

POLICY BRIEF: IMPROVING ACCESS TO DISABILITY SUPPORTS

MARCH 2024

Executive Summary

Eligibility criteria for provincial and federal disability programs require families to define their child's diagnosis and amplify impairment severity to be considered eligible to receive supports and services. The processes in place for applying to such programming is often strenuous on families, requiring clinical support and additional fees. The language used in the eligibility forms themselves requires critical attention, with the need to move away from a medical model way of thinking. Building upon a biopsychosocial approach and the International Classification of Functioning Disability and Health (ICF), the F-Words for childhood development (i.e., Functioning, Family, Fitness, Fun, Friends and Future) demonstrate a strength-based approach that can be applied to eligibility forms.

The current brief describes how the F-words can be applied to the current system issue, impacting policy landscapes and ultimately improving access to services and support for those who need them most. A strength-based approach to policy can have implications that support families across Canada, while also transforming how society understands disability.

To this end, this brief includes five recommendations for Canadian governments:

- Adopt criteria that meet functional needs
- Consistently integrate 'Nothing about us without us' into policymaking
- Develop guidelines for development of disability-related programs and policies
- Adapt language of existing policies and programs based on the developed guidelines
- Consider implementing the model of Ontario's SmartStart Hubs across provinces and territories to ensure eligibility criteria reflect a functional approach



Disability Policy
Research Program

kids
brain health
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réseau pour
la santé du cerveau
des enfants



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ISSUE

Access to disability supports and services is a critical component to enable children and youth with disability and their families to thrive in Canada; it is also critical in fulfilling commitments to the UN Convention on the Rights of Persons with Disability. Unfortunately, for many families in Canada these supports and services remain out of reach and challenging to access. Eligibility criteria for provincial and federal disability programs focus on diagnostic labels and impairment-driven language and often fail to consider functional needs of children with disability. Further, the application processes to access necessary supports and services for children and families can be excessively complex, often limiting people from receiving the services and supports that should be accessible to them. **This brief focuses on evidence-based approaches for improving access to these important supports and services.**

BACKGROUND AND RATIONALE

Current Disability Supports and Services Use Medical Model Thinking and Language.

Diagnostic or impairment-driven language stems from the Medical Model of disability, implicitly or explicitly placing the “problem” within the person without considering the context in which they live [1]. Despite research and international recognition of the inability to meet people’s functional needs with this approach [2,3], the Medical Model remains the dominant way of thinking, applied across healthcare systems, generalized to the community at large, and extending into policy language.

International Evidence Support a Move to a Biopsychosocial Approach.

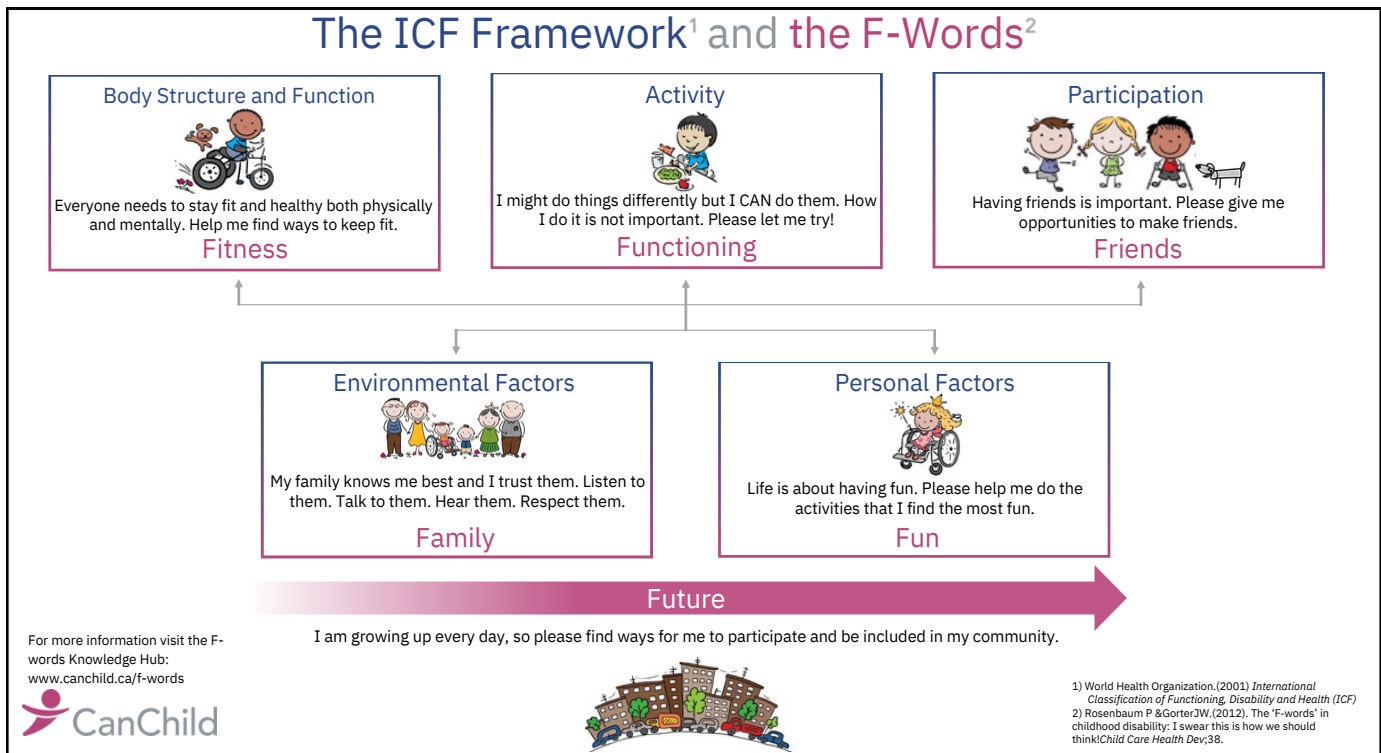
The Framework for Health of the World Health Organization’s International Classification of Functioning, Disability and Health (ICF) is an alternative way to consider ‘health’, one that emphasizes a biopsychosocial approach [4,5]. This approach situates the person at the centre, while contextualizing any within-the-person ‘impairment’ in an individual’s personal reality – e.g., personal characteristics, their social context, interactions with others (i.e., relationships) and institutions. More recently, the F-words for childhood development [6] have been created as a whimsical adaptation of the ICF to illustrate a strength-based approach to health, with accessible language that can be understood by families, researchers, clinicians, and policy makers.

