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Chair

Mr. Ed Komarnicki

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

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• (1100)

[English]

The Chair (Mr. Ed Komarnicki (Souris—Moose Mountain, CPC)): We'd like to start as quickly as we can because we have some committee business to deal with at the end of the meeting.

We have with us representatives from the Mental Health Commission of Canada and the Centre for Addiction and Mental Health, as well as the Canadian Working Group on HIV and Rehabilitation.

We'll hear from each of you, and I believe we'll start with Aaron Levo, and then we'll move on to hear from Susan Eckerle Curwood. We'll try to keep you to within 10 minutes, but we understand you represent two organizations, so we'll be somewhat flexible on that.

Go ahead.

Mr. Aaron Levo (Director, External Affairs, Mental Health Commission of Canada): Thank you, Mr. Chair.

We'll try to be very brief to allow for a more lengthy Q and A session.

Some of you may be familiar with the Mental Health Commission of Canada. We were created out of a Senate committee study and received all-party support. We were capitalized with a 10-year mandate through to 2017 to deliver in four areas: to deliver the country's first-ever mental health strategy; to pursue work in the area of anti-stigma across the country; to provide capacity for knowledge exchange in the area of mental health and mental illness; and we also added to our mandate a very large research demonstration project in the area of housing and homelessness.

We advise and make recommendations to leaders and decision-makers, including government. Just yesterday our president was presenting to another standing committee here in Parliament. Unfortunately, Louise isn't able to be here today due to prior commitments, but we're very pleased to have with us Dr. Eckerle Curwood, from the Centre for Addiction and Mental Health in Toronto, to share her expertise with this committee on the study you have.

The Mental Health Commission works with experts in the mental health field and service providers and community leaders across the country, as well as people with a lived experience of mental illness. This is how we get our work done.

The commission, early in its mandate, struck eight advisory committees to help us generate the knowledge that would be required to catalyze change across this country.

The former workforce advisory committee of the Mental Health Commission of Canada worked on several initiatives to help employers change the way mental health is addressed in the workplace and saw the need for comprehensive research into solutions for helping people with severe mental illness find inclusion in the workforce. Among Canadians experiencing serious mental illness, up to 90% are not in the labour market.

This led to the development of the Aspiring Workforce project for employment and income support for people with serious mental illness. This is research led by the Centre for Addiction and Mental Health, and it's in partnership with the University of Toronto and Queen's University. This project will launch in the spring. A report will be provided in the spring, but we thought it would be prudent to come here today and provide Dr. Eckerle Curwood's particular expertise to the study you are currently undertaking.

The Aspiring Workforce project will provide recommendations aimed at helping reduce the high rates of unemployment among Canadians with serious mental illness.

The research addresses five key questions, which I will lay out for you, and then I'll pass it over to Dr. Eckerle Curwood, as time is of the essence.

The five key questions guiding this project are: one, how to effectively provide supports and services for people who want to work, and what services are likely to be most helpful; two, what systematic incentives and disincentives exist in returning to work; three, how to develop social businesses that, as part of their mission, provide jobs to people with mental illness; four, how to provide disability pensions that also focus on a person's capacities and abilities to work; and five, the key things people with mental illness need to know about succeeding at work.

This project will also provide a national inventory of social businesses across the country.

While we hope to be able to provide the committee with the full report prior to the conclusion of your study, we thought that in the interim it would be beneficial for Dr. Eckerle Curwood to come here today and offer some insight on particular aspects of the report.

•(1105)

The Chair: Thank you.

Go ahead, Dr. Eckerle Curwood.

Dr. Susan Eckerle Curwood (Manager, Research and Knowledge Development, Community Support and Research Unit, Centre for Addiction and Mental Health): Thank you very much.

The piece of the Aspiring Workforce research that I'm going to focus on today is the challenges that people with mental health disabilities—those in the disability support system—face in navigating the very complex relationships between workforce participation and disability support policy. What we're seeing in Canada right now is a growing number of people with mental illness who are transitioning onto a disability income support program.

The percentage of CPPD recipients with a mental health disability increased from 12% in 1990 to 28% in 2008.

We know that up to 90% of people with serious mental illness in Canada are unemployed, and many of these are entirely detached from the labour market.

We also know that many people with mental illness do have the capacity and the desire to work. Many people with mental illness have intermittent capacity, so they can work, but perhaps only some of the time. Disability support programs could be adjusted to be more accommodating of intermittent illness. Right now, the requirement that people prove that they are in fact not able to work often creates fear in showing any capacity to work, despite the fact that many people do have the capacity and the desire.

Additionally, the rates provided by the income support programs don't always provide a decent standard of living, and the interaction among programs can create inequitable situations in which people with very similar levels of mental health disability are in fact living in very different financial situations.

Disability income program rules and their interactions with other support programs, such as housing support programs, can also cause people to actually wind up with less money and less security than if they do in fact obtain employment and work.

Reforms have been made in many jurisdictions in Canada, but in some cases they need to be better communicated. We found that people are often either unaware that rules have changed or that they don't trust the changes.

Our overarching policy recommendation is for a capacity-focused paradigm shift in which policies support individuals in their strengths, while also addressing the barriers they may face. We have several key recommendations in this area.

First, we recommend that disability support policies recognize that individuals with mental illness often have intermittent work capacity, and that the policies should provide flexibility. A good example that has in fact been recently implemented by CPPD is rapid reinstatement, which enables people who enter the workforce to

quickly re-access the disability support system should they be unable to remain employed, rather than having to go through a lengthy process of re-establishing eligibility.

Second, we recommend early intervention to promote workforce engagement. People should be linked with employment supports immediately upon entering the disability support system. Early intervention should also include working with young people to ensure that their vocational trajectory is not lost and that people don't wind up graduating from high school directly onto disability support.

Third, we recommend that disability support policies seek to reduce disincentives to work. Examples of how this could be done include raising allowances for earning exemptions, establishing more opportunities to develop skills and access training, and ensuring that people with mental health disabilities who re-enter the workforce do not lose important access to prescription drug benefits and other health services.

Fourth, we recommend that policies ensure that funding is available for the development of evidence-based employment supports and training opportunities, including supported employment and social business formation. These are things that we know work.

Fifth, we recommend that people receiving disability income support be linked with case workers and other professionals whose roles extend beyond simply determining eligibility for a single program. People should have access to professionals with specific expertise in employment and also to benefits counsellors who can guide them through the intricacies of the complex impact that employment may have on the various disability supports they receive.

Sixth, we recommend that disability income support programs operate in collaboration with other stakeholders, including employment support and training programs, mental health service providers, and employers. The interactions between disability support policies and other policies, such as housing assistance policies, need to be carefully examined to ensure that unintended barriers to employment are not being created.

•(1110)

Seventh, we recommend innovation in disability support provision, employment support provision, and other services to develop new best practices for engaging people with mental health issues in the workforce on an ongoing basis.

Our final recommendation is that alongside reforms it's critical to develop effective communication strategies about these reforms. Reforms cannot succeed without clear communication to those individuals who are affected in order for the benefits of these positive changes to be reaped and recognized.

Thank you.

The Chair: Thank you very much for that presentation.

We'll now move to Ms. Yates to start her presentation. Go ahead.

Ms. Tammy Yates (Coordinator, Episodic Disabilities Initiatives, Canadian Working Group on HIV and Rehabilitation): Thank you very much, Mr. Chair.

Good morning to members of the committee.

My name is Tammy Yates and I am the coordinator of episodic disabilities initiatives at the Canadian Working Group on HIV and Rehabilitation, which we refer to as CWGHR. With me is Elisse Zack, CWGHR's executive director.

We are here this morning on behalf of the episodic disabilities network, referred to as the EDN. On behalf of the EDN, we would like to thank members of the committee for leading this important discussion on exploring employment opportunities for persons with disabilities and for inviting the EDN to make this presentation.

We would also take this opportunity to applaud the government's commitment to improving labour market opportunities for Canadians living with disabilities, which is evidenced through the strengthened federal programming for persons with disabilities in Canada's economic action plan of 2013, the convening of the panel on labour market opportunities for persons with disabilities and its subsequent report, "Rethinking Disability in the Private Sector", as well as the private member's motion M-430, introduced by MP Phil McColeman.

