DATE: November 17, 2017

PREPARED FOR: Honourable Shane Simpson, Minister of Social Development and

Poverty Reduction

MEETING DETAILS: Meeting with Giovanna Boniface, Managing Director of the

Canadian Association of Occupational Therapists – BC region

BACKGROUND:

Occupational Therapists (OTs) work with individuals, both in the community or in hospital settings, who have difficulty with daily activities and help them become more independent. OTs look at a patient's safety and memory to complete tasks like dressing, bathing, cooking, transportation, etc. They offer recommendations for special items like walkers, wheelchairs, pressure garments, splints and bathroom equipment.

In BC, there are two ways to access occupational therapy services:

- the public system, through the community health centers located in each health authority, and
- the private system, generally used by individuals who have extended health plan coverage

OTs provide a number of valuable services to ministry clients. They are one of a restricted number of health professions that can complete the Assessor portion of the Persons with Disabilities (PWD) application form. OTs in private practice may bill the ministry \$75 for completing the assessment and PWD form. OTs in the public health care system do not bill the ministry as they complete these within their regular duties of employment.

OTs also complete assessments and submit documentation for ministry clients requesting pieces of medical equipment. While there is no fee paid for the completion of this form, this is not a barrier as ministry clients are usually accessing occupational therapy services within the public health care system. The ministry's Health Assistance office (HA) has a contract for OT consulting services. The contracted OT provides HA adjudicators with expertise and advice on complex medical equipment requests.

The Canadian Association of Occupational Therapists - British Columbia (CAOT-BC) provides services, products, events and networking opportunities to assist OTs in achieving excellence in their professional practice. In addition, CAOT-BC offers regional representation and support to OTs in BC. Over the past several years CAOT-BC met with Ministers of the previous government to discuss the challenges resulting from a shortage of OTs in BC.

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ISSUES:

The Managing Director of CAOT-BC, Giovanna Boniface, has requested a meeting to discuss how OTs can assist the government to deliver quality care to individuals, families, vulnerable and senior populations in communities across BC.

It is anticipated that CAOT-BC will raise the following issues for discussion:

- long waitlists for people to access occupational therapy services;
- maldistribution of OTs and reliance on in-migration to fulfill workforce needs;
- inadequate access to occupational therapy services as part of extended health benefits in public and private insurance plans;
- shortage of OTs in BC making serving persons with disabilities, especially in rural and remote communities, particularly challenging;
- inability for OTs to provide proactive preventive care that is cost effective and results in positive health outcomes for patients;
- lack of access to occupational therapy services to support people with chronic pain, in light of the ongoing opioid crisis.

RECOMMENDED RESPONSE:

- I recognize the valuable service OTs provide in helping people apply for the PWD designation and those in need of medical equipment.
- The Ministry of Health holds the primary responsibility for the delivery of health services in BC, including human resource planning for health care professionals in both urban and rural/remote communities and which supplementary benefits are covered under the Medical Services Plan.
- The health supplements and programs available through SDPR help individuals who
 are receiving BCEA assistance, including people with disabilities, with specific health
 needs and circumstances.
- This ministry consults regularly with our colleagues at the Ministry of Health on issues related to these health supplements.
- I am always interested in hearing about evolving health technologies and practices that can improve the services provided to our clients.

Occupational Therapy services for people with addiction and chronic pain

- The Honourable Judy Darcy has been named Minister of Mental Health and Addictions. Her mandate includes working in partnership to develop an immediate response to the opioid crisis that includes investments and improvements to mentalhealth and addictions services.
- The Minister of Mental Health and Addictions is to consult with stakeholders to determine the most effective way to deliver quality mental-health and addiction services.
- I will share your concerns with my Cabinet colleagues

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Poverty Reduction Strategy:

- The BC government is focused on addressing poverty and making life more affordable for British Columbians.
- We will work with British Columbians, including people living in poverty or with lived experience of poverty, to develop a poverty reduction strategy.
- I have convened an Advisory Forum. The members bring a broad range of expertise and will provide their insights and guidance to me as the Poverty Reduction Strategy is developed.
- The recently announced consultations on the poverty reduction strategy will take
 place from November to March, and I look forward to hearing from British Columbians
 throughout the province, including organizations like the Canadian Association of
 Occupational Therapists, about how we can work together to reduce poverty.
- People can submit their thoughts online now at: http://engage.gov.bc.ca/bcpovertyreduction/

Prepared by:

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DATE: November 27, 2017

PREPARED FOR: Honourable Shane Simpson, Minister of Social Development and

Poverty Reduction

ISSUE: United Nations Optional Protocol to the Convention on the Rights of

Persons with Disabilities (Optional Protocol)

BACKGROUND:

In 2010, Canada ratified the United Nations Convention on the Rights of Persons with Disabilities (the Convention), but not the Optional Protocol (Appendix A). Since 2011, the disability community has applied consistent feedback for Canada to accede to the Optional Protocol.

The Convention establishes Canada's substantive obligations to protect and promote the rights of persons with disabilities. It guarantees the right to equality and non-discrimination in the enjoyment of civil, political, economic, social, and cultural rights for persons with disabilities. It also includes rights unique to the disability context such as accessibility, living independently, being included in the community and rehabilitation.

The Optional Protocol doesn't introduce new obligations. It establishes two procedures to strengthen the implementation and monitoring of the Convention:

- An individual communications procedure allowing individuals to bring petitions to the United Nations Committee on the Rights of Persons with Disabilities (Committee) claiming breaches of their rights under the Convention; and
- 2) An inquiry procedure that gives the Committee authority to investigate allegations of grave or systematic violations.

On November 10th, 2017 the Honourable Kent Hehr, Minister of Sport and Persons with Disabilities wrote to the Honourable Shane Simpson, Minster of Social Development and Poverty Reduction to request formal support from British Columbia (BC) for the Optional Protocol (Appendix B). Minister Hehr would also like to schedule a telephone discussion with Minister Simpson to discuss the Optional Protocol.

DISCUSSION:

Minister Hehr's letter was sent to all provincial and territorial Ministers responsible for Persons with Disabilities rather than to Ministers Responsible for Human Rights despite requests by human rights officials that the letter should be directed to the minister responsible.

The Ministry of Attorney General (MAG) is BC's lead ministry on the Optional Protocol accession. MAG has consulted with the affected BC ministries and did not identify any

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barriers at a policy level to provide support. MAG is scheduled to seek Cabinet approval to obtain formal support for the Optional Protocol on February 14, 2018.

The upcoming Conference of Federal Provincial Territorial Minsters Responsible for Human Rights, scheduled for December 10th to 12th, 2017 and the agenda includes a planned discussion on accession to human rights treaties, including the Optional Protocol. The Honourable David Eby, Attorney General is attending this conference and will be briefed on November 30th, 2017.

Canada has already consulted with provincial and territorial governments and the public on whether Canada should accede to the Optional Protocol. No concerns have been identified that would prevent them from supporting accession. Overall, responses to Canada's public consultation indicated that:

- There is overall support for Canada's accession to the Optional Protocol;
- The decision on accession will impact how Canada is perceived internationally;
- Similar complaint procedures under other international human rights treaties to which Canada is a party have been used by some civil society organizations to effect change; and
- Persons with disabilities and their representative organizations may need support to use the Optional Protocol (See Appendix C for consultation report).

Canada plans to announce their intention to proceed towards accession to the Optional Protocol around the International Day of Persons with Disabilities on December 3rd, 2017 noting that formal support from provinces and territories has been sought. Canada may also table the Optional Protocol in Parliament for review and discussion.

Minister Hehr intends to organize a telephone call with Minister Simpson to discuss BC's process and timeline for indicating formal support. This call is likely to be before the December 3rd, 2017 announcement. To avoid duplication or confusion, this call could be coordinated with Minister Eby's office given MAG is BC's lead ministry.

CONCLUSION:

Canada is planning to announce their intention to proceed towards accession to the Optional Protocol around the International Day of Persons with Disabilities on December 3rd, 2017. MAG is seeking cabinet approval to provide formal support from BC. Minister Hehr will be following up with a telephone call with Minister Simpson to discuss BC's formal support which is expected to occur prior to the formal announcement.

Becoming a party to the Optional Protocol provides governments an opportunity to strengthen the protection of the rights of persons with disabilities in Canada.

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Enclosures/Attachments

Appendix A: Optional Protocol

Appendix B: Letter from Minister Hehr to Minister Simpson

Appendix C: Canada's Public Consultation Report

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OPTIONAL PROTOCOL TO THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The States Parties to the present Protocol have agreed as follows:

Article 1

- 1. A State Party to the present Protocol ("State Party") recognizes the competence of the Committee on the Rights of Persons with Disabilities ("the Committee") to receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by that State Party of the provisions of the Convention.
- 2. No communication shall be received by the Committee if it concerns a State Party to the Convention that is not a party to the present Protocol.

Article 2

The Committee shall consider a communication inadmissible when:

- (a) The communication is anonymous;
- (b) The communication constitutes an abuse of the right of submission of such communications or is incompatible with the provisions of the Convention;
- (c) The same matter has already been examined by the Committee or has been or is being examined under another procedure of international investigation or settlement;
- (d) All available domestic remedies have not been exhausted. This shall not be the rule where the application of the remedies is unreasonably prolonged or unlikely to bring effective relief;
- (e) It is manifestly ill-founded or not sufficiently substantiated; or when
- (f) The facts that are the subject of the communication occurred prior to the entry into force of the present Protocol for the State Party concerned unless those facts continued after that date.

Article 3

Subject to the provisions of article 2 of the present Protocol, the Committee shall bring any communications submitted to it confidentially to the attention of the State Party. Within six months, the receiving State shall submit to the Committee written explanations or statements clarifying the matter and the remedy, if any, that may have been taken by that State.

Article 4

- 1. At any time after the receipt of a communication and before a determination on the merits has been reached, the Committee may transmit to the State Party concerned for its urgent consideration a request that the State Party take such interim measures as may be necessary to avoid possible irreparable damage to the victim or victims of the alleged violation.
- 2. Where the Committee exercises its discretion under paragraph 1 of this article, this does not imply a determination on admissibility or on the merits of the communication.

Article 5

The Committee shall hold closed meetings when examining communications under the present Protocol. After examining a communication, the Committee shall forward its suggestions and recommendations, if any, to the State Party concerned and to the petitioner.

Article 6

- 1. If the Committee receives reliable information indicating grave or systematic violations by a State Party of rights set forth in the Convention, the Committee shall invite that State Party to cooperate in the examination of the information and to this end submit observations with regard to the information concerned.
- 2. Taking into account any observations that may have been submitted by the State Party concerned as well as any other reliable information available to it, the Committee may designate one or more of its members to conduct an inquiry and to report urgently to the Committee. Where warranted and with the consent of the State Party, the inquiry may include a visit to its territory.
- 3. After examining the findings of such an inquiry, the Committee shall transmit these findings to the State Party concerned together with any comments and recommendations.
- 4. The State Party concerned shall, within six months of receiving the findings, comments and recommendations transmitted by the Committee, submit its observations to the Committee.
- Such an inquiry shall be conducted confidentially and the cooperation of the State Party shall be sought at all stages of the proceedings.

Article 7

- 1. The Committee may invite the State Party concerned to include in its report under article 35 of the Convention details of any measures taken in response to an inquiry conducted under article 6 of the present Protocol.
- 2. The Committee may, if necessary, after the end of the period of six months referred to in article 6, paragraph 4, invite the State Party concerned to inform it of the measures taken in response to such an inquiry.

Article 8

Each State Party may, at the time of signature or ratification of the present Protocol or accession thereto, declare that it does not recognize the competence of the Committee provided for in articles 6 and 7.

Article 9

The Secretary-General of the United Nations shall be the depositary of the present Protocol.

Article 10

The present Protocol shall be open for signature by signatory States and regional integration organizations of the Convention at United Nations Headquarters in New York as of 30 March 2007.

Article 11

The present Protocol shall be subject to ratification by signatory States of the present Protocol which have ratified or acceded to the Convention. It shall be subject to formal confirmation by signatory regional integration organizations of the present Protocol which have formally confirmed or acceded to the Convention. It shall be open for accession by any State or regional integration organization which has ratified, formally confirmed or acceded to the Convention and which has not signed the Protocol.

Article 12

1. "Regional integration organization" shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by the Convention and the present Protocol. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by the Convention and the present Protocol.

Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

- 2. References to "States Parties" in the present Protocol shall apply to such organizations within the limits of their competence.
- 3. For the purposes of article 13, paragraph 1, and article 15, paragraph 2, of the present Protocol, any instrument deposited by a regional integration organization shall not be counted.
- 4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the meeting of States Parties, with a number of votes equal to the number of their member States that are Parties to the present Protocol. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

Article 13

- 1. Subject to the entry into force of the Convention, the present Protocol shall enter into force on the thirtieth day after the deposit of the tenth instrument of ratification or accession.
- 2. For each State or regional integration organization ratifying, formally confirming or acceding to the present Protocol after the deposit of the tenth such instrument, the Protocol shall enter into force on the thirtieth day after the deposit of its own such instrument.

Article 14

- 1. Reservations incompatible with the object and purpose of the present Protocol shall not be permitted.
- 2. Reservations may be withdrawn at any time.

Article 15

1. Any State Party may propose an amendment to the present Protocol and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they favour a meeting of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a meeting, the Secretary-General shall convene the meeting under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting shall be

submitted by the Secretary-General to the General Assembly of the United Nations for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.

Article 16

A State Party may denounce the present Protocol by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

Article 17

The text of the present Protocol shall be made available in accessible formats.

Article 18

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Protocol shall be equally authentic.

IN WITNESS THEREOF the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Protocol.

PROTOCOLE FACULTATIF SE RAPPORTANT À LA CONVENTION RELATIVE AUX DROITS DES PERSONNES HANDICAPÉES

Les États Parties au présent Protocole sont convenus de ce qui suit :

Article premier

- 1. Tout État Partie au présent Protocole (« État Partie ») reconnaît que le Comité des droits des personnes handicapées (« le Comité ») a compétence pour recevoir et examiner les communications présentées par des particuliers ou groupes de particuliers ou au nom de particuliers ou groupes de particuliers relevant de sa juridiction qui prétendent être victimes d'une violation par cet État Partie des dispositions de la Convention.
- 2. Le Comité ne reçoit aucune communication intéressant un État Partie à la Convention qui n'est pas partie au présent Protocole.

Article 2

Le Comité déclare irrecevable toute communication :

- a) Qui est anonyme;
- b) Qui constitue un abus du droit de présenter de telles communications ou est incompatible avec les dispositions de la Convention;
- c) Ayant trait à une question qu'il a déjà examinée ou qui a déjà été examinée ou est en cours d'examen devant une autre instance internationale d'enquête ou de règlement;
- d) Concernant laquelle tous les recours internes disponibles n'ont pas été épuisés, à moins que la procédure de recours n'excède des délais raisonnables ou qu'il soit improbable que le requérant obtienne réparation par ce moyen;
- e) Qui est manifestement mal fondée ou insuffisamment motivée ; ou
- f) Qui porte sur des faits antérieurs à la date d'entrée en vigueur du présent Protocole à l'égard de l'État Partie intéressé, à moins que ces faits ne persistent après cette date.

Article 3

Sous réserve des dispositions de l'article 2 du présent Protocole, le Comité porte confidentiellement à l'attention de l'État Partie intéressé toute communication qui lui est adressée. L'État Partie intéressé soumet par écrit au Comité, dans un délai de six mois, des explications ou déclarations éclaircissant la question et indiquant les mesures qu'il pourrait avoir prises pour remédier à la situation.

Article 4

- 1. Après réception d'une communication et avant de prendre une décision sur le fond, le Comité peut à tout moment soumettre à l'urgente attention de l'État Partie intéressé une demande tendant à ce qu'il prenne les mesures conservatoires nécessaires pour éviter qu'un dommage irréparable ne soit causé aux victimes de la violation présumée.
- 2. Le Comité ne préjuge pas de sa décision sur la recevabilité ou le fond de la communication du simple fait qu'il exerce la faculté que lui donne le paragraphe 1 du présent article.

Article 5

Le Comité examine à huis clos les communications qui lui sont adressées en vertu du présent Protocole. Après avoir examiné une communication, le Comité transmet ses suggestions et recommandations éventuelles à l'État Partie intéressé et au pétitionnaire.

Article 6

- 1. Si le Comité est informé, par des renseignements crédibles, qu'un État Partie porte gravement ou systématiquement atteinte aux droits énoncés dans la Convention, il invite cet État à s'entretenir avec lui des renseignements portés à son attention et à présenter ses observations à leur sujet.
- 2. Le Comité, se fondant sur les observations éventuellement formulées par l'État Partie intéressé, ainsi que sur tout autre renseignement crédible dont il dispose, peut charger un ou plusieurs de ses membres d'effectuer une enquête et de lui rendre compte sans tarder des résultats de celle-ci. Cette enquête peut, lorsque cela se justifie et avec l'accord de l'État Partie, comporter une visite sur le territoire de cet État.
- 3. Après avoir étudié les résultats de l'enquête, le Comité les communique à l'État Partie intéressé, accompagnés, le cas échéant, d'observations et de recommandations.
- 4. Après avoir été informé des résultats de l'enquête et des observations et recommandations du Comité, l'État Partie présente ses observations à celui-ci dans un délai de six mois.
- 5. L'enquête conserve un caractère confidentiel et la coopération de l'État Partie sera sollicitée à tous les stades de la procédure.

Article 7

- 1. Le Comité peut inviter l'État Partie intéressé à inclure, dans le rapport qu'il doit présenter conformément à l'article 35 de la Convention, des précisions sur les mesures qu'il a prises à la suite d'une enquête effectuée en vertu de l'article 6 du présent Protocole.
- 2. À l'expiration du délai de six mois visé au paragraphe 4 de l'article 6, le Comité peut, s'il y a lieu, inviter l'État Partie intéressé à l'informer des mesures qu'il a prises à la suite de l'enquête.

Article 8

Tout État Partie peut, au moment où il signe ou ratifie le présent Protocole ou y adhère, déclarer qu'il ne reconnaît pas au Comité la compétence que lui confèrent les articles 6 et 7.

Article 9

Le Secrétaire général de l'Organisation des Nations Unies est le dépositaire du présent Protocole.

Article 10

Le présent Protocole est ouvert à la signature des États et des organisations d'intégration régionale qui ont signé la Convention, au Siège de l'Organisation des Nations Unies à New York, à compter du 30 mars 2007.

Article 11

Le présent Protocole est soumis à la ratification des États qui l'ont signé et ont ratifié la Convention ou y ont adhéré. Il doit être confirmé formellement par les organisations d'intégration régionale qui l'ont signé et qui ont confirmé formellement la Convention ou y ont adhéré. Il sera ouvert à l'adhésion de tout État ou de toute organisation d'intégration régionale qui a ratifié ou confirmé formellement la Convention ou qui y a adhéré mais qui n'a pas signé le Protocole.

Article 12

1. Par « organisation d'intégration régionale » on entend toute organisation constituée par des États souverains d'une région donnée, à laquelle ses États membres ont transféré des compétences dans les domaines régis par la Convention et le présent Protocole. Dans leurs instruments de confirmation formelle ou d'adhésion, ces organisations indiquent l'étendue de leur compétence dans les domaines régis par la Convention et le présent Protocole. Par la suite, elles notifient au

dépositaire toute modification importante de l'étendue de leur compétence.

- 2. Dans le présent Protocole, les références aux « États Parties » s'appliquent à ces organisations dans la limite de leur compétence.
- 3. Aux fins du paragraphe 1 de l'article 13 et du paragraphe 2 de l'article 15 du présent Protocole, les instruments déposés par des organisations d'intégration régionale ne sont pas comptés.
- 4. Les organisations d'intégration régionale disposent, pour exercer leur droit de vote à la réunion des États Parties dans les domaines qui relèvent de leur compétence, d'un nombre de voix égal au nombre de leurs États membres Parties au présent Protocole. Elles n'exercent pas leur droit de vote si leurs États membres exercent le leur, et inversement.

Article 13

- 1. Sous réserve de l'entrée en vigueur de la Convention, le présent Protocole entrera en vigueur le trentième jour suivant le dépôt du dixième instrument de ratification ou d'adhésion.
- 2. Pour chacun des États ou chacune des organisations d'intégration régionale qui ratifieront ou confirmeront formellement le présent Protocole ou y adhéreront après le dépôt du dixième instrument de ratification ou d'adhésion, le Protocole entrera en vigueur le trentième jour suivant le dépôt par cet État ou cette organisation de son instrument de ratification, d'adhésion ou de confirmation formelle.

Article 14

- 1. Les réserves incompatibles avec l'objet et le but du présent Protocole ne sont pas admises.
- Les réserves peuvent être retirées à tout moment.

Article 15

1. Tout État Partie peut proposer un amendement au présent Protocole et le soumettre au Secrétaire général de l'Organisation des Nations Unies. Le Secrétaire général communique les propositions d'amendement aux États Parties, en leur demandant de lui faire savoir s'ils sont favorables à la convocation d'une réunion des États Parties en vue d'examiner ces propositions et de se prononcer sur elles. Si, dans les quatre mois qui suivent la date de cette communication, un tiers au moins des États Parties se prononcent en faveur de la convocation d'une telle réunion, le Secrétaire général convoque la réunion sous les auspices de l'Organisation des Nations Unies. Tout amendement adopté par une majorité des deux tiers des États Parties présents et votants est soumis

pour approbation à l'Assemblée générale des Nations Unies, puis pour acceptation à tous les États Parties.

2. Tout amendement adopté et approuvé conformément au paragraphe l du présent article entre en vigueur le trentième jour suivant la date à laquelle le nombre d'instruments d'acceptation déposés atteint les deux tiers du nombre des États Parties à la date de son adoption. Par la suite, l'amendement entre en vigueur pour chaque État Partie le trentième jour suivant le dépôt par cet État de son instrument d'acceptation. L'amendement ne lie que les États Parties qui l'ont accepté.

Article 16

Tout État Partie peut dénoncer le présent Protocole par voie de notification écrite adressée au Secrétaire général de l'Organisation des Nations Unies. La dénonciation prend effet un an après la date à laquelle le Secrétaire général en a reçu notification.

Article 17

Le texte du présent Protocole sera diffusé en formats accessibles.

Article 18

Les textes anglais, arabe, chinois, espagnol, français et russe du présent Protocole font également foi.

EN FOI DE QUOI les plénipotentiaires soussignés, dûment habilités par leurs gouvernements respectifs, ont signé le présent Protocole.



Consultation Report



This publication is available for download at :

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ESD0

Cat. No. SSD-194-07-17E

OVERVIEW

Canada is a party to the *United Nations Convention on the Rights of Persons with Disabilities* (Convention). The Convention entered into force for Canada on April 10, 2010. Its purpose is to ensure that all people with disabilities enjoy the same human rights, freedoms and respect as other people. It requires countries to promote equality and prohibit discrimination against people with disabilities.

As a party to the Convention, Canada can accede to (or join) the *Optional Protocol to the Convention* on the Rights of Persons with Disabilities. The Optional Protocol contains two procedures to strengthen the implementation of the Convention: an individual communications procedure and an inquiry procedure.

CONSULTATIONS

The Government of Canada, in close consultation with provincial and territorial governments, is currently reviewing the Optional Protocol prior to making any decision regarding accession to the treaty.

As part of this review, in February and March 2017, the Government of Canada consulted with civil society to seek its views on Canada's accession to the Optional Protocol. It did so through an in-person roundtable with approximately 30 non governmental organizations and Indigenous organizations on February 16, 2017, as well as a four week, online public consultation between February 17 and March 17, 2017. Through the online consultation, over 140 submissions were received.

Specifically, the consultation sought views on the following five areas:

- the obligations contained in the Optional Protocol;
- the impact that accession would have on individuals, organizations, and the individuals that organizations represented;
- the advantages or disadvantages to Canada associated with joining the Optional Protocol;
- whether and how have Canadians with disabilities or the organisations that represent them been using the complaint mechanisms under the other human rights treaties to which Canada is a party; and
- general comments.



1



WHAT WAS HEARD

Responses to the consultations gave valuable insight on what accession to the Optional Protocol would mean to individuals and organizations. Overall, the responses to these consultations, including the February 16, 2017, roundtable, indicated that:

- 1. there is overall support for Canada's accession to the Optional Protocol;
- 2. the decision on accession will impact how Canada is perceived internationally;
- similar complaint procedures under other international human rights treaties to which Canada is a party have been used by some civil society organizations to effect change; and
- 4. persons with disabilities and their representative organizations may need support to use the Optional Protocol.

