



**Convention on the Rights
of Persons with Disabilities**

Distr.: General
20 March 2017

Original: English and French
English and French only

Committee on the Rights of Persons with Disabilities

Seventeenth session

20 March-12 April 2017

Item 7 of the provisional agenda

**Consideration of reports submitted by
parties to the Convention under article 35**

List of issues in relation to the initial report of Canada

Addendum

Replies of Canada to the list of issues*

[Date received: 3 March 2017]

* The present document is being issued without formal editing.

GE.17-04449(E)



* 1 7 0 4 4 4 9 *

Please recycle



1. Given the Committee’s word limits, a non-exhaustive list of federal and provincial/territorial (F-P/T) measures is outlined below.
2. References to “Canada” generally refer to the F-P/T governments combined while references to “the Government of Canada” refer to the federal government. References to a province or territory generally refer to their respective governments.

A. Purpose and General obligations (Art. 1-4)

Reply to the issues raised in paragraph 1 of the list of issues (CRPD/C/CAN/Q/1)

3. On December 1, 2016, the federal government announced that Canada is considering accession to the *Optional Protocol to the Convention on the Rights of Persons with Disabilities*. The treaty examination process involves extensive consultations within and between F-P/T governments. The Government of Canada is also consulting with First Nations governments, civil society and Indigenous organizations.

Reply to the issues raised in paragraph 2 of the list of issues

4. Canada does not intend to withdraw its reservations to Article 12 of the Convention. Discussions held in 2014 and 2016 between F-P/T governments confirmed that the rationale for the reservations remains unchanged. See Canada’s First Report for more information.

Reply to the issues raised in paragraph 3 of the list of issues

5. Canada does not generally incorporate the full text of international treaties that it has ratified into domestic law. Rather, treaty obligations are implemented through constitutional and statutory protections, including the *Canadian Charter of Rights and Freedoms* (Charter), and F-P/T laws, policies, programs and services.

6. In addition, F-P/T governments consider international human rights obligations in the development of new or amended measures. For example, the:

- Government of Canada is considering the Convention (particularly Articles 4 and 9) in the development of federal accessibility legislation;
- Prince Edward Island Public Guardian and Power of Attorney Acts have been reviewed in preparation for future legislative and regulatory changes for better alignment with current standards of practice and the Convention;
- Quebec *Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration*, the governmental policy *À part entière*, which aims to increase the social participation of persons with disabilities; and the *Plan 2015-2019 des engagements gouvernementaux* are in conformity with the Convention. The Convention is also cited as a reference point for the development of the *À part entière* policy;
- Newfoundland and Labrador 2015 *Provincial Strategy and Action Plan for the Inclusion of Persons with Disabilities* cites the Convention — the motto “nothing about us without us” embedded in its elaboration process; and
- New Brunswick 2012-2017 *Employment Action Plan for Persons with a Disability* as well as the Premier’s Council on the Status of Disabled Persons 2016 *Disability Action Plan Status Update* cite provisions of the Convention.

Reply to the issues raised in paragraph 4 of the list of issues

7. As detailed in Canada’s First Report, F-P/T governments have a number of mechanisms to support the consistent implementation of the Convention. In addition to various levels of committees that focus on disability issues (i.e. advisory, senior government officials, ministerial and parliamentary), the two primary focal points for matters related to the Convention are the:

- Continuing Committee of Officials on Human Rights — for F-P/T discussions; and
 - Office for Disability Issues (ODI) — the federal focal point that works to build capacity, knowledge and coordination of disability issues across the Government of Canada.
8. Other mechanisms include the F-P/T Persons with Disabilities Advisory Committee, the F-P/T Network of Offices for Disability Issues, Premiers' Councils and the F-P/T Ministers of Social Services Forum.

Reply to the issues raised in paragraph 5 of the list of issues

9. In addition to relevant information found in Canada's First Report:
- Many P/T governments have established advisory councils to include the community perspective in support of their efforts to enhance the rights of persons with disabilities. These include advisory committees in Nova Scotia, Prince Edward Island, Newfoundland and Labrador and British Columbia. In Ontario, municipalities with a population of 10,000 or more are required to establish accessibility advisory committees to seek advice on the accessibility for persons with disabilities to a building, structure or premises (complete or partial);
 - Further examples of F-P/T consultations with disability organizations, include those conducted by:
 - The Government of Canada in 2016 on new federal accessibility legislation (see Question 6 below) and the Federal Strategy against Gender-Based Violence (see Question 26 below);
 - Manitoba in 2016 on the development of a new provincial housing strategy, to which disability organizations, tenants of Manitoba Housing and persons with disabilities were invited to provide input;
 - An External Panel on Options for a Legislative Response to the Supreme Court of Canada's ruling in *Carter v. Canada* in 2015 and a special joint Parliamentary committee in 2016 on the subject of medical assistance in dying that included disability organizations and experts and online consultations with the public;
 - Saskatchewan in 2015 on safeguards to protect vulnerable persons, conscience protection for healthcare providers, policy consistency in the provision of medical assistance in dying and on the development of a Disability Strategy, *People Before Systems: Transforming the Experience of Disability in Saskatchewan*;
 - British Columbia in 2014 leading to *Accessibility 2024* — a ten-year action plan towards the progressive realization of increased accessibility and reduction of barriers for persons with disabilities; and
 - Quebec in 2013 with trade unions, community and business organizations, and education, health and social services networks towards the development of the second phase of the *National Strategy for Labour Market Integration and Maintenance of Handicapped Persons* adopted in 2008.

Reply to the issues raised in paragraph 6 of the list of issues

10. The Government of Canada plans to introduce legislation to remove barriers and increase accessibility and inclusion for persons with disabilities in areas of federal jurisdiction. A national consultation process (July 2016 to February 2017) will inform the development of the legislation.

11. The consultation process includes 18 public engagement sessions across Canada; nine roundtable discussions, bringing together disability stakeholders, academic experts and industry representatives; a national youth forum; and an online questionnaire. Stakeholder organizations are also receiving \$2 million over two years to support their members'

participation in stakeholder-led consultations on the legislation. Relevant input received from stakeholders will be shared with P/T governments.

12. Canadians can take part in the consultation in the language (English, French, American Sign Language, Quebec Sign Language) and format (in person, online, handwritten, video, audio) of their choice. Materials are available in multiple formats, and all public engagement events have real-time captioning, sign language interpretation, and other communication supports.

B. Specific rights

Equality and non-discrimination (art. 5)

Reply to the issues raised in paragraph 7 of the list of issues

13. Future impairment, denoting a genetic or other predisposition to disability, is understood to be covered by the prohibited grounds of “disability” or “handicap” in domestic human rights legislation and the Charter. The Supreme Court of Canada confirmed this in *Quebec (Commission des droits de la personne et des droits de la jeunesse) v. Montreal (City)*; *Quebec (Commission des droits de la personne et des droits de la jeunesse) v. Boisbriand (City)*, [2000] 1 SCR 665, 2000 SCC 27.

