manitoba, and
Barrier-Free Manitoba

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This report is available in other formats upon request.

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The global crisis of COVID-19 is deepening pre-existing inequalities, exposing the extent of exclusion and highlighting that work on disability inclusion is imperative.

UN Policy Brief: A Disability Inclusive Response to COVID-19¹

Introduction

The COVID-19 pandemic represents a humanitarian emergency on a global scale. Manitobans, like others around the world, have faced new, unexpected and unprecedented challenges. In Manitoba and elsewhere, the pandemic has had a disproportionate impact on persons with disabilities and their families. It has exposed many cracks and fragilities in systems that have been challenged to meet the needs of the tens of thousands of people who are dependent on them.

The United Nations released a very helpful policy brief in May 2020 that sets out six foundations for a disability inclusive response to the pandemic – foundations meant to help ensure that governments fulfill their responsibilities established by the 2008 Convention on the Rights of Persons with Disabilities (CRPD). Ratified by Canada in 2010, article 11 of the CRPD, for example, obligates Manitoba to take “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”

Data sharing is one of the six foundations set out in the UN’s policy brief. This foundation requires the collection and availability of data that includes disability status to shed light on the different ways persons with disabilities experience the impacts of COVID-19 and to provide the basis for monitoring their inclusion in all phases of the response and recovery. Such data can also help hold government to account for meeting government human rights obligations under international (CRPD), national (the Charter of Rights and Freedoms) and provincial laws (the Human Rights Code and the Accessibility for Manitobans Act).

With the pandemic well underway, and with little if any such data having been reported or made available in Manitoba, three of the province’s major disability organizations jointly launched an online survey. The survey asked Manitobans with disabilities, their families and friends, and staff who provide disability-related services to identify successes and outstanding needs and issues related to the pandemic.

[Disability Matters Vote](#) (DMVote), [Abilities Manitoba](#) and [Barrier-Free Manitoba](#) are pleased to release this report that presents key findings from the survey.

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https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf

The Survey

The online survey (see Appendix 1) was launched on November 26, 2020 and remained open to collect response until midnight December 1. In order to capture the unbiased experiences, views and struggles, respondents were asked to describe up to five success and up to five outstanding issues. Respondents were also invited to provide one final comment. The open-ended response format was designed to allow people to respond in their own words, and to choose and describe any topics related to the pandemic that they felt were important to share.

Links and invitations to complete the survey were posted on the social media channels of Disability Vote Matters, Abilities Manitoba and Barrier-Free Manitoba. Invitations were also sent out to email subscribers and many disability-related community organizations were asked to share the invitations broadly.

A total of 423 responses were received by the closing deadline. These are broken down by stakeholder group in the table below.

Stakeholder	Completions	
	Number	Percent
- Persons with disabilities	66	15.6%
- Family members/friends of persons with disabilities	130	30.7%
- Persons who provide supports and services for persons with disabilities as part of their work (Staff)	170	40.2%
- Other	8	1.9%
- More than 1 stakeholder group	49	11.6%
Total	423	100.0%

Each survey response included an average of 4.8 open-ended comments, many of them long and detailed. These comments were organized, analysed and reported on by major theme as presented below and in much greater detail in Appendix 2.

Two qualifications need to be established at the outset. First, the survey captured views based on one moment in time. Given the dynamic nature of the pandemic, circumstances of respondents have and will continue to change. Moreover, and as reported below, responses vary widely with respondents often having sharply contrasting experiences. Not surprisingly, the pandemic has not affected everyone in the same way.

Second, the findings are not based on a statistically reliable sample of Manitobans with disabilities. As a result of this and the qualitative nature of the analysis, the findings described in this report are suggestive, not definitive.

Findings

The findings from the survey are presented and organized into two sub-sections below. The first subsection presents a brief review of findings based on the major themes that were used in the overall analysis of the 2,039 open-ended comments shared by respondents.

The second subsection considers how the survey responses relate to the five priority issues that Disability Matters Vote established and advocated for in the 2016 and 2019 general provincial elections.

Related to Major Themes

As discussed above, a set of basic categories or themes were used in efforts to organize and analyse the 2,039 open-ended comments shared by respondents. The findings based on these themes are presented in a brief summary below. The findings are available in much more detail, including extensive examples of respondent comments, in the 19-page Appendix 2.

Staff / Staffing

Successes (62 comments)

- High quality of the work of staff, individually and/or as a group, in the disability services sector during the pandemic.
- Acknowledgement of DSPs are essential workers / recognition with bonuses and increased wages.

Issue/s (161 comments)

- Low wages contribute to high turnover, uptake of CERB, multiple jobs/work sites, inconsistent skill levels.
- Necessary staffing levels and response not adequately funded or supported by Province of Manitoba.
- Burnout due to pandemic being layered on pre-existing issues.

Availability and/or Quality of COVID-Related Information

Successes (44 comments)

- Timely and helpful COVID-related information made available.

Issue/s (44 comments)

- Inconsistent and often delayed COVID-related information.
- COVID-information provided not geared to program participants nor sent to families.

Availability and/or Adequacy of COVID Supplies

Successes (42 comments)

- PPE and related supplies made available to service providers.

Issues (55 comments)

- PPE and related supplies not consistently available.
- Specialized masks needed but not available.

COVID Protocols and Related Resources

Successes (113 comments)

- COVID protocols in place, being respected and working.

Issue/s (110 comments)

- COVID protocols unclear and inconsistent.
- COVID protocols inconsistently applied

Agency Funding and Resources

Successes (26 comments)

- Some additional funding support from government and flexibility in funding arrangements.

Issue/s (36 comments)

- Chronic underfunding showing through the cracks of COVID.

Management and Coordination

Successes (139 comments)

Agency Level

- Adaptable, flexible and responsive agencies.

Inter-Agency Level

- Effective sector advocacy and inter-agency cooperation.

With Government

- Increased collaboration with government.

