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editorial

by Christine

It has been the tradition of governments to focus on seniors, the largest and most organized voting bloc, in response to problems of income, social supports and access. People with disabilities are often an afterthought, even though they need many of the same supports and services.

magine yourself aging before your time: still in your twenties, but feeling like you are already in your sixties. This is the feeling that many people with disabilities experience when they run up against programs that have been developed for seniors and applied to a younger person.

It has been the tradition of governments to focus on seniors, the largest and most organized voting bloc, in response to problems of income, social supports and access. People with disabilities are often an afterthought, even though they need many of the same supports and services. It is expected that they will fit in somehow to programs that are developed in response to seniors' needs.

In this Transition, we look at some of the places seniors and disability issues converge and diverge. And some of our writers talk about the paths people with disabilities follow as they age.

Home Support is a prime example. Although it has been whittled down from its inception more than 40 years ago, it was designed to serve people whose active working lives were over and who wanted to ensure they had the basic supports to continue to live in their own homes. This means that home support is delivered only at home and primarily through a regimented, non-transferrable schedule. Arguably, this may suit a retired person, but does not fit with the aspirations of a younger person with disabilities who also needs personal supports.

Thanks to the tireless advocacy of people with disabilities, the Choice in Supports for Independent Living (CSIL) program was carved out in the early nineties to provide a more flexible, life-enhancing approach to traditional home support, but it is still used by relatively few people. CSIL is "unknown" because government has done very little to promote it or help people to access and use it effectively.

There is a flip side to this example, with the case of HandyDART. People with disabilities, largely through BC Coalition of People with Disabilities (now Disability Alliance BC), launched concerted efforts beginning in the early eighties for more accessible transportation options, including lift-equipped buses.

HandyDART was one of the outcomes of these efforts, but it has become so overwhelmed by seniors' needs, with not enough funding to support them, that the program now serves medical rather than social needs.

Certainly this was not the intent of the initial advocacy. It is the unintended consequence when both target groups, seniors and people with disabilities, were melded into a program that did not consider their unique experiences and aspirations.

People with disabilities and seniors may share the experience of disability, but beyond that they diverge dramatically.

Seniors often arrive at disability at the end stages of their life, after they have had an opportunity to accumulate social and financial capital. People who are born with or experience disabilities earlier in life are often shut out and shut off from traditional life cycles. They are disproportionately poorer and more isolated than seniors.

People with disabilities do not have the numbers and, consequently, the political clout of seniors, so their situation is not high on the radar of politicians or the general public.

Developing policy for the two groups—people with disabilities and seniors—calls for as deep an understanding and appreciation for their divergence as for their convergence. Accessibility, income security and social supports aimed at lessening the impact of disability need to be developed to be flexible enough to accommodate the goals and aspirations of the people in various generations who experience disability.

An intergenerational lens, as a prerequisite to any policy develop-

ment, will make it easier to develop programs that are flexible or to identify possible unintended consequences at the outset.

Building common cause for advocacy calls for mutual respect for difference and carefully nurtured ad-hoc coalitions that will increase the numbers needed for political clout while putting forward compelling and sophisticated solutions that are not one size fits all.

Forcing people to feel old before their time is a cruel blow to inclusion and full participation.

CHRISTINE GORDON IS POLICY AND PROGRAM CONSULTANT FOR DABC.





ABOUT TRANSITION

Editorial Statement

The views and opinions expressed within the pages of TRANSITION are not necessarily those held by the total membership or Board of Directors. The material presented is meant to be thought-provoking and to promote dialogue.

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Attitudes and the Perception of Aging

I by Gudrun Langolf

A big part of our challenge dealing with our inevitable physical and mental changes is cultural: our society's obsession with youth and physical perfection.

o matter how you look at it—growing old and acquiring a disability or having a disability and growing old—life can be a challenge.

For most of us, the adage that we are "temporarily able-bodied" seems to hold true. For most of us, disabling conditions develop gradually: the wear and tear of a lifetime takes its toll on joints, muscles, organs, cells. We naturally and gradually adapt our movements and habits accordingly.

For most of us, disability is not instant or even visible. Depression and addictions are not foreign to seniors. You have heard people jokingly refer to having a "senior moment," when memory has failed them temporarily. For many, this is not really funny or temporary, but can signal progressive memory loss brought on by dementia over time ("progressive" does not mean politically correct here).

Who has not heard jokes about old people or "old geezers." On reflection, they really are not funny, they only support ageist attitudes by perpetuating silly and negative stereotypes.

A big part of our challenge dealing with our inevitable physical and mental changes is cultural: our society's obsession with youth and physical perfection.

At COSCO's Health and Wellness Workshops, we see part of our mission to change ageist and discriminatory attitudes towards aging. Old people, as well as persons with disabilities are valuable members of our communities, not a liability! Changing prejudices is a tall order because none of us is immune from society's attitudes. People with disabilities (visible or not) are also burdened with discriminatory and/or ignorant perceptions with the additional layer of getting older.

So how to fix "it"? Sadly, the magic wand to change our social conditioning instantly does not exist. COSCO draws attention to these attitudes by speaking up at every occasion and advocating/lobbying at all levels of government. We work in partnerships and coalitions with groups when we have a common cause.

In addition, we develop and offer workshops free of charge to any organization, anywhere in the province (see workshop information on the opposite page). Our only request is that at least 10 people attend. Workshops are up to 90 minutes long and led by a trained volunteer senior/facilitator.

Each of our 43 workshops offers practical and useful information that builds on what participants already know. The workshops do not provide specific legal, medical or financial advice, but explore available resources and build confidence for seniors to advocate for themselves and each other. Participating in a group has the added potential benefit of social interaction. So far, almost 40,000 people have attended these sessions on wide-ranging topics.

A recent report is well worth reading. In March 2018, the House of Commons received a report by the Standing Committee on Human Resources, Skills and Social Development and Status of Persons with Disabilities. Please see the eighth report: "Advancing Inclusion and Quality of Life of Seniors" (https://tinyurl.com/ycvc9a6j).