14. In that case, the applicants brought a claim under the *Quebec Charter of Human Rights and Freedoms*, alleging they were denied employment or dismissed when their employers learned of their medical conditions, despite presenting no limitations to their jobs. The Supreme Court agreed that this amounted to discrimination based on “handicap”, noting that the analysis under this ground centers on the effects of the distinction, exclusion or preference, and not on whether the complainant can demonstrate discrimination on the basis of an existing functional impairment. The Court further noted that “the Charter ... prohibits discrimination based on the actual or perceived possibility that an individual may develop a handicap in the future”.

Reply to the issues raised in paragraphs 8 and 10 of the list of issues

15. Information on legal remedies for violation of human rights, including disability-based discrimination, is provided in Canada’s Core Document and in Canada’s First Report.

16. The Canadian legal system recognizes the greater impact of combined multiple grounds of discrimination. The Charter and F-P/T human rights legislation allow for claimants with disabilities to bring equality claims based on multiple grounds. For instance, Section 3.1 of the *Canadian Human Rights Act* (CHRA) explicitly prohibits discrimination based on multiple grounds or on their compounded effects. This is illustrated by a complaint under the CHRA alleging that Canada Border Services Agency engaged in a discriminatory practice on multiple grounds of discrimination, including disability, in two staffing processes. In its 2014 decision, the Canadian Human Rights Tribunal found that the employer deemed the applicant unqualified based on a stereotypical assessment and concluded that the exclusion from the staffing competitions was discriminatory based on age, race, and perceived disability. The Tribunal awarded compensation for lost wages, pain and suffering, and because the discriminatory practices were engaged in willfully.

17. F-P/T governments also consider intersectionality in policy development to account for the vulnerability of certain groups to multiple grounds of discrimination. For example, several governments apply Gender-Based Analysis Plus (GBA+) to their policy/program development.

Reply to the issues raised in paragraph 9 of the list of issues

18. Bill S-201, An Act to prohibit and prevent genetic discrimination, seeks to address possible misuse of genetic information, particularly in the context of insurance and employment by: (1) enacting a stand-alone Genetic Non-Discrimination Act, creating criminal prohibitions on requiring genetic testing or to disclose genetic test results as a condition of providing goods and services or entering into a contract; (2) amending the

Canada Labour Code to give employees the right to refuse to undergo genetic testing and to prohibit employers from discriminating based on genetic test results; and (3) amending the *Canadian Human Rights Act* to add “genetic characteristics” as a prohibited ground of discrimination in the context of actions taken by federal and federally-regulated works and industries.

19. The Bill was passed by the Senate of Canada on April 14, 2016 and subsequently sent to the House of Commons. On December 5, 2016, Bill S-201 was passed, without substantial changes, by the Standing Committee on Justice and Human Rights. It will now be further debated in the House of Commons.

Women with disabilities (art. 6)

Reply to the issues raised in paragraphs 11 and 12 of the list of issues

20. Governments in Canada are committed to assisting women and girls with disabilities in all aspects of their lives. Persons with disabilities, including women, have access to income supports and pre-employment services, assisted living support, child and family services and education that are designed to meet their unique needs.

21. Governments support programs/projects that bring about equality and the advancement of women, including women with disabilities, by working to address or remove systemic barriers impeding women’s progress and equality.

- For example, the Government of Canada supports the work of the DisAbled Women’s Network (DAWN) Canada, that reaches out to all women in Canada with disabilities, including: deaf, Indigenous, immigrant, racialized, LGBTTTQ, and older women, women with chronic and episodic illnesses, in institutions and single mothers. The organization leads, partners and networks with other organizations within the disability, feminist, labour and human rights sectors to increase the development and the delivery of resources and information for women with disabilities in Canada.

22. Information on parental rights for persons with disabilities can be found in Canada’s First Report. For information on access to sexual and reproductive health services, see Canada’s response to the Committee on the Elimination of Discrimination against Women’s List of Issues (CEDAW LOI). See Question 26 below for information on the protection of women and girls with disabilities from gender-based violence.

Children with disabilities (art. 7)

Reply to the issues raised in paragraphs 13 and 14 of the list of issues

23. Governments in Canada have measures to reduce and eliminate barriers for children with disabilities in order to support and enhance their inclusion and participation in Canadian society. These include specific tax credits and incentives, support services and funding for early childhood education and school settings or for families caring for children with disabilities at home. Further to measures described in Canada’s First Report:

- Yukon’s *Family Supports for Children with Disabilities* program supports families to care for their child with a disability and early intervention to increase a child’s lifelong learning potential, provides coordinated access to supports and interventions, and promotes inclusion of children with disabilities in community life;
- Manitoba’s *Inclusion Support Program* provides financial support to 454 licensed early learning and child care centres and homes to facilitate the inclusion of 1,541 children with additional support needs;
- Federally funded *Community Action Program for Children* and *Aboriginal Head Start in Urban and Northern Communities* programs promote positive health and social development among vulnerable children (0-6 years), including those with disabilities, and their families through early intervention and prevention programs to support parents and provide children with the best possible start in life; and

- Through F-P/T agreements, federal funding, matched by P/T governments, supports projects that provided opportunities for youth with a disability to actively participate in sport.

Accessibility (art. 9)

Reply to the issues raised in paragraph 15 of the list of issues

24. The following are F-P/T examples of monitoring measures to address non-compliance of accessibility requirements:

- F-P/T human rights legislation allows individuals to file complaints where they experience such barriers in employment and accessing goods, services and facilities or accommodation customarily available to the public;
- The Canadian Radio-television and Telecommunications Commission regulates and supervises telecommunications and broadcasting accessibility. Compliance is monitored through complaints received from the public, industry reporting and sometimes during proceedings. Addressing non-compliance with the *Telecommunications Act* is done through various means, including reporting requirements and administrative monetary penalties;
- In Québec, regulatory requirements on the accessibility of public buildings built before 1976 are being developed. For buildings built after 1976 or converted since 2000, the accessibility requirements of the Quebec Construction Code apply. If instances of non-compliance with the accessibility requirements are found in the construction work carried out, the public may file a non-compliance complaint with the *Régie du bâtiment du Québec*, which may carry out inspections and apply penalties;
- Under the *Accessibility for Ontarians with Disabilities Act (AODA)*, organizations in Ontario submit self-certified reports online indicating their compliance with provincial accessibility standards. Random audits are conducted on obligated organizations to confirm they are meeting their requirements under the AODA. When organizations do not file reports or do not comply with the AODA or its regulations, a number of enforcement tools can be used, including inspections, financial penalties and prosecution, which could include fines up to \$100,000 upon conviction;
- The 2016 *Accessibility for Manitobans Act* requires all public sector bodies to create an accessibility plan every two years, which begins with a baseline report that requires self-monitoring and public updates. In addition, public and private sector organizations with more than 20 staff must document the measures they take to comply with the accessibility standards that serve as regulations. Administrative and monetary penalties can be applied in cases on non-compliance; and
- The Government of British Columbia publishes annual progress updates to monitor the implementation of the accessibility goals outlined in *Accessibility 2024*. With respect to non-compliance with accessibility requirements, its provincial *Building Act* and its accompanying *Building Code*, as well as its *Guide Dog and Service Dog Act* contain penalty systems.

