



COVID-19 DISABILITY SURVEY

Report for Data Collected up to
December 18, 2020



Canadian Disability Participation Project
Le projet canadien sur la participation sociale
des personnes en situation de handicap

STATEMENT OF CONTRIBUTIONS

The COVID-19 Disability Survey is conducted by the Abilities Centre in partnership with Canadian Disability Participation Project researchers from The University of British Columbia and Queen's University.

Partner organizations include:

- Abilities Centre
- Canadian Disability Participation Project
- University of British Columbia
- Queen's University
- Rick Hansen Foundation
- Canadian Autism Spectrum Disorder Alliance
- Canadian Labour Congress

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Individuals/groups who contributed additional questions to the survey: Jonathan Lai (Canadian Autism Spectrum Disorder Alliance), Canadian Labour Congress, COVID-19 Disability Working Group for the British Columbia Ministry of Social Development and Poverty Reduction, Rick Hansen Foundation.

The content of this report is created by Kathleen Martin Ginis, Cameron Gee, Femke Hoekstra, and Adrienne Sinden. The report is formatted by Sarah Tarpey (Abilities Centre). Jodi Birley at the Wave Front Centre and Christine Deschênes contributed to the translation to Plain Language, ASL, and French respectively.

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EXECUTIVE SUMMARY

The COVID-19 Disability Survey is designed to measure the needs, well-being and health behaviours of Canadians with disabilities during the COVID-19 pandemic and recovery periods. The results will provide information to assist government agencies and community organizations to develop and implement COVID-19 response strategies that meet the needs of people of all abilities.

This report summarizes responses from 713 people who completed the survey between June 18th 2020 and December 18th 2020. The survey was open to Canadian adults who identify as a person with a disability and adults who have a child or family member living with a disability. The survey was available in English, French, Plain Language, and American Sign Language (ASL). The sample includes persons with physical, sensory, learning, psychological, intellectual, and other impairments.

Key findings of the survey:

Over 50% of respondents indicated that during the pandemic, their needs are not being met for emotional counselling, recreation and leisure programs, income support, specialized health care, peer support, access to food/shops/groceries, accessible housing, case management, attendant care, and transportation. Less than 50% of respondents classified these as 'unmet needs' before the pandemic.

With the exception of income support, less than 50% of respondents have received support for their needs during the pandemic. Different needs are being supported by different sources (i.e., government, community organizations, family, friends and neighbours).

82% of respondents reported that the COVID-19 pandemic has negatively impacted their mental health; 80% of adults with disabilities scored higher on a measure of social isolation than the average social isolation score for the general population.

Over 50% of adults reported that they have become less physically active and their diet has become worse since the start of the pandemic. Over one-third of adults who smoke, drink alcohol or use cannabis reported that their use of these substances has increased.

Over 50% of parents or caregivers reported that their child with a disability has become less physically active during the pandemic. Over 40% reported that their child's eating habits have become worse.

These data provides a snapshot of the negative impact of the pandemic and COVID-19 restrictions on the well-being of Canadians with disabilities. Compared to before the pandemic, more people with disabilities and their families are reporting unmet needs for services to support their health, well-being and social participation. In parallel, people with disabilities are reporting a decline in mental health, shifts to less healthy lifestyles and significant social isolation.

Additional information about the survey as well as the data supporting this report are available via <https://osf.io/z4gr2/>.





Introduction

The COVID-19 Disability Survey is an initiative to record the experiences, concerns and needs of Canadians with disabilities during the COVID-19 outbreak and recovery periods. The survey's findings will provide important information to help communities ensure that COVID-19 response strategies meet the needs of people of all abilities.

Participation in the COVID-19 Disability Survey is open to adults who identify as a person with a disability, or adults who have a child or family member living with a disability, in Canada. The survey includes questions about participants' COVID-19 related stressors and needs, well-being and lifestyle behaviours. The survey is being repeated in order to track changes in people's needs, well-being, and lifestyle behaviours over time. The survey is available in English, French, Plain Language, and American Sign Language (ASL) via <http://www.disabilitysurvey.ca/>.

This interim report summarizes the survey's findings from 713 respondents who filled out the survey for the first time between June 18th 2020 and December 18th 2020. Additional information about the survey as well as the data supporting this report are available via <https://osf.io/z4gr2/>.

This report includes two parts. Part 1 outlines findings about adults living with a disability and adults who have a child, family member or roommate with a disability. Part 2 outlines findings about children with disabilities.