The EDN, which was formed in 2003, brings together a wide range of key stakeholders to collaborate on research, to advance public policy on employment and income support, and to promote the broader integration of people with episodic disabilities in Canada.

As you may recall, two organizational members of the EDN, the Canadian Council on Rehabilitation and Work and the DisAbleD Women's Network Canada, have recently made presentations to this panel. Many of the points raised in those presentations would also have shed some light on the experiences of people living with episodic disabilities.

Often when people refer to disabilities, the first thoughts that come to mind are permanent disabilities. A person can live with both a permanent and an episodic disability, but there are clear distinctions between the two. An episodic disability is a long-term health condition that is characterized by periods of good health

interrupted by periods of illness or disability. These periods may vary in severity, length, and predictability over time and from one person to another.

As Canadians are living longer, an increasing number of people are living with lifelong chronic illnesses that include episodes of disability—for example, arthritis, Crohn's disease, diabetes, hepatitis C, HIV, multiple sclerosis, and some forms of cancer and mental illness. I am sure that most, if not all, of you know someone or several people who are living with these types of conditions. You can therefore appreciate how these fluctuating episodes over time can wreak havoc on their work life.

Most recent statistics show that over 4.6 million Canadians aged 15 years and older reported that they had arthritis; 20% of Canadians will personally experience a mental illness in their lifetime; an estimated 95,000 Canadians live with multiple sclerosis; and there are approximately 71,300 people living with HIV in Canada.

Research supported by the Government of Canada has found 27 underlying conditions identified as episodic, and almost half of the working-age adults identified as having a disability in the 2006 participation and activity limitation survey reported having at least one of these conditions. As you can see, this is a significant percentage of the population.

The EDN has several recommendations for the Government of Canada related to the employment of people with episodic disabilities. We would like to share them with you and then have a brief explanation.

First, increase the flexibility of employment insurance sickness benefits, such as with units of 75 individual days or 150 half days, making it easier for people with lifelong episodic disabilities to stay in the workforce while being able to use EI sickness benefits on days or weeks when they are not able to work.

•(1115)

Second, there should be more program outreach to people living with episodic illness and disability through the CPPD vocational rehabilitation program.

Third, building on the recent work on episodic disabilities that the Government of Canada has been doing, further research should be undertaken related to the labour market participation of Canadians living with episodic disabilities to identify the impact of these illnesses, and more responsive income and employment services should be developed to meet people's needs. The EDN would also be happy to work with the newly formed employers disability forum to better understand and address the needs of people living with episodic disabilities.

Many people with chronic illnesses leading to an episodic disability have no alternative but to rely on disability benefits, such as EI sickness benefits, long-term disability, CPPD, and provincial disability and social assistance programs. However, most existing disability policies and programs do not accommodate the realities of a person living with an episodic disability. Rigid definitions and policies govern these benefit programs, as most people are either fully disabled or fully able to work, while many people with episodic disabilities fall somewhere along the continuum.

Eligibility criteria in some programs include that the disability must be severe and prolonged, a requirement that often excludes people with episodic disabilities. As a result, people may have difficulty accessing or maintaining benefits even when their disability prevents them from being able to work.

It is critical to have disability programs that are flexible enough for people with episodic disabilities to enter, leave, and re-enter the paid workforce easily when the episodes of disability fluctuate, without putting their income security at risk. Existing policies make it difficult for people who are receiving benefits to work part-time or when their health allows. Some people could contribute greatly if they had the opportunity to work part-time over a longer term, if they could earn a part-time income when their health allows and also be able to receive part-time disability benefits for the portion of time when they are not able to work. This would enable them to maintain some level of income security. Flexible units of EI sickness benefits could be one of the mechanisms to address this issue.

It is clear that we need to find ways to provide employment support to help people manage the impact of illness and disability on their work. People with illness and disabilities often experience stigma and discrimination due to the fear of illnesses, disabilities, and differences inherent in our society. It is critical that our systems promote inclusion and respect.

It is also critical that our systems recognize the disproportionate impact that living with a disability has on women. For example, the unemployment rate for women with disabilities is 74%, and while there is currently no specific data on women living with episodic disabilities, we deduce that their situation is not much better.

The EDN has worked collaboratively with HRSDC to research the impact that episodic disabilities have on workforce participation and to identify and promote opportunities to address the needs of Canadians with episodic disabilities. The EDN has also worked to raise awareness of the need for reforms to EI and federally provided income support programs to better support Canadians with episodic disabilities.

Just yesterday, the EDN convened a forum and policy dialogue on workforce participation for people living with episodic disabilities in Canada. The goal of the policy dialogue was to develop a multi-stakeholder-informed strategy and action plan to promote workforce participation for people living with episodic disabilities. The session brought together government representatives, policy-makers, employers, and unions, as well as people living with episodic disabilities and their representatives. Two of the major highlights of the policy dialogue were the opening remarks by MP Phil McColeman and the keynote lunchtime speech by MP Bernard Trotter.

●(1120)

In conclusion, I would like to say that life is unpredictable. While you or I may not be living with an episodic disability today, that does not mean that tomorrow our life circumstances may not change and we may then be diagnosed with an illness that is episodic in nature. To this extent, therefore, the policies and programs, or revisions to policies and programs that we have suggested, don't only work for people living with episodic disabilities; flexibility works for every Canadian.

The Government of Canada's economic action plan shows a commitment to improving the labour force participation of Canadians living with disabilities, many of whom are people living with episodic disabilities. If more people with episodic disabilities are able to participate in the workforce when their health allows and without putting their income security at risk, many people who are currently excluded will have an opportunity to both contribute to the labour force and become economically independent, which in turn will be a win-win for all Canadians.

Thank you.

The Chair: Thank you very much for that.

I guess it is our own Phil McColeman who is being referenced there.

I also hear that flexibility is a fairly important issue, for sure. Certainly, fluctuating episodes can wreak havoc. I think everyone around this table would appreciate that at one time or another during their careers or lifetimes.

We'll start the rounds of questioning with Madame Perreault.

Go ahead.

[*Translation*]

Ms. Manon Perreault (Montcalm, NDP): Thank you, Mr. Chair.

I will start with Ms. Yates.

From what you've told us, it is clear that the programs currently in place do not meet the needs of those with episodic illnesses. And, of course, there are a great many episodic illnesses. I am going to ask you a number of questions in a row, and then I will let you answer them.

Are there more men or women with episodic illnesses in the workforce? Are there certain illnesses that really prevent the individuals living with them from returning to the labour market for fear of losing the few benefits they currently have? Earlier, you mentioned the flexibility of having 75 individual days or 150 half-days, but how could that measure be implemented so as to really help people and support them if they want to return to the workforce? I have one last quick question. I'd like to know where the biggest problem lies.

• (1125)

[English]

The Chair: Okay, we'll have to wrap it up.

[Translation]

Ms. Manon Perreault: Briefly, Mr. Chair. Earlier, you mentioned adding flexibility to the program. Are the eligibility criteria the problem?

I am done, Mr. Chair.

[English]

The Chair: There are four questions. Two of them are related, but go ahead in whatever order you wish.

Ms. Tammy Yates: Okay. Of course, I'll ask my colleague Ms. Zack to contribute as well.

With respect to the question on whether there are more women or men living with episodic disabilities, we've recognized that it definitely is an area for more research. I would not venture to say that we have that data, as it stands at the moment, but it is an area we've already recognized as requiring extensive research. And we are prepared to do that.

Ms. Elisse Zack (Executive Director, Episodic Disabilities Network, Canadian Working Group on HIV and Rehabilitation): I would like to add that, anecdotally, it appears that more women than men are living with many of the illnesses that we have identified. We don't know that for sure; it's just anecdotal at this point. We definitely need more research.

Ms. Tammy Yates: With respect to the second question, which is whether there are some illnesses that prevent persons living with episodic disabilities from returning to the labour market, there are 27 underlying conditions that fall within the category of episodic disabilities. There are some illnesses, depending on where you are along the continuum, that may actually prevent you from returning to the workforce.

The key message we are sending, though, is that the majority of these 27 underlying health conditions do not prevent you from withdrawing completely from the workforce. And because of the episodic and fluctuating nature of most of these illnesses, the priority to ensure that we are able to contribute to persons returning to work is to ensure that programs and policies reflect that flexibility.

Elisse, would you like to add anything to that?

