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**IMPLEMENTATION OF THE INTERNATIONAL COVENANT  
ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS**

**Fifth periodic reports submitted by States parties under  
articles 16 and 17 of the Covenant**

**CANADA\* \*\* \*\*\***

[17 August 2005]

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\* The third periodic report concerning rights covered by articles 1 to 15 (E/1994/104/Add.17) was considered by the Committee on Economic, Social and Cultural Rights at its nineteenth session (see E/C.12/1998/SR.46-48; E/C.12/1/Add.31) in 1998.

\*\* The information submitted by Canada in accordance with the guidelines concerning the initial part of reports of States parties is contained in the core document (HRI/CORE/1/Add.91).

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### List of acronyms

AHRDS	Aboriginal Human Resources Development Strategy
AHTF	Aboriginal Health Transition Fund
ALC	Adult Learning Centre
ALI	Aboriginal Languages Initiative
ASD	Autism Spectrum Disorder
BC	British Columbia
BCFB	British Columbia Family Bonus
BSE	Bovine Spongiform Encephalopathy/Mad Cow Disease
CCTB	Canada Child Tax Benefit
CCP	Court Challenges Program
CEDAW	<i>International Convention on the Elimination of All Forms of Discrimination against Women</i>
CHT	Canada Health Transfer
CHST	Canada Health and Social Transfer
CIDA	Canadian International Development Agency
CIHR	Canadian Institute of Health Research
CMHC	Canada Mortgage and Housing Corporation
CST	Canada Social Transfer
EBSM	Employment Benefits and Support Measures
ECD	Early Childhood Development
EE	Employment Equity
EPPMP	Employment Equity Positive Measures Program
ELI	Early Literacy Initiative
ESA	<i>Employment Standards Act</i>
FAE	Fetal Alcohol Effects
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorder
FPT	Federal-Provincial-Territorial
FVI	Family Violence Initiative
GDP	Gross Domestic Product
GN	Government of Nunavut
GNWT	Government of the Northwest Territories
HRSDC	Human Resources and Skills Development Canada
HRT	Health Reform Transfer
H&SS	Health and Social Services (Nunavut)
ICESCR	<i>International Covenant on Economic, Social and Cultural Rights</i>
IESA	<i>Income and Employment Supports Act</i>
IRPA	<i>Immigration and Refugee Protection Act</i>

KDFN	Kwanlin Dün First Nation
KRF	Kids Recreation Fund
LICOs	Low-income cut-offs
LMAPD	Labour Market Agreements for Persons with Disabilities
MCSS	Ministry of Community and Social Services (Ontario)
MCP	Management Compensation Plan
MHR	Ministry of Human Resources (British Columbia)
MIKE	Measuring and Improving Kid's Environments
MOHLTC	Ministry of Health and Long-Term Care (Ontario)
NCB	National Child Benefit
NCBS	National Child Benefit Supplement
NGO	Non-governmental organization
NHI	National Housing Initiative
NLCA	Nunavut Land Claims Agreement
NLCB	Newfoundland and Labrador Child Benefit
NS	Nova Scotia
NWT	Northwest Territories
OCCS	Ontario Child Care Supplement for Working Families
ODA	<i>Ontarians with Disabilities Act</i>
ODARA	Ontario Domestic Assault Risk Assessment
ODSP	Ontario Disability Support Program
OECD	Organisation for Economic Co-operation and Development
OSC	Out of School Care
PEI	Prince Edward Island
PWA	Parental Wage Assistance
QPIP	Québec Parental Insurance Plan
RN(NP)	Registered Nurse (Nurse Practitioner)
RRAP	Residential Rehabilitation Assistance Program
RSV	Respiratory syncytial virus
SARS	Severe Acute Respiratory Syndrome
SCPI	Supporting Communities Partnership Initiative
SDP	Social Development Priority
SEP	Shelter Enhancement Program
SUFA	Social Union Framework Agreement
TAQ	Tribunal administratif du Québec
TFF	Territorial Formula Financing
TSA	Territorial Supplemental Allowance
YES	Youth Employment Strategy

## Part I

### INTRODUCTION

1. The present report outlines key measures adopted in Canada from September 1999 to December 2004 (with occasional references to developments of special interest that have occurred since) to enhance its implementation of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR).
2. In order to improve the timeliness and relevance of reporting to UN treaty bodies, effort has been taken to keep this report concise and focused on selected key issues where there are significant new developments and where information is not already provided within reports under other conventions to which Canada is a party. Where detailed information is available in other reports, these reports are referred to but, with few exceptions, the information is not repeated in this report.
3. The key areas addressed in this report are as follows: social policy issues, employment, poverty, homelessness, health care, disability issues, early childhood development and child care, and family violence.
4. These issues were identified for inclusion through the Continuing Committee of Officials on Human Rights, the principal federal-provincial-territorial body responsible for intergovernmental consultations and information sharing on the ratification and implementation of international human rights treaties.
5. The views of non-governmental organizations were also sought with respect to the issues to be covered in this update report. More than 200 NGOs were invited to provide their views; the following organizations responded to this invitation: Canadian Federation of Students, Disability Rights Promotion International, La Ligue des droits et libertés, KAIROS - the Aboriginal Rights Committee and the Canadian Social Development Program, and the National Anti-Poverty Organization. The issues identified by NGOs included: access to and funding for post-secondary education, measures to ensure the equal and effective enjoyment of economic, social and cultural rights by Canadians with disabilities, employment, social security, poverty, health, housing and homelessness.
6. Information on jurisprudence of relevance is in the Appendix of the present report.
7. The following statistical and reference documents are being submitted with the present report:
  - *A Profile of Disability in Canada, 2001 - Participation and Activity Limitation Survey*;
  - *Aboriginal Peoples Survey 2001 - initial findings: Well-being of the non-reserve Aboriginal Population*;
  - *Ethnic Diversity Survey: portrait of a multicultural society* (2002);

- *Three Year Review: Social Union Framework Agreement (SUFA)*, June 2003;
- *Women and Men in Canada: A Statistical Glance* - 2003 Edition;
- The 2004 Government of Canada report on *Advancing the Inclusion of Persons with Disabilities*;
- *Evaluation of the National Child Benefit Initiative: Synthesis Report*, February 2005;
- *Canada at a glance: 2005*.

8. The Concluding Observations of the Committee on Economic, Social and Cultural Rights and Canada's previous reports were provided to all federal departments and provincial and territorial governments. Canada's reports are available to the public on the Web site of the Department of Canadian Heritage at [http://www.pch.gc.ca/progs/pdp-hrp/docs/index\\_e.cfm](http://www.pch.gc.ca/progs/pdp-hrp/docs/index_e.cfm).

9. Detailed information about the implementation of human rights in Canada and Canadian federalism can be found in Canada's Fourth Report on the ICESCR ([http://www.pch.gc.ca/progs/pdp-hrp/docs/cesc\\_e.cfm](http://www.pch.gc.ca/progs/pdp-hrp/docs/cesc_e.cfm)), as well as Canada's Core Document ([http://www.pch.gc.ca/progs/pdp-hrp/docs/core\\_e.cfm](http://www.pch.gc.ca/progs/pdp-hrp/docs/core_e.cfm)).

### **The Canadian economy**

10. Overall, the Canadian economy performed solidly, with sustained economic growth, low and stable inflation and interest rates, and improved resilience to economic shocks.

11. The Canadian economy grew 2.8 percent in 2004, up from two percent in 2003, as robust growth in domestic consumers' incomes allowed them to increase their purchases of Canadian goods. Exports of commodities, such as energy and base metals, have also increased strongly. These two positive factors have helped offset the negative impact of the sharp rise in the Canadian dollar since the end of 2002 on Canada's exports of manufactured goods.

12. As outlined in Canada's Fourth Report under this Covenant, the federal, provincial and territorial governments introduced measures in the mid- to late-1990s to eliminate the deficits recorded and to bring their fiscal situations under control in order to ensure the long-term sustainability of Canada's economy and social programs. While governments were subsequently able to begin reinvesting in social programming to varying degrees, the rising costs of social programs continued to put fiscal pressure on provinces and territories despite the austerity measures implemented over the past decade.

13. Canada's federal budgetary surplus was \$9.1 billion in 2003-2004, marking the seventh consecutive year of balanced budgets or better. A balanced budget or better is expected for 2004-2005. The federal debt has declined by over \$61 billion over the last eight years. This debt reduction, coupled with Canada's strong economic growth, has resulted in a significant decline in the federal debt-to-GDP (Gross Domestic Product) ratio, from its peak of 68.4 percent in 1995-1996 to an expected 38.8 percent in 2004-2005.

14. After recording small deficits in 2002-2003 and 2003-2004, the overall fiscal situation of the provinces and territories is expected to continue to improve in 2004-2005. All but four of the 13 provincial and territorial jurisdictions are expected to be in balance or better in 2004-2005.

15. According to estimates of the Organisation for Economic Co-operation and Development (OECD), on a total government basis, Canada was the only G-7 country to post a surplus in 2002 (0.3 per cent of GDP), 2003 (0.6 per cent of GDP) and 2004 (1.3 per cent of GDP), and is the only one expected to do so both in 2005 and 2006. Canada's total government sector has also achieved the sharpest decline in the debt burden among G-7 countries since the mid-1990s. According to the OECD, Canada had the lowest debt burden of the G-7 in 2003 and 2004 and this is expected to continue for the next two years. The OECD estimates that Canada's net financial liabilities fell to 32.2 per cent of GDP in 2004, down from 69.3 per cent in 1995.

### **Employment**

16. There were 1.2 million unemployed people in Canada during 2004. That number has declined from the 1.6 million peak registered in 1993.

17. Employment in Canada has been on the rise:

- A total of 283,000 new jobs (1.8 percent growth) were created in 2003. However, job growth was slower than 2002, when 585,000 new jobs were created (3.9 percent growth). A series of economic shocks (e.g. SARS, BSE, forest fires in B.C and the Ontario electricity blackout) and the rapid appreciation of the Canadian dollar against the U.S. dollar, had a negative impact on the Canadian economy and labour market;
- In 2004, employment increased by 226,000 (1.4 percent growth). Canada's labour market may be a little stronger than these data suggest. Full-time work grew two percent to account for all new jobs in 2004, while part-time employment fell. Furthermore, both the employment (62.7 percent) and participation rates (67.6 percent) are at record levels as the economy nears its sustainable rate of output and employment growth.

### **Federal transfers to provinces and territories**

18. In Canada, provincial and territorial governments provide and fund health and social programs and services. The Government of Canada provides fiscal transfers to provincial and territorial governments on an ongoing basis to pay a portion of the costs of these programs and services. Significant developments pertaining to health and social programs are documented in the respective provincial and territorial sections of this report. This section updates information in the Introduction to *Canada's Fourth Report on the International Covenant on Economic, Social and Cultural Rights* regarding transfer payments.

19. Transfers are provided by way of four major programs: Equalization, Territorial Formula Financing (TFF), the Canada Health Transfer and the Canada Social Transfer. There are also a number of targeted transfers: Health Reform Transfer, Wait Times Reduction Transfer, Diagnostic and Medical Equipment Fund, etc.

20. Through Equalization and Territorial Formula Financing, the Government of Canada provides support to eligible provinces and the three territories to ensure comparable levels of services to their citizens (e.g. health care, social assistance, social services and education).
21. In October 2004, Canada's First Ministers<sup>1</sup> agreed to change both Equalization and TFF. The new framework:
- Ensures a total minimum payment of \$10 billion for Equalization and of \$1.9 billion for TFF for 2004-2005;
  - Guarantees that payments for 2004-2005 to provinces and territories will be no lower than the amount announced in Budget 2004;
  - Sets a base level of \$10.9 billion for Equalization and \$2 billion for TFF in 2005-2006, which will grow at 3.5 percent a year thereafter until 2009-2010; and
  - Launches a public review of Equalization and TFF by an independent panel of experts to advise on the allocation among provinces and territories.
22. Under the new framework, the overall level of Equalization and Territorial Formula Financing will be guaranteed and not subject to fluctuations from changes to economic data. Therefore, this approach will provide stable, predictable and growing levels of funding.
23. The independent panel of experts has been established to advise on how the legislated Equalization and TFF levels should be allocated among provinces and territories in 2006-2007 and after. This review will, among other things, evaluate current practices for measuring fiscal disparities among provinces and territories; examine alternative approaches, such as those based on aggregate macroeconomic indicators or expenditure needs; review the evolution of fiscal disparities among provinces and the costs of providing services in the territories to help governments and citizens evaluate the overall level of support for Equalization and TFF; and advise whether the Government of Canada should establish a permanent independent body to advise it on the allocation of Equalization and TFF within the framework of legislated levels.
24. In May 2005, the Council of the Federation, which is comprised of all 13 provincial and territorial Premiers, established the Advisory Panel on Fiscal Imbalance to examine and make recommendations on the balance between the constitutional responsibilities of governments and the ability to fund services resulting from these responsibilities.
25. As agreed at the February 2003 First Ministers' Meeting, the Canada Health and Social Transfer (CHST) was restructured into two new transfers effective April 1, 2004: the Canada Health Transfer (CHT) in support of health; and the Canada Social Transfer (CST), a block transfer in support of post-secondary education, social assistance and social services, including early childhood development, and early learning and child care.

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<sup>1</sup> "First Ministers" includes the Prime Minister of Canada, provincial premiers and territorial leaders.

26. There were significant increases to transfers in 2004 as a result of federal-provincial-territorial agreements and discussions on health, early childhood development and early learning and child care. As a result of the 2003 Health Accord (see below), the Government of Canada is providing \$31.5 billion over five years in increased support to provinces and territories (\$14 billion through the CHST/CHT/CST; \$16 billion through a new Health Reform Transfer (HRT) (which has been rolled into the CHT effective April 1, 2005); and \$1.5 billion in targeted funding for diagnostic and medical equipment). The Government of Canada is also investing \$1.05 billion in early learning and child care related initiatives through Budgets 2003 and 2004, flowing primarily through the CST. Under the Early Childhood Development (ECD) Agreement, the Government of Canada is providing \$500 million per year to provinces and territories for investments in ECD programs and services. For 2004-2005, total health and social transfers (cash and tax) provided under the CHT, the CST, the HRT and the Wait Times Reduction Transfer are \$43.2 billion.

### **Significant cross-jurisdictional initiatives**

#### *Health care*

27. Federal, provincial and territorial governments continue to collaborate on many health and social programming initiatives that serve to implement the provisions of the *International Covenant on Economic, Social and Cultural Rights*.

28. Following the September 2000 First Ministers Agreement on Health Renewal and Early Childhood Development, the Government of Canada created the Commission on the Future of Health Care in Canada in April 2001. The Commission's mandate was to engage Canadians in a national dialogue on the future of the health care system in Canada, and to make recommendations to enhance the system's sustainability. The Commission released its final report in November 2002, including recommendations premised on strong leadership and governance, a responsive, efficient and accountable system, and strategic investments to address priority concerns. The Commission's report, *Building on Values: The Future of Health Care in Canada*, is available online at <http://www.hc-sc.gc.ca/english/care/romanow/hcc0086.html>.

29. The February 2003 First Ministers' Accord on Health Care Renewal set out an action plan to ensure Canadians have timely access to quality health care on the basis of need and not ability to pay. The plan builds on the converging recommendations made by national and provincial studies of health care. Additional information on the Health Accord can be found at <http://www.hc-sc.gc.ca/english/hca2003/accord.html>.

30. On September 16, 2004, Canada's First Ministers signed a "10-Year Plan to Strengthen Health Care", which commits governments to:

- Achieve meaningful reductions in wait times in priority areas such as cancer, heart, diagnostic imaging, joint replacements, and sight restoration;
- Continue and accelerate work on Health Human Resources action plans and/or initiatives to ensure an adequate supply and appropriate mix of health care professionals;

- Provide first dollar coverage by 2006 for certain home care services, based on assessed need;
- Establish a best practices network to share information and find solutions to barriers to progress in primary health care reform;
- Develop and implement the national pharmaceuticals strategy;
- Further collaboration and cooperation in developing coordinated responses to infectious disease outbreaks and other public health emergencies through the new Public Health Network (see below);
- Report to their citizens on health system performance.

31. Additional information on the 10-Year Plan can be found online at <http://www.hc-sc.gc.ca/english/hca2003/fmm/index.html>.

32. In September 2005, the federal, provincial and territorial (FPT) Ministers of Health announced the creation of the Pan-Canadian Public Health Network, which will be the key mechanism for intergovernmental collaboration on public health.

33. The Network will assist governments and other public health partners in providing a high quality, efficient and responsive public health system for Canadians. It will enhance the ability of governments to coordinate and collaborate in public health, including preparing for and responding to future public health challenges, opportunities and threats. The Network includes an initial series of six Expert Groups on the following issues:

- Communicable Disease Control;
- Emergency Preparedness and Response;
- Canadian Public Health Laboratory;
- Surveillance and Information;
- Non-Communicable Disease and Injury Prevention and Control; and
- Health Promotion.

#### *Health of Aboriginal peoples*

34. On September 15, 2004, First Ministers and the Leaders of the Assembly of First Nations, the Inuit Tapiriit Kanatami, the Métis National Council, the Congress of Aboriginal Peoples and the Native Women's Association of Canada reached an agreement to work together to develop a blueprint to improve the health status of Aboriginal peoples and health services in Canada through concrete initiatives for: improved delivery of and access to health services to meet the needs of all Aboriginal peoples through better integration and adaptation of all health

systems; measures that will ensure that Aboriginal peoples benefit fully from improvements to Canadian health systems; and a forward-looking agenda of prevention, health promotion and other upstream investments for Aboriginal peoples.

35. Federal-Provincial-Territorial Ministers responsible for Health and Aboriginal Affairs have been tasked to work in partnership with Aboriginal Leaders to develop the blueprint. They will explore practical ways to clarify roles and responsibilities of the various parties and report back to the First Ministers and Aboriginal Leaders.

### **Social union framework agreement**

36. The Social Union Framework Agreement (SUFA) was signed by federal, provincial and territorial governments in February 1999. Information on the SUFA can be found in the Introduction to Canada's Fourth Report under the ICESCR.

37. The Federal/Provincial/Territorial Ministerial Council on Social Policy Renewal (the Council) conducted a review of the SUFA in 2003. Overall, the review found that SUFA continues to provide a useful framework for governments in their efforts to respond to the social policy needs of Canadians. The Council concluded that governments have demonstrated a commitment to SUFA and its undertakings: to improve mobility; to inform Canadians through public accountability and transparency; to work in partnership to improve social programs for Canadians; and to avoid and resolve disputes. The Council recommended that governments work together to ensure that the services provided to Aboriginal peoples are delivered in a way that meets their pressing needs wherever they live, both on and off reserve. The Council also recommended that governments continue to use the principles set out in SUFA (equality, diversity, fairness, individual dignity and responsibility, sustaining social programmes and services) to guide the development of new social policies and programming. The Council recognized that challenges still remained and would continue to emerge as governments address the social priorities of Canadians. The Council recommended that governments should review SUFA and its implementation again by 2008.

38. The complete results of the review and supplemental information on the SUFA can be found at [http://www.socialunion.gc.ca/menu\\_e.html](http://www.socialunion.gc.ca/menu_e.html).

### **Child-related initiatives**

#### *National Child Benefit*

39. Through the National Child Benefit (NCB) initiative (see *Canada's Fourth Report on the International Covenant on Economic, Social and Cultural Rights*), the Government of Canada provides income support for low-income families with children through the NCB Supplement, as part of the Canada Child Tax Benefit (CCTB). In turn, provinces and territories, as well as First Nations, have the flexibility to adjust social assistance or child benefit payments by an amount equivalent to the NCB Supplement, which is used to fund new or enhanced provincial and territorial programs benefiting low-income families with children.

40. *The NCB Progress Report: 2003*, released in April 2005, by Federal/Provincial/Territorial Ministers Responsible for Social Services, confirms that government investments for low-income families with children continue to increase:

- Federal support to low-income families had risen from \$5.6 billion in 2001-2002 to \$5.7 billion in 2002-2003. Federal investment is projected to reach \$6.4 billion in 2004-2005;
- Provincial and territorial governments and First Nations have also increased their expenditures for low-income children and families, from \$723.4 million in 2001-2002 to \$764.2 million in 2002-2003. This funding supports programs and services, including child benefits and earned income supplements, child/day care initiatives, early childhood services and children-at-risk services, youth initiatives, and supplementary health benefits.

41. *The Impact of the NCB on the Incomes of Families with Children: a Simulation Analysis Report* shows that the NCB is making a difference. For example, in 2001, the NCB was responsible for preventing an estimated 40,700 families with 94,800 children from living in low income. This represented an 8.9 percent reduction in the number of low-income families. These families with children saw their average disposable income increase, on average, by \$2,200 or 9.2 percent as a direct result of the NCB. The NCB was also found to reduce the depth of child poverty, with low-income families with children seeing their income rise, on average, 12.3 percent closer to the low-income cut off.

42. *The Evaluation of the National Child Benefit Initiative: Synthesis Report* compiled evidence from a number of evaluation studies. The report indicates that the NCB initiative has had a positive impact on low-income families with children:

- Reduction of child poverty: the Evaluation Synthesis Report reiterates previous direct outcome indicators findings which show that the NCB is preventing a significant number of families with children from living in low income;
- Increased attachment to the labour market: the NCB is making work financially more attractive than social assistance. This improvement was associated with a reduced dependency on social assistance among families with children;
- Reduction of overlap and duplication: the flexibility of the NCB is reducing overlap and duplication through federal/provincial/territorial co-ordination and integration in the delivery of child benefits.

43. The 2003 Progress Report and the Evaluation Synthesis Report are available at [www.nationalchildbenefit.ca](http://www.nationalchildbenefit.ca).

#### *Early Childhood Development Agreement*

44. In September 2000, the Government of Canada and the provincial and territorial governments reached an agreement on early childhood development (ECD).

45. Under the ECD Agreement, provincial and territorial governments are:
- Expanding and improving programs and services for children under six and their families, in four key areas: promoting healthy pregnancy, birth and infancy; improving parenting and family supports; strengthening early childhood development, learning and care; and strengthening community supports;
  - Investing in a range of ECD programs, including child care, parent resource centres and education programs, prenatal programs and education, supports for children at risk or children with disabilities and their families, and Fetal Alcohol Spectrum Disorder.
46. Governments are working together, where appropriate, on research and knowledge related to early childhood development, sharing information on effective practices that improve child outcomes and disseminating the results of research.
47. Federal, provincial and territorial governments are committed to release annual reports to the public on how they are investing funds and making progress in enhancing early childhood development programs and services. Reporting began with a baseline report for 2000-2001.
48. Information on respective governments' investments in early childhood development programs, as well as the Web address for their progress reports, can be found under Article 10 in each government's section of this report.

#### *Early learning and child care*

49. On March 13, 2003, federal, provincial and territorial First Ministers Responsible for Social Services agreed on a framework for improving access to affordable, quality, provincially and territorially regulated early learning and child care services.
50. The objectives are: to promote early childhood development and to support the participation of parents in employment or training by improving access to affordable, quality early learning and child care programs and services. For the most part, the funding supports early learning and child care programs and services in such settings as child care centres, family child care homes, preschools and nursery schools. The types of investments being made include capital and operating funding, fee subsidies, wage enhancements, training, professional development and support, quality assurance, and parent information and referral.
51. The Multilateral Framework includes an agreement by governments to work together to develop an evaluation framework for early learning and child care programs and services. Governments also agreed to pursue evaluation studies based on the evaluation framework where appropriate. Once completed, the evaluation framework could serve as a tool/guide in determining the effectiveness and outcomes of initiatives in early learning and child care.
52. Federal-Provincial-Territorial Ministers Responsible for Social Services have agreed on a national vision and four principles to guide the development of early learning and child care: quality, universally inclusive, accessible and developmental. Ministers have agreed that any

approach will require flexibility, so that each jurisdiction can design and deliver programs and services to best meet their respective priorities and circumstances, as well as clear accountability, so that citizens can track governments' progress over time.

## **Housing**

53. Canadians are among the best-housed people in the world. The vast majority live in comfortable dwellings that contribute to their quality of life. Most have access to housing of acceptable size and quality at affordable prices. However, approximately 1.7 million or 16 percent of all households are in core housing need. *Canada's Fourth Report on the International Covenant on Economic, Social and Cultural Rights* (paragraph 333) describes the Core Housing Need model used to determine whether a household's housing is considered adequate, suitable and affordable.

54. According to the 2001 Census, Canada's total housing stock comprised 12.5 million dwelling units, of which just under 11.6 million were occupied as a primary residence. The number of persons per dwelling is low by international standards, having fallen from 3.9 persons per household in 1961 to 2.6 persons in 2001. The predominant form of dwelling is the single detached home, accounting for 57 percent of occupied dwellings. In Canada, most households can afford adequate and suitable housing through the private market. Almost two thirds (66 percent) of Canadian households own their own homes.

55. Most administrative arrangements relating to social housing programs and delivery are governed by federal-provincial-territorial agreements on social housing. As of December 31, 2004, the portfolio of federally assisted housing units totalled 633,000 units.

56. Federal, provincial and territorial governments have been negotiating the management of existing federal social housing resources. As of December 2004, new arrangements had been entered into with nine provinces and territories. The new arrangements maximize the impact of expenditures and improve service by streamlining administration, reducing overlap and directing resources to lower-income Canadians in need.

57. In 2001, the federal, provincial and territorial governments committed to take action to stimulate the supply of affordable housing in response to low rental vacancy rates and rising rents and agreed on a framework for a new Affordable Housing Initiative for urban and remote areas. The Government of Canada is investing \$680 million under this initiative, and bilateral agreements have been signed with all provinces and territories in this regard. Provinces and territories have the flexibility to design and deliver programs that are best suited to their affordable housing needs. As of December 31, 2004, approximately \$360 million has been committed in support of some 16,000 units across Canada, and approximately 4,000 units have been announced for future development.

58. In 2003, the Government of Canada announced an investment of an additional \$320 million for affordable housing. As of December 2004, bilateral agreements for this second phase were in place for Québec and British Columbia. Discussions are under way with the remaining provinces and territories.

59. Also in 2003, the federal Housing Renovation Programs (Homeowner Residential Rehabilitation Assistance Program (RRAP), RRAP for Persons with Disabilities, Rental and Room House RRAP, RRAP Conversion, Emergency Repair Program, Home Adaptation for Seniors' Independence and Shelter Enhancement Program) were renewed for three years. Nine of the thirteen provinces and territories cost-share these federal renovation programs or equivalent provincial programs thereby increasing the number of households that can be assisted across Canada. These programs provide assistance to convert non-residential properties to residential properties, to bring homeowner and rental and rooming house units up to minimum level health and safety standards, to complete emergency repairs on homes in rural areas, to make housing accessible for persons with disabilities, and to repair, rehabilitate and improve shelters for victims of family violence, as well as acquiring or building new shelters or second stage housing where needed. A recent evaluation of the renovation programs confirmed the value of these programs in contributing to the preservation of adequate, affordable housing for Canadian households (see Government of Canada section for number of benefiting households). Enhancements to the programs were introduced in 2003 and included an increase in maximum assistance limits.

60. Federal, provincial and territorial Ministers responsible for housing met in November 2004 and discussed a longer-term framework for housing in Canada to guide future investments. The Government of Canada launched national consultations early in 2005 with communities and housing experts on current and future housing policies, programs and delivery approaches.

61. In addition to direct housing measures, federal, provincial and territorial social assistance programs such as income support for senior citizens or general welfare provide either explicit (through a shelter component) or implicit support to the housing costs of assistance recipients. This is the principal means by which low-income households receive housing subsidies.

### **Persons with disabilities**

62. The federal, provincial and territorial governments are working together in supporting equal opportunities for Canadians with disabilities to develop skills and meet educational goals. For example, the Government of Canada has introduced a new grant of up to \$2,000 a year for students with permanent disabilities and, in 2003, the government launched a Special Education Program to improve the quality of education and the level of support services for qualifying First Nation children with moderate to profound special education needs. In 2004, the Government of the Northwest Territories (NWT) launched the *NWT Action Plan for Persons with Disabilities*, which outlines actions in the areas of education, employment, income, disability supports and housing. In 2005, the *Accessibility for Ontarians with Disabilities Act, 2005* came into force in Ontario and provides for enforceable accessibility standards in the areas of goods, services, facilities, accommodation and employment.