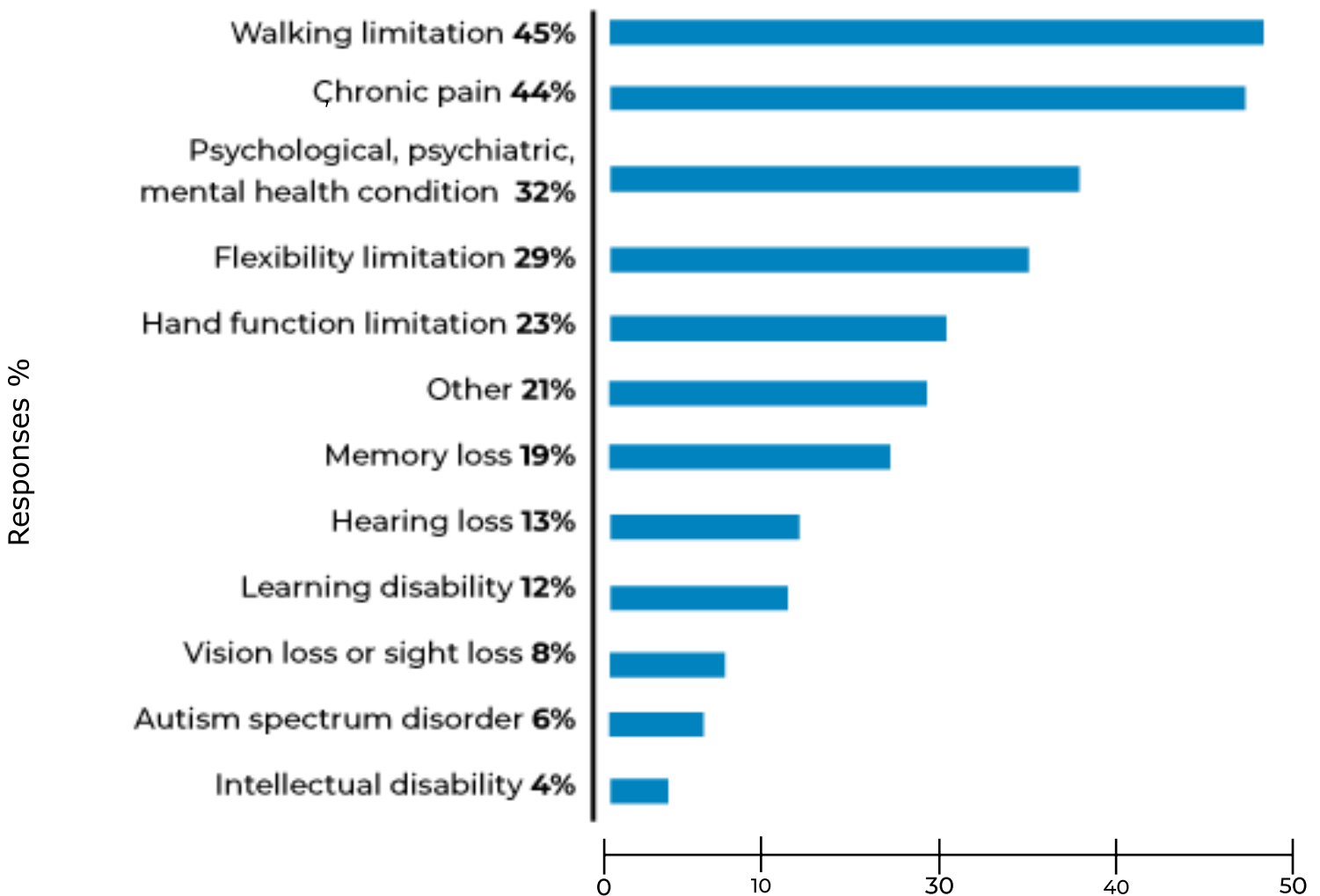
PART 1: Information about survey respondents

Demographics

A total of 713 people filled out the survey. Of this group, 84% identified as a person with a disability, 21% identified as a parent/caregiver of a child with a disability, and 23% identified as a person with a family member or roommate with a disability.

70% of respondents identified as women, 25% as men, and 5% preferred not to answer or reported another gender identity. Respondents' average age was 49 years and ranged from 18-91 years.

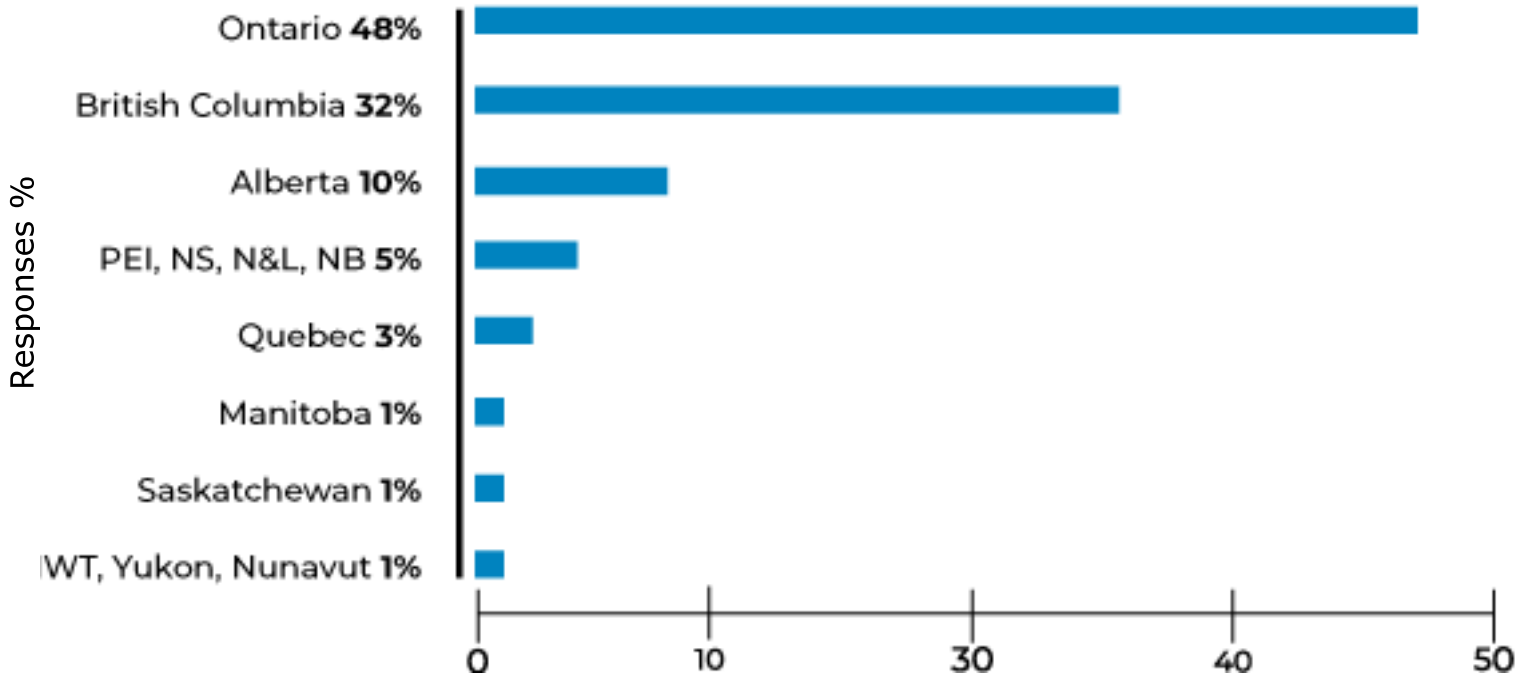
Types of disabilities reported by respondents



