Abilities Manitoba

Community Living disABILITY Services Workforce Crisis Prevention Strategy

Addressing the Needs of Manitobans with Disabilities will Reduce Tomorrow's Costs to Departments of Families, Health, Justice, and Housing, Addictions and Homelessness.

Policy Brief — July 2026

SUMMARY

- **The Manitoba Government's Pathways Forward: Manitoba's Poverty Reduction strategy** identifies youth transitioning out of care and persons with disabilities as high-priority groups. Currently, the Community Living disABILITY Services (CLdS) sector is facing a crisis that undermines these goals.
- Today, both the people receiving support and many of the professionals providing it are living near or below the poverty line. Without adequate investment, community-based organizations face growing challenges in recruiting and retaining staff, threatening their ability to sustain essential services. The consequences extend beyond the sector itself—service disruptions can leave vulnerable Manitobans without the supports they need to maintain housing, health, and community connections.
- Abilities Manitoba represents 66 organizations that act as part of the prevention wing and backbone of Manitoba's essential social infrastructure.
- In the same way highways form an essential transportation infrastructure that keeps people moving safely through their community, **our social organizations are essential infrastructure that keep people with disabilities out of hospitals, jails and off the streets because trauma and poverty do not discriminate.**
- Just as the government invests in roads, the "roads" of the social sector are its frontline staff. If the average hourly wage stays at $19 (ranging from $16.00 to $20.00) while the cost of living skyrockets, **the CLdS system will collapse if wages and training do not catch up to other social services (child/youth care and health care).**
- Without a **competitive wage and training investment**, the province will continue to see a measurable increase in "downstream" costs within the departments of Families, Health, Justice, and Housing, Addictions and Homelessness.

RISKS

- **8,951 People are supported by Community Living disABILITY Services** – Almost 10,000 people who are at increased risk of reduced support, harms and abuses as critical issues remain unaddressed.
- **The Cliff** – Young adults aging out of children's services often face an abrupt end to support as they exit the public school system and programs designed for youth. The transition to adult services leaves many without a safety net, resulting in families who can't work and people at risk of addictions, homelessness or institutionalization. With 60% of people entering CLdS coming from CFS, we face a significant risk and gap as many do not have strong safety nets. Our systems are siloed and people pay the price.
- **Diagnostic Gap in Service** – Adults, including those diagnosed with Fetal Alcohol Spectrum Disorder (FASD), Autism Spectrum Disorder (ASD), and Traumatic Brain Injury (TBI) are often ineligible for CLdS funding and left without supports, putting pressure on family caregivers, hospitals, and personal care homes. Without support, many are at risk of, or experiencing homelessness, poor health or involvement with the justice system. Narrow CLdS eligibility criteria, and lack of adequate CLdS funding means people end up having much higher cost interactions with available emergency resources.
- **Increased Complexity** – Direct Support Professionals are supporting people with multiple diagnoses, including combined physical and intellectual disabilities requiring more complex care. Access to public mental health supports is significantly limited for people eligible for CLdS. There is a lack of services available for people with dual diagnoses. This gap in mental health is heightened following the pandemic and people are often turned away from services. As people with disabilities live longer, the CLdS budget has **not grown** along with changing needs.

The Human Rights Problem

The Manitoba government is responsible for upholding Canada's obligations under the UN Convention on the Rights of Persons with Disabilities (CRPD):

- Article 19 of the CRPD guarantees the right of all persons with disabilities to live in the community, with the support necessary to do so. That right is not aspirational — it is a legal commitment.

When support services are underfunded and understaffed, that commitment goes unmet:

- People with disabilities are denied the support they need to live with dignity, autonomy, and safety in their own communities.
- Workforce instability, driven by wages that compete with entry-level retail, has produced a 20–25%+ turnover rate among frontline disability support workers according to a recent survey of our members.
- Constant staff changes do not just inconvenience the people being supported; they undermine the trust, consistency, and quality of support that meaningful community living requires.

Failing to adequately fund this sector is not a budget decision made in isolation. It is a decision that puts Manitoba in breach of its human rights obligations.

The System Failure Problem

Not having standards for properly trained staff is a systemic failure that puts Manitobans at risk. When organizations cannot recruit or retain enough staff, the consequences reach beyond the individuals they support. Urgent referrals from government go unanswered, placements fail or never happen, and people with disabilities are left waiting — or left out entirely. Without stable support, the risk of emergency room visits, homelessness, and institutionalization rises sharply.

