

# ARCH *Alert*

ARCH's Quarterly Newsletter on Disability and Law in Ontario.

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## **ARCH is Moving on July 15<sup>th</sup>!!**

ARCH is pleased to announce that on the weekend of July 16, 2016 we will be moving to:

**55 University Avenue  
15th Floor  
Toronto, Ontario M5J 2H7**

Our new address is located just south of King Street, on the east side of University Avenue. It is located just above the St. Andrew subway station. This station is fully accessible!

**Our phone, fax and TTY numbers as well as our website and email contact will remain the same.**

As a result of the move, ARCH will be closed to the public on Friday, July 15<sup>th</sup> and Monday, July 18<sup>th</sup>.

ARCH will be moving into the same building as seven of Ontario's Community Specialty Legal Clinics, namely the Advocacy Centre for Tenants Ontario (ACTO), the Canadian Environmental Law Association (CELA), the HIV & AIDS Legal Clinic Ontario (HALCO), the Income Security Advocacy Centre (ISAC), the Industrial Accident Victims Group of Ontario (IAVGO), Justice for Children and Youth (JFCY) and the Landlords Self-Help Centre (LSHC). The Association of Community Legal Clinics of Ontario (ACLCO) is also located in the same building.

While ARCH will be sharing some common space with the above clinics, ARCH is still a separate organization and will continue to provide the same services to the communities of persons with disabilities in Ontario, including our Resource Centre which will continue to be open to the public. Please visit our website at [www.archdisabilitylaw.ca](http://www.archdisabilitylaw.ca) to review our services.



## Schedule 1 Class Action Claims Period Has Started

The Court has approved the settlement in *Clegg v. Ontario*, the Schedule 1 class action lawsuit. **You may be able to get money from the settlement if you send in a claim form by February 28, 2017.** Please read below for more information about the settlement and how to get help with your claim.

### What is the lawsuit about?

The lawsuit is about 12 Schedule 1 facilities or institutions where many people with disabilities were neglected and abused. The government of Ontario was in charge of these places.

### What are Schedule 1 institutions?

Many people with disabilities lived at Schedule 1 institutions. The law about these places was called the *Developmental Services Act*. The names of these places were written in a part of that law called Schedule 1.

The *Developmental Services Act* has now been replaced by a new law. This new law is called the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act*.

There were many Schedule 1 institutions, but only 12 of them are in the *Clegg v. Ontario* settlement. If you lived at one of these 12 institutions, you may be able to ask for money from the settlement.

### Which institutions are in the settlement?

Please read below for a list of institutions that are in the settlement. If you lived somewhere on the list, check the dates beside the name of the place where you lived. If you lived there between those dates, then you may be able to get money from the settlement.

- **St. Lawrence Regional Centre** in Brockville between April 1, 1975 and June 30, 1983
- **D'Arcy Place** in Cobourg between September 1, 1963 and December 31, 1996
- **Adult Occupational Centre** in Edgar between January 1, 1966 and March 31, 1999
- **Pine Ridge** in Aurora between September 1, 1963 and August 31, 1984
- **Muskoka Centre** in Gravenhurst between August 28, 1973 and June 30, 1993

- **Oxford Regional Centre** in Woodstock between April 1, 1974 and March 31, 1996 or in the “Mental Retardation Unit” or “MR Unit” of the **Oxford Mental Health Centre** between January 1, 1969 and March 31, 1974
- **Midwestern Regional Centre** in Palmerston between September 1, 1963 and March 31, 1998
- **L.S. Penrose Centre** in Kingston between April 1, 1974 and March 31, 1977
- **Bluewater Centre** in Goderich between April 1, 1976 and December 20, 1983
- **Durham Centre for Developmentally Handicapped** in Whitby between April 1, 1974 and September 28, 1986
- **Prince Edward Heights** in Picton between January 1, 1971 and December 31, 1999
- **Northwestern Regional Centre** in Thunder Bay between April 1, 1974 and March 31, 1994

### **How do I ask for money from the settlement?**

**You need to fill in a Claim Form. You must send the Claim Form to the claims office by February 28, 2017.** If you do not send it on time, you will not get any money from the settlement.

Please read below for information on where to get a Claim Form.

When you are filling out the Claim Form, take the time you need to remember and write what happened and to get any papers that help your claim.

**It is a good idea to get legal help with your claim.**

### **I lived at more than one place on the list. Can I get more money?**

You may be able to get money for each of those places. You need to fill out a separate Claim Form for each place where you lived.

### **Where can I get a Claim Form?**

You can get a Claim Form from this website:  
<http://www.schedule1facilities.ca/documents.html>

The website has different claim forms for each of the 12 institutions. You should use the form with the name of the place where you lived.

**Where can I get legal help with my claim?**

Some community legal clinics are helping people to make claims. ARCH can tell you if the community legal clinic in your area can help. If not, ARCH can help you.

ARCH can also help if you are not sure if you lived at a place on the list, or if you are not sure you are part of the settlement.

You can call Yedida at ARCH by:

- Phone: 1-866-482-2724

- TTY: 1-866-482-2728

**What else can help with my claim?**

You can do several things to help your claim:

- You can ask family, friends, doctors, counsellors and support people or anyone else to write letters about how you are still hurting from what happened during your time at a place on the list of institutions.
- Did other people see bad things happen to you at one of these places? You can ask them to write what they remember.
- You should ask for your file from when you lived at a place on the list of institutions. Your file may have important information that can help with your claim. You do not need to pay for your file. **Ask for your file by September 27, 2016.** If you ask after that date, then you might get it after the deadline to send in your Claim Form. ARCH or your community legal clinic can help you to ask for your file.

**Will I lose government services or social assistance if I get settlement money?**

You will not lose government services or social assistance if you get settlement money. This settlement is separate from Ontario government services in the community, group homes, or in your own home. It does not affect developmental services, supports or funding from the Ontario government. It does not affect Ontario Disability Support Program money, called ODSP, or Ontario Works money, called OW.

**Where can I get more information about the settlement and making a claim?**

You can read the short form notice and long form notice for more information. You can find both notices on the ARCH website

You can also read the settlement. You can get a copy of the settlement from [https://kmlaw.ca/wp-content/uploads/2014/04/schedule1\\_Settlement-Agreement\\_12nov15.pdf](https://kmlaw.ca/wp-content/uploads/2014/04/schedule1_Settlement-Agreement_12nov15.pdf)

And you can call Yedida at ARCH.

You might remember painful things when you fill in your Claim Form. You might become angry, sad, scared or upset. Take the time you need to write everything you want to say. Make sure you are in a safe place when you do this. It may help to ask someone you trust to stay with you.

You will not get in trouble for telling what happened. You did not do anything wrong. No one has the right to hurt or abuse you.