These views will be discussed below.

1. There is overall support for Canada's accession to the Optional Protocol.

The majority of respondents indicated that they support Canada's accession to the Optional Protocol. Generally, the Optional Protocol was viewed as an important component of the Convention that strengthens its overall implementation in two main areas:

- Enforcement: Many respondents supported Canada's accession to the Optional Protocol because
 they viewed it as a key element of enforcing Canada's compliance with the Convention, which would
 ultimately bring about positive change for persons with disabilities. The Optional Protocol was also
 viewed as a "last resort" for persons with disabilities to seek compliance with the Convention or redress
 for rights violations. Accession was seen by many respondents as an opportunity to increase
 the accountability of federal, provincial, and territorial governments, for respecting the rights
 of persons with disabilities.
- Protection: The Optional Protocol was also seen as an important tool that would safeguard the
 rights of persons with disabilities. Some responses indicated that accession to the Optional Protocol
 would result in economic, social, and cultural improvements for persons with disabilities, such as
 the removal of barriers that hinder their participation in these areas of society. Canada's accession
 to the Optional Protocol would also be viewed symbolically as a positive step, demonstrating
 federal-provincial/territorial governments' commitment to implementing the Convention
 and protecting the rights of persons with disabilities in Canada.

One respondent indicated that they did not support Canada's accession to the Optional Protocol because current domestic mechanisms are sufficient. Some respondents raised negative aspects of acceding to the Optional Protocol, including the limited powers of the United Nations Committee on the Rights of Persons with Disabilities to enforce its views on a state party, the strain on the resources of those supporting complainants (e.g. disability organizations), and the amount of governmental resources required to respond to complaints.

2. The decision on accession will impact how Canada is perceived internationally.

Several respondents mentioned the impact that they believed Canada's accession to the Optional Protocol would have internationally. Accession would present Canada as an international leader in the area of human rights and, specifically, protecting the rights of persons with disabilities.

3. Similar complaint procedures under other international human rights treaties to which Canada is a party have been used by some civil society organizations to effect change.

One organization noted that they used similar complaint procedures under other treaties to file complaints from groups of Canadians. Another organization reported using other United Nations treaty reporting mechanisms to inform governments of their failure to implement their treaty obligations. This was seen as a powerful way to advance issues for persons with disabilities.

Persons with disabilities and their representative organizations may need support to use the Optional Protocol.

It was noted by some disability organizations that in order to ensure that persons with disabilities are able to effectively use the Optional Protocol, appropriate supports should be put in place to ensure that the process is accessible and that individuals have the capacity and support to follow through with the process. Building the capacity for organizations and civil society (for example, through funding) to support those filing complaints through both domestic complaint mechanisms and the communication process under the Optional Protocol was highlighted as important.

Furthermore, the roundtable discussion on February 16, 2017, dedicated a significant portion of the discussion to build an understanding of how the Optional Protocol works. The nature of this discussion indicates that further education for disability organizations on both the Optional Protocol and Canada's court system may be beneficial.

CONCLUDING SUMMARY

Overall, participants are supportive of Canada's accession to the Optional Protocol, noting that accession will strengthen the implementation of the Convention in Canada and protect the rights of persons with disabilities.

The Minister of Sport and Persons with Disabilities would like to thank all individuals and organizations who contributed to this process, both through the online consultation and at the February 16, 2017 roundtable discussion.



Ottawa, Canada K1A 0M5

NOV 1 0 2017

The Honourable Shane Simpson, M.L.A.
Minister of Social Development and Poverty Reduction
Government of British Columbia
PO Box 9058 Stn Prov Govt
Victoria BC V8W 9E2

Dear Minister:

I am writing to you as the Minister of Sport and Persons with Disabilities to request your government's formal support for Canada's accession to the United Nations *Optional Protocol to the Convention on the Rights of Persons with Disabilities*.

Please find enclosed a copy of the Optional Protocol for your information.

As you may know, the Government of Canada consults and seeks provincial and territorial support before adhering to an international human rights treaty which touches on areas of provincial and territorial jurisdiction. In keeping with this practice, the Government of Canada launched consultations in September 2016 with provincial and territorial governments on whether Canada should agree to become bound by the Optional Protocol. These consultations took place through the Continuing Committee of Officials on Human Rights, the primary table for federal, provincial and territorial officials' work on international human rights instruments.

In light of these consultations and given the importance of this issue, I trust that formal support for accession from all jurisdictions will be obtained quickly, as thus far governments have identified no concerns that would prevent them from supporting accession.

I plan to make an announcement on Canada's intention to proceed towards accession to the Optional Protocol around the International Day of Persons with Disabilities. This announcement could include Canada's intention to accede to the Optional Protocol, noting that formal support from provincial and territorial governments has been sought. It could also include tabling of the Optional Protocol in Parliament. Tabling a treaty, such as the Optional Protocol, allows Parliament to review and discuss the instrument before Canada's accession.

The International Day of Persons with Disabilities, celebrated worldwide annually on December 3, is an important day for the disability community. Tabling around this time would be the ideal time to involve the community in an announcement and would highlight the Government of Canada's continued commitment to people with disabilities and their important contributions to society.

.../2



Canada ratified the United Nations' Convention on the Rights of Persons with Disabilities on March 11, 2010, with the support of all provincial and territorial governments.

Acceding to the Optional Protocol would not bind Canada to any new human rights standards. Instead, it would commit our governments to independent monitoring of our existing obligations under the Convention and to participate in good faith with the United Nations Committee on the Rights of Persons with Disabilities, the monitoring body for State Parties' compliance with the Convention. It would also publicly reinforce our governments' commitment to upholding the rights of persons with disabilities. Canada is currently party to three other treaties that provide for similar procedures and with which it has considerable experience in dealing.

Becoming a party to the Optional Protocol and participating in its procedures would also provide our governments with an important opportunity to strengthen the protection of the rights of persons with disabilities in Canada, in accordance with our existing obligations under the Convention. The Optional Protocol's procedures and outcomes would improve protection both directly by providing individuals an avenue for challenging implementation of the Convention, and indirectly by serving as an important guide to future policy development to protect persons with disabilities against discrimination.

The Optional Protocol establishes two non-binding monitoring procedures: an individual communication procedure and an inquiry procedure. The procedures would allow persons with disabilities in Canada to challenge Canada's implementation of the Convention, either through an individual complaint alleging violations of their rights or an inquiry into alleged grave or systematic violations of the Convention.

Under both procedures, the United Nations Committee on the Rights of Persons with Disabilities would issue its views on whether a violation of the Convention has occurred and make recommendations on how the violation may be addressed. The Committee's views and recommendations are not legally binding on Canada in domestic and international law. This means that implicated governments in Canada would be required to consider and respond to the Committee's views and recommendations in good faith, but would not be obliged to make changes to laws, policies and practices.

The upcoming Conference of Federal-Provincial-Territorial Ministers Responsible for Human Rights, scheduled for December 10 to 12, 2017, will be an important opportunity to support and strengthen intergovernmental cooperation on human rights in Canada. The agenda includes a planned discussion on accession to human rights treaties, including this Optional Protocol.

The final step in the process is depositing Canada's instrument of accession with the United Nations. Our intention would be to do so during winter 2018. This timing takes into account provinces' and territories' processes for providing formal support on accession.

I will follow up with a telephone call to discuss your government's process and timeline for indicating formal support for Canada's accession of the Optional Protocol. My office will be in touch to set up this call shortly.

A response at your earliest convenience regarding your government's support for Canada's accession would be greatly appreciated.

Yours sincerely,

The Honourable Kent Hehr, P.C., M.P. Minister of Sport and Persons with Disabilities

Enclosure: 1

c.c. The Honourable David Eby, M.L.A.
Minister of Justice and Attorney General

DATE: November 30, 2017

PREPARED FOR: Honourable Shane Simpson, Minister of Social Development and

Poverty Reduction

ISSUE: BC Coroners Service Report on Illicit Drug Overdose

BACKGROUND:

On November 8th, 2017 the BC Coroners Service released their report on illicit drug overdoses in British Columbia. The report covers all unintentional illicit drug overdose deaths from January 1st 2007 through September 30, 2017, and includes all cases where a death was confirmed or suspected of being caused by an illicit overdose. An illicit drug includes both street drugs, medications not prescribed to the decedent but obtained on the street, and combinations of the above with prescribed medications.

The report mentions that fatal overdoses average 66 percent higher in the few days following income assistance payments than other days of the month – 6 per day in the Wednesday to Sunday period following cheque issue day compared to 3.6 per day for the rest of the month. The report does not indicate how many people who suffer a fatal overdose are in receipt of income or disability assistance.

In the first nine months of 2017 there were 1,103 suspected illicit drug overdose deaths in British Columbia, an increase of 496 (82 percent) compared to the same period in 2016. This is already higher than the 981 illicit drug overdose deaths that occurred in all of 2016. In September 2017 there were 80 overdose deaths, compared to 61 last September. The 80 deaths in September was down from 119 in August and the lowest number of deaths since October 2016. However, this still works out to 2.7 deaths per day.

Some important statistics for 2017 include:

- Individuals aged 19-59 accounted for 91 percent of illicit drug overdose deaths.
- Males accounted for 83 percent of all suspected illicit drug overdose deaths.
- Fentanyl was detected in 83 percent of illicit drug overdose deaths in 2017, up from 68 percent in 2016.
- Fentanyl appears to be the main cause of the increase in illicit drug overdose deaths as the number of illicit drug overdose deaths that did not involve fentanyl has remained relatively stable at 300 deaths per year since 2011.

Cliff#: 194015 Version #:

Updated:

- Vancouver Coastal Health Authority has the highest rate of illicit drug overdose deaths (37.8 deaths per 100,000 individuals) and also experienced the largest increase in rate from 2016 (59 percent increase) among all the health authorities
- Overall, the rate of illicit drug overdose deaths in BC increased 49 percent to 30.6 deaths per 100,000 individuals from the 2016 year-end rate of 20.6 deaths per 100,000 individuals.
- Rates of illicit drug overdose deaths are highest in Vancouver, Okanagan, Fraser East, Central Vancouver Island, and North Vancouver Island Health Services Delivery Areas.
- 88.1 percent of illicit drug overdose deaths occurred inside (58.5 percent private residences, 29.6 percent other inside locations) and 11.4 percent occurred outside in vehicles, sidewalks, streets, parks, etc.
- There were no deaths at supervised consumption or drug overdose prevention sites.

DISCUSSION:

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Cliff#: 194015 Version #: Updated:

s.13

CONCLUSION:

The Ministry is aware of the growing illicit drug overdose deaths problem in British Columbia, and that the current single cheque issue day might be contributing to the number of deaths.^{s.13}

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The ministry is currently partnering with UBC to study the impact of various cheque-distribution mechanisms. The results will be available in 2018.

Prepared by:

Rob Bruce Executive Director Research Branch Phone # 778 698-7694 Reviewing path:

Molly Harrington, ADM / Sheila Taylor, Deputy Minister

Cliff#: 194015 Version #: Updated:



Illicit Drug Overdose Deaths in BC January 1, 2007 – September 30, 2017

This report summarizes all unintentional illicit drug overdose deaths in British Columbia (accidental and undetermined) that occurred between January 1, 2007 and September 30, 2017, inclusive. It includes confirmed and suspected illicit overdose deaths. *Please note that data is subject to change as investigations are concluded.*

Inclusion Criteria: The illicit drug overdose category includes the following:

- Street drugs (Controlled and illegal drugs: heroin, cocaine, MDMA, methamphetamine, illicit fentanyl etc.)
- Medications not prescribed to the decedent but obtained/purchased on the street, from unknown means or where origin of drug not known
- Combinations of the above with prescribed medications

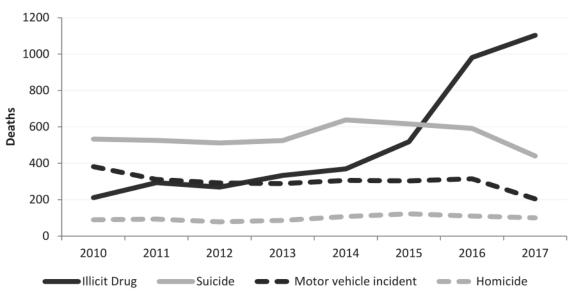
Summary

- There were 80 suspected drug overdose deaths in September 2017. This is a 31% increase over the number of death occurring in September 2016 (61).
- The number of illicit drug overdose deaths in September 2017 (80) equates to about 2.7 deaths per day for the month.
- In 2017, individuals aged 19-59 have accounted 91% of illicit drug overdose deaths. Males accounted for 83% of all suspected illicit drug overdose deaths over the same period.
- The three townships experiencing the highest number of illicit drug overdoses in 2017 to date are Vancouver, Surrey, and Victoria.
- Fraser and Vancouver Coastal Health Authority have had the highest number of illicit drug overdose deaths (364 and 334 deaths, respectively) to date in 2017, making up 63% of all illicit drug overdose deaths during this period.
- Vancouver Coastal Health Authority has the highest *rate* of illicit drug overdose deaths (37.8 deaths per 100,000 individuals) and also experienced the largest increase in rate from 2016 (59% increase) among all the health authorities. Overall, the rate of illicit drug overdose deaths in BC increased 49% to 30.6 deaths per 100,000 individuals from the 2016 year-end rate of 20.6 deaths per 100,000 individuals.
- Rates of illicit drug overdose deaths are highest in Vancouver, Okanagan, Fraser East, Central Vancouver Island, and North Vancouver Island Health Services Delivery Areas.
- All health authorities saw a decline in the number of illicit drug overdose deaths in September 2017 compared to August 2017.
- 88.1% of illicit drug overdose deaths occurred inside (58.5% private residences, 29.6% other inside locations) and 11.4% occurred outside in vehicles, sidewalks, streets, parks, etc.
- There were no deaths at supervised consumption or drug overdose prevention sites.