Every failed placement is a person in crisis and a cost that lands somewhere else in the system. Siloed systems let people down, and costs that could have been prevented shift to the Departments of Health, Justice, and Housing, Addictions and Homelessness **where they are far more expensive to address.**

The Economic Problem

- **Economic Impact:** Manitoba spends about $76,000 on average per person per year (all CLdS participants FY 2023/24) to support a person with an intellectual disability in the community, but roughly $110,000 on average per year (2023/24) when held in the prison system. A hospital-bed equivalent would be well over $200,000 per year.
- **Employment Solution:** Insufficient investment in training, accommodations, and employment supports leaves many people with intellectual disabilities facing unmet needs and limited access to work. In Manitoba, about 5.6% of working-age people with an intellectual disability are employed (many under-employed, working part-time hours), while nationally people with developmental disabilities report a 70% rate of unmet needs for supports such as assistive aids, devices, medications, and therapies. Together, these barriers reduce workforce participation and limit economic contribution.

Investing in community and supported living programs now prevents the more expensive crisis care later — in hospitals, long-term care facilities, prisons, and caring for the homeless population.

THE ASK – WORKFORCE STABILIZATION STRATEGY

PRIORITY 1 – DISABILITY SUPPORT WORKERS ARE PAID LESS FOR DOING MORE

As we are facing a recruitment/retention crisis. We require an immediate wage correction to $27 per hour and an ongoing commitment to stay competitive with other social services.

We require a wage framework that benchmarks all CLdS sector roles, from frontline Direct Support Professionals through to supervisors, coordinators, and senior staff — to comparable roles in Health, Education, and Early Childhood sectors, with built-in annual adjustment for cost of living. Wages across all levels must move together; increasing frontline pay without addressing the full wage grid creates compression that drives experienced staff and leaders out of the sector.

Wages are low:

- At $16.00 to $20.00 (avg $19/hr) our staff are living in poverty, with many working multiple jobs and relying upon foodbanks to make ends meet while also experiencing burnout.
- Competitive, equitable wages with those sectors allow us to retain the workforce we invest in.

CURRENT STATE

720 = the average number of unfilled staffing hours at an organization. (April 2026)
Average Turnover= 21.2%*

*Three orgs reported 41% to 58% turnover

We are not competitive with other sectors based on duties and compensation:

- Based on duties alone, our staff have **MORE** responsibilities and **LESS** pay.
- Staff members we train often use those qualifications to get higher paying jobs as Health Care Aides, Early Childhood Workers or Educational Assistants.
- Direct Support Professionals are the infrastructure of our social services — a sector that has been hampered by **historical wage suppression** that fails to reflect the **complex skill set required and see the inherent value in this work.** Valuing Manitobans with disabilities means valuing the people who provide daily supports to them.

We need wage incentives for higher education for improved quality care:

- By instituting a province-wide tiered wage framework based on qualifications the entire sector can demonstrate a career path, offer better and more consistently trained staff, and increase quality of care.
- A career path only works if each rung of the ladder reflects meaningful advancement in both responsibility and compensation. Without that, we are not building a valued profession but simply managing a revolving door of workers and adding to people's trauma.

COMPARATIVE WAGE & DUTIES

A large part of the current staffing crisis is the comparative wages between other similar professions where others are paid more while having fewer responsibilities as outlined in the table below. Even **uncertified Health Care Aides have a higher starting wage at $21.89.**

Also, in reviewing wage charts for personal care homes and similar facilities it was found that even **cooks ($21.35), cleaners ($19.40 - $24.09) and laundry ($20.52 - $25.41) staff get paid more than DSP workers.**

	Disability Support Worker	Health Care Aide	Educational Assistant	Early Childhood Educator
Wage	**$16.00 – $20.00**	**$23.19 – $26.80**	**$23.48 – $28.24**	**CCA: $19.97 ECE II & ECE III: $24.31 – $30.27**
Administers Medication	✓	X	X	**Only ECE**
Provides Employment Training & Supports	✓	X	X	X
Uses Medical Devices	✓	X	**Requires URIS training**	**Requires URIS training**
Manages Financials	✓	X	X	X
Works Alone	✓	X	X	**Only ECE**
Complex Care Palliative/ Dementia	✓	X	X	X
No Previous Education Required	✓	X	X	**CCA 40 Hrs**

*CCA = Child Care Assistant

PRIORITY 2 – INVEST IN STAFF TRAINING; INVEST IN PEOPLE

A stable CLdS workforce requires an investment in training. We request **funding to meet a mandated minimum requirement** of 40 hours of competency-based training for every new hire and a commitment to move towards tiered wages that define career pathways for advancement and which will improve quality of care.