Right to life (art. 10)

Reply to the issues raised in paragraph 16 of the list of issues

25. In 2009, the Government of Quebec created the Select Committee on Dying with Dignity and held extensive consultations on the issue. Subsequently, on December 10, 2015, the *Act respecting end-of-life care* came into force in Quebec. The aim of the law is to ensure that people at the end of life are treated with respect for their dignity and autonomy. It aims to provide accompaniment adapted to the situation of people at the end of life, in particular to prevent and to alleviate their suffering and to protect the vulnerable, such as persons with disabilities.

26. On June 17, 2016, federal legislation permitting medical assistance in dying (MAID) in Canada came into force. The legislation revised the *Criminal Code* to exempt health care practitioners who provide or assist in providing medical assistance in dying to eligible individuals (defined as having a serious and incurable illness or condition, being in a state of advanced and irreversible decline in capability, suffering unbearably from either of the condition or the decline in capability, and where their natural death has become reasonably foreseeable, taking into account their entire medical circumstances, but without any specific prognosis being necessary) from otherwise applicable criminal offences.

27. The legislation was carefully designed in light of a number of important objectives: (1) recognizing individual choice of medically assisted death for adults who are suffering intolerably and for whom death is reasonably foreseeable; (2) affirming the inherent and equal value of every person's life; (3) avoiding encouraging negative perceptions of the quality of life of persons who are elderly, ill or disabled; (4) protecting vulnerable people from being induced to die in moments of weakness; (5) re-affirming society's goals with regard to preventing suicide; and (6) encouraging a consistent approach to medical assistance in dying across Canada.

28. It includes safeguards to ensure that medical assistance is only provided in response to a truly voluntary request that reflects the wishes of the patient and that is not made as a result of external pressure or coercion, including:

- Requests must be made in writing and witnessed by two independent witnesses;
- The patient's eligibility must be confirmed by two independent medical or nurse practitioners;
- Medical assistance in dying cannot be provided until a mandatory reflection period of at least 10 clear days has passed unless the patient's death or decline in decision-making capacity is imminent;
- A request may be rescinded at any time and in any manner; and
- Patients must be given the opportunity to withdraw their request immediately before medical assistance in dying is provided.

29. To ensure alignment with the federal legislation, many P/T governments have put policy/legislative measures in place and many P/T regulatory bodies for physicians and surgeons, nurses and pharmacists have issued guidance or policy statements on professional obligations, standards and protocols on MAID:

- In 2016, Ontario introduced Bill 84, the Medical Assistance in Dying Statute Law Amendment Act and developed information and supports for patients, health care providers and facilities, to help patients get safe access to medical assistance in dying;
- Manitoba introduced legislation to amend *The Fatality Inquiries Act* and *The Vital Statistics Act* so that an inquiry by a medical examiner is not required when a death results from MAID as defined in the *Criminal Code*. It has established provincial clinical guidelines and a MAID clinical team that is responsible for reviewing, and carrying out requests for MAID that meet all legal requirements;
- Alberta established a province-wide MAID Care Coordination Service to provide information and assistance to patients, families and practitioners with respect to medical assistance in dying and all end of life options. Alberta has also established a MAID Regulatory Review Committee to make recommendations to the provincial government respecting the planning and delivery of medical assistance in dying health services and the overall regulatory framework. Alberta made standards of practice for physicians and nurse practitioners to set consistent practice requirements, ensure continuity of care for patients and to require practitioners to report to the Review Committee when medical assistance in dying is provided;
- British Columbia amended the appropriate regulations under the *Health Professions Act* to give the regulatory colleges' Standards the force of law. Additionally, the regulation was amended to require the reporting of all deaths resulting from the

deceased person having received medical assistance in dying purportedly provided in accordance with the *Criminal Code*. Using existing authorities under the *Coroners Act* British Columbia's chief coroner plans to convene a multi-disciplinary MAID Review Panel semi-annually to review and make recommendations on MAID deaths in the province; and

- Northwest Territories established *Medical Assistance in Dying Interim Guidelines* for the Northwest Territories and expects to propose a MAID legislative framework in 2017.

Situations of risk and humanitarian emergencies (art. 11)

Reply to the issues raised in paragraph 17 of the list of issues

30. Canada strongly supports efforts to ensure that disaster risk reduction (DRR) measures effectively address the needs of persons with disabilities. Education and awareness raising about services available to persons with disabilities in emergency situations is an important component of these measures.

31. In addition to measures described in Canada's First Report:

- In March 2015, Canada endorsed the *Sendai Framework for Disaster Risk Reduction (2015-2030)*, which contains recommended actions and priorities to strengthen the inclusivity and accessibility of DRR activities, including with respect to persons with disabilities; and Newfoundland and Labrador collaborated with the Coalition of Persons with Disabilities (i.e. first responders, emergency management planners and various professionals in a variety of sectors) to create an inclusive emergency preparedness guide to support persons with disabilities in an emergency or disaster situation;
- The Governments of Prince Edward Island and Manitoba implemented voice to text technology for 911 services for the hearing impaired community; and
- In 2013, the *Politique québécoise de sécurité civile 2014-2024* was adopted, which aims to improve risk awareness, increase information sharing and skills development, prioritize prevention and strengthen disaster response capacity. The action plan associated with this policy includes actions to promote emergency measures adapted to the special needs of persons with disabilities, which are recorded annually in municipal action plans for persons with disabilities.

Equal recognition before the law (art. 12)

Reply to the issues raised in paragraph 18 of the list of issues

32. Further to information in Canada's First Report, the following outlines available data with respect to the number of adults under guardianship, substitute or supported decision-making regimes in 2016:

- Newfoundland and Labrador: Eight adults were under the care and custody of the Provincial Director of Adult Protection;
- Prince Edward Island: 68 adults were under guardianship, 330 adults were under public trusteeship and approximately 10 guardianship applications were pending. Since 2010, there has been an increase in young adults and transitional youth with complex needs and psychiatric and developmental illnesses;
- New Brunswick: 360 individuals were under guardianship and/or financial management;
- Quebec: 21,750 persons were under guardianship or curatorship, an increase of 2,500 individuals since 2010. 250 individuals received support decision-making services;
- Ontario: Approximately 18,000 persons were under guardianship;

- Manitoba: 1883 persons were under substitute decision-making under *The Vulnerable Persons Living with a Mental Disability Act*, a net increase of 206 persons since 2010. Substitute decision makers can also be appointed under *Manitoba's Mental Health Act*;
 - Saskatchewan: The Public Guardian and Trustee was property guardian for 1157 adults;
 - British Columbia: Approximately 5,874 adults had a property guardian and 2,124 had a personal guardian. An adult may have both a property guardian and a personal guardian. Since 2010, there has been an overall decrease in the number of adults who have a guardian;
 - Northwest Territories: The Office of the Public Trustee managed 79 “represented person” files, an increase of approximately 24 cases since 2010; and
 - Nunavut: The Office of the Public Guardian had 218 active files. Since 2010, there has been a steady increase in the number of clients coming under guardianship and the caseload has more than doubled.
33. Since 2010, decisions made on behalf of persons with disabilities mainly deal with care and finances, including:
- Care: Housing, medical treatment, personal care; and
 - Finances: Management of financial assets (financial, real property, investments, income, expenses, taxes, estates).
34. In terms of innovative projects or research planned on supported decision-making:
- New Brunswick is implementing a project to provide support services for adults with disabilities who want to manage their own supports but require some help to do so; and
 - In 2016, the Public Curateur of Quebec undertook a stakeholder consultation on the relevance and feasibility of a new assisted decision-making process.