63. In 2004, Multilateral Framework for Labour Market Agreements for Persons with Disabilities (LMAPD) replaced the Employability Assistance for People with Disabilities initiative. Through LMAPD, the Government of Canada contributes \$223 million annually, recently increased from \$193 million, in funding to provincial programs and services to improve

the employment situation of Canadians with disabilities by enhancing their employability, increasing the employment opportunities available to them, and building on the existing knowledge base.

64. Information on federal, provincial and territorial government programs and supports for persons with disabilities can be found in the respective government sections of this report.

### **Aboriginal people**

#### *Canada-Aboriginal Peoples Roundtable*

65. On April 19, 2004, the Prime Minister of Canada hosted the first Canada-Aboriginal Peoples Roundtable meeting with more than 20 federal ministers and some 70 Aboriginal leaders from every region of Canada representing national organizations, youth, elders, and various professions. This included 34 indigenous women leaders. The purpose was to strengthen relations between Canada and Aboriginal peoples and to identify clear goals for moving forward in a relationship of collaboration and partnership.

66. The Roundtable also established a basis for future collaborative work with Aboriginal people, the federal, provincial, territorial and municipal governments, the private sector and the voluntary sector to improve the quality of life for Aboriginal Canadians.

#### *Aboriginal land claims and agreements*

67. On February 15, 2005, the *Tlicho Land Claims and Self-Government Act* received Royal Assent. This will bring into force the first combined comprehensive land claim and self-government agreement in the Northwest Territories and the second such agreement in Canada.

68. Under the Tlicho Agreement, the Tlicho Government will be created and it will own a 39,000 square kilometre block of land, including the subsurface resources. The Tlicho Government will also receive approximately \$152 million over a period of 14 years and a share of resource royalties annually from development in the Mackenzie Valley. Tlicho community governments will be created in four Tlicho communities.

69. On February 19, 2005, the Kwanlin Dün First Nation (KDFN) became the tenth Yukon First Nation to sign a Final and Self-Government Agreement negotiated under the Yukon Umbrella Final Agreement. Under these agreements, the Kwanlin Dün First Nation will retain approximately 1,040 square kilometres of land as settlement lands, including 35 square kilometres within the City of Whitehorse. It will also receive about \$30 million in compensation.

70. Unique provisions in the Kwanlin Dün First Nation Final Agreement include the commitment to establish two Special Management Areas: Kusawa Park, and Lewes Marsh Wetland Habitat Protection Area. Kwanlin Dün First Nation will have a role in the management of these areas, as well as specific rights for fish and wildlife harvesting, and economic and employment opportunities. The Final Agreement also provides guaranteed wildlife harvesting rights and participation in decision-making bodies dealing with renewable resources management on non-settlement land within KDFN traditional territory.

71. On January 22, 2005, representatives from the Labrador Inuit Association, the Government of Canada, and the Government of Newfoundland and Labrador signed the Labrador Inuit Land Claims Agreement. The Agreement, a modern-day treaty, is the first of its kind in Atlantic Canada. The Agreement sets out details of land ownership, resource sharing and self-government. The Agreement provides for the establishment of the Labrador Inuit Settlement Area (Settlement Area) totalling approximately 72,500 square kilometres of land in northern Labrador, including 15,800 square kilometres of Inuit-owned lands, known as Labrador Inuit Lands. The Settlement Area also includes an adjacent Ocean Zone of 48,690 square kilometres. The Agreement also provides for the establishment of the Torngat Mountains National Park Reserve, consisting of approximately 9,600 square kilometres of land within the Settlement Area. Under the Agreement, the Government of Canada will transfer \$140 million to the Labrador Inuit, as well as \$156 million for implementation of the Agreement. The *Labrador Inuit Land Claims Agreement Act*, received Royal Assent on June 23, 2005.

72. Additional information on Aboriginal land claims and agreements can be found in the following provincial sections of this report: Alberta (Smith's landing (Salt River) and Fort McKay land claims), British Columbia (the status of ongoing treaty negotiations), and Québec (agreements with the Mohawk and Cree communities).

73. Information on Aboriginal land claims can also be found in *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

#### *Other significant developments*

74. Federal, provincial and territorial governments have established numerous programs and supports for Aboriginal people in the areas of employment, social security, child welfare and health. For example, in Manitoba, the Aboriginal Justice Inquiry - Child Welfare Initiative, is a unique system that returns to First Nations and Métis peoples the right to develop and control the delivery of their own child and family services in a manner consistent with First Nation and Métis cultural traditions and beliefs. In Saskatchewan, the newly created Department of First Nations and Métis Relations works with First Nations and Métis people on issues that include education and participation in the economy as well as lands and resources.

75. Details on government initiatives can be found in the respective government sections of this report.

#### **International cooperation**

76. The Canadian International Development Agency (CIDA) announced its Framework for Social Development Priorities (SDPs) in September 2000. CIDA is focussing its investments on four social development areas - basic education, child protection, health and nutrition and HIV/AIDS - during the period of 2000 through 2005. The Framework document outlines financial investment targets for each area: health and nutrition are to double and investments in basic education, child protection and HIV/AIDS are to quadruple by 2005. Between 2000 and 2002, specific action plans were released for each of the SDPs to outline directions that investments would take. Gender is a crosscutting theme in each. The SDP action plans are at various stages of maturity. Monitoring to date indicates that CIDA will meet the overall

investment target of \$2.8 billion (Canadian) and could exceed that figure. A formal evaluation is scheduled after completion of the five-year period and a report on the results is expected in late 2006.

77. CIDA's HIV/AIDS Action Plan supports developing-country government health strategies, promotes awareness and education, and supports vulnerable populations affected by HIV/AIDS. As part of this action plan, Canada's contribution to UNAIDS more than tripled between 2000-2004 from US\$2,280,302 to US\$6,955,597, making it the sixth largest donor globally in the latter year.

78. On May 13, 2004, Parliament passed *The Jean Chrétien Pledge to Africa Act*, which permits generic versions of patented medicines to be exported to developing and least developed countries, helping their peoples to live longer and better lives and raise families. Canada was the first country to take concrete measures to implement the 2003 Decision of World Trade Organization members on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health.

## **Part II**

### **MEASURES ADOPTED BY THE GOVERNMENT OF CANADA**

#### **General**

##### **Persons with disabilities**

79. In 2002 and 2004, the Government of Canada, in consultation with disability organizations, Aboriginal organizations, academic experts and disability researchers, released reports assessing Canada's progress towards achieving full inclusion for Canadians with disabilities. These reports present information about Canadians with disabilities, their families, the challenges they face in fully participating in Canadian society, as well as federal programs and initiatives that address these challenges. The reports can be found at: [http://sdc.gc.ca/en/gateways/nav/top\\_nav/program/odi.shtml](http://sdc.gc.ca/en/gateways/nav/top_nav/program/odi.shtml).

80. In addition to regularly reporting on progress, the Government of Canada is building the knowledge base on disability so that more can be known about disability and inclusion. For example, the federal government conducted the 2001 Participation and Activity Limitation Survey and is planning a follow-up survey in 2006. This is a major survey of Canadians with disabilities that provides a comprehensive national picture of many ways in which disability affects the lives of Canadians with disabilities.

81. The Government has continued to invest in direct supports for Canadians with disabilities, in matters within its jurisdiction. For example, the Veterans Independence Program, a national home-care program primarily for veterans, has seen an increase in expenditures from \$171.2 million in 2001-2002 to \$201 million in 2003-2004 and are expected to continue upwards until 2010; and the 2004 federal budget introduced a new disability supports tax deduction to better address the expenses incurred by individuals in obtaining the disability assistance needed for work and school.

82. To support the work of the disability community to advance inclusion, the Government makes direct investments to build the capacity of disability organizations. For example, the Social Development Partnerships Program - Disability Component, created in 1998, continues to fund national non-profit groups that work on social development for people with disabilities.

### **Article 2: Rights specifically subject to non-discrimination provisions**

83. As outlined in *Canada's Fourth Report on the International Covenant on Economic, Social and Cultural Rights* ([www.pch.gc.ca/progs/pdp-hrp/cesc\\_e.cfm](http://www.pch.gc.ca/progs/pdp-hrp/cesc_e.cfm)), the Government of Canada initiated a review of the *Canadian Human Rights Act* and the policies and practices of the Canadian Human Rights Commission in 1999. The final report of the Canadian Human Rights Act Review Panel, tabled in June 2000, contained 165 recommendations on issues ranging from structural and process changes to the addition of new grounds of discrimination. In particular, the Review Panel recommended the inclusion of social condition as a prohibited ground for discrimination. The Review Panel recommendations are currently under consideration. The Review Panel's report is available at <http://www.justice.gc.ca/chra/en/index.html>.

84. The new *Immigration and Refugee Protection Act* (IRPA) referenced in Canada's Fourth Report on the ICESCR, became law on June 28, 2002. Included in the new legislation and regulations are provisions on:

- Strengthened family reunification, including an expanded definition of the family class, one-year-window provisions for refugees, and ensuring that the best interests of the affected child are taken into account;
- A modern and balanced selection system for skilled workers, focussed on flexible and transferable skills as opposed to an occupation-based model;
- Objective, transparent and flexible criteria to assess a person's right to retain permanent resident status;
- Strengthened refugee protection, by consolidating multiple protection grounds extending beyond the 1951 Geneva Convention, ensuring prompt and fair processing of refugee protection claims made in Canada;
- Enhancing the Refugee and Humanitarian Resettlement program;
- A streamlined immigration appeal system; and
- Maintaining the safety of Canadian society and respect for Canadian norms of social responsibility, including new inadmissibility provisions, though penalties for trafficking and smuggling, and clearer detention grounds.

85. In addition, the IRPA requires that all decisions taken under the Act are consistent with the *Canadian Charter of Rights and Freedoms* and that the Act be applied in a manner that complies with international human rights instruments to which Canada is a signatory. Canada remains committed to ensuring the successful integration and settlement of refugees.

86. The Court Challenges Program (CCP), funded by the Government of Canada, provides funding for test cases of national significance in order to clarify the rights of official language minority communities and the equality rights of historically disadvantaged groups. An evaluation of the CCP in 2003 found that it has been successful in supporting important court cases that have a direct impact on the implementation of rights and freedoms covered by the Program. The individuals and groups benefiting from the CCP are located in all regions of the country and generally come from official language minorities or disadvantaged groups, such as Aboriginal people, women, racial minorities, gays and lesbians, etc. The Program has also contributed to strengthening both language and equality-seeking groups' networks. The Program has been extended to March 31, 2009. The evaluation report is available online at [http://www.pch.gc.ca/progs/em-cr/eval/2003/2003\\_02/index\\_e.cfm](http://www.pch.gc.ca/progs/em-cr/eval/2003/2003_02/index_e.cfm).

### **Article 3: Equal rights of women and men**

87. Canada reports more fully on its implementation of this article in its reports on the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW). Canada's reports on CEDAW, an update paper and the statement made by the Head of Delegation during Canada's 2003 appearance before the CEDAW treaty body are available at [www.pch.gc.ca/progs/pdp-hrp/docs/cedaw\\_e.cfm](http://www.pch.gc.ca/progs/pdp-hrp/docs/cedaw_e.cfm). In addition, information prepared for the anniversary of the Fourth United Nations World Conference on Women, including Canada's response to the United Nations' questionnaire for Beijing+10, can be found at [www.swc-cfc.gc.ca/pubs/unquestionnaire04/index\\_e.html](http://www.swc-cfc.gc.ca/pubs/unquestionnaire04/index_e.html). These documents provide information on Canada's efforts to achieve equal rights and improve the situation of women.

88. A Parliamentary Standing Committee on the Status of Women was established in 2004. As of June 2005, the Committee has released reports on funding of women's equality-seeking organizations, gender-based analysis and pay equity. The reports are available on the Standing Committee's Web site ([www.parl.gc.ca/committee/CommitteeHome.aspx?Lang=1&PARLSES=381&JNT=0&SELID=e17\\_&COM=8997](http://www.parl.gc.ca/committee/CommitteeHome.aspx?Lang=1&PARLSES=381&JNT=0&SELID=e17_&COM=8997)).

### **Article 6: Right to work**

89. Under the *Employment Insurance Act*, the Canada Employment Insurance Commission has established Employment Benefits and Support Measures (EBSM) that provide active measures designed to assist unemployed Canadians return to work. EBSM assistance can include support for training, work experience, self-employment and job search. Between 2000 and 2004, of those participating in EBSMs, 45.2 percent were women; seven percent were Aboriginal people; 4.2 percent were persons with disabilities; and 5.1 percent were visible minorities.

#### **Employment equity and workplace diversity**

90. In the period 2000-2004, Canada had a labour force of 17 million people, of which 10 million belonged to the four groups designated under the federal *Employment Equity Act*: women, Aboriginal peoples, visible minorities and persons with disabilities. The Act supports the goal of improving the representation of the four designated groups in a large number of workplaces across Canada. Between 2000 and 2004, the Act applied to 450 federally regulated employers (with 640,000 employees), the federal public service (over 60 departments

with 150,000 employees), the federal government special operating agencies (35 agencies with 60,000 employees), federal contractors (1,000 provincially regulated organizations with 1.2 million employees), and to Indian bands. The Act requires federally regulated employers to move toward a more representative work force by developing and implementing an employment equity plan. The plan, based on an analysis of the employer's workforce and a review of the employment systems to identify barriers, must contain flexible numerical goals (not rigid quotas) for the hiring and promotion of designated group members in those occupational groups where there is under-representation.

91. Between 2000 and 2004, the representation of designated group members in the federal Public Service had evolved as follows, continuing to improve in all areas over the 1994 figures (see previous report): 3.3 percent in 2000 and 4.1 percent in 2004 for Aboriginal people; 5.5 percent in 2000 and 7.8 percent in 2004 for persons in a visible minority group; 4.7 percent in 2000 and 5.7 percent in 2004 for persons with disabilities; and 51.4 percent in 2000 and 53.1 percent in 2004 for women.

92. The government has provided financial support to help departments and agencies implement employment equity across the federal Public Service. The Employment Equity Positive Measures Program (EEPMP) ended in March 2002 after providing support for close to 170 projects under its four components: the EE Intervention Fund; the EE Partnership Fund; the EE Career Development Office; and, the EE Enabling Resource Centre for Persons with Disabilities. The EEPMP also developed an e-tool to foster continued sharing of positive practices and lessons learned among departments and agencies.

93. Human Resources and Skills Development Canada (HRSDC) is developing three workplace equity strategies to further enhance employment equity: a Racism-Free Workplace Strategy, a Workplace Integration Strategy for Persons with Disabilities and a Workplace Integration Strategy for Aboriginal Peoples.

94. An evaluation of the employment equity program for private sector federally-regulated employers was completed by an independent contractor in April 2002, and yielded positive results, but revealed weakness in the area of education. The Racism-Free Workplace Strategy is being designed to address the gap in education.

### **Aboriginal people**

95. Since April 1999, the Aboriginal Human Resources Development Strategy (AHRDS), renewed until March 31, 2009, has been helping Aboriginal communities strengthen the ability of Aboriginal people to compete in the Canadian job market. The Strategy is helping Aboriginal people increase their self-sufficiency, build stronger communities, and develop long-term employment.

96. Delivered through 80 Aboriginal Human Resources Development Agreement Holders, the Strategy has been designed with flexibility to meet the needs of individual Aboriginal communities and to respect the wide-ranging cultural diversity of those communities while ensuring accountability measures are in place.

97. As part of the Government of Canada's response to the recommendations of the Royal Commission on Aboriginal Peoples, the AHRDS was given a five-year, \$1.6-billion budget to help Aboriginal communities and organizations take on the responsibility of developing and implementing their own employment and human resource programs. The Strategy has been extended for five years at the same funding levels.

98. The largest share of the total funding goes towards the delivery of employment programs and services. In meeting the labour market needs of Aboriginal people throughout Canada, the direct involvement of Aboriginal organizations and the emerging network of partnerships are among the Strategy's strongest hallmarks. HRSDC, the lead department of the Strategy, works in partnership with five national Aboriginal organizations - the Assembly of First Nations, the Inuit Tapiriit Kanatami (formerly known as Inuit Tapirisat of Canada), the Métis National Council, the Congress of Aboriginal Peoples, and the Native Women's Association of Canada.

### **Visible minorities**

99. In June 2000, the Government of Canada endorsed an Action Plan prepared by the Task Force on the Participation of Visible Minorities in the Federal Public Service. The resulting Embracing Change Initiative, described in *Canada's 15/16 Report on the International Convention on the Elimination of All Forms of Racial Discrimination* ([http://www.pch.gc.ca/progs/pdp-hrp/docs/cerd\\_e.cfm](http://www.pch.gc.ca/progs/pdp-hrp/docs/cerd_e.cfm)) is a focused effort to make the Public Service of Canada reflect the country's reality with respect to diversity.

100. There has been progress: over 5,200 visible minorities joined the workforce between 2000 and 2004. The number of visible minority executives has more than doubled, from 103 to 208. The rate of external recruitment was 5.7 percent in 1999-2000 and has increased to 10.1 percent. Overall, visible minority employees received 8.1 percent of all promotions in 2004, up from 6.3 percent in 2000. But challenges remain: visible minority representation in the public service workforce was 7.8 percent in 2004, well below the workforce availability figure of about 10.4 percent for visible minorities based on the 2001 Census. At one in 10, external recruitment of visible minorities among new entrants to the public service is also well below the *Embracing Change* benchmark of one in five.

### **Persons with disabilities**

101. The Policy on the Duty to Accommodate Persons with Disabilities in the Federal Public Service came into effect in June 2002. The Policy requirements were strengthened to reflect the legal requirement to accommodate persons with disabilities to the point of undue hardship. The federal government is now developing a revised Employment Equity Policy that will, as required by law, extend the duty to accommodate to all groups protected by the *Canadian Human Rights Act*. A Directive on the Duty to Accommodate will set out requirements at a more operational level than the policy.

### **Women**

102. Since March 2004, women's salaries have averaged \$52,037, compared to men who earned \$60,259. Women, therefore, earned 86.4 percent of men's salaries, representing a variance of 13.3 percent in wages. This variance is influenced in part by the distribution of men

and women in employment categories and the entry into force of collective agreements. In fact, between April 2002 and March 2003, recruitment outside the Public Service was aimed at filling clerical support positions (a female dominated group) and in the computer sciences category (a male dominated group). Among the people hired from outside the Public Service, the average female salary was 92 percent of the average male salary, indicating a variance of eight percent, which is essentially the same as the previous year.

## **Youth**

103. The Youth Employment Strategy (YES) is outlined in Canada's Fourth Report under this Covenant. Each year since 1997, YES has helped over 80,000 young Canadians find employment.

104. As a result of evaluation findings, YES programs were realigned in 2003-2004 to better meet the needs of the labour market. The revised YES programs will:

- Be more responsive to the changing needs of the labour market;
- Improve access to programs and services, particularly youth who face barriers to employment;
- Provide youth with the skills to help them obtain and maintain employment;
- Be more flexible and offer tailored, client-centred employment services to youth;
- Build on existing partnerships and community collaboration to provide a broader mix of supports particularly to youth facing barriers;
- Be more effective by ensuring that work experiences are career related and help advance participant's skills to create experts in their fields.

105. To address identified gaps such as outreach, support services and skills enhancement activities, YES has been realigned into three new programs: Skills Link, Career Focus and Summer Work Experience. Skills Link provides funding to community organizations to help youth facing barriers to employment develop the knowledge and work experience they need to find a job. Career Focus offers post-secondary graduates a range of work experience and skill-building opportunities to broaden their skills and enhance their employability. Summer Work Experience helps students find career-related summer jobs by providing wage subsidies to employers.

## **Article 9: Right to social security**

106. In addition to relevant information included in the Introduction to this report, information on initiatives of the Government of Canada in relation to social security can be found in Canada's most recent reports on the *Convention on the Elimination of All Forms of Discrimination against Women* and the *Convention on the Rights of the Child*, as well as *Canada's Fourth Report on the International Covenant on Economic, Social and Cultural Rights*. These reports are available at [http://www.pch.gc.ca/progs/pdp-hrp/docs/index\\_e.cfm](http://www.pch.gc.ca/progs/pdp-hrp/docs/index_e.cfm).

107. The Government of Canada does not provide social assistance benefits directly to individuals. As discussed earlier in this report, the federal government provides funding to provincial and territorial governments through the Canada Social Transfer. Information on new developments pertaining to their implementation of this right may be found in Parts III and IV of this report.

### **Family-related benefits**

108. Information on the National Child Benefit (NCB) initiative is included in the Introduction to the present report.

109. The Government of Canada contributes to the NCB initiative through a supplement to its Canada Child Tax Benefit (CCTB) system. The NCB Supplement provides extra support to low-income families with children by topping up the monthly payments they receive under the CCTB system (see previous report).

110. The Government of Canada has steadily increased its investment in the NCB Supplement. Under the current investment plan for the NCB, the annual federal investment to support Canadian families with children through the combined base benefit of the CCTB and the NCB Supplement is projected to reach \$10 billion by 2007-2008. This will bring maximum annual federal child benefits for a two-child family to an estimated \$6,259 by July 2007.

111. In 2003, the Government of Canada introduced the Child Disability Benefit to recognize the special needs of low- and modest-income families with a child with a disability. As of July 2005, the maximum annual Child Disability Benefit will be \$2,000 per eligible child. The Child Disability Benefit is delivered as a supplement to the CCTB.

### **Article 10: Protection of the family, mother and child**

112. The *Early Childhood Development Activities and Expenditures: Government of Canada Report 2003-2004* outlines activities and expenditures undertaken by the federal government in support of young children and their families since implementation of the September 2000 federal/provincial/territorial Early Childhood Development (ECD) Agreement (see the Introduction to the present report). It provides information on a range of programs and supports for young children and families that are designed and delivered by the Government of Canada, including Maternity and Parental Benefits, the Child Care Expense Deduction, the Canada Prenatal Nutrition Program, and the Community Action Program for Children. The report, which is available online at [http://www.socialunion.ca/ecd\\_e.html](http://www.socialunion.ca/ecd_e.html), provides a comprehensive overview of the Government of Canada's investments in early childhood development between April 2000 and March 2004, in the areas of healthy pregnancy, birth and infancy; parenting and family supports; early learning and child care; and community supports.

113. Under the 2002 Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children, which complements investments under the ECD Agreement, the Government of Canada is providing an additional \$320 million over five years to enhance programs and services to help address the early childhood development needs of Aboriginal children.

## **A Canada Fit for Children**

114. On April 22, 2004, the Government of Canada formally transmitted to the United Nations its plan of action for children - *A Canada Fit for Children*. Developed in response to commitments made at the U.N. General Assembly Special Session for Children in May 2002, this is a policy framework for action on children's issues over the next decade. It identifies specific ways to promote and protect the rights of all children and lays out a roadmap to guide Canada's collective efforts for and with children, both in Canada and throughout the world.

115. The development of *A Canada Fit for Children* involved nation-wide consultations with a broad range of stakeholders representing all ages and all sectors of society, including Aboriginal people as well as children and youth themselves. It reflects a consensus on goals, strategies and opportunities for action on key priorities within four central themes: supporting families and strengthening communities; promoting healthy lives; protecting from harm; and promoting education and learning. Canada's next report under the *Convention on the Rights of the Child* will provide additional information on this plan of action.

## **Family violence**

116. The most recent performance report for the Family Violence Initiative (FVI) of the Government of Canada indicates that there has been steady progress in addressing family violence in all its forms. Linkages have been strengthened with non-governmental organizations (including professional associations, academic institutions, family violence research centres, and those representing ethnocultural communities), front-line service providers, and private sector organizations concerned with family violence issues. This has contributed to a more collaborative, informed and multidimensional approach to addressing family violence.

117. The performance report concluded that the FVI has made substantial progress in meeting the following performance expectations:

- Strengthen the Initiative's horizontal management approach beyond information-sharing and networking among member departments to a greater emphasis on collective activity;
- Advance partnerships, including collaboration with potential partners, with a renewed emphasis on strengthening existing links, including those with provincial and territorial governments;
- Focus on the unique needs and circumstances of specific populations (Aboriginal peoples, people living in rural and remote communities, persons with disabilities and ethnocultural populations) through added emphasis on strengthening ties and increasing partnerships with national and community-based representative organizations;
- Increase responsiveness to diversity, for example through programming, research and data collection;

- Refine information dissemination strategies through the National Clearinghouse on Family Violence; and
- Address any resource/reallocation needs through cooperative cost-sharing arrangements between member departments.

118. According to Statistics Canada, there has been an overall decline in violence as it relates to women, family and spousal violence. In particular:

- Comparisons between the 1999 General Social Survey and the 1993 Survey on Violence Against Women point to a decline in the rate of spousal violence against women over time. About 12 percent of women reported being assaulted by a spouse in the five-year period prior to the 1993 survey, compared with eight percent who reported violence during a similar time period in 1999, a drop which is statistically significant. There was also a slight, but statistically significant, decline in the severity of assaults between these two time periods;
- Rates of spousal violence have dropped in 2001 and 2002, following a steady increase between 1998 and 2000. For both women and men, annual rates of spousal homicide have declined by about one-half during the past three decades;
- Since 1974, there has been a decline in the overall rate of family homicides recorded in Canada and in family homicides as a percentage of total homicides.

119. As part of the FVI, the Canada Mortgage and Housing Corporation and its provincial and territorial partners provided over \$73.9 million in funding for the Shelter Enhancement Program (SEP) from 2000 to 2003. The SEP assists in repairing, rehabilitating and improving existing shelters for women, children and youth as well as men who are victims of family violence, and in the acquisition or construction of new shelters and second stage housing where needed.

### **Article 11: Right to an adequate standard of living**

#### **Measures to reduce poverty**

120. The Government of Canada has taken a comprehensive policy approach to addressing poverty, with a particular emphasis on child poverty. This approach includes the joint intergovernmental initiatives mentioned in the Introduction to this report (equalization and transfer payments, National Child Benefit; Early Childhood Development Agreement; early learning and child care initiatives; affordable housing initiatives, health care) and financial supports and benefits for families and children.

121. While Canada has no official measure of poverty, the Government of Canada typically uses Statistic Canada's after-tax low-income cut-offs (LICOs) as a proxy. For the population as a whole, Canada has seen its low-income rates decreasing, in recent years, from 15.7 percent in 1996 to 11.5 percent in 2003, which represents a decrease of approximately one million Canadians living in low income over this period. Low-income rates have also been on the

decline for those groups more likely to experience low income. For example, the low-income rate for seniors has decreased from 9.8 percent in 1996 to 6.8 percent in 2003, and for children, the low-income rate went down from 18.6 percent in 1996 to 12.4 percent in 2003.

### **Persons with disabilities**

122. The Government of Canada provides support directly to persons with disabilities through such instruments as the Canada Pension Plan and tax measures such as a new Child Disability Benefit. In addition, in 2003, the federal government created a Technical Advisory Committee to advise the government on how to improve tax fairness for persons with disabilities and those who care for them. In 2004, this Committee produced the report *Tax Measures for Persons with Disabilities*, and in 2005, the federal government committed to act on virtually all of the report's recommendations. The report can be found at: <http://www.disabilitytax.ca/main-e.html>.

### **Right to adequate housing**

123. As detailed in *Canada's Fourth Report on the International Covenant on Economic, Social and Cultural Rights*, housing in Canada is governed by an extensive framework of legislation, policy and practice spanning all levels of government. At the federal level, Canada Mortgage and Housing Corporation (CMHC) is Canada's national housing agency.

124. CMHC's housing finance mandate is to promote housing affordability and choice and to contribute to the well-being of the housing sector in the national economy. CMHC provides mortgage loan insurance to lenders across Canada (including on reserve and in the North) and guarantees timely payment of interest and principal on Mortgage-Backed and Canada Mortgage Bond, thereby ensuring a steady source of funds for Canadian home buyers.

125. For those whose needs cannot be met in the marketplace, CMHC provides housing subsidies to support Canada's social housing stock for low-income Canadians as well as to provide housing assistance for those with special/distinct needs under targeted initiatives.