This investment will:

- **Reduce turnover & increase loyalty** – the first six months is the highest-risk period, when staff often leave for better options. Mandatory training acts as an anchor that shows employees a clear professional development path rather than just a short term job.
- **Role clarity & professional pride** – Competency-based training improves understanding of the job by defining expectations and tools to attain and maintain the complex skills involved in providing support, increasing competence and value in their role.
- **Confidence & quality** – staff are trained to de-escalate challenging situations with empathy, are better able to manage medical needs and administer medication safely, manage communication barriers, as well as promote individual independence and community participation.

Abilities Manitoba has been advocating for improved training standards for years and has made slow but substantial progress. When funding is secured for priority 2, Abilities Manitoba and our members are committed to continuing our work:

- As far back as 2015, we have submitted proposals to address training needs and move to a tiered Direct Support Professional approach with portable credentials.
- In the coming year, we will update and evolve the proposed tiers.
- Ensure consistency of training objectives, outcomes and access throughout Manitoba. This can be accomplished by working collectively with our members and partners.
- To centralize onboarding training through Abilities Manitoba to ensure a consistent quality of training for new hires. Abilities can provide the core training and the organizations can provide the orientation to their organization. This will maximize the value of the investment and free up organizations to focus on the people supported and their uniqueness as an organization.

PRIORITY 3 – PEOPLE DESIGNING SERVICES

Wages bring people to the sector, training equips them to do the work well — and POM (Personal Outcome Measures®) is how we prove it is working. Migrating to a POM model is the third and essential piece of this strategy: it converts workforce stability into measurable, person-centred outcomes, and long-term savings across Health Care, Justice and Housing, Addictions and Homelessness.

As government invests in workforce wages and training, it deserves assurance that those investments are producing high-quality, person-centered services. POM (Personal Outcome Measures®) provides exactly that — a rigorous, evidence-based framework that measures whether the supports we deliver are making a meaningful difference for the people we serve. It shifts the question from "did we provide the service?" to "did the service improve someone's life, and how can we continuously improve?"

About POM:

- Quality and satisfaction are defined by each person, giving people the power to shape the supports they receive.
- **POM (Personal Outcome Measures®)** is an evidence-based framework that improves the quality, consistency, and accountability of disability support services. More information can be found here: https://www.c-q-l.org/tools/personal-outcome-measures/
- POM shifts service delivery from task-based care to meaningful, person-centred outcomes.
- Ensures increased investments in wages and training translate into measurable improvements in service quality.
- Provides a standardized approach to define, track, and evaluate outcomes across the system.

POM Outcomes:

- Strengthens workforce professionalization, elevating support workers into skilled providers of person-centred support.
- Enables data-informed decision-making, guiding targeted investments and accountability.
- Supports a more sustainable system by linking funding to outcomes rather than inputs.
- Positions Manitoba as a leader in modern, rights-based disability support aligned with best practices.
- The Department of Families invested over $1 million on a province-wide project that included a trial of Personal Outcome Measures® between 2020-2023. The pilot demonstrated significant positive impacts and was very well received by CLdS service organizations.
- The pilot of POM was independently evaluated by Chalet Point Consulting. Results showed a possible **$2.14 return for every dollar invested annually**, and our projections for a province-wide scale-up forecast **$4.40 returned for every $1 invested, per year.**

> **"Ensure Manitobans with disabilities have a voice in the design of our disability support programs."**
>
> **— Mandate Letter to Minister of Families**
>
> In POM, outcomes are not set by organizations, they are defined by people receiving services and evaluated through direct conversations with them, by a certified interviewer.

"Manitobans with intellectual disabilities and their loved ones are paying the price for the persistent underfunding and undervaluing of our non-profit organizations. These non-profits offer essential, preventative, social infrastructure that people and families rely on. It is time to strengthen non-profits and invest in people. Manitobans with disabilities deserve the stability and quality that comes from a standardized curriculum and consistently trained staff, and an economically valued workforce. Without this investment, people will continue to access high cost, crisis-driven systems including emergency rooms, our streets and our jails. We must do better."

— Margo Powell, Executive Director of Abilities Manitoba

Abilities Manitoba

Margo Powell
Executive Director
(204) 890-6751
margo@abilitiesmanitoba.org