Access to justice (art. 13)

Reply to the issues raised in paragraph 19 of the list of issues

35. Canada strives to improve access to justice for persons with disabilities in the judicial system. In addition to accommodation measures described in Canada's First Report:
- The Government of Canada funded the *Communication Access to Justice System for Victims Who Have Complex Communication Disabilities* project to improve accessibility in courts by enhancing the capacity to deliver victim services to individuals with communications disabilities.
36. Steps to improve accessibility are also being taken within courts. For example, the:
- Supreme Court of Canada has made arrangements for sign language interpretation within the courtroom when requested and has installed induction loops that transmit sound from the Court's microphones directly to a person's hearing aids. The Court's website also aligns with the Government of Canada's *Standard on Web Accessibility*;
 - Courts in Manitoba strive to ensure that communication is understandable to the witness in an age or functioning-appropriate language. When Victim Services contacts adults with an intellectual disability to inform them of their resources and rights, a specifically tailored letter and fact sheet written in clear language are provided and followed by a phone call; and
 - Nunavut Court of Justice provides accommodations during court proceedings for litigants, witnesses, and other parties, including the use of testimonial aids, plain language during proceedings, and proceeding transcripts. The Nunavut Justice Centre is also being equipped with hearing assisting audio systems that will be available to the general public.

Reply to the issues raised in paragraph 20 of the list of issues

37. The *Victims Bill of Rights Act* (VBR) enshrined rights for victims of crime at the federal level in four areas — information, protection, participation and the right to seek restitution — by enacting the *Canadian Victims Bill of Rights*.

38. The VBR also made related amendments to the *Criminal Code* and *Corrections and Conditional Release Act* (CCRA) to provide greater specificity to those rights in the criminal justice process. This includes the addition of s. 140(13) to the CCRA, which allows victims who are unable to attend Parole Board of Canada hearings in person to access audio-recordings upon request. The VBR also amended the *Canada Evidence Act* to facilitate testimony by a witness over the age of 14 years with a mental disability whose mental capacity to testify is being challenged. These witnesses may not be asked questions regarding their understanding of a promise to tell the truth in order to determine if they have the capacity to testify.

Liberty and security of the person (art. 14)**Reply to the issues raised in paragraphs 21 to 23 of the list of issues**

39. Persons with disabilities are guaranteed the same rights as other defendants in the criminal justice system, including constitutionally-protected legal rights on arrest or detention, the presumption of innocence, the right to counsel and the right to a fair trial before an independent court.

40. The Charter and F-P/T human rights legislation protect against detaining individuals solely on the ground of physical or mental impairment, notably through prohibitions on arbitrary detention and discriminatory treatment. Detention of any individual must be based on objective grounds provided for by law, such as where there are reasonable grounds to believe a person has engaged in criminal activity or poses a risk to public safety.

41. Where an accused person's mental illness renders them unfit to stand trial (UST), or found not criminally responsible (NCR) on account of mental disorder:

- The court refers the matter to an expert Review Board to determine how best to manage their care and supervision. The Board must consider public safety as paramount, along with other factors, including the accused's mental condition and reintegration into society. Based on these factors, the Board will order that the accused either: be detained in hospital; be allowed to live in the community subject to certain conditions; or be unconditionally released if they do not pose a significant threat to public safety; and
- There are measures to assure the conditions imposed on accused persons remain appropriate and that detention is only imposed to protect public safety. The Review Board reviews the disposition of each accused person under its jurisdiction annually to determine if the level of supervision and control are still appropriate. An accused person will remain under the jurisdiction of the Board for as long as they pose a significant threat to public safety. Regarding an unfit accused person, the Crown must demonstrate every two years that they continue to have sufficient evidence to try the accused, should they become fit for trial.

42. In situations where an accused person is likely to be permanently unfit, the *Criminal Code* permits a court to conduct an inquiry into the status of an accused deemed UST and order a stay of proceedings if: (1) the accused is unlikely to ever become fit; (2) the accused does not pose a significant threat to the safety of the public; and (3) a stay of proceedings is in the interests of the proper administration of justice.

43. Since 2010, available data shows:

- 22 new cases of persons NCR or UST in Prince Edward Island;
- 469 persons NCR and 34 UST in New Brunswick;
- 1063 persons NCR and 592 UST in Ontario;
- Approximately 15 persons NCR or UST annually in Saskatchewan;

- 5 persons NCR in Northwest Territories; and
- 8 persons NCR and 4 UST in Nunavut.

44. In the area of mental health, P/T legislation protects against arbitrary and indefinite detention of persons with disabilities, in particular those with intellectual and/or psychosocial disabilities. For example, in:

- Newfoundland and Labrador, the *Mental Health Care and Treatment Act* outlines the rights of any involuntary patient, including the right to obtain legal counsel, appeal an involuntary certification, and access a patient representative or provincially-appointed Rights Advisor. To detain an individual under the Act, a certification process must be undergone, wherein a set of criteria must be met in order to be involuntarily hospitalized. Certification orders expire at the end of 30 days, at which time an individual would be assessed by a treating psychiatrist, and if needed a renewal order would be issued for another 30 days;
- Nova Scotia, persons placed in a hospital against their will under the *Involuntary Psychiatric Treatment Act* have access to a Patient Rights Advisor, who are independent of government, available province-wide, help patients understand their rights, or help patients obtain legal counsel if required; and
- Under exceptional circumstances, Saskatchewan's *Mental Health Services Act* allows for an individual to receive care and treatment without their consent. Subject to review by the court, in order to be held under medical certificates, two doctors must certify that an individual has a mental disorder that:
 - Requires treatment and supervision that can only be provided in a hospital;
 - Keeps the individual from understanding that treatment and supervision is required, so an informed decision cannot be made; and
 - Will probably make the individual harm him/herself or others, or make the illness get worse if not treated.

Reply to the issues raised in paragraph 24 of the list of issues

45. Data related to the number of persons with disabilities in prisons in Canada is not readily available as F-P/T governments do not track offenders with physical or mental health-related disabilities. However, F-P/T correctional services do routinely screen for mental health concerns and offenders with physical or mental health-related disabilities are provided with reasonable accommodation in prison, as the duty to accommodate is established in Canada's legal framework.

46. For more information see Canada's First Report on the CRPD and Seventh Report on the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (CAT).

Freedom from exploitation, violence and abuse (art. 16)

Reply to the issues raised in paragraph 25 of the list of issues

47. Related to the monitoring of care facilities and programs designed to serve persons with disabilities:

- In 2016, the Government of Ontario launched ReportON —for reporting suspected or witnessed abuse of adults with developmental disabilities — available to agencies and the public through a direct 24/7 phone line and email service;
- In Saskatchewan, the Ombudsman and the Advocate for Children and Youth are independent authorities that can investigate complaints regarding programs and services provided to persons with disabilities. Other jurisdictions have similar independent bodies that can investigate complaints;
- Nova Scotia's facilities that serve persons with disabilities, such as residential care facilities, nursing homes, homes for the aged or disabled persons, group homes or

residential centres, are licensed and inspected by the government on a regular basis. Concerns about the care of persons in facilities for special care may be provided to the Protection of Persons in Care Program, which will investigate and provide directives to the facilities. Under the *Protection for Persons in Care Act* health facility administrators and service providers, including hospitals, must promptly report all allegations or instances of abuse; and

- Prince Edward Island’s private nursing homes and community care facilities are licensed by the government’s Community Care Facilities and Nursing Homes Board based on legislated requirements in the *Community Care Facilities and Nursing Homes Act*. The Department of Health inspects nursing homes and community care facilities, and reports the findings to the Board.

