Department of Justice
Canada

Ministère de la Justice
Canada

# Serious Problems Experienced by People with Disabilities Living in Atlantic Canada

---

The Saint John Human Development Council

January 2021

## TABLE OF CONTENTS

# ACKNOWLEDGEMENTS

This acknowledgement is to the 28 individuals who agreed to participate in the research project. It is not easy to discuss legal problems and personal situations with a stranger, yet participants generously offered their time in candid, insightful conversations. They valued the opportunity to be heard and to share their experiences.

The *Serious Problems Experienced by People with Disabilities Living in Atlantic Canada* report was written on behalf of the Saint John Human Development Council by Quinn Saretsky and Randy Hatfield with writing support from Sue Davis and Doris Rajan. The lead researcher was Sue Davis.

# EXECUTIVE SUMMARY

This research report examines the legal and other serious problems identified by 28 participants who live with disabilities in Atlantic Canada, with a focus on New Brunswick. The New Brunswick Disability Executive Network assisted with the recruitment of research participants. People with disabilities who participated in this research were asked a series of questions related to the types of legal issues or other serious problems that they may have encountered over the past three years. They were asked what actions they took to try and resolve the problems they experienced and to describe the outcomes of those efforts. Participants were also asked about the impact that these problems, and the efforts they took to resolve them, had on their lives.

The overwhelming majority of respondents, who had a variety of disabilities, identified the poor accessibility of the public and private built environment – the human-made landscape, including buildings, houses, streets, parks, and public spaces – as the most serious problem they encountered. They reported on the impact of crumbling municipal infrastructure, weak adherence to the principles of universal design, inaccessible buildings, and limited transportation options. This common, cross-cutting theme kept respondents isolated and prevented many people with disabilities from accessing the services they need, like government services, health appointments, recreational activities, and convenient transportation options.

Other key problems experienced could be categorized under the following themes:

- accessing health care services;
- seeking and obtaining accommodations from their employers and public authorities;
- acquiring and maintaining safe and affordable housing;
- encountering frequent discriminatory and demeaning encounters with ableism; and
- experiencing the detrimental impact of poverty.

Miscellaneous problems identified included child custody issues, coping with consumer credit and collection agencies, and overcoming the barriers presented by a criminal record.

Efforts to resolve legal or other serious problems ranged widely, from informal complaints to landlords, government, and other authorities, to an organized campaign that included the use of social, electronic, and print media. Formal appeal mechanisms were engaged sparingly. Only eight percent of respondents used the courts or initiated appeal processes within government agencies or programs. Legal proceedings were pursued by a few respondents for child custody and insurance claims. Most respondents could not afford the cost of litigation.

It was evident that respondents who sought resolution of their serious problem found the experience to be as frustrating and confusing as the problems themselves. It was not always clear where a person should go next or what options were available to launch a complaint or seek support in rectifying a situation. Those with self-advocacy skills and/or those who were accompanied by a third-party support person were more successful in resolving their problems. Many respondents' complaints were met with discriminatory, dismissive treatment, especially in their dealings with the healthcare and medical system.

The impact of attempting to resolve problems had a dire effect on people's psychosocial and physical health, often articulated as feelings of emotional exhaustion. This was particularly evident in respondents' quest to obtain safe and affordable housing. Respondents also spoke about the negative impact on their personal and family finances when they attempted to resolve their problems. For many research participants, the serious problems and attempts at resolution resulted in strained relationships with family and friends and an inability to participate fully in community life. A few respondents, however, reported positive feelings of empowerment that accompanied robust advocacy and social activism efforts.

The COVID-19 pandemic presented additional challenges and burdens for the people with disabilities who participated in this study. Although federal financial supports were introduced to replace or augment diminished employment income, many people with disabilities stated that they often failed to meet the eligibility requirement of a minimum threshold of earned income in the previous year. The costs of complying with strict public health protocols mounted while disability income supports stagnated. Accommodations were weakened in the wake of strict public health protocols. The reduction of homecare supports during prolonged periods of isolation affected peoples' physical and mental health. Respondents indicated that at a time when they need more help to ensure safety and overcome isolation, fewer resources were available.

The results of this study have highlighted several measures that, if adopted, could reduce the serious problems people with disabilities experience and improve their chances of resolving them successfully:

**Legislative Reform** – Ottawa and three provinces (Nova Scotia is the only Atlantic province) have passed legislation that focuses specifically on the right of people with disabilities. The purpose of these acts is to identify and remove barriers by mandating a set of standards with which public, private, and non-profit organizations must comply. Given that the inaccessibility of the built environment was often raised as a serious problem that impeded people with disabilities' right to participate fully and equally in their communities, the remaining Atlantic provinces should pass similar legislation.

**Accessible Information and Increased Self-Advocacy Skills** – Research participants identified many challenges in navigating current systems and enforcing existing rights and protections. Better information about available services is needed. Related to this, people with disabilities need more opportunities to develop self-advocacy skills.

**Anti-ableism Training** – The discriminatory and dismissive treatment research participants identified supports the need for training about ableism, particularly in the healthcare and medical sector.

**A Rights-Based Approach to Disability Supports** – Many problems identified by participants stemmed from inadequate incomes and supports. To address the systemic poverty that people with disabilities experience, a rights-based approach to disability is essential. If people with disabilities are to take their rightful place in Canadian society, the federal government should take leadership in creating a national framework for a rights-based approach to disability and disability supports.

This qualitative inquiry has highlighted the fact that people with disabilities are ready to obtain the skills, education, and employment they need to bring them out of poverty and participate more fully in society. Legislation, policy reforms, and individualized supports are needed to empower and enable people with disabilities to realize these goals.

# I. INTRODUCTION

## Background

The Canadian Legal Problems Survey (CLPS) is a general population survey that is being undertaken by Statistics Canada, on behalf of Justice Canada and other federal departments. The CLPS will target 30,000 respondents and is planned to be in the field in 2021. The CLPS addresses the many challenges of collecting national administrative data on civil and family matters by focusing on legal needs and how those needs were, or were not, addressed, as well as the health and economic impacts of these legal problems. To ensure that the voices of people who experience multiple barriers to inclusion are heard, 13 smaller qualitative studies were completed by community-based researchers to complement data collected through the national survey.

The following report presents the results of a qualitative study that was conducted with people with disabilities throughout Atlantic Canada, with a focus on New Brunswick.

Each participant was asked about the types of serious problems they have encountered over the last three years. Further questions were asked about how they sought to resolve the problems that they experienced and the outcomes of those actions. Participants were also asked why they felt the problems had occurred in the first place and how these problems have affected their lives. More specifically, participants were asked the following six questions:

1. What serious problems, legal or otherwise, have you experienced in the last three years?

2. What did you do to try and solve each problem?
3. What was the outcome? What happened as a result?
4. Why do you think the problem occurred?
5. What has been the effect of this problem on your life?
6. If you had more than one serious problem, do you think that these problems were connected to one another?

## Methodology

To identify participants for this survey, the Saint John Human Development Council (SJHDC) worked with the New Brunswick Disabilities Executive Network (NBDEN), which agreed to assist with participant recruitment. Executive directors who are members of the NBDEN passed information through their networks and invited community members to participate in this study. An honorarium of $100 was provided to each participant in recognition for their time and lived expertise on the issue of serious legal and other problems faced by individuals with disabilities. Appropriate accommodations were provided to ensure accessible and safe participation.

A total of 28 interviews were conducted to understand the nature of legal problems experienced by individuals with disabilities. Due to the pandemic, all interviews were carried out by telephone or via Zoom.

There are limitations to this qualitative research report. It examines the subjective experience of participants and is based on individual perspectives that cannot be independently verified. But these are important perspectives based on lived experience. The most effective way to understand the legal and other serious problems encountered by people with disabilities and the impact on their lives is to through a qualitative study like this.