Issue/s (25 comments)

Agency Level

- More support needed in some areas.

With Government

- Poor communication and limited consultations.

Need for, Access to and/or the Quality of Disability-Related Services

Successes (214 comments)

Persons with Disabilities and Family and Friends

- Continuity of essential services complemented with additional and virtual supports.

Staff

- Continuity of essential services with use of technology and reframing services to address needs of participants

Issue/s (131 comments)

Persons with Disabilities and Family and Friends

- Interruptions and decreased quality and access to services.

Staff

- Unease with the impact of the protocols.

Need for, Access to and/or the Other Important Services

Successes (23 comments)

- Availability of services and supports from educational and health care agencies and systems.

Issue/s (155 comments)

- Reduced access to health and education-related services and supports.

Basic Needs, Income, Quality of Life

Successes (70 comments)

- Increased financial support for persons with disabilities from the federal and provincial governments.
- Improved and expanded local shopping options.
- Availability and improvements in transit / Transit Plus.

Issue/s (259 comments)

- Deepened poverty and decreased income adequacy.
- Loss of jobs and employment opportunities.
- High levels of isolation with significant mental health implications.
- The digital divide and the lack of access to digital tools and training.
- Increased challenges in purchasing goods and services to meet basic needs.

Related to DMVote's Five Priority Issues

Disability Matters Vote (DMVote) is a non-partisan public awareness campaign that was originally organized before the 2016 general provincial election with three goals:

- To ensure all Manitobans with disabilities can participate fully in election activities and those who are eligible to vote can do so.
- To promote priority attention for disability issues in the provincial election.
- To support Manitobans in making informed voting decisions.

DMVote identified five priority disability issues for that election. DMVote chose to highlight the same five priority issues when it organized for the 2019 general election. Each of these five priority issues is presented and summarized below, along with related findings from the survey.

Dignified Income

Priority summary:

Manitobans with severe, profound and permanent disabilities who are unable to work should not need to fight for economic independence. Employment and Income Assistance (EIA) is a program designed for short-term financial support during transitional periods of employment.

It is designed to discourage long-term use. EIA reporting requirements are deliberately onerous to discourage dependency and to protect public funds. It was not created to provide a permanent, dignified income for people with disabilities who are unable to work.

Related findings:

- The pandemic has exacerbated the level of poverty for Manitobans with and without disabilities living on EIA.
- Basic EIA rates were insufficient prior to the pandemic. Cost of basic goods have increased. Additional goods are necessary for protection (masks, sanitizer, etc).
- Access to goods often requires additional delivery charge or personal risk.
- EIA rates are not sufficient to cover the cost related to having reliable internet access which has become a basic need, increasingly so during the pandemic as access to more and more goods and services requires a credit card, computer and internet access.
- Without computer, printer, and internet access, the EIA reporting requirements are even more onerous. There is an increased risk to travel to an office store to make copies and mail forms.

Timely Access to Services

Priority summary:

Thousands of Manitobans with disabilities and their families spend months, even years, in crisis while they wait for provincial funding for services that can significantly improve their quality of life. Timely access is Manitoba's obligation under Article 26 of the UN CRPD.

Related findings:

- A crisis is not a good time to reduce supports to individuals living with a disability: for example, Day programs.
- The siloed model of community care is difficult to coordinate in a crisis when pivoting is necessary.
- Manitobans with disabilities and/or their representatives need to be at every table where policies affecting the community are discussed.
- Holistic health: the response to the pandemic has been singular in its drive to reduce physical risks of exposure to the virus. Unintended consequences include banning support persons at hospital visits, and mental health concerns due to isolation.
- During the pandemic, there have been increased interruptions and decreased quality and access to services. Services have been reduced, or

only available through inaccessible modalities (online). Some have simply been stopped, such as massage and Physical Therapy.

A Fully Accessible Manitoba

Priority summary:

Manitobans with disabilities have the basic human right to participate in all aspects of life in the community such as work, study, shopping, and recreation. However, people with disabilities continue to face serious obstacles that prevent full participation in parts of life that most Manitobans take for granted.

Related findings:

- During the pandemic, accessibility has not always been considered and integrated with policy and system changes with the result of an increase of barriers.
- Despite obligations under the Accessibility for Manitobans Act (AMA), responses by essential service systems, particularly in the health and educational sectors, have often been unable to adequately meet the needs of Manitobans with disabilities.

Fair Wages for Direct Support Professionals

Priority summary:

Quality of life for all Manitobans depends on developing and maintaining close relationships with those around us. Manitobans with disabilities deserve well-trained, qualified, and dedicated support staff who are attracted to these roles as a profession. Due to low wages, there is high turnover and difficulty recruiting qualified staff, and people being supported will have approximately 770 support workers cycle in and out of their lives. This reality negatively affects consistency and quality of support.

Related findings:

- The pandemic has exacerbated each of these issues. Increasing service and support needs of people with disabilities means staff roles have actually gotten more complex and involve additional risk.
- Agency funding continues to be a challenge in both amount and model.
- The wage bump has helped stabilize the situation but there are key issues that need to be addressed. These include funding for adequate staff levels to reduce burn-out rate, a permanent bump in wages to encourage longer-term employees and reduce splitting staff between multiple supported homes.

Unleashing Employment Potential

Priority summary:

More than 35,000 Manitobans with disabilities between the ages of 15 and 64 are unemployed, underemployed, or have given up their search for meaningful work. The Department of Families Community Living disAbility Service (CLDS) determined that only 5% of CLDS clients in Manitoba earn at least minimum wage and work at least 20 hours per week.

The AMA can help remove employment barriers, but the Employment Standard is not enough, because:

- The design and delivery of some government programs actually discourage people with disabilities from seeking employment.
- Current government systems and services struggle to support peoples' successful transitions from high school to work life.
- Many employers hold misconceptions about the capabilities and potential of people with disabilities.
- Education systems perpetuate low expectations of people with disabilities, which limits access to opportunities and resources.