Posting Date November 9th, 2017

This figure illustrates the comparison of illicit drug overdose deaths to other common causes
of unnatural deaths in 2016.





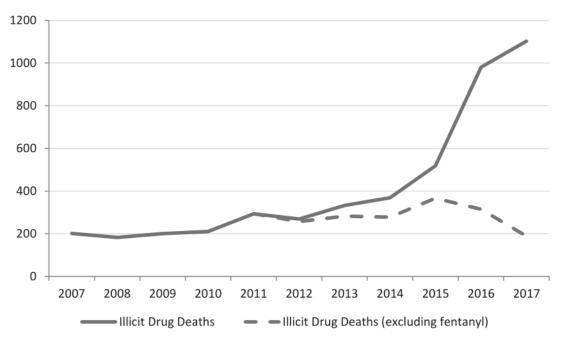
More fatal overdoses occurred during the days following income assistance payment (Wed-Sun) than all other days in 2017. Income assistance payment dates can be found at https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/payment-dates.

Fatal Illicit Drug Overdoses per Day by Income Assistance Payment Week, 2017 ^[2]												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Avg		
Income Assistance Payment Week (Wed-Sun)	7.4	6.6	4.2	8.0	8.8	6.4	4.4	5.6	2.8	6.0		
All other days of the month	3.8	3.7	4.2	4.4	3.7	3.3	3.2	3.5	2.6	3.6		
Total	4.4	4.2	4.2	5.0	4.5	3.8	3.4	3.8	2.7	4.0		

Type of Drugs:

- Preliminary data suggests that the proportion of illicit drug overdose deaths for which illicit fentanyl was detected (alone or in combination with other drugs) was approximately 68% in 2016 and 83% in Jan-Sep 2017.
- Illicit fentanyl–detected deaths appear to account for the increase in illicit drug overdose deaths since 2012 as the number of illicit drug overdose deaths excluding fentanyl-detected has remained relatively stable since 2011 (average of 300 deaths per year). This data is subject to change as further analogue testing becomes available.

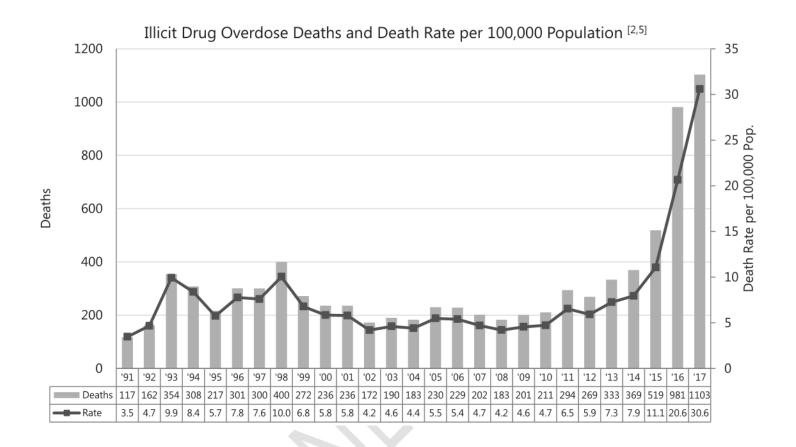




*2017 data up to September 30, 2017

• A review of completed cases from 2016-17 indicates that the top four detected drugs relevant to illicit drug overdose deaths were fentanyl (64.1%), cocaine (47.5%), heroin (33.3%) and methamphetamine/amphetamine (32.4%).

BC Data and Rates



Illicit Drug Overdose Deaths by Month, British Columbia, 2007-2017 ^[2]												
Illicit Drug O	verdose	Deaths	by Mor	ith, Brit	ish Colu	imbia, 2	007-20	17'-'				
Month	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Jan	15	18	23	16	24	20	20	23	42	86	141	
Feb	14	8	15	14	24	17	21	39	31	58	118	
Mar	19	17	10	15	25	25	33	28	31	77	130	
Apr	24	18	8	9	26	31	31	29	34	71	151	
May	10	18	19	22	22	19	28	40	41	50	137	
Jun	18	18	16	21	22	25	25	29	34	70	119	
Jul	11	24	19	23	33	29	38	25	37	71	108	
Aug	21	16	27	24	22	19	21	37	52	63	119	
Sep	14	12	16	20	22	16	28	31	47	61	80	
Subtotal	146	149	153	164	220	201	245	281	349	607	1,103	
Oct	15	10	13	18	23	19	19	35	53	74	-	
Nov	19	9	18	18	27	28	31	28	49	138	-	
Dec	22	15	17	11	24	21	38	25	68	162	-	
Total	202	183	201	211	294	269	333	369	519	981	1,103	
Average	16.8	15.3	16.8	17.6	24.5	22.4	27.8	30.8	43.3	81.8	122.6	

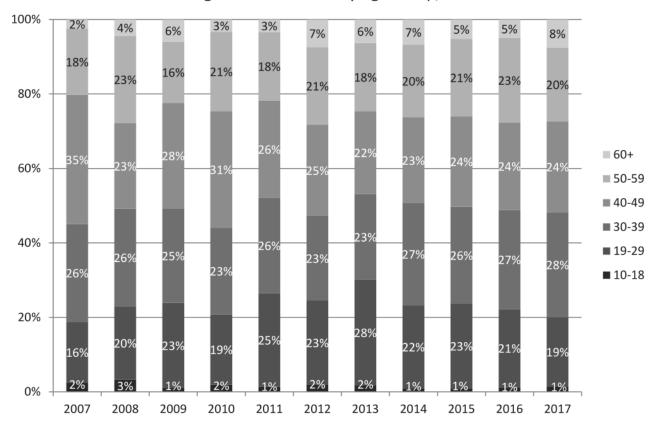
BC Data by Gender/Age:

Illicit Dru	Illicit Drug Overdose Deaths by Gender, 2007-2017 ^[2]													
Gender	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017			
Female	47	49	55	49	82	75	79	86	102	193	192			
Male	155	134	146	162	212	194	254	283	417	788	911			
Total	202	183	201	211	294	269	333	369	519	981	1103			

Illicit Drug	Illicit Drug Overdose Deaths by Age Group, 2007-2017 ^[2]													
Age Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017			
10-18	5	6	2	4	4	5	6	3	5	12	16			
19-29	33	36	46	40	74	61	94	83	118	206	205			
30-39	53	48	51	49	75	61	77	101	135	261	311			
40-49	70	42	57	66	77	66	74	85	126	231	269			
50-59	36	43	33	45	54	56	61	72	108	222	219			
60-69	4	8	12	7	10	19	21	25	26	46	77			
70-79	1	0	0	0	0	1	0	0	1	3	6			
Total	202	183	201	211	294	269	333	369	519	981	1103			

Note: The age range of decedents of illicit drug overdose between 2007-2017 ranged from 13 to 76 years of age.

Illicit Drug Overdose Deaths by Age Group, 2007-2017



Age-Specif	ic Illicit	Drug O	verdose	Death	Rates p	er 100,0	000, 200	7-2017 [[]	5,7]		
Age Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
10-18	1.0	1.3	0.4	0.9	0.9	1.1	1.3	0.7	1.1	2.7	4.8
19-29	5.2	5.5	6.9	5.9	10.9	8.9	13.7	11.9	16.8	29.2	38.7
30-39	9.1	8.2	8.6	8.3	12.6	10.1	12.6	16.2	21.4	40.7	63.4
40-49	10.1	6.1	8.3	9.7	11.4	9.9	11.3	13.2	19.8	36.5	56.6
50-59	5.8	6.8	5.1	6.8	8.0	8.2	8.8	10.3	15.3	31.6	41.8
60-69	1.0	1.8	2.6	1.5	2.0	3.7	3.9	4.5	4.5	7.7	16.8
70-79	0.4	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.3	0.9	2.1
Total	4.7	4.2	4.6	4.7	6.5	5.9	7.3	7.9	11.1	20.6	30.6

BC Data by Township of Injury:

Illicit Drug Overdose Deaths by Top Townships of Injury, 2007-2017* [2,4]												
Township	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Vancouver	59	38	60	42	69	65	80	101	136	232	281	
Surrey	22	20	23	33	42	44	36	44	76	121	133	
Victoria	19	29	13	13	17	17	25	20	21	67	70	
Kelowna	6	2	5	9	14	8	12	12	19	47	63	
Nanaimo	2	2	6	4	8	6	20	16	19	28	38	
Burnaby	9	12	8	9	10	10	13	12	16	39	35	
Abbotsford	3	4	4	10	16	7	10	7	26	39	35	
Kamloops	11	7	7	10	2	5	8	7	7	43	33	
Langley	3	6	2	3	10	5	10	10	10	31	28	
Maple Ridge	5	2	6	4	4	5	10	14	29	27	26	
Chilliwack	3	4	2	2	8	8	6	6	10	12	21	
Coquitlam	2	2	5	2	3	6	1	10	11	13	21	
Richmond	0	1	3	4	4	1	3	3	6	14	19	
Prince George	5	2	4	1	6	10	7	10	12	18	18	
Vernon	3	1	4	6	7	1	11	6	8	12	17	
Other Township	50	51	49	59	74	71	81	91	113	238	265	
Total	202	183	201	211	294	269	333	369	519	981	1103	

^{*}sorted by 2017 totals

BC Data by Day of Week:

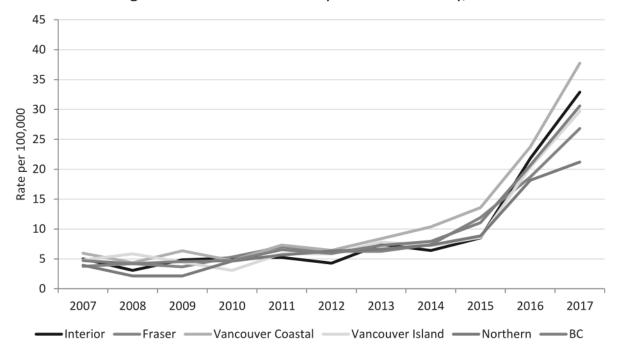
Illicit Drug	Overdo:	se Deatl	ns by Da	ay of W	eek of Iı	njury, Bı	ritish Co	olumbia	, 2007-2	2 017 ^[2,3]	
Day	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Monday	25	21	15	29	39	32	33	38	68	102	129
Tuesday	23	24	24	26	27	35	42	37	63	118	126
Wednesday	24	25	31	30	35	37	36	49	68	129	156
Thursday	24	25	27	33	51	34	41	60	73	151	161
Friday	38	31	28	33	42	32	57	60	77	137	192
Saturday	34	34	34	35	53	46	72	72	88	181	172
Sunday	34	23	42	25	47	53	52	53	82	163	167
Total	202	183	201	211	294	269	333	369	519	981	1103

Health Authority Data:

Illicit Drug Overdose Deaths by Health Authority, 2007-2017 ^[2,4,6]													
НА	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017		
Interior	35	22	35	37	38	31	54	47	63	162	185		
Fraser	57	65	58	86	115	104	106	127	208	333	364		
Vancouver Coastal	64	47	69	52	81	72	95	119	157	277	334		
Vancouver Island	35	43	33	23	44	44	59	55	66	158	175		
Northern	11	6	6	13	16	18	19	21	25	51	45		
BC	202	183	201	211	294	269	333	369	519	981	1,103		

Illicit Drug Overd	lose De	eath Ra	tes by	Health	Author	ity per	100,00	0, 200	7-201	7 ^[4-7]	
НА	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Interior	5.0	3.1	4.9	5.2	5.3	4.3	7.5	6.4	8.5	21.8	32.9
Fraser	3.8	4.2	3.7	5.3	7.0	6.2	6.3	7.4	11.9	18.7	26.8
Vancouver Coastal	6.0	4.4	6.3	4.7	7.3	6.4	8.4	10.4	13.6	23.7	37.8
Vancouver Island	4.8	5.9	4.5	3.1	5.9	5.8	7.8	7.2	8.6	20.3	29.7
Northern	3.9	2.1	2.1	4.6	5.7	6.3	6.6	7.3	8.8	18.2	21.2
BC	4.7	4.2	4.6	4.7	6.5	5.9	7.3	7.9	11.1	20.6	30.6

Illicit Drug Overdose Death Rates by Health Authority, 2007-2017



Illicit Dru	Illicit Drug Overdose Deaths by Month of Death and Health Authority and Township, 2016-2017 ^[4,6,8]												
				Health Autho				nship					
Year	Month	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern	Vancouver	Surrey					
2016	Jan	17	28	22	15	4	19	10					
	Feb	10	20	16	10	2	14	8					
	Mar	12	30	12	15	8	11	9					
	Apr	9	24	15	15	8	10	8					
	May	10	21	7	8	4	5	9					
	Jun	10	29	20	7	4	17	10					
	Jul	9	25	18	16	3	13	13					
	Aug	6	23	22	10	2 3	20	8					
	Sep	13	19	14	12	3	13	8					
	Oct	15	18	24	15	2	17	6					
	Nov	20	47	52	18	1	44	15					
	Dec	31	49	55	17	10	49	17					
2017	Jan	20	46	54	20	1	49	13					
	Feb	18	36	35	24	5	32	15					
	Mar	22	42	36	24	6	27	13					
	Apr	19	49	56	21	6	45	12					
	May	26	55	37	12	7	31	21					
	Jun	21	36	35	23	4	28	13					
	Jul	25	36	28	15	4	24	17					
	Aug	25	37	28	20	9	22	18					
	Sep	9	27	25	16	3	23	11					
Total		347	697	611	333	96	513	254					
Average		16.5	33.2	29.1	15.9	4.6	24.4	12.1					

Illicit Drug Overdose De	eaths b	y Heal	th Ser	vices D	eliver	y Area	, 2007	-2017 [[]	2,4,6]		
HSDA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
East Kootenay	2	2	1	0	1	2	4	4	2	13	6
Kootenay Boundary	4	0	2	3	4	4	2	3	6	9	13
Okanagan	13	9	15	18	28	16	33	27	42	76	118
Thompson Cariboo	16	11	17	16	5	9	15	13	13	64	48
Fraser East	9	14	9	22	31	20	20	16	41	67	79
Fraser North	19	22	23	26	25	30	35	52	74	102	109
Fraser South	29	29	26	38	59	54	51	59	93	164	176
Richmond	0	1	3	4	4	1	3	3	6	14	19
Vancouver	59	38	60	42	69	65	80	101	136	232	281
North Shore/Coast Garibaldi	5	8	6	6	8	6	12	15	15	31	34
South Vancouver Island	21	31	15	13	17	20	26	23	25	76	77
Central Vancouver Island	8	6	13	6	17	20	24	25	30	55	71
North Vancouver Island	6	6	5	4	10	4	9	7	11	27	27
Northwest	2	2	0	3	1	0	6	2	6	11	5
Northern Interior	7	3	5	7	8	12	8	11	15	23	27
Northeast	2	1	1	3	7	6	5	8	4	17	13
Total	202	183	201	211	294	269	333	369	519	981	1,103

Illicit Drug Overdose De	ath Ra	tes by	Health	Servi	ces De	livery <i>i</i>	Area p	er 100,	,000, 20	07-201	7 ^[4-7]
HSDA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
East Kootenay	2.7	2.6	1.3	0.0	1.3	2.6	5.2	5.1	2.6	16.6	10.2
Kootenay Boundary	5.2	0.0	2.6	3.9	5.1	5.1	2.6	3.8	7.6	11.4	22.0
Okanagan	3.9	2.6	4.3	5.2	8.1	4.6	9.4	7.6	11.7	20.9	42.8
Thompson Cariboo	7.5	5.1	7.8	7.4	2.3	4.1	6.8	5.9	5.8	28.6	28.4
Fraser East	3.3	5.1	3.2	7.8	10.9	7.0	7.0	5.5	13.8	22.3	34.6
Fraser North	3.3	3.8	3.8	4.2	4.0	4.8	5.5	8.1	11.3	15.4	21.5
Fraser South	4.3	4.2	3.7	5.3	8.0	7.2	6.7	7.6	11.7	20.1	28.3
Richmond	0.0	0.5	1.6	2.0	2.0	0.5	1.5	1.5	2.9	6.6	11.7
Vancouver	9.5	6.1	9.6	6.6	10.9	10.1	12.3	15.3	20.4	34.5	55.2
North Shore/Coast Garibaldi	1.9	3.0	2.2	2.2	2.9	2.2	4.3	5.3	5.3	11.0	15.9
South Vancouver Island	5.9	8.6	4.1	3.5	4.6	5.4	7.0	6.2	6.6	19.9	26.5
Central Vancouver Island	3.2	2.3	5.0	2.3	6.5	7.6	9.1	9.4	11.2	20.2	34.3
North Vancouver Island	5.2	5.1	4.2	3.4	8.3	3.3	7.5	5.8	9.1	22.1	29.2
Northwest	2.7	2.7	0.0	4.1	1.4	0.0	8.2	2.7	8.4	15.6	9.4
Northern Interior	5.0	2.1	3.6	5.0	5.6	8.4	5.6	7.7	10.7	16.6	25.9
Northeast	3.1	1.5	1.5	4.5	10.4	8.6	7.1	11.2	5.6	23.5	23.7
Total	4.7	4.2	4.6	4.7	6.5	5.9	7.3	7.9	11.1	20.6	30.6

BC Data by Place of Injury

Illicit Drug Overdose Deaths by Place of Injury, BC, 2016-2017 ^[2]					
	2016	2017			
Inside:					
Private Residence	606 (61.8%)	645 (58.5%)			
Other Residence	228 (23.2%)	282 (25.6%)			
Other Inside	40 (4.1%)	45 (4.1%)			
Outside	98 (10.0%)	126 (11.4%)			
Unknown	9 (0.9%)	5 (0.5%)			
Total	981	1103			

Preliminary circumstances suggest that the majority of fatal illicit drug overdoses in 2017 occurred in inside locations (88.1%) while 11.4% occurred outside.

<u>Private Residence</u> – includes driveways garages, trailer homes and either decedent's own or another's residence.

Other Residence - includes hotels, motels, rooming houses, shelters, etc.

Other Inside – includes facilities, occupational sites, public buildings, and businesses.

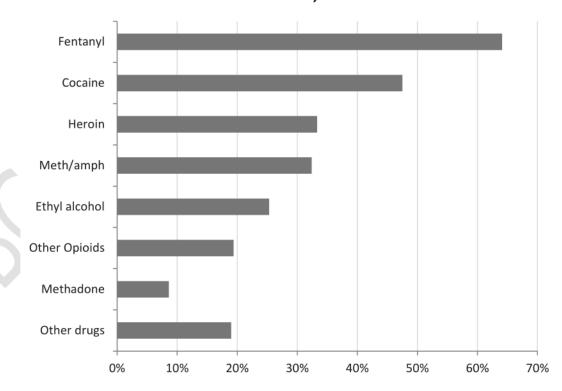
<u>Outside</u> – includes vehicles, streets, sidewalks, parking lots, public parks, wooded areas, and campgrounds

BC Data by Relevant Drugs Detected:

Top Relevant Drugs Detected A	mong Illicit Drug Overdose Deaths, 2016-17
Drug Detected	BC (n=510)
Fentanyl	64.1%
Cocaine	47.5%
Heroin	33.3%
Meth/amph	32.4%
Ethyl alcohol	25.3%
Other opioids	19.4%
Methadone	8.6%
Other drugs	19.0%

Note: Relevant drugs are drugs noted by the coroner as being relevant to the death (this data is only available for concluded investigations). As deaths could involve multiple drugs, percentages can add up to more than 100%. Meth/amph includes methamphetamine and amphetamine. Other opioids include codeine, oxycodone, morphine, hydromorphine etc but excludes heroin, fentanyl, fentanyl analogues, and methadone. Other drug includes benzodiazepines & Z-drugs, antidepressants, antiepileptics, antipsychotics, MDMA/MDA, cannabinoids, over-the-counter drugs, and other drugs not listed.

Top Relevant Drugs Detected Among Illicit Drug Overdose Deaths, 2016-2017

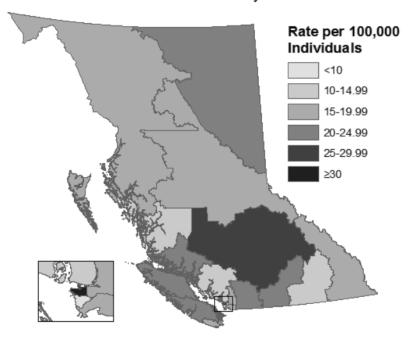


Notes:

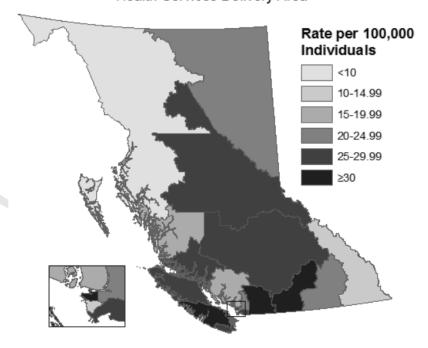
- 1. The BCCS operates in a live database environment. Some data for more recent years is based on preliminary circumstances and is subject to change as investigations are concluded. Data are not directly comparable to published counts from previous years.
- 2. 2017 data includes January 1, 2017 to September 30, 2017.
- 3. Date of death was used in tables where date of injury was unknown.
- 4. Death township was used in 14 cases of unknown or out of province injury township.
- 5. Population estimates were taken from: <u>http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationEstimates.aspx</u>
- 6. Health Region breakdowns can be found at: http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries
- 7. 2017 population estimates were taken from: http://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-projections. 2017 rates were calculated by multiplying the population estimate by the fraction of months that have passed in the year for this reporting period.
- 8. For protection of privacy reasons and variability in small numbers, only townships with ≥5 cases per month have been included for the individual township monthly count (p. 7).