Reply to the issues raised in paragraph 26 of the list of issues

48. Governments have taken measures towards the elimination of all forms of gender-based violence in Canada. Examples include:

- In October 2016, the Government of Quebec launched its *Stratégie gouvernementale pour prévenir et contrer les violences sexuelles 2016-2021*. This strategy indicates that women and children remain the main victims of sexual violence. It identifies persons with disabilities among the groups most vulnerable to the violence and includes measures specifically targeted to them.
- The Government of Canada is developing a Federal Strategy to address Gender-based Violence, anticipated for release in 2017. It has ensured that diverse perspectives of experts, advocates and survivors are considered in its development through engagement activities (June to September 2016) such as: the establishment of an Advisory Council, which includes representation from DAWN Canada; conducting an online survey of over 7,500 Canadians and experts; holding meetings with survivors and service providers representing diverse groups; and hosting a series of cross-country roundtables, involving participants from organizations, including those representing persons with disabilities, to seek input on priorities, regional considerations and key issues;
- Prince Edward Island supported the project “Taking Charge, Staying Safe”, funded for one year) (2011) to support women with intellectual disabilities to better understand their rights with regard to personal safety, and to develop strategies for keeping safe. The goal of the project was to empower these women to be confident in their relationships, in their homes, and in their workplaces, and to feel safe as they participate, as equal citizens, in the day-to-day life of their communities; and
- Ontario is supporting a project under the Innovation Fund to build the capacity of organizations that serve Francophone women with disabilities who have experienced sexual violence.

49. Further information can be found in Canada’s 2016 Interim Report on the *International Covenant on Civil and Political Rights*; response to CEDAW LOI; 21st-23rd Reports on the *International Convention on the Elimination of All Forms of Racial Discrimination*; and Eight/Ninth CEDAW Reports.

50. Governments have been making strides in the implementation of the Calls to Action of the Truth and Reconciliation Commission (TRC), for example:

- The Government of Canada has:
 - Launched the National Inquiry on Missing and Murdered Indigenous Women and Girls (August 3, 2016); and
 - Announced that Canada is now a full supporter, without qualification, of the *United Nations Declaration on the Rights of Indigenous People (UNDRIP)* (May 10, 2016).

- In 2015-2016, the Government of Manitoba passed the:
 - *Path to Reconciliation Act* that sets out a framework for implementing the TRC recommendations; and
 - National Centre for Truth and Reconciliation Act;
- The Government of Saskatchewan has implemented mandatory treaty education for Kindergarten to grade 12 schools; and
- The Government of Alberta has provided a mandate for engagement with Indigenous organizations on 20 proposals to implement the principles and objectives of the UNDRIP.

Protecting the integrity of the person (art. 17)

Reply to the issues raised in paragraph 27 of the list of issues

51. All provincial and territorial involuntary sterilization laws have been repealed since 1973. No cases have been reported in any province/territory under the period of consideration since 2010. Involuntary sterilization would constitute an assault, which is a criminal offence under the *Criminal Code*.

Reply to the issues raised in paragraph 28 of the list of issues

52. Under the federal *Corrections and Conditional Release Act*, treatment shall not be given to any inmate, unless informed consent is given voluntarily, and an inmate has the right to refuse treatment or withdraw from treatment at any time. Where an inmate does not have the capacity to understand, the giving of treatment shall be governed by the applicable P/T mental health legislation.

53. Information on the use of administrative segregation in prisons in Canada can be found in Canada's Seventh CAT Report.

54. The use of restraints in correctional or care (health, social service, children/youth) facilities in Canada is generally done as a measure of last resort. For example:

- In federal prisons physical restraints for health purposes may be required after all other alternatives have proven ineffective;
- In the Northwest Territories restraints are only used on inmates as a last resort. No inmate may be kept under physical restraint longer than is necessary and never longer than twenty-four (24) hours, except with the approval of wardens who must first consult with a medical practitioner;
- British Columbia is finalizing a Restraint and Seclusion Regarding Children and Youth in Care Policy under which the use of seclusion is strictly prohibited. Restraint is prohibited except in extraordinary circumstances, such as in an emergency, to protect a child or youth from risk of imminent harm to self or others when other less restrictive means have been considered or attempted and determined to be insufficient, or as an extraordinary measure outlined in the child or youth's Care Plan;
- Nunavut's *Corrections Act* was amended to remove the use of chemical restraints and address key issues with mechanical restraints, including setting out accountability measures/safeguards for their use and the maximum time any prisoner can be mechanically restrained (16 hours and only in the most extreme circumstances and with the approval of Director of Corrections);
- Prince Edward Island has implemented a least restraint policy, which applies to all nursing staff and members of the nursing care team in acute, long-term care and in-patient mental health. The Policy stipulates that prior to initiating restraint use, staff must carry out a comprehensive assessment, including team consultation, and expend all alternative interventions and de-escalation techniques (if appropriate). Guidance is also provided as to the frequency of monitoring and care requirements when restraints are used; and

- Quebec has revised its framework for the development of protocols for the application of control measures: restraint, isolation and chemicals to be complied with by health care and social services institutions. The framework is based on a philosophy of intervention that emphasizes respect for the individual, a value derived from freedom of movement, mobility and dignity, and reaffirms the objective of minimizing the use of measures of constraint, or their ultimate elimination, and emphasizes the importance of alternative measures.

Liberty of movement and nationality (art. 18)

Reply to the issues raised in paragraph 29 of the list of issues

55. Under the *Immigration and Refugee Protection Act*, a foreign national can be considered medically inadmissible to Canada if the applicant could reasonably be expected to place an excessive demand on Canada's publicly funded health and social services. The excessive demand consideration does not apply to Convention refugees, protected persons and some members of the family class (e.g., dependent children, spouses, common-law partners, conjugal partners, children to be adopted in Canada).

56. No health condition will result in an automatic rejection of an applicant. Immigration officers determine excessive demand by assessing the health and social services that would be required by an applicant to treat a certain health condition, the costs of those services in Canada and the effect on wait lists. Each applicant is assessed on an individual basis and has the opportunity to demonstrate their ability and willingness to mitigate any financial impact on social services in Canada.

57. The Government of Canada is undertaking a fundamental review of the excessive demand provision in collaboration with P/T governments.

Reply to the issues raised in paragraph 30 of the list of issues

58. All individuals in immigration detention, including those with disabilities, are protected from arbitrary detention and have access to effective remedies under the Charter. Canada does not detain asylum seekers or migrants because they make a refugee claim.