## **Update on Medical Assistance in Dying Legislation: Government Passes New Law**

*By Kerri Joffe, Staff Lawyer and Erin Elias, Disability Law Intensive Student*

On June 17, 2016 *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* became law in Canada. You can read the most recent publication of this Act. Go to [Statutes of Canada 2016](#) or copy and paste <http://goo.gl/v0CJLB>.

The new law permits medical doctors and nurse practitioners to provide medical assistance in dying (MAID) to people in specific circumstances. The law also permits pharmacists and others to assist, for example by providing drugs needed for assisted dying.

The Act sets out eligibility criteria that must be met before MAID can be provided. A person must be an adult capable of making health care decisions. A person must have a grievous and irremediable medical condition, meaning a serious and incurable illness, disease or disability, which causes enduring physical or psychological suffering that is intolerable and cannot be relieved under acceptable conditions, and they are in an advanced state of irreversible decline in capability, and their natural death has become reasonably foreseeable. A person must have made a voluntary request for MAID, and a person must give informed consent to receive MAID, after receiving information about options available to relieve their suffering including palliative care.

The law also includes several safeguards to ensure that MAID is provided only in the specific circumstances allowed for in the Act. For example, before providing MAID, the doctor or nurse practitioner must ensure that the request for MAID was done in writing, and was witnessed by two independent persons. The person requesting MAID must be informed that they can withdraw their request at any time. Another, independent medical doctor or nurse practitioner must provide a written opinion confirming that the person is eligible for MAID. If the person has difficulty communicating in writing, all necessary steps must be taken to ensure that the person understands the information provided to them and can communicate their decision.

Further, the law requires medical doctors and nurse practitioners who receive requests for MAID, and pharmacists who dispense drugs for MAID to provide information to allow the government to monitor medical assistance in dying in Canada.

The Minister of Justice and the Minister of Health must launch one or more independent reviews of requests by mature minors for MAID, advance requests or advance directives relating to MAID, and requests for MAID where the only medical condition the person has is a mental health disability. Reports on these independent reviews must be provided within two years.

The law also provides that in five years time, a committee of the House of Commons and/or the Senate will be struck to review the law and the state of palliative care in Canada.

### **Background on Medical Assistance in Dying Legislation: *Carter* decision, Public Consultations and Committee Reports**

In February 2015, the Supreme Court of Canada released the *Carter* decision. The Supreme Court declared the provisions of the Criminal Code of Canada which prohibit physician-assisted dying void, in certain circumstances. ARCH summarized the Supreme Court's reasons in *Carter* in the March 2015 edition of the ARCH Alert. Go to or copy and paste <http://www.archdisabilitylaw.ca/node/1023> .

Initially, the Supreme Court decided that the criminal law provisions would not become invalid until twelve months after the *Carter* decision. This was done to give the government time to consult with Canadians and develop new laws in relation to medical assistance in dying (MAID). The Court later extended this time period to June 6, 2016.

Following the *Carter* decision, the Federal and provincial governments consulted with Canadians and developed reports and recommendations to inform legislation on medical assistance in dying.

The Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying's Final Report was issued on November 30, 2015. To access it, go to [Backgrounder for Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying](#) or copy and paste <https://goo.gl/7bxaDp> . After hearing from the interveners in *Carter* as well as other stakeholders and individuals, the Expert Advisory Report created a list of 39 recommendations proposing a pan-Canadian strategy on medical assistance in dying. Included in the Report were recommendations that MAID be legislated within a broad strategy for palliative and end-of-life care, MAID be publically funded, substitute decision makers not be given authority to request MAID, and two physicians be involved in the assessment of individuals requesting MAID. You can access the Advisory Group's report. Go to [Final Report - November 30, 2015](#) or copy and paste <http://goo.gl/0jH7NM>.

At the Federal level, the External Panel on Options for a Legislative Response to *Carter v. Canada* issued their report on the federal consultation on January 18, 2016. Their findings also supported a pan-Canadian approach, as well as the inclusion of an effective system of oversight, and improvements to access to palliative care as an available and effective alternative to MAID. You can access the External Panel's report for the full list of recommendations on line. Go to [Consultations on Physician-Assisted Dying - Summary](#) or copy and paste <http://goo.gl/3mFdak> ; or in PDF go to [PDF - Consultations on Physician-Assisted Dying - Summary](#) or copy and paste <http://goo.gl/MLXHBD> .

In response to some of these reports, several of ARCH's community partners continued to put forward concerns about the lack of safeguards in the proposed medical assistance in dying regime. A recent report from the Netherlands supports the long-held concerns about the lack of protections inherent in other MAID-permissive jurisdictions. To access this report, go to [Recent Report from the Netherlands](#) or copy and paste <http://goo.gl/WE42Rx> . In particular, many groups have concerns about the lack of screening for social and environmental factors that would eliminate realistic alternatives to MAID. To read about the Canadian Association for Community Living (CACL)'s concerns and submissions on MAID, go to [CACL Physician Assisted Suicide](#) or copy and paste <http://goo.gl/ZpywMR> .

Following the submission of the External Panel's report discussed above, Parliament appointed the Special Joint Committee on Physician-Assisted Dying. For more information about this Committee, go to [Special Joint Committee on Physician-Assisted Dying](#) or copy and paste <http://goo.gl/Ubybma> . The Committee was appointed to review the Federal and provincial reports, consult with Canadians, and make recommendations for a Federal response on MAID. This was the first Commons-Senate joint committee in 20 years.

The Special Joint Committee presented their findings and made recommendations to the House of Commons on February 25, 2016 in their First Report to the House. For the First Report to the House, go to [First Report](#) or copy and paste <http://goo.gl/Yauovs> . In the report, the Committee recommended a shift in terminology to replace "Physician-Assisted Dying" with "Medical Assistance in Dying (MAID)." This shift reflected the authorization of nurse practitioners, and registered nurses to take a role in administering MAID. The report

also included a dissenting report (page 51) that outlined select MPs concerns about the main report's divergence from the *Carter* case and impact of the practical application of the recommendations on persons with mental health disabilities and palliative care supports.

In a response to the Committee's report, the Council of Canadians with Disabilities (CCD), and the Canadian Association for Community Living (CACL) rejected the lack of safeguards. Specifically, they did not support the expansion of the definition of grievous and irremediable; the lack of vulnerability checks; acceptance of advanced directives; and continued reliance on physicians as the sole assessors. The CCD and CACL included these initial responses in their Joint News Release on February 25, 2016. For the Joint News Release, go to [CCD & CACL Joint News Release](http://goo.gl/FEXfap) or copy and paste <http://goo.gl/FEXfap>

### **Bill C-14 and the Vulnerable Persons Standards**

In April 2016, the government put forth Bill C-14, a proposed new law to provide for medical assistance in dying in certain specific circumstances. This bill was debated in the House of Commons and the Senate.