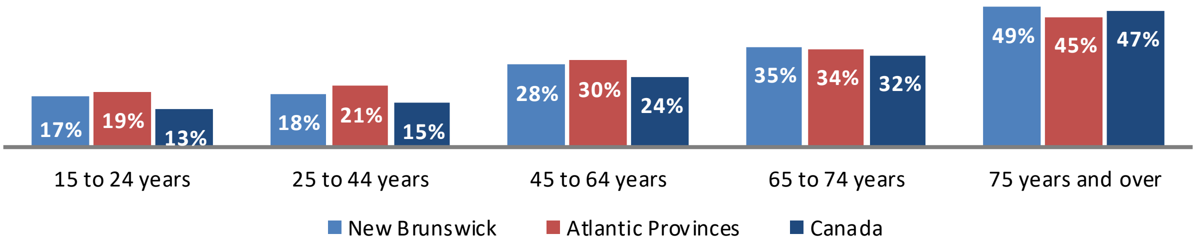
A further limitation is that the findings cannot be generalized to the overall population of people with disabilities.

## A Snapshot: People with Disabilities in the Atlantic Provinces

The chart below shows the prevalence of disabilities by age group in New Brunswick, in the Atlantic Provinces and in Canada as a whole.

**From: New Brunswick's Disability Action Plan for Persons with a Disability, 2020**

**Prevalence of Disability by Age Group, 2017**



Within New Brunswick and across the country, disabilities were more prevalent among women than men. This trend persisted across most broad age categories, but was most pronounced among youth.

Both immigrants and visible minorities were less likely to have a disability than non-immigrants/non-visible minorities. Within New Brunswick, among individuals aged 15 years and over, 22.1 percent of immigrants and 12.6 percent of visible minorities had one or more disabilities, compared with national rates of 19.2 percent and 15 percent respectively.[1]

Among New Brunswickers with disabilities aged 15 years and over, 24.7 percent were classified as having a "very severe" disability, 22.6 percent as having a "severe" disability, 17.1 percent as having a "moderate" disability, and 35.6 percent as having a "mild" disability.[2]

---

[1] All data found in this document pertaining to immigrants, visible minority groups, education, and income were accessed through the Community Data Program and rely on the 2016 Census.

[2] Severity classes are based on the number of disability types that a person has, the level of difficulty experienced in performing certain tasks, and the frequency of activity limitations. The names assigned to each class are simply intended to facilitate its use and are not intended as labels or judgment on the person's level of disability. In other words, the classes should be interpreted as follows: people in class 1 have a less severe disability than people in class 2; people in class 2 have a less severe disability than people in class 3; and people in class 3 have a less severe disability than people in class 4.

The most common types of disabilities were those related to pain, flexibility, mobility, and mental health.

Compared with the country as a whole, New Brunswick's typical working-age population with disabilities is somewhat more likely to have disabilities related to mental health, flexibility, mobility, dexterity, or hearing, but somewhat less likely to have disabilities related to seeing or learning.

Prevalence of specific disability types varied significantly by age group. Among youth, mental health-related disabilities were by far the most common disability type, affecting 11.2 percent of the population aged 15 to 24 years within the province (and 7.8 percent Canada-wide).

As of 2017, 44.7 percent of persons with disabilities aged 15 years and over in New Brunswick had completed some form of post-secondary education, compared with 52.1 percent of persons without disabilities. Nationally, these percentages were 48.4 percent and 57.7 percent, respectively. These numbers are likely in part a reflection of the fact that persons with disabilities are generally older than persons without disabilities (and older individuals are less likely to have obtained post-secondary credentials).

At the time of the 2016 Census (May 2016), only 55.4 percent of persons with disabilities aged 25 to 64 years in New Brunswick were employed, compared with 76.5 percent of persons without disabilities. Nationally, 59.3 percent of persons with disabilities aged 25 to 64 years were employed, compared with 80.1 percent of persons without disabilities. Among employed persons with disabilities aged 25 to 64 years in New Brunswick, 37.3 percent required one or more workplace accommodations (34.4 percent nationally).

As of 2017, an estimated 15,270 non-employed persons with disabilities aged 25 to 64 years in New Brunswick had potential to work.[3] Among the provinces and territories, New Brunswick had the highest proportion of non-employed persons with disabilities without work potential.

---

[3] Potential to work refers to those who were officially unemployed or not in the labour force but stated they would be looking for work in the next 12 months, or those not in the labour force but who did not report that they were housebound, prevented from working, or that no accommodation would enable them to work.

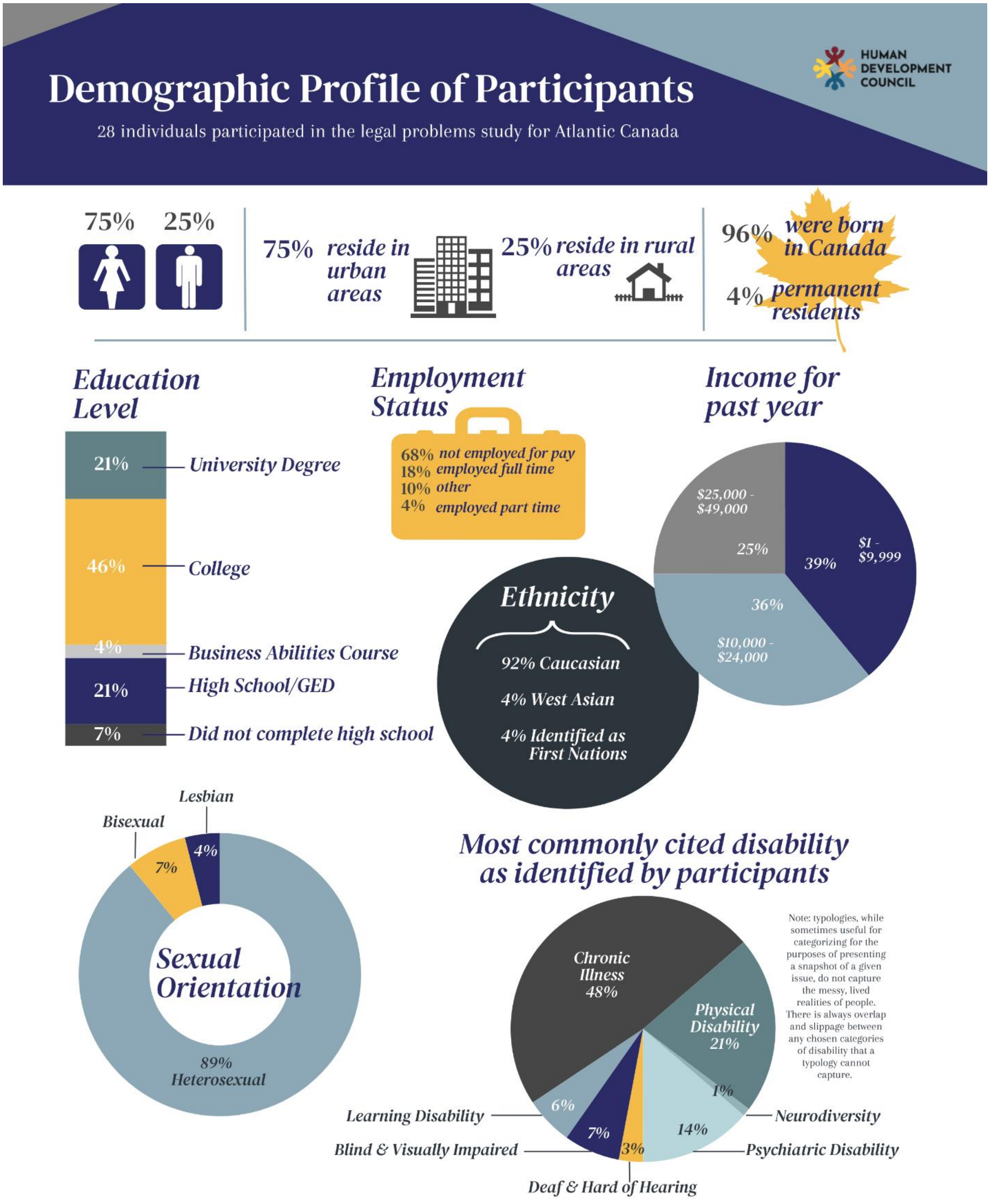
Employment rates among persons with disabilities varied significantly by disability type. At the time of the 2016 Census, employment rates for persons with disabilities in the province were lowest among those with developmental (22.8 percent) and memory (33.7 percent) disabilities and highest for those with hearing (58.0 percent) and seeing (56.3 percent) related disabilities (along with “unknown” disabilities).[4]