59. The Government of Canada works to ensure that detention is exercised at the highest possible standards, with the physical and mental health and well-being of detainees, as well as the safety and security of Canadians, as primary considerations. Government policy stipulates that, with respect to vulnerable individuals, including persons with disabilities, detention is to be avoided or considered only as a last resort where safety or security is an issue. However, if detention is required, government guidelines state that detention should be for the shortest time possible.

60. In August 2016, the Government of Canada announced the development of a new *National Immigration Detention Framework* that will expand partnerships, enhance alternatives to detention and include key investments in federal detention infrastructure. Funding will also be used to enhance mental and medical health services and support for individuals in Immigration Holding Centres.

61. For information on medical examinations in immigration detention, including for individuals with mental health issues, please see Canada's Seventh CAT Report.

62. The *Interim Federal Health Program* provides limited temporary coverage of health-care benefits to eligible beneficiaries. While coverage never ceased for persons detained under the *Immigration and Refugee Protection Act*, in April 2016, the Government of Canada restored to its previous levels coverage for all eligible beneficiaries until they become eligible for P/T coverage or leave Canada. Coverage includes basic services, such as hospital or physician care, similar to health-care coverage provided by provincial/territorial health insurance plans; supplemental services, such as psychologist and speech language services, similar to the coverage provided to social assistance recipients by P/T governments; and most prescription drugs.

Living independently and being included in the community (art. 19)

Reply to the issues raised in paragraphs 31 and 32 of the list of issues

63. Data on persons with disabilities living in residential institutions shows that:
- There are 219 beds in adult residential settings in Prince Edward Island;
 - 1010 adults are living in residential institutions in Nova Scotia, demonstrating a slight decrease from 1124 in 2010-2011;
 - As of March 2015, there were a total of seven children (ages 0-17) and 213 adults with physical disabilities admitted to *internats* in Quebec. « *Internats* » are places where users are admitted to a rehabilitation center. The activities of the *internats* are intended to provide room and board as well as assistance and supervision for residential users. As of March 2016, there were 114 Continuing Assistance Residences for persons with intellectual and autism spectrum disorders offering services for approximately 703 persons;
 - Manitoba has:
 - 20 children's residential facilities with bed spaces ranging from 1 to 3 for a total of 49 beds. This number has increased slightly since 2010 from 10 facilities with bed spaces ranging between 2 and 6 for a total of 41 bed spaces;
 - Two institutions for adults with an intellectual disability, one operated by the provincial government and the other by a non-profit agency; and
 - 329 vulnerable persons living in institutions compared to 490 in March 2010;
 - In Alberta, approximately 245 adults are living and receiving supports in one of three government-operated facilities. The number of adults being supported in these facilities has been declining since 2010; and
 - There is one residential care facility in Nunavut that specifically provides care to children and adults with disabilities and complex medical issues. It has 10 beds and current occupancy is 8 children and 2 adults. Nunavut also has 2 Adult Group Homes that provide placement and support for adults whose complexity of needs cannot be met by the family or within the community.
64. The Government of Canada's Assisted Living (AL) program provides \$104 million annually to support persons with disabilities, seniors, and individuals living on First Nations reserves who need temporary or long-term care, whether in-home or in residential institutions. Residential institutions range in size from two to 40 people depending on the needs of the community and are administered by private, provincial or territorial entities.
65. Approximately half of the budget under the AL program provides social supports for people remaining in their homes, and the other half towards care in institutional settings. Data indicates that since 2010, the program has seen a steady demand for services. Nearly 9,000 in-home care, 900 institutional care and 70 adult-foster care clients are supported through federal funding. The program does not collect disaggregated data on clients based on ethnicity.
66. Available information on independent living support and residential services for persons with disabilities shows that:
- Since 2010, Saskatchewan has spent \$89.5 million for residential services, and \$7.4 million for independent living programs. 519 individuals are currently receiving independent living support;
 - Currently, in New Brunswick: 1,135 males and 690 females are in special care homes with a budget of \$89 million (\$37 million increase since 2010-11); 314 males and 183 females in community residences with a budget of \$14.5 million; and 1,928 males and 2,085 females receiving in-home services with a budget of \$69 million (\$17 million increase since 2010-11);

- Manitoba's Community Living disABILITY Services (CLDS) budget totalled \$394.7 million in 2016-2017, an increase of \$199 million since 2009-2010, for the delivery of community-based residential services, day services, transportation to and from day services, respite, clinical services and other supports;
- Nova Scotia expended \$232 million on community services for independent living in 2015-2016, compared to \$84 million on residential institutions, an increase of approximately \$57 million since 2010-2011. There are 745 adults receiving independent living support in 2015-2016, compared with 675 in 2010-2011; and
- In 2015-2016, Alberta expended \$834 million on service delivery costs for adults with developmental disabilities, with \$47.2 million (5.2%) on government-operated residential services and \$776.8 million (94.8%) on community living services.

67. P/Ts are taking measures toward de-institutionalization and the provision of community-based living arrangements for persons with disabilities. For example:

- Ontario closed its last three residential institutions for persons with developmental disabilities in 2009. About 1,000 people were moved into new community-based homes with the help of the province, families and agencies;
- Manitoba's CLDS program supports participants living in the community where possible and develops service plans using a person-centered planning approach. Since April 2010, 55 residents have transitioned from the Manitoba Developmental Centre to independent community living;
- In Saskatchewan, the care institution for persons with intellectual disabilities has 130 residents, compared to the end of 2009-2010 when the population was 230. The centre is slated for closure in 2018 and residents are to be transitioned to community housing;
- British Columbia closed its last large residential institutions for individuals with developmental disabilities in 1996. A crown agency, Community Living BC, supports more than 19,000 individuals to live in the community by offering a range of services including residential, employment, community inclusion, respite and planning assistance. The options provide choice and allow services and supports to be tailored to the circumstances and preferences of each individual; and
- Nunavut continues to work towards increasing community-based services to ensure clients can remain in their communities and the territory, instead of being placed in out-of-territory residential care facilities. Under the *Alternative Family Care Program*, which commenced in 2013, eligible adults over the age of 19 and receiving support under Nunavut's *Guardianship and Trusteeship Act*, can maintain residence in Nunavut with a relative instead of being placed in out-of-territory facilities. \$125/day is provided in foster care per-diems to Alternative Family Care Homes as compensation for the care and supervision provided to clients.

Freedom of expression and opinion, and access to information and communication (art. 21)

Reply to the issues raised in paragraph 33 of the list of issues

68. Further to information provided in Canada's First Report and elsewhere in this response, governments continue to ensure the accessibility of information for the general public for persons with disabilities (i.e. alternate/augmented formats such as Braille, large print, accessible pdfs, open and closed captioning, audio recordings, assistive listening devices and technology, sign language interpreting services, etc.). For example, in 2016:

- Canada acceded to the *Marrakesh Treaty*, which aims to improve global access to print material for persons who are visually impaired or have a print disability;
- Supported by the Government of Canada, Video Relay Service was launched, which enables persons with hearing or speech disabilities who use American Sign Language and Quebec Sign Language to communicate with voice telephone users; and

- The Government of Canada implemented a new Policy on *Communications and Federal Identity*. It requires federal departments and agencies to provide published information on request in accessible formats. The supporting *Directive on the Management of Communications* requires that all communication products produced by or on behalf of the Government of Canada are clear, accessible and written in plain language.