Related finding:

- Due to pandemic restrictions, many people with disabilities have lost their jobs and those who are looking for work cannot access programs or supports they need.

Conclusion

The pandemic and disabilities issue survey represents an initial effort to gain a broad and better understanding of how the pandemic has affected persons with disabilities in the province. The 400+ respondents provided rich and often deeply troubling accounts of their mid-pandemic experiences and circumstances. It is hoped that this report will promote greater and sustained awareness within and beyond the disability sector of the critical need for and challenges related to a disability-inclusive response to COVID-19.

While the findings suggest that there have been important success in addressing the needs of Manitobans with disabilities, they also suggest areas of significant shortfall.

At the broadest level, one of these shortfalls is that little if any data about the disability experience is being systemically collected and/or reported on. The apparent lack of such data means that there is no reliable base upon which to hold the provincial government and major service systems to account for meeting their legislated and human rights obligations.

Accountability is another of the foundations set forth in the UN policy brief. The brief states that accountability is “essential for ensuring that the COVID-19 response and

recovery is inclusive and respectful of the rights of persons with disabilities.” Moreover, the capacity to sort and share data by disability is “key to ensuring accountability.”

A second major shortfall relates to “participation”, yet another of the basic foundations set out in the UN policy brief as essential to ensuring a disability-inclusive response to COVID-19.

Persons with disabilities have the right to participate fully and effectively in decisions that affect their lives. They are a diverse non-homogenous population who possess unique knowledge and lived experience of disability that others do not.

Close consultation and active involvement of people with disabilities and their representative organizations at all stages—from planning and design to implementation and monitoring—is key to ensuring inclusive response.

The findings from the survey suggest that Community Living disAbility Service (CLDS) operating as part of the provincial Department of Families has been making significant efforts to consult and coordinate with its service partners through Abilities Manitoba. While very much welcomed, this effort appears to be limited to only one of Manitoba’s expansive and diverse disability communities.

By way of contrast, the federal government, through the leadership of Carla Qualtrough, Minister of Employment, Workforce Development and Disability Inclusion, established a COVID-19 Disability Advisory Group to provide advice on how that government put a disability lens on our Government’s emergency response. The advisory group had its first meeting on April 9, 2020 and immediately began recommending actions to the minister. The group also met with other Ministers to advise on disability-inclusive approaches to initiatives within their areas of responsibility.

In all, the group identified 21 priority recommendations in the five following areas to support Canadians with disabilities during the pandemic and moving forward into recovery:

- finances and employment.
- public communications and accessibility.
- support for populations at highest risk.
- federal, provincial and territorial collaboration and coordination.
- support for civil society and the not-for-profit sector.

The recommendations and comments presented in the group’s final report² reflect the foundations set out in the UN’s policy brief. Among these are the need for and importance of gathering and reporting on data related to COVID-19, sorted by disability, gender, race and other intersecting factors. Members also identified the need for the group to continue beyond its COVID-19 pandemic-specific mandate so as support

² The COVID-19 Disability Advisory Group final report is posted at:
<https://www.canada.ca/en/employment-social-development/corporate/disability-advisory-group/reports/2020-advisory-group-report.html>

federal government action needed to address pre-existing issues, challenges and systemic gaps.

Based on the federal government experience and the essential foundations set out in the UN's policy brief, considerable work is still required to ensure that pandemic response and recovery measures in Manitoba are disability-inclusive and that the provincial government fulfills its obligations under international (CRPD), national (the Charter of Rights and Freedoms) and provincial laws (the Human Rights Code and the Accessibility for Manitobans Act).

Appendix 1: The Online Survey



Pandemic Issues Survey

Welcome

This survey about COVID 19 pandemic issues has been jointly developed by three of Manitoba's major disability organizations: [Abilities Manitoba](#), [Disability Matters Vote](#), and [Barrier-Free Manitoba](#). While all Manitobans have faced new and unexpected challenges over the last 10 months, the pandemic has had disproportionate impact on Manitobans with disabilities and their families.

We have all struggled to meet these challenges. With the pandemic's second wave now rolling across Manitoba, our organizations want to take stock. We are asking for your help to identify successes to date, as well as the outstanding issues that still require priority attention.

Please complete this short survey by Tuesday, December 1, 2020.

We will then compile and share the results. We will also use the results to help us determine next steps that we can take to advocate for the needs and rights of Manitobans with disabilities. The survey should take no more than 10 minutes to complete (it will take longer if you choose to provide detailed answers).

Please click on the "Next" button and complete the survey today.



Auspices

* Are you completing the survey as an individual or as the representative of an organization?

- As an individual (e.g. person with a disability, friend or family member of a person with a disability, staff member who works with persons with disabilities)
- As the representative of an organization



Individuals

Which best describes your experience with disability issues? (please check all that apply)

- I am a person living with a disability
- I am a family member or close friend of a person living with a disability
- I provide services and/or supports to persons with disabilities as part of my work
- Other (please specify)



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Organizations

* What organization are you responding on behalf of?

* What is your name?

* What is your position in the organization?

* What is your email address?

Successes

Individuals, organizations, service systems and governments have all tried to respond to the many pandemic-related challenges that have arisen over the last year. We would like to hear from you about the successes - the times when actions taken have made a real difference in meeting the needs of Manitobans with disabilities.

Please briefly tell us about up to five examples of what you see as the most important successes. If no successes come to mind, please just click "Next" to skip to the question about the priority challenges that remain to be addressed.

Success No. 1

Success No. 2

Success No. 3

Success No. 4

Success No. 5

Outstanding Issues

Most of the challenges that have risen over the last year have not gone away. Indeed, while some progress has been made, many challenges remain and new challenges continue to arise.

We would like to hear from you about the pandemic-related challenges that still need priority attention. These might be issues that existed before the pandemic but have gotten worse (e.g. food insecurity) or new challenges (e.g. access to personal protective equipment or PPE).