In 2015, persons with disabilities aged 25 to 64 years in New Brunswick had a median after-tax income of $26,879, ranking ninth among all provinces and territories (ahead of the other Atlantic provinces and Quebec), and well below the national median for this group, $28,452.

---

[4] When interpreting this data, it is important to consider that individuals may fall into several disability-type categories. For example, the labour force characteristics presented for persons with “pain-related” disabilities reflect the population of any individual with a pain-related disability, including those who, in addition to pain-related disabilities, also have disabilities related to mental health, mobility, flexibility, etc.

## Demographic profile of Participants



# Demographic Profile of Participants

28 individuals participated in the legal problems study for Atlantic Canada

HUMAN DEVELOPMENT COUNCIL

75% 25%

75% reside in urban areas

25% reside in rural areas

96% were born in Canada

4% permanent residents

### Education Level

21% University Degree
46% College
4% Business Abilities Course
21% High School/GED
7% Did not complete high school

### Employment Status

68% not employed for pay
18% employed full time
10% other
4% employed part time

### Income for past year

$1 - $9,999 39%
$10,000 - $24,000 36%
$25,000 - $49,000 25%

### Ethnicity

92% Caucasian
4% West Asian
4% Identified as First Nations

### Sexual Orientation

89% Heterosexual
7% Bisexual
4% Lesbian

### Most commonly cited disability as identified by participants

Chronic Illness 48%
Physical Disability 21%
Neurodiversity 1%
Psychiatric Disability 14%
Deaf & Hard of Hearing 3%
Blind & Visually Impaired 7%
Learning Disability 6%

Note: typologies, while sometimes useful for categorizing for the purposes of presenting a snapshot of a given issue, do not capture the messy, lived realities of people. There is always overlap and slippage between any chosen categories of disability that a typology cannot capture.

# II. FINDINGS

## Types of Problems Experienced

**The people with disabilities who participated in this study encountered serious problems that can be categorized under the following six themes:**

1) Inaccessible physical environments and transportation;
2) Lack of access to health care;
3) Issues with income and disability supports;
4) Problems related to housing;
5) Organizations not complying with the "Duty to Accommodate"; and
6) Miscellaneous problems.

### 1) Inaccessible Physical Environments and Transportation

People with disabilities who participated in this study encountered numerous issues related to the inaccessibility of the physical environments that they interact with. Regardless of the type of disability, accessing public and private spaces was identified as a serious problem in a majority of interviews.

Issues identified in public spaces included: the lack of ramps, automated doors, accessible parking spaces, and main floor accessible washrooms. There were also issues with barriers such as plants and side tables being erected in enclosed public spaces, making it difficult for individuals with mobility related disabilities to access and navigate the physical environments where they obtain services. People with disabilities experienced inaccessible social service offices, healthcare settings, and government offices.

Crosswalks and sidewalks also proved dangerous for many of the research participants. Participants cited treacherous conditions such as: crumbling municipal infrastructure, i.e., manholes with deep craters around the edges (in one instance resulting in a leg fracture); curbs not cut at a proper slant; and few crosswalks, with automated signals and buttons that were often out of reach. These navigation issues were compounded in the winter by inadequate snow removal, making it difficult for people using mobility devices to use sidewalks, entrances, and driveways.

The frustration that came with trying to access public spaces was highlighted by several participants, with many stating that they would not return to certain public spaces because they felt that they were not afforded the same level of access as others.

The lack of accessibility and dangerous impediments to mobility in various forms of transportation was also identified as a serious problem. In one circumstance, a participant noted that an accommodation had actually been *removed* from a municipal transit system. Surprisingly, participants indicated that individuals with visual impairments no longer had access to free bus services. Furthermore, it has only been for the past three years that an audible announcement of transit stops has been available for transit users.

Research participants indicated that there was a significant lack of accessible transportation services available for persons with disabilities. Those that were available enforced strict waiting periods which, as one participant stated "caused a great deal of guilt and shame" when they were unable to comply. In one instance, in order to avoid the administrative and procedural stress of using the "Handi Bus" accessible transportation service, one participant opted to pay between an additional two to eight dollars more per day to get to work via taxi services.

## 2) Lack of Access to Health Care

> *I had mental health issues because my medical issues were not being taken care of…*
>
> *Not being believed is really hurtful…*
>
> *I know my pain is very real and I moved on…*
>
> *It is like this till they see the MRI and then they say this is really bad. I wish I had someone who believed in me.*

The above quotations demonstrate a common theme that emerged when people with disabilities interact with the healthcare system. They are often treated dismissively and not seen as credible in their own account of their health conditions.

Numerous studies have confirmed that persons with disabilities experience poorer health outcomes than persons without disabilities.[5] This disparity in health outcomes is largely due to the social determinants of health, which are the poorer economic and social conditions they experience.[6] The results of this research study strongly support this reality. Many research participants identified access to, and interactions with, the healthcare system as a serious issue in their lives. They expressed concerns that the public healthcare system did not respond adequately to their needs.

Participants shared their despair over long wait times and lack of access to specialists. For example, one participant with complex co-morbidities said that they had to wait over three years to see a specialist. The specialist was located in a neighbouring Atlantic province. The costs and the lack of access to transportation associated with travelling to another province exacerbated the barriers for this individual to receive the proper health care that they needed.

Navigating the healthcare system was also a significant challenge for research participants, especially for those who felt that their injuries had occurred at the hands of medical professionals. A participant felt that they were labelled as a "problem patient" and "Once you are labelled, you have a black mark on your file. People read that file and they dismiss you."

Respondents shared that the attitudes of healthcare professionals in particular were problematic. They felt that they were experiencing "gaslighting," i.e., were made to feel that they were imagining symptoms. There were many instances of people feeling that their experiences were not believed. Many times, people identified that often when they raised

---

[5] Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American Journal of Public Health, 105 Suppl 2(S2)*, S198-S206.
Fiorati, R. C., & Elui, V. M. C. (2015). Social determinants of health, inequality and social inclusion among people with disabilities. *Revista Latino-Americana De Enfermagem, 23(2)*, 329-336.
World Health Organization. (2020). Disability and Health. Available at: https://www.who.int/news-room/fact-sheets/detail/disability-and-health.

[6] https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/social-determinants-of-health/

concerns they were met with dismissive responses. In an extreme example, a respondent shared how they were treated following a car accident, where medical professionals went so far as to accuse them of imagining the pain they were experiencing.

Research participants also expressed that medical professionals questioned their own understanding of their health and disability. As this respondent stated:

> *I have lived with Cerebral Palsy all my life. I have a good understanding of my body and I want to be as healthy as possible in the future. She (my doctor) does not listen to what I have to say.*

### 3) Issues with Income & Disability Supports

> *People on social assistance are perceived the wrong way … They are not considering quality of life … it is a form of discrimination in my eyes; it is socially unjust.*

The demographic profile of study participants shows that many of the participants live in poverty. Weak or nonexistent attachment to the labour force means that many respondents rely on social assistance programs for income support.