Ms. Elisse Zack: Yes. I would like to add that in some conditions it varies, as Tammy mentioned, depending on the individual and where they're at in the continuum of their illness. Some illnesses become worse over time, and other illnesses stay fairly steady, with episodes of illness and wellness. Some episodes are worse than

others but do not necessarily get worse over time. You may be able to work your whole life with these episodes of disability. If you've been living with an illness for 30 years, it doesn't necessarily mean you're going to be worse at the end of it. For example, some people with episodes of certain kinds of mental illnesses do not necessarily get worse over time. Some people with multiple sclerosis have episodes; some get worse over time, and some don't. It varies from person to person. It's the flexibility that's the most important thing.

Ms. Tammy Yates: The question on EI, Elisse, can I pass it to you?

Ms. Elisse Zack: On the question of the EI, the 75 units, if I understand your question correctly, it's not re-entering the workforce that's the issue. Somebody's currently working and they've been paying into EI and then they get sick. Their episodes of illness are unpredictable. Some people, because of medications or the way their specific illness impacts them.... If they take their medication in the morning, they can work, but they can't start until noon. If they had the capacity to have disability or EI in the mornings, they could work afternoons, or they could take two days off a week if they were really sick, without necessarily having to break their attachment to the labour force. They could accumulate the equivalent of 75 days in a row. It's for people who are currently in the labour force who may have this sporadic capacity to work.

Other people may be able to predictably work half time. Because of extreme fatigue, they can only work half days, and they may be able to work over a longer period of time if they don't have to work full days. They can be completely productive during the time they are at work. So it really varies. We're not talking about returning to the workforce. We're talking mostly about people who are already in the workforce. Rather than having to leave completely and re-enter, this could enable them to stay attached to the workforce during these shorter episodes of disability.

• (1130)

The Chair: Thank you for that.

Dr. Eckerle Curwood, did you have any comments?

Dr. Susan Eckerle Curwood: With regard to psychological disability, we know that there are more women than men who report psychological disability. That doesn't necessarily mean more women than men have the disability, only that more women report the disability. I agree with my colleagues that many of the issues they describe are relevant to psychological disability, as well as to many of the other disabilities.

One of the things we know about disability supports in general, particularly with people with mental illness who transition to disability support systems, is that it's very hard to transition off again. As a part of our research, we spoke to key informants in the Ontario disability support system, and they indicated that the two most common reasons for people leaving that system were that they either became eligible for CPPD or they died.

The Chair: Thank you for that intervention.

We'll move to Mr. McColeman. Go ahead.

Mr. Phil McColeman (Brant, CPC): Thank you, Mr. Chair, and my thanks to the witnesses for this very enlightening testimony.

Based on the research you've done and what you told us today, I think one of the observations would be that there's a lot of work to be done here. If we, as a committee or as a government, could move the yardsticks ahead just a bit, that would be progress. I think having the expectation that we can change this overnight is something that you would agree—you're nodding yes—is going to take a considerable amount of work.

My first question would be to both organizations represented here. In your research, have you looked at other jurisdictions, other countries, other examples? You both emphasized flexibility as one of the key elements here. Do you have examples of best practices from other jurisdictions that you could tell us about?

Dr. Susan Eckerle Curwood: I'm happy to begin.

Actually, yes, we did work in consultation with experts from the OECD on our research. As a part of our research we examined efforts that a number of other jurisdictions have made toward a capacity-focused paradigm shift.

I would say that the most successful example that we are familiar with as of this time is in Australia. In the summer of 2006, Australia introduced a job capacity assessment, which was an effort to assess people not on the basis of how disabled they are or how much they're unable to work, but instead to look at how much they are able to do. This program is still fairly new, but in an evaluation that was done by Australia's Department of Human Services, along with Centrelink, which is the Australian agency that handles the disability support provision, the first 100 referrals were examined. At the time of referral to the job capacity assessment, over 80% of the recipients were on income support exclusively, with no work earnings whatsoever. After the first 12 months, that figure was reduced to only around 30% of the participants who did not have any income from work.

Additionally, around 70% of the clients had earnings. Some of them were no longer even receiving disability benefits, due to their employment.

We really feel that this is one innovative model that could be examined by Canada. It does show promise in increasing the labour market attachment of people with mental illness and reducing the dependence upon the disability income support system by that population.

• (1135)

Ms. Elisse Zack: The issue of flexibility speaks to some of the challenges. It seems that the onus for making the accommodations ends up being either with the employer, with the employee, or with the government programs. What we're saying is that we would like to see changes within each of the stakeholders there, that everybody has a role to play.

There may be some specific workplaces with some flexible opportunities where people are able to work part time and they've been able to work it out with their private insurance, compounded with CPPD.

Again, through the OECD report...the Netherlands has come up with an extremely interesting model. In cases where there is private insurance, a government program that's combined, as CPPD is, with private health insurance, and the employer...they all pay into a pool of resources that the employer and/or the stakeholder can draw on when illness happens. In that way it doesn't become an onerous burden on any particular stakeholder, but everybody shares the responsibility for promoting opportunities for people to work when they're able to do so. This is a model that we would like to emulate here in Canada.

Mr. Phil McColeman: I appreciate both of those examples. I think it will behoove the committee to research those even further to find out...who knows, maybe Australia is in the cards. Rodger likes that.

The other part of my comment, and I'd like your response to it, is that many of these things, from a government point of view, involve both provinces and the federal government. It's the coordination part. Through my life experience as a parent of someone in this category, I find the departments don't communicate with each other, federally and provincially. As well, the provincial governments are all different. As a result, what you have are these disincentives being built in as an unforeseen consequence of one level of government thinking it's doing a good thing in producing new programs and new supports.

That relates to my comment earlier about the massive job that needs to be done on this file. Many of these things are provincial, more so even than federal, as I think you would agree.

I would like you to provide some insights as to how at the federal level, as legislators, we can move this process forward. There are the obvious things, of course, to start talking to the provinces, but it isn't that easy. I guess what I'm asking is should we take more control of this agenda, where one level or another kind of backs away while the other takes care of it? There are many disincentives in the program, as we all know, that really do need correction.

I would appreciate your comments on that. I will end with you responding to those comments.

The Chair: We'll conclude with those responses. Your time is up, but we want to hear the response to that.

Ms. Elisse Zack: We've been talking for a long time about the development of a framework for a national episodic disabilities strategy for Canada. This tends to be one of the ways, like the mental health strategy or other similar kinds of strategies, that can start to outline a framework for how these kinds of communications might be able to work. We've got an outline of the type of framework and how the communication lines might work to begin to solve the communications issue. You're absolutely right about the number of jurisdictions. We would be very interested in working with the federal government to actually begin to build what a national episodic disabilities strategy in Canada would be.

• (1140)

The Chair: Thank you very much for that.

We'll move to Madame Boutin-Sweet.

[Translation]

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Thank you, Mr. Chair.

Thank you, ladies and gentlemen, for being here today.

Everyone knows there is a clear link between mental health and homelessness. That is obvious. The HPS, or the Homelessness Partnering Strategy, is the federal program aimed at combatting homelessness. In its last budget, the federal government made an excellent decision and renewed the program, but it adopted a new approach, known as Housing First. There is no doubt as to the importance of housing for those who are homeless.

What worries me a bit, however, is the fact that nowhere does the budget indicate whether the funding will be strictly limited to housing projects. There is no indication whether currently funded projects that are tied to housing but to other areas as well, such as mental health, will continue to receive support. I would like you to speak to the importance of continued HPS funding for projects that address housing and homelessness in addition to helping those who suffer from mental illnesses.

[English]

The Chair: I might interject here that, really, it's not for you to anticipate what government may do. It's clearly hypothetical, whether you want to venture into that or not. But, generally, if you want to comment in those areas, I think it may be appropriate.

[Translation]

Ms. Marjolaine Boutin-Sweet: I would like to know what level of importance those kinds of projects are given when it comes to HPS funding.

[English]

The Chair: I think it's fair to make comment about how it might be important with respect to the issue we're studying, but in terms of what the government might do, I don't think it's necessary for you to speculate on that.

Go ahead.

Ms. Marjolaine Boutin-Sweet: That's not my question.

The Chair: Who wants to answer?

Go ahead, Mr. Levo.

