NWT Disability Program
Review & Renewal Project

PUBLIC ENGAGEMENT QUESTIONNAIRE

Government of
Northwest Territories

The GNWT is committed to ensuring effective supports and programs are in place for persons with disabilities. You can help by taking this questionnaire. It should take approximately 10-15 minutes to complete. A disability support is "any good, service or environmental adaptation that assists people with disabilities to overcome limitations in carrying out activities of daily living and participating in the social, economic, political and cultural life of the community."

The personal information on this form is being collected for review of disability services purposes under the NWT Health Information Act and the Access to Information and Protection of Privacy Act, and will not be used or disclosed, unless allowed or required by these Acts or any other Act.

If you need help with filling out this questionnaire, you can:
- Contact your Government Service Officer;
- Phone (867) 767-9062 ext. 49213 and the survey can be completed over the phone.

The following is a description of programs and services offered by the Government of the Northwest Territories (GNWT). Programs are administered by GNWT program departments although some services are delivered through non-government organizations. The programs identified below directly relate to, be of interest, or has accommodations for persons with disabilities and their families.

HOUSING	JUSTICE
• Contributing Assistance for Repairs and Enhancements-Mobility (CARE-Mobility) • Public Housing • PATH (Providing Assistance for Territorial Home Ownership) • SAFE (Securing Assistance for Emergencies) • Homelessness Assistance	• Public Trustee • Corrections • Specialized/Wellness Court • Legal Aid Outreach
	NWT HUMAN RIGHTS COMMISSION
	• NWT Human Rights Commission
HEALTH	**EDUCATION, CULTURE & EMPLOYMENT**
• Long Term Care/Supported Living • Supported Living for Adults, Children/Youth • Home and Community Care • Public Guardianship • Respite Services • Out of Territory Placements • Rehabilitation (OT/PT/Speech/ Audiology) • Diagnostic services • Mental Health & Addiction Services • Extended Health Benefits Seniors' Program • Extended Health Benefits for Specified Disease Conditions • HSS System Navigator • Medical Travel • Telehealth • NWT Community Counseling Program	• Inclusive Schooling • Early Childhood Intervention Program/ Healthy Children's Initiative (NWTDC) • Literacy Funding: Enhance Literacy Skills Development, Literacy Outreach, Learning Supports for Persons with Disabilities • Enhance Literacy Skills Development for People with Disabilities (through YKACL) • Labour Market Development for Persons with Disabilities • Income Assistance • Student Financial Assistance • Canada – Northwest Territories Job Fund Agreement • Seniors Home Heating Subsidy
MUNICIPAL & COMMUNITY AFFAIRS	**NWT SENIORS SOCIETY**
• Senior Citizens and Disabled Persons Property Tax Relief	• Seniors 1-800 line for Information, Referral and Support
NWT DISABILITY COUNCIL	**YK ASSOCIATION FOR COMMUNITY LIVING**
• Accessible Parking Permit • 1-800 Line and in-person Information, Referral and Support • Respite Services (Aklavik, Deline, Ft. Smith & Paulatuk)	• Respite – In Yellowknife • Literacy Outreach in Yellowknife • Enhance Literacy Skills Development – in Yellowknife
HAY RIVER COMMITTEE FOR PERSONS WITH DISABILITIES	**CANADIAN NATIONAL INSTITUTE FOR THE BLIND**
• Information, Referral and Support Program – in Hay River • Employment Assistance and Skills Training for person with disabilities in in Hay River	• Community based services/rehabilitation, public education/awareness, and caregiver support

> ALL GROUPS

1 **Which best describes you?**

- ☐ A person with a disability
  → **PLEASE CONTINUE TO PAGE 4 to complete the survey.**
- ☐ A parent or caregiver of a person with a disability
  → **PLEASE CONTINUE TO PAGE 8 to complete the survey.**
- ☐ A service provider for a person(s) with a disability
  → **PLEASE CONTINUE TO PAGE 13 to complete the survey.**
- ☐ Other (please describe): _____
  → **PLEASE CONTINUE TO PAGE 8 to complete the survey as a parent/caregiver.**