Respondents indicated that social assistance rates are woefully inadequate and are seldom adjusted to account for an increase in the cost of living. Participants confirmed that this presents a constant struggle to meet basic needs, such as food and affordable shelter, and to receive the supports they need. Respondents said again and again that the result is that many of them operate in survival mode, unable to get their needs met and participate fully in their communities.

The findings demonstrated that disability supports were often means tested and many require medical evidence to support their claim for support. Some participants struggled meeting rigid, “one size fits all” eligibility requirements or not qualifying because their incomes were just above low threshold limits for public supports.

Low economic thresholds had serious implications for some participants. In a few instances, respondents shared that their benefits would be lost following marriage, resulting in their partners becoming entirely financially responsible for all of their needs. This policy was particularly egregious in the case of a prospective spouse's income barely exceeding the cut-off of $26,900. According to provincial policy in New Brunswick, for example, upon marriage the partner with a disability would lose their social assistance, health card, rent subsidy, and home care support. Two other respondents shared that their benefits were affected when they made the choice to live with family.

A few participants recounted having applications for CPP disability benefits rejected. One of them had a formal appeal denied. Another participant, a recipient of federal disability benefits, learned that the modest monthly allotment made them ineligible for provincial assistance.

People who participated in this study often talked about the "high cost of being disabled," that is, many respondents did not have enough money to meet all their disability-related needs. These include mobility aids, specialized diets, medications, and physiotherapy.

## 4) Problems Related to Housing

A number of participants described their challenges in obtaining and retaining safe and secure housing. Research results indicated that none of the three elements of the Canada Mortgage and Housing Corporation's definition of core housing needs, i.e., 1) adequacy (condition of housing), 2) suitability (right size for household), and 3) affordability (costing no more than 30 percent of pre-tax income)[7] – were being met by research respondents. Respondents often dealt with substandard housing conditions, that were not suitable for their needs, and cost more than 30 percent of their pre-tax income.

Issues with landlord recognition of (already weak) tenants' rights were of concern. Addressing substandard conditions in both private and public rental stock was raised often as a serious

---

[7] https://www.cmhc-schl.gc.ca/en/data-and-research/core-housing-need

legal or other problem. People talked about experiencing very poor housing conditions, such as drafty, mouldy units that contributed to them experiencing poor health outcomes. Research participants outlined ventilation systems that were wholly inadequate. Many participants indicated long-term challenges with pests, such as bedbugs, silverfish, and rodents. Further, when they attempted to resolve their pest, repair, or remediation problems with their landlords, they were usually unsuccessful. Several participants took their concerns to the provincial housing authority and Rentalsman but reported that these inquiries did not lead to their problems being resolved.

The very tight private rental market and the lengthy waiting list for subsidized units were cited as reasons for the reluctance of some renters to advocate and assert their rights.

Housing was described as unsafe. Participants spoke about a lack of access to automatic doors, ramps, and elevators. The lack of accessible entryways and common areas was raised by those with mobility disabilities. Fear of emergency situations caused a great deal of stress because respondents felt that they would not be able to leave their building in a safe and timely manner.

Many research respondents spoke about the high costs of housing. Affordability concerns were exacerbated by the absence of rent controls. Private-market tenants served with rent increases have little recourse, that is, they must either find additional financial resources or move out. However, respondents reported that moving was also a challenge, because deposits and first and last month’s rent are routinely required.

Respondents also indicated that they experienced discrimination because they were on social assistance. That is, relying on social assistance or disability income supports made it extremely difficult to find new and/or appropriate accessible housing. Furthermore, the stress of paying private market rents often meant that they were not able to meet their basic needs, resulting in further health issues for individuals already facing significant systemic barriers.

People also spoke about aggressive and assaultive behaviour from their neighbours, which they believed was related to their disability.

> *Ever since I have been here, I and others in NB Housing have been bullied, harassed, and put up with name calling. People know that we have nowhere else to go. I have been called mental and insane, lots of name calling.*

### 5) Organizations not complying with the "Duty to Accommodate"

The duty to accommodate is an important protection for people with disabilities and has been part of human rights laws for many years. It refers to the legal obligation to take appropriate steps to eliminate discrimination that results from rules that can have an adverse impact on people with disabilities. It applies in the workplace when a rule, job requirement, policy, or practice results in a barrier for a worker with a disability. An employer is legally required to accommodate or adjust conditions to enable a worker to do their job if the accommodation does not cause "undue hardship" to the employer. The duty to accommodate also applies to the education system (both public and private), where students with a disability must be assessed and accommodated so that they are given a fair and equal opportunity to meet their individual potential.

Research participants relayed many circumstances in which the duty to accommodate was not recognized, respected, and/or enforced in both an employment and educational setting. Approximately one quarter of all respondents indicated that a lack of employment accommodations was a significant barrier to finding and maintaining employment. Respondents sought disability accommodations in their workplace's physical environment, with technology required to do their job, and in modifications to the hours of work to accommodate disability-related needs. In many instances, participants reported that employers were unwilling to provide the necessary accommodations when requested. For example, a worker with a visual impairment sought a larger monitor and more flexibility with their set hours as workplace accommodations. It took over a year and a half for this individual to achieve accommodations that were acceptable. When individuals were successful in achieving the accommodations that they required, they stated that this was due to their dogged determination and the involvement of third-party support and advocacy.

One respondent was told outright that they would not be hired because they were deaf. Some examples of the duty to accommodate not being respected in education include: a student being unable to take an exam because they could not accommodate their disability-related access needs; and another student attending a private school being left without adequate access to sections of the school, including the science labs and a stage where graduation ceremonies occurred.

### 6) Miscellaneous Problems

Other serious problems were shared with less frequency by research respondents. These included: child custody issues, problems with collection agencies, and the impact of criminal records.

### Child Custody Issues

> *I have lived with vision loss since birth, my partner is using this as an excuse to not allow me custody of my son and to limiting visits/access. When we were together, our child would have been solely with me at many times, especially when she returned to her part time job. To me it is a discrimination thing. I am really getting frustrated with how long it takes to deal with this in the court system. How naïve the court system is with her and how she is using every convenient excuse to limit my time with my child.*

As this quotation demonstrates, this person with a disability was clear that their disability was used as an impediment in child custody and their visitation rights. Further, this respondent shared that they faced obstacles in finding a lawyer who could appreciate and believe that he was capable of caring for his son. He felt that the court system did not see his “abilities” and instead focused on his disability. This respondent also spoke about how the court process was lengthy, prohibitive, and often favoured the non-disabled parent’s rationalizations for preventing child access visits with him. The respondent indicated that this was a long drawn-out process in which he tried mediation and often needed to find a new lawyer. His first lawyer retired, the second fell ill, and the third moved to another firm. Although this respondent worked full time, he still found the legal costs difficult to afford, especially as the length of the court process dragged on.

### Consumer Credit and Collection Agencies

Two participants shared that their extremely poor financial circumstances caused them to consider bankruptcy. One was able to file a petition and declare bankruptcy. The second stated that they could not afford the fees and charges that accompanied the filing of a petition.

> *I am so poor that I can't go through bankruptcy to solve the problem. Ideally this is what I would do. Unfortunately, I am single, disabled, no family, worked out of country, did not pay into the system. I cannot afford to go bankrupt.*

Instead, creditors obtained judgments on outstanding consumer debt and assigned them to a collection agency. A lengthy period of harassment ensued, in breach of provincial regulations governing the conduct of collection agencies.