Illicit Drug Overdose Death Rate Maps by Health Services Delivery Area

2016 Illicit Drug Overdose Death Rates by Health Services Delivery Area



2017 Illicit Drug Overdose Death Rates by Health Services Delivery Area



References for health regions can be found at: http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries

List of Townships and	Corresponding Healt	th Regions
Township Name	Health Authority	Health Services Delivery Area
100 Mile House	Interior	Thompson Cariboo Shuswap
108 Mile Ranch	Interior	Thompson Cariboo Shuswap
150 Mile House	Interior	Thompson Cariboo Shuswap
Abbotsford	Fraser	Fraser East
Alert Bay	Vancouver Island	North Vancouver Island
Armstrong	Interior	Okanagan
Arras	Northern	Northeast
Beasley	Interior	Kootenay Boundary
Beaver Falls	Interior	Kootenay Boundary
Blue River	Interior	Thompson Cariboo Shuswap
Bowen Island	Vancouver Coastal	North Shore/Coast Garibaldi
Bowser	Vancouver Island	Central Vancouver Island
Burnaby	Fraser	Fraser North
Burns Lake	Northern	Northern Interior
Cache Creek	Interior	Thompson Cariboo Shuswap
Campbell River	Vancouver Island	North Vancouver Island
Canal Flats	Interior	East Kootenay
Castlegar	Interior	Kootenay Boundary
Cawston	Interior	Okanagan
Cedar	Vancouver Island	Central Vancouver Island
Central Saanich	Vancouver Island	South Vancouver Island
Charlie Lake	Northern	Northeast
Chase	Interior	Thompson Cariboo Shuswap
Chemainus	Vancouver Island	Central Vancouver Island
Chetwynd	Northern	Northeast
Chilliwack	Fraser	Fraser East
Christina Lake	Interior	Kootenay Boundary
Clearwater	Interior	Thompson Cariboo Shuswap
Cobble Hill	Vancouver Island	Central Vancouver Island
Coldstream	Interior	Okanagan
Colwood	Vancouver Island	South Vancouver Island
Comox	Vancouver Island	North Vancouver Island
Coombs	Vancouver Island	Central Vancouver Island
Coquitlam	Fraser	Fraser North
Cortes Island	Vancouver Island	North Vancouver Island
Courtenay	Vancouver Island	North Vancouver Island
Cowichan Bay	Vancouver Island	Central Vancouver Island
Cranbrook	Interior	East Kootenay
Crescent Valley	Interior	Kootenay Boundary
Creston	Interior	East Kootenay
Cultus Lake	Fraser	Fraser East
Cumberland	Vancouver Island	North Vancouver Island

List of Townships and	Corresponding Healt	h Regions
Township Name	Health Authority	Health Services Delivery Area
Dawson Creek	Northern	Northeast
Dease Lake	Northern	Northwest
Delta	Fraser	Fraser South
Duncan	Vancouver Island	Central Vancouver Island
Edgewood	Interior	Kootenay Boundary
Elkford	Interior	East Kootenay
Enderby	Interior	Okanagan
Errington	Vancouver Island	Central Vancouver Island
Esquimalt	Vancouver Island	South Vancouver Island
Fairmont Hot Springs	Interior	East Kootenay
Falkland	Interior	Thompson Cariboo Shuswap
Fort Nelson	Northern	Northeast
Fort St. James	Northern	Northern Interior
Fort St. John	Northern	Northeast
Gabriola Island	Vancouver Island	Central Vancouver Island
Galiano Island	Vancouver Island	South Vancouver Island
Gibsons	Vancouver Coastal	North Shore/Coast Garibaldi
Gillies Bay	Vancouver Coastal	North Shore/Coast Garibaldi
Gold River	Vancouver Island	North Vancouver Island
Golden	Interior	East Kootenay
Grand Forks	Interior	Kootenay Boundary
Harrison Hot Springs	Fraser	Fraser East
Норе	Fraser	Fraser East
Horsefly	Interior	Thompson Cariboo Shuswap
Houston	Northern	Northwest
Invermere	Interior	East Kootenay
Isle Pierre	Northern	Northern Interior
Kamloops	Interior	Thompson Cariboo Shuswap
Kaslo	Interior	Kootenay Boundary
Kelowna	Interior	Okanagan
Kent	Fraser	Fraser East
Kimberley	Interior	East Kootenay
Kispiox	Northern	Northwest
Kitamaat Village	Northern	Northwest
Kitimat	Northern	Northwest
Kitseguecla (Gitsegukla)	Northern	Northwest
Lac La Hache	Interior	Thompson Cariboo Shuswap
Ladysmith	Vancouver Island	Central Vancouver Island
Lake Country, District Of	Interior	Okanagan
Lake Cowichan	Vancouver Island	Central Vancouver Island
Langford	Vancouver Island	South Vancouver Island
Langley	Fraser	Fraser South

List of Townships and	Corresponding Heal	th Regions
Township Name	Health Authority	Health Services Delivery Area
Lantzville	Vancouver Island	Central Vancouver Island
Lee Creek	Interior	Thompson Cariboo Shuswap
Lillooet	Interior	Thompson Cariboo Shuswap
Lions Bay	Vancouver Coastal	North Shore/Coast Garibaldi
Logan Lake	Interior	Thompson Cariboo Shuswap
Lumby	Interior	Okanagan
Mabel Lake	Interior	Okanagan
Mackenzie	Northern	Northern Interior
Madeira Park	Vancouver Coastal	North Shore/Coast Garibaldi
Malakwa	Interior	Thompson Cariboo Shuswap
Maple Ridge	Fraser	Fraser North
Mayne Island	Vancouver Island	South Vancouver Island
Merritt	Interior	Thompson Cariboo Shuswap
Mill Bay	Vancouver Island	Central Vancouver Island
Mission	Fraser	Fraser East
Nakusp	Interior	Kootenay Boundary
Nanaimo	Vancouver Island	Central Vancouver Island
Nanoose Bay	Vancouver Island	Central Vancouver Island
Nelson	Interior	Kootenay Boundary
New Denver	Interior	Kootenay Boundary
New Hazelton	Northern	Northwest
New Westminster	Fraser	Fraser North
North Cowichan	Vancouver Island	Central Vancouver Island
North Vancouver	Vancouver Coastal	North Shore/Coast Garibaldi
Oak Bay	Vancouver Island	South Vancouver Island
Okanagan Falls	Interior	Okanagan
Olalla	Interior	Okanagan
Oliver	Interior	Okanagan
Osoyoos	Interior	Okanagan
Parksville	Vancouver Island	Central Vancouver Island
Peachland	Interior	Okanagan
Pemberton	Vancouver Coastal	North Shore/Coast Garibaldi
Pender Island	Vancouver Island	South Vancouver Island
Penticton	Interior	Okanagan
Pink Mountain	Northern	Northeast
Pitt Meadows	Fraser	Fraser North
Port Alberni	Vancouver Island	Central Vancouver Island
Port Alice	Vancouver Island	North Vancouver Island
Port Coquitlam	Fraser	Fraser North
Port Hardy	Vancouver Island	North Vancouver Island
Port Mcneill	Vancouver Island	North Vancouver Island
Port Moody	Fraser	Fraser North

List of Townships and	d Corresponding Hea	alth Regions
Township Name	Health Authority	Health Services Delivery Area
Powell River	Vancouver Coastal	North Shore/Coast Garibaldi
Prince George	Northern	Northern Interior
Prince Rupert	Northern	Northwest
Princeton	Interior	Okanagan
Prophet River	Northern	Northeast
Quadra Island	Vancouver Island	North Vancouver Island
Qualicum Beach	Vancouver Island	Central Vancouver Island
Queen Charlotte City	Northern	Northwest
Quesnel	Northern	Northern Interior
Radium Hot Springs	Interior	East Kootenay
Revelstoke	Interior	Thompson Cariboo Shuswap
Richmond	Vancouver Coastal	Richmond
Roberts Creek	Vancouver Coastal	North Shore/Coast Garibaldi
Rock Creek	Interior	Kootenay Boundary
Saanich	Vancouver Island	South Vancouver Island
Salmo	Interior	Kootenay Boundary
Salmon Arm	Interior	Thompson Cariboo Shuswap
Salt Spring Island	Vancouver Island	South Vancouver Island
Sayward	Vancouver Island	North Vancouver Island
Sechelt	Vancouver Coastal	North Shore/Coast Garibaldi
Seton Portage	Interior	Thompson Cariboo Shuswap
Shawnigan Lake	Vancouver Island	Central Vancouver Island
Sicamous	Interior	Thompson Cariboo Shuswap
Smithers	Northern	Northwest
Sointula	Vancouver Island	North Vancouver Island
Sooke	Vancouver Island	South Vancouver Island
South Slocan	Interior	Kootenay Boundary
South Wellington	Vancouver Island	Central Vancouver Island
Sparwood	Interior	East Kootenay
Squamish	Vancouver Coastal	North Shore/Coast Garibaldi
Sullivan Bay	Vancouver Island	North Vancouver Island
Summerland	Interior	Okanagan
Surrey	Fraser	Fraser South
Terrace	Northern	Northwest
Trail	Interior	Kootenay Boundary
Tumbler Ridge	Northern	Northeast
Ucluelet	Vancouver Island	Central Vancouver Island
Vancouver	Vancouver Coastal	Vancouver
Vanderhoof	Northern	Northern Interior
Vernon	Interior	Okanagan
Victoria	Vancouver Island	South Vancouver Island
West Kelowna	Interior	Okanagan

List of Townships and	Corresponding Health	n Regions
Township Name	Health Authority	Health Services Delivery Area
West Vancouver	Vancouver Coastal	North Shore/Coast Garibaldi
Whisky Creek	Vancouver Island	Central Vancouver Island
Whistler	Vancouver Coastal	North Shore/Coast Garibaldi
White Rock	Fraser	Fraser South
Williams Lake	Interior	Thompson Cariboo Shuswap
Winlaw	Interior	Kootenay Boundary
Wonowon	Northern	Northeast
Yale	Fraser	Fraser East
Ymir	Interior	Kootenay Boundary
Youbou	Vancouver Island	Central Vancouver Island
Zeballos	Vancouver Island	North Vancouver Island

Single Parents – Student Eligibility Comparison

	BCB	BC Benefits Program	u	BC Employment and Assistance Program	ssistance Program
	Welfare to Work	Youth Works	Disability Benefits	Income Assistance	Disability Assistance
Funded: Full-time Program	NO No	No.	Yes.	Yes, up to 12 months and with prior approval.	Yes.
Funded: Part-time Program	No.	No.	Yes.	Yes.	Yes.
Unfunded: Full-time Program	Yes, with prior approval.	Yes.	Yes.	Yes, with prior approval.	Yes.
Unfunded: Part-time Program	Yes.	Yes.	Yes.	Yes.	Yes.

Note:

Under BC Benefits Single Parents with a child under 7 years of age were exempt from employment obligations (age 3 under BCEA, since 2002)

Funded programs of studies are programs for which student loans are available.

Unfunded programs of studies are programs for which student loans are not available (e.g. high school completion, English as a Second Language classes).

DATE: December 6, 2017

PREPARED FOR: Honourable Shane Simpson, Minister of Social Development and

Poverty Reduction

ISSUE: Single parents receiving income assistance to attend

school/training and treatment of bursaries

BACKGROUND:

Eligibility – Income Assistance

By regulation, families are not eligible for income assistance when an adult is enrolled as a full-time student in either a 'funded' or 'unfunded' program of study without prior approval from the ministry.

'Funded' programs are those for which student loans are available, and range from short term training programs to multi-year post-secondary degree programs.

'Unfunded' programs are not covered by student loans, and include Adult Upgrading/High School Completion and English as a Second Language (ESL).

Single parents in the Single Parent Employment Initiative (SPEI) can get approval to take up to 12 months of 'funded' training for occupations with high labour market demand. While in SPEI, parents and their children remain eligible for assistance and can receive support to cover child care costs that they need while in a training program.

All single parents who are not in SPEI and receiving assistance can attend **part-time** training as long as it doesn't interfere with their obligations to look for work. The obligation to look for work begins once their youngest child turns three years old.

Treatment of Bursaries

By regulation, a single parent receiving income assistance that has been approved to attend training (e.g., through SPEI) can have bursaries exempt by the ministry if the funds are used to cover their education costs (i.e. tuition, books, transportation, fees, etc.) and child care. The exemption also applies to money received from Registered Education Savings Plans (RESPs), grants, student loans, and scholarships. Funds received for living costs are not exempted.

If a single parent receives a bursary and does not have approval to attend the program for which the bursary was received, the bursary is deducted from their income assistance on a dollar-dollar basis.

Cliff#: 193478 Page 1

Version #: Updated:

This general income assistance policy framework regarding student eligibility and bursaries has been in place since the BC Benefits Program was implemented in 1996. One key difference is that single parents under BC Benefits were not required to look for work until the youngest child turned 7.

Disability Assistance

Single parents receiving disability assistance can attend full-time, long-term 'funded' programs (including multi-year degree programs) without prior ministry approval. For these families, funds from RESPs, grants, bursaries, and scholarships for education are **fully** exempt. The exemption for funding from student financial assistance (e.g., loans) is limited eligible education related costs (i.e. tuition, books, supplies, transportation) and day care costs.

DISCUSSION:

Exceptions (such as SPEI) are targeted, and typically focus on finishing high school and training for in-demand jobs. Other examples include the Alberta Works 'Learners' program that allows people to receive assistance while attending school full time. The student must be enrolled in an approved training program and demonstrate they need training to maintain or obtain employment. Ontario's Learning, Earning and Parenting (LEAP) program and Quebec's "Ma Place au Soleil" are programs targeted to help young single parents (under age 25) complete secondary school and obtain training for in-demand jobs.