Like the last question, we are asking you to tell us about what you see as up to five top challenges that still need priority attention.

If you are responding to this survey as an individual, tell us about most the important needs that still have not been met for you, your family member or friend with a disability and/or persons with disabilities who you serve.

If you are responding on behalf of an organization, what do you see as the five most important pandemic-related issues that face your organizations and/or the persons with disabilities who you serve or represent.

Need/Issue No. 1

Need/Issue No. 2

Need/Issue No. 3

Need/Issue No. 4

Need/Issue No. 5



Other Comments

Please share any other comments on successes or outstanding issues that still require priority attention.



Thank you!

Thank you for making the time to complete this short survey. Your comments and responses will help us do a better job of advocating for the needs of Manitobans with disabilities in these very challenging times.

Appendix 2: Detailed Review Based on Major Themes

SUCCESSIONS	OUTSTANDING ISSUES
799 comments	1,082 comments
Staff/Staffing	
62 comments	161 comments
<ul style="list-style-type: none"> • High quality of the work of staff, individually and/or as a group, in the disability services sector during the pandemic. Example quotes: <ul style="list-style-type: none"> ○ Amazing front line staff!! Staff are the glue that hold everything together, without them there would be no successes! ○ Direct Support providers have made life so much more bearable to our family member and ourselves as his support network due to isolation the pandemic has brought. • Acknowledgement of DSPs are essential workers / recognition with bonuses and increased wages. Example quotes: <ul style="list-style-type: none"> ○ The new \$5 add on for front line workers is much needed!! Recognizing our sector as essential is so validating for the staff, as well as for people with disabilities... their needs are important!! ○ top up offered to front line workers 	<ul style="list-style-type: none"> • Low wages contribute to high turnover, uptake of CERB, multiple jobs/work sites, inconsistent skill levels. Example quotes: <ul style="list-style-type: none"> ○ Unstable workforce due to low wages vs other comparable fields. The \$5 /hr temporary top up helps but better wages in general to stabilize the workforce. ○ The dangerous nature of the pandemic has not been reflected in employees' pay. Considering CERB and CRB payments, there is no financial incentive to risk one's life and the life of one's family and continue going to work. At this point, employees believe in the work they do, but it is a gamble to assume this spirit will continue. Employees need to be paid more money during this pandemic. ○ Most staff need to work more than one job due to low wages and this increases the risk to the employer with various contacts. • Necessary staffing levels and response not adequately funded or supported by Province of Manitoba.

SUCSESSES	OUTSTANDING ISSUES
	<p>Example quotes:</p> <ul style="list-style-type: none"> ○ Significant staffing pressures faced by organizations supporting Manitobans with disabilities. These pressures are critically escalated when supports are required for someone who tests positive for COVID-19. The MB government has not responded to this pressure to the degree that is necessary. ○ Replacement staff. There are none available. 10 million dollars towards staff replacement costs only works if you have staff available. Out-sourced staffing options are also struggling to find people. ○ Agency funding from government for direct support workers needs to be higher to attract more competent support workers and properly compensate those who excel at direct support. ○ More staff is required, and associated funding, so that staff work in one home only to minimize contacts and the risk of spreading covid to other staff or clients of the group home. <ul style="list-style-type: none"> ● Burnout due to pandemic being layered on pre-existing issues. <p>Example quotes:</p> <ul style="list-style-type: none"> ○ Being short staffed and people working a lot of extra hours - fear of burnout. ○ How to support our staff when they have had to be off work to isolate do to a possible exposure or

SUCSESSES	OUTSTANDING ISSUES
	test positive and use Up all personal and vacation time.
Availability and/or Quality of COVID-Related Information	
44 comments	44 comments
<ul style="list-style-type: none"> • Timely and helpful COVID-related information made available. Example quotes: <ul style="list-style-type: none"> ○ Good communication regarding what PPE is needed for staff providing care to individuals supported by CLdS ○ Our case coordinator from MB Possible always sending out information on available resources and always there to answer our questions and help us. ○ Information sharing - it has been invaluable having information from the government shared with us in a timely manner and sometimes ahead of public announcements. This has allowed us to plan and react as quickly as possible knowing we have the correct information when we need it. 	<ul style="list-style-type: none"> • Inconsistent and often delayed COVID-related information. Example quotes: <ul style="list-style-type: none"> ○ Lack of consistent information. For example, everywhere the public is told to self isolate while they wait for results. We have been instructed to work, symptom free, while waiting for results. This has created conflict and fear. ○ Information sometimes comes late because of the number of hands it goes through, shared health, then CLDS then the agencies and later to supports and families last , too often. ○ We were often a step ahead of the Government in terms of our pandemic response and when we did receive information it was often not timely and it was inconsistent across departments. (CLDS, CFS etc.). • COVID-information provided not geared to program participants or sent to families. Example quotes: <ul style="list-style-type: none"> ○ CLDS continues to release information not in plain language and language used is directive not suggestive.

SUCCESSSES	OUTSTANDING ISSUES
	<ul style="list-style-type: none"> ○ Some residents are unable to self isolate due to not completely understanding the reason why. ○ Communication directly from CLDS to family members to explain restrictions particular to our sector. e.g. visiting policies.