69. Across Canada:

- 100% of programming aired by Canadian English and French language broadcasters are required to be closed captioned;
- Under Newfoundland and Labrador's *Accessible Communications Policy*, departments/agencies must ensure that, upon request published information is available in accessible formats;
- Similarly, Manitoba's Accessible Customer Service Standard of *The Accessibility for Manitobans Act*, ensures accessible customer service is provided;
- In Ontario, the requirement for large public sector organizations to provide accessible formats or communications supports for persons with disabilities upon request under the *Integrated Accessibility Standards Regulation*, came in to effect in January 2015; and
- Yukon provides an accredited American Sign Language interpreter to support Yukon's Deaf community, including for medical/healthcare requirements, employment needs, education and training, community and cultural events and other individual needs. This service is available at no direct charge to local organizations and businesses.

Respect for home and the family (art. 23)

Reply to the issues raised in paragraph 34 of the list of issues

70. Canada recognizes that ensuring that women with disabilities, including Indigenous women, have access to sexual and reproductive health information and services that are relevant and sensitive to their needs; and are able to exercise their sexual and reproductive rights on an equal basis with others, is crucial to improving overall health and quality of life.

71. Further to information provided in Canada's responses to the CEDAW LOI and Committee on Economic, Social and Cultural Rights (CESCR) LOI:

- The Government of Canada:
 - Has developed the *Canadian Guidelines for Sexual Health Education* to provide a framework for the development of comprehensive evidence-based sexual health education that reflects the diverse needs and realities of all people in ways that are age-appropriate, evidence-based, culturally sensitive, respectful and inclusive of youth with physical disabilities. To supplement the Guidelines, a "question and answer" styled document has been developed on sexual health education specifically for youth with physical disabilities; and
 - Is supporting programming to address the specific needs of the deaf population, aiming to increase awareness regarding sexual health and the prevention of HIV, hepatitis C and other sexually transmitted infections (STBBI) and improve access to STBBI-related health services.

72. With respect to adoption, further to information in Canada's First Report, in Newfoundland and Labrador, applicants are screened and assessed on their ability to care for a child and would not be screened out on the basis of a disability or impairment.

Education (art. 24)**Reply to the issues raised in paragraphs 35 to 37 of the list of issues**

73. Governments are committed to the academic and social success of students with disabilities, including blind, deaf, and deafblind children. Students with disabilities with diverse needs are provided with accommodations and appropriate supports to be integrated in to the mainstream classroom and only placed in segregated learning environments in extreme circumstances. For example:

- The Government of Canada provides funding for First Nation students on reserve who are identified with high-level special needs, such as blind, deaf and deafblind learners, in order to help First Nations provide reasonable accommodation and support measures within inclusive school settings, such as: assistive technologies and equipment, speech, language and paraprofessional services, and modification of instructional/resource materials for adaptive learning purposes;
- In Newfoundland and Labrador, the last segregated school closed in 2010 (School for the Deaf). The province's *Service Delivery Model for Students with Exceptionalities* directs that educational programming decisions be made in the student's best interest, and be provided in the most inclusive, least restrictive setting, while respecting the dignity of the student;
- In Prince Edward Island, all students are mainstreamed, although there may be situations where, for the safety and well-being of the student or others, that a student may be removed from the educational setting as an interim measure. Also, for purposes of teaching pre-school children with autism, there are times when individual and intentional teaching is required (e.g. Intensive Behavioural Intervention);
- Quebec's *Policy on Special Education* provides guidance to school networks on how to accommodate students with disabilities or with difficulties in adapting or learning (HDAA). Integration into regular classrooms is preferred for HDAA students when the assessment of their needs and abilities shows that this integration is likely to facilitate their learning and social integration and does not constitute undue hardship or does not materially affect the rights of other students. When regular classroom integration is not possible, several service arrangements may be offered. For some students with severe disabilities, the government has set up regional and supraregional education services; and
- In Nunavut, students are not to be placed in a segregated learning environment except under extreme circumstances as provided for under Section 45 of the *Education Act*, including the health or safety of the student, other students and staff; or that even with the adjustments and supports the student is entitled to in a regular instructional setting, the student's educational needs cannot be met or his/her presence would unduly interfere with the delivery of the education program to other students. *Reaching and Teaching All Students — A model to guide the practice of inclusive education in Nunavut* aims to ensure that the government is identifying and addressing the strengths and needs of all students, keeping in mind Nunavut's unique Indigenous cultural and historical context.

74. With respect to blind, deaf and deafblind learners, in:

- Newfoundland and Labrador, Prince Edward Island, Nova Scotia and New Brunswick, the Atlantic Provinces Special Education Authority, an inter-provincial co-operative agency, offers extensive programs and services to deaf, blind and deafblind learners with disabilities from birth to 21 years of age;
- Quebec:
 - 15 regional education services have at least one class that addresses at least one of these clients;
 - 2 specialized private schools are aimed more specifically at deaf students;

- Braille teaching is offered for blind students; and
 - Large sums are invested, notably in the production of braille material and adaptation of provincial examinations; and
75. Available data shows that in:
- British Columbia, there are approximately 70 deafblind, 1,000 hearing and 300 visually impaired students;
 - In 2015-2016:
 - 326 students were identified as DHH and 116 as blind and visually impaired in Newfoundland and Labrador; and
 - In Northwest Territories, 0.8% of the K-12 student population (or 68 individuals out of 8,356) were reported to have medical needs such as hearing or visual impairment, diabetes, mobility concerns, etc. Of that group, 22% (or about 15 individuals) were reported to be hearing impaired and 12% (or about 8 individuals) were reported to be visually impaired; and
 - In 2014-2015, there were 646 blind and low vision and 2, 045 DHH students in Ontario.

Work and employment (art. 27)

Reply to the issues raised in paragraph 38 of the list of issues

76. Further to the information provided in Canada's response to the CESCRO LOI and the Employment sections of Canada's First Report, governments aim to remove barriers and increase levels of employment for persons with disabilities through targeted measures, including accommodations and supports, designed to promote job creation, labour market inclusion and skills development. For example:

- In Newfoundland and Labrador, the *Employability Assistance for Persons with Disabilities* program supports individuals with disabilities and significant disability-related challenges to access training and skills development opportunities; and up to \$5,000 in funding per client is provided for workplace accommodations, including adaptation, assistive devices/technology. The funding stays with the person and is not the property of the employer;
- Prince Edward Island has created an EmployAbilities Development Officer who works with Disability Support Program clients to encourage and support connection to the workforce through education, training, work placements and other supports;
- Saskatchewan offers support for employers to hire persons with disabilities, including wage subsidies, and provides start-up funding for new and innovative supported employment projects;
- Yukon has a partnership (\$1 million over three years) with Challenge Disability Resource Group to provide services to help persons with disabilities move into the workforce;
- In 2014-2015, a new generation of Labour Market Agreements for Persons with Disabilities was introduced, with an annual federal allocation of \$222 million to P/T governments for the design and delivery of programs and services to increase employment opportunities for persons with disabilities; and

- The Government of Canada has also been supporting the:
 - Canadian Association for Community Living's *Ready, Willing & Able* initiative, through which employers are engaged to hire and support youth and working-age adults with developmental disabilities, including persons with intellectual disabilities and persons with autism spectrum disorders; and
 - Sinneave Family Foundation and Autism Speaks Canada as they expand the *CommunityWorks* program, a network of vocational training programs in centres across Canada that will help to create employment opportunities for individuals with autism spectrum disorders.