> *They have called me 12 – 15 calls a day. I block the number and they call from another number, and another number…I turned off my phone for a week and was totally isolated. It has caused unbelievable stress, affecting my mental health and physical health.*

### Criminal Record

One respondent described their difficulties in finding employment due to a criminal conviction for assault. The assault occurred prior to being diagnosed with a psychosocial disability, i.e., bipolar disorder. Although they are currently receiving treatment and managing their disability, the criminal record has been used as a reason to deny them a job or even an interview. A criminal record suspension is a potential remedy, but the participant reported that the application process is cumbersome and costly. A record suspension would improve their chances of finding a job, but ironically they needed a job now to cover the cost of the application fee.

## Problem Resolution and Outcomes

Participants' efforts to resolve their problem(s) ranged widely, from informal complaints to landlords, government, and other authorities, to an organized campaign that included the use of social, electronic, and print media. Some sought help from service providers; others used formal appeal mechanisms.

Eight percent of participants used the courts or initiated appeal processes within government agencies or programs. The top three efforts to resolve a serious problem were: seeking the support of advocacy organizations or self-advocating (24 percent); reporting the serious problem to a person in authority, e.g., landlords, employers, principals, or program staff (19 percent); and contacting an applicable agency/organization (17 percent). Other efforts included approaching elected officials and medical professionals. Twelve percent of participants identified a serious problem but did not take any action to resolve it.

Of the 28 respondents, a total of 62 attempts were made to resolve the variety of problems previously shared. The following is a summary of those findings according to the main problem categories.

### Responses to the inaccessibility of physical environments and transportation

Participants who identified accessibility of public and private spaces as a serious problem sought a resolution of their problems from elected officials, primarily municipal councillors, members of the Legislative Assembly and members of Parliament. They also contacted local governments, municipal transit systems, and schools. In addition, local business owners were approached over inaccessible venues. In the majority of cases, the accessibility issues were not addressed.

The reasons given for the lack of response include:

- municipal politicians citing strained budgets and competing priorities as reasons for failing to take proper measures;
- elected officials at the provincial and federal levels tending to refer complainants back to their municipal counterparts; and
- private businesses, for the most part, claiming that accessibility improvements were too costly and often impossible to implement due to the poor design of many older buildings.

A few respondents approached the municipal transit commission and failed to resolve their accommodation issue. A participant with a vision impairment tried to overturn a decision to eliminate free bus passes for the legally blind, a practice that had been in place for 84 years. They said that a meeting with the transit commission was unproductive*:* "They sat and doodled on paper and did not answer direct questions."

These individuals even gathered letters that were sent to the city council, engaging the local media on the story. When a group finally had a chance to make representations to city council, the matter was referred to staff, without debate. One respondent stated how devalued they felt through the whole process:

> *I need to know that I count as a person. I don't in this city. This is open season on accommodation. If they can put my accommodation at risk, everyone is at risk.*

He went on to describe the issue as part of a toxic culture that reflected an "Illusion of Inclusion":

> *If they understood what they were doing it might not happen. If you had to live with a disability for a week, things would change. If you could wear my eyes for a day you would understand.*

New Brunswick's small population and large land mass has contributed to a thin layer of community supports, concentrated in the province's three principal cities, none of which has more than 75,000 residents. This was clearly an issue identified in the research when attempting to advocate on accessibility issues, even with urban residents, who struggled to find advocates. A respondent noted that services for the blind had declined over the last two decades, and staff cuts to a local CNIB office meant that supports and services were now based in another city.

The inaccessible built environment in one respondent's community led her to make inquiries and seek out barrier-free arrangements in advance. She found that accessible environments were the exceptions, not the norm, and inquiries were not fruitful:

> *There are places that I have called and asked if they were accessible, they said yes, and when I got there, there were stairs. It is frustrating and insensitive when they do that.*

In some cases, respondents sought local non-profit service providers and/or provincial advocacy organizations to support them in advocating for accessibility in public places. In two cases, provincial advocacy groups provided assistance that helped them to resolve their accessibility issue.

### Avenues to resolve the inaccessibility of health care services

For the most part, efforts to resolve poor access to health care were limited to self-advocacy. In one case a patient advocate did help to resolve an emergency room dispute about strict COVID-19 protocols, but for the most part respondents did not know where to turn to address unfavourable interactions with the health care system. Several participants' experiences with medical professionals were so egregious that they considered hiring a lawyer to help them resolve their disputes but were quickly dissuaded by the cost of retaining counsel, the perceived complexity of the process, and the time it would take for the legal system to respond to their unmet health care needs.

The overall problems with the health care system, in particular wait times and timely access to specialists, created high levels of stress for the people with disabilities who participated in this study. Further, this stress exacerbated already fragile mental and physical health conditions.

People found it difficult to advocate for themselves in the health care system because of the following reasons:

- They did not know where to turn to seek help. Complaints processes were not clearly communicated nor were they in accessible formats.
- They experienced communication challenges in comprehending documentation and verbal communications. As one participant explained: "Reading documents and filling out forms is difficult as we don't understand a lot of what is written." Support people were not available to help explain processes and documentation for people with intellectual and/or other cognitive disabilities.
- The everyday challenges of living day to day are so overwhelming that the thought of engaging in a long, complicated resolution process was not even an option to consider. Respondents talked about what life is like living in poverty, where the need to secure food and/or try to obtain primary care support was much more of a priority than fighting the system. In some cases, they did not even have the transit fare to meet with advocates or legal council.

### Attempts to address housing issues

The vast majority of housing-related issues identified were left largely unresolved. Although on one occasion the Rentalsman was able to help a tenant break a lease, most tenants were not successful in improving their living situation. Appeals to private landlords and property management firms to address substandard housing conditions and housing-related health concerns were largely ignored or acknowledged with no follow-up.

Efforts to resolve housing conditions in subsidized units managed by a provincial housing authority seldom went beyond the complaint stage. This was due to the fact that respondents feared eviction "if they pushed too hard," as one respondent stated. Another said, "As soon as I write something formal, I will be evicted."

Generally, people felt that they were not listened to, nor taken seriously because of their disability. There was a sense that the rude and/or dismissive treatment that they received was because they were not seen as valued members of their community. The following examples illustrate the discriminatory treatment, vulnerability, complexity, and frustrations that people who participated in this study experienced when they tried to resolve their housing issues.

> *The superintendent was rude and he spread rumours about me. They would do nothing about an unsafe smoking area. I am in such a panic mode and am very fearful. I was really shaken up. I called my psychiatrist and he indicated that I need a letter from him to get the heck out of here!*
>
> *I received a letter for New Brunswick Housing, so I called a lawyer. Then I called the Human Rights Commission. They explained the process and it is much too long. The superintendent and the owners are millionaires! The forms were too much for me to do. With my mental state this just all seemed impossible.*

**Efforts to encourage compliance to the "Duty to Accommodate"**

For workplace accommodation issues, the vast majority of respondents initially sought resolution through the proper channels outlined by their employers. Most of these attempts were unsuccessful, with the only positive effort involving a third-party advocate.

Results for school-related accommodations had the same lack of success. In most cases, the educational facility did not take the request for accommodation seriously nor did it fully understand the needs of the student. The following quotes outline the lack of awareness, respect, and discriminatory treatment people experienced when they attempted to resolve the issues that they were experiencing.

> *I went to a private school for five years. I had a lot of accessibility problems there and I ended up leaving. They were insensitive and they would not help me. They would plan*

> *events that were on the stage and I could not get up on the stage. They would tell me that I could just sit at the bottom on the gym floor.*
>
> *I was not given the accommodations I needed by all the teachers. I was supposed to have extra time for assignments, a quiet space for tests and longer time allowed for tests. They were not taking me seriously. I saw other students with sports-related concussions receive accommodations, but not me. They did not believe me or the forms I had.*

**Efforts to address miscellaneous problems**

All efforts to address child custody issues remained unresolved for the person with the disability. People felt that due to their disability they were deemed “unfit” and incapable of caring for their child. In addition, people did not have the financial resources to fight for custody in the courts.