Availability and/or Adequacy of COVID Supplies

42 comments	55 comments
<ul style="list-style-type: none"> ● PPE and related supplies made available to service providers. Example quotes: <ul style="list-style-type: none"> ○ I think that, once the systems were set up, Dept of Families has done a decent job getting PPE supplied for us. There was the expired mask issue, but even that was resolved within 48 hours of it being brought to their attention. ○ Being able to receive sufficient PPEs so that we can effectively and safely do our job without less fear of contracting COVID ○ No disruption of service due to PPE availability 	<ul style="list-style-type: none"> ● PPE and related supplies not consistently available. Example quotes: <ul style="list-style-type: none"> ○ Certain PPE, such as gowns, n95 masks for (CPAP) remain hard to acquire. ○ Enhanced PPE for employees performing aerosol generating procedures has not been provided and no plan has been communicated by CLDS - this is urgent as any day we could be required to respond to this kind of support requirement for someone who tests positive for COVID-19. ○ Full face shields should be available to staff, even if they are more expensive. Actual N95 masks should be made available for staff when they are bathing or showering people in a humid environment. ○ Home Care without PPE for going on 9 months. Unacceptable! ● Specialized masks needed but not available. Example quotes:

SUCCESES	OUTSTANDING ISSUES
	<ul style="list-style-type: none"> ○ For our Deaf participants, masks have impeded communications for months. Addressing the need for a PPE approved transparent mask would be helpful. ○ Essential workers need clear masks or to have a written mode of communication on hand for community members who rely on lip reading to communicate.

COVID Protocols and Related Resources

113 comments	110 comments
<ul style="list-style-type: none"> ● COVID protocols in place, being respected and working. Example quotes: <ul style="list-style-type: none"> ○ Being ahead of the pandemic. Having solutions to problems before they arise. E.g. Expecting staff/ participants to use the screening tool before they arrive to work each day. Staying home if you are sick. Having PPE equipment, hand sanitizer, covered garbage cans, thermometers, safe places for participants if you suspect they are sick... being prepared. ○ Being told that we had the most thorough and best response of anyone public health has encountered. ○ every member of the team became an advocate in wearing and reminding everyone about PPE. 	<ul style="list-style-type: none"> ● COVID protocols unclear and inconsistent: Example quotes: <ul style="list-style-type: none"> ○ Consistent messaging is lacking. The government, supporting agencies and shared health sometimes are sending different messages that are cryptic about what we are doing, visits, rules for staff, rules for unpaid caregivers. too much room for error. ○ The ongoing changes create confusion between regulations received from Public Health and CLdS. This in turn, creates frustration and confusion with families as regulations may not be the same as provincial announcements. ○ The constant fear of "what if" some of my staff or an individual I support gets sick and not having a proper plan. ● COVID protocols inconsistently applied Example quotes:

SUCSESSES	OUTSTANDING ISSUES
	<ul style="list-style-type: none"> ○ The fact that family is still coming in the homes despite the provincial restrictions stating other wise. ○ Confusion around guidelines in general, e.g., people living in long term care not even being able to go outside because of how staff interpret guidelines at the facility. ○ The organization letting some housemates go home to see family even when it is not safe and when the remaining housemates are not comfortable with it happening. ○ Staff not understanding the importance of PPE and not wearing it properly / using it when it is mandated ○ I work in a home with 3 participants and they seem to have a different set of rules for each one where going out is concerned.

Agency Funding and Resources

26 comments	36 comments
<ul style="list-style-type: none"> • Some additional funding support from government and flexibility in funding arrangements. Example quotes: <ul style="list-style-type: none"> ○ Continued funding support from the government during this time while our organization transitions its services online. As a result, making them available to our participants who need our assistance more than ever 	<ul style="list-style-type: none"> • Chronic underfunding showing through the cracks of COVID. Examples quotes: <ul style="list-style-type: none"> ○ Pre-pandemic, Agencies were under-resourced, and the pandemic further highlighted this area of weakness with the additional Covid related work and reporting.

SUCSESSES	OUTSTANDING ISSUES
<p>at this time within their job preparation, counselling and job search.</p> <ul style="list-style-type: none"> ○ Additional funding. 	<ul style="list-style-type: none"> ○ We continue to be distracted from the work we need to do in order to argue to maintain our funding. ○ Funding. Understanding that day services have been underfunded pre pandemic and are even more so now. the only reason why the block funding works is because of eligibility for federal CEWS program. We are unsure this is sustainable going forward. Day agencies and the important support they give people (pre/during and will be post pandemic) is being destabilized and vital relationships, skill sets of staff around employment are at risk. ○ Assuming responsibilities of CSW's, IP's, Financial reviews, budgets etc. More work for our managers and no remuneration increase. ○ The difficulty of funding model streams that are 'boxy' streams are exacerbated. We are not working through how to best support people because we are not given the flexibility between agencies and CSW and funding discussions to provide what the person wants/needs during pandemic.

SUCSESSES	OUTSTANDING ISSUES
Management and Coordination	
139 comments	25 comments
<p>Agency Level</p> <ul style="list-style-type: none"> • Adaptable, flexible and responsive agencies. Example quotes: <ul style="list-style-type: none"> ○ Increased deliberate interactions and supports from our committed leadership teams to our frontline staff, people we support, and families. ○ Agencies demonstrated that they could adapt very quickly, and they have even found better ways to meet some needs. <p>Inter-Agency Level</p> <ul style="list-style-type: none"> • Effective sector advocacy and inter-agency cooperation. Example quotes: <ul style="list-style-type: none"> ○ We have deeply appreciated the advocacy work Abilities Manitoba has been doing during the pandemic. From the petition to obtaining essential service status to wage subsidy to making sure those with disabilities are not left behind in so many ways. It's been wonderful seeing AM's dedication and commitment to joining us and other agencies in advocating for the vulnerable population during this pandemic. ○ Agencies supporting agencies has been a benefit through the pandemic, to share ideas, successes with a positive case and concerns on an ongoing basis. <p>With Government</p>	<p>Agency Level</p> <ul style="list-style-type: none"> • More support needed in some areas. Example quotes: <ul style="list-style-type: none"> ○ Managing expectations of people we support, and their support teams. ○ Management has failed to step up, even prior to this pandemic management would never come into the homes and support staff they would rather the house work understaffed then go in themselves. ○ Better/more communication between HR and managers. <p>With Government</p> <ul style="list-style-type: none"> • Poor communication and limited consultations. Example quotes: <ul style="list-style-type: none"> ○ CSW not being available or having email access - in most situations programs are updating families and dealing with the challenges, and informing the CSW. ○ More open communication between csw's, facility managers and staff. ○ Consult disability organizations when developing COVID protocols. ○ We often do not receive clear information from CLDS in a timely way that makes it easier for us

SUCCESES	OUTSTANDING ISSUES
<ul style="list-style-type: none"> • Increased collaboration with government. Example quotes: <ul style="list-style-type: none"> ○ CLdS has been much more open to feedback and ideas from families, People First and Abilities and they are meeting much more frequently with these groups. ○ The Province of Manitoba continues to invite Abilities Manitoba to the table - a true partnership - to address challenges faced by support service agencies. 	<p>to do our work. In fact, we spend multiple days deciphering information, which gets in the way of doing our work.</p> <ul style="list-style-type: none"> ○ Conversations had about who qualifies for critical day services without the input of the agency or those who work directly with the individuals.