GUDRUN LANGOLF IS PRESIDENT OF THE COUNCIL OF SENIOR CITIZENS' ORGANIZATIONS OF BC (WITHOUT THE "T" AND WE DON'T SELL YOU ANYTHING). COSCO IS AN UMBRELLA GROUP OF 80+ SENIORS' GROUPS THAT REPRESENT APPROXIMATELY 100,000 SENIORS. VOLUNTEER SENIORS LEAD AND OPERATE COSCO. LEARN MORE AT WWW.COSCOBC.ORG

COSCO HEALTH AND WELLNESS WORKSHOPS

Information is power. Or at least it can provide some peace of mind. The Council of Senior Citizen's Organizations of BC (COSCO) now offers workshops on over 43 different topics of interest to seniors.

Each 60-90 minute workshop is available free of charge to any group of 10 or more. Workshops are available in these categories:

Better Living • Better Health • Legal and Financial • Safety

Here are just some of the workshop topics:

- Age-friendly communities. This workshop will help individuals and groups to promote community environments that support health and well-being, not only for older adults, but for all citizens.
- Life without driving. The difficult decision to no longer drive has a profound impact on many seniors. We explore when to consider other ways of getting around, encourage early planning and outline alternatives to driving.
- Medication awareness. The potential misuse of medications is a growing concern. Information about how seniors can interact with doctors and pharmacists to ensure safe and effective use of medications is presented.
- Navigating the health care system. We review many of the available medical services and what you can expect from them. Effective communication between patient and health care provider is emphasized.
- Financial literacy. This workshop gives an overview of how to handle and protect your money, including banking and borrowing. We discuss and explain financial terminology.
- Appropriate housing. We explain the continuum of care for housing in BC. Requirements and procedures for accessing appropriate housing are discussed.
- Falls prevention. We review the alarming impact falls have on the wellbeing of seniors and identify hazards that contribute to the likelihood of falls. We recommend safeguards and demonstrate exercises to improve balance and strength.
- Preventing elder abuse and neglect. Abuse and neglect of seniors takes many forms. Participants learn to identify suspicious signs and symptoms.
 We review potential causes, intervention techniques and where to find help.



You can find full details on COSCO workshops at: http://www.coscobc.org/index.php/coscoworkshops.

To book a workshop for your group, please contact: Gordon Dainard, Workshop Coordinator at ws_coord@coscoworkshops. org or 1-604-820-1300.



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Come Celebrate With Us! September 27th, 2018 At The Italian Cultural Centre

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Executive Director Jane Dyson is retiring this year and this will be her last DABC gala. Join us to help celebrate her 20 year legacy advocating for people with disabilities!



Visit: www.disabilityalliancebc.org/fall-fling/ or call 604-875-0188





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Tax AID DABC is Expanding!

For the past three years, Disability Alliance BC has provided income tax filing assistance to people receiving the Persons with Disabilities (PWD) and Persons with Persistent Multiple Barriers to Employment benefits. With the visionary support of the Vancouver Foundation, our Tax AID DABC program has helped hundreds of PWD and PPMB recipients file over 2,000 years of taxes.

We are thrilled to be able to expand this successful Program, thanks to funding from the Province of BC, as part of its focus on poverty reduction. Tax AID DABC services will now be provided through a partnership with the Ki-Low-Na Friendship Society in Kelowna, Together Against Poverty Society in Victoria, and Active Support Against Poverty Society in Prince George. Working with these three organizations, we will be able to assist more PWD and PPMB recipients to file their taxes

and access the tax credits and benefits they are eligible to receive.

"We hope that people will hear about this program and take advantage of the services that are available," said Shane Simpson, Minister of Social Development and Poverty Reduction, at the May 3rd announcement of the funding at the DABC office. "Over the last three years, Tax AID DABC has helped 650 people recover \$1.5 million in tax credits. It's a good program, and I'm glad that we could help bring this service to more people in our province."

Also at the May 3rd announcement was a former Tax AID client who came to share his experience of Tax AID with Minister Simpson. "DABC's help was a big part of me changing my life around," said Steve. "The help (they) gave me filing my taxes was the beginning of my recovery. I got thousands of dollars back, and

moved forward to leading a more healthy life."

At DABC, we are firm believers in the power of partnership, and we are excited to begin working with our three great new Tax AID partners. In addition to providing direct tax filing services, our program partners will also be providing workshops to other community organizations in their regions.

Our sincere thanks to the Ministry of Social Development and Poverty Reduction for their support and to the Vancouver Foundation for the initial funding for Tax AID.



vancouver foundation

Together Against Poverty (Victoria)



Ki-Low-Na Friendship Society (Kelowna)



Active Support Against Poverty Society (Prince George)





www.disabilityalliancebc.org Disability Alliance BC

Procrastination or Planning? I by Anonymous

I am approaching 70, retired after an eventful 40-year career, and I have little insight into how to approach planning for my upcoming years.

t's been there, stewing for a couple of years now. I sit here wanting to ignore it, hoping it will resolve itself, and knowing I have yet to do anything about it. I might as well admit it—I'm in a quandary and don't know what to do next.

I am approaching 70, retired after an eventful 40-year career, and I have little insight into how to approach planning for my upcoming years. Sigh! Peace of mind will only come if I do more to prepare to act. Acting means coming up with variations of a viable plan: a Plan A, a Plan B and a Plan C.

My situation is different from others of my generation. I usually ignore it, but I am the one out of seven people living in Canada with a disability. I've been a paraplegic from birth and use a power chair to get around. I think my disability also makes me different because I have a better idea of what I will inevitably confront in the coming years.

Like most people with a physical disability, my primary objective is to be as independent as possible as long as possible. But, as I age, this goal is slowly becoming more difficult.

If I'm honest, some signs are emerging already: being more careful

and shortening the distance when transferring to and from my chair (typically 25 times daily, now compromised with torn rotator cuffs), taking osteoporosis medication in hopes that I can prevent breaking any more bones, knowing that skin thins as we age and wondering how quickly those previous pressure sores will reappear, and pushing through bouts of fatigue I seem to experience on a regular basis.