#### *Improving housing affordability and choice*

126. As low-income households are predominantly tenants, the private-sector rental stock plays an important role in meeting their shelter needs. Private rental accommodation provides the largest supply of affordable housing in Canada. In 2001, the average gross rent (the total of all payments for rent and utilities, including electricity, oil, gas, coal, wood or other fuels, water and other municipal services) for all non-farm, non-reserve rental dwellings was \$649 per month. Just under 60 percent of all rental stock in Canada, or about 2.26 million dwellings, were renting for less than this average gross rent in 2001.

127. Through mortgage loan insurance, homeowners have access to the lowest possible mortgage rates with a down payment as low as five percent, permitting more Canadian households access to homeownership. The introduction of innovations by CMHC over the past several years has included a flexible down payment product which permits a variety of down payment sources that are arm's length to the purchase transaction, an insured line of credit product, rental and homeowner refinance products, and a streamlined progress advance process.

Policy enhancements have been made to mortgage portability, second homes and mortgage qualification for self-employed borrowers. CMHC also introduced enhancements to facilitate affordable housing through partnerships and recently introduced energy efficient incentives for homeowner and rental unit construction and renovations. These innovations have resulted in improved housing choice, access and affordability for Canadians.

128. The mandate of the Canadian Centre for Public/Private Partnership in Housing (see previous report) was revised in 2003 to offer more tools for non-profit and private sector housing proponents who are planning to develop housing that is affordable, innovative, or community-based. The more affordable the proposed housing, the more Partnership tools there are available. Tools include seed funding, training, consultation services, interest-free proposal development loans and more flexible mortgage loan insurance to facilitate the financing of affordable housing. The Centre facilitated the production of some 22,800 affordable housing units between 2000 and 2004.

#### *Assisted housing*

129. The Introduction to this report provides additional information on housing assistance. Under CMHC's On-Reserve Non-Profit Rental Housing Program, which provides assistance in the form of subsidies for new rental housing, funding was committed for some 5,300 new units over the period 2000 to 2004.

130. From 2000 to 2003 inclusive, over 79,400 units were committed under the Residential Rehabilitation Assistance Program (RRAP). Rental RRAP, which helps to rehabilitate existing rental and rooming house accommodation (a stock that typically houses individuals "at risk" of homelessness) committed some 25,000 units, RRAP for Persons with Disabilities some 7,900 units, and RRAP On-Reserve made commitments for over 6,900 units.

131. In addition, some 15,300 units received assistance under the Emergency Repair Program, and upgrades to over 15,800 units were made under Home Adaptations for Seniors' Independence. As well, repairs to existing units and new units were completed under the Shelter Enhancement Program.

#### *Measuring housing needs*

132. CMHC's electronic database for assessing housing conditions shows that, in 2001, there were 1.7 million households in core housing need. This represents about 16 percent, a decrease from 18 percent in 1996, of all households in Canada, with around two thirds of these being renter households.

133. As in the past, the vast majority of households in core housing need in 2001 had affordability problems, rather than (or combined with) suitability or adequacy problems. Of all households in core housing need, 75 percent had only affordability problems, 16 percent had affordability problems combined with suitability and/or adequacy problems, while a further nine percent experienced either suitability and/or adequacy problems.

134. Tenure differences are important; only seven percent of all owners, in contrast with 29 percent of all renters, were experiencing core housing need because of affordability.

This contrast is associated with broad income differences between owners and renters. As a result, although renters constitute only 33 percent of all households in Canada, they make up some 64 percent of all households in core housing need.

135. The second most frequently cited problem for people in core housing need in 2001 related to adequacy. About eight percent of all occupied dwellings in Canada were in need of major repairs in 2001. These figures have fallen dramatically over the past several decades. Most of the households living in these dwellings could afford to remedy these conditions themselves. While seven percent of all owners were living below adequacy standards, only two percent of all owners were actually in core housing need while experiencing adequacy problems. Though somewhat worse off, renters followed a similar pattern; while nine percent of all renters were living below adequacy standards, only four percent of all renters were actually in core housing need and experiencing adequacy problems.

136. The third and least likely cause of core housing need in 2001 was crowded living conditions (suitability problems). The role of this factor continues to diminish. As with the other factors, tenure differences are evident, although, for both owners and renters, the majority of households living below suitability standards could have found suitable housing in their area for less than 30 percent of their income. While four percent of all owners were living below the suitability standard, only 0.4 percent of all owners were actually in core housing need because of suitability problems. While 11 percent of all renters were living below the suitability standard, only four percent of all renters were actually in core housing need because of suitability problems.

137. In Canada, it is not feasible to measure housing need on the basis of waiting lists. Given the plurality of provincial, municipal and community organizations providing assisted housing, many people seeking this accommodation sign onto as many lists as possible. Despite some attempts to consolidate these lists, there continues to be a serious problem of over counting. Moreover, households on waiting lists typically are not without shelter. People who become homeless qualify for assistance programs in the form of emergency shelter or hotel accommodation, through general social assistance programs rather than housing programs. At the same time, they are more likely to have high priority for social housing, as most providers use a point-rating system, which relies on such criteria as affordability, adequacy, suitability, household size, refugee status, imminent eviction and domestic violence.

## **Homelessness**

### *National homelessness initiative*

138. Since its creation in December 1999, the National Homelessness Initiative (NHI) has achieved the following:

- Created over 10,000 new emergency, transitional and supportive housing beds for the homeless;
- Funded over 900 projects for the purchase, construction or renovation of sheltering facilities;

- Funded over 500 projects for the purchase, construction or renovation of support facilities, including food and clothing banks, drop-in centres and soup kitchens;
- Funded over 1,200 projects to improve or establish new support services, including training, skills development, counselling, and the provision of materials, such as clothing and/or blankets, for homeless people and those at risk.

139. While progress has been achieved, the following challenges have been identified:

- Cooperation: Community service providers have voiced concerns about the lack of cooperation and coordination between the NGOs and the various levels of government;
- Funding concerns: Service providers are requesting a stable source of funding for their programs;
- Long-term strategies: The NHI's goal is to move beyond emergency relief and to focus on more long-term strategies for eradicating homelessness (improved housing, literacy, education, skills development, and mental health care).

#### **Article 12: Right to physical and mental health**

140. Information on significant federal-provincial-territorial initiatives in the area of health care is provided in the Introduction to the present report.

#### **Public health infrastructure**

141. Following recommendations from leading public health experts in the wake of a SARS outbreak, in September 2004, the Government of Canada announced the launch of the Public Health Agency and the appointment of Canada's first Chief Public Health Officer. The Public Health Agency focusses on public health issues of importance, ensures clear federal leadership in the case of a health emergency and provides coordinated, coherent response to public health issues domestically and internationally. It will enhance efforts to prevent chronic and infectious diseases and injuries, respond to public health emergencies and disease outbreaks, work to keep Canadians healthy and help reduce pressures on the health care system.

142. Since its creation, the Agency established measures to deal with public health emergencies including:

- Inclusion of health within the National Security Policy;
- Development of a National Health Emergencies Management System;
- Renewal of the *Quarantine Act*;

- Development of the National Smallpox Contingency Plan;
- Strategic review of the National Emergency Stockpile System; and
- Development of the Health Emergency Response Team concept.

143. The Government of Canada is establishing six National Collaborating Centres for Public Health. Building on regional expertise, the centres will provide national focal points for key priority areas in public health and contribute to the development of a pan-Canadian public health strategy mentioned in the Introduction to this report. The overarching mission for these Centres is to build on existing strengths, create linkages and foster collaboration among researchers, the public health community and other stakeholders to contribute to the efficiency and effectiveness of Canada's public health infrastructure. The Centres, located across Canada, will facilitate the generation and sharing of knowledge that can inform the development of programs, policies and practices that affect the health of Canadians.

144. The six centres will work on the following priority areas in public health:

- Determinants of Health
- Public Policy and Risk Assessment
- Infrastructure, Info-structure and New Tools Development
- Infectious Diseases
- Environmental Health
- Aboriginal Health.

145. The Canadian Institutes of Health Research (CIHR) was created in June 2000 as the Government of Canada's agency for health research. With an annual base budget of \$662 million, CIHR supports the work of over 9,100 Canadian health researchers who have met internationally accepted standards of excellence. CIHR is funding research in priority areas, including: Aboriginal health and skills development; access to health care; gender and health; child and youth health; and solidifying Canada's place in the world.

## **Women**

146. In 1999, Health Canada released its Women's Health Strategy. The Strategy provides a framework to guide legislative, policy and program work towards improving the health of women in Canada and creates a vision for a multi-sectoral, interdisciplinary, determinants of health approach with operational and horizontal policy commitments to address women's health issues.

147. Health Canada is redeveloping the Women's Health Strategy to influence the vision for future work. The development of a renewed plan of action on women's health, with targeted objectives, will focus research, policy and program work from a gender, diversity and life-course perspective. It will take into account emerging knowledge and the voices of civil society to meet the needs of women for today and tomorrow.

### **Aboriginal people**

148. In September 2004, a special meeting with the First Ministers and Aboriginal leaders was held to discuss joint actions to improve Aboriginal health, and adopt measures to address the disparity in the health status of this population (see Introduction to this report). In support of the agreed upon directions, the Government of Canada announced total funding in the amount of \$700 million for a series of new federal commitments that will address urgent and critical aspects of a longer-term plan:

- \$200 million for an Aboriginal Health Transition Fund (AHTF) to enable governments and communities to devise new ways to integrate and adapt existing health services to better meet the needs of Aboriginal people. The AHTF comprises three funding areas: pan-Canadian; provincial and territorial; and regional and local initiatives;
- \$100 million for an Aboriginal Health Human Resources Initiative to increase the number of Aboriginal people choosing health care professions; adapt current health professional curricula to provide a more culturally sensitive focus; and improve the retention of health workers serving Aboriginal people. This initiative will help build a workforce that will meet the unique health service needs of Aboriginal peoples;
- \$400 million for health promotion and disease prevention programs focusing on diabetes, suicide prevention, maternal and child health, and early childhood development. The Government of Canada has demonstrated strong commitment to working with Aboriginal organizations and communities to address the disparity in health status between Aboriginal and non-Aboriginal people in Canada.

149. The First Nations infant mortality rate has been steadily decreasing since 1979, when it peaked at 27.6 deaths per 1,000 live births, 2.5 times the Canadian rate. In 2000, the First Nations infant mortality rate had dropped to 6.4 deaths per 1,000 live births, compared with 5.5 per 1,000 for Canada.

150. Health Canada is currently working with Aboriginal organizations, women, academic experts and stakeholders to develop an action plan to address the health issues of Aboriginal women and girls, and to articulate a vision of wellness.

### **Persons with disabilities**

151. Understanding that health is more than the absence of disease and encompasses the physical, mental, emotional, and spiritual capacity to live fully, the federal government invests in approaches, which will protect and improve the health of people with disabilities and all Canadians. The Government of Canada funds public health protection, health promotion and

many health research projects that benefit people with disabilities and contributes to the funding of provincial and territorial health care systems. In addition, the federal government provides direct supports through programming. For example, the Active Living Alliance for Canadians with a Disability provides national leadership, support, encouragement and information to organizations and individuals with disabilities to promote health through active living. In 2002, the federal government launched a strategy for assessing and treating post-traumatic stress disorder and other operational stress injuries; and the First Nations and Inuit Home and Community Care Program offers an array of home-care services to First Nation and Inuit people with chronic and acute illnesses.

### **Article 13: Right to education**

152. As outlined in the Introduction to the present report, the Government of Canada provides funding to the provinces and territories in support of post-secondary education through the Canada Social Transfer.

153. New federal investments in education include the introduction of a Canada Learning Bond and enhancements to the Canada Education Savings Grant. These investments, enacted through the *Canada Education Savings Act*, which came into effect on July 1, 2005, are intended to promote access to learning opportunities by encouraging Canadian families to save for their children's post-secondary education. Up to 4.5 million children from low- and middle-income families will benefit from the additional Canada Education Savings Grant rates.

154. The Canada Millennium Scholarship Foundation has extended eligibility for its bursaries and scholarships to individuals considered to be protected persons such as Convention refugees.

### **Article 15: Right to participate in cultural life and benefit from scientific progress and the protection of authors' rights**

155. Established in 1998, the Aboriginal Languages Initiative (ALI) supports community and home initiatives for the revitalization and maintenance of Aboriginal languages leading to an increased number of speakers, the expansion of the areas in which Aboriginal languages are spoken in communities and inter-generational transmission of the languages.

156. ALI is delivered through collaborative efforts of the Department of Canadian Heritage and three national Aboriginal organizations and their affiliates: the Assembly of First Nations, the Inuit Tapiriit Kanatami and the Métis National Council. Outputs of this initiative include language strategies; instruction; courses and teaching programs; resource materials; audio and video recordings; transcriptions, translations and other documentation; surveys and promotion materials.

157. In December 2002, recognizing the need for enhanced safeguards for First Nations, Inuit and Métis languages, the Government of Canada announced that it would contribute \$172.5 million over 11 years to preserve, revitalize and promote Aboriginal languages and cultures. The three-phased action plan for this commitment included: extension of ALI, which will sunset in 2006; establishment of a Task Force on Aboriginal Languages and Cultures to make recommendations to the Minister of Canadian Heritage; and creation of a national Aboriginal languages and culture entity.

158. The Task Force completed its examination of a broad range of measures to renew and sustain Aboriginal languages within the context of a national strategy and presented its report to the Minister in June 2005. The report, entitled *Towards a New Beginning: A Foundational Report for a Strategy to Revitalize First Nation, Inuit and Métis Languages and Cultures*, is available online at [www.aboriginallanguagetestaskforce.ca](http://www.aboriginallanguagetestaskforce.ca). The Government is currently assessing the recommendations, which will inform its strategy to support the preservation, revitalization and promotion of the languages and cultures of Aboriginal peoples of Canada.

### **Part III**

## **MEASURES ADOPTED BY THE GOVERNMENTS OF THE PROVINCES**

### **BRITISH COLUMBIA**

#### **General**

#### **Aboriginal people**

159. Details on the British Columbia Treaty Commission can be found in *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

160. As of July 12, 2005, there were 55 First Nations participating in treaty negotiations: six were at stage 2 of negotiations, three at stage 3, 41 at stage 4 and five at the final stage.

161. Since September 2002, the process for negotiating agreements in British Columbia for management of resources has resulted in signed agreements with 83 First Nations, providing a total of \$77.8 million and 12.8 million cubic metres of timber over the term of the agreements, in exchange for provisions that promote a stable operating environment.

#### **Article 3: Equal rights of women and men**

162. In February 2002, an independent task force on pay equity created a report entitled *Working Through the Wage Gap*. The task force reviewed models of pay equity legislation and accepted submissions from individuals, employers and trade unions. It found that both complaints-based and pro-active approaches can be administratively difficult and cumbersome for both complainants and employers - most specifically for small employers. The report was tabled in the legislature on March 7, 2002. While the report recommended that the right to equal pay for work of equal value be moved to the *Employment Standards Act*, the Government's preference is to maintain the current protection in human rights legislation, which provides protection for equal pay for similar or substantially similar work.

#### **Article 6: Right to work**

163. In 2004, the Ministry of Human Resources (MHR) contributed \$3.25 million to the "Vancouver Agreement demonstration project," which offers employment services for residents facing multiple barriers to employment. The three-year project will assist up to 700 long-term unemployed individuals move toward sustainable employment, using innovative approaches, such as integrated case co-ordination services.

### **Aboriginal people**

164. Since its inception in 2002-2003, the Aboriginal Employment Partnership Initiative established seven job-training agreements between government, employers and Aboriginal organizations to ensure better access to jobs for Aboriginal persons and improved cultural awareness in private sector companies.

165. The First Citizen's Fund provided business expansion or start-up loans to Aboriginal businesses resulting in 330 new or sustained jobs.

### **Persons with disabilities**

166. MHR increased the earnings exemptions for Persons with Disabilities to \$400 per month and Persons with Persistent Multiple Barriers to Employment to \$300 per month. As a result, the percentage of persons with disabilities with employment income increased from 11 percent in 2002-2003 to 12.1 percent in 2003-2004.

## **Article 9: Right to social security**

167. The number of total cases in receipt of social assistance has fallen by 33 percent from 157,845 (with 252,162 recipients) in June 2001 to 105,769 (with 148,638 recipients) in December 2004. Due to strong job growth, this trend continued through 2003 and 2004 with year over year declines of 7.9 percent and 7.0 percent respectively.

### **Family-related benefits**

168. In the July 2003 to June 2004 program year, an estimated 200,400 British Columbian families received combined National Child Benefit Supplement (NCBS) and BC Family Bonus (BCFB) payments for the support of an estimated 362,700 children, receiving \$495.9 million in benefits. The BCFB expenditure for fiscal year 2003-2004, including the BC Earned Income Benefit, was \$132 million.

169. Reductions in the maximum BCFB rates have allowed estimated total reinvestment expenditures for provincial child services (NCB initiatives) in 2003-2004 to increase to \$303 million. This includes expenditure on the BC Earned Income Benefit, child care, children's dental and optical benefits (Healthy Kids), social housing and early childhood and children at risk services. From January 2001 to December 2004, British Columbia experienced a 53 percent reduction in the number of children in social assistance families.

### **Persons with disabilities**

170. Within total social assistance cases, the number of persons receiving disability assistance has increased by 26.7 percent over the period from June 2001 to December 2004, from 42,899 to 54,347 cases.

171. MHR introduced new legislation in September 2002, which changed the definition of persons with disabilities to focus on functional limitations consistent with human rights case law and to include mental disorders.

172. In 2002, a new client category was introduced for persons with disabilities who are considered to have multiple barriers. These individuals are exempt from the requirement to find work, exempt from time limits and receive higher levels of assistance.

#### **Article 10: Protection of the family, mother and child**

173. *Child, Family and Community Service Act* amendments were passed in 2002-2003, to allow a social worker to apply for a court order to transfer custody of a child in continuing care to a person other than the child's parent (family or others significant to the child) when the plan is in the child's best interests, and adoption is not desirable. Also in 2002, agreements were brought into force, as an alternative to bringing a child into care, that allow a parent to enter into a written agreement with a person chosen by a child's parent to care for the child when the parent is unable to do so. A government social worker continues to work with the family and child so the child can return home as soon as possible.

174. The *Community Services Interim Authorities Act*, passed in 2002-2003, provides for interim authorities to assist in planning for the establishment of permanent authorities to be responsible for community service delivery for adults with developmental disabilities, and child and family development. The province is moving to a community-based model enabling a sustainable, more integrated system to best meet the needs of vulnerable people.

175. The *Youth Justice Act (British Columbia)* was passed in 2003 and came into force in 2004. It consolidated provisions of the *Young Offenders (British Columbia) Act* and youth provisions of the *Correction Act* into a comprehensive provincial statute written specifically for youth. It is consistent with the federal *Youth Criminal Justice Act* and is up-to-date with current practice.

176. As a result of the Child Care Operating Funding Program, introduced in April 2003, the number of child care spaces eligible for government funding increased from 45,000 to 77,000. To support the creation of child care spaces in rural areas of the province, the required financial contribution for project costs was decreased in April 2003. British Columbia continues to invest federal Early Learning and Child Care funding in existing child care programs and services to increase quality, affordability, sustainability and accessibility of child care across the province.

177. From 2002 to 2003, the Ministry of Children and Family Development enhanced the types of supports available to provide families with the skills and assistance they need to help them care safely for their children, including the use of family group conferences to draw on the full resources of a family and to help them become healthier.

178. In 2003-2004, Aboriginal organizations and agencies were increasingly involved in responding to child welfare concerns within their own communities. This included transferring 217 children from the care of the Ministry of Children and Family Development to the care of an Aboriginal agency with authority for child welfare services, planning for at-risk Aboriginal children, and developing and providing services for Aboriginal children and families having difficulties.

179. In 2003-2004, the number of Aboriginal communities with Early Childhood Development programs increased to 37, compared to 25 in 2001-2002. Initiatives focussed on areas such as Fetal Alcohol Spectrum Disorder prevention; community capacity building; parenting and family support; healthy pregnancy, birth and infancy; and early childhood development for Aboriginal children under six and their families.

180. “Success By 6” early childhood coalitions provide support for parents and improve early learning for young children. This partnership initiative between the non-profit sector, the corporate sector, and the government, influences strategic investment and involvement through community-driven projects across British Columbia to enhance outcomes for children under age six.

181. The most recent progress report on the Government of British Columbia’s Early Childhood Development activities highlights the progress made and activities undertaken in four priority action areas: healthy pregnancy, birth and infancy; early childhood development, learning and care; parenting and family supports; and community supports. The report is available online at [www.mcf.gov.bc.ca/early\\_childhood/annual\\_reports.htm](http://www.mcf.gov.bc.ca/early_childhood/annual_reports.htm). See the Introduction to the present report for additional information on the Early Childhood Development Agreement.

### **Family violence**

182. In 2004, a three-year violence prevention strategy was introduced, which includes a significant public education and awareness campaign, as well as a specific focus on Aboriginal women, immigrant and visible minority women, and women with disabilities.

183. In 2002-2003, the Government began funding the “Violence is Preventable” project, which links elementary and high school students with Children Who Witness Abuse counsellors and programs to ensure young people affected by domestic violence receive the support services they require.

184. The “Healthy and Respectful Relationships” project trains high school students to become peer facilitators to assist other students learn skills to prevent violence.

185. The Mobile Access Project is a three-year pilot project that began in March 2004 and provides mobile overnight services for women who work in the street-level sex trade in the Downtown Eastside area of Vancouver. The project aims to reduce violence against women sex trade workers, and improve their access to basic and preventive health services. As part of a job training/employment development approach, the service is staffed, in part, by women who are current and/or former sex trade workers.

## **Article 11: Right to an adequate standard of living**

### **Homelessness**

186. In 2000, the province issued “Local Responses to Homelessness, a Planning Guide for BC Communities”, to assist municipalities to address the problem of homelessness.

187. Through the Emergency Shelter Program, homeless persons receive shelter, food and other services to meet basic needs. As part of a new provincial government initiative (Premier's Task Force on Homelessness, Mental Health and Addictions), funding was increased in 2004 by 40 percent.

188. The Premier's Task Force on Homelessness, Mental Illness and Addictions was announced by the Premier at the 2004 Union of BC Municipalities Convention. The Task Force, composed of seven mayors and three Cabinet ministers, is chaired by the Premier. Since December 2004, the Province has approved a total of 533 new transitional housing units and shelter beds and appropriate support services to help people break the cycle of homelessness and become self-reliant and independent. The capital funding for the new projects is from the second phase of the Canada-British Columbia Affordable Housing Agreement.

189. Throughout 2003-2004, the Ministry of Children and Family Development provided a variety of services to assist high-risk youth wanting to exit homelessness and/or the street. In addition to traditional in-care options, dedicated youth support services including street outreach, safe housing and Youth Agreements were provided throughout the province. Youth Agreements provide comprehensive supports to high-risk youth aged 16-18 and are designed to assist youth in addressing their risk factors and to help them transition to independence, return to school, and/or gain work experience and life skills. In 2003-2004, the Ministry increased its overall use of such agreements to well over 300 new Youth Agreements. Overall, services dedicated to targeting high-risk youth in 2003-2004 were in excess of \$21 million.

190. "Justice for Girls" is a three-year project, which began in November 2004, aimed at developing creative housing options for street-involved young women who live with poverty, instability and violence.

### **Article 12: Right to physical and mental health**

191. The British Columbia HealthGuide Program began in the spring of 2001 and provides high quality health information and advice to all British Columbians to help people manage their own health care conditions or concerns, any time of the day or night, using a self-care approach. The program has four integrated components:

- BC HealthGuide Handbook (also available in French);
- BC HealthGuide OnLine - a medically approved Web site;
- BC NurseLine - a toll-free nursing call centre operating 24/7, with pharmacists available from 5:00 pm to 9:00 pm every day. Deaf/hearing-impaired service is available, as well as simultaneous translation services in over 130 languages, including 17 First Nations languages; and
- BC HealthFiles - a series of over 170 one-page, easy-to-understand fact sheets about a wide range of public and environmental health and safety issues. A number of the BC HealthFiles have been translated into French, Punjabi, Chinese, and Spanish.

192. The BC HealthGuide components are accessible to vulnerable groups in British Columbia, including Aboriginal, multicultural/linguistic populations, older adults, women and children, and populations with chronic diseases and those requiring palliative care services.
193. The *Community Care and Assisted Living Act*, proclaimed in May 2004, replaced the *Community Care Facility Act*, to streamline, update and modernize the regulation of residential community care and child day care facilities, emphasizing local decision making in recognition of the province's regional health care system.
194. British Columbia has introduced a policy framework to guide the prevention, care and treatment of HIV infection entitled: "Priorities for Action in Managing the Epidemics: HIV/AIDS in BC (2003-2007)."
195. British Columbia's Tobacco Strategy integrates legislation, legal action, public education, and a range of cessation and prevention programs to reduce tobacco use in the province. This strategy has contributed to British Columbia having the second lowest smoking rate in North America. The annual "Honour Your Health Challenge" brings together Aboriginal service providers from around British Columbia for training in community-based tobacco control programs.
196. In June 2004, British Columbia introduced "Every Door Is The Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addictions," to assist health authorities, partner ministries, and key community groups in strengthening their coordinated responses to problematic substance use.
197. In August 2004, British Columbia released *Crystal Meth and Other Amphetamines - An Integrated BC Strategy*, outlining priority actions to address issues of methamphetamine use and production, through integrated and coordinated responses from all sectors.
198. To support the implementation of the Mental Health and Addictions Information Plan for Mental Health Literacy, introduced in 2003, British Columbia developed a partnership with seven provincial mental health and addictions agencies (*BC Partners for Mental Health and Addictions Information*) to provide evidenced-based information on mental health and addiction issues for people with mental and substance use disorders, and their families, professionals in a variety of service sectors and the general public. This one-stop communication infrastructure provides a 24-hour Mental Health and Addictions Information Line, a Web site ([www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)) and a series of information sheets and practical toolkits to help individuals living with or at risk for mental disorders or substance use disorders and their families to manage their health.
199. New tertiary mental health facilities have been developed to replace outdated, institutional facilities with modern, home-like facilities throughout the province. These facilities are based on a new model of care and provide smaller, more home-like settings, closer to clients' home communities.

200. Approved in February 2003, the five-year Child and Youth Mental Health Plan is enabling significant enhancements to services for children and youth with mental disorders and their families. Epidemiological research indicates 140,000 children and youth have diagnosable mental disorders in British Columbia.

201. British Columbia provides services to approximately 3,000 children and youth with Autism Spectrum Disorder (ASD) and their families. British Columbia has significantly increased funding in this area. The budget for treatment and intervention for ASD in 2005-2006 is over \$32 million (from \$3.4 million in 1999-2000). Since 2002, British Columbia has provided special funding to families of children diagnosed with ASD. Families of children under age six are eligible to receive up to \$20,000 annually to purchase autism intervention. Families of children and youth ages six to 18 are eligible to receive up to \$6,000 annually to purchase out-of-school autism intervention. (Educational programs and special education services are also provided through schools.) In addition, the government provides other support services to children with ASD and their families, including respite care, various therapies, family support and child care workers.

202. See *Canada's Fifth Report on the International Covenant on Civil and Political Rights* for information on initiatives related to Fetal Alcohol Spectrum Disorder and suicide prevention.

### **Aboriginal people**

203. In 2002-2003, regional health authorities developed and implemented regional Aboriginal Health Plans to ensure coordination and integration of Aboriginal health services into the overall planning and delivery of health programs within the province.

### **Women**

204. The Provincial Women's Health Strategy, released in October 2004, focuses on priority areas for advancing the health of girls and women.

## **ALBERTA**

### **General**

### **Aboriginal people**

205. In the period 2000-2004, Alberta was involved in the settlement of two First Nation land claims. In 2000, the Smith's Landing (Salt River) claim was settled. Nineteen thousand acres of Crown land was involved, along with payments of \$3 million from the province and \$28 million from Canada. In 2004, the Fort McKay claim was settled, involving 20,000 acres. No cash payment from the province was included, although the federal government provided \$41.5 million.