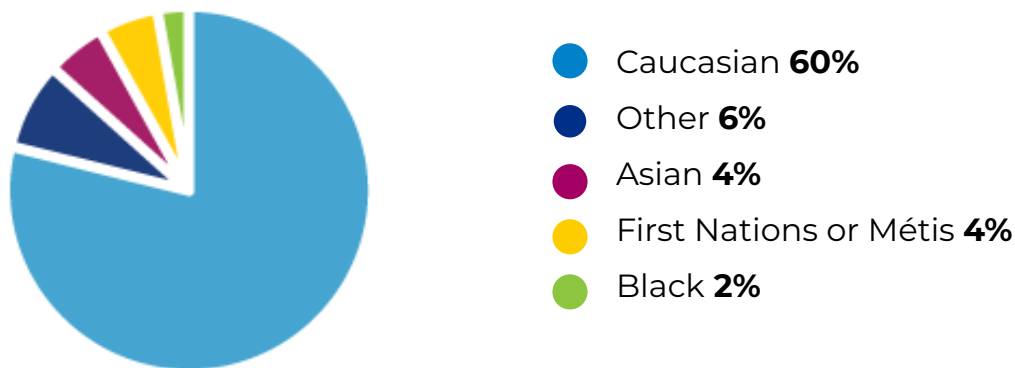
Examples of other impairments/conditions/disabilities reported:

- Brain injury
- Attention-deficit/hyperactivity disorder (ADHD)
- Cancer
- Neurological disorders
- Multiple conditions

Province or territory of residence



Ethnicity



Highest level of education received



- University degree **33%**
- Some college **18%**
- College degree **18%**
- High school **11%**
- Some University **9%**
- Other **8%**
- Some high school **4%**

Marital status



- Married or living as married **44%**
- Widowed **3%**
- Divorced or separated **20%**
- Never married **29%**
- Other **4%**

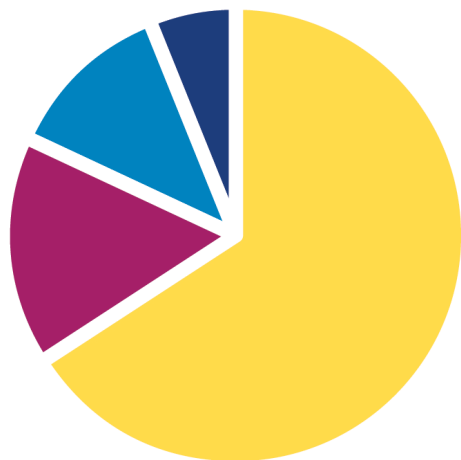
Total household income after taxes in last 12 months



- Under \$25,000 **38%**
- \$25,000 - 50,000 **22%**
- \$50,000 - 75,000 **10%**
- \$75,000 - 100,000 **9%**
- \$100,000 - 125,000 **5%**
- \$125,000 - 150,000 **3%**
- Over \$150,000 **8%**
- Decline to answer **8%**



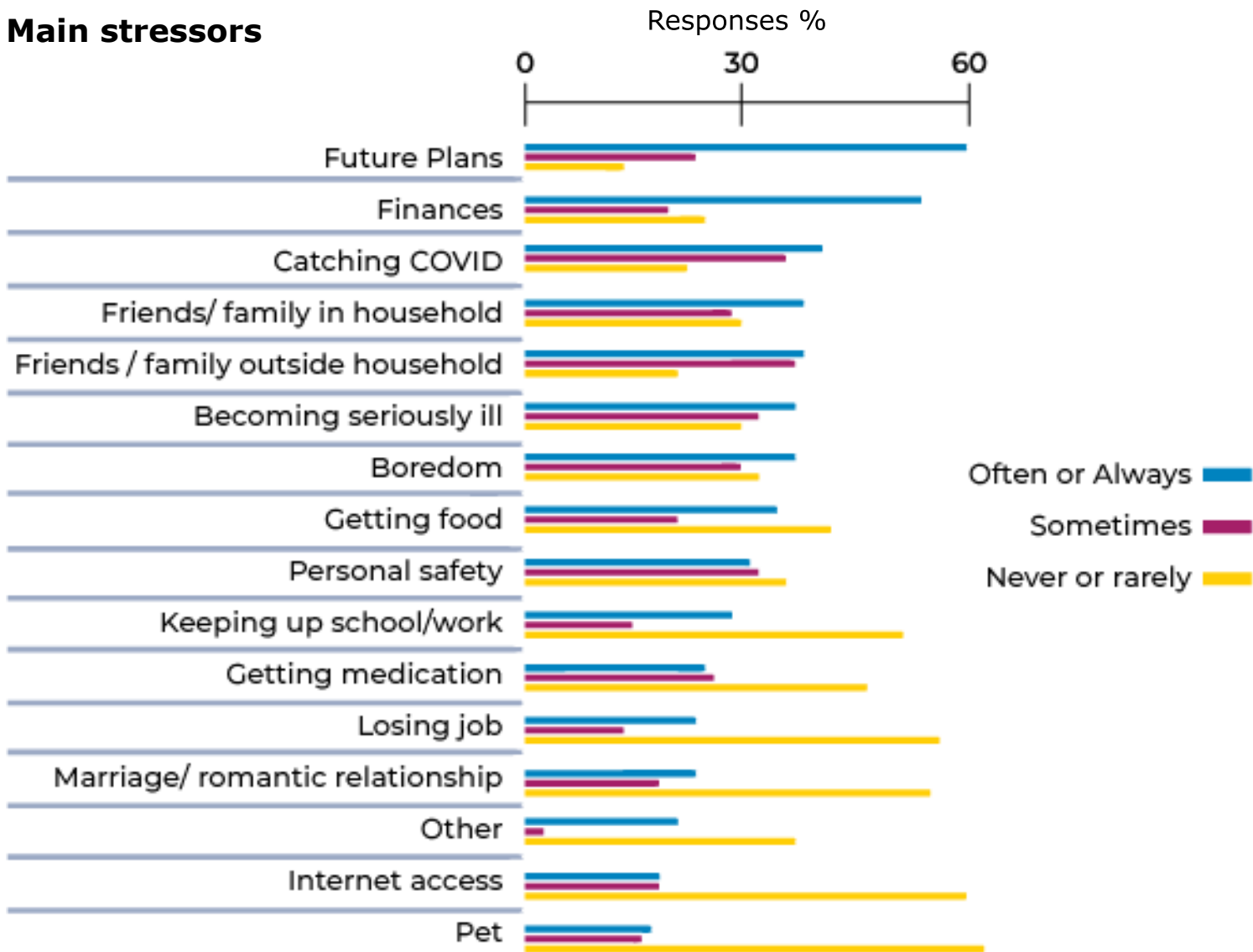
Impact of COVID-19 on employment



- No change **66%**
- Hours reduced **16%**
- Laid off **12%**
- Furloughed **6%**

One-third of respondents reported that their employment status had changed since the start of the COVID-19 pandemic. All of these respondents indicated that their hours had been reduced, or they had been laid off or furloughed.