A plan is definitely required, but what should I do and when? Here is what I've come up with so far—obviously I've got a lot more investigation to do:

Plan A: Stay where I am. This would mean that, as time goes on, I would need to hire services to provide cleaning and laundry. Luckily, I live close to transit, shopping and a community centre.

Plan B: Move to an independent living residence. Moving to this type of facility would mean having emergency response, light house-keeping, some meals, and some social and recreational activities.

Plan C: Move to an assisted/ long-term care facility. This type of facility would provide me with on-site assistance with personal care, meals, mobility, medication management and support.

The first consideration that leaps to mind is financial. Like everyone in my generation, I would really like

to know how long I will live so I can budget accordingly. New research shows that people with physical disabilities are living longer than ever. Apparently, I can expect to live to just below the average age for the general population. Luckily, along with my CPP and OAS (alas no other pension), I have a pretty healthy RRSP and some additional savings. But they will quickly disappear as my need for support increases the longer I live.

If I move to an independent or longterm care facility, there are even more considerations. Is the residence fully accessible? Will I be able to use the washroom, laundry and kitchen or were they designed for able-bodied people? Will I be able to participate in the activities I'd like, for example, is the bus for outings wheelchair-accessible? Is the residence located close to transit, shopping and entertainment?

Then there's my biggest anxiety. I am at the forefront of the baby boom generation. That means there will be a tidal wave of aging boomers hitting retirement residences at the same time. From where I sit, there is little proactive planning on the federal, provincial or municipal level for this eventuality. Even though I am not really ready for it, should I move into a long-term care facility before I reach 70 to ensure I am in a situation where I can get the support I require as my needs evolve?

Then there's my biggest anxiety. I am at the forefront of the baby boom generation. That means there will be a tidal wave of aging boomers hitting retirement residences at the same time.

Obviously I need to do more research to make an informed decision. What resources are out there? My first steps are to discover what is available by searching the websites of governments and relevant organizations, visiting some senior centres, and then assessing retirement homes. If I'm lucky, I'll find someone or a group who can advise me directly.

Through the years, whenever I encountered barriers, physical (stairs, curbs, heavy doors) or legislative (municipal, provincial and federal codes), I made a mental note to the perpetrators, "Wait until you become a senior citizen!" Well, I'm here now, and it's indeed ironic—far from being "different" from the others, I'll finally be one of them! I can well imagine that my concerns are exactly the same as those other six people. Let the competition for solutions begin!



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- You can set up monthly donations in seconds at <u>www.</u>
 <u>CanadaHelps.org</u> by searching for "Disability Alliance BC"
- Or, set up a monthly credit card donation by contacting Terry at 604-875-0188.

Thank you for your support!

Income Assistance Changes at Age 65

I by Annette Murray

People who receive the Persons with Disability (PWD) benefit often ask: "What happens to my income when I turn 65?" In this article, I'll outline the process and the steps to follow to avoid any interruption in your income supports.

When you reach 65, you will keep your enhanced medical benefits (minus diet allowance and nutritional supplements), but your monthly income will come from Canada's seniors' income security programs, instead of the PWD program.

What should you do?

Before you turn 65, the Ministry of Social Development and Poverty Reduction (MSDPR) will remind you,

The Ministry will switch your PWD file over to Medical Services Only status and you will receive your monthly income from Canada's seniors' income security programs.



by letter or MySelfServe, to apply for Old Age Security (OAS) and the Guaranteed Income Supplement (GIS).

You must contact the Ministry within six weeks of receiving the letter to confirm you have applied for federal pensions or received notification from Service Canada that you have been approved for federal pensions. If you don't do this, you could become ineligible for PWD.

Keep the confirmation documents you receive from Service Canada. The Ministry may ask for copies, so keep the original documents. Make sure your taxes are up to date, so you can keep your PWD-related medical benefits and Service Canada can determine your eligibility for the seniors' benefits. Once you qualify, always file your taxes on time to remain eligible.

The Ministry will switch your PWD file over to Medical Services Only status and you will receive your monthly income from Canada's seniors' income security programs. These programs are: Old Age Security Pension (OAS), Guaranteed Income Supplement (GIS) and possibly the Seniors Supplement and Canada Pension Plan.

Old Age Security

Old Age Security is a federally-funded monthly pension paid to Canadian citizens and legal residents of Canada who have reached the age of 65. You must meet the residency requirements or have lived and worked in another country that has

a social security agreement with Canada.

Guaranteed Income Supplement

If you are automatically enrolled to receive OAS, Service Canada will send you a Notification letter a month after you turn 64. If you don't receive the Notification, you must apply for OAS and are eligible to do so one month after you turn 64.

The GIS provides additional money, on top of the Old Age Pension, to eligible low-income seniors living in Canada. You must apply to receive the GIS. As long as you file your annual income tax return on time, your GIS benefits will be renewed automatically each year.

Senior's Supplement

The Senior's Supplement is a monthly payment to low-income seniors who are receiving federal Old Age Security and the Guaranteed Income Supplement. If the income level of an eligible senior falls below a level guaranteed by the Province, the supplement is provided to make up the difference. Seniors do not need to apply for this—it is paid automatically. BC guarantees single low income seniors eligible for GIS a monthly income of \$1,512.19. Please note that where one adult only receives OAS/GIS allowance

DABC's 2018 Employment Awards

Recognizing achievements in the hiring and supporting of people with disabilities and outstanding employees

2018

?

2017



2016



2015



Nominations are open until August 15th, 2018

Please visit our web site: www.disabilityalliancebc.org
*Winners will be announced at our Sept 27th Fall Fling Gala & Fundraiser

and the Senior's Supplement, and the family is receiving a top up from the Ministry, the system will automatically deduct these payments from their assistance and any remaining entitlement will be issued as a top up from the Ministry.

Canada Pension Plan

Canada Pension Plan is a retirement pension for people who have contributed to the plan through paid employment. The amount you receive is determined by the amount of contributions you made when you were working. If you are on CPP Disability or CPP Early Retirement benefits when you turn 65, these will automatically switch to the CPP retirement pension.