In March 2016, CCD, CACL and over 35 community and health organizations from across Canada, including ARCH, joined together to endorse the Vulnerable Persons Standards (VPS). The VPS was developed by Canadian physicians, health professionals, lawyers, ethicists, public policy experts and persons with disabilities. The VPS recognizes that some people have physical, emotional, cognitive or social vulnerabilities that may make them more susceptible to suicide. It sets out safeguards to ensure that policies designed to help Canadians request assistance from physicians to end their lives do not jeopardize the lives of vulnerable persons who may be subject to coercion and abuse. Disability organizations called upon the Federal government to adopt the VPS as part of the new MAID law.

The VPS requires that:

- Laws about MAID must not perpetuate disadvantage or contribute to social vulnerability;
- A person seeking MAID must face an end-of-life condition with no chance of improvement and have enduring and intolerable suffering as a result of a grievous and irremediable medical condition;
- A person seeking MAID must do so voluntarily and must be capable of requesting and consenting to MAID immediately before death. No advance directives can be used for MAID;
- An assessment must be done of suffering and vulnerability that may arise from psychosocial or non-medical conditions and circumstances;

- Arms-length authorization must be obtained from a judge or independent body with expertise in health care, ethics and law.

To access the Vulnerable Persons Standard, go to or copy and paste <http://www.vps-npv.ca/>

To access ARCH's submission, go to or copy and paste <http://www.archdisabilitylaw.ca/node/1126> .

Although ARCH and other organizations supporting VPS argued that Bill C-14 offers but a minimum standard of protections, the protections afforded are nonetheless critical.

### Looking Ahead

In light of the new Medical Assistance in Dying law, provincial and territorial governments will now design and implement methods to report and collect data on MAID. Health regulators, such as the College of Physicians and Surgeons of Ontario, are creating policies and practice guidelines for health professionals. The federal government will begin three independent studies on requests by mature minors for MAID, advance requests or advance directives relating to MAID, and requests for MAID where the only medical condition the person has is a mental health disability. In addition, the new law is being challenged in court.

ARCH will continue to monitor and report on these and other developments in the law related to medical assistance in dying.



## ARCH Intervenes in Constitutional Challenge to Mental Health Act at the Court of Appeal for Ontario

On June 20, 2016, the Court of Appeal for Ontario heard *Thompson and Empowerment Council v. Ontario*. This case involves a constitutional challenge to the expanded involuntary detention and Community Treatment Order (“CTO”) provisions of the *Mental Health Act*. These provisions permit persons with mental health issues to be involuntarily detained in a psychiatric hospital in certain circumstances. They also permit the forced administration of psychiatric treatment for certain persons with mental health issues who live in the community.

ARCH lawyers Karen R. Spector and Tess Sheldon represented ARCH in its intervention as a friend of the court. The Canadian Civil Liberties Association also intervened in the appeal. ARCH argued that the expanded involuntary detention and CTO provisions violate

sections 7 and 15 of the *Charter* because they subject persons with mental health disabilities to legal compulsion in circumstances where the use of coercion is not necessary. These provisions create disadvantage by perpetuating prejudice or stereotypes that persons with mental health disabilities are in need of coercive psychiatric treatment. ARCH emphasized that the liberty interest, protected by section 7 of the *Charter*, and the equality interest, protected by section 15 of the *Charter*, intersect in the context of psychiatric detention. As such, an equality lens should inform the Court's analysis of section 7 of the *Charter*. ARCH also raised the *Convention on the Rights of Persons with Disabilities* as a relevant source of law to assist the Court's *Charter* analysis. Article 14 of the *Convention* prohibits detention because of disability.

The Court of Appeal's decision is under reserve.



## Access Awareness 2016

*By Irena Djukic, Master of Social Work Practicum Student*

On Tuesday May 31<sup>st</sup>, 2016, ARCH Disability Law Centre and The Law Society of Upper Canada hosted its annual Access Awareness event at Osgoode Hall, Law Society of Upper Canada. This year's event was called: "Celebrating Action: Developmental Services and Legal Rights". It focused on community inclusion and full citizenship of persons labeled with intellectual disabilities. This event highlighted the history of activism by persons labelled with intellectual disabilities and discussed present day concerns, including issues related to reproductive rights. Community leaders spoke about their current advocacy efforts and how this work should inform law and policy.

Welcoming remarks were given by Treasurer Janet E. Minor from the Law Society of Upper Canada and Teresa Daw, President of ARCH's Board of Directors.

The first panel titled "Autonomy Rights" was moderated by Sue Hutton, who is a Social Worker on secondment at ARCH. The first speaker was Tess Sheldon, Staff Lawyer at ARCH. Tess gave a fantastic talk about the legacy of eugenics, Leilani Muir and her fight for justice against wrongful sterilization of people with disabilities. Tess also spoke about issues related to reproductive rights while highlighting how telling stories makes a difference.

Next, Sue along with panel speakers, Sarah Lyttle, a motivational speaker, and Shineeca McLeod, a self-advocate, spoke about the Respecting Rights Committee. Respecting Rights is a committee that is housed at ARCH. Respecting Rights offers workshops utilizing videos to teach people about the legal rights of people labelled with an intellectual disability. During the first panel, two of these videos were shown titled, "It's your money" and "It's your life". Respecting Rights accessible workshops are offered for: developmental

services staff and management, people labelled with an intellectual disability and family members of someone with an intellectual disability. Sarah then presented her talk titled “Let Your Life Be Extraordinary”. Sarah is a motivational speaker and human rights activist, who is very vocal about the rights of persons with disabilities. She wants everyone to have access to the rights they deserve. Sarah presented on her experience transitioning out of child welfare into developmental services in 2015 at the age of 23. She spoke about autonomy and decision-making in her life. Lastly, Shineeca McLeod presented on her work with the self-advocate council (SAC) at Community Living Toronto. Shineeca has been active in advocacy work in developmental services for the last few years. She frequently speaks at conferences on the issue of rights for people labelled with an intellectual disability.

The second panel titled “New Efforts in Advocacy” was moderated by Robert Lattanzio, Executive Director of ARCH. This panel included Peter Park who is a long standing human rights activist, founder of People First Canada, co-founder of People First Ontario, and co-founder of Respecting Rights, and Kory Earle, who is the President of People First of Canada. Peter spoke about his life while existing in a Schedule 1 institution, accessibility in terms of how to communicate in a way that is meaningful for a client, and the importance of the Respecting Rights committee as a different way to think about how we talk about rights. Peter has been speaking internationally about rights for about 40 years. Lastly, Kory Earle spoke about People First of Canada and its work to advance inclusion. People First of Canada is the national voice for people who have been labeled with an intellectual disability. Kory spoke about the organizations’ work in all areas of rights including: human rights, citizenship rights, accommodation rights, and language rights.