Mr. Aaron Levo: I might begin by saying that certainly the Mental Health Commission of Canada, through our contributions to this particular issue, through the At Home/Chez Soi research project, was delighted to see the capitalization on the evidence that's been produced on housing first and this realignment through the HPS program.

To the chairman's point, we can't necessarily speculate on what would happen moving forward, but we have proactively offered our help and support through the networks we've created through that project, and certainly our own capacity to help and contribute in this area moving forward.

[Translation]

Ms. Marjolaine Boutin-Sweet: Forgive me for interrupting. My question was not about what you thought the government would do.

I asked about the level of importance that should be given to projects that are not strictly housing-oriented, meaning they also involve a mental health component, for example.

[English]

Mr. Aaron Levo: Yes, it's a very important area, absolutely.

Dr. Susan Eckerle Curwood: From a research perspective, with regard to mental health housing, it's very important to speak not simply of housing, but of housing with supports. It's the combination of the right housing and the right supports for the person in the place and time where they're at with regard to their disability that makes it possible for the individual to succeed in housing. Housing is absolutely one of the most important social determinants of mental health. That it is there is absolutely integral to mental health recovery, but it has to be accompanied by proper mental health system supports.

[Translation]

Ms. Marjolaine Boutin-Sweet: Thank you. That was the point I wanted to have clarified.

I would now like to turn to the issue of wage subsidies, which can include both groups.

We have repeatedly heard from witnesses that employees with disabilities are highly productive, miss work less often and so on. So they offer employers significant advantages. Employers receive wage subsidies, but sometimes, they use those subsidies improperly. When the subsidy ends, so does the job.

You said that when a person with a disability finds a job, they lose certain benefits that their pay does not make up for. For that reason, I believe—and others have said the same—that the money should be given to the employees rather than to the employers, in an effort to offset what people with disabilities are losing in terms of program supports when they begin to earn wages. I'd like to hear your take on that.

[English]

The Chair: We'll conclude with your responses to that.

Go ahead, Ms. Zack. I think you wanted to give a response.

• (1145)

Ms. Elisse Zack: It would be interesting to try some demonstration projects. Since it's such a complex issue, you asked how we find out what works. Rather than starting with big things, can we start with small demonstration projects that explore different ways of working? Definitely it's a disincentive for somebody with many health problems to return to work and potentially lose all the extended benefits if they go back to it, or go to a job that doesn't include any benefits at all.

Both for MP McColeman and for you, I think it's the same issue: How do we start looking at these issues in small, manageable ways? One way may be to take a couple of workplaces and try it out, try out a new model. I agree with having it perhaps shared or having people continue to receive their health benefits from some kind of third party during the period of time when they return to work, to see what happens and whether that actually increases the number of people who are returning to work?

The Chair: Thank you, Ms. Zack.

I think we have a comment by Ms. Eckerle Curwood. Go ahead.

Dr. Susan Eckerle Curwood: I think it's really essential to look at what the wage subsidy is attached to. For instance, to go back to your interest in housing, we know that a best practice in mental health housing is to have the supports attached not to the housing unit but to the individual. So they are not a feature of the housing unit, but if the individual changes housing, they maintain their support. I think it would be very interesting to consider what would happen if the wage subsidy were handled in the same way, so that it was attached to the individual rather than to the job or the position.

The Chair: Thank you for that intervention.

Go ahead, Ms. Leitch.

Ms. Kellie Leitch (Simcoe—Grey, CPC): Thank you very much, everyone, for taking some time to present to our panel today.

I have two sets of questions.

First, you may or may not know that the Government of Canada has significantly invested in the opportunities fund for persons with disabilities. It's a substantive funding mechanism. It is a wage subsidy. It's attached to an individual—just so you're aware, Ms. Curwood. I would like to get your opinion on how that has worked in the past, what things we might do to improve it in order to improve the attachment to the workplace of individuals who have a disability—because obviously it's a program that has been announced and is funded. We want to make it as effective as possible.

There is that as well as the enabling accessibility fund. There was mention in the budget for both those programs. Funding was augmented, but we also want to enhance workplace attachment. What are your thoughts on the contributions and the direction of those two substantive programs that aid persons with disabilities? Where should they be focused? Or maybe you think they're doing a great job in some of the things they're doing. We'd like to know about that, too, so we don't change what we're doing well.

Dr. Susan Eckerle Curwood: I think one of the best things happening right now is that there is a focus on training and education with regard specifically to the mental health disability population. One of the things we have to consider is when that disability first manifests, when the first onset is. With certain mental illnesses, particularly with schizophrenia, a lot of times the first onset happens at that point of young adulthood, right around the ages of 18 to 24 when the usual life course trajectory is for a person to be engaging in those training opportunities that are going to prepare them for that very initial attachment to the workforce.

Ms. Kellie Leitch: That is exactly what the opportunities fund does. That's what it targets.

Dr. Susan Eckerle Curwood: Yes, and that's what I'm really saying is so important to our population. If we were to lose those people at that point, then we'd really lose, in some cases, a lifetime of vocational trajectory, of career building, etc. So for this particular population, that intervention in the training and providing that access is so critical.

The Chair: Ms. Zack, do you have a brief comment?

Ms. Elisse Zack: Yes. I would like to commend the government on both those programs. They are excellent. The portion of the

opportunities fund that we have used...we don't provide direct service, but we know they've worked very well in assisting people to get into the workforce and to help find jobs for those job development programs. Those are excellent. We have used a fair bit of the portion that is for training and education of employers because that is a critical gap right now, especially where episodic disabilities are involved.

The work we have done a lot of, and that we all need to be doing more of, is with the component of the opportunities fund that is about educating employers about the issues and specific needs of people with episodic illnesses. It's excellent to get people into the workforce, but when they have to go in and out, that's when some of those other programs have to kick in. From the education part of it, it's absolutely great, as well as for job accommodation and letting employers know about opportunities for how they can accommodate people with episodic disabilities without necessarily having a huge cost to their business or organization. It's about both those programs. At the same time, increasing awareness is a major problem right now. It's a major issue, specifically on episodic disabilities.

• (1150)

Ms. Kellie Leitch: The second question I have....

Do I have a little time?

The Chair: A quick response would be appreciated.

Ms. Kellie Leitch: With respect to creating successful partnerships to encourage and aid your clients or patients to get into the workforce, what do you think the key success factors are to that partnership-building? Where have you been the most successful? What types of partners have you been the most successful with? This will aid us in where we should be targeting. Are you more successful with a certain type of firm? Maybe they're in consulting, manufacturing, or service provision. We should be focused on that area so we can make sure that an additional number of individuals with disabilities are employed. What's your best recipe for success?

The Chair: Do you want to answer that briefly, Ms. Zack?

Ms. Elisse Zack: I'll be very brief.

There is definitely need for more research in this area, but jobs that allow for a lot of flexibility, that allow people to perhaps work from home if they need to or if there is a shared pool of people so there can be people to fill in for other people, jobs that, depending on the particular illness....

The other recipe for success is that large businesses and large organizations tend to be able to accommodate people with episodic illnesses more easily because they have more people to share the work. If we think about it as work rather than jobs, it helps us understand that. One of the problems, though, for small organizations is that the impact of one person being away is a lot greater than in a large organization. So if we can start with federally regulated businesses, because they have a requirement....

Thank you.

The Chair: Thank you very much for your intervention.

We'll move to Mr. Cuzner. Go ahead.

Mr. Rodger Cuzner (Cape Breton—Canso, Lib.): Thanks to the witnesses today for their testimony.

Dr. Eckerle Curwood, could you expand a little more on the housing stuff? I share your opinion that it's an even greater challenge in the community where you and Mr. Levo deal with it, in your reality. It's tougher to have them attached to the workforce without some kind of secure and stable housing support. You referred to unintended barriers. Could you expand on that a little? With government programs it's sometimes not good form to have unintended consequences or to create other unintended outcomes.

Dr. Susan Eckerle Curwood: With regard specifically to housing, what we heard from a number of participants in our study was that there were unintended barriers created due to the nature of rent subsidy programs. For instance, someone who was living in rent geared to income housing and who experienced a remission of symptoms or an improvement in ability to work and was able to either take on a job or to take on more hours and earn more income would then have his or her rent reassessed; their rent would increase. And because those assessments happen every three months, if at some point in the interim the person experienced a recurrence of their illness, had to back off their hours, had to withdraw from the workforce, and they found themselves not able to get their rent reassessed, they would find themselves in danger of losing their housing.