## **Article 2: Rights specifically subject to non-discrimination provisions**

206. Regarding supports for persons with disabilities, in June 2004, the *Safety Codes Act* was amended to include provisions for barrier-free access and design. The amendments:

- Provide the community of persons with disabilities with a stronger voice in the development and application of construction codes through the creation of a Barrier-free Sub-Council;
- Establish barrier-free design and access as a principle concern of the Act, allowing for emphasis on barrier-free access and design provisions in the development of codes; and
- Provide the community of people with disabilities with more opportunity to participate in the decision-making process relating to the built environment.

## **Article 6: Right to work**

207. The new *Income and Employment Supports Act* (IESA), implemented in 2004, enhances training opportunities for low income and vulnerable client groups, and expands benefits for clients moving into employment or training. In April 2005, a regulation change was made to IESA to ensure 16 to 19 year olds requiring financial support can continue attending education programs under the *Alberta School Act*.

208. In April 2005, the publication *Working in Alberta: A guide for internationally trained and educated immigrants* was released.

## **Aboriginal people**

209. In September 2002, the First Nations Training-to-Employment Program was introduced to help First Nations people become more competitive in the workforce by supporting partnerships and innovative approaches between the Alberta government, private sector, and First Nations people. Since inception, the program has funded over 50 projects involving approximately 500 First Nations people. Beginning in October 2003, Alberta has posted the results of the Aboriginal Labour Force Survey for off-reserve Aboriginal people on its Web site.

## **Persons with disabilities**

210. In December 2003, Alberta signed the Multilateral Framework for Labour Market Agreements for Persons with Disabilities agreement with the Government of Canada. The objectives of the Framework including enhancing employability and employment opportunities for persons with disabilities.

## **Article 9: Right to social security**

211. Alberta is in a positive fiscal situation, which has allowed for reinvestment in programs for seniors. Cash benefits and income thresholds for the Alberta Seniors Benefit program have increased, and health insurance premiums for seniors have been eliminated effective

October 2004. New programs came into effect on April 1, 2005, which assist seniors with dental and optical premiums, and provide stability for the education portion of property taxes. These initiatives should ensure that seniors have the supports required to achieve independence, safety, and well-being.

212. In 2002, Alberta Health Care Insurance Plan premiums were increased to cover a greater portion of health care costs.

213. In 2002 and 2004, low-income Albertans, seniors and adults in interdependent relationships experienced changes to benefits and subsidy thresholds that improved access to services and health care supplies. In 2002, for example, the income thresholds for the Premium Subsidy program were increased, which made it easier for individuals and families to qualify for premium subsidy. In 2003, grant funding for the Alberta Monitoring for Health Program (a program that provides financial assistance for diabetic testing supplies) was increased. This allowed the program to be extended to all low-income Albertans with diabetes, including those who manage the disease with oral medication or diet. Through Alberta Works, Alberta Human Resources and Employment provides people who are eligible for income support with health benefits for themselves and their dependants. Benefits include premium-free Alberta Health Care, dental care, eye care and glasses, prescriptions, essential diabetic supplies and emergency ambulance services. Adults with dependents who leave income support may continue to receive health benefits through the Alberta Adult Health Benefit. Children living in low-income families are eligible for premium-free health benefits through the Alberta Child Health Benefit. Parents must apply to receive this health coverage for their children. In 2003-2004, an estimated 66,901 children were enrolled in the program.

### **Family-related benefits**

214. Children's Services has increased benefits through National Child Benefit reinvestments to expand the Child Care Bursary to include the Kin Child Care Program and a new Advancing Futures Bursary Program.

### **Article 10: Protection of the family, mother and child**

215. The *Child, Youth and Family Enhancement Act* came into force November 1, 2004. This Act replaces the former *Child Welfare Act* and provides for enhanced services to families before they reach crisis. In addition, the Act enhances the rights and involvement of children and youth in decision-making.

216. The *Family Support for Children with Disabilities Act* came into effect August 1, 2004. The development of this Act is a result of public consultation during the review of the *Child Welfare Act*. This Act is a first in Canada and focuses on providing both family and child focused supports.

217. Alberta Human Resources and Employment implemented the *Income and Employment Supports Act* in 2004, which provided a new mandate for the Alberta Child Health Benefit and the Alberta Adult Health Benefit. The child health benefit is a premium-free health benefit plan

that provides basic dental, optical, emergency ambulance, essential diabetic supplies and prescription drug coverage for children living in families with low incomes. Adults who leave income support may continue to receive the same health benefits through the Alberta Adult Health Benefit.

218. The *Income and Employment Supports Act* also provided full legislative authority for the Child Support Services Program, through which the Alberta government helps single parents and parents living in blended families get the legal agreements or court orders they need to obtain child support.

219. A new Day Care Regulation, enacted in 2000 after a review eliminated regulations already covered by other ministries, revised outdated standards and aligned the delegation of authority with the new community delivery system of the *Child and Family Services Authorities Act*. Effective August 1, 2004, the Day Care Regulation was amended to include standards for out of school care facilities. The renamed Child Care Regulation outlines the minimum requirements that Out of School Care (OSC) operators must meet. Families of children attending Early Childhood Services OSC programs also became eligible for a provincial child care subsidy.

220. In December 2002, Children's Services announced a three-part Child Care Initiative intended to strengthen standards and best practices for child care and to help children have a healthy start in life and provide them the support needed to reach their potential. The Initiative includes:

- Respite Options for Families in Need;
- Child Care Nutrition Program;
- Child Care Accreditation Program.

221. The respite care program assists families of children with disabilities in need of relief care and also enables families to participate in counselling or treatment programs to benefit their children.

222. The funds directed to the child care nutrition program enhance the nutritional quality of meals and snacks served to children in child care settings, and provide information about preschool nutritional needs to parents of children in child care programs.

223. The Alberta Child Care Accreditation Program focuses on improving standards and promoting excellence in child care and helping parents choose the best child care for their children. Day care centres and family day home agencies that choose to become accredited receive financial support for staff recruitment, training and retention, and ongoing support to sustain the delivery of high-quality early learning and child care services to families across the province.

224. The Kin Child Care Funding Program was launched in September 2003, to provide eligible low-income families with \$240 per month per child to pay relatives to care for their children. This program provides families with flexible alternatives for child care where options

are limited, for example, in rural locations, or during non-traditional work hours. To be eligible, parents must be working, seeking work, attending post secondary education, have a special need, or have a child with a special need. The relative caregiver must not reside in the child's family home.

225. The Advancing Futures Bursary Program was established in November 2003, to assist those who have, or continue to be, under the care of Children's Services. Through the Advancing Futures Bursary Program, tuition, mandatory school fees and books, school related expenses and living expenses for the academic term are provided to eligible youth. Bursaries can be used to upgrade education, earn a degree/diploma/certificate or learn a trade.

226. The Early Childhood Environment Rating Scale–Revised Edition, Infant Toddler Environment Rating Scale, and Family Day Care Rating Scale were initiated as performance measures.

227. On July 13, 2004, \$6 million was committed to support the establishment of 16 “parent link centres” across Alberta. These Centres will create a network of resources to help parents provide their children with the necessary supports to ensure that children come to school ready to learn and able to develop to their full potential.

228. The Government of Alberta's annual progress report on Early Childhood Development investments and outcomes is available online at [www.child.gov.ab.ca/whatwedo/earlysteps/page.cfm?pg=index](http://www.child.gov.ab.ca/whatwedo/earlysteps/page.cfm?pg=index). Information on the Early Childhood Development Agreement can be found in the Introduction to the present report.

### **Family violence**

229. Children's Services has increased its budget for family violence prevention by 60 percent over the past four years. In 2000-2001, the budget was \$12.5 million compared to \$20 million in 2004-2005.

230. A survey conducted by Children's Services between April 1, 2003 and March 31, 2004, shows that clients of women's shelters report that they are better able to keep themselves and their children safer from abuse as a result of their shelter stay.

231. *Today's Opportunities, Tomorrow's Promise: A Strategic Plan for the Government of Alberta*, was released in 2003 and places a high priority on the prevention of family violence and bullying. Through collaboration and coordination, government ministries will work together on family violence and bullying prevention initiatives.

232. In 2004, over 3,500 Albertans were consulted on the issue of family violence and bullying at the Alberta Roundtable on Family Violence and Bullying. Recommendations from the roundtable were incorporated into a final report *Alberta Roundtable on Family Violence and Bullying: Finding Solutions Together*. This report highlights activities currently underway and outlines the government's long-term objectives. The goal is to end family violence in Alberta. The report is available at [www.child.gov.ab.ca](http://www.child.gov.ab.ca). To support these activities, a cross-ministry strategy has been developed that identifies the implementation priorities for the report. This includes a provincial treatment framework, public awareness and education, community

incentive grants, sexual violence supports, safe visitation, outreach services and transitional supports for victims. In 2004, a \$2 million community incentive grant program will help communities take action on family violence and bullying.

233. Alberta Human Resources and Employment introduced a new benefit in April 2004, for people fleeing domestic violence. Individuals will be provided an additional \$1,000 to help them set up a new household and make a fresh start. Other emergency assistance, such as covering the cost of travel to a place of safety, damage deposits, and a motel when needed, will continue.

234. The World Conference on the Prevention of Family Violence will be held in Banff, Alberta from October 23-26, 2005. This Conference will showcase the latest research and effective practices to prevent family violence. The conference and abstract submission information can be viewed at [www.wcfv2005.ab.ca](http://www.wcfv2005.ab.ca).

### **Article 11: Right to an adequate standard of living**

#### **Measures to reduce poverty**

235. The *Income and Employment Supports Act*, implemented in 2004, provides for the following new benefits:

- Adults in upgrading courses or skills training can earn more money and receive full benefits;
- The household earnings exemptions for couples without children who are receiving short-term assistance doubled from \$115 per household to \$115 per adult;
- Parents who have relatives baby-sit while they work, train or search for a job now receive up to \$150 per month to pay for the care of their child; and
- People who live with relatives may receive a new shelter benefit of \$100 a month.

236. The *Income and Employment Supports Act* also integrated Income Support benefits with Employment and Training benefits to provide a coordinated system of supports to assist low-income Albertans.

237. In April 2005, following consultation with stakeholders and interested members of the public, the Alberta government announced the minimum wage would increase from \$5.90 to \$7.00/hour, effective September 1, 2005.

238. Alberta Human Resources and Employment will be conducting a review of Alberta's employment standards legislation in the coming year.

#### **Homelessness**

239. Since 2000, Alberta Seniors and Community Supports has provided \$15 million through the Provincial Homeless Initiative to address homeless issues in seven major urban municipalities. This initiative has resulted in funding partnerships between Alberta Seniors and Community Supports, other levels of government, the non-profit and private sectors, and

community groups providing additional support services and more than 2,000 transitional and supportive housing units across the province. An additional 500 new spaces are in various stages of development. For the fiscal year 2004-2005, a total of \$3 million will be provided to Alberta's seven municipalities under the Provincial Homeless Initiative Funding.

240. The department provides \$14.1 million in annual operating funding for 17 emergency/transitional shelters and four service providers located primarily in Alberta's major urban centres. These 17 shelters provide more than 2,100 beds/mats for the homeless and hard-to-house. In addition, the department provides direct administration to a rural facility that provides adult males who are homeless, or are at risk of becoming homeless, with temporary housing and support services to promote daily living skills.

241. Even with such a collaboration of resources and funding, provincial operating expenditures on shelters for homeless adults continue to rise. Under the Health Sustainability Initiative, an inter-ministry group is reviewing the support service needs and looking at better ways to coordinate the provision of services.

242. A number of people occupying emergency shelters are employed full-time, seasonally, or part-time, or have other forms of income and are unable to find affordable rental accommodation. To increase the supply of affordable housing in the province and combat homelessness, the Government signed the Canada-Alberta Affordable Housing Agreement with the Government of Canada in June 2002. This agreement is on a matching basis, with Canada and Alberta each contributing \$67.12 million over four years for new housing initiatives in high-growth, high-need communities. To date, more than \$106 million of funding has been allocated towards the creation of 2,368 affordable housing units throughout the province.

### **Article 12: Right to physical and mental health**

243. The cross-ministry Policy Framework for Services for Children and Youth with Special and Complex Needs and Their Families was approved in July 2003. The partnering ministries of the Alberta Children and Youth Initiative identified that families with children and youth with special and complex needs often require services and supports from several ministries and regional authorities. The Policy Framework is designed to articulate the government's approach regarding provision of services and supports to these families. In response to needs identified by families with children and youth with complex needs, ministries work together with regional authorities, boards, contract agencies and communities to provide an easily identifiable, integrated response. The four key policy directions are: Management of Integrated Service Delivery for Children and Youth with Complex Needs and their Families; Cross-ministry Collaboration for Children and Youth with Special Needs and their Families; Sustainability of Services/Transition Planning; Cross-ministry Information Sharing. For more information on the Policy Framework: <http://www.child.gov.ab.ca/acyi/page.cfm?pg=Children%20and%20Youth%20with%20Special%20and%20Complex%20Needs>.

244. In 2003-2004, Alberta established a Mobile Diabetes Screening Initiative, which provides mobile screening for diabetes and related complications in off-reserve and remote Aboriginal communities. Ten Aboriginal and remote communities have been provided this expanding service in the first two years of operation.

245. Alberta helped to initiate the Aboriginal Youth Suicide Prevention Strategy in 2003-2004. This Strategy is focused on working collaboratively with Aboriginal communities to foster a community development approach in the prevention of youth suicide.

246. In support of the federal-provincial-territorial First Ministers' Communiqué on Early Childhood Development, Alberta has implemented a variety of strategies to support the health of children including healthy pregnancies, healthy birth outcomes and optimal childhood development. This has included enhanced public health services to young children and parents, enhanced supports to parents with mental health concerns who are expecting or raising young children, enhanced access to treatment services for women who are at high risk of using alcohol and other substances while pregnant and the implementation of the Alberta Perinatal Health Program.

247. In 2002 the Alberta *Public Health Act* was amended to enhance the ability of the Government to declare a state of public health emergency and, respond once a public health emergency has been identified.

248. Alberta released the *Alberta Pandemic Contingency Plan* in November 2003, in order to be prepared for pandemic influenza. The plan includes five key areas: surveillance, immunization, health services, communications and emergency preparedness.

### **Article 13: Right to education**

249. Funded accredited private schools receive 60 percent of the base instruction rate provided to public schools, but do not receive funding for transportation, administration, operation and plant maintenance, or English Second Language funding. Government contributes to the pensions of public school teachers, but not for private school teachers. Private school authorities do however, receive full funding for Early Childhood Services programming, learning resources, home education, severe disabilities, and for 60 percent of teacher salary enhancement, Early Literacy Initiative, SuperNet Access, and Alberta Initiative for School Improvement funding.

250. The implementation of the Renewed Funding Framework for the public system resulted in a slight increase in funding for private schools as the base instruction rate increased, but does not represent any specific change in policy.

## **SASKATCHEWAN**

### **General**

#### **Aboriginal people**

251. A significant development in Saskatchewan has been the creation of the Department of First Nations and Métis Relations as a stand-alone Department, effective October 1, 2004. The Department provides the Government with a more focused approach to its work involving First Nations and Métis people. It works with First Nations and Métis people on a variety of issues, including education and participation in the economy, and in fulfilling the Province's commitments with respect to lands and resources.

## **Article 2: Rights specifically subject to non-discrimination provisions**

252. *The Saskatchewan Human Rights Code* was amended in November 2001. Information respecting the amendments can be found in paragraphs 265-268 of *Canada's Fifteenth and Sixteenth Reports on the International Convention on the Elimination of All Forms of Racial Discrimination*.

253. *The Saskatchewan Human Rights Code* does not contain "social condition" as a prohibited ground of discrimination, but it has contained "receipt of public assistance" as a prohibited ground since 1993. Annual Reports of the Saskatchewan Human Rights Commission indicate that complaints based on the ground of receipt of public assistance made up 2.1 percent of complaints received in 2001-2002, 1.6 percent of complaints filed in 2002-2003, and 0 percent of complaints in 2003-2004.

## **Article 3: Equal rights of women and men**

254. The Government of Saskatchewan chose to implement pay equity in 1997 through a policy framework model. Since inception, this initiative has resulted in approximately 60,000 public sector employees taking part in job evaluation projects. Public sector employees include those working in government departments, Crown corporations, treasury board agencies, boards and commissions, the Saskatchewan Institute of Applied Science and Technology and regional colleges, and in the health sector. Since 2000, approximately 17 projects have been completed. Seven of these projects were completed in 2003-2004, impacting approximately 29,900 employees. The wage gap within organizations that have implemented pay equity under the policy framework has been reduced for those organizations.

## **Article 6: Right to work**

255. In January 2005, Saskatchewan's unemployment rate was 5.6 percent, down from 6.3 percent in January 2004.

256. In 2003-2004, 28,135 people participated in employment interventions and services available through career and employment services offices dispersed across the province, and available on the Internet at <http://www.sasknetwork.ca>. Of the 28,135 who participated, 45.5 percent were women, 34 percent self-declared as Aboriginal persons, 12.9 percent self-declared as having a disability, and 4.7 percent self-declared as a member of a visible minority.

257. Saskatchewan Community Resources and Employment uses an Employment Services Model that focuses on employment for all to the degree possible. This model includes a diversionary "Jobs First" program, which refers people to employment programs before they apply for income support. It was introduced in 2001-2002, with a telephone-based contact centre that is the first point of contact for employment and income programs. The Model enables a full array of service, assessment and program/skill development options, with appropriate income support measures, including the Transitional Employment Allowance that assists individuals in moving toward full participation in the community and labour force. Employment supports such as reliable child care are also important in assisting individuals in securing and sustaining employment. See Article 10 for information on Child Care Saskatchewan.

### Employment equity and workplace diversity

258. Work continues with other arms of government at both provincial and federal levels to create a more representative workforce. For example, work has been done with the Saskatchewan Association of Health Organizations to identify job opportunities in the health care system, and to assist clients of Saskatchewan Community Resources and Employment in securing employment within this sector. Aboriginal people are of particular interest in this initiative.

259. Within Executive Government, representation of identified equity groups has increased over the last decade, as the following chart indicates. Figures are based on voluntary self-identification on completed workforce survey forms (22.4 percent of the survey forms were not completed).

	Representation in the public service		Desired representation in the workforce*
	March 31, 1992	July 31, 2004	
Aboriginal persons	3.1%	10.6%	12.2%
Persons with disabilities	2.4%	3.0%	9.7%
Members of visible minority groups	1.9% (March 31, 1994)**	2.5%	2.8%
Women in management***	26.8%	36.7%	45.0%

\* These figures reflect the equity group representation goals set by the Saskatchewan Human Rights Commission for all employers, based on representation in the provincial population.

\*\* Members of visible minority groups were added as a designated group for employment equity purposes in 1993 and were surveyed in 1994.

\*\*\* Management and Professional levels, and Senior Executives.

### Aboriginal people

260. In February 2000, the Aboriginal Representative Workforce Council was established through the Aboriginal Employment Development Program. The Council brings together First Nations and Métis organizations, public and private training institutions, governments and private industry to develop strategies for delivering training linked to employment for Aboriginal people.

### Persons with disabilities

261. Saskatchewan has committed funds for employment supports in the workplace for persons with disabilities. This began in the 2002-2003 fiscal year, with significant enhancements in 2003-2004. Community-based organizations that work with persons with disabilities are engaged in providing enhanced service delivery capacity such as job coaching, training and adaptive equipment.

### **Article 9: Right to social security**

262. The *Building Independence Strategy* includes eight diverse income support programs aimed at assisting low-income families to move from social assistance into the labour market. As a result of this strategy, the social assistance caseload continues to decrease year over year. Since reaching an all-time high in 1994, the social assistance caseload has decreased by 29 percent, with approximately 30,000 fewer beneficiaries. Since the strategy was introduced in 1997, over 7,300 families and almost 16,000 children no longer rely on social assistance. In 2004, Saskatchewan enhanced this strategy by increasing the benefits and scope of the Saskatchewan Employment Supplement, the Saskatchewan Child Benefit and the Family Health Benefits.

263. Saskatchewan has maintained basic benefit rates since 2000 and increased the rates for a number of special needs items, focussing on those that support employment and persons with disabilities. Some allowances, such as utilities and special needs (for example, adapted equipment and specialized nutrition), are provided at actual cost.

264. In 2003, the Transitional Employment Allowance was introduced. It is a flat-rate basic income support program for persons participating in pre-employment programming or making a transition to self-sufficiency by continuing some supports until individuals are established in employment.

265. Support for persons with disabilities to enter and remain in the labour force to the fullest extent possible has been built into the Province's programs and services. For example, in 2003-2004, supplementary health coverage was extended to individuals with disabilities who were leaving social assistance to assume employment. The Province also works with community-based organizations to enhance the array of programs and services available to persons with disabilities.

### **Article 10: Protection of the family, mother and child**

266. In 2003-2004, as a result of a five-year federal-provincial agreement, Saskatchewan launched Child Care Saskatchewan. At the end of the second year of the Agreement, the following has been accomplished: development of 700 additional licensed day care spaces; additional operating funding to enable redress of wait lists at licensed day cares; a \$1 million increase to child care subsidy rates; and additional spaces in Kids First, a program that provides early learning and care opportunities for children in vulnerable circumstances.

267. The most recent progress report of the Government of Saskatchewan on Early Childhood Development initiatives is available online at [www.sasked.gov.sk.ca/braches/ecd/ECDPub.shtml](http://www.sasked.gov.sk.ca/braches/ecd/ECDPub.shtml). Information on the Early Childhood Development Agreement can be found in the Introduction to the present report.

268. Amendments were made to *The Labour Standards Act* effective June 14, 2001, increasing parental leave provisions and providing Saskatchewan workers with job protection to allow them to take full advantage of the benefits offered by the Government of Canada's

Employment Insurance Program. The amendments provide a couple with job protection for 52 weeks for the birth mother or primary caregiver and 37 weeks for the birth father or spouse of the primary caregiver.

269. *The Labour Standards Act* was again amended in 2003 to ensure that Saskatchewan people can fully access federal Employment Insurance benefits when caring for loved ones who are gravely ill or dying, whether or not the loved ones are dependent on them. An employee continues to be entitled to up to 12 weeks of job-protected leave for a serious personal injury or illness, and up to 16 weeks of job-protected leave while receiving Employment Insurance compassionate care benefits to care for a gravely ill or dying family member, but no more than 16 weeks in total between the two types of job-protected leave in a period of 52 weeks.

### **Family violence**

270. Violence against women and children is recognized as a serious and complex social issue that requires a comprehensive, integrated response, involving government, communities and individuals. While work has continued to move toward an integrated, multifaceted approach to interpersonal violence, there is recognition that more needs to be done. The level of interpersonal violence continues to grow, particularly for women, children and youth, and in the Aboriginal community. Associated with it are individual, community and human services costs. Since 2000, the focus has been broadened from family violence to violence between individuals who know each other, in a broader range of interpersonal relationships.

271. Eighty percent of the population of Saskatchewan has access to Victims Services through 17 funded programs that work in cooperation with the police. The programs offer direct services and support to over 16,000 victims of crime annually. In 2003, a client survey showed a satisfaction rate of 85 percent. Funding is also provided for three specialized programs, two for female victims of sexual assault and one for victims of domestic violence. In addition, through an Aboriginal Family Violence Initiative, funding is provided to eight community-based programs that assist urban Aboriginal families. The comprehensive, holistic programs are developed to meet specific community needs and are administered by Aboriginal people. An evaluation of this strategy is underway. There are also research projects underway. One tracks the criminal justice response to cases involving spousal violence. Another involves participation with Research and Education for Solutions to Violence and Abuse (RESOLVE), in a multi-site project that examines criminal and civil justice system responses to situations of family violence.

272. *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act* came into force on October 1, 2002. The Act allows police, child protection staff and other designated persons to apply to a Justice of the Peace, on an emergency basis, for an Emergency Protection Intervention Order. Orders are directed at those who place a child under 18 years of age at risk of sexual exploitation, and can contain conditions prohibiting contact with the child and keeping the person from entering stroll areas. It also expands search and seizure powers in child sexual abuse cases.

273. One of the four goals of the *Action Plan for Saskatchewan Women - Moving Forward*, released in October 2003 through the Status of Women Office, Saskatchewan Labour, is "Safety for all Saskatchewan girls and women in their homes, schools, institutions, workplaces and

communities.” The Action Plan identified current and future actions under the objectives of improved workplace health and safety, improved access to support services for women and children who experience violence, and reduced violence against women and sexual exploitation of children.

274. In 2003, a Domestic Violence Treatment Options Court was established that allows offenders who have pled guilty and accepted responsibility for their actions to pursue treatment prior to sentencing.

275. In February 2005, Saskatchewan Learning introduced the Saskatchewan Anti-Bullying Strategy as part of a Caring and Respectful Schools initiative.

### **Article 11: Right to an adequate standard of living**

#### **Measures to reduce poverty**

276. Saskatchewan is responding to child and family poverty through a number of provincial initiatives including the *Building Independence Strategy*, work on the development of an *Early Learning and Care Strategy* and the introduction of *HomeFirst*, the Province’s affordable housing strategy.

277. Since the introduction of the Building Independence Strategy in 1998, low-income families have seen their after-tax disposable incomes increase. By the end of 2005, the disposable annual income of a single parent family with two children receiving social assistance will have increased by about \$2,240, and a single parent, two-child working family will see their disposable income increase by about \$5,400.

#### **Homelessness**

278. In Saskatchewan, seven human services departments are working together, and in partnership with the Government of Canada and municipal governments and community organizations, to coordinate a response to the multiple problems around homelessness, including the lack of access to physical shelter. The response includes support services related to health and housing independence, income support programs and other social services.

279. Since the launch of the National Homelessness Initiative in December 1999, the Government of Canada has invested \$17.2 million in Saskatchewan. Partners, including the provincial government, municipal governments and community organizations have cost-matched the federal contribution through existing and new initiatives.

280. Projects that have been developed to respond to homelessness can be divided into three categories:

- Emergency and Second Stage - improved and expanded emergency shelter spaces;
- Research - needs assessments for services and facilities, improving understanding of the problem of homelessness and the special nature of homelessness in Saskatchewan; and

- Continuum of Services - community centres with services provided by Saskatchewan Community Resources and Employment and community organizations to support the homeless, draw them into programming and help them maintain homes.

281. Remaining challenges include: addressing overcrowding of Aboriginal households in the inner city, in the north and on reserve; developing interventions to prevent youth from becoming homeless, while supporting their need to become independent adults; developing appropriate housing and supports for people referred to as “hard to house”; and creating supportive housing for people with disabilities.

### **Article 12: Right to physical and mental health**

282. The *Action Plan for Saskatchewan Health Care*, released in 2001, recognizes the importance of Primary Health Care. Currently 23 percent of the Saskatchewan population is being served by Primary Health Services Teams, an increase of eight percent from 2002-2003. The goal is for 25 percent of the population having access to a primary health care team by 2006. Services include prevention, health promotion, early intervention, diagnosis, treatment, rehabilitation, supportive services, and palliative care services. Each team consists of one or more physicians, home care workers, mental health and public health personnel, physiotherapists and pharmacists and a Registered Nurse (Nurse Practitioner) (RN(NP)) or a Registered Nurse who is working towards licensure as an RN(NP). Since April 2004, 40 RN(NPs) have been licensed to work in Saskatchewan. They can assess, diagnose and prescribe for common medical disorders and refer clients to other members of the Primary Health Care Team for additional care. A province-wide, 24-hour, toll-free HealthLine was also implemented in August 2003 to provide quick access to health expertise of trained Registered Nurses.

283. A comprehensive plan for children’s mental health services is being developed. A first round of consultations has been held, and an advisory group with representation from provincial, federal and community child serving sectors has been formed to support development of the plan.

284. In 2004-2005, new funding was committed toward a Cognitive Disability Strategy targeted to four communities. Priority components include strengthening Fetal Alcohol Spectrum Disorder (FASD) prevention and intervention; improving access to assessments and diagnoses; and strengthening direct supports based on need. Services such as respite care, parent aids, and independent living supports will become available to a wider population.