The individual who was attempting to get their criminal record expunged was able to file an application with the support of their faith community, which included a fundraiser for financial support.

In a few cases, people did resolve their issues, but even in those cases, the process was time-consuming, stressful, and financially debilitating. The following quote demonstrates the time and stress that was experienced, even with a successful outcome.

> *We found out that the collection agency conduct breached provincial regulations. The FCNB (Financial and Consumer Services Commission of New Brunswick) helped put an end to this.*
>
> *After weeks and weeks of being harassed day and night I called NB Financial and Consumer Affairs. I left a message and a lovely lady called me back. She was able to find me a couple of important people in the collection company and contacted the Privacy Commissioner for the collection agency. She sent them an email and cc’d the woman from NB Financial and Consumer Affairs in hopes that this would make them pay attention.*

## Impact on People's Lives

As illustrated, the serious problems that the participants in this study have experienced have had a profound negative impact on their lives. Participants' problems resulted in extreme emotional and psychosocial issues; had a negative impact on their physical health; negatively affected their finances; strained important relationships; and greatly hindered their ability to participate fully in their community.

### Emotional and psychosocial impact

> *I am so beat down that I can't fight anymore...Whatever happens, happens. I do not have the energy either physically or mentally to carry on…*

As this quote dramatically indicates, participants felt defeated emotionally, from having experienced their problem and then failing to resolve it. Most of the participants talked extensively about the emotional impact the problems that they experienced, or are experiencing, had had on their lives. They used the following words frequently to express the psychosocial toll their serious problems have had on their lives.

- Frustrated
- Stress
- Helplessness
- Loss
- Confusion
- Anger
- Fear
- Sadness
- Grief
- Depression
- Anxiety
- Demoralization

- Panic
- Loneliness
- Isolation
- Defeat

Many described their situations as "horrible, degrading, impossible and discriminatory." The weight of these feelings affected their well-being and their ability to deal with the issues they were facing and to get on with their everyday lives.

**Negative impact on their physical health**

> *My disability worsened and will continue to do so. I was dismissed, not heard. I ended up in the ER unnecessarily. He [the doctor] diminished my pain, "suck it up! Lose weight! Move more!" I felt gaslit! He used every excuse to not deal with things. That arrogance is still there. My case is not easy. When I can, I work around him. One surgeon in the past said "no thank you" when asked to work with me. I am not a routine surgery either.*

As this quotation demonstrates, there was a general feeling of participants' health needs not being understood, minimized, and/or not taken seriously. This resulted in them not only feeling emotionally exhausted, but also knowing that this was having a negative effect on their physical health. Participants often spoke about how health care providers (physicians/specialists) would not listen to the information provided by the patient. This led to medical issues not being addressed and the patient's health being compromised.

Further, participants living in substandard housing talked about mould, rodents, poor air quality, flooding, drafts, and radon gas. Participants most definitely connected these conditions to the poor health conditions that they were experiencing, i.e., they were living in illness-producing environments.

Others research respondents talked about experiencing accidents due to unsafe conditions on the roads and sidewalks, which led to them being hospitalized. Lastly, in some cases the personal care support that people needed, such as bathing, healthy food preparation, and the administration of medication, was not being provided in their home as needed. This also led to deteriorating health conditions.

### Negative impact on finances

> *I am poor because I am disabled. Disability means poverty to me.*

As this quotation powerfully and simply declares, people's disability results in poverty for them, leading to serious problems that further affect their finances. For example, because of the issues they faced, people:

- lost their jobs;
- lost their homes;
- were denied health cards (which meant they had to pay for many health needs); and
- had their benefits reduced or faced losing income support if they married.

One family turned to bankruptcy because they could not afford to keep their home. Others could not afford to go bankrupt. Those who could not afford bankruptcy are over their heads in payments or they are being constantly harassed by bill collection agencies. People cannot afford adequate housing. They are unable to meet their basic needs for a healthy diet, or specialized diets required for a medical condition. They have limited resources for transportation, dental care, orthotics, eyeglasses, and the assistive devices that they require due to their disability.

### Negative impact on relationships

> *We will celebrate our 32nd anniversary next month. We are in such a bad place that it is affecting our marriage. We are paranoid about everything. My husband*

> *gets really upset. Anger issues started with this; he never had anger issues before. We are in a state of confusion, arguing. It is hellish.*

It is clear that the serious problems people experienced had a negative impact on important relationships in their lives. Relationships with family and friends are vital to one's well-being. Social connections, or lack thereof, can affect a person's physical and mental health. If a relationship breaks down or if a person is feeling socially isolated, that will affect their ability to deal effectively with problems as they arise.

Participants in this study talked about the how the impact of their problems has affected their marriages and their family relations. They talked about social isolation and the need to have contact with people in their community to help them with their problems and relationship issues. The stress that serious problems had on household finances, the housing situation, and disability needs not being addressed often led to relationship breakdown.

### Inability to participate in community life

> *It is frustrating to want to go places with friends and to say I can't go in there. Some of my friends are good and some are not so good. I can tell that some see it as a burden. They don't invite me to some things. There are so many things that I am not included in…*

Isolation and loss of a community connection was a theme in these interviews. This isolation could be due to mental health, physical well-being, financial resources, or opportunities to build relationships outside of one's home. The feeling of isolation and loss of participation in their community was exacerbated by the COVID-19 pandemic.

Although the serious problems participants in this research experienced had an overwhelmingly negative impact on their lives, there were also some positive outcomes associated with taking action. The following quote outlines how community advocates took up people's causes and brought profile to their experiences.

> *CBC Radio will be doing a story of this issue with me and it will air in September. Ability New Brunswick and the New Brunswick Association for Community Living did success stories about me and my work on policy changes. Media Corp is also doing a story about the uncertainties people with disabilities face living in New Brunswick!*

A few participants felt that engaging in social activism made them feel empowered. They felt that they could overcome the barriers that they face with effort and support. Some contacted politicians or agencies, some joined boards or advisory committees, some started or joined Facebook groups with similar advocacy interests. As one respondent explained:

> *Be persistent or fall through the cracks. Joined the board of Ability New Brunswick as they are advocates for people with disabilities.*

## Impact of the COVID-19 Pandemic

The COVID-19 pandemic created a public health and economic crisis that will linger despite advances in vaccine production and distribution. For New Brunswickers, the challenges began in March 2020, when the first case of COVID-19 was diagnosed in the province. As cases began to rise, a series of events began to unfold; schools closed on 13 March (and did not reopen for the remainder of the 2019/20 school year), and childcare for non-essential workers was shut down on 16 March. The Province declared a state of emergency on 19 March, which led to many New Brunswickers leaving the paid workforce. Between February and April 2020, 49,600 New Brunswickers lost their jobs.

This study has clearly indicated that COVID-19 has had a significant and unprecedented impact on the lives of people with disabilities. Participants spoke of economic uncertainty and were not clear about their eligibility for federal supports like the Canadian Emergency Response

Benefit and its successor, the Canada Emergency Wage Subsidy, which limited eligibility to those who had earned, through employment, at least $5,000 in the previous year. This excluded many people with disabilities.

Although the pandemic demonstrated how quickly governments were able to mobilize resources to help non-disabled people, participants felt that people with disabilities were not a priority for government:

> *14 weeks into the pandemic and we are offered a pittance, one-time payment of up to $600 for people with disabilities. It was lumped in with another bill. Then they separated it, it still has not passed. We will likely not see any money before Christmas, if at all.*

Accommodations for people with disabilities were weakened due to the strict application of public safety protocols. In one instance, hospital emergency room staff refused to allow a caregiver to accompany a client with a severe mobility restriction.