Overall, this year’s Access Awareness event was a huge success! ARCH would like to thank all of the moderators, speakers and event organizers including the Law Society of Upper Canada for all of their hard work and planning that made this event possible. If you were unable to attend the event, there will be a video of the event with ASL captioning posted on ARCH’s website. Please check <http://www.archdisabilitylaw.ca> in a couple of weeks for the video.



## **Reflections on Jeff Nisker’s Novel *Patiently Waiting For...***

*By Johanna Macdonald, ARCH Staff Lawyer and Onsite Lawyer at St. Michael’s Academic Family Health Team*

Jeff Nisker’s novel, “Patiently Waiting For..” was generously distributed to ARCH Board, staff and students at our ARCH-Osgoode Hall Law School Disability Law Intensive Program’s year-end celebration. The books were ‘hot off the press’ and each staff and student received a signed copy. I was admittedly in a rush when I received my copy, and

hurried off to finish some work, leaving the book unopened in my bag. It was on my commute home that I started to read the back cover, and opened the first page. Well, I couldn't put it down. Despite numerous activities and deadlines in front of me, the next three hours flew by as I immersed myself in Ruth's story. I was struck with the book's teaching lessons, and was compelled to write this Amazon book review:

### ***Impressive and Profoundly Moving***

*This novel strikes at the heart of our physician-assisted death debates and softly rings the bell on deep frailties in our health care system. Throughout, the author takes the courage to portray not only the regularized vulnerability of the 'disabled' patient, but the author's own insecurities as a physician navigating a compelling friendship with a disabled woman. That woman, Ruth, is the story's truth teller and trickster. Ruth's humour-filled spirit will teach you about systems-level failures, disability rights, social justice, and the moral explorations we have when we truly consider how to care, love and honour one another.*

*Johanna Macdonald, LL.B, LL.M Staff Lawyer, ARCH Disability Law Centre Onsite Lawyer, St. Michael's Hospital Legal Services Project*

Beyond the review, I knew immediately that I wanted to share the book with others. Having the position of onsite lawyer as part of a health justice partnership with St. Michael's Hospital in Toronto, I will have an opportunity to share the disability rights topics broached in this novel with the health care practitioners I work with. But first, I wanted to share this novel with my parents who are my most personal connection to the experiences Ruth explains for the reader. These are my mother, Dorothy Macdonald's thoughts on the book:

*"I read Patiently Waiting for... with trepidation. Took a while to be brave enough to face the storyline that I live in. And then I kept thinking while I was reading it that I was doing so as an able bodied person who also really does not live it.*

*At Hospice, we always say how tough it is to understand the real issues without living them. This book gets to those real issues. It is also difficult to talk about these issues without fear of judgment. That is the crux of Ruth's problem. She is not heard, for many reasons. And for many reasons she can do nothing about it. The more she tries, the less she is able to get what she needs and wants. While trying to meet those pressing medical needs and needs and wants of everyday life, Ruth's self-control is diminished.*

*The book forces you to listen to Ruth. This does not happen very often. The intertwining of seemingly small annoyances like someone deciding to move a T.V., and the ensuing problems that it creates, is juxtaposed with someone deciding to let you die.*

*Ruth says the same thing as my husband, "Please help give me a good life the way I am and stop being so worried about giving me a good death."*

*The book strengthened my belief that we need to fight for and protect equal access and our full right to health care. Subjects of incompetence, lack of care, and malice were not touched. The story has no villains. There is so much more to say and do.*

*Ruth just wanted to tell her story. This book is about the "other voice" that is not being heard. I am glad that eventually Jeff Nisker let Ruth speak to many people."*

*Dorothy Macdonald*

Dorothy has already shared the novel with her Hospice and the Community Care Access Centre she works with. It is this type of dissemination of the novel that can make changes in how we currently provide care.

ARCH is grateful for the meaningful contribution to rights education and advocacy that Jeff Nisker has given our disability communities. We will host an official book launch to commemorate this year's International Day for Persons with Disabilities in early December. Stay tuned for details and in the meantime – read the book & distribute widely! Here is a link to order it, available on Kindle or in print. Go to [Patiently Waiting e-book on Amazon](https://www.amazon.com/Patiently-Waiting-e-book-on-Amazon/dp/B019888888) or copy and paste <https://goo.gl/kwELoC> .



## **An Important Case for Students with Mental Health Disabilities**

*By Dianne Wintermute, Staff Lawyer*

ARCH Disability Law Centre represented Ms. Navi Dhanota, a PhD student at York University. Ms. Dhanota filed an application to the Human Rights Tribunal of Ontario alleging that she had been discriminated against on the basis of her disability by York University and its Counselling and Disability Services office (CDS).

The crux of Ms. Dhanota's issue with York University was that she did not want to disclose her mental health diagnosis to York University's CDS in order to get help arranging for academic accommodations. Accommodations are the supports and services that a person with a disability needs to "level the playing field" with other students. In order to help Ms. Dhanota, the CDS required that a medical practitioner complete a form asking for a Diagnostic and Statistical Manual (DSM) diagnosis of her mental health disability. The DSM diagnosis would have disclosed to the university the name and nature of Ms. Dhanota's mental health disability. The form also asked for the date that Ms. Dhanota's mental health disability began, the symptoms she experienced and many other personal questions. At a previous university, Ms. Dhanota had been asked these same questions, and this had had disastrous consequences for her and her health.

York University, Ms. Dhanota and ARCH talked about the issue. The Ontario Human Rights Commission, which sometimes gets involved in cases that have an impact on more than one person, also joined the discussions.

These collaborative discussions resulted in a settlement of Ms. Dhanota's case. In November 2015, York University announced that it would no longer require students to disclose a DSM diagnosis in order to receive assistance from York's Counselling and Disability Services. The registration forms for the CDS were changed. Students are now being asked to provide a letter from a medical practitioner that confirms that the student has a mental health diagnosis, and requires accommodations for their mental health disability in order to access education on an equal basis as their peers.

The medical practitioner will be asked what kind of accommodations might be most appropriate. However the student will also have an opportunity to discuss the accommodations that he or she thinks are necessary with a CDS counsellor.

ARCH is pleased to have been a part of this negotiated settlement, where the good faith efforts of all the parties resulted in a positive outcome for all students with mental health disabilities at York University.



## **Positive Changes to the Ontario Disability Support Program's Medical Review Process**

*By Johanna Macdonald, ARCH Staff Lawyer and Onsite Lawyer at St. Michael's Academic Family Health Team*

Concerns voiced by our communities about Ontario Disability Support Program (ODSP) medical reviews have been answered. The Minister of Community and Social Services recently announced that the process will be revamped.