> PERSON WITH A DISABILITY

1 **Which of the following region and community do you live in?**

- ☐ Yellowknife Region [Yellowknife, Detah, N'dilo]
- ☐ South Slave Region [Enterprise, Fort Resolution, Hay River, Fort Smith, Lutsel K'e]
- ☐ Tlicho Region [Bechchokò, Whati, Gaméti, Wekweéti]
- ☐ Dehcho Region [Fort Liard, Fort Providence, Fort Simpson, Trout Lake (Saamba K'e), Jean Marie River, Nahanni Butte, Kakisa, Hay River Reserve, Wrigley]
- ☐ Beaufort Delta Region [Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbour, Ulukhaktuk, Tsiigehtchic, Tuktoyaktuk]
- ☐ Sahtu Region [Colville Lake, Déline,Fort Good Hope, Norman Wells, Tulita, Wrigley]

2 **How old are you?**

- ☐ Under 15
- ☐ 15-24
- ☐ 25-34
- ☐ 35-49
- ☐ 50-64
- ☐ 65+

3 **Which of the following best describes your impairment or disability? Please check all that apply:**

- ☐ Pain-related
- ☐ Flexibility
- ☐ Mobility
- ☐ Dexterity
- ☐ Hearing/Auditory
- ☐ Speech
- ☐ Seeing/Visual
- ☐ Mental/Psychological
- ☐ Memory
- ☐ Learning
- ☐ Developmental
- ☐ Sensory (please explain): _____
- ☐ Other: _____

4 **Please rate the following sentences based on your overall experience with GNWT programs and services:**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
I can access the programs and services I need.						
I know what programs and services are available to me.						

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	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Service providers know about the programs and services relevant to my needs.						
I can find information about the programs and services in a specific format that I need for my disability or impairment.						
I need a specific format of communication for my disability or impairment (e.g., reading from a website, braille, sign-language, TTY...)						
Trained staff is available to meet the specific needs related to the disability or impairment.						
There are waitlists to get the program/service I need.						
I have a reliable mode of transportation to and from my program or service.						
I can get in and out of the buildings I need to access programs or services.						
I found it easy to apply for a program or service for persons with disabilities.						
I feel that eligibility requirements are clear and reasonable.						
I feel uncomfortable or stigmatized when asking to access a program or service for persons with disabilities.						
When I apply for a program or service, it is approved in a reasonable timeframe.						

5 **Are you currently employed?**

- ☐ Yes **(If yes, see question 7)**
- ☐ No **(If no, see question 6)**

6 **If no, why are you not currently employed?**

- ☐ Personal choice
- ☐ Currently attending school or other training.
- ☐ Difficulty in finding work in my community due to lack of available jobs
- ☐ Difficulty in finding work in my community due to the limitations of my disability
- ☐ Employers are not willing to take a chance on me

Other: _____

7 **If yes:**

a. Are you doing a job that matches your interests?

☐ Yes
☐ No
Comments:

b. Are you doing a job that matches your training or education?

☐ Yes
☐ No
Comments:

c. Are you working as many hours as you want or need to?

☐ Yes
☐ No
Comments:

d. Do you feel you are paid fairly for your work?

☐ Yes
☐ No
Comments:

e. Do you feel accommodated for your disability in your workplace?

☐ Yes
☐ No
Comments:

8 **Accommodations for a disability in the workplace** can mean different things: flexibility in work hours or break time, job re-structuring, re-training or assignment to an alternative position, assistive technology, modifications to the environment such as wheelchair ramps, etc.

What accommodations do you or would you require to participate in the workforce?

9 **Do you have access to housing that meets the needs of your disability?**

☐ Yes

☐ No. If no, why not?

10 **Do you have access to appropriate equipment? If no, why not?**

☐ Yes

☐ No. If no, why not?