Need for, Access to and/or the Quality of Disability-Related Services

214 comments	131 comments
<p>Persons with Disabilities and Family and Friends</p> <ul style="list-style-type: none"> • Continuity of essential services complemented with additional and virtual supports. Example quotes: <ul style="list-style-type: none"> ○ Ongoing support as essential services are still available. ○ Gave an extra day of respite because my daughter is not attending her day program. ○ The agency had to close their Day Program (with a couple of exceptional cases), but were able to keep the direct service staff employed to help organize some of the above events, pickup and deliver groceries, etc., to the homes, all of which has been beneficial for everyone. <p>Staff</p>	<p>Persons with Disabilities and Family and Friends</p> <ul style="list-style-type: none"> • Interruptions and decreased quality and access to services. Example quotes: <ul style="list-style-type: none"> ○ No contact from support workers. ○ No one checks in to see if my son is okay or needs anything. He has several case managers at various departments but no one does a wellness check to see if we're feeding him or caring for him properly. Unless he initiates contact, he is alone and relies on us for everything. If he lived alone or had a less supportive family, the consequences could be fatal. ○ Individuals who live at home with their family and are not attending day programs and are not receiving supports, such as outreach from day

SUCSESSES	OUTSTANDING ISSUES
<ul style="list-style-type: none"> • Continuity of essential services with use of technology and reframing services to address needs of participants <p>Example quotes:</p> <ul style="list-style-type: none"> ○ The pandemic has forced us to think of create ways to provide supports to residences and their staff, breaking agencies out of any complacencies that existed prior. ○ The move to remote support, via telephone, or video meeting has allowed us to continue our services but more importantly provide a way to keep connected. Connection helps to build resilience. 	<p>program staff or respite. Lack of activities to keep busy. Parents may have to work and can't find care during the day or may be burning out due to the increased care demands.</p> <ul style="list-style-type: none"> ○ Closures are affecting my son's regular activities, which has increased his anxiety significantly, to the point that he had an aggressive episode five days ago because of his frustrations ○ Day programs who don't trust private carriers, so they insist that families drive their own adult children to day program. This meant that families with limited means had to take public transit with their children... ○ Respite: No one willing to do respite. So hard on my husband and I <p>Staff</p> <ul style="list-style-type: none"> • Unease with the impact of the protocols. <p>Example quotes:</p> <ul style="list-style-type: none"> ○ Not being able to respond to the needs of the participants and families - because of the restrictions ○ We don't know how to keep staff and their families safe in the long run. Eventually someone will make a mistake, become exposed, and bring the virus into our group residences where people can't avoid coming into close contact with one another. This is what keeps me up at night. ○ As things become more restricted, our clients are feeling very uncomfortable. Words I have heard

SUCSESSES	OUTSTANDING ISSUES
	<p>used include "prison", "claustrophobic", "against my rights", and so forth.</p> <ul style="list-style-type: none"> ○ Amidst isolation and depression, CSWs are being asked to use free counselling resources or clients need to pay because the clinical budget has been exhausted until March 31. People need skilled therapeutic support tailored to their developmental level more now than ever.

Need for, Access to and/or the Other Important Services

23 comments

155 comments

<ul style="list-style-type: none"> ● Availability of services and supports from educational and health care agencies and systems. <p>Example quotes:</p> <ul style="list-style-type: none"> ○ Our son's school has done a phenomenal job, both back in the spring as far as distance education, connecting with his EA and classmates, as well as since September when schools reopened. We hope schools remain open. ○ Awesome EA at school who helps my son. ○ Medical staff have been working their hardest to ensure care to those most affected under such limited availability of staff and support from govt. 	<ul style="list-style-type: none"> ● Reduced access to health and education-related services and supports. <p>Example quotes:</p> <p>Health</p> <ul style="list-style-type: none"> ○ Parents and family members, SDM's not being able to be with their child/sibling/loved ones at dr. appts or in hospital, unable to assist with advocacy, relaying important info about the person or to assist with care. ○ There has been much confusion around the ability for support staff to assist when someone living with a disability is hospitalized for reasons outside of COVID-19. Each hospital or circumstance appears to elicit a different answer to whether or not this is encouraged / discouraged.
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SUCSESSES	OUTSTANDING ISSUES
	<ul style="list-style-type: none"> ○ Getting equipment needs addressed has been horrible, therapists, appointments, have been very difficult to arrange and even get. Which increases wait times for needed repairs and assessments of needs. ○ Diagnosis of another medical condition was delayed and made more difficult by lack of in-person doctor appointments. Misdiagnosis occurred over the phone, resulting in unnecessary, harmful medication being administered for months. ○ Mental health support for all, participants, care providers and staff. ○ Many medical professionals (outside of the hospital environment - i.e. psychiatry, family doctors, neurology) are engaging in virtual appointments for patients or clients. This has resulted in inadequate health care services to some people living with an intellectual disability. <p>Education</p> <ul style="list-style-type: none"> ○ No after school programs for students as promised by Winnipeg school division and no funds from government to support students ta or parents. ○ School supports at home. Big fail. As mother of medically fragile child with many delays, I receive NO help from the school. Zoom does not work for many children that are development delayed.