What if you are not eligible for the Old Age Security Pension and the Guaranteed Income Supplement because of the 10-year residency rule?

You may be eligible to continue receiving PWD benefits. Contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800 for more information.

What about the \$52 a month disability bus pass?

You will be eligible for the \$45/ year BC Bus Pass for Seniors, if you are getting the GIS or are over 65 years old, and would qualify for the GIS, but do not meet the Canadian 10-year residency rule. Call 1-866-866-0800 or follow the instructions and use the links found at https://tinyurl.com/vbutacet.

ANNETTE MURRAY IS AN ADVOCATE WITH DABC'S ADVOCACY ACCESS PROGRAM.

My Experience as a Practicum Student

I by Sarah Cheung

As a child, if you asked me what I wanted to be when I grew up, I would have said a doctor or nurse. Due to the nature of my physical disability, however, a career in health care would have been very difficult for me to attain. But, I have refused to let my disability deter me finding a career in the health care sector.

Why is a career in health care so appealing and exciting to me? Throughout my life, I have met many outstanding people in the

My disability has taught me the importance of advocating for my needs. My aspiration is to help people to find their voice, so they can experience greater independence and dignity.



health care system who provided me with amazing support and care. This sparked my interest in becoming a social worker. I would like to make a difference in people's lives like they have in mine.

As a fourth-year social work student at UBC, I am now completing my final practicum at Disability Alliance BC (DABC) and given the opportunity to support others in the disability community.

As someone with a physical disability, I have worked hard to be treated equally.

I believe I can use my experience to help other people create their own change in their lives and communities.

My disability has taught me the importance of advocating for my needs. My aspiration is to help people to find their voice, so they can experience greater independence and dignity.

As a student advocate for DABC's Advocacy Access program, my specific role is to connect with people who have disability-related questions, and provide answers and support. The four core areas of my work have been: the Persons with Disabilities benefit ("PWD"), Canada Pension Plan—Disability benefits, the Disability Tax Credit and the Registered Disability Savings Plan. Over the course of my practicum, I have had the privilege of helping many people to better understand

disability benefits and other services and resources that may be able to enrich their lives. When people with disabilities are empowered, they can advocate for their own rights and the elimination of social inequities.

The existing network of supports available to people with disabilities is not always sufficient to meet their needs. Due to the constraints of disability benefit programs and policies, I have seen first-hand how these programs can exacerbate poverty, and rob individuals of dignity and independence. As an advocate, I find it very frustrating when I cannot offer solutions to problems people may be encountering.

The experience and knowledge I have gained at DABC will help me become a better social worker. I have had the opportunity to work with many exceptional individuals and help them to gain some control, dignity and respect. Despite the social injustices that hinder people with disabilities from being treated as equals, my practicum has reaffirmed my belief that the disability community is incredibly resilient and resourceful. My experience at DABC has given me a glimpse of how I can encourage individuals to champion advocacy and fight for equality, and I will endeavour to uphold these values as a social worker.



We couldn't get there without you.

Program and Project Funders

- BC RehabilitationFoundation
- City of Vancouver
- Council of Canadians with Disabilities
- Department of Justice Canada, Victim's Fund
- Law Foundation of British Columbia
- Ministry of Public Safety and Solicitor General—
 Emergency Management
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- Ministry of Social
 Development and Poverty
 Reduction
- Notary Foundation of BC
- Province of British Columbia
- Vancouver Coastal Health
- Vancouver Foundation

We gratefully acknowledge the financial support of the Province of BC.



Dedicated Supporters and Friends

- BC Association for Individualized Technology and Supports for People with Disabilities
- ♥ BC Government and Services Employees Union
- ♥ BC Housing, HAFI Program
- ♥ BC Hydro Employees Community Services Fund
- ♥ BC Teachers Federation
- CUPE Local 1936 (Community Services of Greater Vancouver)
- CUPE Metropolitan Vancouver District Council
- Davies Home Health Care
- ♥ Health Services of BC
- Home Medical Equipment Dealers Association of BC (HMEDA)
- ♥ Hospital Employees Union
- ▼ Inclusion BC
- ▼ Island Mediquip Home Medical Equipment Specialists
- ▼ Klein Lawyers LLP
- ♥ RBC Foundation
- ♥ Sodexo
- Simpson, Thomas and Associates (Trial Lawyers)
- ▼ TELUS Employees Charitable Giving Program
- ▼ Tompkins Wozny, Chartered Professional Accountants
- United Way of the Lower Mainland
- Vancity
- ▼ Vancity Credit Union Fairview Community Branch
- Vancouver Taxi Association

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Centre de services à l'emploi

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NORTH SHORE

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VANCOUVER CITY CENTRE

900 - 1200 Burrard Street Tel 604.434.0367

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Canada



The Employment Program of British Columbia is funded by the Government of Canada and the Province of British Columbia.

NEW DTC RESOURCE FOR NURSE PRACTITIONERS

Access RDSP has created a new booklet,

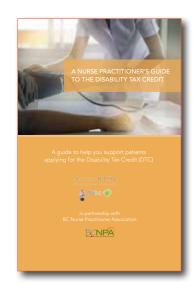
A Nurse Pracitioner's Guide to the Disability

Tax Credit.

The Disability Tax Credit (DTC) offers significant benefits for people with disabilities who qualify. In the 2017 federal budget, the government granted nurse practitioners the ability to certify the DTC for their patients. With this guide, we explain the different sections of the form and suggestions for supporting patient's applications.

You can download the guide from DABC's website at: http://disabilityalliancebc.org/dtc-nurse-practitionerguideweb/

For more information on the Guide, please ask to speak with the Access RDSP Outreach Coordinator at DABC at 604-872-1278 or rdsp@disabil-ityalliancebc.org.





vancouver foundation



ACCESS RDSP IS A PARTNERSHIP OF BC ABORIGINAL NETWORK ON DISABILITY SOCIETY, DISABILITY ALLIANCE BC, AND PLAN INSTITUTE AND IS MADE POSSIBLE WITH GENEROUS SUPPORT FROM THE VANCOUVER FOUNDATION.