Over the past few years, interest in supporting single parents on income assistance to attend post-secondary education has increased. For example, the Jane Tyler Legacy Fund, managed by the Vancity Community Foundation, wants to provide bursaries to single parents on income assistance to attend post-secondary education. As such, the fund is advocating to eliminate restrictions on single parents on income assistance to attend post-secondary education, and to ensure that the bursaries are not deducted from a parent's assistance.

First Call has been advocating for similar policy changes. As part of their 2017 Child Poverty Report Card, First Call recommends the provincial government to:

 expand the post-secondary program options eligible for support under the Single Parent Employment Initiative and, in the absence of enhancements to BC's refundable post-secondary grants, allow all those on income assistance to retain benefits while attending a post-secondary institution.

Client Impact and Fiscal Implications

There are currently 11,500 single parent families on income assistance, and another 6,700 receiving disability assistance. Of these, 5,600 are currently enrolled in the SPEI

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Version #: Updated:

program. While detailed costing is required, the cost of allowing all single parents receiving income assistance to attend post-secondary education programs could be significant, potentially costing over \$50M per year depending on program design.

Poverty Reduction

Education is a common element of poverty reduction strategies in Canada, and the development of a BC poverty reduction strategy presents an opportunity to work across government, in particular with the Ministry of Advanced Education and Skills Training, on initiatives to support poverty reduction and better outcomes for families on assistance. The results of the SPEI evaluation should be closely considered prior to making commitments to policy change.

CONCLUSION:

Current policy indicates that people receiving income assistance are required to look for work as a condition of eligibility, and as such, there are restrictions on the types of training programs that can be taken. There are also restrictions on how bursaries associated with those programs are treated.

SDPR can examine this approach as part of the poverty reduction strategy.

Enclosures:

Appendix A – Jane Tyler Legacy Fund Appendix B – Student Eligibility Comparison (BC Benefits and BCEA Program)

Prepared by:

Chelsea Bowen, Policy Analyst Strategic Policy Branch Phone: 778-698-7701 Reviewing path: Denise Sandison, Director, Ian Ross, Executive Director, Strategic Policy Branch / Molly Harrington, Assistant Deputy Minister, Research, Innovation and Policy Branch / Sheila Taylor, Deputy Minister

Cliff#: 193478 Version #: Updated: Page 3

Shane Simpson Meeting with Gale Tyler and Linda Shuto RE: Jane Tyler Legacy Fund - War Variable September 22, 2017

Key Points:

- Women, and in particular single mothers, are consistently identified as a key target in poverty reduction plans.
- Our fund seeks to provide a "ladder" to this target group to help lift them out of poverty. We
 have been frustrated by the Liberal government for several years in trying to provide bursaries
 for education to single mothers.
- The previous government placed two obstacles in our way:
 - 1. Women on social assistance were denied the right to enroll in a funded or unfunded program of studies.
 - 2. Bursaries, like ours, would be "clawed back" if granted to a single mother on social assistance.

Our ask:

- 1. Remove the policy that single mothers cannot attend school while on social assistance.
- 2. Remove the clawback of bursaries, grants, and scholarships to single mothers who attend school while on social assistance.

These obstacles could be removed without legislation or waiting for a larger review or the development of an overall poverty reduction plan. Our hope is that immediate action is possible to highlight the short-sighted, uncaring approach of the previous government that prevented single mothers from helping themselves out of poverty.

Thank you for your consideration of our request,

Gale Tyler and Linda Shuto

Notes/Background

The following excerpts are taken from the CCPA Alternative Federal Budget / February 2016 Technical Paper: Better is Always Possible: A Federal Plan to Tackle Poverty and Inequality by Seth Klein and Armine Yalnizyan (underlining is ours)

- Income data from census results and other in-depth surveys also show higher rates of poverty are systematically experienced by racialized minorities, Indigenous peoples, and people with disabilities. Single parents and people who live alone are disproportionately likely to live in poverty. In every category, women experience more poverty than men.
- Across-the-board income support could help all these groups. But more money, alone, will
 likely not be enough to reduce economic disparities across a range of lived experiences. We
 are learning from communities across Canada that dramatic improvements in the quality of
 life of low-income households can arise from measures not related to income, such as
 improving access to supportive housing, dental care, and skills-upgrading opportunities, to
 name but a few initiatives.
- Women are also overrepresented at the bottom of the income spectrum, making up 59% of all minimum-wage workers in Canada.
- Based on the 2011 National Household Survey, however, and using the after-tax LIM as our measure of poverty, the following incidence of poverty emerges:

34% among lone parent families, 5.1% for two parent families with two earners, and 22% for two parent families with one earner.

Recommended Actions: Set clear targets

s.13



British Columbia Teachers' Federation

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-2283, 1-800-663-9163 • www.bctf.ca

A Union of Professionals

Executive Office fax: 604-871-2290

0125-05

XC 3200-01

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October 21, 2013

The Honourable Stephanie Cadieux Minister of Children and Family Development PO Box 9057, Stn Prov Govt Victoria, BC V9W 9E2

Dear Minister Cadieux:

I am writing on behalf of the 41,000 members of the BC Teachers' Federation. We are very concerned about the limited access to secondary and post-secondary education for single parents with children under the age of 13 who receive income assistance. Right now, these parents cannot receive an educational bursary or scholarship without taking a penalty on their income assistance. As income assistance rates barely help to make ends meet, many people will not choose to go to school, given they will lose their assistance as a result. However, it has been well documented and researched that providing people with an opportunity to complete their secondary education and move on to post-secondary education can result in them moving away from social assistance and becoming self-reliant, tax-paying citizens.

Until 2002, single mothers and fathers were specifically recognized as a group in need of social assistance while engaging in full-time studies. However, since 2002, they have been cut off benefits if they enrolled in educational programs since attending classes' conflicts with the concept of "employability" (i.e., full availability). About one third of the recipients of income assistance in BC are single parents, and almost 90% of those are single mothers. A comprehensive poverty reduction plan must include training and education. It makes economic and social sense to allow single parents to both provide for their families and to significantly upgrade their employability.

Several weeks ago, Statistics Canada released a report stating that BC's child poverty rates rose once again, and that BC is now tied with Manitoba for having the worst child poverty rate in Canada. For the most beautiful province in Canada with the highest cost of living, this is an embarrassment. Please consider legislative change to revert to the policy that existed prior to 2002, which allowed single parents to continue on social assistance while attending education programs, in turn allowing them to qualify for better paying and less precarious work. This makes economic sense as it will give people a chance to pursue careers that will pay their bills, get them off social assistance, and earn enough to pay taxes.

Sincerely,

Jim Iker President

pc: Claire Trevena, Opposition Critic for Children and Family Development

∏/mh;tſèu





British Columbia Teachers' Federation

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-2283, 1-800-663-9163 • www.bctf.ca

A Union of Professionals

October 21, 2013

The Honourable Amrik Virk Minister of Advanced Education PO Box 9080, Stn Prov Govt Victoria, BC V9W 9E2 Executive Office fax: 604-871-2290

0125-05 XC 3190-20-A3

JUTH RECORDS COPY

Dear Minister Virk:

I am writing on behalf of the 41,000 members of the BC Teachers' Federation. We are very concerned about the limited access to secondary and post-secondary education for single parents with children under the age of 13, who receive income assistance. Right now, these parents cannot receive an educational bursary or scholarship without taking a penalty on their income assistance. As income assistance rates barely help to make ends meet, many people will not choose to go to school, given they will lose their assistance as a result. However, it has been well researched and documented that providing people with an opportunity to complete their secondary education and move on to post-secondary education can result in them moving away from social assistance and becoming self-reliant, tax-paying citizens.

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Sincerely,

Jim Iker President

pc: Michelle Mungall, Opposition Critic for Advanced Education

JI/mh:tfeu



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Jim Iker President British Columbia Teacher's Federation 100-550 W 6th Ave Vancouver BC V5Z 4P2 RECEIXED: 1088

DEC 0 9 2013

copied to: JI, GH, TM, MM, SR, KH, Records

Dear Mr.

Thank you for your letter dated October 21, 2013, regarding access to secondary and post-secondary education for single parents on income assistance who have children under age 13. Your correspondence has been forwarded to me by the Honourable Amrik Virk, Minister of Advanced Education.

The BC Employment and Assistance (BCEA) program is an income- and asset-tested program of last resort, intended to assist people temporarily while they find work and to assist those who are not able to fully participate in the workforce.

BCEA program clients without employment obligations, such as single parents with a child under three, can participate in post-secondary education on a part-time basis. If they have the Persons with Disabilities (PWD) designation, they can attend full-time post-secondary education programs and maintain their disability assistance.

Education-related costs may be covered through training allowances, Registered Education Savings Plans and student loans, grants, bursaries, and scholarships. These funds are exempt for PWD beneficiaries and single parents with a child under three who are enrolled in part-time studies as long as the funds are used to cover eligible education-related costs, such as tuition, books, transportation, and day-care costs.

In most cases, single parents with children older than three who are considered to have employment obligations are not eligible for assistance while pursuing full-time studies. The ministry encourages those individuals to pursue funding opportunities through Student Aid BC to assist with their studies. They may participate in part-time evening or weekend courses in unfunded programs, such as Adult Basic Education, or in funded programs such as post-secondary courses without losing income assistance eligibility. They may also attend full-time studies in unfunded programs, such as Adult Basic Education or high school completion, while receiving income assistance as long as prior approval is received and the studies do not affect their employment obligations.

.../2

Students who have exhausted their student loans and require temporary assistance, such as during summer break, may be eligible for income assistance. Part-time students may remain eligible for assistance provided all other requirements, including employment obligations, are met.

I appreciate your concern about the need for income assistance clients to become more employable. The ministry wants to encourage all clients, including single parents, to find sustainable employment to help move their families towards independence. Clients may access a wide range of services under the Employment Program of BC (EPBC) and other employment programs, such as the Opportunities Fund, to help them find work. Recognizing that training may be necessary in some cases in order for an individual to achieve employment, the EPBC offers skills training assistance to eligible individuals. More information on the Employment Program of BC is available at www.workbc.ca/Work-BC-Centres/Pages/Services-Supports.aspx.

Thank you again for writing and sharing your concerns.

Sincerely,

Don McRae

Minister

pc: Honourable Amrik Virk, Minister of Advanced Education

DATE: December 28, 2017

PREPARED FOR: Honourable Shane Simpson, Minister of Social Development and

Poverty Reduction (SDPR)

MEETING DETAILS: BC Association of Social Workers

BACKGROUND:

The BC Association of Social Workers (BCASW) is a voluntary, not-for-profit membership association that supports and promotes the profession of social work and advocates for social justice. BCASW is one of the provincial/territorial social work associations in partnership with the Canadian Association of Social Workers. As a professional member services association, BCASW is distinct from the regulatory body for social workers in BC, the BC College of Social Workers (the College), whose role is to protect the public. Though they share common interests and work collaboratively, BCASW and the College are separate organizations with different yet complementary mandates.

The College's authority comes from the *Social Workers Act*. The Ministry of Children and Family Development (MCFD) is responsible for the *Social Workers Act* and the Social Workers Regulation.

BCASW Advocacy

The BCASW advocates in various practice areas, including child and family welfare, health, schools, services for seniors, addictions, disabilities, mental health, and poverty. The BCASW Advocacy Committee actively encourages their members to become individually involved in advocacy work, including meeting with government representatives to increase awareness of BCASW concerns.

The BCASW is a member of the First Call coalition and a supporter of the BC Poverty Reduction Coalition's call for a poverty reduction plan for BC.

On the BCASW website, the Advocacy Committee invites BCASW members to join the call for a comprehensive poverty reduction strategy for BC through two actions:

- Emailing the Premier through the BC Poverty Reduction Coalition website and joining the list of supporters calling for change, and/or
- Sending a letter to the Premier and local MLAs. The BCASW provides a sample letter for reference. The sample letter was originally drafted and sent from the BCASW to the Premier in January 2016 (Appendix A).

Robert Hart, a representative of the BCASW Advocacy Committee, sent a letter to the Premier in November 2016 outlining his support for the BC Poverty Reduction Coalition's

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call for a poverty reduction plan (Appendix B). In his submission, Mr. Hart advised that government would receive similar letters from social workers throughout BC as part of a letter-writing campaign; however, it appears that no additional letters were received.