Participants also highlighted uneven access to supports, related to the COVID-19 pandemic. Several participants reported that caregiver hours were reduced sharply due to staff shortages caused by sickness or fear of virus transmission. At a time when more help was needed to ensure safety and overcome isolation, fewer resources were available.

Participants also confronted more ableism during the pandemic. One respondent shared that she was questioned about whether she “really had a disability” in front of a lineup of people waiting to shop during the early-morning shopping times offered for seniors and people with disabilities.

Participants in this study also said that their health was further negatively impacted due to the COVID-19 pandemic. A tenant with a compromised respiratory system contracted pneumonia when other tenants in her smoke-free building took to smoking indoors during a prolonged period of mandatory self-isolation. Her complaints of an inadequate ventilation system were ignored, and her advocacy was constrained out of a fear of retribution by the landlord and her fellow tenants.

## III. DISCUSSION AND CONCLUSION

The people with disabilities who participated in this study experienced similar types of problems that were largely related to, or intensified, because of their disability. Public places, indoor and outdoor, lacked some of the most basic disability accommodations, which would ensure people's access and safety so they could use the services and spaces that are available to all citizens. Transportation, for example, is key to people's participation in the life of their community, yet research participants identified many barriers to accessing the transportation services that they need to assist them with daily living.

The results of this research also demonstrate that poverty and disability are mutually reinforcing experiences that hinder people with disabilities' ability to get an education and retain employment, which forces them to live in inadequate, unhealthy, and unsafe housing conditions. When people with disabilities attempt to get the supports that they need to live a safe and healthy life, they are met with discriminatory and dismissive treatment from health care professionals. They also experience difficulties in accessing wholly inadequate income supports, which adhere to "cookie cutter" criteria that fail to meet the individualized needs of diverse people with disabilities.

Further, when the participants in this study attempted to address the problems that they experienced, they were met with discriminatory, dismissive treatment, and their lack of financial resources resulted in most efforts, particularly legal ventures, ending in failure. For example, the majority of respondents were unsuccessful despite the steps they took to request the accommodations that they needed. In addition, in many cases, respondents shared how they brought complaints forward to their local municipalities, disability organizations, employers, and educational facilities, yet most complaint efforts resulted in no resolution.

It is understandable that people with disabilities face such a profound negative impact on their psychosocial and physical health because of the problems experienced and made worse by their failed attempts at resolution. The stresses on their finances and significant relationships intensifies people with disabilities' feelings of exclusion and negative self-worth.

What, then, do the research findings tell us about potential solutions to address the discrimination, lack of understanding of disability support needs, and pronounced poverty that people with disabilities experience in Canada? The answers may be explored through legislative reform, accessible information on services and increased self-advocacy skills, anti-ableism training, and a rights-based approach to disability supports.

## Legislative Reform

The inaccessibility of the built environment was raised as a legal issue or serious problem by the majority of participants. Their comments revealed a host of physical barriers that directly interfered with the right of people with disabilities to participate fully and equally in society.

Addressing legal needs and serious problems like accessibility would benefit from legal tools, including legislation.

Canada[8] and three provinces (Ontario,[9] Manitoba,[10] and Nova Scotia[11]) have passed legislation that focuses on the rights of people with disabilities. The purpose of these acts is to identify and remove barriers by mandating a set of standards with which public, private, and non-profit organizations must comply. Nova Scotia's law, for instance, seeks to promote accessibility by preventing and removing barriers in the following areas:

- Goods and Services – by ensuring that people with disabilities have equitable access to goods and services;

---

[8] *Accessible Canada Act* (S.C. 2019, c. 10)

[9] *Accessibility for Ontarians with Disabilities Act, 2005*, S.O. 2005, c. 11 [*AODA*]

[10] *The Accessibility for Manitobans Act*, CCSM c A1.7

[11] *Accessibility Act*, SNS 2017, c 2

- Information and Communications – by ensuring all people can receive, understand, and share the information they need;
- Transportation – making it easier for everyone to get where they need to go;
- Employment – making workplaces accessible, and supporting people with disabilities in finding meaningful employment;
- Built Environment – making public buildings, streets, sidewalks, and shared spaces accessible to all; and
- Education – making the education system accessible to all students, from early childhood to post-secondary.

It is noteworthy that all of the accessibility issues raised by participants would fit on the list.

### Accessible Information and Increased Self-Advocacy Skills

Accessibility legislation could contribute to improvements in the quality of life for people with disabilities, but those enactments would still require individuals to be familiar and comfortable with statutes and regulations. Participants interviewed for this project shared that they already struggled with navigating the current systems and trying to access existing rights and protections. Participants seeking a resolution of a legal or other serious problem found the experience to be frustrating and confusing. It was not always clear where they should go next or what options were available.

Therefore, better information about available services is needed. Navigating complex systems like health care or income supports was particularly daunting. Many gave up after their initial interactions failed to bring about a successful resolution of their problem.

In addition, many participants lacked a support system, i.e., friends, family members, or advocates. Those who self-advocated enjoyed modest success, but they were less likely to achieve a favourable outcome than those who had third-party representation. These findings suggest that people with disabilities need more opportunities to develop self-advocacy skills. The findings also support the case for increased capacity within existing disability organizations to offer greater representation and advocacy services.

### Anti-ableism Training

People with disabilities encounter ableist attitudes in many sectors. Ableism was at the root of nearly all the perceived causes of the problems in people's lives. Participants in this project found those attitudes prevalent in the health care system. It was mentioned frequently that participants felt that they were not being heard and that their concerns were dismissed by medical professionals. According to disabled patients, their time was rarely valued by medical professionals – the time it takes to find a doctor, schedule an appointment, wait for the appointment, and find transportation to and from appointments. The whole process was often dehumanizing and discouraging.

Training about ableism needs to be included in medical curricula and should be provided to all individuals in the medical field, including doctors, nurses, and therapists.

### A Rights-based Approach to Disability Supports

Persons with disabilities have some of the lowest incomes in Canada. When individuals with disabilities also experience poverty, then multiple layers of discrimination can be identified. Disability and poverty reinforced each other, contributing to increased vulnerability, oppression, and exclusion.

Many problems identified by participants stemmed from inadequate incomes and supports. Access to safe and suitable housing and accessible transportation services require incomes above the poverty line.

Participants shared how poverty often leads to a life of "survival mode" where basic needs are unmet. They spoke about the high cost of living with their disability, from purchasing mobility aids, paying for specialized diets or needed medications to accessing uninsured medical services and therapies. These additional costs, combined with inadequate levels of income support, left many in dire financial circumstances.

Although several participants wanted to hire lawyers to represent them, the high cost of retaining counsel was an impenetrable barrier. The findings from the interviews confirmed that people with disabilities require enhanced income supports.

To address the systemic poverty that people with disabilities experience, it is imperative that Canada move from the current charity model to a rights-based approach to disability supports – the personal assistance, aids and devices, environmental accommodations, and medication supports that people with disabilities require. Although disability supports fall under provincial and territorial jurisdiction, the federal government could take leadership by creating a national legislative framework. That would be a welcome complement to the barriers removal provisions of the Accessible Canada Act.

People with disabilities are willing to get the education they need to engage in meaningful employment that will enable a poverty-free, safe, and healthy life. Legislative and policy reforms, fortified by on-the-ground supports to individuals and communities, will empower people with disabilities on their journey to full inclusion in Canadian society.