Medical review dates are assigned to 36% of ODSP recipients who have disabilities that are expected to improve. These ODSP recipients must undergo a medical review every 2-5 years. Reviews currently subject people to a re-application type process. For people who are homeless and/or have a disability that affects communication, government notices and processes may go unanswered because the notices are not sufficiently accessible. Individuals may then be unfairly and unexpectedly cut-off of essential benefits required for basic sustenance. Individuals responding to a review regularly face heightened anxiety and medical re-testing that can exacerbate harmful health conditions, especially if disabilities are related to past trauma.

Last year, the government announced that it would ‘ramp-up’ medical reviews from 600 per month to 1,900 per month. Social assistance advocates and disability communities answered loudly, echoing calls for reforms that have been made since before 2010. Together, groups such as the Steering Committee on Social Assistance convinced the government to hold off on increasing the number of medical reviews until the government streamlined the process and made it fair for recipients. The government has now announced they have accepted the majority of suggestions by the advocacy groups.

Mary Marrone, Director of Advocacy and Legal Services at the Income Security Advocacy Centre, highlights how the government has finally accepted that medical reviews should, “not be treated like a re-application, and that the focus should be on whether or not the person’s disability has improved since the date they were granted benefits.” The newly announced processes will also include the government’s obligation to review each case before it sends out a notice in order to ensure a medical review request is necessary. The government also has clearer obligations and steps it must take to make contact with recipients who are not replying to notices.

Neighbourhood Legal Services, a partner clinic in our St. Michael’s Hospital Legal Services Health Justice Project, is heavily involved in the requests for reform and ongoing consultation with the government. Melodie Mayson, Co-Director of Neighbourhood Legal Services welcomes the government’s announcement: “the changes, if properly implemented, will make an important difference to ODSP recipients and those who should access the program.” Healthcare providers at St. Michael’s Hospital Academic Family Health Team have also been a part of reform efforts, and will continue to advocate for fair procedures that protect patient privacy.

The government still expects to increase reviews to 1,900 per month - possibly as soon as Fall 2016 - but will not do so until the new, fairer process is fully in place. The government will continue to consult with advocacy groups until that time in order to put in place the improved procedures.

For a link to a Toronto Start article on the reforms, go to [Ontario Simplifies Medical Reviews for People on Disability Support](#) or copy and paste <https://goo.gl/gHeF9K>

For a link to the government bulletin outlining the changes, go to [English - Medical Review ODSP](#) or copy and paste <http://goo.gl/ZUr8n7> .

Or go to [French - Medical Review ODSP](#) or copy and paste <http://goo.gl/HKqVK1> .

For more information, please contact Johanna Macdonald, ARCH Staff Lawyer and Onsite Lawyer at St. Michael’s Academic Family Health Team – [macdonaj@lao.on.ca](mailto:macdonaj@lao.on.ca) .



## Proposed Safe Injection Sites in Toronto

*Tess Sheldon, Staff Lawyer*

Three new sites for safe injection in Toronto have been proposed. Safe injection sites (SISs) are places where people can inject drugs in a safe, hygienic environment under a nurse's supervision. They are an example of a "harm reduction" service. Many experts agree that "harm reduction" services, like SISs, save lives, reduce drug overdoses and limit the spread of blood-borne diseases. They can also improve access to and delivery of health, social, and crisis management services. They are very important for people who inject drugs, including people with addiction disabilities.

In 2011, the Supreme Court of Canada made a decision about the previous federal government's failure to renew an exemption to Insite, a SIS in Vancouver. Insite needed an exemption so that it could continue operating free from federal drug laws that prohibit illegal drug possession and trafficking. In its unanimous decision, the Supreme Court ordered the federal Minister of Health to grant Insite the exemption. The Court held that the Minister's refusal to extend Insite's exemption violated the *Canadian Charter of Rights and Freedoms* (Charter). The Court found that the Charter is one of Canada's most important laws and it applies when the Health Minister makes a decision about an exemption application to run a SIS. The Court also decided that further exemption applications had to consider the Charter rights of people who need safe injection services to reduce the risk of blood-borne infections and the risk of dying from overdose.

After the Court's decision, the previous federal government passed Bill C2, called *Respect for Communities Act*. The Act included new rules for community service providers who want to open a harm reduction site. Some critics are worried that the new regulations will make it more difficult to get an exemption from the federal drug laws that prohibit illegal drug possession and trafficking.

In March 2016, Toronto's Medical Officer of Health released a report on trends, prevention and response for overdose. SISs have many health and social benefits for both people who inject drugs and the community. There has been an increase in overdose related-deaths in Toronto. Along with the HIV/AIDS Legal Clinic of Ontario (HALCO) and the Canadian HIV/AIDS Legal Network, ARCH made submissions to the Toronto Board of Health. In all of its work, ARCH adopts a liberal approach to the definition of disability to include past and perceived disabilities. The joint submissions addressed the equality interests of persons with disabilities, including persons perceived to be "substance dependent" or persons who use drugs. You can access ARCH's submissions with HALCO and Canadian HIV/AIDS Legal Network. Go to [ARCH & HALCO Submission](#) or copy and paste <http://goo.gl/7ZbS70>.

ARCH celebrates the Toronto Board of Health's decision, in March 2016, to move forward with community consultations about the implementation of the three proposed SISs. Toronto's Medical Officer of Health will report to the Board in July 2016 on the outcome of those consultations. There are dangers with unsafe injection drug use, including high rates of overdose related death in Toronto. Harm reduction services, like SIS, are important health supports for persons with addiction disabilities and save lives. Law, including the Charter, provides disadvantaged groups - including persons with addiction disabilities - relief from government policies that exacerbate health inequities.



## **First Nations Child Welfare Decision Significant for First Nations and Disability Communities**

*By Luke Reid, Staff Lawyer*

ARCH Disability Law Centre welcomes the recent Canadian Human Rights Tribunal decision *First Nations Child and Family Caring Society of Canada v. Attorney General of Canada (Minister of Indian Affairs and Northern Development Canada)* 2016 CHRT 2. The decision recognized that the Federal government has for several decades discriminated against First Nations children and families living on-reserve and in the Yukon by denying them equal child welfare services and creating various adverse impacts for them. In order to remedy this discrimination, the Canadian Human Rights Tribunal ordered the Federal government to take a series of steps to improve First Nations' child welfare services on-reserve, including increasing funding and reforming the First Nations' child welfare program.<sup>1</sup> The Tribunal may order additional remedies.