Main stressors



Respondents indicated the extent to which they worried about different stressors. The most frequent worries were about future plans and finances. Close behind in frequency, the vast majority of respondents reported worrying at least 'sometimes' about catching the COVID-19 virus, friends and family, becoming seriously ill, boredom and getting food. Respondents also reported many other stressors and worries, such as:

- Access to services, medical support & care
- Housing/homelessness
- Suicide, loneliness, abandonment
- Social interactions
- Government support
- Death of loved ones
- General anxiety/world stability
- Transportation safety and hygiene



Other stressors or worries:



- “Ability to see loved ones”
- “Access to supplies for the winter such as food and heating”
- “Access to alternative medicine practitioners and chiropractors”
- “Education for children”
- “Getting a new assist dog”
- “Snow removal”

Needs and Unmet Needs of Canadians with Disabilities During the COVID-19 Pandemic

Abbreviations: G = Government; CO=Community Organizations; O=Others which may include friends, family, and/or neighbours.

Need	Respondents who have this need	Respondents with need who say it was met 'not at all' or 'very little'		Respondents who received support for this need during COVID	Main sources of support
		BEFORE COVID	DURING COVID		
Recreational & leisure programs	62%	30%	76%	27%	CO, O
Emotional counselling	56%	47%	70%	38%	CO, O
General health care	56%	16%	48%	48%	G
Income support	54%	38%	59%	75%	G
Specialized health care	48%	32%	65%	34%	G
Peer support	45%	40%	65%	43%	CO, O
Access to food/shops/groceries	44%	28%	53%	48%	O
Equipment/medical supplies/aids	44%	33%	58%	38%	G
Transportation	36%	32%	61%	44%	O
Internet and technology	35%	25%	31%	39%	O
Accessible housing	30%	45%	54%	28%	G,CO,O
Accessible media and websites	29%	23%	33%	40%	O
Case management	29%	55%	72%	36%	G,CO,O
Attendant care	19%	31%	55%	47%	G,CO,O
Other	24%	52%	67%	54%	G,CO,O

The first column of numbers in the table on the previous page shows the percentage of respondents who have each of the needs listed in the table. The second column of numbers shows the percentage of respondents who said that these needs were not being met before the start of the COVID-19 pandemic. Before the pandemic, 'Case management' was the only need that was considered 'unmet' by the majority of respondents who had this need (55%).

The third column of numbers shows an increase in the number of respondents reporting 'unmet needs' during the COVID-19 pandemic. During the pandemic, a total of 11 needs were considered 'unmet' by over 50% of respondents. These unmet needs include: recreation and leisure programs, emotional counselling, income support, specialized health care, peer support, access to food/shops/groceries, transportation, accessible housing, case management, attendant care and other needs.

The fourth column of numbers shows the percentage of respondents who have received support for each need. A majority of respondents (75%) have received income support from government sources. Government has also provided support to nearly half (48%) of people with the need for general health care.

Four of the greatest unmet needs during the COVID-19 pandemic - recreation and leisure programs, emotional counselling, peer support, and transportation - have been supported primarily through community organizations and others (friends, families, neighbours). For the most part, these needs have not been supported by government sources. Over 60% of respondents considered these to be unmet needs. Only 27-44% of respondents who have these needs have received assistance.

Respondents have received assistance with three other unmet needs--attendant care, accessible housing, and case management--through a combination of supports from government, community organization, and others. Over 54% of respondents considered these to be unmet needs. However, only 28-47% of respondents with these needs have received support.

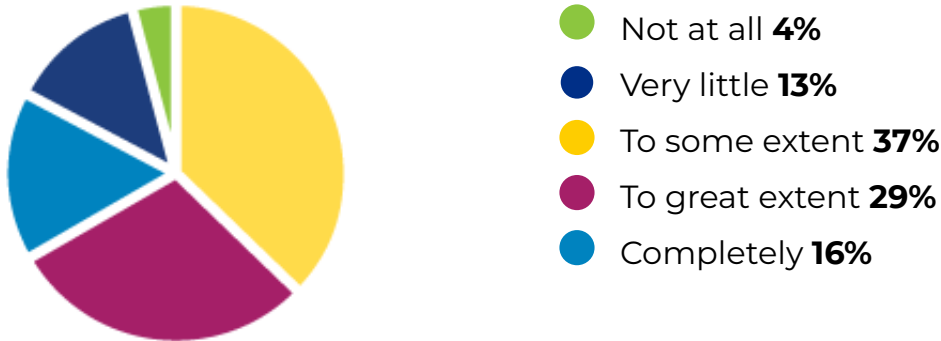
A majority of respondents (54%) who had 'other' needs have received support from a combination of government, community organizations and other sources. Some examples of other needs include:

- Drug / medical coverage
- Financial planning
- Supplies of clothing / cleaning products / proper personal protective equipment (PPE) & other COVID-related materials
- Household chores and personal care support
- Supporting children's needs

General impact on mental health

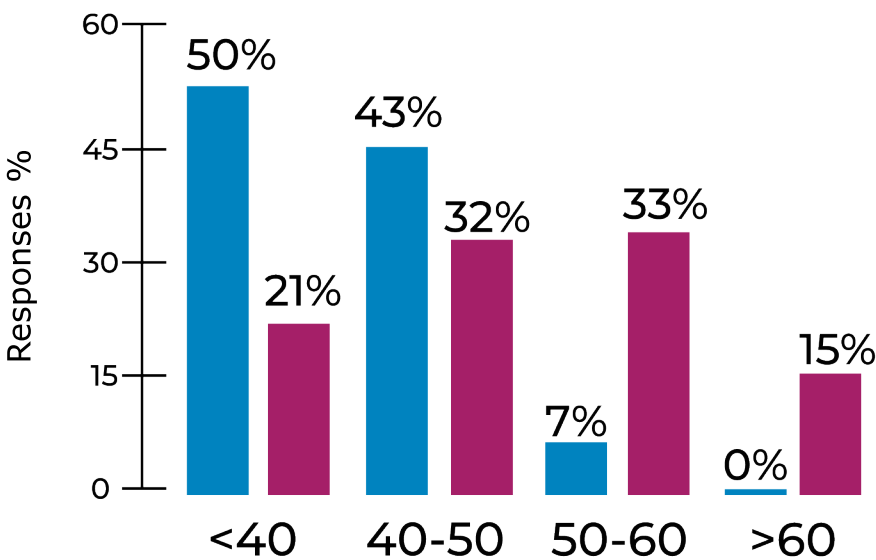
These results are from adults who identified as a person with a disability. Has the COVID-19 pandemic negatively impacted your mental health?