I would say this is a big example of an unintended barrier.

• (1155)

Mr. Rodger Cuzner: Ms. Yates, your comments on behalf of the group you represent were certainly glowing in terms of the actions taken by the government. We've had other witnesses who have shared with us the concern over what has taken place with OAS. When you're engaged in the workforce, there's a great deal of inconsistency in the stability of work opportunity, so you find a greater challenge in your ability to save for the future, your ability to provide for yourself, and those types of things. I'm sure the people you represent find a greater challenge in doing that.

Again, I would think that increasing the eligibility for OAS to 67 would have caused some concern for the people you represent. Is that not your experience?

Ms. Elisse Zack: To date, yes. In any discussions we've had, yes, there has been some concern. There is also the similar concern with private insurance, which is not the jurisdiction of the people in this room, but it is a similar issue. As they've raised the retirement age or taken away the retirement age, many long-term disability programs don't allow somebody to collect past the age of 65, even if they're able to work past 65 and they may still be getting sick after the age of 65.

Yes, the OAS is an issue. It hasn't been one of the big areas we've been discussing yet. In our work specifically, in our other work with people with HIV and related co-morbidities of HIV, we've heard this many times for people who have not been able to save enough money to retire with any kind of income security at all.

Thank you for raising that. It is definitely something we've heard about but haven't yet pursued to any great extent.

Mr. Rodger Cuzner: Thank you.

The Chair: Thank you very much.

We appreciate your presenting. One of the comments made was that everyone has a role to play, and that's for sure. Increasing awareness is very important. I appreciate that 27 underlying conditions pose some challenges, even when you're trying to be flexible in drafting something up.

I appreciate your comments and for taking the time to appear before this committee.

With that, we'll have a very brief adjournment and start with our second panel.

• (1155)

(Pause)

• (1200)

The Chair: I call the meeting to order and ask members to take their seats as we start this.

I see most of you have your earpiece on. It will be valuable if you require translation, and also to hear the questioners.

I'd like to welcome you to this committee, which is studying and exploring employment opportunities for persons with disabilities.

We're happy to have with us today Mathew Wilson from the Canadian Manufacturers and Exporters Association.

We also have representatives from Brantford Volkswagen with us—Gregg Moore and Jeannette Leigh—and a representative from Tim Hortons, Jill Ramseyer, is here.

We'll hear from each of you representing your organizations and then we'll have questions and answers.

Mr. Wilson, go ahead.

Mr. Mathew Wilson (Vice-President, National Policy, Canadian Manufacturers and Exporters): Thank you very much, and good afternoon. Thanks for having me back again.

I am pleased to be here today on behalf of the 10,000 members of Canadian Manufacturers and Exporters to discuss Canada's labour market and explore employment opportunities for people with disabilities.

By way of background, more than 85% of CME members are small and medium-sized enterprises representing every industrial sector, every export sector, and from all regions of the country. Our mandate is to promote the competitiveness of Canadian manufacturers and the success of Canada's goods and services exporters in markets around the world.

CME is also the chair of the Canadian Manufacturing Coalition, a collection of over 50 business associations who speak together about the critical issues that affect Canada's manufacturing economy. Last year, CME and our colleagues in the Canadian Manufacturing Coalition conducted our biannual management issues survey, which received 650 responses from companies with over 2,000 operations across the country. The survey was focused on identifying the major challenges being faced by companies, what their biggest concerns were, and what was restricting their growth in Canada and abroad.

The results were crystal clear: one of the largest concerns to the competitive landscape and economic growth of Canada is the size and strength of Canada's labour force, today and in the near future. In fact, this survey also showed that nearly 50% of Canadian companies were facing skills shortages today, and due to these shortages, almost one-third of companies are considering relocating operations to jurisdictions outside of Canada. Due to the continuing demographics shift, the number of job vacancies is expected to increase over the next five years.

The economic consequences for Canada will be significant if these challenges are not addressed. This is why CME and our members have been working closely with the government and have been very supportive of the government's agenda to strengthen the domestic labour pool through improved training programs and reforming the EI system. We have also been working closely to strengthen the quality and skill level of international labour to ensure it is matched with the needs of companies through reforms to the immigration system and the temporary foreign worker program.

However, while these reforms are important, there is still so much that Canada can and should be doing to address our labour shortages, especially through engaging our most underemployed segments of the population, mainly aboriginals, youth, and persons with disabilities.

CME has been a long-time advocate and champion of inclusion strategies for all these segments of society because the full participation of these groups is essential to our long-term economic success. We actively participated in, and supported, the panel on labour market opportunities for persons with disabilities and their report, "Rethinking DisAbility in the Private Sector".

As that report clearly points out, among the biggest challenges employers face is education and understanding the opportunities of integrating persons with disabilities into the workforce, the skill sets these employees bring, and the potential benefits companies can achieve from their full inclusion at all levels of the company.

This is something that CME has recognized and took action on through an initiative called Business Takes Action, or BTA. Between 2008 and 2012, CME partnered with the Ontario government to form this network to support workplace inclusion for people with disabilities and to educate employers. BTA focused on promoting disability inclusion at work, and it became a centre for expertise for best practices and enabling legislation in Ontario.

Over its five years, BTA delivered over 155 workshops promoting and championing workplace inclusion strategies that reached over 7,500 people across the province. It actively engaged with over 550 employers—companies like Tim Hortons, which is here today, and IBM. BTA and CME also published several guides to help educate companies on the benefits of hiring persons with disabilities and provided guidance on how to integrate these employees into the workforce. These education guides and technical manuals are guides that CME still use today to promote inclusion strategies with our members in other companies.

And while the work of the expert panel, CME, and many others is important and has made some strides, much more needs to be done if we are going to tackle the existing labour shortages and support

long-term economic growth. Education and information will be critical. Industry needs to work more closely with governments, labour groups, and others to continue to actively promote and support inclusion strategies. Actions like BTA which focused on education and information sharing, should be restarted and supported by governments at all levels and expanded across the country.

I thank you again for inviting CME to participate today, and I look forward to the discussion.

• (1205)

The Chair: Thank you very much for that presentation.

We will now move to Ms. Ramseyer.

Go ahead.

Ms. Jill Ramseyer (Manager, Health and Wellness, Oakville Head Office, Tim Hortons Inc.): Thank you very much for this opportunity to be involved in such an important initiative.

My name is Jill Ramseyer. I work for Tim Hortons' head office in Oakville, Ontario. In case you're not familiar with us, we're the largest quick-service chain in Canada—

Voices: Oh, oh!

Ms. Jill Ramseyer: —specializing in fresh coffee, baked goods, and homestyle lunches.

Currently, there are over 3,400 locations across Canada, and we have 800 locations in the United States as well. A lot of people don't realize we have that many there. We employ thousands of people throughout our network of corporate offices, distribution centres, and franchise restaurants.

I work in human resources. I'm the manager of health and wellness. While I'm not directly responsible for hiring, my team actively manages workplace accommodation and return to work for existing employees who have become disabled from either an illness or an injury. We are very proactive with return-to-work plans and accommodations for current employees, and we would like to become more proactive and successful with respect to hiring people with disabilities. I'd love to sit here and tell you that we've been really great at hiring people with disabilities, but sadly this is not the case. This lack of success is not because of negative experiences or lack of motivation on our part; it's mainly due to lack of awareness. To be perfectly honest, you don't know what you don't know. I suspect it is the same for a lot of other employers.

I have three main concepts to raise today that we feel are important with respect to hiring people with disabilities and improving results among employers: lack of awareness, subsidies, and employer champions. Throughout my commentary I'm also going to refer to the business case for hiring people with disabilities, which is a critical theme for employers and weaves throughout all of our key points.

From an employer perspective, there is definitely a lack of awareness on the business case for hiring people with disabilities. Employers are simply not aware of how many skilled people with disabilities are actively job searching—

•(1210)

The Chair: Excuse me for a moment.

What you say has to be interpreted. It's becoming a little difficult, so if you could slow down just a little bit, that would be better for the interpreters.

Go ahead.

Ms. Jill Ramseyer: Absolutely, yes.

A voice: [*Inaudible—Editor*]

Voices: Oh, oh!

Ms. Jill Ramseyer: Yes. Too much coffee.