THANK YOU TO BC NURSE PRACITITIONERS ASSOCIATION FOR THEIR COLLABORATION ON THIS RESOURCE.



INVITE DABC TO HOST A WORKSHOP

DABC provides workshops across BC to share information on provincial and federal disability benefits, the Registered Disability Savings Plan, Disability Tax Credit, income tax filing and emergency preparedness.

Most of our workshops are provided free of charge; however, we ask that a minimum of ten participants be confirmed for workshops outside of Metro Vancouver.

For more information or to request a workshop, please go to: <u>disabilityalliancebc.org/programs/workshops.</u>
Or contact Val at DABC at 604-875-0188, <u>feedback@disabilityalliancebc.org.</u>

Tax Filing

Our Tax AID DABC program provides workshops on simple income tax filing issues for people with disabilities, common tax filing credits, options for dealing with tax debt, and much more. In April 2018, DABC started a partnership with three organizations across BC to expand the availability of these workshops. Please see page 9 for details.

Disability Benefits

DABC advocates provide workshops on provincial disability benefits (Persons with Disabilities (PWD) and the Persons with Persistent and Multiple Barriers (PPMB) benefits), as well as federal disability benefits (Canadian Pension Plan-Disability). The workshops include information about financial and medical eligibility criteria and the supplementary supports that are attached to PWD and PPMB. The workshop can be tailored to the needs of the organization or group.

RDSP/DTC

Access RDSP advocates provide workshops on the eligibility criteria for the Disability Tax Credit (DTC), strategies for communicating with your doctor, options if your DTC application is denied and eligibility criteria for the Registered Disability Savings Plan (RDSP). Other topics include: tips for communicating with your bank, information about Canada Disability Savings grants and bonds, best practices for maximizing RDSP benefits, and accessing the Endowment 150 grant.

Emergency Planning and Preparedness

DABC offers workshops to businesses, provincial and local governments, and community organizations on how to create emergency plans that include people with disabilities and seniors. These workshops may be provided at no cost, when funding is available.

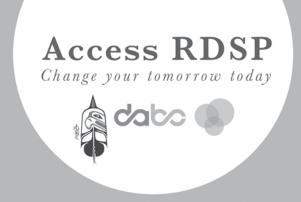
CMIST and the Functional Needs Framework

CMIST stands for the following needs: Communication, Medical, Functional Independence, Supervision and Support, and Transportation. This approach to emergency planning and response offers a different way to consider the range of needs of the people in your local community.

The Duty to Accommodate is part of the BC Human Rights Code. You will learn what the law says about providing public services in a way that is accessible to all citizens and how to implement solutions to address accessibility.

The CMIST workshop can make your emergency planning and response more comprehensive and inclusive.

We provide half and full-day workshops (half-day workshops are offered only in Metro Vancouver). Through presentation, table top exercises and group discussions, you will gain understanding of how disabilities impact a person's ability to respond in emergencies, and you will take away planning and response solutions you can implement to meet those needs.



Disability Alliance BC, Plan Institute and BC Aboriginal Network on Disability Society in a new partnership.

Information and Support on the

Registered Disability Savings Plan



CONTACT OUR PARTNERS



BC ABORIGINAL NETWORK ON DISABILITY SOCIETY

For Indigenous people with disabilities, contact BCANDS and we can help you with the RDSP process. We can assist with the DTC application, filing taxes, and opening the RDSP account. Phone: (250) 381-7303 ext. 204 | Toll Free: 1-888-815 -5511 (TTY Accessible) | rdsp1@bcands.bc.ca



DISABILITY ALLIANCE BC

To access DABC's RDSP and DTC services, or to request one of our workshops, please contact us at: Local: 604-872-1278 | Toll Free: 1-800-663-1278 | rdsp@disabilityalliancebc.org



PLAN INSTITUTE

We can provide you with information on the RDSP, future planning, and the Endowment 150 (free \$150 for BC residents).

- Call our disability planning hotline at 1-844-311-7526
- Take the RDSP tutorial or apply for Endowment 150 at www.rdsp.com
- RDSP info sessions and other future planning workshops at planinstitute.ca

vancouver foundation

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OTs are unique because they focus on goals that matter to the person. We talk with people about "what matters to you," rather than "what's the matter with you."

Giovanna Boniface



Disability and Aging An Occupational Therapy Perspective

I by Giovanna Boniface

hat does it mean to you to age well with a disability? Have you shared your answer with your health care providers?

As people age, they may encounter many health care professionals, including occupational therapists. Whether you've heard about occupational therapy or not, you may wonder: "What exactly is occupational therapy?"

This article will explore how an occupational therapist can assist a person aging with disability to remain safe in their home, pursue their goals and participate in important activities of everyday life.

What is Occupational Therapy?

Occupational therapists (OTs) improve the health and well-being of British Columbians. We create client-centred solutions that help people participate more fully in everyday activities. For OTs, "occupations" refer to all the necessary and meaningful activities that a person does in their day, including taking care of themselves and their families, work and fun. Occupational therapists adapt, advocate, coach, collaborate, consult, coordinate, design, educate, engage and specialize.

With these tools, OTs work to promote health, and to help a person recover or maintain function. Occupational therapy uses a holistic lens to view health and well-being.

We understand that a person's health is more than the absence

of disease and that well-balanced health considers mood, self-efficacy, social relationships and the ability to access resources.

Disability and Aging

What can a person aging with a disability expect when working with an occupational therapist?

Occupational therapists want to see people with disability experience: productive aging, aging in place, optimal management of chronic pain and overall improved quality of life through participating in activities they value. Productive aging occurs when a person can hold on to roles that are meaningful to them in their home and community.

OTs are unique because they focus on goals that matter to the person. We talk with people about "what matters to you," rather than "what's the matter with you."

This includes working collaboratively with family members and caregivers. Productive aging means being preventative with health care, not simply reactive. We work to prevent injury, unnecessary hospital visits and residential care placements.

OTs enable people to age in place and to decide which place is best. Although most people want to live at home, for some, assisted living or residential care is the best option to allow a person to be supported. Regardless of the person's choice, occupational therapists work collaboratively with clients, family and caregivers to find the living option most suitable to their needs.