COVID Impact on mental health



The majority of respondents (82%) reported that the COVID-19 pandemic has negatively impacted their mental health.

Physical and mental health



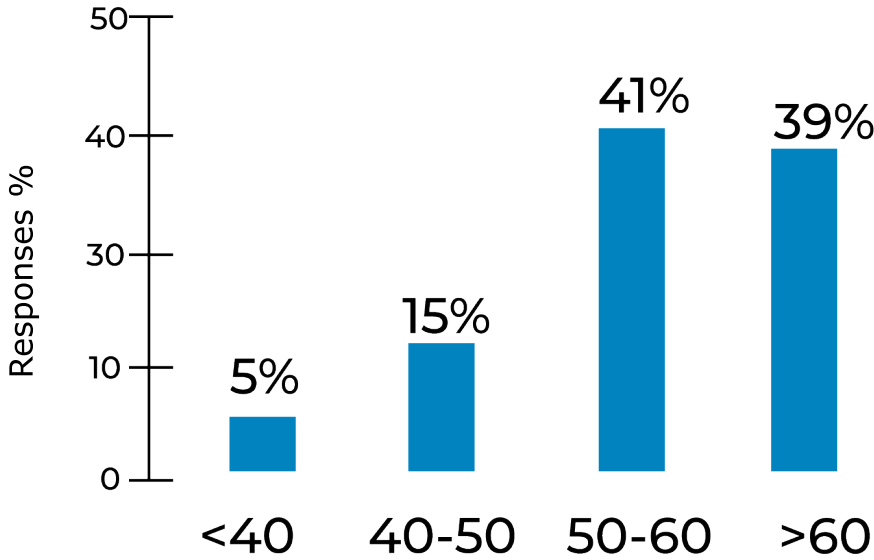
- Physical health
- Mental health

Almost all respondents (93%) reported a physical health score below the population average. Furthermore, 50% of respondents reported a score below 40 indicating that their physical health was at least one standard deviation lower than the population average.

Concerning mental health, 52% of respondents reported a mental health score above the population average and 48% reported a score above the population average.

Standardized questionnaires were used to measure respondents' physical health, mental health and social isolation. The scores are presented as t-scores; a score of 50 represents the mean score in a sample of individuals from the general population in the United States and 10 is the standard deviation. (Note that there are no population-based norms for this scale based on the Canadian population).

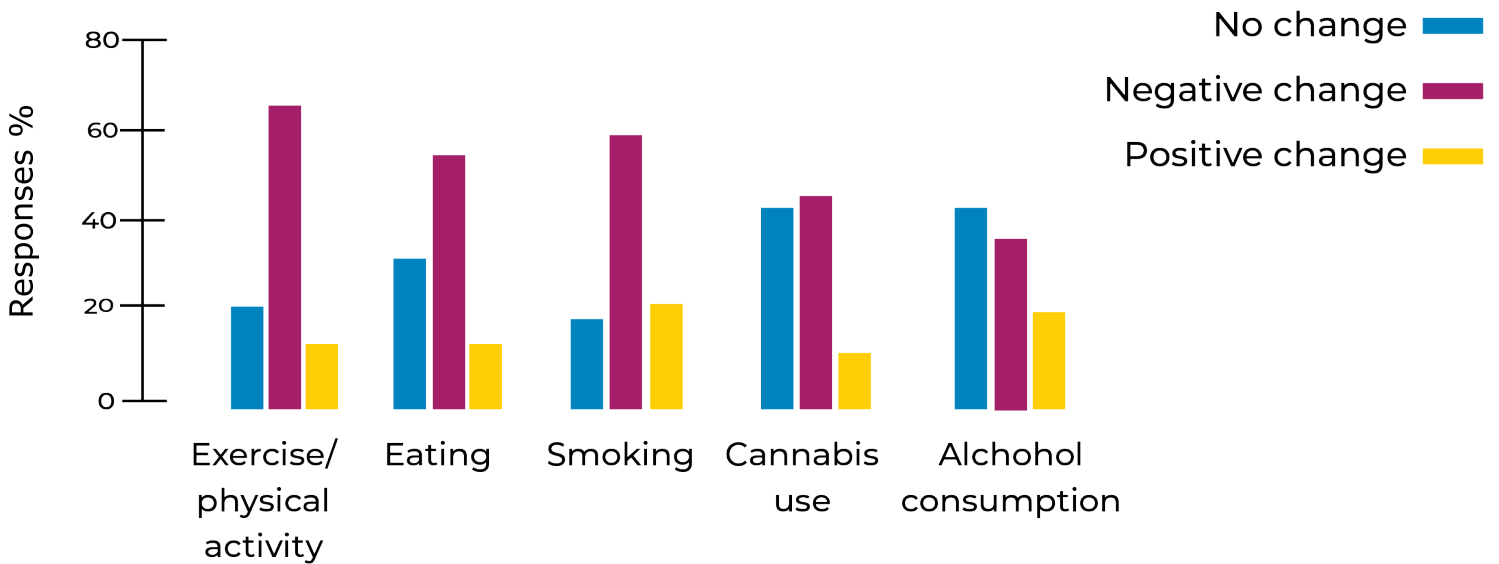
Social isolation



For the measure of social isolation, a higher score indicates greater social isolation. In this survey, 80% of respondents reported greater social isolation compared to the population average.