Reply to the issues raised in paragraph 39 of the list of issues

77. The use of sheltered workshops or segregated work environments are on the decline, largely transitioning to models of day support or into social enterprises. While reliable data is limited:

- Manitoba's Community Living disABILITY Services funds a range of facility and community-based day services, some of which could be categorized as sheltered workshops. While this model of service is generally viewed as out-dated and enrollment in this service option is declining, it remains available for persons who choose it and is generally more common in smaller communities with limited employment options;
- In November 2015, the Government of Ontario announced that there would be no new admissions to sheltered workshops; and in September 2016 a call for proposals through its Employment and Modernization Fund for projects that facilitate the "shift towards competitive employment" for individuals with developmental disabilities;
- The Government of Nunavut provides funding to Nunavummi Disabilities Makinnasuaqtiit Society that runs the *Inclusion Café*, a project that provides Nunavummiut with disabilities facing barriers to employment the opportunity to acquire essential work-related skills and attain flexible, dynamic and meaningful employment at a fair market wage; and
- Saskatchewan has shifted from a sheltered workshop approach to Individualized Assessed support funding, under which community agencies are encouraged to move to community-based programming. Currently 82 Activity Centres are funded, serving 2,586 individuals; 54% of whom are involved in community-based programs.

Adequate standard of living and social protection (art. 28)

Reply to the issues raised in paragraph 40 of the list of issues

78. According to the 2011 National Household Survey (NHS), persons who reported activity limitations were more likely to live in subsidized housing (at 6%) than the population as a whole (3%). Likewise, non-reserve Indigenous households with at least one member with activity limitations were more likely (at 13%) to live in subsidized housing, compared to non-reserve Indigenous households generally (at 10%). In all, 370,960 persons who reported activity limitations lived in subsidized housing, of which the majority (223,290) were female.

79. Based on the 2012 Canadian Survey of Disability, which has a stricter definition of disability than the NHS, 7% (261,660) of adults with disabilities were living in subsidized housing compared to 3% of adults without disabilities.

80. From April 2011 to March 2015, close to 21,000 households in need comprised of seniors and/or persons with disabilities were able to continue to live independently as a result of the *Investment in Affordable Housing* program.

81. As described in Canada's response to the CESCR LOI, most P/T governments in Canada have or are developing formal poverty reduction strategies. All of these strategies

recognize the vulnerabilities of persons with disabilities and take them in to consideration. The Government of Canada is developing a Canadian Poverty Reduction Strategy that will align with and support existing P/T strategies. It has released a discussion paper — *Towards a Poverty Reduction Strategy* — that explores the various dimensions of poverty in Canada (e.g. income, housing, employment, education, health), as well as the groups who are more vulnerable to its effects (e.g. children, seniors, women, visible minorities, Indigenous peoples, and persons with disabilities).

Participation in political and public life (art. 29)

Reply to the issues raised in paragraph 41 of the list of issues

82. Further to information in Canada's First Report, governments continue to improve the accessibility of the electoral process:

- Federally, measures undertaken by Elections Canada include enhanced training on disability issues for election workers; increased community outreach for persons with disabilities during and between elections; on-line information in accessible formats; new assistive voting tools such as lighted magnifiers and Braille lists of candidates and voting template; and the introduction of 35 accessibility criteria for polling places, 15 of which are mandatory;
- In 2014, Elections Canada also established the Advisory Group on Disability Issues, which is mandated to: provide subject matter expertise on accessibility to Elections Canada; consult with Elections Canada during the agency's design or implementation of projects and service improvements related to elections; and validate Elections Canada's accessibility initiatives. The Advisory Group serves as a forum to provide advice and feedback on initiatives, including various projects and tools that can enhance voting accessibility, provide input into the design of new voting processes and/or services and to recommend further testing with segments of the population linked to committee member organizations;
- Accommodations provided for disabled voters under the *Nunavut Elections Act* include: advance voting or voting in the office of the returning officer; a special ballot that will be mailed to the eligible voter and returned by mail if the person has a reason to believe that they will be unable to vote at their polling station; and a mobile poll for eligible voters who are unable to leave their home to attend a place of voting;
- In Manitoba, accessibility options include: voting at home for people unable to leave their home due to a disability, as well as for their caregiver; voting in institutions and personal care homes; curbside voting, allowing for a voting officer to bring a ballot box out to a voter's vehicle; the right for a voter to have someone assist them to cast their ballot (either an individual who accompanies them to the voting place, or a voting officer); braille ballot templates; and providing American Sign Language interpreters to assist persons to vote or to be added to the voters list;
- Measures undertaken by Elections Saskatchewan include: provision of Disability Sensitivity Training for elections workers; sign language interpreters to assist voters at polling places; advance notice allowing transit authorities to make any adjustments in order to meet the increased demand; and assistive tools at polling stations; and
- The list of accessibility measures in Quebec includes: voting in accommodation facilities (inside and outside the electoral district) and in the homes of electors; documentation adapted in simplified text, sign language video, Braille, large print and audio CD; the visual and tactile interpretation service; the possibility of being assisted to vote; the ballot with photographs of the candidates; and highly visually oriented posters and pamphlets at each polling station.

C. Specific obligations (arts 31-33)

International cooperation (art. 32)

Reply to the issues raised in paragraph 42 of the list of issues

83. Canada supports the *2030 Agenda* principles and mainstreams governance considerations that include equity, equality and non-discrimination, participation and inclusion in all international assistance. These considerations promote protections for all persons, regardless of characteristics such as ability, gender, ethnicity, sexual orientation, age, gender identity, or any other status, and the amplification of all people's voices, particularly marginalized people, in formal and informal institutions, decision-making processes, resource allocation, and service delivery. By integrating such principles, Canada seeks to ensure all international assistance initiatives are responsive to the needs of marginalized people, including persons with disabilities.

84. In 2016, the Government of Canada undertook a comprehensive review of Canada's international assistance that included public consultations. As part of the review, persons with disabilities and their representative organizations provided valuable insights into how to better support the participation, inclusion, and rights of persons with disabilities in developing countries. The Government of Canada will take these insights into account as new policy directions are developed, and will continue to engage with disability stakeholders to ensure that its international assistance policies and programs are inclusive. To this end, in January 2017, the Government of Canada hosted a round table on Disability and Global Development.

National implementation and monitoring (art. 33)

Reply to the issues raised in paragraph 43 of the list of issues

85. As described in Canada's First Report and in its interpretative declaration to Article 33(2), Canada's promotion, protection and monitoring framework is comprised of a variety of mechanisms at all levels of government, including designated offices responsible for disability issues and interdepartmental and intergovernmental fora. Canada continues to rely on these existing mechanisms to fulfill its obligations under Article 33(2).

86. Canadians with disabilities and organizations that represent them may take part in monitoring government initiatives through the mechanisms mentioned above, as well as others. Disability organizations may also independently conduct legal and information analysis on government measures and report the results publicly and to Parliament, government officials and/or the Committee.