# IV. APPENDIX A – INTERVIEW GUIDE

## Serious Legal Problems: People with Disabilities, Eastern Region

**Original Document Created by**

**Doris Rajan, PhD**

**Modification to Guide for Eastern Region by**

**Sue Davis, Member of Project Team, Human Development Council**

**With Permission from Doris Rajan, PhD**

**Interview Guide**[12]

**April 2020**

---

[12] This guide uses language and formatting from the Wisconsin Coalition Against Sexual Assault (WCASA) Focus Group Discussion Guide. Retrieved 20 May 2016 from: https://www.wcasa.org/file_open.php?id=1039.

### Consent Process

A Letter of Information and Consent for interview participants will be completed in advance by all those who have agreed to participate. The researcher will review the information in this letter before the interview begins.

*Thank you for agreeing to participate. I am a researcher who has been engaged by Justice Canada to conduct a small qualitative study on legal problems experienced by people with disabilities in the eastern region of Canada. This research is being carried out to complement the national Canadian Legal Problems Survey. In this interview I will be asking questions about; 1) The types of legal problems that you may have experienced in the last three years; 2) The ways you have attempted to resolve those problems; and 3) The outcome and impact of these experiences.*

*The information you share today is completely confidential, and I will not associate your name with anything you say in this interview. I would like to tape this interview so that I can make sure to capture the thoughts, opinions, and ideas that you share today. The information will be used exclusively to inform this research. You may refuse to answer any question or withdraw from the study at any time and you will still receive an honorarium. If you have any questions now, during or after this interview, please feel free to contact me.*

### I. Explanation of the process

*This interview will last for a maximum of one hour. There are no wrong or right answers. I am here to learn from you. Any questions? Here we go!*

Turn on recording device.

### II. Introduction

*If you would like, tell me a bit about yourself.*

### III. Questions:

1. ***Have you experienced any serious problems or had any interactions with the legal system in the last three years?***

**Probes** *(See next two pages for more detail probes for Question 1)

a. Purchases or services *
b. Work-related problem *
c. Financial – bank or collection agency *
d. Family related – child custody, domestic violence *
e. Discrimination – due to disability, race, gender, age, etc.*
f. Health care system
g. Property: vandalism, property destruction

h. Landlord
i. Income or social assistance
j. Immigration related
k. Interaction with the police

If there is more than one problem, go to Question 2.

**Question 1: Additional Probes**

**a. Purchases or services**

- a large purchase for which you did not receive what you paid for e.g., home, car, truck, motorcycle, ATV, snowmobile, or major appliances.
- major repairs or renovations for which you did not receive what you paid for e.g., home renovations, repairs done to your car, truck, motorcycle, ATV, snowmobile, or major appliances.
- not getting what you paid for in a service e.g., a moving company, a health club membership, a vacation package or having your taxes prepared.
- a safety concern with something you bought
- an insurance claim
- a bill or invoice that was incorrect
- not getting a refund

**b. Work-related problem**

- not being paid your wages; not being paid for working overtime; not getting vacation pay, severance pay, or other wages that you believe were owed to you
- being fired or dismissed from a job
- being refused child-related leave (e.g., maternity or parental leave), sick leave, or other rights that were part of agreed on conditions of work
- a safety issue at your job or workplace
- being subject to disciplinary procedures at work

**c. Financial – bank or collection agency**

- personal bankruptcy

- a collection agency contacting you repeatedly to get you to pay an outstanding bill or debt
- the refusal of credit because of inaccurate information
- a bank or credit union contacting you repeatedly to get you to pay an incorrect charge
- an electricity, gas, or cable company, or any other utility contacting you repeatedly to get you to pay an incorrect charge
- a threat of legal action from an individual, a company or a government agency to collect debt
- misleading or incorrect information that led you to buy insurance, pensions, mortgages, or other financial products
- collecting money owed to you Exclude rent or any housing-related money owed. e.g. a loan to a friend or family member

**d. Family related – child custody, domestic violence**

- the division of money or property following a family breakdown
- collecting spousal support that you were awarded by the court
- applying for, enforcing, or making changes to a spousal support order
- obtaining or enforcing a restraining or civil protection order in the case of a couple or family breakdown
- applying for, making changes to, or enforcing child support
- child custody or access arrangements
- becoming the guardian of a child who is not your own
- any of your children, or a child under your care, being taken away by a family services agency
- a child abduction or threat of abduction

e. **Discrimination**

- Where did you experience harassment, e.g., school, in a store, at work, when dealing with police?
- Was the harassment based on any of the following grounds, e.g., race, colour, ethnicity; Indigenous identity; religion; age; sex, gender identity or expression; sexual orientation; marital status; family status; a physical or mental disability; language, etc.?
- Please indicate the nature of the harassment you experienced (e.g., aggressive behaviour, offensive remark, sexual comment, or gesture, etc.).

2. ***Do you think any of your problems were connected to one another?***

**Probe:** Which of the problems may have caused or contributed to the other problems that you experienced?

3. ***Did you think the problem was serious?***

4. ***What did you do to try and solve this serious problem?***

**Probes:**

a. Did you contact the other party in the dispute?
b. Did you seek advice from friends or relatives?
c. Were you aware of supports and resources that were available to you?
d. Did you search the internet for resources and/or supports?
e. Did you reach out to any community organization?
f. Did you attend court?
g. If you received legal advice, who did you receive legal advice from?
h. If you did not receive advice from a legal professional, why not?
i. What approaches did you find helpful?
j. What approaches did you find unhelpful?
k. If you did not take action, why not?

5. ***What was the outcome? What happened?***

**Probes:**

a. How much did legal professionals, agencies, or other organizations help?
b. What is the current status of the problem?
c. Were there any costs associated with the problem?

6. **What has been the effect of these legal problems on your life?**

**Probes:**

a. On your mental/emotional health?
b. On your physical health?
c. Financially?
d. In your relationships?

This is the end of the interview. For purposes of noting any differences between groups of people, could I ask you some questions about how you self-identify?

Again, all the information I am gathering is confidential and will not be connected to your name.

**SOCIO-DEMOGRAPHIC INFORMATION**

1. What is your gender?

   ☐ Male
   ☐ Female
   ☐ Another gender – please specify

2. Do you identify as:

   ☐ Heterosexual
   ☐ Two-spirited
   ☐ Lesbian or gay
   ☐ Bisexual
   ☐ Other – please specify

3. Do you identify as Indigenous?

   ☐ First Nations
   ☐ Métis
   ☐ Inuk

4. What type of disability (s) do you identify with? ___________________________________

5. Citizenship Status

   ☐ Born in Canada
   ☐ Born outside Canada (Specify country) _____________________
   ☐ Landed immigrant
   ☐ Permanent Resident
   ☐ Canadian Citizen

6. Do you identify as:
   - ☐ White
   - ☐ South Asian e.g. East Indian, Pakistani, Sri Lankan
   - ☐ Chinese
   - ☐ Black
   - ☐ Filipino
   - ☐ Arab
   - ☐ Latin American
   - ☐ Southeast Asian e.g., Vietnamese, Cambodian, Laotian, Thai
   - ☐ West Asian e.g., Iranian, Afghan
   - ☐ Korean
   - ☐ Japanese
   - ☐ Other (specify)

7. What is the highest certificate, diploma, or degree that you have completed?
   _________________

8. Do you live
   - ☐ In the city?
   - ☐ In a rural area?

9. Which of these describes you?
   - ☐ Full time employed
   - ☐ Part time employed
   - ☐ Not employed for pay
   - ☐ Caregiver (e.g., children, elderly)
   - ☐ Homemaker
   - ☐ Full-time student
   - ☐ Part-time student
   - ☐ Other _____________

10. Which of these describes your income last year?
    - ☐ $1 to $9,999
    - ☐ $10,000 to $24,000

☐ $25,000 to $49,000
☐ $50,000 to $74,000
☐ $75,000 to $99,000
☐ $100,000 to $149,000
☐ $150,000 or greater