Specifically, OTs are experts in home assessments, and can assist with adaptive technology and home modifications that allow a person to age in place. Home assessments and mobility assessments go a long way to reduce the environmental risk factors for falls which help people maintain or regain independence.

Neeva's Story

Neeva is a 68-year-old woman living with Multiple Sclerosis. Recently, Neeva started having difficulty getting around her home and preparing meals. She contacted her local health unit for help and was referred to occupational therapy. A community OT visited Neeva in her home to complete an assessment, including a review of her environment and a fall risk assessment. Neeva and her OT discussed what mattered to her and developed a plan that included: fatigue management strategies, trialling of adaptive equipment (including large-grip utensils, installing grab bars in the bathroom, replacing circular doorknobs and faucets with lever-style fixtures), and creating a community resource list.

These changes were customized to fit Neeva's unique situation and she was pleased with the independence these fairly simple changes gave her. What Neeva valued most was the time the occupational therapist spent learning about her daily routine and goals.

Last Thoughts

Occupational therapists play a vital role in enabling people with disabilities to keep doing the things they need and want to do. Whether it is adapting the environment, selecting assistive technology or learning new ways of doing things, OTs take a person-centred and team-based approach, working collaboratively with our clients with disabilities. By adopting a holistic approach and viewing meaningful occupation as a necessary component of health, occupational therapists enable people with disabilities to age well with disability.

To learn more or find an occupational therapist in your community, visit www.caot.ca/caot-bc.

CAOT-BCCAOT-BC is a regional chapter of the Canadian Association of Occupational Therapists. CAOT-BC is the voice of occupational therapists in British Columbia and works on behalf of its membership to advance occupational therapy practice and to ensure it is valued and accessible by British Columbians.

GIOVANNA BONIFACE IS AN
OCCUPATIONAL THERAPIST WITH
OVER 20 YEARS OF EXPERIENCE.
SHE IS THE MANAGING DIRECTOR
OF THE CANADIAN ASSOCIATION
OF OCCUPATIONAL THERAPISTS (BC
CHAPTER). THIS ARTICLE WAS COWRITTEN WITH CATHERINE LLOYD, AN
OCCUPATIONAL THERAPY STUDENT ON
FIELDWORK PLACEMENT AT CAOT-BC.



Introducing Walkside

I by Frédéric Van Caenegem

WalkSide is a project of Better Environmentally Sound Transportation (BEST) aimed at mapping walking and wheelchair accessible routes.

Walkside takes into consideration accurate pedestrian infrastructure (sidewalks, footpaths, etc.) and how they are adapted to different users (pedestrians, wheelchair users, parents with strollers, etc.).

Currently, major online mapping providers (such as Google Maps) do a great job of identifying the fastest routes by car. However, the walking feature is unreliable and wheelchair accessibility is not considered at all.

Google Maps often orients pedestrians into dangerous roads, streets where there are no sidewalks, major intersections where there are no crosswalks or sidewalks with no curb cuts for wheelchair users. This is because current Geographic Information Systems (GIS) have difficulty "understanding" walking or travelling in a wheelchair.

Most data is for automobiles, relegating walking to two narrow bands on the side of the street (a sidewalk). WalkSide's methodology simplifies this problem by describing a street as a whole (including the sidewalks) and if it can be accessed by wheelchair or by foot. WalkSide can establish safe walking and wheelchair accessible routes.

Here's one example in Vancouver. When using Google Maps, one walking route invites the user to walk where there are no sidewalks and to cross a major boulevard where there is no pedestrian crossing. Google Maps even suggests as an alternative a back alley with no sidewalks.

On the other hand, for the same destination, WalkSide only indicates streets with sidewalks and invites users to cross the major boulevard at the crosswalk. WalkSide also shows the whole pedestrian and wheelchair accessible network, if the user changes their mind on the way.

To operate successfully, WalkSide needs good data. The strict and complete definitions of WalkSide make sure that users have accurate data. For example, a wheelchair and pedestrian accessible footpath is a sidewalk or footpath separated from motorized traffic which can be used by pedestrians, wheelchair users and strollers. As such, it has no curbs, no obstacles and enables you to cross the

street and safely reach another such pathway. Ultimately, streets are categorized as either walkable (or not) and wheelchair accessible (or not).

No curb cuts make the walkable sidewalk below inaccessible in a wheelchair. WalkSide will categorize this route as: "Pedestrian footpath only."



The curb side below enables wheelchair users to access this unpaved but flat pathway to enjoy this park in southeast Vancouver. WalkSide will categorize this route as: "Wheelchair and pedestrian accessible footpath."



Poles on this sidewalk make it unusable for people in a wheelchair. On the other side, however, the nice bikeway would be great in a wheelchair—if you could get to it! WalkSide will categorize this route as: "Pedestrian footpath only."



This crosswalk located on a busy boulevard has no mechanism, such as traffic lights, to stop traffic. WalkSide will categorize this route as: "Crosswalk not walkable or accessible."



A Tool for Change

In addition to being useful to people with physical disabilities, joggers wanting a safe path and parents with strollers, WalkSide is also a tool for policy change. By gathering valuable data, we can clearly show the wheel-chair accessible network in a city.

Furthermore, we can draw statistics to illustrate the situation in a city or neighbourhood, enable comparison with other municipalities or show progression through time.

We can say there is a need for more wheelchair-accessible paths in a city, but we will have more credibility if we say: 68% of streets are wheelchair-accessible. An elected official can take hold of that number and promise to reach 80%.

So WalkSide aims, not only to be useful for users who have different needs, but to be a tool to improve the quality of life in British Columbia.

This project also hopes to increase the number of people walking or wheeling, and reduce the obstacles and challenges facing people with disabilities in their daily lives.

WalkSide is currently in development and user input and suggestions are very welcome. Please visit http://walk-side.org/home/.

