



Government of Canada's Accessibility Survey

Thank you for taking the time to participate in this survey. This research is being conducted by Quorus Consulting on behalf of Employment and Social Development Canada (ESDC) and will help the Government of Canada learn about Canadians' experience(s) with accessibility and disability issues.

The survey takes about 15 minutes to do. You have to be 18 years of age or older to do the survey. Your responses will be kept entirely confidential and anonymous. If at any time during the survey you are not comfortable with a question, you can skip it.


Your decision to participate is up to you and will not affect your relationship with the Government of Canada or the services they provide you. The information provided will be managed according to the requirements of the *Privacy Act*. The final report on the survey will be available through Library and Archives Canada.

We would appreciate it if you could complete the survey by June 28th 2019.



If you have any questions regarding the purpose of the study, please email NC-ACCESSIBLE-CANADA-GD@hrsdc-rhdcc.gc.ca.

For all technical issues and resources to help you complete the survey, please contact Eva Gastelum, Research Manager at Quorus, at 819-923-4837, or via email at: eva@quorusconsulting.com.



A. In what year were you born? ____ ____ ____ ____

Refuse to answer

IF YOU CHOSE “REFUSE TO ANSWER”: If you do not wish to provide the year, in which of the following age categories do you belong?

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

OR 75 or older?

Refuse to answer



B. In which province or territory do you currently live?

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Northwest Territories
- Yukon
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland and Labrador
- Nunavut

- Refuse to answer



C. What is your gender?


- Male
 - Female
 - Non-binary
 - Other gender identity (please describe):
-

- Don't know / refuse to answer

1. Do you identify as a person with a disability?

- Yes
- No

- Refuse to answer
- Don't know



2. Below is a list of different areas and types of disabilities. These disabilities could be permanent, temporary, or episodic – meaning that they change over time.

Instructions: please select **YES** or **NO** if you have had that type of disability. For every disability you select, please also indicate how often the world around you limits your inclusion in society because of this disability.

If you select **RARELY** or **NEVER** to the question “how often would you say the world around you limits your inclusion in society because of this disability” please also indicate how much difficulty you have with this type of disability.


a. Seeing - also known as visual impairment, it affects a person's ability to see - even when wearing glasses or contact lenses.

Yes

No

Refuse to answer

Don't know



IF “YES”: How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF “RARELY” OR “NEVER”: How much difficulty do you have seeing, even when wearing glasses or contact lenses?

- No difficulty
- Some difficulty
- A lot of difficulty
- You are blind or legally blind

- Prefer not to answer



b. Hearing - also known as Deaf or Hard of Hearing, it affects a person's ability to hear – even when you are using a hearing aid.

- Yes
- No

- Refuse to answer
- Don't know

IF “YES”: How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF “RARELY” OR “NEVER”: How much difficulty do you have hearing, even when using a hearing aid?

- No difficulty
- Some difficulty
- A lot of difficulty
- You are deaf

- Prefer not to answer



c. Mobility - also known as a physical disability, it affects a person's ability to move.

- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF "RARELY" OR "NEVER": How much difficulty do you have with mobility?

- No difficulty
- Some difficulty
- A lot of difficulty
- You require mobility aids

- Prefer not to answer



d. Flexibility - also known as a physical disability, it affects a person's ability to move their joints.

- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF "RARELY" OR "NEVER": How much difficulty do you have with flexibility?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

- Prefer not to answer



e. Dexterity - also known as a physical disability, it affects a person's ability to do tasks, especially with their hands.

- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF "RARELY" OR "NEVER": How much difficulty do you have with grasping small objects?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot do at all

- Prefer not to answer



f. Pain - also known as chronic pain disorder, it affects a person's ability to function due to pain.

- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF "RARELY" OR "NEVER": How much difficulty do you have with pain that is always present or with recurring periods of pain?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot function due to pain

- Prefer not to answer



g. Learning - also known as learning disabilities, it affects the way a person receives, understands, and uses information.

- Yes
- No

- Refuse to answer
- Don't know

IF “YES”: How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF “RARELY” OR “NEVER”: How much difficulty do you have with learning?

- No difficulty
- Some difficulty
- A lot of difficulty
- You require accommodation and support

- Prefer not to answer



h. Developmental - also known as intellectual disabilities, it affects a person's ability to learn and to adapt their behaviour to different situations.

- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF "RARELY" OR "NEVER": How much difficulty do you have with this condition?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot function at all without help

- Prefer not to answer



i. Memory - also known as memory disorder, it affects a person's ability to remember information.

- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF "RARELY" OR "NEVER": How much difficulty do you have with your memory?

- No difficulty
- Some difficulty
- A lot of difficulty
- You experience significant memory loss

- Prefer not to answer



j. Mental health-related - also known as mental illness, it affects a person's psychology and / or their behavior.

- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF "RARELY" OR "NEVER": How much difficulty do you have with your mental health condition?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot function without help

- Prefer not to answer



k. Communication - also known as a communication disorder, it affects a person's ability receive, understand, and respond to communication with others.


- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer



IF “RARELY” OR “NEVER”: How much difficulty do you have communicating?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot communicate without support or technology
- Prefer not to answer



I. Speech - also known as a speech disorder, it affects the way a person makes sounds to form words.

- Yes
- No

- Refuse to answer
- Don't know

IF “YES”: How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF “RARELY” OR “NEVER”: How much difficulty do you have speaking?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot speak at all

- Prefer not to answer



m. Language - also known as a language-based disability, it affects a person's ability to understand and use spoken and written language.

- Yes
- No

- Refuse to answer
- Don't know

IF "YES": How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?


- Always
- Often
- Sometimes
- Rarely
- Never

- Prefer not to answer

IF "RARELY" OR "NEVER": How much difficulty do you have with your language-based disability?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot use or understand language at all

- Prefer not to answer




n. Do you believe you have any other type of disability? If so, please describe it:

IF “YES”: How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

- Always
- Often
- Sometimes
- Rarely
- Never


- Prefer not to answer



IF “RARELY” OR “NEVER”: How much difficulty do you have with this other type of disability?

- No difficulty
- Some difficulty
- A lot of difficulty
- You cannot function without help

- Prefer not to answer



5. Do you use any equipment, aids or supports to help you with your daily activities? For example, a screen reader, hearing aids, sign language interpretation, a service animal, a mobility device, a support worker, etc.

Yes

No

Refuse


Don't know



i. **IF “YES” to QUESTION 5:** What type of equipment, aids or supports do you use?

Refuse to answer

Don't know



6. How difficult is it for you to communicate in the following situations?

a. In person or face to face communications:

- Very difficult
- Difficult
- Neither easy nor difficult
- Easy, or,
- Very easy

- Don't know / refuse to answer

b. Communicating over the phone:

- Very difficult
- Difficult
- Neither easy nor difficult
- Easy, or,
- Very easy

- Don't know / refuse to answer



c. Communicating over the Internet:

- Very difficult
- Difficult
- Neither easy nor difficult
- Easy, or,
- Very easy

- Don't know / refuse to answer

d. Reading and understanding written materials:

- Very difficult
- Difficult
- Neither easy nor difficult
- Easy, or,
- Very easy

- Don't know / refuse to answer



e. Writing down information:

- Very difficult
- Difficult
- Neither easy nor difficult
- Easy, or,
- Very easy

- Don't know / refuse to answer

7. Are you, or have you been in the past, the caregiver or legal guardian of a person with a disability?

- Yes – you are one today
- Yes – you have been one in the past but you are not one today
- No

- Refuse to answer
- Don't know



8. Have you seen, read, or heard anything about the Government of Canada's recently tabled Bill C-81, the proposed Accessible Canada Act, and its purpose?

- Yes
- No

- Refuse to answer
- Don't know

9. **IF "YES" to QUESTION 8:** What can you remember about this Act? What comes to mind?

- Refuse to answer
- Don't know / can't think of any



10. As far as you know...

a. ... does your province or territory have accessibility legislation (or laws) or an accessibility strategy (or plan)?

Yes

No

Refuse to answer

Don't know


b. ...does your municipality have accessibility bylaws, strategies, policies or programs?

Yes

No

Refuse to answer

Don't know



11. Different people have different views on a topic like disability. In this section, we are simply looking for your understanding of barriers to accessibility. There are no right or wrong answers.


A barrier means anything that might prevent a person with a disability from fully and equally taking part in society. This can include a physical barrier, a communication barrier, an attitude barrier, a technology barrier, or a barrier caused by a policy or a practice.

Sometimes people with disabilities are treated badly or differently because of ideas and beliefs – or attitudes – that other people have about disability. This is called an ‘attitude barrier.’

How often would you say you experience attitude barriers?