The decision determined that the Federal government had implemented an insufficient and inflexible funding formula to fund child welfare services on reserves. The formula did not take into account the circumstances of each reserve and often failed to provide for the specific needs of the children. The Canadian Human Rights Tribunal also found that the funding formula failed to keep pace with modern social work practice and changes to the services offered by provincial child welfare agencies. Although the government argued that the provision of funding did not constitute a service under the *Canadian Human Rights Act* and was therefore not subject to human rights legislation, the Tribunal ultimately ruled

<sup>1</sup> To read all of the remedies that the Tribunal ordered, see: *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)*, 2016 CHRT 2 (CanLII); *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)*, 2016 CHRT 10 (CanLII)

against it. This particular aspect of the decision has special significance for the disability community as it opens up the possibility of challenging other inadequate Federal support programs offered on-reserve.

One such case, *Mississaugas of the New Credit First Nation v. Attorney General of Canada (Minister of Indian Affairs and Northern Development Canada)*, is presently challenging the First Nations Special Education Program and its inadequate funding of supports for First Nations children with disabilities. One of the key questions in this case is whether the funding provided by the Federal government constitutes a service – a question which has seemingly been answered by the Caring Society Decision. The *Mississaugas of the New Credit First Nation* case also raises the issue of whether it is legitimate to compare services offered on-reserve with those offered off-reserve. The Caring Society Decision addressed this same issue. The federal government had argued that the services offered on- and off-reserve could not be compared because they were provided by two separate service providers (the Federal government and the provincial/territorial governments). The Tribunal disagreed with this argument and pointed out that the federal government had already committed to providing ‘reasonably comparable’ services to those offered off-reserve. The same appears to be true in the *Mississaugas of the New Credit First Nation* case.

The Canadian Human Rights Tribunal’s willingness to criticize inadequate social services on reserves bodes well for First Nations children with disabilities across Canada. Given that First Nations peoples experience disability twice as often as the national average<sup>2</sup>, the Caring Society decision and the *Mississaugas of the New Credit First Nation* case have the potential to have a significant impact on the disability community. The Tribunal has not yet released its decision in the *Mississaugas of the New Credit First Nation* case. Kent Elson, the lawyer working on the challenge, said that it was a chance to see “whether the new federal government will live up to their promises to First Nations and people with disabilities”.

<sup>2</sup> Douglas Durst, Shelly South, & Mary Bluechardt, “Urban First Nations People with Disabilities Speak Out”, *Journal of Aboriginal Health*, September 2006 at 34



## Via Rail Has a New Support Person Policy

*By Dianne Wintermute, Staff Lawyer*

VIA Rail has adopted a new policy for persons with disabilities who are traveling with a support person. According to VIA's policy, in order to travel with a support person at no additional cost, the person with a disability must:

- Provide a signed Medical Certificate from a licensed medical doctor or licensed mental health professional (ex. Psychiatrist or psychologist); and
- The Medical Certificate must state that the person cannot travel alone without a Support Person; and
- The Medical Certificate must be dated and signed one year or less prior to the date of train travel, unless the Medical Certificate indicates that the disability is permanent.

ARCH would like to acknowledge VIA Rail's new policy. The policy is an important step towards making rail travel in Canada more accessible.



## Sammy Yatim Decision Highlights Need for Improved Police Interactions with Persons with Mental Health Disabilities

*By Mariam Shanouda, Staff Lawyer*

On January 26, 2016 a jury handed down the long-awaited verdict in the Sammy Yatim case against Police Constable James Forcillo. The verdict found Forcillo guilty of attempted murder, but not guilty of second-degree murder or manslaughter. The verdict proved to be confusing to the general public, and rightly so.

On the night of July 27, 2013, around midnight, an 18-year-old man by the name of Sammy Yatim stood alone on a streetcar that had come to a stop just before Trinity Bellwoods Park. The streetcar had stopped and emptied of its passengers when Yatim pulled a pen knife out of his pocket and began pacing the streetcar. Police were dispatched to the scene. One of the first officers to arrive at the scene was Constable James Forcillo. Forcillo stood before the open doors of the streetcar, with his gun trained on Yatim, and began shooting shortly after. Forcillo shot Yatim eight times.

To understand the verdict in this case, we must first understand the charges laid against Forcillo. The Crown levied three different charges against Forcillo: 1) second-degree murder; 2) manslaughter; and 3) attempted murder.

On the night in question, Yatim was hit by eight of the nine bullets fired from Forcillo's gun. The first three caused him to fall to the streetcar floor, and the following five hit him as he laid on the floor.

The Crown charged Forcillo with second-degree murder in connection with the first three shots fired, and charged Forcillo for attempted murder for the next five shots fired.

Yatim died from two of the bullets that hit him when Forcillo fired the first three shots. To find Forcillo guilty of murder, the jury would have had to determine that the first set of shots should not have been fired. However, the jury decided that Forcillo had a reason to shoot the first three shots, and found him not guilty of second-degree murder. *The reason why* the jury came to this decision cannot be known to the public, because jury deliberations are confidential.

The jury did, however, find that Forcillo was guilty of attempted murder. After Yatim went down with the first three bullets, Forcillo shot at Yatim another six times, hitting him with five bullets. None of those bullets killed Yatim, since, as we now know, Yatim was killed during the first set of shots. Forcillo was therefore found guilty of attempted murder because the jury could not find a reason as to why the second round of shots was fired. Since Yatim died during the first set of shots and not during the second set of shots, Forcillo was only found guilty of attempted murder, and not of second-degree murder or manslaughter.

The Forcillo verdict weighs heavily on the disability community. While this is the first conviction of a Toronto police officer in the death of a citizen, it does not address what many people believe continues to be a significant issue with the Toronto Police Service ("TPS"): *that the police are not trained to act appropriately in situations where they are called to a scene and confronted with a person who may have a mental health disability.*

In response to the social upheaval Toronto witnessed following Yatim's death, the TPS commissioned an independent report by former Supreme Court Justice Frank Iacobucci. Iacobucci produced a report entitled "*Police Encounters with People in Crises*", which outlined 84 recommendations on how the TPS can improve their interactions with people with mental health disabilities. The Iacobucci report is available online in PDF format. Go to [Police Encounters with People in Crisis - 2014 Report](https://goo.gl/AUBbDu) or copy and paste <https://goo.gl/AUBbDu> .

If this format is not accessible for you, please contact Toronto Police Service Corporate Communications. Go to or copy and paste <http://www.torontopolice.on.ca/corpcomm/>

This is a significant step in the right direction, given that when police arrive on the scene, often not enough time has elapsed for officers to assess the situation. For example, in December 2013, in another case involving someone in crisis, Michael Maclsaac was shot by police officers twice and died. The time elapsed between when officers first reached the scene and when they shot Maclsaac twice, was 12 seconds.<sup>1</sup> In Yatim's case, the time between police arriving on the scene, and Forcillo firing his weapon was 50 seconds.<sup>2</sup>

To address the time allowed for officers to assess and respond appropriately to a situation once they are on the scene, the Iacobucci report recommends a different approach to 'de-escalation' tactics. In this context, 'de-escalation' means that, when approaching a person with a mental health disability, the police should try to talk to the person, understand their needs and end the situation without any violence. In particular, proper de-escalation methods reduce the need for the use of weapons.