285. Information on FASD and suicide prevention initiatives in Saskatchewan can be found in *Canada’s Fifth Report on the International Covenant on Civil and Political Rights*.

### **Aboriginal people**

286. Efforts are being made in several health regions to accommodate a demand for culturally appropriate health service delivery to Aboriginal people. A Northern Health Strategy Working Group has been established and is focusing on the project, *Shared Paths*, for which the group received over \$3 million in funding through the Government of Canada Primary Health Care

Transition fund. The *Shared Paths* project is forming technical advisory committees in four priority areas identified by the members of the working group: mental health and addictions, perinatal and infant health, chronic disease, and oral health. Information technology and human resource issues are also being considered. This project is in place until 2006.

287. An Aboriginal Working Group was established in January 2003 to provide advice for successful implementation of the Provincial Diabetes Plan in First Nations, Aboriginal, Métis and Inuit communities. A *Northern Healthy Communities Partnership* has been formed in Northern Saskatchewan and will include mental health promotion and substance abuse prevention initiatives in addition to addressing diabetes and a range of other health issues.

288. The Province contributed \$11.2 million to building of a new *All Nations Healing Hospital* in Fort Qu'Appelle. This is a unique, community-centred facility where traditional values and concepts are integrated with health care services. The culturally sensitive design elements accommodate an approach to health care that recognizes the relationship between mind, spirit, body and community, and integrates traditional values and concepts with health services.

289. Saskatchewan Health has been collaborating with First Nations communities, Health Canada, the Public Health Agency of Canada, and Regional Health Authorities on emergency management planning for pandemic influenza and other disasters and emergency events. Work with municipalities and others is proceeding on a West Nile Virus protection, preparedness plan, and response plans.

## MANITOBA

### **Article 2: Rights specifically subject to non-discrimination provisions**

290. "Social condition" is not a protected ground in the Manitoba *Human Rights Code* (<http://web2.gov.mb.ca/laws/statutes/ccsm/h175e.php>); however, aspects of "social condition" are covered by the broad definition of "discrimination" in the Code - for example, "source of income" is a protected ground. During the reporting period, the Manitoba Human Rights Commission formally resolved 10 complaints on the basis of "source of income": one in 2000; two in 2001; none in 2002; three in 2003; four in 2004. Also, 10 matters were resolved at the pre-complaint stage: three in 2001; four in 2002 and three in 2004.

291. The Manitoba Human Rights Commission has requested that "social condition" be added as a protected ground under the Code and, in 2004, it hosted a "Round Table Discussion" on the issue with representatives of non-governmental organizations involved in poverty and human rights issues. Discussions with the government continue.

### **Article 3: Equal rights of women and men**

292. The rights of Aboriginal women with respect to real property off reserve are covered by provincial family property and domestic violence legislation. On June 30, 2004, Manitoba's family property regime was extended to common-law partners, both same and opposite sex (*The Common-Law Partners' Property and Related Amendments Act*, <http://web2.gov.mb.ca/laws/statutes/2002/c04802e.php>).

### **Article 6: Right to work**

293. The legislated minimum hourly wage in Manitoba was increased during the reporting period: as of April 1, 2005, it is \$7.25, compared to \$6.00 in 2000.

294. Work incentives to encourage recipients of social assistance to find employment included not counting a certain portion of their earnings when calculating social assistance. In 2003-2004, 13.4 percent of recipients made use of the work incentive provisions.

295. In 2003-2004, Manitoba allocated \$6.7 million to settlement services and adult English as a Second Language services. A strategy designed to improve labour market outcomes for new immigrants, including recognition of skills and abilities of immigrants to Manitoba, is being developed.

296. A new Policy Framework for Prior Learning Assessment and Recognition was released November 2001. In June 2003, *The Adult Learning Centres Act* was passed (<http://web2.gov.mb.ca/laws/statutes/ccsm/a005e.php>). Adult Learning Centres (ALCs) have the potential to improve the education and employment outcomes for women and for Aboriginals. Based on self-declaration, statistics indicate that approximately 33 percent of participants at ALCs are Aboriginal and about 66 percent of ALC learners are women.

#### **Aboriginal people**

297. New measures to foster increased employment for Aboriginal peoples include:

- The first Aboriginal Agricultural Initiatives Co-ordinator was appointed in June 2003;
- Self-sufficiency in food production was promoted in northern communities;
- The Hydro Northern Training Initiative - the first large scale Aboriginal human resource strategy in northern Manitoba, planned, designed and implemented through joint consultation and full participation of the communities involved to prepare northern Aboriginals for employment opportunities on proposed hydroelectric generating stations projects. Over five years, 1,115 individuals will be trained. Taking into account factors such as attrition, this is expected to result in over 790 construction and related jobs on these projects;
- Aboriginal apprenticeship community based training began in September 2002. As of December 2004, there were 702 active self-declared Aboriginal apprentices. Fifteen percent of all active apprentices in Manitoba are Aboriginal - an increase of about 17 percent over the number reported in April of 2004;
- Approval and funding for new educational programs including: intakes of 25 additional Aboriginal students in the Bachelor of Social Work ACCESS Program for each of three years beginning in 2003, a part-time Master of Social Work distance education program for 20 students working with child welfare agencies serving Aboriginal communities; a diploma in Aboriginal Self-Governance Administration to be offered by the University College of the North.

## Persons with disabilities

298. In 2003-2004, 4,525 persons with disabilities received vocational services; of these 1,697 received training funds to support education and employment-related plans. Manitoba signed the *Multilateral Framework for Labour Market Agreements for Persons with Disabilities* in December 2003 and the *Canada-Manitoba Labour Market Agreement for Persons with Disabilities* - covering 2004-2005 and 2005-2006 - in April 2004. In 2003-2004, Manitoba and the Government of Canada embarked on an evaluation of programming to assess program and service effectiveness. An *Evaluation Framework and Methodology Report*, which sets out the evaluation questions to be addressed and methodologies, was completed in March of 2005. A request for proposals is being developed, and the formal evaluation is expected to begin in the fall of 2005 and to be completed by the summer of 2006.

### Article 9: Right to social security

299. In June of 2004, legislation creating a single system of income assistance in Manitoba came into effect (<http://web2.gov.mb.ca/laws/statutes/ccsm/e098e.php>).

300. In 2003-2004:

- Income assistance and support services were provided to an average monthly caseload of 31,446 for provincial Employment and Income Assistance; 1,150 for Municipal Assistance; and 32,091 for Health Services (including children in care and persons with disabilities);
- Income Supplement benefits were provided to 12,741 seniors under 55 PLUS and 1,153 families under the Child Related Income Support Program;
- An average of 11,568 children were subsidized each four-week reporting period under the Child Care Subsidy Program; of these, an average of 2,469 (or 21 percent) were children of parents supported by Employment and Income Assistance;
- Under shelter allowances programs, 3,076 elderly renters received average monthly benefits of \$74.00 per household and 991 family renters received average monthly benefits of \$129.00 per household.

301. Improvements to benefits in 2003-2004 included:

- Increasing basic income assistance rates by \$20 per month per adult for non-disabled single adults and childless couples and for all adults in the persons with disabilities and aged categories, effective January 2004. This change benefited 27,915 adults and increased their income assistance by \$240 per year per person;
- Not reducing income assistance benefits for persons with disabilities (including children) who live in the community and receive a lump-sum payment - such as

an inheritance or life insurance settlement - if a trust fund is set up to purchase equipment or services to improve quality of life (effective April 2003). These trust funds can accumulate up to a lifetime limit of \$100,000;

- Increasing board and room rates by two percent for individuals requiring care and supervision or living in residential care facilities, in July 2003, and again in October 2004.

302. In 2003-2004, the National Child Benefit Supplement was fully restored, allowing \$13.7 million annually to flow through to Manitoba families on income assistance (see the Introduction to this report for information on the National Child Benefit).

#### **Article 10: Protection of the family, mother and child**

303. Improvements to maternal/parental benefits in 2003-2004 included:

- Amendments to Manitoba's *Employment Standards Code* (<http://web2.gov.mb.ca/laws/statutes/ccsm/e110e.php>) to provide for up to eight weeks of unpaid compassionate care leave and to provide better protection for workers returning from maternity, parental or compassionate care leave;
- Basic foster care rates were increased by 2.5 percent effective July 1, 2003. Seven hundred and fifty-four foster children were supported by the Subsidy Program for special social needs.

304. Significant new investments or initiatives in child care included:

- Child care funding increased by \$6 million (including nearly \$1 million from the Government of Canada);
- New operating grant funding for 788 child care spaces;
- Increased funding for the Child Care Subsidy Program and for child care centres, homes and nursery schools;

- Growth in child care spaces since 2000-2001

2000-2001	23,022	\$58,288.0
2001-2002	24,009	\$64,681.6
2002-2003	24,777	\$67,878.8
2003-2004	25,634	\$62,739.1* (not including children with disabilities)

305. In 2003-2004, implementation of the recommendations of the Aboriginal Justice Inquiry – Child Welfare Initiative continued. Through this Initiative, which is nationally recognized for its historical significance, Manitoba has given First Nations and Métis people province-wide authority and responsibility for their own child and family services system. *The Child and Family Services Authorities Act* (<http://web2.gov.mb.ca/laws/statutes/ccsm/c090e.php>) came into force November 24, 2003. Case transfers are to be completed in 2005. For more information, see *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

306. The 2003 Manitoba progress report on Early Childhood Development is available online, at [http://www.gov.mb.ca/healthychild/ece/ece\\_reports.html](http://www.gov.mb.ca/healthychild/ece/ece_reports.html). The report showcases the province's Child Day Care program and highlights other investments to strengthen early childhood development, learning and care in Manitoba. See the Introduction to the present report for information on the Early Childhood Development Agreement.

### **Family violence**

307. New initiatives respecting family violence in 2003-2004 included:

- Amendments to *The Domestic Violence and Stalking Prevention, Protection and Compensation Act* (<http://web2.gov.mb.ca/laws/statutes/ccsm/d093e.php>) to extend civil protective remedies to situations where family members have not lived together and to dating relationships;
- The Domestic Violence Front End Project, which has dramatically reduced the amount of time required to prosecute domestic violence offences;
- Re-organization and amalgamation of victims services for the province;
- Establishment of “A Women’s Place” Legal Clinic;
- The Family Violence Prevention Program Web site:  
[http://www.gov.mb.ca/fs/childfam/family\\_violence\\_prevention.html](http://www.gov.mb.ca/fs/childfam/family_violence_prevention.html);
- A comprehensive review and improvement of the emergency children’s shelter system in Winnipeg, in collaboration with the Children’s Advocate;
- Supported Living Program activities to increase the safety and well-being of persons with disabilities living in the community through training, information and funding of initiatives.

### **Article 11: Right to an adequate standard of living**

308. In addition to the increases in benefits discussed under Article 9, the mechanism for enforcing family support obligations was improved by passing *The Inter-jurisdictional Support Orders Act* (<http://web2.gov.mb.ca/laws/statutes/ccsm/i060e.php>) and legislative improvements to the government-run Maintenance Enforcement Program (<http://web2.gov.mb.ca/laws/statutes/ccsm/f020e.php>).

### **Right to adequate housing**

309. The Affordable Housing Initiative (<http://www.gov.mb.ca/fs/housing/ahi.html>), noted in the Introduction to the present report, will create approximately 2,500 affordable new homes and rental units in Manitoba. Under this initiative, Manitoba has entered into a five-year agreement with the City of Winnipeg under which the City will contribute over \$17 million in support of affordable housing. Also, eight project proposals totaling \$5.62 million in New Rental Supply funding are being developed.

310. In 2003-2004, \$3 million in funding for programs such as the Neighbourhood Housing Assistance and \$2 million as the provincial contribution to the federal/provincial Residential Rehabilitation Assistance Program continued to contribute to housing revitalization in declining neighbourhoods in Winnipeg, Brandon and Thompson.

### **Homelessness**

311. The Winnipeg Housing and Homelessness Initiative (<http://www.gov.mb.ca/fs/housing/whhi.html>), a partnership between Manitoba, Canada and the City of Winnipeg, to address declining housing stock, homelessness and the revitalization of Winnipeg's older neighbourhoods, was extended for an additional five years in November of 2003. Under the Initiative, over \$31 million has been committed to support the repair, rehabilitation and construction of over 1,100 units of housing and 100 rooms or beds, and to provide assistance to homeless individuals and families, or those at risk of becoming homeless.

### **Article 12: Right to physical and mental health**

312. New initiatives in health care for vulnerable groups include:

- The Northern Healthy Foods Initiative was established in the City of Thompson;
- The Provincial Mental Health Advisory Council was reconstituted as a consumer and family member body;
- The following were established: the Mental Health Education Resource Centre of Manitoba; the Provincial Special Needs Unit - a specialized unit for high-risk complex individuals not adequately served by or eligible for existing services; the Early Intervention in Psychosis program; and a Program of Assertive Community Treatment, which has been identified as a best practice in Canada;
- The *Manitoba Women's Health Strategy* was released in 2000 (<http://www.gov.mb.ca/health/women/index.html>); Women's Health Consultations were held; and the Manitoba Cervical Cancer Screening Program was established;
- *A Strategy for Alzheimer Disease and Related Dementias in Manitoba* was released in 2002 (<http://www.gov.mb.ca/health/documents/alzheimer.pdf>);

- *Advancing Age: Promoting Older Manitobans* was released in 2003 (<http://www.gov.mb.ca/sd/advancingage.html>) and new personal care home standards were developed;
- Programs, training and resources respecting fetal alcohol spectrum disorders and 'at-risk' pregnant women were established. See *Canada's Fifth Report on the International Covenant on Civil and Political Rights* for details on these programs;
- A Children's Therapy Initiative was established to provide co-coordinated, regionally based services that allow children to reach their full potential, and a permanent Applied Behaviour Analysis program was established for pre-school children with autism;
- Manitoba has the highest rate in Canada for individuals newly diagnosed with end stage renal disease, at 17.6/100,000. Further expansion of renal health/dialysis services continues to occur in order to address increasing volumes;
- The Northern and Aboriginal Population Health and Wellness Institute was established in 2004. It has begun work in the areas of suicide, traditional healing and diabetes.

313. Incidence and prevalence of diabetes in Manitoba is expected to continue to increase due to an aging population, enhanced screening, etc. It is expected that it will take 10 or more years before the impact of provincial policy, programs and services will result in decreased incidence of diabetes.

314. Manitoba collects population level information on the incidence of alcohol use during pregnancy, through a provincial postnatal screen of all births and an in-depth interview with mothers seen in a home visiting program (the "Families First" program). The provincial screen indicates the incidence of drinking during pregnancy in 2003-2004 varies in different regions of the province and ranges from nine to 28 percent of women indicating alcohol use during pregnancy. Data from the in-depth Families First assessment indicates that 65 percent of families referred to the program report alcohol use during pregnancy. It is anticipated that the provincial screening tool will be useful in identifying trends in incidence of alcohol use during pregnancy.

### **Persons with disabilities**

315. During the reporting period:

- A position of Minister responsible for Persons with Disabilities was established;
- "*Full Citizenship: A Manitoba Provincial Strategy on Disability*" was released in 2001 (<http://www.gov.mb.ca/access/>);

- The Disabilities Issues Office was established in December 2003; and
- Two Round Tables on Disability Issues were hosted to provide people with disabilities with an opportunity to present feedback and suggestions concerning government policy and programs.

### **Article 13: Right to education**

316. New initiatives in education include:

- *The Safe Schools Charter* was passed in June of 2004 (<http://web2.gov.mb.ca/laws/statutes/2004/c02404e.php>);
- Legislation was passed in June 2004 that ensures that all children, especially those with special needs, receive appropriate educational programming (<http://web2.gov.mb.ca/laws/statutes/2004/c00904e.php>);
- *Integrating Aboriginal Perspectives into Curricula: A Resource for Curriculum Developers, Teachers and Administrators* was released in 2003, initiating the workshop *Incorporating Aboriginal Perspectives: A Theme-Based Curricular Approach*;
- The Aboriginal Education Action Plan was developed in 2004 to increase access to and completion of post-secondary education, increase successful entry into and participation in the labour market and improve the research base for Aboriginal education and employment. Data tracking is fundamental to this initiative. ([http://www.edu.gov.mb.ca/abedu/action\\_plan/index.html](http://www.edu.gov.mb.ca/abedu/action_plan/index.html));
- The University College of the North was established in July 2004, with a mandate to serve the educational needs of Aboriginal and northern Manitobans, and to enhance the social and economic well-being of northern Manitoba (<http://web2.gov.mb.ca/laws/statutes/ccsm/u055e.php>).

### **Article 15: Right to participate in cultural life and benefit from scientific progress and the protection of authors' rights**

317. In 2003-2004, the Department of Culture, Heritage and Tourism, with financial assistance from the Department of Aboriginal and Northern Affairs, established the Minister's Advisory Council on First Nations and Indigenous Arts and Cultural Activities and the Minister's Advisory Council on Métis Arts and Cultural Activities. Three Aboriginal Artists' Roundtables have been held.

## ONTARIO

### General

#### Persons with disabilities

318. In 2001, the Ontario government enacted the *Ontarians with Disabilities Act, 2001*, (ODA, 2001) aimed at improving opportunities for, participation by, and standard of living for people with disabilities. The Act includes provisions to increase equal access in employment (section 8), access to government goods, services (section 5) and facilities (section 4) as well as to modes of communication including the Internet (section 6) and publications (section 7).

319. On June 13, 2005, the *Accessibility for Ontarians with Disabilities Act, 2005* (Bill 118), came into force. The new legislation, which is more comprehensive, improves on the ODA 2001 by providing for the establishment of enforceable accessibility standards in the areas of goods, services, facilities, accommodation (housing, premises) and employment. The standards apply to a variety of public and private sectors in the province to improve the standard of living for people with disabilities and the general community.

#### Article 3: Equal rights of women and men

320. Historically, the difference in salaries between men and women can be attributed in part to the undervaluation of work principally done by women. Since the implementation of the *Pay Equity Act*, progress has been made in closing the gap in salaries. Recent Statistics Canada reports show that the wage gap has been reduced for full-time female workers in Ontario by approximately six percentage points since 1987. Among full-time, full-year workers in Ontario, the gap has gone down from 36 percent in 1987 to 30 percent in 2002.

321. All public sector employers are required to achieve and maintain pay equity, as are all private sector employers with 10 or more employees. The *Pay Equity Act* originally provided for a proxy comparison method for public sector jobs, which was subsequently struck from the Act in 1996. A court challenge resulted in the reinstatement of the proxy method. Funding however, was capped. A subsequent court challenge resulted in the Ontario government coming to a settlement in May 2003, which has benefited women in many of the lowest paid public sector jobs. The settlement required that \$414 million be paid over three years to about 100,000 women.

322. Information on the Pay Equity Commission can be found on its Web site: [www.gov.on.ca/lab/pec/index\\_pec.html](http://www.gov.on.ca/lab/pec/index_pec.html).

#### Article 6: Right to work

323. The annual average Ontario labour force participation rate of 68.4 percent in 2003 was the highest level since 1991. The province created 160,500 net new jobs in 2003. At year-end, employment in Ontario had reached almost 6.3 million, representing 39.5 percent of all employment in Canada.

324. Between 2000 and 2004, the government took several steps to increase the quantity and quality of the labour supply in Ontario. Collectively, these steps increased employment opportunities for all Ontarians, including Aboriginal people, youth and visible minorities. Actions undertaken included:

- Apprenticeship investments:
  - Increased funding of apprenticeships to 2007-2008 to support increased participation;
  - Investments in a pre-apprenticeship training initiative to help prepare individuals for careers in the skilled trades; and
  - Investments in the Apprenticeship Enhancement Fund Program, which provides funding to the Colleges of Applied Arts and Technology, to acquire up-to-date equipment, update facilities and to support increased apprenticeship placements.
- Investments in employment programs:
  - Job Connect links Ontarians, primarily unemployed youth between the ages of 16 to 24, to employment and training opportunities; and
  - Literacy and Basic Skills Program helps learners gain the literacy and numeracy skills they need to improve their employment.
- Assistance to internationally trained individuals to gain the skills and recognition they need to increase their opportunity to work in their occupations, including investments in bridge training projects and sector-based projects that assess existing competencies and provide training and Canadian work experience. Also, the Government has launched an academic credential assessment service to develop information materials, assessment methods, tools, and supports, to remove barriers to labour market access.

## **Women**

325. The Information Technology Training for Women program, initiated in 2000, enables women to secure employment, training and certification in the information technology sector. The target is low income, disabled, unemployed or underemployed and new immigrant women. With funding for 2004-2006, about 156 women will be trained. To date, about 310 women have been trained through this program; 83 percent of those enrolled have graduated and about 78 percent of the graduates have secured jobs.

326. The Women in Skilled Trades program provides pre-apprenticeship training geared to increase the number of women qualified for high demand skilled trades and technology jobs. The target population is low-income women who are unemployed or under-employed and who are unable to enter the skilled trades area because of a lack of math skills, computer competency

and hands-on experience on technical equipment. With funding for 2004-2005, 104 women will be enrolled in six pre-apprenticeship training programs, including specialized programs for Aboriginal women.

#### **Article 9: Right to social security**

327. The Government of Ontario provides employment and financial assistance through the Ontario Works program and the Ontario Disability Support Program (ODSP) (see previous report). The following changes have been made to income and social assistance programs and benefits during this reporting period.

328. To help people move to employment:

- The government no longer treats grants, bursaries or registered education savings plan funds as income and/or assets in Ontario Works or the ODSP;
- The government has restored health benefits (i.e., Extended Health Benefit) for Ontario Works recipients transitioning to work so that high medical costs do not become a disincentive to employment.

329. In December 2003, the government repealed the lifetime ban on social assistance recipients in situations of fraud. There was concern that the policy was overly punitive and failed to emphasize a person's right to live with dignity and to be treated fairly and with compassion.

330. In 2004, the government restored the pregnancy nutritional allowance for pregnant women on social assistance. It allows pregnant women to receive an additional \$40/month or \$50/month (non-dairy) in addition to any special diet amounts for which they are eligible.

331. Other changes to the Ontario Works and ODSP policy include increasing the exemption amount for gifts and voluntary payments from \$4,000 to \$5,000 per year per beneficiary (ODSP only), and exempting money that children save from working part-time and after school.

332. In 2003-2004, about \$4.57 billion or seven percent of Ontario's operating budget was spent on social assistance programs. Approximately 3.5 percent of the Ontario budget was spent on the Ontario Disability Support Program and 2.7 percent was spent on the Ontario Works program.

333. As of December 2004, Ontario Works had a caseload of 188,745 while the ODSP income support program had a caseload of 206,884. Since 2001-2002, the total social assistance caseload has levelled off. A three percent increase to social assistance benefits provided through the Ontario Works and ODSP payments was implemented in early 2005. The rate increases were the first since 1993. Nearly 400,000 individuals and their families (over 660,000 beneficiaries) would benefit from the rate increases, which would provide an additional \$100 million in income support.

### **Family-related benefits**

334. In 2000, annual benefits to single parents provided through the Ontario Child Care Supplement for Working Families (OCCS) were increased by \$210 per child to \$1,310 annually. This is expected to increase the labour force participation of single parents and reduce the depth of low income among single-parent families.

335. The (OCCS) is Ontario's main reinvestment under the National Child Benefit (NCB) initiative (see the Introduction to the present report). Since the program's inception in 1998, the employment income of OCCS recipient families has increased by 32 percent, compared to 19 percent for all families with children in Ontario. This indicates that OCCS recipients have strengthened their attachment to the labour force, which is one of the objectives of the NCB initiative.

336. In 2004, Ontario announced that social assistance recipients would be able to keep the Government of Canada's July 2004 increase to the National Child Benefit Supplement (NCBS) for one year. In the past, the Government of Canada's yearly increase to the NCBS was deducted from social assistance payments. This will result in an additional \$10 million in income support to low-income families in 2004-2005 and 2005-2006.

### **Article 10: Protection of the family, mother and child**

337. Under the Early Childhood Development - Addiction Treatment For Pregnant Women Project Implemented in March 2002, 17 locations in the province were funded to provide services for substance involved pregnant and parenting women and their children under six years of age. Project activities include public education, substance abuse treatment, child care, teaching life skills and parenting skills, facilitating client linkages with and access to health care, housing and social services.

338. The *Employment Standards Act, 2000* (ESA, 2000) extended the length of parental leave from 18 weeks to 35 weeks if the employee also took pregnancy leave, or 37 weeks if the employee did not.

339. The ESA, 2000 also created a new entitlement to "emergency leave." Eligible employees are entitled to take up to 10 days of unpaid leave because of medical reasons or the death, illness, injury or urgent matter concerning a child, spouse, same-sex partner or other specified relative. This benefit is available to employees whose employer's regular workforce is at least 50 employees.

340. In 2004, the ESA, 2000 was amended to create an entitlement to "family medical leave." Employees are entitled to take an unpaid leave of up to eight weeks to provide care or support to a seriously ill specified family member.

341. In 2003-2004, Ontario's share of federal funding under the Multilateral Framework on Early Learning and Child Care was \$9.7 million. This funding was provided to municipalities to repair, rebuild and strengthen the foundation of the child care system across the province. Ontario's share in 2004-2005, \$58.2 million, is being utilized to further stabilize the existing child care system and create up to an additional 4,000 subsidized child care spaces.

342. The government's first priority in expanding early learning and child care will be to provide a full day of learning and child care for children four and five years old. The province is also working towards:

- A new model for distributing subsidies, based on income, making more Ontario families eligible for help; and
- A new College of Early Childhood Educators to set high professional standards and support quality care.

343. The most recent Government of Ontario progress report on the Early Childhood Development investments and outcomes is available online at [www.children.gov.on.ca/CS/en/programs/EarlyYearsInitiatives/default.htm](http://www.children.gov.on.ca/CS/en/programs/EarlyYearsInitiatives/default.htm). Information on the Early Childhood Development Agreement can be found in the Introduction to the present report.

### **Family violence**

344. In 2001, \$26 million was allocated to create 300 new beds in emergency shelters for women and refurbish another 136, with a corresponding increase in program funding to provide counselling and other supports for these beds. In addition, \$4.5 million over five years in new funding was allocated to create a province-wide Assaulted Women's Helpline to provide women in crisis with information and support 24 hours a day, 365 days of the year.

345. In December 2004, the government announced its multi-ministry, multi-year Domestic Violence Action Plan, to address domestic violence against women and children, with a new emphasis on prevention and better community supports for abused women and their children. It includes an investment of \$66 million over four years and a wide range of initiatives including:

- A public education and prevention campaign;
- Training for front-line workers, professionals, families, neighbours and friends to recognize early signs of abuse and provide referrals;
- Investments in community supports for victims;
- Improvements to Ontario's criminal and family justice system;
- Improved access to French-language services and targeted initiatives to address the unique needs of Aboriginal people, people with disabilities, seniors, ethno-cultural/racial, rural/farm/northern communities.

346. The Plan also includes additional investments for community-based services to address violence against women, including \$3.5 million annually for housing support services and \$3 million annually as an operating increase for shelters and counselling services.

347. An additional \$25 million over five years has been committed to the Aboriginal Health and Wellness Strategy, which provides family violence and primary care services off- and on-reserve.

348. In 2002, Ontario piloted the Safety Bail Pilot program, which provides the opportunity for victims of domestic violence to be interviewed by trained police and victim services staff prior to bail hearings in order to provide more detail about the history of violence in the relationship. The program provides early support and safety planning opportunities to victims of domestic violence, assists in distinguishing high and lower risk cases, and provides a better foundation for Crown counsel and the courts to make decisions respecting bail.

349. Ontario has also introduced the Ontario Domestic Assault Risk Assessment (ODARA), an actuarial risk assessment tool used by frontline police officers in cases involving male on female assault. The ODARA predicts the likelihood of a further report of domestic violence. Ontario is evaluating the usefulness of the tool in the context of bail hearings. A clinical version of the ODARA is also being used by health professionals to advise women of their risk of further assault.