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know




12. Thinking about barriers to employment, over the past 12 months, how often did you experience the following situations related to employment due to accessibility?

a. There was a barrier to **being hired**. This could include anything ranging from an attitude barrier to the job application not being accessible online.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know



b. There was a barrier to finding **meaningful work**. This could include work that people find rewarding or that has purpose or that they enjoy.


- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know

c. There was a barrier **to moving up in an organization**. This could include situations like not getting a promotion or a permanent position.

- Always
- Often
- Sometimes
- Rarely
- Never


- Not applicable
- Refuse to answer
- Don't know



d. There was a barrier **to having access to supports or workplace accommodations**. This can range from not being able to work from home to an inaccessible workstation for a person using a wheelchair.

- Always
- Often
- Sometimes
- Rarely
- Never


- Not applicable
- Refuse to answer
- Don't know



13. And over the past 12 months, how often did you experience a situation where there was a barrier that limited your ability to **move in and around public buildings and spaces**? For example, this could include a wheelchair accessible entrance only available at the back, or an elevator without Braille on its buttons for a person with a visual disability.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know



14. And over the past 12 months, how often did you experience the following travel-related situations?

a. There was a barrier related to the use of **municipal public transit**.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know

b. There was a barrier related to the use of **taxis and ridesharing** – such as Uber or Lyft.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know



c. There was a barrier related to the use of **school transportation**.


- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know

d. There was a barrier related to the use of **ferries**.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know



e. There was a barrier related to the use of **VIA Rail or Interprovincial trains** (at the train station, the train, or equipment, communication, or services).


- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know

f. There was a barrier related to **travelling by air** (at the airport, airplane, terminal, facilities, equipment, communication, or services).

- Always
- Often
- Sometimes
- Rarely
- Never


- Not applicable
- Refuse to answer
- Don't know



g. There was a barrier related to the use of **buses that cross borders – for example between provinces and territories** (at the bus stations, on the bus, equipment, communication, or services).

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know




15. And over the past 12 months, how often did you experience the following situations related to information and communication technology?

a. There was a barrier because a **website** was not accessible for you. For example, the website had no alternate text or would not work with an accessibility device.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know



b. There was a barrier to using a **wireless service** because it was not accessible for you. This refers to any barrier using a device or service obtained in Canada.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know

c. There was a barrier to using **self-service technology in a public place** because it was not accessible for you. For example, while using an ATM, a self-service checkout, or an information kiosk.


- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know

d. There was a barrier to **watching cable** because it was not accessible for you. Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.

- Always
- Often
- Sometimes
- Rarely
- Never


- Not applicable
- Refuse to answer
- Don't know



e. There was a barrier to **watching a show on a streaming service such as Netflix, AppleTV, Crave, Amazon Prime, or a similar service** because it was not accessible for you. Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.

- Always
- Often
- Sometimes
- Rarely
- Never


- Not applicable
- Refuse to answer
- Don't know



f. There was a barrier to **watching a video on the internet**, for example on YouTube, Facebook, other social media or websites, because it was not accessible for you. Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know




16. And over the past 12 months, how often did you experience the following situations related to program and service delivery?

a. There was a barrier that impacted the accessibility of a **government program or service**. This would include situations where a person with a disability did not have access to information, customer service, or resources in their preferred method of communication or at the same level of quality as anyone without a disability.

- Always
- Often
- Sometimes
- Rarely
- Never


- Not applicable
- Refuse to answer
- Don't know



b. There was a barrier that impacted the accessibility of a **program or service provided by a company or an organization**. This would include situations where a person with a disability did not have access to information, customer service, or resources in their preferred method of communication or at the same level of quality as anyone without a disability.

- Always
- Often
- Sometimes
- Rarely
- Never

- Not applicable
- Refuse to answer
- Don't know



Instructions: if you “**RARELY**” or “**NEVER**” experienced any barriers across all the situations listed in **Q12** to **Q16**, please proceed to **Q18**

17. We've covered a variety of different types of experiences. If you feel comfortable doing so, can you please describe for me a few examples of the type of barriers you have experienced in the last year, and where and how they happened? Please be as specific as possible:

a) So what would a first example be?

- Refuse to answer – please go to **QUESTION 18**
- Don't know – please go to **QUESTION 18**



b) And would you have another example to share?

- Nothing else
- Don't know

18. Over the past 12 months, have you tried to access any information on any government programs or services related to accessibility or disability?