DISCLAIMER FROM THE AUTHOR: I AM THE FOUNDER AND DEVELOPER OF THE WALKSIDE PROJECT AND AM CLEARLY BIASED IN THINKING IT IS A GREAT CONCEPT.

www.disabilityalliancebc.org Disability Alliance BC

Support DABC

ABOUT US

Our mission is to support people, with all disabilities, to live with dignity, independence and as equal and full participants in the community. We champion issues impacting the lives of people with disabilities through our direct services, community partnerships, advocacy, research and publications.

FRONTLINE SERVICES

Our Advocacy Access Program provides one-on-one assistance with provincial and federal (Canada Pension Plan Disability) income supports and other benefits. Our Tax AID DABC program helps PWD and PPMB recipients to file their income taxes year-round.

PROGRAMS AND PROJECTS

Our projects respond to community need and increase people's ability to participate and contribute.

MAKING PARTNERSHIPS

We stay connected with a large network of community organizations across BC and regularly provide them with updates about issues of importance to the disability community.

FREE PUBLICATIONS

We publish a range of capacitybuilding self-help guides and advocate resources, in readerfriendly language. Resources are provided free of charge, either by mail or from our website.

BECOME A DABC MEMBER

Numbers matter. The more members we have, the stronger our voice in the community.

Please become a Disability Alliance BC (DABC) member today. You can be a voting member or a non-voting member, and we welcome both individuals and groups.

I accept your invitation to join the DABC and enclose my membership fee of \$15 (individuals) and \$25 (groups).

I am also including a tax-deductible donation of \$_____. (Donations over \$10 are tax deductible).

Please return your payment/donation with this form to: DABC, 204-456 W. Broadway, Vancouver, BC V5Y 1R3.

You can also become a member or donate online at: http://www.disabilityalliancebc.org/about-dabc/become-a-member.

THANK YOU FOR YOUR INVALUABLE SUPPORT

Please check the applicable boxes: ☐ New membership or ☐ Renewal ☐ Voting Member or ☐ Non-voting Member Voting members are people with disabilities and self-help groups where at least 50% of members have a disability.
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KEEP IN TOUCH!



Disability Alliance BC



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Sign up for our Enews at disabilityalliancebc.org

Visit our website often to see our work on behalf of the disability community, and to connect with us through social media.

We hope to see you there.

Icons designed by EpicCoders from Flaticon

Resources to Help You Plan Ahead

Learn about Representation Agreements: A key tool for future planning.

f you are like many of us, you may resist planning for your future. But planning for a possible crisis—an illness, injury or even death—is a vital exercise in protecting you and your loved ones from difficult decisions during periods of stress and grief.

A powerful tool to help you create a plan that reflects your wishes is the Representation Agreement (RA).

What is an RA?

A Representation Agreement is a legal document that can be used whenever you (or another person) are incapable of making decisions, are in an end-of-life situation or have other support needs.

In your RA, you give someone who understands your wishes the legal authority to help manage your affairs whenever you need temporary or ongoing assistance because of illness, injury or disability.

Why have an RA?

With this document, you appoint a legal representative to act on your behalf when you are not able to. The scope of their responsibilities depends on which type of RA you choose and the powers you give them. So, it's important for you to choose the right RA to reflect your wishes and circumstances.

You can authorize someone to help you make decisions, or to make decisions on your behalf, such as:

- Your personal care.
- Routine management of your financial affairs, for example, paying bills.
- Minor health care, including routine tests and dental treatment.
- Major health care, such as major surgery or major diagnostic procedures.
- Obtaining legal services and instructing lawyers with respect to legal proceedings (except for divorce proceedings).

For a comprehensive list, visit https://tinyurl.com/ybjlthfj.

Who can I appoint as my representative?

You can appoint one or more individuals whom you trust to act on your behalf, except in the following circumstances:

 If the individual is being paid to provide you with health or per-

- sonal care services such as your doctor or a paid support worker/ caregiver. The only exceptions are if the person is your spouse, parent or child.
- If the individual is an employee of a facility where you live and receive health or personal care services. For example, a staff member of a care facility or group home where you live cannot be your representative. The only exception is if the person is your spouse, parent or child.

How do I create one?

Here is an overview of the steps to create a Representation Agreement.

- Gather information and choose the right type of RA for you.
- Identify possible candidates who would be willing to take on a representative's responsibilities—usually a friend or family member you trust.
- Choose your representative.
- Complete the RA and any additional legal documents that are required.
- Distribute copies of the completed document(s) to each person named in the RA.
- Review your RA and any other planning documents once a year with your personal supporters.

Where should I store my planning documents?

You can always store your legal papers in a safety deposit box, leave them with your legal professional or file them at home. However, for a small fee, you can store your RA and other legal documents in the Personal Planning Registry managed by The Nidus Personal Planning Resource Centre. You can use this centralized registry to safely store your personal planning documents as well as key contacts in case of an emergency.

For an overview of how different planning documents can fit together, please see the Plan Ahead Checklist on this page.

The Nidus Personal Planning Resource Centre is your one-stop-shop for Representation Agreements. This non-profit, charitable organization is the pioneer in implementing RAs in BC, and the expert on these agreements, including operating the Personal Planning Registry.

For more information, please visit www.nidus.ca, email info@nidus.ca or phone 604-408-7414 or toll-free 1-877-267-5552.

Plan Ahead Checklist

Here is a list of future planning documents to consider adding to your personal files:



■ Will

You appoint a person as your executor to make funeral arrangements and take control of your estate after you die. The executor protects your possessions and ensures they are dealt with as you have directed.

■ Enduring Power of Attorney

You appoint a person to make financial and legal decisions for you. This appointment continues—or "endures"—in the event you become mentally incapable. An enduring power of attorney does not stop you from managing your own affairs, as long as you are capable of making your own decisions.

Representation Agreement

You appoint a representative to make your routine financial management decisions, personal care decisions and some health care decisions. This does not allow the representative to refuse life support or life prolonging medical interventions.

■ Enhanced Representation Agreement

You appoint a representative to make your personal care decisions and some health care decisions, including decisions to accept or refuse life support or life-prolonging medical interventions. This does not allow the representative to make financial or legal decisions on your behalf (see Enduring Power of Attorney).