This is a lost opportunity for us as an employer, as we are limiting our pool of qualified candidates without even realizing it. We know that a diverse workforce is healthy for business. We go to great lengths to recruit Canadians, and this pool of talented candidates would just add to our recruitment efforts.

That leads to my next point, which is about finding these valuable resources. Many employers do not know where to start if they want to find people with disabilities who are searching for jobs, especially if the job searchers don't apply through traditional channels. If they don't come through the regular application channels, then we're missing a huge opportunity without even knowing it.

There are many great agencies and community partners in existence. This is actually quite confusing for employers, who have to determine which to use for what and in which province. Employers need more information on how community partners and agencies work and on where to start. They also need to understand that hiring people with disabilities is good for business and that working with the right agency is not about placing a warm body into a position to fill a quota, but about ensuring that the applicant has the right skill set and is the right fit for the position, just as in any hiring situation. A centralized source of information regarding community partners in Canada would be very helpful for employers.

Another issue, particularly for smaller employers without human resources expertise, is lack of awareness or ignorance regarding what should and should not be asked during the interview process, or as part of "on-boarding", pertaining to a disability. Employers don't want to cross the line regarding private medical information and don't realize that they can talk openly about accommodations and functional abilities information. Employers often don't understand that the focus should be on what the individual can do and not on what the individual cannot do. Some clarity on this as it specifically relates to hiring people with disabilities, perhaps a guide or just more information in general, would be very helpful for employers.

I'm going to speak very briefly about incentives. As an organization, we believe wage subsidies have an overall negative effect on hiring people with disabilities. We feel they give the impression that the work done by people with disabilities is of less value, which in turn has a negative impact upon employer perceptions because of differential treatment. This goes against the core principles of integration and equality of opportunity as currently

outlined in the Accessibility for Ontarians with Disabilities Act, 2005.

What could really be beneficial for employers and employees is subsidies for employee training, education, and accommodation needs. There's often a need for specialized or additional training and accommodation for employees with disabilities. Making employers aware of any assistance that is available would be key for success in this area.

My last point is to highlight the need for employer champions.

Employers listen to other employers. If the government were to formally support the concept of employer champions, we think it would be beneficial to highlight successes and take away some of the fear and ignorance. Employer champions could provide sessions or information to their peers, meaning other employers. Sessions, workshops, even testimonials could be given by employers who hire people with disabilities to discuss the business case and the successes experienced from hiring people with disabilities.

Information provided by employer champions should also dispel the myths about employees with disabilities, such as myths about higher absenteeism rates, more accidents, and higher accommodations costs. Employers and business owners are very busy with day-to-day operations but are always interested in something that would benefit their organization, especially when it is related to the bottom line. Employers need to know that hiring people with disabilities is good for their business.

This is being done already, both formally and informally, by exceptional employers such as Mark Wafer, who I'm proud to say is part of our Tim Hortons family—he's one of our restaurant owners—and Randy Lewis of Walgreens. Both of these trailblazers provide success stories and how-to information regarding how and why hiring people with disabilities is beneficial to business. Both are internationally recognized.

•(1215)

A more formalized approach to this with support from the government would be beneficial and would go a long way toward highlighting this issue. It would improve business results, and this will ultimately affect the economy in a positive way.

That concludes my comments. Thank you again for your time and consideration.

The Chair: Thank you very much. We heard from the previous panel too that having employer champions and speaking to employers was a good way to proceed.

We'll now move to the next panel and we will hear from Mr. Moore and Ms. Leigh.

Ms. Leigh, go ahead.

Ms. Jeannette Leigh (Co-Owner, Brantford Volkswagen): Thank you for having us here today. It's a real pleasure and honour.

I'll definitely be speaking from much less high a level, because we are the employer who does in fact hire a disabled adult, and we actually are....

I'll start with my speech so that I don't mess it all up, because otherwise I'll get going. I have to read.

I'm Jeannette Leigh. I'm here with my business partner, Gregg Moore. We are co-owners of a Volkswagen dealership in Brantford, Ontario. We have a total of 27 employees, so we're small.

We employ a young man named Norman who has been with us for three years as of March. He works three days a week with us. Norman is responsible for cleaning and tidying all areas that our customers see, plus our offices, lunchroom, technician change room, etc.

Gregg learned at a Rotary meeting about our local agency, L. Tara Hooper and Associates, who assist in employment placement for persons with disabilities. Actually it was Mark, who owns those several Tim Hortons, who was speaking. Gregg came home after the meeting, and we both loved the idea and pursued it immediately in an effort to find a solution to our five years of unsatisfactory results with various night cleaning companies at our dealership.

The Chair: Could we ask you too to slow up a little? The interpreters are having trouble keeping up, so slow up a bit, please.

Ms. Jeannette Leigh: I had a coffee. We're supporting....

The Chair: Yes, at Tim's they do that to you.

Voices: Oh, oh!

Ms. Jeannette Leigh: Not only did the assistance of the agency make the entire hiring process very easy and incredibly time and cost effective for us compared to our other hiring processes, but they even offered on-the-job training after we chose our candidate. We decided to hire Norman because he showed he really wanted the position, plus his people skills, along with his background, were a perfect fit for our environment. This is important, since we're having him perform the job during open business hours instead of after hours, which is more customary.

Norman is an incredibly hard worker who loves to come in every day. He takes pride in his work and doing well. He is punctual, reliable, and in three years has literally only been absent for three days, one due to illness, the other due to a death in the family. This far surpasses the attendance and the consistent punctuality of any other employee at our company, probably including ourselves, if the truth is known.

As with any other employee, there are times when I have to give him guidance. The big difference with Norman is that there's no attitude. In fact, he actually welcomes correction and sees it as an opportunity to learn and grow. He's even thanked me for pointing something out.

Norman is very much a part of our family. Our company culture is very fun and friendly, and it has been absolutely wonderful to see how much Norman has embraced that and fit right in. Many of our customers even know him by name now.

It's fair to say that hiring Norman was easily one of the very best business decisions we've made in our eight years of ownership. From a personal standpoint, we would all agree that Norman has enriched our lives and taught us so much about the ability side of persons with disabilities.

Since working for us, Norman has gained independence in his own life, which is so rewarding to see. It's beyond words. He now has his own vehicle, instead of relying on the Operation Lift bus, as he did when he started. He now speaks of going out for dinners with friends, to the casino, and so on. He's actually really enjoying life.

Norman has been trying to gain additional employment on his days off from our company, it being only three days a week. Besides a short-term evening cleaning position, where he was somewhat taken advantage of by having to pick up the slack of a lazy employee—who, for the record, was a non-disabled employee—he has not had any luck. It really totally broke my heart to see that situation as it progressed, so I was happy when he left there. When he goes on interviews without the assistance of his agency, he feels that as soon as they meet him and realize he has a disability, they write him off right away. This is also heart-breaking. They simply don't know what they're missing out on, that they might be passing up one of the best employees they could ever hire.

Norman and I always have chats when he's in and he always shares with me how his job search is going. One day, when he was telling me he realized that one job he was applying for might interfere with the hours here at our dealership, I said, "Normie, don't get me wrong, we would miss you like crazy, but if the day comes when another employer makes you a great offer and wants to steal you away, I will be so thrilled for you." He looked at me and immediately said, "No way, J., I will never leave here. I love my job and you guys are my family." I almost started to cry, because that is sincere loyalty. I managed to say, "Wow, Normie, we totally feel the same way, but we understand you need to do what's best for you and your career." He just smiled and said "No, J., I'm never gonna leave you guys." Wow.

I feel it's really a matter of awareness for employers, that not only does this employment option exist, but it will also save them time and money, plus the added bonus of enriching their lives and the lives of their staff. The big question is how to truly get the message heard, even if it's delivered to other employers.

The factual and statistical information, for all the reasons it makes sense from a business perspective that employers should consider this hiring process, is simply staggering. I was not at the original presentation that Gregg went to through Rotary, where he saw Mark speak. I was not aware of the reasons proven by statistics, and at a recent Access Employment Day meeting we attended, I was completely floored to realize that we have personally experienced every one of those reasons exactly as it is stated. We are living proof that all that sounds too good to be true is really not. It is what it is.