F-words grounded in research and evidence-based practice.

The F-words for development include the following components: Functioning, Family, Fitness, Fun, Friends, and Future [6]. These concepts provide a person-centric strength-based, holistic way of thinking about development across the

lifespan. While originally created in the field of childhood disability, these ideas can be applied to people of any age. There has been a remarkable uptake of the framework internationally, with over 62,000 downloads and translation into more than 35 languages. **Implementation of the F-words has been facilitated within healthcare organizations across Canada** (e.g., KidsInclusive (Ontario) and Specialized Services for Children and Youth (Manitoba)).

Further, this holistic way of understanding children with disabilities and their families has facilitated the development of the CIHR-supported ENabling VISIONS And Growing Expectations (ENVISAGE) program, which is being facilitated across Canada and Australia [7]. The ENVISAGE program informs and encourages both families and service providers on how to develop a more strength-based approach to care. Uptake of the F-words and a strengths-based approach within policy can enable synergy across sectors [8].



A Promising Practice of Using the ICF and F-words in Provincial Policy.

The F-words have been introduced to various audiences that span academic, healthcare, and political spaces. Further, the F-words are being used in a provincial policy context by ministry hubs. Within Ontario, the F-words have been used as a focal point of the SmartStart Hubs [9]. The F-words are a way to ground the Hubs in child and family strengths, rather than their deficits. The Ontario Ministry of Children, Community, and Social Services (MCCSS) co-developed the SmartStart Hubs and their guidelines in partnership with academic research leaders and service providers/organizations. SmartStart Hubs provide a clear entry point for families who are concerned about their child’s development, to explore and access services. This illustrates how policy influences gateways to eligibility criteria and subsequent services and necessitates needed change [10].

“Some families find assessment processes intimidating, particularly when they are perceived to be tied to access or funding. Many families find that assessments and program eligibility criteria focus too heavily on their child’s “deficits”, rather than their child and family’s strengths. This may encourage families and service providers to focus on what is “wrong” with the child and perpetuate an ableist view of disability”

-SmartStart Hubs guidelines, 2022

As described in the SmartStart Hub guidelines, the Ontario government announced in 2021 their goal to support investments for children and youth with special needs to live happier and healthier lives. Further, starting in 2021-2022 a commitment of \$240 million over four years was promised to enhance the services and assessments of community and school-based rehabilitation services for children and youth [9].

As the Ontario provincial government has begun to understand the need for a more strengths-based approach to child services, **there is capacity to further impact policy across Canada at the provincial and federal level.**

A Promising Practice of Using the ICF Internationally in Policy.

There are international examples (e.g., in Taiwan) using the ICF to determine eligibility for their Disability Eligibility Determination System (DEDS) [11]. This provides an example of how the F-words may be applied within Canadian policy, and may be relevant for the development of the Canada Disability Benefit (CDB).