11 **How can the GNWT improve access to programs and services for persons with disabilities?**

12 **How can the GNWT make you more aware of the programs and services available for persons with disabilities?**

13 **Is there anything else you want us to know?**

> PARENT OR CAREGIVER OF A PERSON WITH A DISABILITY

1 **Which of the following region and community do you live in?**

- ☐ Yellowknife Region [Yellowknife, Detah, N'dilo]
- ☐ South Slave Region [Enterprise, Fort Resolution, Hay River, Fort Smith, Lutsel K'e]
- ☐ Tlicho Region [Bechchokò, Whati, Gaméti, Wekweéti]
- ☐ Dehcho Region [Fort Liard, Fort Providence, Fort Simpson, Trout Lake (Saamba K'e), Jean Marie River, Nahanni Butte, Kakisa, Hay River Reserve, Wrigley]
- ☐ Beaufort Delta Region [Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbour, Ulukhaktuk, Tsiigehtchic, Tuktoyaktuk]
- ☐ Sahtu Region [Colville Lake, Déline,Fort Good Hope, Norman Wells, Tulita, Wrigley]

2 **How old is the person with a disability you care for? (Select multiple if you care for more than one person with a disability):**

- ☐ 0-3
- ☐ 4-11
- ☐ 12-18
- ☐ 19-24
- ☐ 25-34
- ☐ 35-49
- ☐ 50-64
- ☐ 65+

3 **Which of the following best describes the impairment or disability of the person you care for? Please check all that apply:**

- ☐ Pain-related
- ☐ Flexibility
- ☐ Mobility
- ☐ Dexterity
- ☐ Hearing/Auditory
- ☐ Speech
- ☐ Seeing/Visual
- ☐ Mental/Psychological
- ☐ Memory
- ☐ Learning
- ☐ Developmental
- ☐ Sensory (please explain): _____
- ☐ Other: _____

4 **How long have you been a caregiver for a person with a disability?**

- ☐ Under 1 year
- ☐ 2-5 years
- ☐ 5-9 years
- ☐ 10+ years

5 **What types of caregiving roles do you provide? Please check all that apply:**

- ☐ Personal care such as: bathing, dressing, and using the bathroom.
- ☐ Help around the house such as: cleaning, laundry, meal preparation, and outside work.
- ☐ Medical care such as: giving medication, monitoring health conditions, etc.
- ☐ Transportation for appointments, shopping, day programs, socialization, etc.
- ☐ Emotional Support such as: time spent with family, friends, and community to prevent loneliness.
- ☐ Financial support such as: living costs, personal care costs, medical costs, etc.
- ☐ Other: _____

> IF YOU ACT AS A CAREGIVER **EVERY DAY**, ANSWER QUESTION 6. IF IT IS LESS OFTEN, ANSWER QUESTION 7.

6 **My caregiving role involves providing care for:**

- ☐ Less than half of my day.
- ☐ About half of my day.
- ☐ More than half of my day.
- ☐ Almost all, or all of my day.

7 **My caregiving role involves providing care:**

- ☐ A few times per week.
- ☐ About once per week.
- ☐ A few times per month.
- ☐ Varies: _____

8 **Please rate the following sentences based on your overall experience with GNWT programs and or services:**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
It is easy to access programs and services.						
I know what programs and services are available that can help.						
Service providers know about the programs and services relevant to the needs of the person I care for.						
The person I care for can find information about the programs and services in the specific format they need for their disability or impairment.						
The person I care for needs a specific format of communication for their disability or impairment (e.g., reading from a website, braille, sign-language, TTY, etc.)						
Trained staff is available to meet the specific needs related to the disability or impairment.						

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	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
There are waitlists to get the program/service needed.						
We have a reliable mode of transportation to get to and from programs and services.						
We can get in and out of buildings to access programs or services.						
It is easy to apply for a program or service.						
Eligibility requirements are clear and reasonable.						
When we apply for a program or service, it is approved in a reasonable timeframe.						

9 **Respite services** are services designed to support caregivers. Respite can give caregivers a break from their usual responsibilities and let the caregiver participate in social events or other activities. Respite services also allow persons with disabilities to interact with the community.

Are respite services available in your community?

- ☐ Yes
- ☐ No
- ☐ Don't know

10 **Have you ever used respite services?**

- ☐ Yes
- ☐ No. If no, why not?

11 **Do you have any other comments on respite services that would best meet your/your family's needs?**

> **IF YOU ARE A PARENT OR CAREGIVER OF A CHILD WITH DISABILITIES**, ANSWER QUESTIONS 12-15.

> **IF YOU ARE NOT**, PLEASE GO TO QUESTION 16.