Advance Directive

State your decisions about accepting or refusing health care treatments directly to a health care provider. The advance directive must be followed when it addresses the health care decision needed at the time. No one will be asked to make a decision for you.

Is Growing Old a Disability?

I by Stuart Alcock

We know our bodies change over time and we encounter more health issues as we age. But we tend to see those changes as isolated from one another. Is it more helpful to see them as the gradual signs of change and aging?

My experiences are probably fairly common. Days after my fortieth birthday, I was prescribed corrective lenses and I have worn glasses ever since. Now I have bifocals and I notice it takes longer for my eyes to adjust after working on a computer. I have not had significant loss of my eyesight, so I do not think of myself as visually impaired.

I had surgery to remove my gall bladder when I was 54. The result is that I seem unable to digest nuts and seeds (unless ground very fine-

photo: belle ancelle

So, thirty years after needing glasses, and after a variety of health issues, I needed some real accommodation of my impaired ability. I had to start thinking of myself as having needs that required changes in my environment.

ly, so marzipan is still on the menu). It is an inconvenience when buying bread and eating in restaurants, but it's no big problem.

At the age of 60, I was diagnosed with Type II diabetes (like three of my maternal uncles). I'm taking daily insulin and oral medications to manage this chronic condition. Sometimes it feels like a nuisance, but I usually just get on with it.

I had surgery for prostrate cancer when I was 61. Yes, there are long-term effects, most requiring a more detailed awareness of washroom locations (where are the French pissoirs in Vancouver when you need them?). The same year, I had face surgery to remove a pre-cancerous lesion on my cheek with a skin tuck that raised my left jowl. I now look more like my late mother on the right side of my face. It is disconcerting, but not really that important.

Then, at three score and ten years, I had surgery to remove two unrelated melanomas on my left elbow and behind my left knee. The former has reduced my strength and the latter left me with ongoing occasional swelling in my calf and ankle. It became much more difficult to get in and out of the ancient claw bathtub in the century-old building I call home. This has now been accommodated by installing a lower tub.

So, thirty years after needing glasses, and after a variety of health issues, I needed some real accommodation of my impaired ability. I

had to start thinking of myself as having needs that required changes in my environment.

I have noticed I take more time and care on stairs and escalators. I attended a movement class at the Seniors Centre and discovered physical moves that are difficult, at best. I used to walk the Stanley Park Seawall in 95 minutes. Now it takes at least 15 minutes longer—though that always includes at least one stop at the pissoir!

To put it simply, I am not the person I once was. Age has taken a toll. Am I now disabled? If not now, when?

We all grow older, but it is not something enough of us prepare for. I think that we need more opportunities to contemplate and discuss how we all might cope with the various and likely effects of growing old.

What are we like now? What matters to us? Will these things change as we age or not? How will we manage and accommodate our futures? What are the changes we are starting to experience? What if...?

STUART ALCOCK, NOW 73, IS PRESIDENT OF THE 411 SENIORS CENTRE SOCIETY.

KEEP IN TOUCH WITH 411 AND ALL THEIR SUPPORTS AND SERVICES AT 411SENIORS.BC.CA OR https://www.facebook.com/411Seniors/



www.disabilityalliancebc.org Disability Alliance BC

Help is Here for Pain Management

ive Plan Be is a free online selfmanagement tool for people living with chronic pain. The name is a play on the concept of "Plan B" the alternative we turn to when life doesn't turn out as planned.

It was created by Pain BC, in partnership with people living with pain and healthcare providers. Live Plan Be is funded by the BC Ministry of Health.

"Live Plan Be is a practical tool that enables people in pain to improve their lives. Live Plan Be is based on the best evidence about how people learn; how people adapt to living with pain; and how people continue to live well, despite the pain." – Maria Hudspith, Executive Director, Pain BC

Live Plan Be is a customizable selfpaced program designed to support you in managing your pain, navigating the healthcare system and mov-



Live Plan Be is a free online self-management tool for people living with chronic pain.

ing forward with your life. It is safe, free, and open to anyone. It offers:

- Evidence-based resources and information
- Community support
- Ways to start conversations and strengthen your relationship with your healthcare provider
- Wherever you are on your journey with pain, Live Plan Be offers you the right information and the most effective tools so you can manage your pain in the best possible way.

For any questions, comments or requests, please email info@liveplanbe.ca. You can also learn more about Pain BC at https://www.liveplanbe.ca. info@liveplanbe.ca.



FROM A DABC ENEWS READER

Remember Spock....

Aging is hard. Some of the biggest challenges I've faced as I am aging are my changing moods and being irritable.

I am a diabetic and I struggle to make healthy choices all the time. I feel like I'm surrounded by temptations, and there is too much sugar everywhere.

Last year, I started something that made me happy: I got a plot in a local community garden. I love planting things, being outdoors in nature, and learning about vegetables and fruits.

As well as going to my community garden, there are other things I like to do to make life better as I age. I enjoy writing, and I have recently published two articles. I also enjoy planning things I can look forward to, such as visits to the Cat Cafe in Vancouver or my favourite local garden centre.

Aging is hard, but there are still ways to find joy, friends and health.

Remember Spock, Live Long and Prosper

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COLOUR PAGES					
Ad size position	Number of editions booked				
	1	2-3	4		
COVER PAGES					
Outside back cover	2200	1900	1700		
Front inside cover	n/a	n/a	n/a		
Back inside cover	n/a	n/a	n/a		
INSIDE PAGES					
Full page	1235	1050	850		
2 columns	915	770	650		
3 column large	870	740	620		
3 column small	455	375	325		
2 column small	410	350	285		
2 column mini	340	280	245		
1 column	455	375	325		
1 column mini	275	235	200		

BLACK PAGES				
Ad size position	Number of editions booked			
	1	2-3	4	
COVER PAGES				
Outside back cover	n/a	n/a	n/a	
Front inside cover	1200	1020	850	
Back inside cover	1000	850	660	
INSIDE PAGES				
Full page	950	800	650	
2 columns	700	600	510	
3 column large	675	550	485	
3 column small	350	300	250	
2 column small	315	265	225	
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- A quarterly thank you in our e-newsletter, for one year

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