Lifestyle

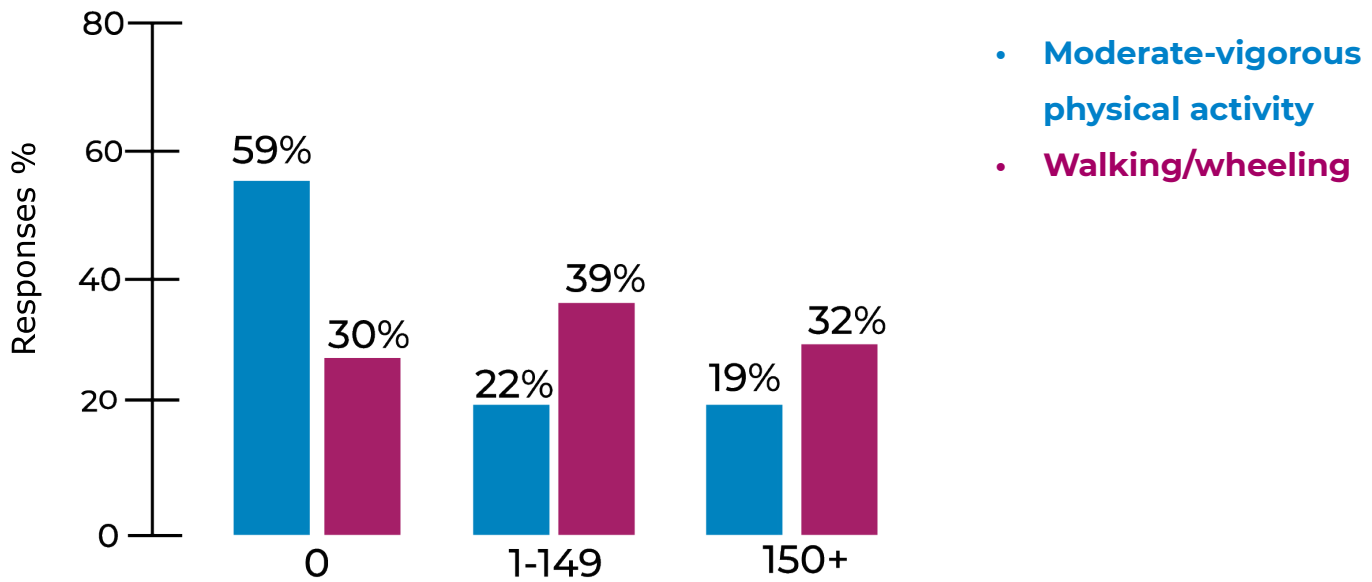
How have your health habits changed since the start of the pandemic?



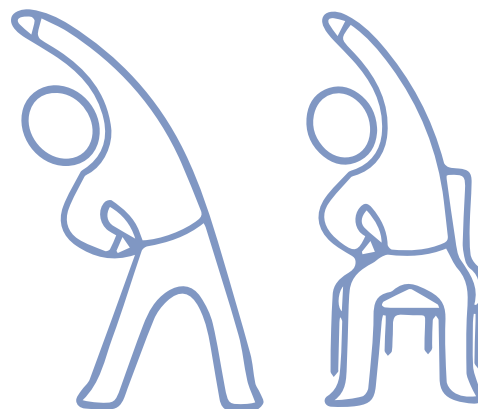
Note: only respondents who indicated that they are smokers, use cannabis, or use alcohol reported on changes in their use of these substances.

The Lifestyle chart illustrates the stark negative consequences of the COVID-19 pandemic on health habits among individuals with disabilities. Over half of respondents reported that throughout the pandemic they have been less active and their diet has become worse. Over one-third of adults who smoke, drink alcohol or use cannabis reported that their use of these substances has increased.

Physical activity levels



The majority of survey respondents (59%) reported that in the previous week, they did not do any moderate to vigorous physical activity at all. Only 19% reported doing at least 150 minutes of moderate to vigorous intensity physical activity the previous week. (Note that the World Health Organization recommends 150-300 minutes of moderate intensity physical activity each week, or 75-150 minutes of vigorous intensity physical activity, or a combination of the two intensities). Although most respondents indicated that they did at least some walking/wheeling the previous week, 30% of respondents reported no walking/wheeling whatsoever.

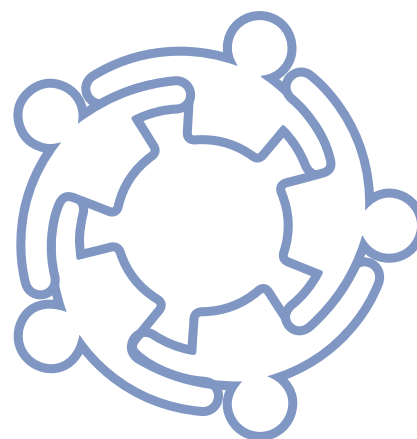
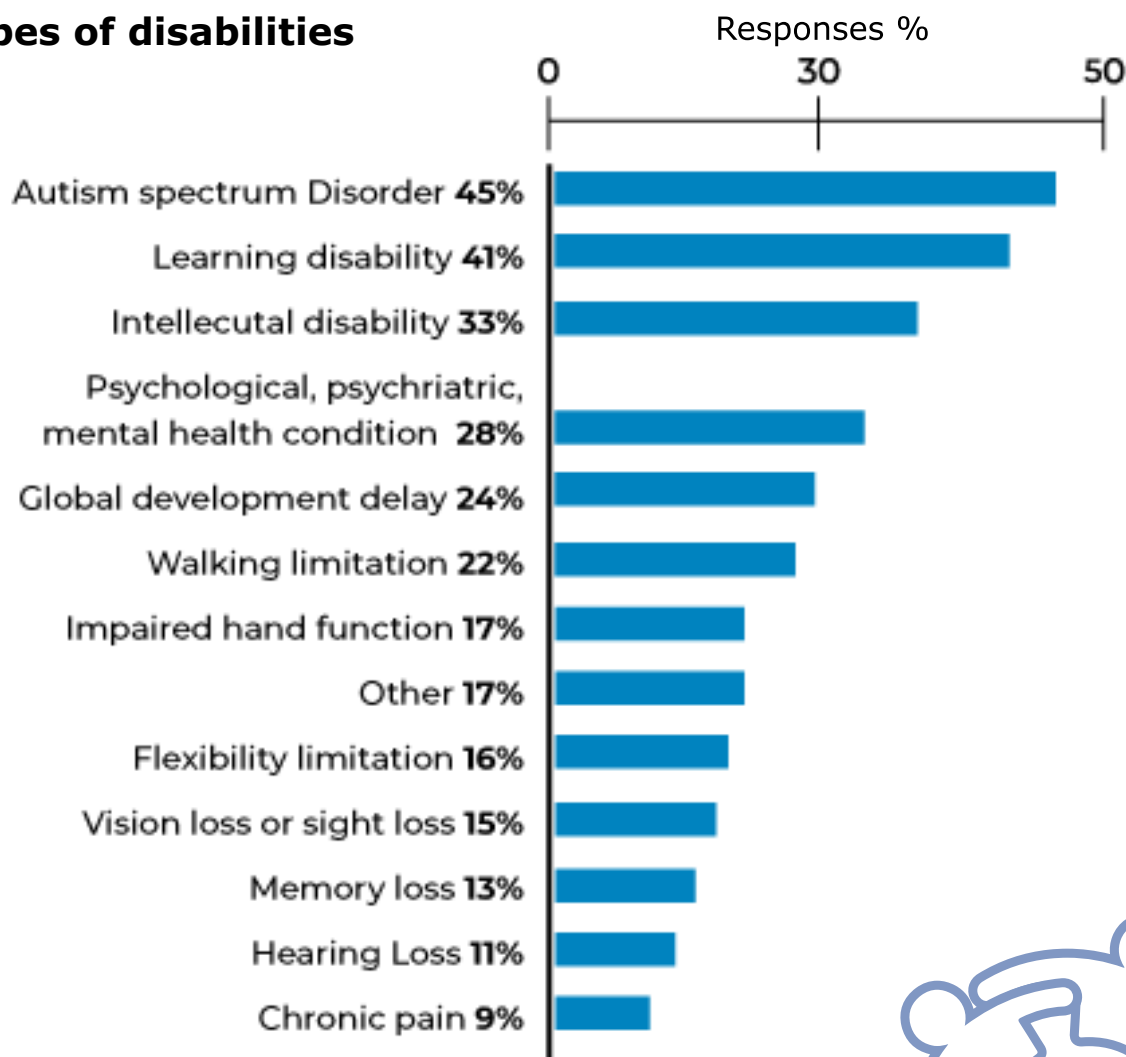