12 **Are you aware of the programs and services available for preschool children with disabilities?** These could include services such as: Respite, Early Childhood Intervention Program (ECE/NWTDC), Child Development Team or rehab services (OT/PT/Speech/Audiology.)

- ☐ Yes
- ☐ No

13 **Have you accessed any of the programs and services available for preschool children with disabilities?**

- ☐ Yes
- ☐ No

14 **Has your child received support transitioning to different stages of education? (Early childhood to elementary school, elementary school to secondary school, secondary school to post-secondary.)**

- ☐ Yes. If yes, please describe the transition process. What made it easy? What made it hard or challenging?

- ☐ No

15 **How could the programs and services at school be improved for children with disabilities?**

16 **Do you have access to housing that meets the needs of their disability?**

- ☐ Yes
- ☐ No

17 **Is the person you care for able to access the special equipment or supplies needed for their disability, if applicable?**

- ☐ Yes
- ☐ No

18 **How can the GNWT improve access to programs and services for persons with disabilities?**

19 **How can the GNWT make you more aware of the programs and services available for persons with disabilities?**

20 **Is there anything else you want us to know?**

> SERVICE PROVIDER

1 **Are you responding on behalf of:**

- ☐ A GNWT authority, board or agency
- ☐ An NGO
- ☐ Other: _____

2 **What type of disability-related service do you provide?**

3 **Which of the following region and community do you primarily work in?**

- ☐ Yellowknife Region [Yellowknife, Detah, N'dilo]
- ☐ South Slave Region [Enterprise, Fort Resolution, Hay River, Fort Smith, Lutsel K'e]
- ☐ Tlicho Region [Bechchokò, Whati, Gaméti, Wekweéti]
- ☐ Dehcho Region [Fort Liard, Fort Providence, Fort Simpson, Trout Lake (Saamba K'e), Jean Marie River, Nahanni Butte, Kakisa, Hay River Reserve, Wrigley]
- ☐ Beaufort Delta Region [Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbour, Ulukhaktuk, Tsiigehtchic, Tuktoyaktuk]
- ☐ Sahtu Region [Colville Lake, Déline,Fort Good Hope, Norman Wells, Tulita, Wrigley]

4 **What age categories of clients do you serve? Select all that apply:**

- ☐ 0-5
- ☐ 6-14
- ☐ 15-24
- ☐ 25-34
- ☐ 35-49
- ☐ 50-64
- ☐ 65+

5 **Which of the following best represent the impairment or disability of the person(s) you provide service for? Select all that apply:**

- ☐ Pain-related
- ☐ Flexibility
- ☐ Mobility
- ☐ Dexterity
- ☐ Hearing/Auditory
- ☐ Speech
- ☐ Seeing/Visual
- ☐ Mental/Psychological
- ☐ Memory
- ☐ Learning
- ☐ Developmental
- ☐ Sensory (please explain): _____
- ☐ Other: _____

6 **Please rate the following sentences based on your experience providing services to clients:**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
It is easy for clients to access programs and services.						
I have a good knowledge of GNWT programs and services relevant to my clients.						
My clients can find information about the programs and services in the specific format that they need for their disability or impairment.						
My clients need a specific format of communication for their specific disability or impairment (e.g., reading from a website, braille, sign language, TTY, etc.)						
Clients experience waitlists for services.						
Clients have a hard time with transportation to and from/services.						
Clients have a hard time getting in and out of the building where we provide services.						
It is easy to apply for a program or service.						
Eligibility requirements are clear and reasonable.						

7 **How confident do you feel about your knowledge of GNWT programs and services for persons with disabilities related to your role as a service provider?**

- ☐ Very confident
- ☐ Confident
- ☐ Neutral
- ☐ Somewhat confident
- ☐ Not at all confident

8 **Have you encountered gaps or barriers while providing or facilitating access to GNWT programs or services for persons with disabilities for your client(s)?**

- ☐ Yes. If yes, please explain:

- ☐ No

9 **How can the GNWT make programs and services for persons with disabilities easier to access?**

10 **How can the GNWT make you more aware of the programs and services available for persons with disabilities?**

11 **Is there anything else you want us to know?**