- Taiwan policy has applied language to emphasize the societal participation of individuals with disabilities. The eight chapters of the ICF involving body structures and functions have been specifically used to describe eight disability types within Taiwan policy.
- Previously, Taiwan’s evaluation process for disability services occurred only after the individual was formally diagnosed with a disorder by a clinician.
- Current efforts speak to a more comprehensive approach where the individual is evaluated by a team of professionals who consider the individual’s functioning, activities, participations, environment, and personal factors and do not focus on diagnosis alone.

CURRENT STATUS

There is an important opportunity to reconsider and expand federal disability policy and eligibility criteria.

The Disability Tax Credit (DTC) is an example of how eligibility criteria can fall short in meeting the needs of families and can impair receipt of services and further benefits. The application process for the DTC involves eligibility criteria that are framed in a way that requires clinicians to complete an assessment that the individual pays for out of pocket, confirming they have a “severe and prolonged impairment — which is present all or substantially all (90% or more) of the time — in physical or mental functions and that restricts their ability to

perform basic activities.” Further, the language used to determine eligibility necessitates deficit-focused emphases where eligibility is based on severity of impairments, with greater emphasis on some disabilities over others. These eligibility criteria do not appropriately consider persons with disabilities who may have an undiagnosed or episodic condition; thus, these people will not meet the benchmarks of the restrictive language used on the form. Critically, the DTC is a gateway to many other disability supports and services in Canada.

More recently, the Canada Disability Benefit Act was passed.

“The Canada Disability Benefit Act (the Act) became law when it received Royal Assent on June 22, 2023. The Act provides the framework for a new Canada Disability Benefit (CDB). This benefit is being created to reduce poverty and support the financial security of working-age people with disabilities.”

-Government of Canada, 2024

- The Government of Canada is currently at the stage of formulating regulations for the CDB.
- Accordingly, there is an opportunity for the CDB regulations to adopt a more strengths-based approach to eligibility.

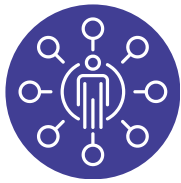
KEY CONSIDERATIONS

In the development of eligibility criteria, it is essential that, rather than the diagnosis or condition, the person and their context and functioning be situated at the centre of the processes for determining eligibility for support. Every child and youth is unique, and a benchmark approach to determining services too easily can result in exclusion from services that may enhance the quality of life of children, youth, and families. Accordingly, it would be important to consider the following in the development of eligibility criteria:



Equity

It is essential to consider the multiple intersecting identities of children with disabilities and their families, including but not limited to race, ethnicity, socioeconomic status, gender, co-existing conditions, etc.



Efficiency

This would consider not only how services could support biological function but also how participation in daily life and other activities could be enhanced and made accessible for the family beyond survival of the child.



Cost-effectiveness

It is critical to understand the complexity of household income and to design eligibility criteria accordingly (i.e., if there is more than one parent, number of children, amount of unpaid caregiving time that the family caregiver provides for their child, etc.)

RECOMMENDATIONS

Federal Recommendations

1

Adopt Criteria that meet functional needs.

Utilize consistent ICF language and frameworks to inform the development of eligibility criteria for Federal programs like the DTC and the CDB.

2

Consistently integrate ‘Nothing about us without us’ into policymaking.

Consult with families to explore and integrate underpinnings of the F-words into the development of eligibility criteria for the CDB.

3

Develop guidelines for development of disability-related programs and policies.

These guidelines should be based on the approach utilized through the development of the CDB, with emphasis on eligibility criteria based on functional needs. It will be critical to partner with professionals in the childhood disability space who are willing to advocate alongside families during the development of guidelines.

4

Adapt language of existing policies and programs based on the developed guidelines.

This should include the Disability Tax Credit, in addition to other federal disability programs.

Provincial Recommendations

1

Consider implementing the model of Ontario’s SmartStart Hubs across provinces and territories to ensure eligibility criteria reflect a functional approach.

This involves that the following actions be taken:

- Develop a proof of concept of the SmartStart Hubs, including an evaluation of service uptake and family and provider experiences.
- Develop knowledge translation and training tools based on the learnings from the SmartStart Hubs to disseminate across Canada on how a strengths-based approach can benefit families, service systems and the community at large.

CONCLUSION

The use and application of the WHO’s ICF concepts and F-words approaches and tools can enable a strength-based approach to care and a changed way of thinking across sectors. Doing so would embed the promotion of eligibility criteria that focus on functional needs rather than presence of impairments based solely on diagnostic criteria. The changed way of thinking described in this document has the possibility to have a tremendous impact on the services available to families and how society understands persons with disabilities.

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