PART 2: Information about children with disabilities

Demographics of children with disabilities

The following information reflects survey data collected from 150 adults who identified as a parent/caregiver of a child with a disability. Children were identified as 56% boys and 41% girls, while 3% of parents preferred not to, or did not report their child's gender identity. The average age of children was 15 years and ranged from 1-47 years.

Types of disabilities



Examples of other disabilities reported:

- Attention-deficit/hyperactivity disorder (ADHD)
- Neurological disorders
- Dwarfism
- Multiple conditions
- Seizures

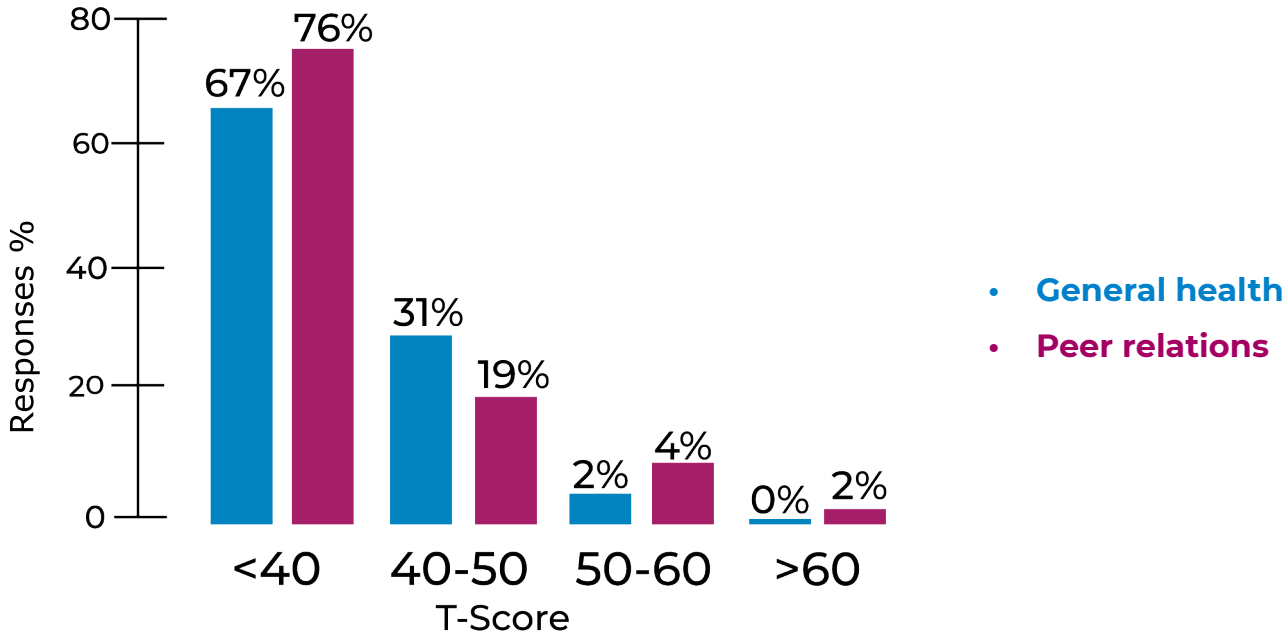


Ethnicity



- Caucasian **59%**
- No response **17%**
- Other **10%**
- Asian **5%**
- First Nations or Métis **5%**
- Black **4%**