### **Article 11: Right to an adequate standard of living**

350. In 2003, the government introduced an initiative to raise the general minimum wage from \$6.75 to \$8.00 per hour over four years. In February 2004, the first increase was implemented, raising the general minimum wage from \$6.75 to \$7.15 per hour; in February 2005 it was raised to \$7.45 per hour. Further increases will take effect in February 2006 and 2007, raising the general minimum wage to \$7.75 and \$8.00 per hour respectively.

### **Homelessness**

351. In 2004, homelessness prevention programs were streamlined and enhanced by \$2 million. The programs are expected to meet one or more of the following objectives: (1) to move people off the street and into shelters, (2) to move people from emergency hostels to permanent housing, (3) to prevent homelessness by supporting people to retain permanent housing.

352. In 2004, the Ministry of Community and Social Services (MCSS) announced a three percent increase to agencies that have not received a funding increase in several years. This includes domiciliary hostels that provide housing for vulnerable adults and emergency shelters. Effective July 2004, the maximum per diem payable to emergency hostel operators increased by three percent to \$39.15/day for board and lodging.

353. Also, MCSS announced a \$2 million Emergency Energy Fund, which provided one-time emergency assistance to deal with payment of energy utility arrears, security deposits and reconnection fees. In addition, it provided \$50,000 of emergency energy assistance to First Nations individuals living on reserve.

354. The Mental Health Homelessness Initiative created 3,600 units of supportive housing for persons with a mental illness who were homeless or at risk of homelessness. On January 2, 2005, the Ministry of Health and Long-Term Care (MOHLTC) announced 500 supportive housing units under service enhancements to keep persons with mental illness out of the criminal justice correctional systems.

## **Article 12: Right to physical and mental health**

355. In the 2004 budget, Ontario announced an increase of \$120 million over the next four years for the community mental health sector. This four-year strategy will result in the provision of much needed services (Crisis Management, Case Management, Assertive Community Treatment Teams and Early Intervention) to an additional 78,000 people by 2007-2008.

356. Public Health Emergencies in Ontario has been strengthened through better coordination with a newly established Emergency Management Unit, the addition of specialized infectious disease experts to an on-call rotation, development of better alert systems for practitioners, and the creation of a Provincial Infectious Disease Advisory Committee. Other components - Regional Infection Control Networks, an agency and the integration of the Public Health Laboratories within the Public Health Division - are in progress.

357. The MOHLTC has developed problem gambling services for specific populations. Since 2001, MOHLTC has completed implementation of services tailored to respond specifically to the needs of women, youth, ethnocultural communities and older adults. In addition, MOHLTC has worked with Aboriginal organizations to develop a culturally sensitive and easily accessible network of services for Aboriginal communities.

358. Ontario has also pioneered two Participatory Action Research studies to look at cultural aspects of problem gambling. Over \$1 million has been invested to better understand gambling in a cultural context within Aboriginal and ethnocultural communities.

359. Ontario has invested in a comprehensive tobacco control strategy that will reduce tobacco use through legislation, programs and mass media. This strategy is population-based, but programs and policies will also focus on priority populations that are at high risk for smoking initiation (e.g., children and youth) or have high rates of tobacco use (e.g., Aboriginal peoples). Funding for this strategy increased almost four-fold in 2004-2005, for a total investment of \$40 million.

360. A new Ontario College Graduation Diploma in Autism and Behavioural Science will begin in 2005. The program includes intensive behavioural intervention training and applied behavioural analysis. The program is expected to prepare approximately 180 instructor therapists and group leaders annually for regional autism programs. The program is expected to be offered through nine Ontario colleges (including one French) and also through e-learning.

361. Ontario is creating an Academic Chair and new University Graduate Fellowships to Masters, Doctoral and/or Post-Doctoral students focussing specifically on autism and child development, in 2005. This will allow Ontario to generate and sustain a critical mass of research dedicated to increasing knowledge about autism, as well as ensure there are more practicing professional psychologists serving children with autism. The Ontario Council on Graduate Studies will administer a \$3.625 million endowment fund to support the Academic Chair and graduate fellowships.

362. The Northern Ontario School of Medicine, Ontario's first new medical school in over 30 years, will begin operations with 56 students starting in August 2005. The new medical school will ensure that students can study and live in Northern Ontario. The focus of the medical school is family medicine, which will include a concentration on the health needs of Aboriginal communities.

### **Aboriginal people**

363. In 2004, Ontario renewed the Aboriginal Healing and Wellness Strategy for a third five-year term and increased annual funding for the Strategy by \$5 million, bringing total annual funding to \$38.55 million. This enhanced funding supports improvements in access to primary care, mental health and family healing services, and community outreach/health promotion activities in Aboriginal communities throughout Ontario.

364. Information on initiatives related to the prevention of suicide among Aboriginal youth can be found in *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

### **Article 13: Right to education**

365. To make postsecondary education more accessible and affordable, Ontario has frozen college and university tuition for two years in all programs, beginning September 2004. Ontario has awarded \$48.1 million in funding to colleges and universities to offset the loss of revenues due to the first year of the freeze. The government is currently developing a long-term plan to ensure a high-quality, accessible and accountable postsecondary education system.

366. In 2003, Ontario created over 70,000 new university undergraduate first-year spaces to accommodate the increased demand resulting from Ontario's shift to a new four-year secondary school curriculum, and increasing participation rates.

367. In 2004-2005, Ontario extended student loans to protected persons, for example, persons found to be Convention Refugees or persons in need of protection by the Immigration and Refugee Board.

368. Effective January 1, 2003, the *Income Tax Act* was amended by the Ontario Legislature to end the Equity in Education Tax Credit. This provision provided a limited tax credit for parents paying education costs for children attending secular or faith-based independent schools in Ontario. The government's policy is that public money should not be used to fund private school education.

369. The Ontario public school system offers quality education to all Ontario residents without discrimination on a non-denominational basis. Roman Catholic schools receive full public funding under the Constitution as part of the public education system. Other religious schools receive some non-direct tax support (charitable donations credits, property tax exemption, if non-profit) but are essentially funded through private sources.

## QUEBEC

### General

#### Aboriginal people

370. In 1999 and 2002 respectively, laws were enacted to ensure the implementation of agreements between the Government of Québec and the Mohawk and Cree communities of Québec (see *Canada's Fifth Report on the International Covenant on Civil and Political Rights* for additional information).

#### Article 2: Rights specifically subject to non-discrimination provisions

371. The Québec *Charter of Human Rights and Freedoms* includes social condition as a prohibited ground of discrimination.

372. Between January 1, 2000 and March 31, 2004, the Commission des droits de la personne et des droits de la jeunesse investigated 264 complaints of discrimination based on social condition, which accounted for somewhat less than seven percent of all complaints the Commission investigated during this period (4,049). Most of the social condition complaints were in the area of access to housing. During the same period, the Commission intervened in the *Gosselin* case (see Appendix 1) before the Supreme Court of Canada and started nine other court proceedings. Five judgements on the merits were handed down. They solidify progress made during the preceding period, particularly concerning the discriminatory nature of denying housing to a person based on the fact that he or she is a social assistance recipient.

373. In the autumn of 2003, the Commission des droits de la personne et des droits de la jeunesse published a report on its 25 years of enforcing the Charter and made several recommendations for strengthening the Charter (<http://www.cdpcj.qc.ca/>).

374. The Supreme Court of Canada ruled that a collective agreement that allows for retroactive salary adjustments but restricts them to persons employed by the city at the time of the signing of the collective agreement does not contravene the *Charter of Rights and Freedoms: Tremblay vs. Syndicat des employées et employés professionnels-les et de bureau, section locale 57*, [2002] 2 S.C.R. 627.

375. In *Université Laval vs. Commission des droits de la personne et des droits de la jeunesse*, 27, J.E. 2005-280 (C.A.), the Québec Court of Appeal declared Université Laval liable for the loss sustained by employees as a result of systemic discrimination based on gender. It did not impose a single remuneration system with the same rate for everyone, but rather left it up to negotiations as called for by the collective agreement.

376. The Court of Appeal declared that an elderly person had been a victim of exploitation prohibited by the *Charter of Rights and Freedoms* and ordered compensation in *Vallée vs. Commission des droits de la personne et des droits de la jeunesse*, J.E. 2005-781 (C.A.).

377. In four different cases, the Tribunal des droits de la personne found discrimination on the basis of age in the termination of a lease and ordered compensation: *Commission des droits de la personne et des droits de la jeunesse vs. Gagné*, J.E. 2003-496 (T.D.P.Q.); *Commission des droits de la personne et des droits de la jeunesse vs. Lacombe*, J.E. 2003-1464 (T.D.P.Q.) (appeal rejected on demand (C.A., 2003-08-01), 500-09-013666-370); *Commission des droits de la personne et des droits de la jeunesse vs. Poulin*, J.E. 2004-719 (T.D.P.Q.); *Commission des droits de la personne et des droits de la jeunesse vs. Poirier*, J.E. 2004-1016 (T.D.P.Q.). The tribunal concluded that there was discrimination based on the status and situation of the family in *Commission des droits de la personne et des droits de la jeunesse vs. Jacques*, J.E. 2004-1520 (T.D.P.Q.).

378. In two cases, Québec tribunals found discrimination in hiring based on age (*Commission des droits de la personne et des droits de la jeunesse vs. Nicolet (Ville de)*, [2001] R.J.Q. 2735 (T.D.P.Q.) and *Montreal Newspaper Guild, Local 111 and Gazette (The), A Division of Southam, Inc.*, [2004] R.J.D.T. 1182 (T.A.)) and in another, due to sexual harassment, which is prohibited by the Québec *Charter of Human Rights and Freedoms* (*Commission des droits de la personne et des droits de la jeunesse vs. Caisse populaire Desjardins d'Amqui*), [2004] R.J.Q. 355 (T.D.P.Q.) (appeal dismissed on motion, (C.A., 2004-01-23), 200-09-004700-040).

### **Article 3: Equal rights of women and men**

379. The *Pay Equity Act* was adopted in 1996. This law affects 45,000 companies of which 35,000 employ between 10 and 49 people. According to a 2002 survey carried out on behalf of the Pay Equity Commission, 39 percent of 3,899 businesses employing between 10 and 49 people have completed their pay equity procedure. Of these, 30 percent indicated they had to provide salary adjustments. The average salary adjustment, as the result of pay equity procedures, was 8.1 percent. Three businesses out of five calculated the adjustment impact to be 1.5 percent or less of total salary expenditure.

380. According to a survey conducted in the autumn of 2003, 62 percent of businesses employing between 10 and 49 people had completed their pay equity efforts. Over all, 64 percent of Québec businesses of all sizes covered by the *Pay Equity Act* have completed their work.

381. In areas where the work force is predominantly female, the legislator recognized that the absence of predominantly male job classes did not mean there was no gender-based salary discrimination. Therefore, the Commission was mandated to adopt regulations on how to proceed in companies with no job classes that are predominantly male. The purpose of the *Regulation respecting pay equity in enterprises where there are no predominantly male job classes* is to provide two job classes that are typically male-dominated to companies where no such classes exist, so they can complete their pay equity exercise. The regulation came into effect in May 2005.

382. In 2004, article 11 of the *Pay Equity Act* was amended to enable an employer and several certified associations to develop an agreement to establish a distinct pay equity program for the employees represented by these certified associations.

383. On January 9, 2004, the Superior Court declared Chapter IX of the *Pay Equity Act* unconstitutional. This chapter of exceptions allowed employers to be exempt from pay equity procedures if the company could claim that it had already completed a pay equity or salary relativity program before the said Act came into effect in November of 1996. This decision invalidates all Chapter IX exemptions granted by the Commission for companies that were affected by this remedy. As a result, affected companies will have to conform to all the regulations of the *Pay Equity Act*.

#### **Article 6: Right to work**

384. The increase in the number of highly skilled jobs in Québec has been maintained over the last 10 years, growing by more than 25 percent. Highly qualified work now represents one in three jobs.

385. At the end of the 2000-2004 period, the unemployment rate was eight percent, with continued disparities among the different regions of Québec. For the first time, the workforce reached four million, 46 percent of whom are women.

386. In May 2002, the Government of Québec adopted the *Politique d'éducation des adultes et de formation continue* and an action plan to institute an ongoing culture of learning for the period 2002-2007. Efforts have been made to increase basic training for the less educated segments of the population, as well as work-related ongoing training and workplace learning. Specific measures have been developed for particular population groups, e.g. youth. Specific strategies have been implemented by Emploi-Québec, the governmental employment agency, to improve the situation for female workers, persons with disabilities, workers 45 years and older, and immigrants.

387. Since 2003, Emploi-Québec has also been offering an automated service, *Placement en ligne*, matching job offers with job seekers. This service benefits both employers as well as people looking for a job. Labour market information is a second service available on the Internet, which helps young people with career choices. These two sites have proven very successful.

388. The *Act respecting income support, employment assistance and social solidarity* was amended to require "Individualized Integration Programs" to be subject to minimum work standards, except for exemptions established by regulation.

389. In 2002, a law was adopted to promote the establishment of a retirement plan for child care service employees.

390. During the period in question, the *An Act respecting labour standards* was amended on several occasions in order to make it illegal for children to perform work disproportionate to their abilities or likely to be damaging to their education, their health or their development and to recognize that an employee has the right to a workplace free from psychological harassment and the right to lodge a complaint to have this right respected.

### **Employment equity and workplace diversity**

391. The *Act respecting equal access to employment in public bodies*, which came into effect on April 1, 2001, is aimed at public organizations that employ 100 people or more in the municipal sector, education, health and social services, as well as other public bodies, such as government agencies, post-secondary educational institutions and the Sûreté Québec for its police staff. As of March 31, 2004, 617 organizations were subject to the Act. Their first requirement was to conduct a staffing analysis to determine the number of people making up each of the groups affected by the legislation: women, Aboriginal people, visible minorities and ethnic minorities.

392. By March 31, 2004, the Commission des droits de la personne et des droits de la jeunesse had received 564 staffing analyses. One hundred and eighty-five organizations were informed by the Commission that their target group numbers did not reflect the representation of competent persons within that group in the applicable recruitment area. These organizations now must develop an access-to-equality program and submit it to the Commission within 12 months.

393. Since 1989, 240 companies with more than 100 employees that have received contracts or subsidies worth more than \$100,000 from the Government of Québec were required to develop an access-to-equality program. Of this number, 14 companies have not met their obligations and were subject to government sanctions: they cannot bid on a contract or apply for a subsidy as long as they have not respected the terms of their initial commitment. By March 31, 2004, 175 companies were required to establish an access-to-equality program.

394. Between January 1, 2000 and March 31, 2004, the Commission des droits de la personne et des droits de la jeunesse investigated 2,543 complaints involving discrimination in the area of work. The most frequent grounds of discrimination in these complaints were disability, sex, race, colour or ethnic or national origin, as well as age. The incidences where discrimination occurred most were in dismissals, hiring and work conditions. During this time, a large number of files were closed during the investigation period due to a freely negotiated settlement by the two parties. These settlements took the form of monetary compensation, cessation of the offending act or a corrective action. The Commission took 71 cases to court during the same period. Forty-three decisions were rendered.

### **Persons with disabilities**

395. In 2004, the National Assembly began revising legislation affecting persons with disabilities, in particular the *Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration*, to promote the creation of training and information programs that would improve the academic, professional and social integration of persons with disabilities. The *Act respecting equal access to employment in public bodies* was also amended to add persons with a disability to the groups targeted. This measure will come into effect on December 17, 2005.

### **Article 8: Trade union rights**

396. The creation of the Commission des relations du travail in 2001 simplified access to redress with regard to collective work relations, and also reduced waiting times, notably with regard to accreditation. These measures will have a positive impact on freedom of association, guaranteed by Article 3 of the *Charter of Rights and Freedoms*, as well as on the right to fair and reasonable work conditions, recognized by Article 46 of that Charter.

### **Article 9: Right to social security**

397. More and more, income support measures are aimed at promoting the economic and social independence of individuals and families. Such measures encourage individuals to get involved in activities that will foster social integration, their integration into the working world and their participation in society. Between January 2000 and December 2004, the number of social assistance recipients fell by 11.9 percent. This decrease can be explained by an improved economic situation during the period under study as well as public policies and actions promoting integration to the world of work. The average social assistance benefit went from \$593 in 2000 to \$667 in 2004. As of March 31, 2004, the Government of Québec was supporting 398,040 adult recipients living in 354,624 households. More than \$3 billion was spent on financial assistance measures in 2003-2004, including the Programme d'assistance-emploi, the Fonds d'aide à l'action communautaire and the Fonds québécois d'initiatives sociales. The right to social security was reinforced by the enactment of the *Act to combat poverty and social exclusion*. In 2003, social assistance was improved primarily by the indexing of benefits and by legislative and regulatory changes, specifically by ending the reduction in benefits for people sharing housing.

398. In 2004, the government announced that, as of January of 2005, the Work Premium would replace the Parental Wage Assistance program (PWA). Unlike the PWA program, the Work Premium is a tax credit and is accessible through filing of an annual income tax return. All low- and medium-income workers can benefit, regardless of their assets or whether they have children. Theoretically, 536,000 households could benefit from the Work Premium, compared to the 30,000 households who benefited from the PWA program. In addition, the Work Premium is better harmonized with other income support programs.

399. The *Individualized Integration, Training and Employment Plan* is available to everyone looking for work, whether or not they receive employment assistance, employment insurance or other public income support. This program enables the individual to develop a personalized job search itinerary by choosing the best means for returning to work. It also offers the necessary support for success. The plan allows an individual to benefit from more than one measure or employment service. An analysis of a group of participants who used the public employment service, between April 1, 2003 and March 31, 2004, showed that 41 percent used the Individualized Plan as the basis for their return to work. This represents no less than 70 percent of all activities undertaken by members of the group studied. Among those who used the Individualized Plan, 38 percent were receiving employment assistance benefits, 43 percent were receiving employment insurance benefits, while 19 percent were receiving no public income support. An evaluation of the principal employment measures available in an Individualized

Plan indicates that the results were clearly more significant in the case of people at the greatest remove from the labour market, particularly recipients of employment assistance. These people reaped the most positive results both in terms of work and income and in quality of life.

### **Family-related benefits**

400. In the 2000-2004 period, the Government of Québec stopped reducing Québec family benefits by the sum equivalent to the increase in the federal government's investment in the National Child Benefit. In the 2004-2005 budget, the Government of Québec announced it was reforming the program of direct support to families by launching a new refundable tax credit for child assistance. This tax credit replaces the family benefits program, the non-refundable tax credit for dependent children and the tax reduction for families. Through this measure, the government is investing an additional \$547 million for minor children. Low- and middle-income families will benefit from a notable increase in disposable income.

### **Article 10: Protection of the family, mother and child**

401. Québec does not participate in the Multilateral Framework on Early Learning and Child Care. Nevertheless, beginning in 1997, and starting with not-for-profit day-care centers and child care agencies already in existence, Québec created a network of early childhood centers that offer educational child care services for children four years and younger. The services were offered at a reduced price for the general population and free of charge for parents receiving social assistance benefits. There were 82,000 spaces in 1997, whereas, in 2005, there are 187,000 spaces at reduced rates in the network of early childhood centers. The goal is to reach 200,000 spaces in 2006.

402. The *Act to amend various legislative provisions concerning de facto spouses* was enacted in 1999. It modified laws and regulations with regard to the definition of a *de facto* partnership in order for *de facto* unions to be recognized regardless of the sex of the persons involved.

403. Adopted in 2002, the *Act instituting civil unions and establishing new rules of filiation*, created a new institution, the civil union, for persons of the same sex or of different sex who wish to publicly commit to a life together and to respect the rights and obligations associated with this state (see *Canada's Fifth Report on the International Covenant on Civil and Political Rights*). In 2004, certain parts of the Québec Civil Code were amended to enable couples who were joined together in a civil ceremony to continue their life together under the matrimonial regime and to authorize the celebrant to proceed with their marriage despite the bond that already links them together.

404. The *Act to amend the Civil Code and the Code of Civil Procedure as regards the determination of child support payments* was enacted in 2004, with a view to more equal treatment for all children.

405. The National Public Health Program 2003-2012 and, in the area of youth, the *Stratégie d'action pour les jeunes en difficulté et leur famille* (2002), stress the importance of early and preventive intervention, particularly for the most disadvantaged, and the need to make use of the skills of individuals and the resources of local communities. Other noteworthy youth protection

measures include the adoption of the Orientations gouvernementales and the Action Plan in the area of sexual aggression (2001), as well as the Multisectoral Agreement for children who are victims of sexual abuse, of physical mistreatment or of a lack of care threatening their physical health (2001). Agreements for the complementarity of services favour child development. For example, the Agreement for the Complementarity of Services between the health and social services network and the education network deals with all aspects of intervention with respect to the development of young people, e.g., fostering health and well-being, education, prevention, adjustment and rehabilitation services. The reason behind the framework agreement between early childhood centers and local community services centers was to better structure and harmonize educational child care services, health services and social services for children and their families, particularly the most vulnerable and the most disadvantaged.

406. The *Act respecting parental insurance* was enacted in 2001. This law created a system that provides all eligible workers with maternity, paternal and parental benefits upon the birth of a child, as well as benefits upon the adoption of a minor.

407. To ensure that this legislation will come into effect, in May 2004, the Government of Canada and the Government of Québec concluded an agreement in principle on the Québec Parental Insurance Plan (QPIP), whereby Canada agrees to partially reduce employment insurance premiums to allow Québec to implement and partially finance its new system. The QPIP will replace maternity, parental and adoption benefits paid through the federal employment insurance program. The Québec system is more inclusive than the federal system since it extends eligibility to self-employed workers as well as salaried workers who have not accumulated 600 insurable work hours. It offers a higher rate of benefits and will cover a higher maximum insurable income. Finally, the QPIP will create a paternal benefit, reserved exclusively for the father, lasting up to five weeks.

408. Two important studies have been carried out on child care services. One was produced by the Institut de statistique du Québec in collaboration with the Ministère de l'Emploi, de la Solidarité sociale et de la Famille, entitled "Grandir en qualité". The other was carried out as part of a longitudinal study on child development in Québec. The results are similar: the quality of child care offered by the Early Childhood Centres is better than what is provided by private day-care centers.

409. In 2004, the Government of Québec published its Ongoing Quality Improvement Plan in Educational Child care. It has two main points:

- A quality commitment made by each child care center in order to identify measures needed for quality improvement, to inform parents of these measures and to report to parents on the achievement of its goals;
- A Certification System (ISO formula) based on the experience of the Conseil québécois d'agrément.

410. The government also produced a set of child care service guides in areas such as child safety, health and education.

## **Un Québec digne des enfants**

411. The action plan *Un Québec digne des enfants* is a follow-up to the extraordinary United Nations Special Session on Children, which took place in New York City in May 2002. In its action plan, the Government of Québec lays out its priorities for the next 10 years to improve support for the health, well-being, development and success of children. The ultimate goal of the actions announced in the plan is to offer an environment where every child has an equal opportunity for self-fulfillment.

### **Family violence**

412. The *Orientations gouvernementales en matière d'agression sexuelle* and the action plan adopted in 2001 contain measures for victims of sexual aggression, who are mostly women and children. More than 85 percent of victims know their aggressor. Sexual aggressors are almost exclusively men. More than 60 measures have been identified. These *Orientations gouvernementales* reaffirm the socially unacceptable and criminal nature of this form of violence against persons. They improve the response to the many needs of children and adult victims of sexual aggression and pave the way for concerted government action.

413. In 2004, the Government of Québec made public its Government Action Plan 2004-2009 on Domestic Violence. This action plan will revise the domestic violence intervention policy, *Prevention, Detection, Intervention*, that was adopted in 1995. The action plan commits to 72 measures, over half of which are new. Particular attention was paid to the development of actions that placed high priority on the safety and protection of victims, especially young people most vulnerable to domestic violence, such as young women, Aboriginal women, women with a disability, immigrant women and women from ethnic communities. The action plan encompasses the resources of more than 10 organizations and departments.

## **Article 11: Right to an adequate standard of living**

### **Measures to reduce poverty**

414. The *Act to Combat Poverty and Social Exclusion* was unanimously adopted by the National Assembly in 2002. The purpose of this Act is to encourage the government and all of Quebec society to plan and implement measures to combat poverty, eliminate the causes of poverty, reduce its effects on individuals and families, counter social exclusion and aim for a Québec without poverty. This law led to the national strategy to combat poverty and social exclusion, which has as its primary objective to progressively reduce poverty in Québec to the level of industrialized nations with the least amount of poverty by 2013. To attain this goal, a government action plan to combat poverty and social exclusion was made public in April of 2004. The five-year action plan focuses on four major objectives: improving the well-being of people living in poverty; preventing poverty and social exclusion by developing people's potential, encouraging society as a whole to commit to reduce poverty; ensuring that actions taken are consistent and coherent. An investment of \$2.5 billion is anticipated over a period of five years to put in place measures to significantly increase the disposable income and improve

the living conditions of low-income households. Québec will produce an annual report as well as a five-year report on activities that have taken place in the framework of the government's action plan.

### **Right to adequate housing**

415. Between January 1, 2000 and March 31, 2004, the Commission des droits de la personne et des droits de la jeunesse investigated 551 complaints of discrimination in the area of housing. The most frequent grounds of discrimination cited were race, colour, ethnic or national origin, as well as age and social condition. During this time, a large number of these files were closed while the investigation was being carried out after a settlement was freely negotiated by the two parties. During the same period, the Commission took 30 cases to court. Eighteen decisions were rendered.

### **Homelessness**

416. Over the last few years, more than 300 projects have been launched to assist the homeless. Projects relate to construction, prevention, temporary housing and social and professional reintegration. To a large extent, these projects were supported by federal funding from the Supporting Communities Partnership Initiative.

417. On March 12, 2002, the Tribunal administratif du Québec (TAQ) handed down a decision that provided for last-resort financial assistance to homeless and itinerant people, who were previously inadmissible (*C.R. c. Québec (Ministre de la Solidarité sociale)*, [2002] T.A.G. 737 (T.A.G.)).

## **Article 12: Right to physical and mental health**

418. On September 15, 2004, Canada's First Ministers agreed to a 10-year plan aimed at improving health care (see the Introduction to this report). Québec concluded a bilateral agreement with Canada entitled "Asymmetrical Federalism that respects Québec's Jurisdiction". According to this agreement, Québec supports the overall objectives and general principles outlined in the 10-year plan, but will exercise its own responsibilities with respect to planning, organizing and managing health services.

419. As far as capitalization is concerned, over the last five years, the Government of Québec's capitalization expenditures have totaled \$4.530 billion, for an annual average of \$906 million.

420. With respect to operations, the Government of Québec has invested significant sums for the development of services for Québécois, in addition to the costs stemming from the normal increase in expenses that the health system must absorb, such as salary increases, energy costs and building maintenance. Therefore, since 2000, nearly \$900 million has been added to improve access and quality of services offered to the various client groups. Major investments were made in the area of primary health care, prevention, as well as services for the elderly. Youth and persons with a physical or intellectual disability are also targeted by these investments.

421. The creation of local networks combining health services and social services is an organizational and clinical effort designed to bring services closer to the people and to improve access to the health and social services network. The *Public Administration Act*, enacted in 2001, brought in a new management framework focused on results and increased accountability. The effect of this new results-based management requirement was the implementation of new provisions amending the *Act respecting Health Services and Social Services*, which introduced management and accountability agreements between the department and the Local Health and Social Services Network Development Agencies.

422. The Commission des droits de la personne et des droits de la jeunesse was involved in several studies. One examined the psychological dimension of the numerous harassment complaints it has received. Another, in collaboration with the Canadian Human Rights Commission, examined the theme of work in transition and the potential resulting damage to one's psychological health.

423. The *Public Health Act*, adopted in 2001 to deal with public health emergencies and threats, specifies the powers of public health officials to investigate and intervene. Ministerial declaration of a health emergency and the obligations stemming from such a declaration were also specified, as were provisions for the addition of new diseases for compulsory declaration and a provision to facilitate the announcement of health threats.

424. Intervention plans for emerging diseases such as Severe Acute Respiratory Syndrome (SARS), West Nile Virus and the influenza pandemic have been developed. In the case of West Nile Virus, emergency legislation was adopted which specifies that annual plans must be approved by the National Assembly in order to comply with environmental requirements in the use of larvicides.