SUCSESSES	OUTSTANDING ISSUES
	<ul style="list-style-type: none"> ○ Education. I need an EA at my house for remote learning. What am I supposed to do? Quit my job as a front line health care provider so my Developmentally disabled Daughter with a heart defect doesn't DIE in the classroom???? She is remote learning. We need help at home. ○ Schools have not taken into consideration the often complex needs of students with disabilities. ○ students with disabilities on remote learning cannot access the WSD remote learning teachers- classroom teachers are responsible for their instruction ○ there is no consistent plan for educating kids with disabilities at home- some students have no tech at home, or don't respond well to tech. ○ We have two students with disabilities in Winnipeg School Division. Neither child had his special needs met adequately for long stretches- either during springtime remote schooling, or when they were in school for two months this fall, and finally, now, when I as a parent am again teaching them at home. ○ School closures no help from school for a proper education.

SUCSESSES	OUTSTANDING ISSUES
Basic Needs, Income, Quality of Life	
70 comments	259 comments
<ul style="list-style-type: none"> • Increased financial support for persons with disabilities from the federal and provincial governments. Example quotes: <ul style="list-style-type: none"> ○ \$200 cash payment from provincial government helped (but was not nearly enough) ○ Providing the \$600 federal benefit to individuals with disabilities, to assist with the increased costs of living in a pandemic. ○ Getting an additional payment for those with disabilities from EI. • Improved and expanded local shopping options. Example quotes: <ul style="list-style-type: none"> ○ Increase in delivery options for goods and services. ○ Curbside pickup makes my life much easier! • Availability and improvements in transit / Transit Plus. Example quotes: <ul style="list-style-type: none"> ○ Improving Handi-transit availability ○ Transit friendly changes 	<ul style="list-style-type: none"> • Deepened poverty and decreased income adequacy. Example quotes: <ul style="list-style-type: none"> ○ Participants being at risk of eviction once more despite province being in lockdown. ○ Financial support directly for people with disabilities. They have been almost entirely forgotten in this pandemic. A measly amount from the Province and then only a handful of people got the \$600 from the feds well after everyone else received support. ○ Our clients have been disproportionately affected by job losses due to covid, largely because of high involvement in the hotel and restaurant work. ○ Members have mentioned many times that with rising costs of living due to the pandemic, more benefits are desperately needed. ○ Money. Again. On EIA, things were already a nightmare. Now everything is worse. ○ My rent in accessible housing (median market) has risen by \$130 a month. Because they provide "a service" they are not under the residential tenancy branch umbrella and can do as they wish. Rent will go up again for me another \$40;upon my new lease signing. I had brain surgery in July, I have Cerebral Palsy, etc.....and

have been off work since May 2019. On Long term disability and on waiting lists for safe, affordable and accessible housing. I am on the brink of homelessness

- More money on our EIA cheques. Its was hard enough to live in my meager EIA cheque and since the pandemic its everything has gone up in price and I am getting less and less with my money.

- Loss of jobs and employment opportunities.

Example quotes:

- Our clients have been disproportionately affected by job losses due to covid, largely because of high involvement in the hotel and restaurant work
- Neurotypical people are having a hard enough time finding jobs. What are people with disabilities going to do to find meaningful employment during and after COVID? Many day programs have been shut down or running at massively reduced numbers. This makes it hard for people with a disability to access the supports they typically have to be able to access work.

- High levels of isolation with significant mental health implications.

Example quotes:

- Isolation = failing mental health is another challenge. Especially with the change in weather & not being able to meet people outside. There is also a lack of community or just people generally
-

in someone's life outside of work or errands so when that is gone, they have no one.

- We need a sustained and robust focus on reducing the epidemic of social isolation experienced by people with disabilities. While we all think we are feeling isolated and lonely right now as we have to reduce our social contacts... the majority of people with disabilities have been enduring this for most of their lives - and our systems reinforce that isolation.
- With the new restrictions in place, the isolation that they will experience during the Xmas season will be devastating for many living alone in the community. This problem will make them more vulnerable to making poor choices in the community in an effort to feel included somewhere . Increased risk of drug use and being targeted to traffic drugs or themselves. We 've lost ground like everyone else they too have lost jobs and will now have to work harder to try to get their jobs back.

- The digital divide and the lack of access to digital tools and training.

Example quotes:

- Online Connection - some participants do not have reliable phone service or internet.
 - Access and training for online technology. With the lockdown, the internet is now a vital resource for service delivery and social interaction. Many disabled folk either do not have, or can't afford, the equipment or internet service, leaving them
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far more isolated than at normal times. This general problem is made much worse by the pandemic.

- Poverty has increased the difficulties for the people that CRS supports and their families as CRS has some situations where 8 family members are living in one house or several families have no access to the internet making participation in online schooling or recreation impossible.
 - More assistance needed in providing options for virtual visits. It was easier in the warmer months to coordinate outdoor socially distanced visits. As we enter into the cold temperatures it would be advantageous for a subsidy program for our individuals to purchase tablets, refurbished phones to allow for more opportunity for virtual check ins/visits with friends and loved ones.
 - Limited income often results in limited options and resources, such as reduced communications because no connection or technology, also no online shopping and no credit card financial services to pay even if order could be placed.
 - Expense of internet/ cell phone for some people with disabilities. What is an essential?
 - Increased challenges in purchasing goods and services to meet basic needs.
Example quotes:
 - The dedicated store hours for vulnerable people being from 7 to 8 am. This timeslot is not realistic
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for some members who may be on a care schedule and can't get out of the house this early.