BCASW Member Interaction with SDPR

Social workers may interact with SDPR through a variety of avenues. Most often, these interactions occur through the front line interface with MCFD on issues related to child welfare if the parent or guardian is a client. Health Authority social workers also assist individuals with the income assistance application process when the individual is to be discharged from a hospital, short-term care, or long-term care. In other situations, social workers may assist individuals with completing the application for Persons with Disabilities (PWD) designation or submitting health supplement requests. Social workers may also advocate for clients on general case management issues.

BCASW Links to the Minister's Advisory Forum

Dawn Hemingway, co-chair of the Minister's Advisory Forum on Poverty Reduction, is a member of the executive of the Northern Branch of the BCASW, and is responsible for branch communications and publicity. Dawn is the Chair of the University of Northern British Columbia's School of Social Work and an Associate Professor in the School. Two other Advisory Forum members also have backgrounds in social work: Jen Matthews holds a Masters of Social Work degree, and Lissa Smith holds a Bachelor of Social Work degree.

ISSUES:

The BCASW requested a meeting to discuss social work practice in BC, particularly as it pertains to BCASW members who serve the public through SDPR.

The meeting is also an opportunity for the ministry to better understand the potential role that the BCASW could play in developing a poverty reduction strategy in BC.

RECOMMENDED RESPONSE:

Social Work Practice in BC

- I commend the BCASW for its advocacy on behalf of vulnerable citizens in BC.
- The ministry recognizes the important role social workers play to ensure that lowincome British Columbians can access the supports and services for which they are eligible.
- The ministry maintains an excellent relationship with MCFD and its staff.
- We hope to continue the positive working relationship with social workers to further improve the lives of people in BC.

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Poverty Reduction Strategy

- As you know, the BC government is focused on addressing poverty and making life more affordable for British Columbians.
- One of the critical next steps is to build and implement a province-wide poverty reduction plan.
- A public engagement process is taking place until March 31st, 2018, which includes 20 community meetings across the province, as well as developing direct engagement with First Nations and Indigenous organizations.
- Citizens and groups can also provide submissions on poverty reduction to BCPovertyReduction@gov.bc.ca or online at engage.gov.bc.ca/bcpovertyreduction.
- We welcome your participation at the community meetings. Lower mainland dates will be posted to the website in the coming weeks as details become available.

Enclosures/Attachments

Appendix A – BCASW Letter to Premier (January 2016) Appendix B – Letter to Premier (November 2016)

Prepared by:

Heather Collins
Policy Analyst
Strategic Policy Branch
778-698-7679

Reviewing path:

Ian Ross, ED / Molly Harrington, ADM / Karen MacMillan, Manager / Sheila Taylor, Deputy Minister

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November 9, 2016

Dear Minister,

You will be receiving similiar letters from social workers who attended the BC Association of Social Workers 2016 Conference, *Creativity in Social Work: Embracing Innovation.* We, and our membership, look forward to your response to our concerns.

Sincerely,

Robert Hart

Advocacy Committee

c/o 4839 Olson Ave.

Terrace, BC

V8G 2A5

c.c. Dianne Heath, Executive Director, BCASW 402-1755 West Broadway, Vancouver V6J 4S5

Hon. Christy Clark, Premier West Annex, Parliament Buildings Victoria, BC, V8V 1X4

Nov. 5, 2016

Dear Premier Clark.

As a social worker, I am continually dealing with problems caused by poverty. I work where the policy rubber hits the reality road. I see daily how by not giving British Columbians enough support, our government is paying far more than that cost in dealing with the painful, ugly and completely unnecessary effects.

Accordingly, I am very much in support of the recommendations of the BC Poverty Reduction Coalition of which my association is a part.

- increase welfare and disability rates to the poverty line. Why would we give people less than the
 minimum they require to live? Index these rates. Why are we having to continually revisit this piece of
 simple, effective administration?
- remove government-imposed barriers that discourage, delay and deny people in need. If we do not meet their needs now, they will get worse and cost the public purse additional and unnecessary dollars.
- allow all welfare recipients free access to post secondary and apprenticeship programs so that
 they can train for real jobs capable of supporting them and allowing them to contribute fully to society.
- increase minimum wage to \$15 an hour or, better yet, to a living wage which is based on the hourly
 rate that would allow one to reach the poverty line through full-time work. In BC, that can be as high as
 \$20 an hour.
- support the building of over 2,000 units of social housing a year until the supply meets the need.
 Focus on non-profit housing. Decent housing is a base-line social service. Without it, no one does well. Consider placing a priority on supported housing for those who have a special need or people with mental health and addiction issues.
- adopt the provincial plan for \$10-a-day child care called for by the child care professionals and early
 childhood educators in British Columbia. This would allow both parents to work if this is necessary to lift
 their family out of poverty. Of course, it would help to pay day care professionals a living wage so that
 the people who look after our children do not have to submit to poverty in order to do it.
- expand home support and residential care services and increase the number of residential care beds as a way of both providing needed service to British Columbians and reducing the use of more expensive health care.

BC social workers are prepared to fully support a comprehensive and integrated approach to poverty. We think that the policies, programs and costs outlined above are both affordable and effective. Taking a proactive appoach will reduce the costs we are paying now and be far more effective in supporting people to move from dependency to a place where they can contribute their full potential to our province. We can all benefit from their full productivity.

LOBELT HART 4939 ORSON AV. TELLACE, BC

Sincerely.

Social Worker

.cc John Horgan, Leader of the Opposition

—Hon. Michelle Stillwell, Minister of Social Development & Social Innovation Michelle Mungall, Critic for MSDSI



Hon. Christy Clark Premier of British Columbia West Annex, Parliament Buildings Victoria, BC V8V 1X4

January 25, 2016

Dear Premier Clark,

I am writing to you as a professional social worker because I continue to be very concerned about the effects of poverty on British Columbians. I work with people who are suffering these effects every day and I am highly aware of the personal and social costs of poverty. I am additionally concerned because we need not pay these costs in British Columbia.

British Columbia can afford to bring every citizen up to the poverty line, the amount of income at which one can pay for the basic necessities of life. Adequate income will significantly reduce or eliminate many poverty-generated costs we as a society are now paying in terms of additional social services, additional educational and criminal justice costs and especially additional health costs.

In a recent speech to the C.D. Howe Institute, Michael McCain, Maple Leaf Foods CEO, quoting a recent study by the Canadian Medical Association, noted that food insecurity increased the cost of health care by up to 121 per cent. Heath authorities report that the average monthly cost of nutritious food for a family of four in BC is \$914. A family of four on basic social assistance would receive \$401 exclusive of shelter allowance. Even the addition of the \$358 Family Bonus only brings that amount to \$759. This makes everyone on social assistance food insecure and prone to a long list of expensive health effects including low-weight babies, increases in asthma, diabetes, heart disease and other chronic health conditions. Adequate food is basic health prevention. Working British Columbians being paid the present minimum wage are also operating under similar financial and nutritional stresses.

Because of poverty our province pays \$1.2 billion a year in higher health costs. Similarly, we are paying \$745 million in policing and criminal justice costs for poverty-related crime. Conservative estimates suggest that we are paying several billion dollars in poverty-related services and lost productivity. Ensuring that all citizens receive income at the poverty line would cost half of that.

I am writing to ask your government to raise social assistance to the poverty line so that British Columbians requiring such assistance do not suffer the preventable effects of policy-created poverty. Similarly, increasing the provincial minimum wage so that full-time work produces an income at or above the poverty line will mitigate the negative effects of poverty for working British Columbians.

BC public policy should not create and maintain poverty and stress that make it almost impossible for people to succeed. Public policy should create conditions for well-being that allow people to be more resilient and to improve their life situation. Raising social assistance rates and the minimum wage to the poverty line will provide a foundation upon which people can build successful lives.

Thank you for your attention to these matters in the coming year. I look forward to hearing from you as you remediate these pressing issues of public policy.

Sincerely,

Robert Hart

Advocacy Committee Northwest Branch BC Association of Social Workers

.cc Hon. Michelle Stillwell, Minister of Social Development & Social Innovation John Horgan, Leader of the Opposition

Michelle Mungall, MLA and Opposition Critic for MSDSI Doug Donaldson, MLA for Stikine Robin Austin, MLA for Skeena Jennifer Rice, MLA for North Coast



402 - 1755 West Broadway, Vancouver, BC V6J 4S5 tel 604 730 9111 ~ 1 800 665 4747 ~ fax 604 730 9112

bcasw@bcasw.org ~ www.bcasw.org

July 21, 2017

Honourable Shane Simpson, MLA for Vancouver-Hastings Minister of Social Development and Poverty Reduction Legislative Assembly 501 Belleville St Victoria, BC V8V 2L8

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Dear Minister;

Congratulations on your re-election as MLA for Vancouver-Hastings and your appointment as Minister of Social Development and Poverty Reduction.

The BC Association of Social Workers is a voluntary, not-for-profit membership association that supports and promotes the profession of social work, and advocates for social justice. Our Association supports excellence in social work practice and provides information and support to social workers. The BCASW provides a strong collective voice that advances the interests of social work, communicates the vital contribution of social workers to their communities, and enhances the contribution of social work to social justice.

Once settled in your Ministry we would welcome an opportunity to discuss social work practice in British Columbia with you, particularly as it pertains to our members who serve the public through your Ministry.

We look forward to a strong working relationship with your office in support of quality health and social services to all British Columbians.

Sincerely,

Michael Crawford, RSW

President

E: mcrawford@tru.ca

s.22

Andrew Brown, RSW Executive Director

E: abrown@bcasw.ca

s.22

cc. The Honourable John Horgan, Premier of British Columbia, Legislative Assembly, 501 Belleville St, Victoria, BC, V8V 2L8

<u>DATE</u>: January 8, 2018

PREPARED FOR: Honourable Shane Simpson, Minister of Social Development

and Poverty Reduction

ISSUE: RDSP- Court Order Enforcement Act

BACKGROUND:

In British Columbia, Registered Retirement Savings Plans (RRSPs) and Registered Retirement Income Funds (RRIFs) are protected from being seized under the *Court Order Enforcement Act*, which is the responsibility of the Ministry of Attorney General. Bankruptcy is under federal jurisdiction and the same protection to RRSPs and RRIFs is offered under the *Bankruptcy and Insolvency Act*. The purpose of protecting these assets from court orders or bankruptcy is to safeguard retirement savings, which are intended to be available over the long term.

Registered Disability Savings Plans (RDSPs) and Registered Education Savings Plans (RESPs) are <u>not</u> protected under BC or federal legislation. This means that funds held in an RDSP or RESP could be seized to pay debts during creditor proceedings. Alberta protects RDSPs and RESPs under their equivalent legislation. Currently Alberta is the only province to protect RDSPs and RESPs.

On November 1, 2017, Green party leader and MLA Andrew Weaver re-introduced a private members bill (Bill M206) to exempt RDSPs and RESPs from being seized under a court order.

The previous government (as part of Accessibility 2024) stated that it would "consider exempting RDSPs from being seized to satisfy a court monetary judgment" as part of a broader review of the *Court Order Enforcement Act*. This commitment followed considerable advocacy during the 2014 disability consultation, from the Planned Lifetime Advocacy Network (PLAN) and private citizens concerned that a family member's RDSP could be seized by court order.

There has also been advocacy at the federal level to protect RDSPs from seizure during bankruptcy proceedings, following a court decision in early 2017 that protected an RDSP in one particular case. However, federal or provincial governments have not amended legislation to date.

DISCUSSION:

BC and other provinces fully exempt RDSPs and RESPs from income and disability assistance calculations. BC has made significant progress in promoting RDSP uptake,

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and there are community-led initiatives targeted at promoting the RESP, such as the SmartSaver initiative (www.smartsaver.org). However, the lack of creditor and bankruptcy protection of these programs is seen as an access barrier, especially given that the families who benefit most from these programs are those with the lowest incomes.

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While there would be a number of benefits to modernizing the present judgment enforcement regime, a legislative amendment exempting RDSPs and RESPs from court-ordered seizure would be positively received by a number of stakeholder groups. In addition, if BC joins with Alberta in protecting RDSPs and RESPs it would raise the profile of this issue at the federal level.

CONCLUSION:

RDSPs and RESPs are not exempt from court-ordered seizure under the BC *Court Order Enforcement Act*, or federal bankruptcy legislation.

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Prepared by:

Reviewing path:

Guillaume Dufresne A/Director Strategic Policy Branch 778-698-7727 Ian Ross, ED, SPB / Molly Harrington, ADM, RIPD / Sheila Taylor, DM

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