### **Aboriginal people**

425. For the Cree, Inuit and Naskapi nations, with whom Québec has signed agreements, the Government of Québec will assume responsibility for providing health and social services. For the other Aboriginal communities, the federal government provides health and social services on reserves, either directly or through band councils.

426. Regional health and social services officials make sure that the related work of the three Aboriginal nations respect the main departmental directions and priorities and that they have developed a strategic plan that addresses the specific issues and priorities of each nation. One of the underlying principles of the government's activities is the consolidation of health services and social services that are better suited to the culture of the Aboriginal nations and that address identified needs.

427. More particularly, during the period in question, a complementary agreement on the implementation of Chapter 14 of the James Bay Agreement, dealing with health, was signed on March 31, 2005, by the Government of Québec and the Cree Nation. This agreement calls for a financial framework, including additional investments in these areas.

428. Finally, the Government of Québec has undertaken a study of the state of the health of the Inuit population. The results will be made public in the autumn of 2005.

### **Persons with disabilities**

429. With respect to intellectual disability, the policy entitled *De l'intégration sociale à la participation sociale*, published in June 2001, targets the operation of a network of integrated services that offers persons with intellectual disabilities, their families and other members of their milieu, the range of services they need. This network will provide them with tools to support the optimal development of their potential and their social integration. Services are to be offered in collaboration with community players. The policy also recognizes that it is essential to provide better support to families and other caregivers of the intellectually disabled and to reinforce intersectoral collaboration. Also, more specifically for people with pervasive development disorders, the document *Un geste porteur d'avenir - Des services aux personnes présentant un trouble envahissant du développement, à leurs familles et à leurs proches*, published in February 2001, updates the 1998 proposals and a new action plan.

430. As for physical disability, the document entitled *Pour une véritable participation à la vie de la communauté - Orientations ministérielles en déficience physique: Objectifs 2004-2009* was published in November of 2003. It addresses all elements making up the continuum of services to the physically disabled. The policies promote the concept that people with significant and persistent disabilities should be able to participate fully and completely in community life.

### **Youth**

431. A *Stratégie d'action pour les jeunes en difficulté et leur famille* was adopted in 2002. This strategy includes the *Programme de soutien aux jeunes parents*, provision for a complete, communal and continuous range of psychosocial services for young people and their family by all local community service centers. There will also be an evaluation and application of the measures contained in the *Youth Protection Act*.

### **Article 13: Right to education**

432. In Québec, school financing is linked to the status of the school as a public or private educational institution. The denominational status of all public primary and secondary educational institutions was repealed in 2000, shortly after the creation of the linguistic school boards. The education vision of the school must respect the freedom of conscience and of religion of the pupils, the parents and members of the staff. A public school cannot adopt a particular vision or outlook of a religious nature, no matter what the religion.

433. Private teaching establishments, whether francophone, anglophone or known through another designation, are governed according to the provisions of the *An Act respecting private education*. These institutions are only granted a private school permit if they possess appropriate human resources, namely qualified teachers; they conform to the provisions of the Régime pédagogique de l'éducation préscolaire et de l'enseignement primaire et secondaire; and they have adequate material and financial resources. No private school is recognized on the basis of its religious character. To obtain financing, a private school must be recognized by the department of Education.

434. Roman Catholic and Protestant traditions are the only denominations that benefit from confessional education in the school system. This is permissible due to provisions in the Québec *Charter of Rights and Freedoms* and in particular to the notwithstanding clause of the *Canadian Charter of Rights and Freedoms*, which cannot be used for a period of more than five years at a time.

435. On May 4, 2005, the Department of Education announced that the government would make use of the notwithstanding clause of the *Canadian Charter of Rights and Freedoms* and of the Québec *Charter of Rights and Freedoms* for a limited period of time, namely from July 2005 to 2008. Starting in the autumn of 2008, a single program of ethics and religious culture will be offered to all pupils at the primary and secondary levels, replacing the current Roman Catholic, Protestant and moral education programs. To that end, on June 15, 2005, the National Assembly amended the statutes with the adoption of *Loi modifiant diverses dispositions législatives de nature confessionnelle dans le domaine de l'éducation*.

436. The *Act respecting financial assistance for education* was amended several times during the period in question in order to make general improvements to the system and to extend access to financial assistance beyond Canadian citizens and permanent residents to legally recognized Convention refugees and persons in need of protection.

## NEW BRUNSWICK

### Article 2: Rights specifically subject to non-discrimination provisions

437. In June 2004, the New Brunswick Legislature adopted amending legislation adding “political belief and activity” and “social condition” as two new grounds of prohibited discrimination under the *New Brunswick Human Rights Act*. The amendment, which came into effect on January 31, 2005, includes a definition of social condition and provides an exemption for social condition discrimination that is required or authorized by an Act of the Legislature. A limitation, specification, exclusion, denial or preference on the basis of social condition shall be permitted, despite any provision of the Act, if it is required or authorized by an Act of the Legislature.

438. Social condition is defined as inclusion in “a socially identifiable group that suffers from social or economic disadvantage on the basis of his or her source of income, occupation or level of education.”

439. While it is too early to assess the impact of these amendments, the New Brunswick Human Rights Commission does believe it will have an impact on caseload and has published two guidelines that explain the implementation of these two new grounds of prohibited discrimination, available on the Commission Web site at:

- <http://www.gnb.ca/hrc-cdp/e/Guideline-Political-Belief-Activity-Discrimination-New-Brunswick.pdf>;
- <http://www.gnb.ca/hrc-cdp/e/Guideline-Social-Condition-Discrimination-New-Brunswick.pdf>.

### **Article 3: Equal rights of women and men**

440. There has been little or no impact of existing pay equity legislation in New Brunswick in recent years. There have been five enquiries with New Brunswick Employment Standards Branch since 2001. However, the provision of Equal Pay for Equal Work under the *New Brunswick Employment Standards Act* has not been tested before the board in recent years.

441. In July 2002, New Brunswick convened a Wage Gap Roundtable to look at the wage gap in its entirety and to identify its causes and possible solutions. The Roundtable submitted its final report in December 2003. *Closing New Brunswick's Wage Gap: An Economic Imperative* recommended that Government develop a five-year action plan of voluntary actions and an evaluative framework to measure change over time. The government accepted the report and the action plan is currently being developed.

442. In 2004, women's average wages in Part I of the New Brunswick Public Service represented 98.1 percent of wages earned by men. This represents a 0.9 percent increase in wages earned by women since 2003. In 2004, the wage gap in New Brunswick was 15.5 percent based on average hourly earnings.

### **Article 6: Right to work**

443. Between 2000 and 2004, New Brunswick made significant changes to its employment program delivery structure, shifting away from a central approach to a more regional and client centred delivery model. Employment programs and services were also transformed to allow implementation of a standard system of case management and career counselling. Changes were focused on making programs and services more client centred and on assisting clients to obtain long-term sustainable employment.

444. During this time, New Brunswick worked with over 90,000 clients through employment interventions, assisting over 60,000 persons to find employment. Nearly 130,000 services (e.g., employment counselling, job search, resume writing) were provided to these clients, wherein over 57,000 involved formal skills development or job exposure.

445. New strategies were developed and implemented in partnership with other provincial and federal departments with input from business and communities where possible. Strategies pertain to Social Assistance Clients, Older Workers, Immigrants, Aboriginal Persons, Seasonal Workers, Women, Post-secondary Graduates and Youth. Several of these employment initiatives have been ongoing throughout this timeframe, with work expected to continue in all areas.

### **Article 9: Right to social security**

446. There was a commitment in the December 2004 New Brunswick Speech from the Throne to raise social assistance rates. The rates are being raised six percent over three years - one percent in May 2005, one percent in October 2005, two percent in October 2006 and two percent in October 2007.

447. A disability supplement of \$250 per year was introduced in October 2000 and increased \$250 per year until it reached \$1,000 per year in October 2003.

448. In New Brunswick, the social assistance caseload declined from 28,200 in December 2000 to 25,400 in December 2004.

### **Family-related benefits**

449. New Brunswick continues to pass on the National Child Benefit to its social assistance recipients. This has increased disposable income for the poorest families and still allowed New Brunswick to reach record lows in its social assistance caseload.

450. New Brunswick introduced a Prenatal Benefit Program for low-income expectant mothers as part of its Early Childhood Development (ECD) investments. Beginning in the fourteenth week of their pregnancy, expectant mothers with net family income less than \$21,000, are eligible for the maximum financial benefit of \$81.44 per month. The objective is to improve the health of low-income pregnant women and their newborns.

### **Article 10: Protection of the family, mother and child**

451. Job protection for Parental Leave was extended to the mother for up to 17 weeks, and Job Protection for Child Care for one or both parents was extended to a combined 37 weeks through changes to the *Employment Standards Act*. Family Responsibility Leave was also added to the Act. It allows for job protection for a maximum of three days leave to allow for the health, care or education of the person in a close family relationship with the employee. Compassionate Care Leave has been introduced, allowing for up to eight weeks to allow an employee to care for a critically ill person in a close family relationship.

452. For this reporting period, ECD dollars were used to provide additional financial assistance to increase the number of available spaces for early intervention, integrate daycare services and reduce waiting lists for these services. ECD dollars also allowed New Brunswick to improve accessibility to full-time integrated daycare services for working parents of children with special needs under the *Support Worker Program*.

453. ECD dollars have also been used to enhance Child Day Care Services. The *Quality Improvement Funding Support Program* offers financial assistance to assist child day care facilities to improve the availability and quality of child care services. In addition, the *Training Initiative* is a joint effort of the provincial government and the child day care sector to identify and address the training and professional development needs of those employed in the child care sector.

454. Effective September 2004, New Brunswick increased the family income threshold for a full day care subsidy under the *Day Care Assistance Program* from \$15,000 to \$22,000. As well, the subsidy rate was increased by \$3.50 per day for full-time care and \$1.50 per day for school aged children to \$22.00 per day for children under the age of two, \$20.00 per day for

children over the age of two, and \$10.00 per day for after-school care. It is expected New Brunswick will create 1,500 additional child care spaces by making day care more affordable and accessible for low-income families.

455. The most recent progress report on the New Brunswick Early Childhood Development Agenda investments and outcomes is available online at [www.gnb.ca/0017/children/ecd-e.asp](http://www.gnb.ca/0017/children/ecd-e.asp). Information on the Early Childhood Development Agreement can be found in the Introduction to the present report.

### **Family violence**

456. The *Ministers' Working Group on Violence Against Women* was established in December 2000, to give advice to the Minister responsible for the Status of Women. The advice of the Working Group was substantially reflected in the three- year action plan entitled *A Better World for Women*. Among the notable accomplishments of a Better World for Women:

- An abuse information page is in all New Brunswick phone books;
- An Attitudinal Survey was completed. This will be used as a baseline to measure change over time;
- A Directory of Services was compiled and has been distributed to all family physicians, regional offices, transition houses, etc.;
- The Woman Abuse, Child Abuse, and Adult Victims of Abuse Protocols have been updated;
- Training of service providers, both government and community, has taken place around the province on the Woman Abuse Protocols;
- Transition house funding has been increased to 100 percent of approved operating costs;
- Funding has been provided to prevention programs for youth;
- Abuse information is being provided through immigrant settlement services in the larger centres (Saint-John, Fredericton, and Moncton);
- A Violence Prevention Web site has been launched which is a New Brunswick content Web site on violence prevention and resources.

457. A successor action plan, "A Better World for Women: Moving Forward 2005-10" was launched in May 2005 and represents an investment of \$7.6 million.

458. The impact of the initiatives contained in *A Better World for Women* will be measured through a second attitudinal survey scheduled for 2009.

459. In December 2001, the Department of Family and Community Services launched the *Children's Support Program (Child Witness of Family Violence)*. Under this program funding is provided for one child support worker in each of the province's transition houses. The objective is to prevent the inter-generational cycle of family violence. Crisis intervention, play-based strategies and psycho-educational interventions are provided to pre-school children living in these transition houses in order to foster healthy child development and support mothers in addressing the needs of their children.

### **Article 11: Right to an adequate standard of living**

460. As outlined under Article 9, there was a commitment in the December 2004 Speech from the Throne to raise social assistance rates and a *Disability Supplement* for certified disabled social assistance clients was introduced in October 2000.

## **NOVA SCOTIA**

### **Article 2: Rights specifically subject to non-discrimination provisions**

461. The *Human Rights Act* prohibits discrimination based on "source of income".

### **Article 3: Equal rights of women and men**

462. In 2001, Nova Scotia women who worked full-time earned, on average, 71.6 cents for every dollar earned by men working full time. In 2003, women in Nova Scotia earned 69.1 percent (for ALL workers the ratio is 64.4 percent) of what males earned where both worked full-time, full-year. Among paid female employees in the province, 35 percent earned less than \$10 per hour in 2003, compared to 22 percent of paid male employees. Since 1996, there has been a decrease in the ratio of female to male earnings.

463. Matters related to Aboriginal women are discussed within the context of the Mi'kmaq-Nova Scotia Tripartite Forum. For example, a study was conducted of Aboriginal women in Arts and Crafts, which resulted in a proposal and plan for developing business skills for Native Craftswomen. A statistical report on Aboriginal women in Nova Scotia was prepared to inform the work of various Tripartite Forum committees. The Nova Scotia Native Women's Association is a partner in the Tripartite process.

### **Article 6: Right to work**

464. Employment supports are provided to more than 10,000 income assistance clients each year. Last year, 43 percent of these clients participated in educational or training programs, 31 percent began employment as a result of the supports and 26 percent enhanced their employability through career development activities. Only 25 percent of clients require the full amount of income assistance.

### Employment equity and workplace diversity

465. The Public Service Commission is responsible for the administration of employment equity for the public service of Nova Scotia. As demonstrated below, there was a slight decrease in the total number of members of affirmative action groups in the public service between 2000 and 2005. In 2000, the number of these employees represented 7.82 percent of the total civil service; in 2005 they represent 7.24 percent.

Affirmative action group	2000	2005
Aboriginal persons	49	49
African Nova Scotians	200	187
Other racially visible groups	72	83
Persons with disabilities	471	400

466. In 2005, there are approximately 6,481 women in the public service and the following is a breakdown of the pay plan distribution for women in 2005.

Pay Plan	# of Women	% of Women
Clerical	1 676	93%
Health Services	262	95%
Technical	343	28%
Professional	1 016	51%
MCP*	534	45%

\* Management Compensation Plan positions

467. While women are under-represented in some occupational categories, 45 percent of MCP level employees are women. In 1993, women occupied only 30 percent of management positions with the Nova Scotia Public Service.

468. The Nova Scotia Public Service Commission has established the Diversity Talent Pool, the Diversity Accommodation Fund, and the Diversity Round Table. In 2004-2005, the Affirmative Action Casual Inventory, which provided members of the designated affirmative action groups with entry level casual public service opportunities, was renamed the Diversity Talent Pool. Since September 2004, 24 designated group members have been placed in casual positions within the Public Service. The talent pool is promoted as the best place to find candidates for casual positions. Presentations about the pool have been made to organizations representing designated groups and at career fairs at the Black Cultural Centre and the Mi'kmaq Friendship Centre. In 2005-2006, the pool will be "on-line" to encourage applications from designated groups for all positions within Government.

469. Job seekers with disabilities face additional challenges, such as access to technical aids and equipment, or workplace accommodations. The Diversity Accommodation Fund helps the Government hire persons with disabilities who may need some job accommodations.

470. The Valuing Diversity Round Table provides strategic advice, information, and expertise to the Government. In particular, the Round Table will provide advice and guidance in matters relating to the Affirmative Action Policy and its application, initiatives and tools to support the Diversity Initiative, templates and methodologies that will assist Government to implement affirmative action plans, and employment system reviews.

### **Aboriginal people**

471. The Mi'kmaq-Nova Scotia-Canada Tripartite Forum's Economic Development Committee has put forward a number of initiatives focused on enhancing Aboriginal skills and employment, including Open for Business, an initiative focused on Aboriginal youth and developing entrepreneurship and business skills. Also, the Government, through the Economic Development Committee, has supported an Aboriginal Youth Business Summit.

472. On November 20, 2003, the Government entered into an agreement with Michelin North America (Canada) Inc., the Government of Canada and the Mi'kmaq of Nova Scotia to enhance Aboriginal participation in the workforce.

### **Persons with disabilities**

473. In April 2004, a new federal/provincial agreement was signed to replace the existing Employability Assistance for People with Disabilities initiative. This new Agreement, the Multilateral Framework for Labour Market Agreements for Persons with Disabilities, will ensure that Nova Scotia can continue to support labour market programs for adults with disabilities through a broad range of more flexible programs and services, from skills development to encouraging employment readiness, from supporting a person at work, to ensuring that a person is able to remain working.

### **Article 9: Right to social security**

474. Between 2000 and 2005, the number of people on income assistance in Nova Scotia declined from 35,000 to 32,000. The total program expenditure, however, increased, because of additional support services such as training, pharmacare and special needs, as those individuals who continue to receive income assistance have more complex barriers to employment requiring multiple, long-term interventions.

475. The Government increased social assistance rates in 2004 and 2005, which represented a two-year, annualized increase of \$4.6 million. Single adult renters will receive an additional \$50 per month, while single adults boarders will receive an additional \$25 per month. Starting October 2005, the personal allowance will be \$190 per month and the shelter allowance will range from \$260-\$535 per month for individuals to \$550-\$600 per month for families.

476. In August 2001, the Government introduced a new Employment Support and Income Assistance Program, which represented the most significant change to Nova Scotia's welfare system in more than 30 years. The program provides for a person's basic needs while

encouraging and supporting them in their efforts to become self-sufficient. People receiving assistance develop a personal plan that outlines their barriers and strengths to employment and the necessary steps they must take to get a job. Other improvements include enhanced benefits for pharmacare, child care, transportation, work related items (e.g. work boots), integrated child benefits and training.

### **Family-related benefits**

477. The Government of Nova Scotia has made some important strides in addressing child poverty as part of the National Child Benefit (NCB) (see Introduction to the present report). Nova Scotia has expanded and strengthened programs and services to help low-income families. In 2002-2003, the total spending on NCB programs was \$30.9 million. See *Canada's Fifth Report on the International Covenant on Civil and Political Rights* for additional information on the Nova Scotia Child Benefit.

### **Article 10: Protection of the family, mother and child**

478. Nova Scotia provides funding for child care to promote healthy development of children and to support working parents needing child care. As of June 2005, there are approximately 60,000 children six years of age and younger, and there are approximately 12,000 licensed child care spaces serving children aged 13 years and younger. This includes approximately 9,300 full day spaces in 220 centres (105 non-profit and 115 commercial), and 3,200 part day spaces in 148 centres (77 non-profit and 71 commercial).

479. Since 2001, Nova Scotia has contributed more than \$77 million as part of the Early Childhood Development (ECD) initiative. Direct funding to regulated child care in Nova Scotia is approximately \$19 million per year. Nova Scotia provides funding for child care through two streams, subsidized child care for families in need and financial assistance to child care centres in the form of infrastructure grants/loans to support expansion of child care and operating costs of centres.

480. The most recent Government of Nova Scotia progress report on Early Childhood Development investments and outcomes is available online, at [http://www.gov.ns.ca/coms/families/early\\_childhood.html](http://www.gov.ns.ca/coms/families/early_childhood.html). Information on the Early Childhood Development Agreement can be found in the Introduction to the present report.

### **Family violence**

481. In April 2002, the Government launched a process to redesign its family violence programs (Transition Houses, Women's Centres, and Men's Intervention Programs). The Government's response lays out a plan for working with service providers to meet specific community needs. It is available online at [http://www.gov.ns.ca/coms/families/community\\_outreach.html](http://www.gov.ns.ca/coms/families/community_outreach.html).

482. The Government funds nine transition houses for abused women and children. Statistics indicate that annual admissions to transition houses decreased from 1,037 in 1992-1993 to 869

in 2002-2003, however, family violence remains a significant issue. A report was prepared in January 2004 and may be found online, at [http://www.gov.ns.ca/coms/families/pdf/Womens\\_Centres\\_Mens\\_Intervention\\_Program\\_Jan2004.pdf](http://www.gov.ns.ca/coms/families/pdf/Womens_Centres_Mens_Intervention_Program_Jan2004.pdf).

483. As part of the *Domestic Violence Intervention Act*, which was passed in 2003, victims of family violence now have access to emergency-protection orders that preserve financial and physical well-being. Emergency protection orders can range from 30-day orders, which provide for temporary possession of the home or bank accounts, to orders that direct an individual to have no contact with the victim.

484. Other Government initiatives include:

- Regional plans are being developed by the fall of 2005 for women's centres, men's intervention programs and transition houses, to provide more outreach and information services;
- A Deputy Minister's Leadership Committee on Family Violence has been established, including the Deputy Ministers of the Departments of Justice, Health, Education and Community Services;
- The Advisory Council on the Status of Women works to reduce violence against women in communities, workplaces and families.

### **Article 11: Right to an adequate standard of living**

#### **Measures to reduce poverty**

485. Combating poverty requires action on many fronts. The majority of people receiving income assistance need literacy programs, academic or skills developments and the Community Services Employment Supports focuses on these needs. In 2004, 43 percent of those receiving support services participated in educational or training programs.

486. Information on the Employment Support and Income Assistance Program can be found under Article 9.

487. In June 2004, the minimum wage in Nova Scotia was increased to \$6.50 per hour. It was raised again in May 2005 to \$6.80 per hour. It is estimated that in 2005, about 21,900 Nova Scotians work for minimum wage. The increase will benefit those who need it most by increasing their gross yearly income by about \$624 with the first increase, and an additional \$728 with the second.

#### **Homelessness**

488. Under the Government of Canada's Supporting Community Partnerships Initiatives (SCPI), organizations and agencies received approximately \$6.6 million under Phase One (1999-2002) of the Initiative and an additional \$6.5 million has been allocated to the province

under Phase Two (2003-2006). The Province contributes to the operating costs and the establishment of many of the projects funded by SCPI, such as approximately \$6.5 million to support homeless related facilities in 2003-2004.

489. In September 2002, Nova Scotia entered into an Affordable Housing Agreement with the Government of Canada in which each level of government committed to \$18.63 million in funding to create or renovate 850 to 1,500 units over five years. See *Canada's Fifth Report on the International Covenant on Civil and Political Rights* for additional information.

490. The second phase of the Canada-Nova Scotia Affordable Housing Agreement was signed in March 2005. In this phase, the total investment in affordable housing in Nova Scotia will reach \$56.18 million by 2008 and will be used to create new rental housing and homeownership options, and to rehabilitate or convert aging housing stock. As of March 31, 2005, approximately 330 dwelling units have been constructed or renovated through funds made available under this agreement.

491. Also, since 2001-2002, the Nova Scotia Housing Development Corporation has funded approximately 16 projects. Approximately \$11.8 million in assistance was provided in 2003-2004 to help nine projects, including a 30-unit assisted living project and two properties for individuals with physical and developmental disabilities.

492. In addition to the initiatives under the Affordable Housing Agreements, Pendleton Place, a shelter for individuals with mental health and substance abuse problems, opened in the fall of 2004.

493. An enhanced partnership between the government and shelter operators was announced in May 2005 to make the best possible use of existing resources and to provide enhanced supports for those with mental health and substance abuse issues so that anyone seeking shelter can be accommodated in the existing system. Nova Scotia will also be working with the Government of Canada in this area.

### **Article 12: Right to physical and mental health**

494. There is a provincial funding commitment to support the skills assessment, recruitment, placement and retention of internationally educated health professionals (physicians) through the Clinical Assessment for Practice Program (CAPP). Further information on this program can be found online at <http://www.caprogram.ca/index.html>.

495. The Nova Scotia Diversity and Social Inclusion in Primary Health Care Initiative is a three-year plan, started in 2003 and funded by Health Canada's Primary Health Care Transition Fund. It highlights issues and facilitates the development of culturally inclusive policies and the first provincial guidelines for culturally competent primary health care in Canada, with participation from provincial District Health Authorities, the IWK Health Centre, Community Health Boards, Health Canada, communities including First Nations, African Canadians, Acadians/Francophones and immigrants, providers, researchers and community-based organizations.

496. The Office of the Provincial Medical Officer of Health has the responsibility to protect and promote the public's health in the following areas:

- Communicable disease control;
- Environmental health;
- Emergency preparedness and response.

497. In 2003, the Province instituted a provincial SARS Response Plan to deal with any cases, which occurred in Nova Scotia.

### **Aboriginal people**

498. The Tui'kn ( Mi'kmaq word for passage) initiative, which consists of local health-care teams including a doctor, a dietician, a pharmacist, a nurse and a health educator, was established in 2004 to improve health status and outcomes, build on the strengths of each of five Cape Breton First Nations communities, improve coordination and integration of services and work toward sustainability through increased accountability and community capacity building. It was based on a similar program started in Eskasoni, and studies showed that 89 percent of Eskasoni residents felt that the quality of health-care services in their community improved during the program. There was also a significant decrease in the number of times area residents visited the doctor or went to the emergency room.

499. In addition, the Province is involved in the collaborative development of an Aboriginal Health Blueprint. This is part of a series of commitments made by First Ministers at their September 2004 meeting.

### **Women**

500. The Healthy Balance Research Program is exploring the relationships between women's health and well-being and their paid and unpaid work, including caregiving. Four research streams are being conducted: a Nova Scotia population-based survey, focus groups, secondary data analysis and caregiver portraits. The goal is to bring to the policy arena a message about the importance of building a caring society and a healthy balance for women. Voices of women traditionally under-represented in research (African Nova Scotian women, Aboriginal women, immigrant women, women with disabilities) are included through Equity Reference Groups who advise on culturally appropriate methodology and dissemination strategies. This five-year project, started in April 2001, is funded by the Canadian Institutes of Health Research as a Community Alliance for Health Research. The Nova Scotia Advisory Council on the Status of Women and the Atlantic Centre of Excellence for Women's Health are lead partners.

### **Youth**

501. In 2005, new provincial prenatal education and support standards and youth health center standards that address accessibility issues for vulnerable groups were introduced. Also, the Healthy Beginnings Enhanced Home Visiting initiative provides increased support for families who need additional support in the early years.

502. Funding has been committed to provide universal access to breakfast programs for elementary school children.

503. In April 2003, the provision of health care services to youth in correctional facilities was centralized. The IWK Health Centre provides health services to youth at the NS Youth Centre in Waterville through an interdisciplinary health team including nurses, psychologists, social workers, a physician and psychiatric services. In addition, a Sexually Aggressive Youth Treatment program has begun for youth who are in the correctional centre as well as in the community. Psychiatric and psychological assessments for the courts are conducted in the community, in the hospital or in the youth centre depending on the clinical need of the youth.

### **Article 13: Right to education**

504. An amendment to the *Governor in Council Education Regulations* in 2004 allows a student with special needs to be funded to attend a designated special education private school.

## **PRINCE EDWARD ISLAND**

### **General**

#### **Aboriginal people**

505. The Mi'kmaq Confederacy Aboriginal Justice Program is a partnership between Lennox Island and Abegweit First Nations, the Aboriginal Women's Association of Prince Edward Island (PEI) and the Native Council of PEI, which is cost shared through PEI Office of the Attorney General and Justice Canada. The overall purpose of the Aboriginal Community Justice Program is to facilitate a greater involvement of Aboriginal people in the administration of justice and to reduce and prevent crime and victimization using a holistic approach to justice, prevention and rehabilitation.

### **Article 2: Rights specifically subject to non-discrimination provisions**

506. Information on the Prince Edward Island *Human Rights Act* can be found in *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

### **Article 3: Equal rights of women and men**

507. PEI has the lowest male-female wage gap in Canada for several reasons, one of which is the number of workers who are covered by federal or provincial public sector pay equity initiatives. The PEI *Pay Equity Act* was proclaimed in 1988 and was limited to public sector employers. As part of the implementation of the Act, the province of PEI adopted a gender neutral classification system intended to avoid recreating wage differentials in male dominated or female dominated occupations. Pay adjustments were made to employees in affected positions and the Act was repealed in 1995.

508. The provincial government has provided financial and consultation support to the PEI Aboriginal Women's Association to enable the organization to stabilize operations, build capacity and nurture leadership particularly with young Aboriginal women.