Perhaps the most important part of this approach is ensuring that the TPS has a proper understanding of mental health disabilities. TPS should ensure officers understand what a mental health disability is, the range of experiences of those with mental health disabilities, the needs of individuals with mental health disabilities and how to differentiate between a person in crisis and a person who poses a *threat*.

The TPS has said that approximately 78 of Iacobucci's 84 recommendations have been implemented, and the remaining six are recommendations that the TPS does not agree with, for example the recommendation for more restrictive use of tasers.<sup>3</sup> It remains to be seen what effect TPS' implementation of these recommendations will have on officers' interactions with people with mental health disabilities, and in particular whether they will result in safer interactions between police and persons with mental health disabilities.

James Forcillo's five-day sentencing hearing began on May 18, 2016. In determining a sentence, the Judge must take into account several factors, including the consequences of the actions of the convicted on the victim. Several arguments were made by Forcillo's defence team, but one in particular is especially alarming for the disability community.

Forcillo's defence team argued that the first volley of shots, for which Forcillo had been found not guilty of murder, rendered Yatim paralyzed and as such he did not feel any pain from the bullets from the second round of shots for which Forcillo was found guilty. In sum,

<sup>1</sup> Alamenciak, Tim. *Michael's life was worth more than 12 seconds.* Toronto Star. June 5, 2014. Web. February 11, 2016.

<sup>2</sup> Hamsham. Alyshah. *Stand-off between Constable James Forcillo and Sammy Yatim took less than 50 seconds, court hears.* Toronto Star. October 20, 2015. Web. February 11, 2016.

<sup>3</sup> Toronto Police. *Iacobucci Report Recommendations with TPS Response.* September 15, 2015. Web. February 16, 2016.

because there was no pain felt by Yatim, the consequences of Forcillo's actions should not count as a factor in sentencing. In elaborating on this argument, Forcillo's lawyers stated that because Yatim did not survive the shooting, he did not have to live the life of a parapalegic. Essentially, the defence argued that death was a better fate for Yatim than the potential alternative of living life as a paraplegic.

This line of argument is problematic for many reasons. First and foremost it demonstrates how society perceives living life as a person with a disability – it is not worth living or not worth as much as living without a disability. For Forcillo's lawyer to argue that Yatim was "spared" a life of parapalegia is to say that death is better than a life with a disability. This is short-sighted, narrow-minded and simply not true. Justice Then refused to accept the defence's argument:

If someone becomes angry at someone who is a parapalegic and decides they are going to kill him and shoots at him six times, the parapalegic feels nothing. So there is no harm? The harm wasn't felt? This strikes me as [an] odd [argument].<sup>4</sup>

Sammy Yatim's case has highlighted several important issues regarding interactions between police and persons with mental health disabilities, as well as concerns regarding the value that society places on the lives of persons with disabilities. Justice Then's sentencing decision is expected on July 29, 2016.

<sup>4</sup> Haines, Avery. *Yatim's injuries shouldn't factor in Forcillo's sentence, defence argues*. City News. May 18, 2016. Web. June 15, 2016.



## Personal Support Worker Registry Closed

*By Dianne Wintermute, Staff Lawyer*

Personal Support Workers (PSWs) provide necessary supports and services for persons with disabilities. These services include helping people with many activities of daily living like getting up in the morning, getting ready for the day, and performing night time routines.

On June 1, 2012, the Ministry of Health and Long-Term Care (MOHLTC) created a Registry of PSWs. This registry included information such as PSWs' names, where they have or are working, their training, and the services they provide. It also provided a Job Board. It is important to note that this Registry in no way guaranteed a certain standard or quality of work. PSWs are not a regulated profession, so the Registry was a voluntary way of collecting information and making it available to the public. It also let the public know which PSWs might be available for employment.

Recently, the MOHLTC announced that it would no longer fund the Registry and Job Board. Effective February 29, 2016, all personal information or data that was collected about PSWs will be removed from the Registry. Only non-personal information will be kept when the Registry closes.

We understand that the MOHLTC is considering different ways to ensure that PSWs perform safe, high quality work. No details have been announced yet. In the interim, however, we are concerned that some people may find it more challenging to find a PSW.

If you would like to know more about the government's thoughts about the closing of the Registry or what might replace it, you can contact ServiceOntario, Infoline at:  
Telephone: Toll-free: 1-866-532-3161. In Toronto: (416) 314-5518  
TTY: Toll-free: 1-800-387-5559. In Toronto, TTY 416-327-4282

ARCH will continue to monitor this situation and report on new developments.



## Concerns Remain Despite Recent Changes to the *Mental Health Act*

By Karen R. Spector, Staff Lawyer

Bill 122, *Mental Health Statute Law Amendment Act, 2015*, which contains amendments to the *Mental Health Act* and the *Health Care Consent Act*, became law on December 21, 2015.

The amendments are intended to remedy the potential for indefinite detention of persons involuntarily detained in a psychiatric facility on a long-term basis<sup>1</sup> under the *Mental Health Act (MHA)*.

### Background to the Amendments: *P.S. v. Ontario (2014 ONCA 900 (CanLII))*

The amendments were introduced by the legislature in response to the Court of Appeal's decision in *P.S. v. Ontario*, which struck down the *MHA*'s detention and review provisions as they applied to long-term psychiatric detention. Mr. P.S. is a deaf man who had been detained at the maximum secure division of the Waypoint Centre for Mental Health Care in Penetanguishene for over 19 years.

<sup>1</sup> longer than six months

Despite agreement that P.S. did not require detention in a maximum secure psychiatric facility, P.S. was unable to move to a less secure facility or into the community with appropriate supports. P.S. applied on numerous occasions to the Consent and Capacity Board (CCB), the administrative tribunal charged with reviewing involuntary detentions. The CCB repeatedly found that P.S. did not require detention in a maximum security facility but that it lacked the power to make orders regarding conditions of detention or orders directed towards the patient's reintegration.

The Court of Appeal held that the *MHA*'s involuntary detention provisions breached the right to liberty in s. 7 of the *Charter* "by allowing indeterminate detention without adequate procedural protection of the liberty interests of long-term patients". The inadequate procedural protections were due to the CCB's lack of authority to supervise the security level, privileges, therapy and access to treatment of long-term detainees.

The Court also found that PS had "endured prolonged and serious section 15(1) breaches" during his detention due to the failure to accommodate him by denying him access to appropriate assessment, treatment and rehabilitative opportunities.