We learned about so many misconceptions at the Access Employment meeting, and one of them that stood out for me, as an employer, was the fear of incurring expense to accommodate an employee with a disability. In our case, we didn't experience that. But I can't help but think that even if there were an expense, if we take into account the saved time and cost in the hiring process, plus begin to add up the cost and time saved with Norman's perfect attendance, great job done, and, most of all, lack of turnover, which of course is very costly, with rehiring, retraining, etc.—his position would typically be relatively transient, so three years has been wonderful—those savings would probably exceed any cost of set-up anywhere. That's not taking into account all of the other positives that come with Norman that can't be monetarily quantified.

●(1220)

Somehow these real experiences need to be shared and really heard by employers. Perhaps the message coming from other employers who have lived it, as we have, will help it be heard.

Although we've had Norman for over three years now, I just had a mind shift from our recent meeting. After hearing the statistics and stories from a guest speaker who owns Tim Hortons franchises, with many disabled persons employed, it's like a new switch went off in my head. In the following few days we were in need of an employee. My mind immediately shifted to contact the agency through which we first hired Norman, before exploring our usual hiring process, as I normally would. As it turned out, due to the specific qualifications, it didn't work out this time, but as business owners we all agreed moving forward we will now consider hiring a disabled person first whenever possible.

It's amazing that even for me, with an open mind and having the wonderful real-life experience of having Norman on staff for over three years, it took hearing Mark from Tim Hortons speak to really, finally, change my thinking pattern, which tells me this may be the most powerful way to spread the awareness.

Before closing, I just want to share with you a few truly fun and heartwarming experiences we have enjoyed with Norman. This story highlights some of the superhuman abilities Norman possesses.

It's a common occurrence to not know who has keys for what cars in the dealership at the moment you need them. Our manager was running around in circles, looking for the keys, when Norman, who was mopping away, doing his own thing, asked, "Are you looking for the keys for the blue Jetta that just came in?", to which Ron answered, "Yes." Norman said, "Well, Mike just parked it on the front line, gave the keys to Sue, who stocked it in already and gave the keys to Terry in service." Everyone within hearing distance just looked up in amazement. There are many other similar situations.

Norman is so keenly aware of what's going on around him that it's remarkable. Now when anyone's unsure of anything, we say, "Just ask Norman", because he always has the answer—he actually does.

My last quick story is to share that since we hired Norman, our dealership has won a Volkswagen excellence award every year. One of the criteria is the cleanliness of our facility. Norman openly shares that we win that award because he keeps our dealership so clean. Funnily enough, we do get compliments on a regular basis about how clean our dealership is, so we always share that with Norman.

Thanks to Norman's great job, Gregg refers to him as our vice-president of first impressions.

Thank you for your time.

●(1225)

The Chair: Thank you very much for sharing that heartwarming story regarding Norman. It certainly shows that pride, punctuality, reliability, loyalty, and all of those are wrapped into hiring. I think the switch does go on when an employer starts to understand that, so it's important to get that awareness out. Thank you for coming and sharing that story with us.

We're going to have some committee business at 12:45 p.m., so we're going to have to somewhat abridge the questions and answers. We'll go with three questioners.

We'll start with Ms. Charlton. Go ahead.

Ms. Chris Charlton (Hamilton Mountain, NDP): Thank you very much. I'm from Hamilton. It's the home of the first Tim Hortons.

I'll be really quick in my questions, because I can talk this fast all the time and get through all of them.

First of all, to all three of you, thank you so much for talking about the inclusion of disabled Canadians, not as an act of charity, not as a pool of cheap labour, but rather as a talent pool that really helps us address the skills shortage in our country. I think that alone is a really critical commentary that not nearly enough Canadians are hearing. I want to thank each of you for making that point.

Of course, as you've also each said, a diverse workforce is of self-interest to you because it's critical to your own business success. Again, I think those are sentiments that need to be heard much more broadly and that we should be echoing in our communities.

Mr. Wilson, my first question is to you. I know you've challenged other companies to hire 10% of the new entrants into their workforces from the talent pool of disabled Canadians by the year 2020, I think. I assume that while you feel strongly about the goal, it's a voluntary objective.

I wonder how you would feel about it if that became a mandatory or government-set objective.

Mr. Mathew Wilson: It's a good question, one I expected to get.

I'm going to borrow from what Jill was saying about how, if you set targets and try to force people into certain holes, they're probably not going to be good fits. I think in all these cases it is much better to leave companies to hire the people, to fit them into the right spots, so the chances of success and growth and the opportunities are there.

I think if you start trying to mandate those types of things, it's going to lead to problems, from both a company's perspective as well as an employee's perspective. I'm sure you're not surprised to hear we would prefer a much more voluntary approach.

It's also something, on the voluntary side, that CME and others in government and labour need to work together to promote even more. Not many people are aware of those types of targets we put out there in challenging our members to do that. We don't do a good enough job of promoting that either. It's certainly something we need to promote and be more active in trying to pursue.

Ms. Chris Charlton: I think the fear is always that if you actually were to have government set targets, there'd be some kind of punitive consequence, whereas I think a lot of the challenge is that people don't think the labour pool is big enough for them to be able to meet those targets.

I think that is a mistaken impression. Again, the awareness piece is just so important.

I want to follow up with respect to subsidies. I don't expect any of you to say, "Oh, no, we would turn our back on subsidies, and really we wouldn't want any money if the government were giving it to us", because I'm sure you'd all gladly accept it.

There are challenges sometimes with subsidies. As I heard from people in my riding, there was a subsidy from the provincial government to hire people with disabilities. It was a subsidy for one year on the assumption that someone would be fully trained up after one year, and therefore the subsidy would no longer be needed.

What happened is that the office became a revolving door. They would hire somebody with a disability for a year, turf them out, and then get a new subsidy for the new hire.

So in thinking about subsidies, I think it's really important that it be about not just getting somebody into the job. We need to talk about retention, not just recruitment.

I wonder whether particularly you, Ms. Ramseyer, have any thoughts on what kind of subsidy you were envisioning when you raised the topic.

• (1230)

Ms. Jill Ramseyer: I agree with your comments in terms of the revolving door. We've even seen it happen at some of our franchise locations.

I'm speaking about the head office location primarily. We're kind of unique, because we're a large business but we also have small businesses at the restaurant level.

There was a program where restaurant owners could bring someone in on a subsidy, and that's exactly what happened: it became a revolving door. They didn't end up keeping them—even though they had, by their own admission, fantastic talent—because they could get someone else for free. It became an issue, which was addressed.

In terms of what we foresee, I think with respect to applying subsidies to education and training for on-boarding people with disabilities, we haven't thought it through in terms of the long term but just as opposed to having a subsidy for wages. We just wanted to

say very clearly that we don't think that's the right way to go. We don't have the answers in terms of what we would like to see exactly, but it would be putting it towards those types of efforts instead.

Ms. Chris Charlton: Thank you.

I'll just add the comment that with respect to the training needs you were referencing, I think generally we don't do a good enough job with respect to training programs now, on a broad base, not necessarily job-specific, but in terms of skills training generally, to be inclusive of people with disabilities. I think there are things we could do with respect to federal government support for training programs, long before somebody walks in your door, to help people access jobs.

The Chair: Your time is almost up, if you have a short question.

Ms. Chris Charlton: I have a very short question.

I think you talked about hiring through an agency. With respect to recruiting people with disabilities, I think there may also be challenges with respect to barriers just in terms of accessing that labour pool, because we think about advertising jobs in very traditional ways.

I wonder if you could comment on the creative things you might have done, apart from going to an agency, to overcome those barriers.

Thank you.

The Chair: Would anyone care to answer that?

Go ahead.

Ms. Jill Ramseyer: This is the area that we require help with. We have not done a lot because we just haven't known what to do.

We have actually had some employees.... I mean, Mark Wafer, from a store owner perspective, and our restaurant owners have actually been more successful at this than we have as a head office. It's kind of ironic, because we have the human resources people, the professionals there, who just don't know. It's pure ignorance on our part, as a large employer, even. And there's fear. I think it's fear more than anything in terms of the points I made about asking the wrong question. It's easier to just not deal with it.

We have hired people with disabilities, and we do have success stories, absolutely. I don't want to give you the impression that we haven't done that. We've done a decent job of that. However, we haven't gone out of our way to be able to understand where to go and how to do it. It's very, very overwhelming.