General health and peer relationships

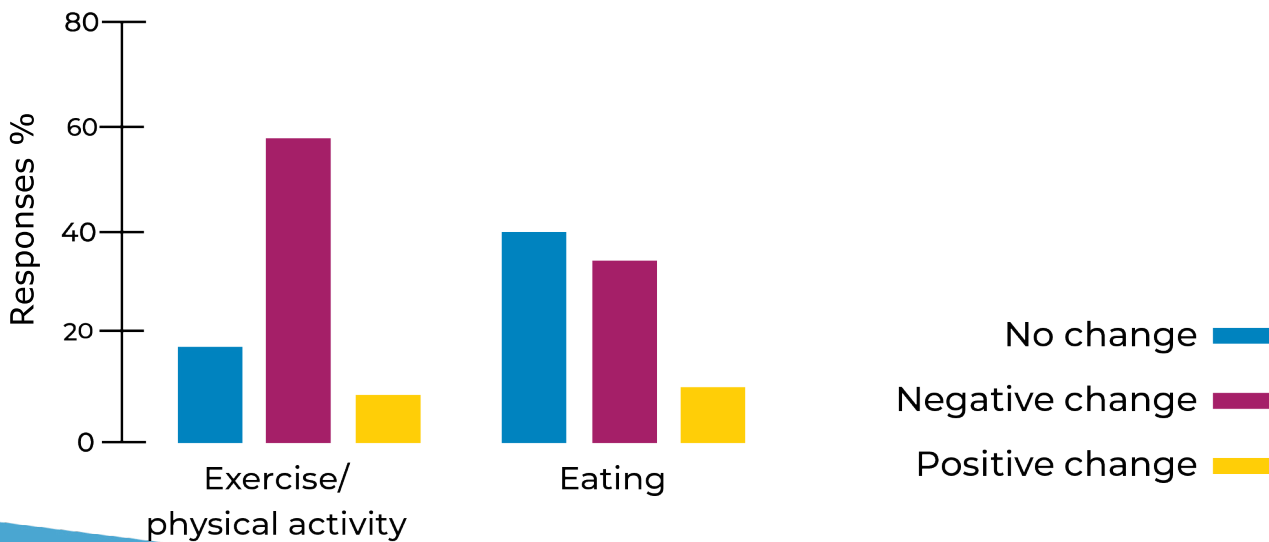


Almost all respondents (>95%) reported their child’s general health and peer relationship scores to be less than the population average. Furthermore, 67% of respondents reported their child’s health score to be below 40 indicating that their child’s general health is at least one standard deviation lower than the population average.

Similarly, the majority of respondents (76%) had a child’s peer relationship score below 40 indicating that their child’s peer relationships score is at least one standard deviation worse than the population average.

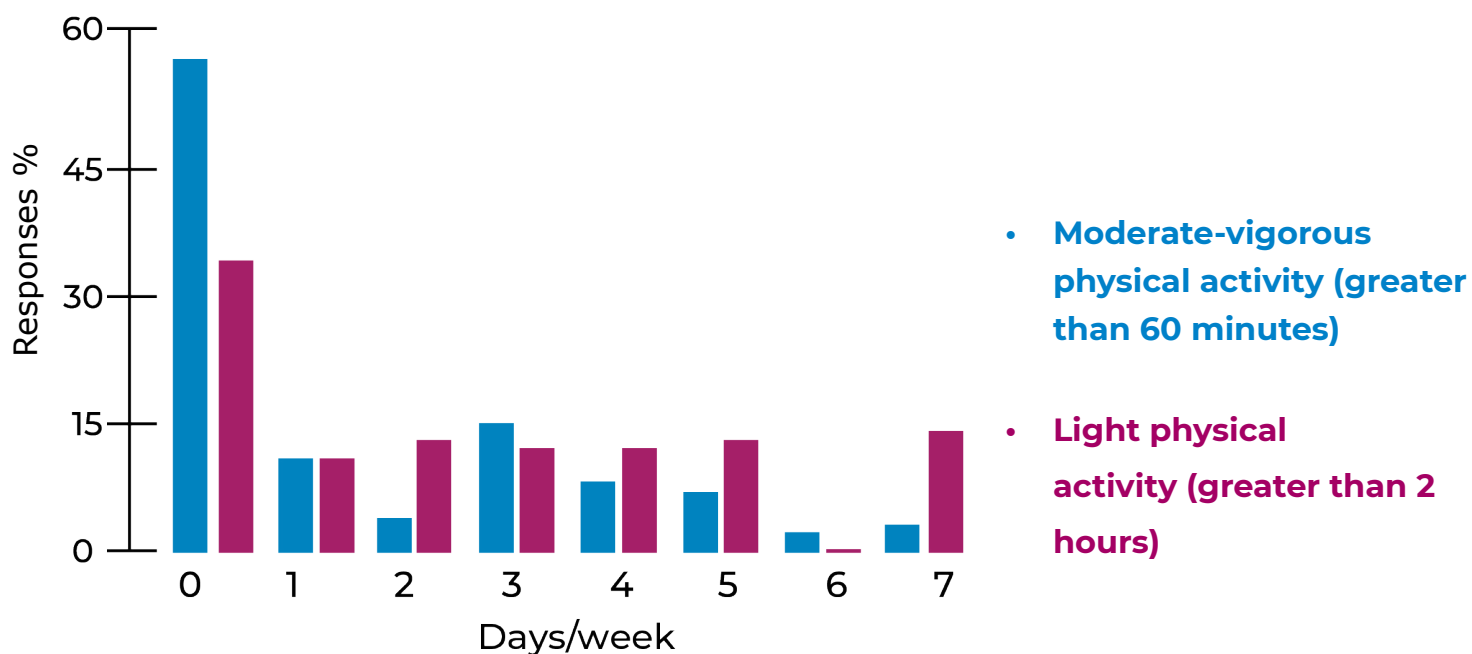
Lifestyle

How have your child’s health habits changed since the start of the pandemic?



Similar to adult respondents, among parents of active children, over half reported that the COVID-19 pandemic has led to their child being less active. While the pandemic has not affected the diets of many children with disabilities, for those who it has affected, it has largely been for the worse.

On how many days each week did your child engage in moderate-vigorous physical activity for more than 60 minutes or light physical activity for 2 or more hours?



The Canadian 24-hour Movement Guidelines for Children and Youth recommend 60 minutes per day of moderate to vigorous physical activity and several hours per day of light physical activity. Over 50% of parents/caregivers reported that their children did not do 60 minutes of moderate to vigorous physical activity on any day of the previous week. Only 3% of children did 60 minutes of moderate to vigorous intensity physical activity every day of the previous week. One third of parents/caregivers reported that their children did not do light intensity physical activity (e.g. walking or wheeling) for at least two hours on any day of the previous week. Only 13% reported that their children did at least two hours of light intensity activity on every day of the previous week.





The COVID-19 Disability Survey was developed by
Abilities Centre and The Canadian Disability Participation Project.

The following project partners contributed survey questions:

- Rick Hansen Foundation
- Canadian Autism Spectrum Disorder Association
- Canadian Labour Congress
- COVID-19 Disability Working Group for the British Columbia Ministry of Social Development and Poverty Reduction