The Court of Appeal's declaration of invalidity was suspended for 12 months. *The government introduced its proposed amendments after 9 months which left little time for consultation with various stakeholders.*

*The amendments set out in Bill 122, now incorporated into the Mental Health Act and Health Care Consent Act, do not address all of the constitutional concerns set out by the Court of Appeal in P.S.*

### **Impact of Bill 122 Amendments**

Among other things, Bill 122 expands the review powers of the CCB by granting it jurisdiction to make certain orders regarding the conditions of a person's long-term involuntary detention including:

- Place the patient on a leave of absence on the advice of a physician;
- Transfer a patient to another psychiatric facility;
- Direct the Officer in Charge of the psychiatric facility:
  - (i) to provide the patient with a different security level;
  - (ii) to provide the patient with different privileges within or outside the psychiatric facility;
  - (iii) to allow the patient to be provided with supervised or unsupervised access to the community; or
  - (iv) to provide the patient with vocational, interpretation, or rehabilitative services.

The additional oversight role of the CCB will help to safeguard the rights, autonomy and dignity of those subject to long-term detention. However, the amendments are not fully

responsive to the concerns expressed by the Court of Appeal in *P.S. v. Ontario* or the requirements of the *Charter*.

### Ongoing Concerns Not Addressed by the Amendments

Although the amendments have broadened the powers of the CCB to facilitate the reintegration of long-term patients, there are ongoing concerns that have not been addressed by the amendments. As such, the *MHA* remains vulnerable to constitutional challenge. One concern is that the CCB can only review the detention of persons who are detained *involuntarily*. However, many long-term patients are not documented as involuntary patients but are held on locked hospital wards purportedly as voluntary patients. They are told that if they attempt to leave hospital, their status will be changed to involuntary and they will be prevented from leaving. Such “voluntary but certifiable” patients have no right to apply to the CCB no matter how long they are held, so they remain in hospital without access to a legal mechanism to review their detention. This problem was not addressed by the amendments in Bill 122.

Other patients who are detained involuntarily may briefly have their status changed from involuntary to voluntary as the date of their mandatory annual hearing approaches. This has the effect of starting the clock over again and no mandatory hearing will take place. The Court of Appeal in *P.S.* acknowledged that this was not acceptable yet the amendments failed to rectify this gap in the legislation.

Unless these issues are addressed, persons who are detained long-term may continue to face indefinite detention without review by the CCB and will be left to pursue their claims in the courts, resulting in a profound denial of access to justice.



### ARCH Library Update

*By Mary Hanson, ARCH Librarian*

Open source software is not only generally free to download, with lower support costs and greater flexibility, but can offer other advantages in regard to quality. Continual development by the non-profit community means bugs and security problems tend to be quickly fixed and new features added.

Two such programs are now available on the computers in the ARCH Library. We encourage you to try them and give us your feedback:

- NVDA screen-reader (available from <http://www.nvaccess.org/> )  
For those interested in learning more, Jason Fayre has prepared a series of excellent how-to videos for the CNIB on installing and using the screen-reader (as well as detailed comparisons with commercial programs JAWS 16 and Windows-Eyes). You can view Jason Fayre's video. Go to [The free NVDA screen reader](#) or copy and paste <http://goo.gl/ptq9ns> .
- LibreOffice 5 (available from <https://www.libreoffice.org/discover/libreoffice/> )  
The suite includes word-processing, spreadsheet, presentation and database programs – compatible with many document formats such as MS Word or Excel, as well as the Open Document Format (ODF)

### Selected New Additions to the ARCH Library Collection

Two recent publications focus on the effective monitoring of disability rights:

*“The Rights of Persons with Disabilities to Equality and Non-discrimination”* (Ottawa: CHRC, 2015) is the first in a series of joint reports by the Canadian Human Rights Commission and Canadian Association of Statutory Human Rights Agencies on monitoring implementation in Canada of the UN Convention on the Rights of Persons with Disabilities (CRPD). The report's analysis of statistics on discrimination complaints filed with human rights commissions and tribunals across Canada between 2009 and 2013 finds disability-related complaints accounted for 40 to 50% of all complaints in most jurisdictions. The authors emphasize the ongoing need to address identified barriers in reporting discrimination and accessing human rights justice. While this report provides an overview of trends in the areas of employment and services, future reports will consider issues of income and education, and look at data from surveys of persons with disabilities, including self-reported experiences. It is available online. Go to [http://www.chrc-ccdp.gc.ca/sites/default/files/chrc\\_un\\_crpd\\_report\\_eng.pdf](http://www.chrc-ccdp.gc.ca/sites/default/files/chrc_un_crpd_report_eng.pdf) or copy and paste <http://goo.gl/tgXRPO> .

*“Disability, Rights Monitoring and Social Change”* (Toronto: Canadian Scholar's Press, 2015) edited by Marcia Rioux, Paula Pinto and Gillian Parekh, proposes that participatory monitoring and community engagement are also necessary to addressing social justice for persons with disabilities, together with the current models of international reporting on the CRPD and national rights tracking based on an objective accounting of laws and policy. Contributors (grassroot activists to academics) spanning the divide between the global South and North, explore the fundamentals of monitoring policy and programs, the media and community and provide valuable insights from national and local inclusive initiatives.

A report from the Canadian Disability Policy Alliance, *“The Lifetime Costs Associated with Living with a Disability”*. It has also recently been added to ARCH's library. Researchers Mary Ann McColl and Michael Schaub review methods for estimating lifetime costs of

disability and what is currently known about extraordinary expenses. The authors suggest, these may be estimated between \$100,000 and \$3 million (CAD) per person, depending on the disability and requirements for personal care, health care, and specialized housing and equipment. Written in 2013 and embargoed by the previous government, the report has now been released to further public policy debate on economic supports on persons with disabilities. Go to [The Lifetime Costs Associated with Living with a Disability](#) or copy and paste <http://goo.gl/01bjYs> .



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If you would like to become an individual member of ARCH, please visit our website at [www.archdisabilitylaw.ca](http://www.archdisabilitylaw.ca) or contact our office to request an Application for Individual Membership form. Membership is free.

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We welcome your comments, questions and feedback. We will endeavour to include all information of general interest to the community of persons with disabilities and their organizations, but reserve the right to edit or reject material if necessary. Please address communications regarding **ARCH ALERT** to: Theresa Sciberras, Program and Litigation Assistant, ARCH Disability Law Centre, 425 Bloor St. E., Suite 110, Toronto, Ontario, M4W 3R4, Fax: 416-482-2981 or 1-866-881-2723, TTY: 416-482-1254 or 1-866-482-2728, e-mail: [scibert@lao.on.ca](mailto:scibert@lao.on.ca) **Website:** <http://www.archdisabilitylaw.ca/>

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