This is an area that just within the last probably two years we've become involved in, largely due to Mark Wafer, who's had great success in this. He even said that's how he started. He himself has a disability. It's no different from anyone else in that position as the employer.

The Chair: Thank you very much.

I think you maybe identified one of the things there in terms of employers talking to employers, especially those who have experienced disabilities and are able to work with persons with disabilities.

Go ahead, Mr. McColeman.

Mr. Phil McColeman: Thanks, Chair.

I was making a note for myself because I didn't know the exact name of what was announced in our budget, but we did announce the Canadian Employers Disability Forum. I believe that's what it's called, although I may be corrected on the exact wording. That was announced specifically to address some of the issues that have been discussed here, and I want to put that on the table as a very exciting initiative that's going forward as a result of that being proposed in our 2013 action plan.

Where to start is the difficulty here for me. I want to talk so much about this with you. In the case of Brantford Volkswagen, you talk about the resource that was there for you, which was L.Tara Hooper and Associates. Obviously it was important, but there was training; they prepared Norman for you in terms of being able to come and do the interview and such. Would you talk a bit about that in the equation of someone who has a disability?

Many of these people such as Norman—and I don't know if this is Norman's case—are isolated. They're isolated in their communities. They're sitting at home in their basements watching movies all day because they don't have a buddy they can call up and ask to go out and play catch on the front lawn. Parents are asking how they take this 20-year-old or this 18-year-old once high school is done. How do we integrate them?

What is the vehicle that L.Tara Hooper and Associates provided? Can you think about that and a little beyond it, about how we might be able to build on that?

• (1235)

Ms. Jeannette Leigh: I think having more awareness for the people who are looking for work is important too, because in speaking with Norman, he finds it challenging to be looking for anything without help. He seems to want to be independent, but then he realizes that the assistance and the opening of more doors are very important.

Plus, what we found, and I think I speak for both of us, is that the agency came to us and asked us to tell them what our needs were and specifically what we were looking for. They went back to the drawing board and brought us three candidates. In truth, none of them would have been a bad choice; they all would have fit.

I think if I could take a guess, it's really making more of the disabled persons aware of the benefits and getting them involved and signed on with these agencies.

Mr. Phil McColeman: Right.

I do have to say this, and I know Mr. Cuzner will say it's shameless. I've been to L.Tara Hooper and Associates every year since I was elected, sometimes multiple times, about applications they made to HRSDC to start a program to help 5 individuals or 15 individuals get the skills they need to be job ready, or you might call it interview ready. We've supported that with those \$10,000 amounts that we send to L.Tara Hooper and Associates for that purpose, for that specific and measurable goal.

It's the most incredible thing to watch, as she is herself struggling with her own disabilities. The people she has employed all have

disabilities, and they're helping people. It's just an amazing model—if you want to call it that—of going forward.

So when you talk about Mark Wafer's program and what he's done so successfully through Rotary and through his championing of this, Jill, can you envisage at Tim Hortons a day when perhaps the next steps are taken for an employer network, that Tim Hortons might embrace this as being one of the premier companies of Canada, along with other premier companies of Canada?

I know Loblaws are already in that category of being able to...I don't want to say blow the lid off this, maybe that's exaggerating—I'm a bit of a salesman when it comes to these things—but certainly taking the awareness to a much higher level than let's say a government program could do by sending it out through Service Canada outlets.

The Chair: Thank you.

We'll conclude with your response. Go ahead.

Ms. Jill Ramseyer: In short, yes, I think it is going to take the large organizations within the country, and that is a position I think we should be taking as an organization. I think other large organizations, like Loblaws, Canadian Tire, those types of organizations, should be leading the pack, as far as that goes, to talk to other employers, and within that, have small employers involved as well. When dealing with large and small, you get the large who say that won't work for them. Talking to small business about it, that is true as well, but we need something specifically for small business.

I think you can manage it so that it applies to all, because it affects the business in the same way, regardless of whether it is large or small. The difference will be the resources within the business to be able to do it. I think the big guys need to take a stance and lead the way as the employer champions.

The Chair: Thank you very much for that response.

We'll conclude with Mr. Cuzner.

Go ahead for five.

Mr. Rodger Cuzner: Thanks very much, and I appreciate the comments. It's good to see Matt again.

I think Tim Hortons has led the way in a number of different areas over the years. When I think back to having smoking taken out of public places and restaurants, Tim Hortons was way ahead of that. The community caught up on that kind of stuff.

I want to go back to something.

Gregg, you first got turned on to this through a Rotary meeting. That just sort of clicked the light on for you. Rotary's been doing it.

Matt, can you just touch on the Rotary stuff and how you guys are delivering the message now?

• (1240)

Mr. Gregg Moore (Co-owner, Brantford Volkswagen): Rotary is a group of individuals who typically own companies. We're there meeting, having fun, and exercising what we each know. That's where we met Mark. It was quite an inspiration when I heard Mark speak about the dynamics of hiring somebody like this and what they can actually bring. We made a decision once we hired Norman.

Mr. Rodger Cuzner: Was it your own Rotary club, or is this a Rotary initiative nationwide?

Mr. Gregg Moore: It was our own Rotary club. Mark belongs to Rotary in Ajax, if I'm not mistaken. Joe Dale.... We were actually invited to participate in Rotary at Work, which was a video with David Onley. It was pretty powerful. They did a presentation for us. I just thought this was a good fit.

Mr. Rodger Cuzner: That may be something you would encourage Rotary to take on nationally in scope, even.

Mr. Gregg Moore: They have already done that. The group actually cycles through all the different Rotary groups in Ontario right now.

Mr. Rodger Cuzner: Matt?

Mr. Mathew Wilson: Sure. The Business Takes Action that was in place was a pretty powerful tool for us to get out not just to the manufacturing community but to employers as a whole. We still use a lot of the work that was developed there, like the guides on how to interview, how to promote, and the like. We still promote the use of those guides and make sure people have it.

Outside of Ontario, when I'm talking to our members about their skill shortages, we promote the active use of it. We need a network. No one really knows that employment agencies we're talking about here exist in a lot of cases, so it's really hard for the employers, even with the promotion of it, to link up.

We've all been saying that there are two critical things here. It's the continued education to make sure that employers know what the benefits are and then trying to link that up with the actual network to help them in the back end. We do what we can through our limited means across our network, but a lot more can be done.

Mr. Rodger Cuzner: One final thing. I got an e-mail from my wife this morning. The timing chain is gone on my 2006 Jetta. How much trouble am I in? What's the book value of that?

Voices: Oh, oh!

The Chair: We certainly appreciate having you appear here and delivering the obviously very important message. Dealing with the dynamics of hiring someone with a disability is something that many employers need to face, so it's good to hear some of the very practical suggestions that you've made to us. We'll certainly take that into consideration. Once again, thank you for taking the time to appear before this committee.

With that, we'll suspend for some committee business.

• (1240)

_____ (Pause) _____

• (1245)

The Chair: If we could get the members back to the table here so we can start our business, that would be good.

Mr. Brad Butt (Mississauga—Streetsville, CPC): Mr. Chairman, I would propose moving the committee in camera to deal with committee business.

The Chair: Hold on.

There are two things on our agenda, actually. There is a motion from Madame Boutin-Sweet, and then there's future committee business. We normally do committee business in camera, but we don't necessarily do the motions in camera, unless somebody moves that. I think your motion was ahead of the committee business, so we'd probably deal with the motion first.

Are you wanting to move the discussion with respect to that motion in camera?

Mr. Brad Butt: I'm moving us in camera so we can deal with committee business.

The Chair: Is that including the motion? There are two things, committee business and—

Mr. Brad Butt: I didn't think this was debatable. It's a motion to move the committee in camera to deal with committee business.

The Chair: Okay, but we're not at committee business.

Mr. Brad Butt: I'm not specifying what the business is. We'll deal with that in camera.

The Chair: Okay, but we're not in committee business right now; we're on the motion from Madame Boutin-Sweet. We'll deal with the motion first.

Do you want to move that in camera?

Mr. Brad Butt: Yes.

The Chair: Okay, we will deal with Madame Boutin-Sweet's motion, and we have a motion to move it in camera.

All those in favour?

Ms. Chris Charlton: Can we have a recorded vote, please?

The Chair: Okay.

(Motion agreed to [See *Minutes of Proceedings*])

The Chair: We will now move in camera.

[*Proceedings continue in camera*]

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