- I have issues that would make me likely to have complications if I got COVID; many people are not taking the restrictions seriously and as the numbers grow, it's harder and harder for me to meet needs. (I can order groceries, for example, but I sometimes can't get my order for several days. People without credit cards can't do this at all.) It's also harder to access items that I would normally buy in person., and I want to support local businesses but this becomes very difficult when I can't go there in person.
 - Getting groceries safely
 - Access to groceries and products is restricted.
 - Provide a safe shopping time for people with disabilities to go with a worker or family member
 - I have mobility issues and I'm trying really hard to avoid being in a wheel chair so I use a walker. I experience a lot of pain so things like long waits in line ups when I'm running errand's and can't sit on my walker it very, very painful. They need to have a line up for Handi capped people that will get them in and shopping faster.
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Notable Comments

168 comments

Many respondents took the opportunity to offer extended comments at the end of the survey. Following are a selection of the many comments that seems particularly notable.

On the fear of discrimination in health triage decisions (from a person with a disability):

- As a PWD, I am so fearful of catching COVID and being hospitalized. With our current numbers and limits of our medical system, the care and needs of our community will be last on the list. We have faced decades of abuse and neglect from the medical industry and this needs to stop. Government must step up and do better!

On accessibility and the pandemic (from persons with disabilities):

- Handicap parking spaces have been taken over for curbside pick-up at several grocery store locations.
- Accessibility is put to the wayside in protections. Staff are sometimes reluctant to assist customers with disabilities. Lines and arrows on the floor are low contrast. Signage is not easily accessed. Sanitizer is out of reach for people with disabilities. A huge thanks to the businesses that offer support to customers with disabilities. Those that follow the AMA in customer service deserve a huge bonus. The punitive measure of fines for businesses to not comply with restrictions stress out businesses, staff and customers. It is a stick approach. Consider the carrot approach instead - reward those businesses that are accessible and follow the guidelines of restrictions. Do away with the fines altogether. They hurt everyone and cause division and just make everyone more hostile. Businesses are struggling as it is. If the government needs more revenue, I am all for raising the PST and GST and income tax, along with higher taxes on items deemed nonessential, as you do cigarettes, alcohol and marijuana.
- Masks make it difficult for hard of hearing people to hear. "If I can't see you speaking (lips), I can't hear you". Lip reading provides 30% of hearing input; this was taken away by masks. Lip reading is just one example of how Hard of Hearing people use other senses to compensate for poor hearing.

On the digit divide (from a family member/friend of persons with disabilities):

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- Individuals who live alone and/or do not have or are not able to access the internet (World Wide Web) are and will continue to be disadvantaged in today's society. While many outstanding issues of inclusion and access have come a long way technology and a rapidly changing world makes it increasingly difficult for individuals with disabilities to adapt. Covid 19 has make those technological barriers even more obvious and daunting. What is available if you can't ZOOM, Facebook or connect online? The "land line telephone" is all that many can afford or are able to use safely. My wish would be safe, secure online communication systems available for everyone.

On the challenges faced by persons with disabilities and their families

(from family members/friends of persons with disabilities):

- I often wonder what happens, to folks with disabilities, who do not have family members to bridge the gaps in this myriad of disconnected symptoms. And I fear for the mental and physical health of the people and their families who do. Families are pushed to the breaking point. The pandemic isolates us even more and exacerbates the existing issues. Poverty, debt load, food insecurity, lack of representation for individuals, transportation issues, isolation, lack of services, reduction of allowed medical supplies, and rigidity of existing systems place extra stress on individuals with disabilities and their families. Thank you for creating this survey.
- Our son's needs are all being met at this point because we have the financial ability to care for him in our home during this time. For his emotional well-being we had to remove him from the agency home because his needs could not be met in the home with the government restrictions in place. In the first shutdown, he stayed in the agency home, but with special permission we as family, were able to meet the needs to keep his emotional health intact. Even with the special outings we were able to supply, he fell into an emotionally difficult state. My question would be, what happens to persons with disabilities if their care is not able to be continued, because of financial restraints of the person's family. I would recommend that, just as the government is supporting front line workers in the health field, so should support be offered to families who are caring for their loved one in the family home during this time.

On the lack of mental health support (from a staff person):

- I have appreciated the support that has been given for PPE and guidance (while jumping through hoops to top up block funding) . In speaking with parents and participants, we are not able to meet their needs. Access to psych services remains in crisis for this sector. Our experience is that those with ASD are suffering from lack of routine and structure, little help is being provided.

On the inadequacy of Economic and Income Assistance rates (from a staff person):

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- People with disabilities should not be expected to live on welfare rates for the entirety of their life. That is some of the most vulnerable people. living below poverty resulting in possible having to eat less healthy foods, less opportunities to participate in organized social/physical activities, not able to purchase appropriate clothing for the weather or job, unable to access regular dental health(some people require more frequent visits), no assistance with chiropractic care (which may help to relieve pain related to their disability, living in housing that may be located in an unsafe area or in a building that is not well kept....person may rely on public transportation which is not always accessible in certain areas. Person may need the assistance of another person for self care or any other activity. Without fair funding, the person may have to make a choice of not having a bath so she could have money to pay for assistance to attend an appointment...people should not have to make such choices.....and they should be able to choose when the receive service and from whom. All aspects of a person's life is affected by their budget. As a society, we have a responsibility to ensure the safety and well being of all our citizens

On being resourceful, adaptable and resilient (from a staff person):

- I think you're all doing a great job seizing the day, and using this unique opportunity to create some lasting positive changes to the way our sector is viewed and underlining the actual monies needed for agencies to provide supports effectively and in the best interests of the people requiring supports. Please keep it up, and hammer home to government that monies to our sector is an investment in people who can contribute positively and substantially to their communities when provided the opportunities and supports to do so.

On the Increased self-medication/substance use in participant groups (from a staff person):

- With the new restrictions in place, the isolation that they will experience during the Xmas season will be devastating for many living alone in the community. This problem will make them more vulnerable to making poor choices in the community in an effort to feel included somewhere. Increased risk of drug use and being targeted to traffic drugs or themselves. We 've lost ground like everyone else they too have lost jobs and will now have to work harder to try to get their jobs back.