- Yes
- No – please go to **QUESTION 22**

- Refuse to answer – please go to **QUESTION 22**

19. When it comes to finding this kind of information, how easy would you say it is?

- Very difficult
- Difficult
- Neither easy nor difficult
- Easy, or,
- Very easy

- Refuse to answer
- Don't know

20. And do you remember if it was a federal, provincial, territorial, or municipal program or service? **Instructions:** select all that apply.

- Federal
- Provincial / territorial
- Municipal

- Refuse to answer
- Don't know




21. And do you remember the name of the programs or services?

Yes – please specify:


No

Refuse to answer



22. This question is based on the training and conduct of Government of Canada employees. Government of Canada employees provide equal access to services and programs to people with different disabilities, including communication disabilities. Do you think more or less needs to be done in this area?

- Much more
- A little more
- No more or less
- A little less
- Much less
- Refuse to answer
- Don't know



We have just a few final demographic questions that will be used to help us analyze the survey results. I want to remind you that your answers are completely confidential and will only be used for analysis in combination with other survey respondent's answers as required by the *Privacy Act*.

23. What is the highest level of formal education that you have completed?

- Grade 8 or less
- Some high school
- High School diploma or equivalent
- Registered Apprenticeship or other trades certificate or diploma
- College certificate or diploma
- Bachelor's degree
- Post graduate degree above bachelor's level

- Prefer not to answer



24. Which of the following categories best describes your current employment status?

- Working full-time, that is, 30 or more hours per week
- Working part-time, that is, less than 30 hours per week
- Self-employed
- Unemployed, but looking for work
- A student attending school full-time
- Retired
- Not in the workforce (full-time homemaker, not looking for work)
- Other
- Prefer not to answer



25. Do you self-identify as a member of the following groups?

a. Visible minorities.

- Yes
- No
- Refuse to answer
- Don't know

b. Indigenous peoples - that is a member of a First Nation, Métis or Inuit, or North American Indian.

- Yes – please go to **QUESTION 26**
- No – please go to **QUESTION 28**
- Refuse to answer
- Don't know

26. Please indicate whether you belong to any of the following indigenous groups?

a. First Nations, which includes Status and Non–Status.

- Yes
- No
- Refuse to answer
- Don't know

b. Métis.

- Yes
- No

- Refuse to answer
- Don't know

c. Inuk or Inuit.

- Yes
- No

- Refuse to answer
- Don't know

27. Do you live...

- On reserve
 - In a Metis settlement
 - In an Inuit nunangat
 - Other (please describe):
-

- I don't know / prefer not to answer



28. What is the language you first learned at home as a child and still understand?

Instructions: select all that apply.


- English
 - French
 - Or another language such as an Indigenous language, sign language, or other world language? **Please specify:**
-

Don't know / refuse to answer

29. Please select the category that best describes your total household income. That is, the total income of all persons in your household combined, before taxes.

- Under \$20,000
- \$20,000 to just under \$40,000
- \$40,000 to just under \$60,000
- \$60,000 to just under \$80,000
- \$80,000 to just under \$100,000
- \$100,000 to just under \$150,000
- \$150,000 and above

- Refuse to answer



30. Which of the following best represents your living arrangements?

- You own your home or you are paying a mortgage towards owning it
- You are renting
- You are living with a friend or family and are not paying rent
- You are living in an assisted living facility
- You are living in a group home
- You have no fixed address / homeless
- You live in transitional housing
- You live in a shelter


- Don't know / refuse to answer

31. To better understand how results vary by region, please enter your 6-digit postal code?

_____ (Example: **A4A 5B5**)

- Don't know / not applicable

Those are all the questions we had for you – thank you very much for your time!



Instructions: These are the **five** ways you can **submit** your survey responses.

- If this survey was mailed to you, you will have received a postage paid return envelope. Just use that envelope to mail it back to us.
- If you printed it off and prefer mailing it to us, please mail it to:

Quorus Consulting Group
1937 Portobello Blvd., PO Box 17053
Ottawa, ON
K4A 4W8

- You can call the following number to have someone call you back to collect your answers over the phone: 1-866-875-5470
- You can go online and submit your responses through the online survey – just use the following link:
www.quorusconsultations.com
- If you filled it out electronically, you can email it to:
discussions@quorusconsulting.com. Your answers are completely confidential and will only be used for analysis in combination with other survey respondent's answers as required by the *Privacy Act*.