## **Article 6: Right to work**

### **Employment equity and workplace diversity**

509. Amendments to the *Civil Service Act* in 1998 identified the development of a public service that is representative of the province's diversity as one of the purposes of the PEI Public Service Commission. As a result, the Diversity and Employment Equity Policy was developed in May 2002. A significant and important initiative for the future growth and development of the PEI Public Service, this policy will also result in increased productivity and public satisfaction.

510. Building on the diversity policy, the Government has initiated the following measures:

- An inventory of individuals from designated groups (Aboriginal peoples, persons with disabilities, visible minority members, women in leadership, and women and men in non-traditional occupations) is being maintained to find placement opportunities for groups that are under-represented in the public sector and help candidates in finding meaningful and longer-term employment opportunities;
- Diversity work placements have been created for members from designated groups to foster increased equal employment opportunities and partnerships have been formed with other government agencies to assist in the placement process;
- The PEI government works continuously to identify and recruit students from designated groups who can be hired for summer employment;
- The Public Service Commission encourages designated group members and students to self-identify as belonging to one of the designated groups. This information assists the Commission in monitoring statistics and determining progress.

### **Persons with disabilities**

511. In April 2004, PEI entered into the Canada-Prince Edward Island Labour Market Agreement for Persons with Disabilities to improve the employment situation of persons with disabilities. The employment and vocational component of the Disability Support Program is partially funded by this cost-shared agreement.

## **Article 9: Right to social security**

512. The number of people receiving Social Assistance in PEI declined steadily from 1994 to 2004. The caseload declined from 6,103 to 3,927 (35.6 percent) in this period of time. In 2004-2005, the caseload rose to 4,330 reflecting an increase of approximately nine percent.

513. Benefit levels have been increased consistently during the period covered by this report. These increases represent an approximate \$7 million (25 percent) increase in the value of benefits. Food, clothing, household, personal and shelter allowances have all seen slight increases and a new travel allowance of \$20.00 per month was introduced.

### **Family-related benefits**

514. Total provincial National Child Benefit (NCB) investments in PEI for 2004-2005 amounted to \$3.6 million. Re-investments have included Early Childhood Services & Children-at-Risk Services, as well as a new Healthy Child Allowance which has been increased regularly to match increases in NCB rates - from \$28 per month per child in 2000 to \$59 per month per child in 2004. This allowance helps children participate in community sports and cultural activities.

### **Persons with disabilities**

515. The Government of PEI implemented a Disability Support Program in 2001 to improve access to disability supports and reduce barriers to participation in the labour market for people with disabilities. The program provides financial assistance to eligible clients who experience a significant and prolonged disability. Approximately 1,200 Islanders receive benefits that average approximately \$500 month. The program separated access to disability supports from eligibility for income support through social assistance.

### **Article 10: Protection of the family, mother and child**

516. In 1999, the Government announced the development of a five-year strategy for children in prenatal to early school years. The Premier's Council on Healthy Child Development was established in March 2001, to monitor the implementation of the Healthy Child Development Strategy. The Strategy focuses on improving outcomes for children in four key areas: good health, safety and security, success at learning, and social engagement and responsibility. The Council's most recent annual progress report, including information on investments under the Early Childhood Development Initiative (see the Introduction to the present report) is available online, at <http://www.gov.pe.ca/hss/hcd/index.php3?lang=E>.

517. Since its initial pilot phase in 2001, the Measuring and Improving Kids' Environments (MIKE) program provides program support, training and development to early childhood centres across the province. MIKE aims to increase the levels of quality and inclusion in licensed early childhood programs in PEI by focusing on increasing capacity of staff to provide higher quality services for all children within their programs.

518. While the program is voluntary, in 2003, 95 percent of all full-day licensed early childhood centres were participating. Results from the baseline data collection showed 16 percent of participating centres scoring "excellent" on the Early Childhood Environment Rating Scale - Revised, 27 percent were "good", 47 percent were "minimal" with 10 percent "inadequate." During the follow-up assessments, improvements were made - 31 percent received an "excellent" score, 51 percent "good" and 18 percent "minimal".

519. The Province has been gradually increasing its support for children with special needs. In 1999, the budget for special needs children in licensed early childhood education centres was \$639,000; in 2004, the budget was \$1,153,446. The focus of investing in healthy child development continues to be a government priority.

520. In 2000, Prince Edward Island signed the Early Childhood Development Initiative to support families and communities in their efforts to ensure young children can fulfill their potential to be healthy, safe and secure, ready to learn, and be socially engaged and responsible. PEI signed the Multilateral Framework on Early Learning and Child Care in 2003 to improve access to affordable, quality regulated early learning and child care programs and services. See the Introduction to the present report for additional information on these two initiatives.

### **Family violence**

521. During this reporting period, Prince Edward Island has renewed both its five-year strategy on family violence prevention and the mandate of the Premier's Action Committee on Family Violence Prevention. In addition, a Deputies Coordinating Committee on Family Violence Prevention was mandated to coordinate a corporate government response to the family violence prevention strategy.

522. Government initiatives have resulted in increased:

- Reporting of family violence to authorities;
- Demand for public education and awareness on family violence and the impact on children;
- Demand for professional training on family violence and the impact on children;
- Recognition by corporate sector on the linkages between family violence, the workplace, productivity, and associated economic costs;
- Awareness of the importance of risk assessment;
- Momentum for an enhanced response to family violence intervention and prevention across community and government sectors;
- Recognition by municipal governments of their role and responsibility to provide an effective response to family violence prevention;
- Recognition of family violence and the impact on children as a safety issue for all levels of government, community, and law enforcement agencies;
- Mandatory reporting to Child & Family Services in domestic violence involving children.

523. The Government has introduced the following new initiatives:

- Woman Abuse Policies and Protocols have been introduced throughout all Hospital Emergency Rooms, Income Support programs, and justice services in the province coupled with training on family violence and its impact on children for related services/sectors throughout the implementation phase of the initiative;

- The Workplace Family Violence Prevention Initiative has been introduced across all government, corporate, community, and law enforcement sectors in the province including signage in public/private washrooms displaying information on where to go for help.

### **Article 11: Right to an adequate standard of living**

524. Analysis of labour income data and National Child Benefit simulations indicate the both the depth and incidence of poverty have declined substantially over the period from 1999-2003. In 2001, there was about a 10.5 percent decline in the incidence of poverty and a 12.4 percent decline in the depth of poverty over the previous year.

525. In 2004, PEI significantly reduced its budget for the Social Assistance Job Creation Program. There was a significant 10 percent increase in the caseload over this same period of time. Further reduction in this service is anticipated.

### **Homelessness**

526. Part of the National Homelessness Initiative developed by the Government of Canada in 2000, the Supporting Communities Partnership Initiative (SCPI) is governed on PEI by a community committee with government and community partners defining priorities and monitoring the agreement. Since 2000, five new emergency shelters have been established as well as five support programs for parents, adults and youth.

527. The province has established the Island's first residential treatment centre for high-risk children and youth as well as a place of safety supports (Tyne Valley Child Youth Developmental Health Centre).

528. The main challenges for Homeless on PEI are:

- Sustainability of SCPI funded shelters as these shelters;
- Services for youth who are homeless;
- More transitional spaces (3-6 months).

### **Article 12: Right to physical and mental health**

529. In 2000, the province opened a new Provincial Addictions Treatment Facility and integrated all regional programs and services. Since then specialty services have been implemented to meet new challenges for addicted persons. The provincial addictions service now provides assessment, counselling, in-patient and out-patient detoxification, early intervention programs, rehabilitation, aftercare, public education, family support, and adolescent programs, as well as in-patient and out-patient gambling addictions programs. In each of the health regions, services such as out-patient detox and out-patient rehabilitation, family counselling, smoking cessation and student assistance programs and other youth services are offered.

530. From 2000-2004, a new service delivery plan for mental health was implemented, and provided the opportunity to increase the range of mental health programs, province wide. The overall aim was to:

- Define and declare service priorities and specialized programs for a provincial system response;
- Enhance follow-up for those clients with serious and persistent mental illness;
- Balance community and hospital based resources; and
- Connect initial, intensive and specialty treatment interventions.

531. The model places emphasis on a crisis response system, and expansion of community-based services, which include initial assessment, education, support, and linkages with other service providers as well as consultation, treatment and ongoing support. Provincial programs include child psychiatry, psychiatric consultation, and psychogeriatrics for seniors, shared care with physicians and an enhanced Children's Mental Health Network for children from birth to 18 years and their families.

### **Aboriginal people**

532. The PEI Department of Health and Social Services is gathering information relative to the Aboriginal Health Transition Fund, Aboriginal Blueprint process and the Aboriginal Human Resource initiative (see the Introduction to this report). PEI is participating in the Aboriginal Health Reporting Framework. The information gathering stage is not complete and PEI will be considering the extent of strategic planning in the near future.

### **Women**

533. In 2000, the provincial government supported a social marketing campaign to increase awareness of the importance for women to be regularly screened to prevent cervical cancer. This was in response to PEI having one of the highest rates of cervical cancer and lowest rates of screening.

534. In January 2001, the provincial government supported establishment of the PEI Pap Screening Program with the goal to reduce the incidence and mortality rates of cervical cancer in PEI.

535. In September 2001, a Pap Screening Clinic was established to provide Outreach Pap Clinics in each of the health regions. The Pap Program held its fifth Pap Awareness Campaign in October 2004. The Government continues to support initiatives to increase access and participation in cervical screening.

536. In 2001, Emergency Health and Emergency Social Services were combined under one Director of Emergency Health and Social Services with sole signing authority for emergency/disasters. This position works closely with the Chief Health Officer to ensure

that efforts to plan and respond to health and public health events are coordinated and comprehensive. The outcome of this new direction is to focus the skills of medical professionals on their areas of a response and to use the operational skills of others to implement the mitigative, operational, financial and logistics of responses. This new management system worked well in the SARS event where PEI had 12 suspect cases and implemented isolation protocols, quarantined persons, and closed businesses, and used personal and resources from health and social services to protect the health of the public.

## **NEWFOUNDLAND AND LABRADOR**

### **Article 2: Rights specifically subject to non-discrimination provisions**

537. There has been a recommendation made to government to include social condition as a recognized ground of discrimination under the Province's *Human Rights Code*. That recommendation is currently under review by the Government.

### **Article 3: Equal rights of women and men**

538. The Government and unions (Newfoundland and Labrador Association of Public and Private Employees, Canadian Union of Public Employees, Newfoundland and Labrador Nurses Union, International Brotherhood of Electrical Workers, Association of Allied Health Care Professionals) negotiated a pay equity agreement in 1988. Pay equity has been fully implemented as per the original agreement. Based on the methodology used in the agreement, there has been a significant reduction in the wage gap between female and male dominated positions.

539. The implementation dates for the Pay Equity Agreements were also agreed through negotiation, but subsequently, in 1991, legislation was enacted to delay the start of the implementation from 1988 to 1991. In October 2004, the Supreme Court of Canada held that the Government's decision to delay the implementation of pay equity for three years was reasonable and justifiable given the economic crisis that confronted the Province at that time (see *Newfoundland (Treasury Board) v. N.A.P.E.* in the attached Review of Jurisprudence).

### **Article 6: Right to work**

540. A results-based accountability analysis of provincial employment programs, which concluded in 2004, found that employment interventions showed strong results in improving the labour market success of participants. The analysis included a major survey, which found that nearly three quarters of participants in wage subsidy programs and almost half of those individuals who participated in other employment programming were employed at the time of the survey. The analysis also found that many individuals who participated in these interventions had opted to further their education. Overall, the level of participation of clients in the labour market increased after they participated in an intervention.

541. The *Income and Employment Support Act*, which came into force in November 2004 and replaced the *Social Assistance Act* (1977), provides enabling legislation that will facilitate the integration of employment interventions with the Income Support Program.

542. A new computerized client service management system was implemented, which captures the assessment, intervention, including counselling, and follow-up on all clients receiving case-managed employment and career services.

### **Employment equity and workplace diversity**

543. Under the Environmental Assessment process, the Government can require that employment equity conditions be part of major projects that require the Government's approval to proceed.

544. In 2002-2003, employment equity grants were provided to increase women's employment in the petroleum industry.

545. The Government of Newfoundland and Labrador is a member of the Marine Careers Secretariat and is working towards increasing awareness of marine career opportunities and increasing participation of under-represented groups including women, Aboriginals, persons with disabilities and visible minorities.

546. There has been an increase in the number of women participating in occupations related to trades, transport and equipment occupations and occupations unique to primary industry.

### **Persons with disabilities**

547. In April 2004, the Government of Newfoundland and Labrador signed an agreement with the Government of Canada entitled the Labour Market Agreement for Persons with Disabilities. Signed under the Multilateral Framework for Labour Market Agreements for Persons with Disabilities (see the Introduction to the present report), the agreement has a strong focus on increasing the labour market participation of persons with disabilities; a more transparent reporting framework; a reduced administrative burden, and increased flexibility through the provision of advanced annual payments by the Government of Canada, based on an annual plan. An additional \$411,000 will be provided in 2005-2006 under this Agreement to help persons with disabilities enter the workforce and maintain employment.

### **Youth**

548. The Department of Human Resources, Labour and Employment is redesigning its youth services with a focus on developing preventative strategies to help youth decrease their reliance on Income Support and to integrate them into the workforce. As well, the Department has developed and partnered on a number of innovative youth programs that are particularly focused on youth living in rural areas. These include:

- The establishment of the Newfoundland and Labrador Youth Advisory Committee, which is comprised of 15 youth and four mentors from across the province and advises government on significant issues related to youth;
- A year-round Student Work and Service program, which is targeted to at-risk youth who are outside the mainstream educational system, provides them with a work placement and a tuition voucher;

- A Social Worker Recruitment Program, administered by the Regional Health Boards, provides fourth year social work students an opportunity to work in rural Newfoundland and Labrador for their last summer work placement;
- The Rural Practice Work Experience for Medical Students Program, administered by the Newfoundland and Labrador Health Boards Association, provides incentives for medical students to gain work experience while working in rural areas of the Province.

549. The 2005 budget highlighted the need for focused efforts regarding youth on income support and ways to ensure self-reliance. Beginning with an extra \$500,000 in 2005-2006, a total of \$2 million over three years will be provided for an aggressive approach to job recruitment and placement.

### **Article 9: Right to social security**

550. The social assistance rates for Newfoundland and Labrador increased by two percent in 2000-2001 and by one percent in 2001-2002. Families without children and single income support clients will be provided with a two percent increase in their income support benefit rates, incrementally over 2005-2006: one percent on July 1, 2005, and another one percent on January 1, 2006. The number of cases accessing services has declined slightly in the past four years. The decline in the caseload has largely been a result of families with children (including single parents) leaving the caseload.

551. A change was made in the Regulations to allow funds held by recipients in Registered Education Savings Plans for their children to be considered exempt for the purposes of determining eligibility for Income Support. This change is intended to encourage post-secondary education for the children of Income Support recipients.

552. Applicants for Income Support are now permitted to retain funds held in a Registered Retirement Savings Plan up to \$10,000 for a period of 90 days and not have these funds considered in a determination of eligibility for Income Support. After the 90-day period, the funds would have to be liquidated to the approved asset level of \$500 for a single person and \$1,500 for a family.

### **Family-related benefits**

553. Beginning September 2005, the Stay in School Incentive Allowance will be established to offset the loss of child benefits for families receiving income support and to encourage youth to complete high school.

554. The impact of the Canada Child Tax Benefit and National Child Benefit Supplement (see Introduction the present report) on families with children has been to reduce the number of children living in low-income, reduce the depth of poverty and reduce overlap and duplication in the delivery of services for children living in low-income families. With the introduction of

the federal child benefits, the Department of Human Resources, Labour and Employment introduced the Newfoundland and Labrador Child Benefit to assist children living in low-income families.

#### **Article 10: Protection of the family, mother and child**

555. Through the Early Childhood Development (ECD) Initiative that was introduced in Newfoundland and Labrador in 2001, two initiatives were supported that specifically target pregnant women and families with children under one year of age. The first, the Mother Baby Nutrition Supplement (the former Mother Baby Food Allowance) continues to provide \$45.00 per month to pregnant women and up to the child's first birthday. The initiative has been expanded to include families with an annual income of \$22,397 (previously, only women in receipt of Income Support were eligible). Beginning in 2004, an additional benefit of \$90.00 has been provided to pregnant women in the month their child is born. The service has also improved in its delivery with the establishment of a central administration office, and a toll-free number, and the provision of referral information to interested participants (e.g. referral to Public Health Nurses or community pre- and post-natal services where they exist).

556. The second relevant initiative was an increase in the number of Healthy Baby Clubs. These community-based programs operate out of family resource centres and work closely with pregnant women and teens who may be at greater risk of poor birth outcomes. The service provides weekly food supplements (milk, eggs and oranges), nutritional and lifestyle information, hands-on experience with nutritious food preparation, regular peer group sessions, and one-on-one support/service from paraprofessional and professionals.

557. Information on initiatives to address Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) can be found under Article 6 in *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

558. The National Child Benefit investments that were started in 1998-1999, contribute approximately \$2.7 million annually in child care services. This funding supports: the subsidy program, family child care agencies, infant care centres in high schools, the Certification System for Early Childhood Educators, training for Early Childhood Educators, Child Care Consultant positions, and annual equipment grants for licensed child care settings. Through the ECD, the province further supports child care by providing approximately \$3.2 million in: enhancements to the child care subsidy program, child care staff positions at the provincial and regional levels, an Educational Supplement to Early Childhood Educators, and annual equipment grants to family child care providers.

559. The annual progress report (2002-2003) of Newfoundland and Labrador on Early Childhood Development is available online, at <http://www.health.gov.nl.ca/health/publications/default.htm>. The report provides an update of ECD funded programs and services, and includes information on the health and well-being of youth and children and child care services. Information on the Early Childhood Development Agreement can be found in the Introduction to the present report.

## **Family violence**

560. There have been a number of initiatives introduced to address family violence in Aboriginal communities:

- Increasing the number of female officers in Aboriginal communities;
- Training for key police personnel in Aboriginal communities, to improve understanding of cultural differences;
- Partnering with Public Legal Information Association of Newfoundland and Labrador, to develop information for women in all Aboriginal communities in Labrador;
- Instituting Restorative Justice in Labrador, which better reflects the sensitivities of culture, gender and race; and
- Placing a full-time police officer in Labrador, to deal with alcohol and substance abuse through education and strong community development.

561. The Government has established a Justice Minister's Committee on Violence Against Women, to address specific issues, such as the need for family violence legislation. Other initiatives include an increase in funding to transition houses and shelters for coordination and direct services and a provincial public awareness strategy including information kits, Violence Prevention Web sites, special days and events, print and electronic advertising on violence prevention, educational resources on specific topics.

562. In April 2005, the Government announced the establishment of a Child Victim Services Program to assist child victims/witnesses involved in the criminal justice process.

563. In partnership with the Health and Community Services Boards, the Department of Health and Community Services developed a risk management system to be used throughout the province with children in need of protective intervention and with their families. The system incorporates the best practices of child welfare in the country and an assessment instrument accepted nationally and internationally.

## **Article 11: Right to an adequate standard of living**

### **Measures to reduce poverty**

564. Since 2000, the overall child poverty rates for Newfoundland and Labrador have decreased both on a before and after-tax basis. The overall poverty rate (Low-Income Cutoffs After-Tax) for Newfoundland and Labrador has decreased from 12.8 percent in 2000 to 9.6 percent in 2002. The child poverty rate decreased from 17.6 percent in 2000 to 12.9 percent in 2002.

565. Poverty rates remain a concern and the Government of Newfoundland and Labrador continues to take steps to improve the lives of low-income individuals, including children and their families. The decrease in both the overall and child poverty rates can in part be attributed to the federal National Child Benefit and Newfoundland and Labrador Child Benefit programs and initiatives that reduce reliance on income support and increase attachment to the labour market. The number of children living in families receiving Income Support in the province has declined significantly, from 25,000 in 2000 to 20,200 in 2003.

566. The Department of Human Resources, Labour and Employment partnered with the Single Parents Association to help single parents return to work and provide them with other supports to help them get and maintain employment. A summary evaluation of the Single Parent Employment Support Program Pilot Project found that the program was successful in supporting clients to overcome barriers to employment, such as financial disincentives, child care and lack of confidence. In 2005-2006, a second supported Employment Program for Single Parents will be introduced in a region outside the capital area.

567. From 2000-2004, the Government of Newfoundland and Labrador introduced a number of initiatives to address poverty in the province, including increasing the first child rate for the Newfoundland and Labrador Child Benefit (NLCB) by \$12 in 2003-2004 and 2004-2005 and indexing the NLCB and the Senior's Benefit to the Consumer Price Index; as well as initiatives discussed under Article 10 aimed specifically at pregnant women, mothers and children.

568. The Poverty Reduction Strategy was announced in April 2005 in which the Department of Human Resources, Labour and Employment will lead in the development of a comprehensive, integrated approach that will address the connections between poverty and gender, education, housing, employment, health, social and financial supports, and tax measures, as well as the link between women's poverty and their increased vulnerability to violence.

### **Homelessness**

569. With respect to homelessness initiatives, please see paragraphs 210-213 of *Canada's Fifth Report on the International Covenant on Civil and Political Rights*. New measures introduced since that time include the development of the province's first affordable rental-housing development to provide rental units for independent seniors. With the support of both the federal and provincial governments, under the Shelter Enhancement Program, a new shelter and resource facility for women and their children who are escaping domestic abuse and violence was opened in May 2004.

### **Article 12: Right to physical and mental health**

570. Investments under the Early Childhood Development initiative included significant new investments in health care for children and parents, including healthy baby clubs and early intervention services for children with delay and developmental disabilities.

571. In 2003-2004, the Department of Health and Community Services engaged in intensive province-wide consultations on mental health across the province. Over 800 individuals took part in the three-month process and the findings have provided the basis for the development of

a mental health strategy. As well, the Department, following an intensive public consultation, approved a provincial primary health care renewal framework, *Moving Forward Together: Mobilizing Primary Health Care*. This framework supports four goals: (1) enhanced access to, and sustainability of, primary health care, (2) an emphasis on self-reliant and healthy citizens and communities, (3) promotion of a team-based, interdisciplinary and evidence-based approach to services provision and (4) enhanced accountability and satisfaction of health professionals. Provincial supports included the establishment of the Office of Primary Health Care, the Primary Health Care Advisory Council, linkages with local college and university programs and professional associations, and the development of provincial working groups to support learning/problem-solving and capacity building for health care providers.

572. Measures to deal with public health emergencies include: addressing local emergency issues such as education for food and water borne outbreaks; working with regional authorities on water safety and implementing vaccination programs; and the preparation of a provincial and regional pandemic and influenza response plan. As well, the Department of Health and Community Services established a Provincial Task Force on the Prevention and Control of Communicable Diseases. The mandate was to renew the province's preparedness in health institutions and ambulance services, to prevent and control communicable diseases.

#### **Article 13: Right to education**

573. The Government of Newfoundland and Labrador has been applying gender-based analysis to new curriculum development to ensure more appropriate consideration of women and issues of concern to women.

574. In June 2004, the Government commissioned a White Paper on Public Post-Secondary Education to examine post-secondary concerns, affordability and accessibility, and to identify initiatives that will enhance the employment prospects of graduates. The final report is available online at <http://www.ed.gov.nl.ca/edu/whitepaper/>.

### **Part IV**

## **MEASURES ADOPTED BY THE GOVERNMENTS OF THE TERRITORIES**

### **YUKON**

#### **Article 6: Right to work**

##### **Employment equity and workplace diversity**

575. Under the Yukon First Nation Final Agreements, there is a requirement for the Yukon Government to prepare plans, in consultation with First Nations, aimed at reaching a public service representative of the Yukon population. A territory-wide plan was developed, and individual plans for the traditional territories of some of the signatory First Nations are being implemented.

576. The First Nations Training Corps, which is now part of the Workplace Diversity Employment Office, has been substantially expanded to meet the demand for training. In

addition, significant effort has been made to increasing training available to First Nation government employees, and to providing training on land claims and cultural orientation to government employees throughout the Yukon.

577. The Workplace Diversity Employment Office was established in 2004-2005 to focus on two equity groups: people with disabilities and people of Yukon Aboriginal ancestry. The office incorporates and builds on the success of the First Nations Training Corps and a new training and work experience program for people with disabilities has been initiated.

578. An intra-government partnership between two branches of the Yukon Government was established in 2002 to provide both on-the-job training and classroom opportunities for those receiving income assistance.

### **Article 9: Right to social security**

579. Social assistance rates in Yukon have remained unchanged since 1992. From 2000 to 2004, the number of people accessing social assistance decreased approximately 19 percent. From 2003 to 2004, the number of people accessing social assistance showed a levelling off trend. The number of social assistance recipients has declined. The level of assistance available has increased through the provision of expanded and specialized case management services for clients, including clients with disabilities and those with serious employment barriers; for example, the provision of disability supports such as individual support agreements for day programming (families who care for their disabled relative can access funding to pay for day activity programming offered by local agencies), supported employment (clients are able to be placed in jobs for training and/or placed in subsidized employment positions), support for unpaid care givers (families are provided limited funding to arrange respite), assessments (software programs can confidentially evaluate a client's ability and readiness for employment providing the opportunity for more specialized case management in assisting the client overcome barriers to employment), and restorative goods and services (funding is available to pay for disability supports that might be required such as hearing aids, walkers, etc.).

580. In 2000-2001, an additional \$100 was given to beneficiaries of the Senior's Pioneer Utility Grant. As a result of amendments made to the *Pioneer Utility Grant Act* in 2003-2004, the payment to beneficiaries was increased from \$600 to \$750 per year and indexed for inflation, and the eligibility requirements were broadened by lowering to 55 the age at which surviving spouses are eligible.

581. Proposed changes to the Territorial Supplemental Allowance (TSA) for persons permanently excluded from the workforce include: increase the current rate an additional \$125/month, establish new process to ensure consistent and fairer determination of "disabled" for everyone, allow more earnings for persons with disabilities in the work force to be retained, and increase the exemption level to mirror level in *Canada Pension Plan* Disability Benefits program. As of June 2005, TSA has increased the allowance level from \$125 to \$250 for individuals with severe and prolonged disabilities. In addition, individuals who are permanently excluded from the labour force can also earn up to \$3,900 in income per year as part of the change to the TSA regulation.

### **Family-related benefits**

582. In Yukon, the National Child Benefit Supplement (see the Introduction of this report) is counted as income on social assistance budgets. The savings incurred by the Government as a result are reinvested in other programs such as:

- Supplementary Health benefits: Children's Drug/Optical;
- Early Childhood/Children at Risk Services: Children's Recreation Fund, Healthy Families, Food for Learning;
- Child benefits and earned income supplements: Yukon Child Benefits.

### **Article 10: Protection of the family, mother and child**

583. As a result of on-going financial support received under the Early Childhood Development Agreement, the Healthy Families Program has doubled the number of families served since the beginning of the program in 1999 and the Child Development Centre continues to expand its services. The following key initiatives have also been supported:

- Early childhood education and care programs;
- Child care work environments;
- Support for families;
- Professional standards, quality and accountability, sustainability and funding of quality programs; and
- Communication and public awareness of child care educators and the programs/services they provide.

584. The most recent progress report of the Government of Yukon on Early Childhood Development activities and expenditures is available online at [www.hss.gov.yk.ca/prog/fcs/index.html](http://www.hss.gov.yk.ca/prog/fcs/index.html). Information on the Early Childhood Development Agreement can be found in the Introduction to the present report.

585. In June 2003, the Minister of Health and Social Services was directed by Cabinet to undertake a full revision of the Yukon *Children's Act*. This revision is using a unique approach. The project is being lead jointly by co-chairs representing the Council of Yukon First Nations and the Yukon government. Over a period of two years, the consultation process will allow Yukoners the opportunity to share their views on the Act with the project team members who will be travelling to every Yukon community.

586. Funding was provided in 2003 through the Primary Health Care and Transition Fund for co-ordination of Fetal Alcohol Syndrome (FASD) prevention and early diagnosis, and information technology improvements.

### **Article 11: Right to an adequate standard of living**

587. Advanced Education provides funding to social assistance clients to assist them in obtaining training opportunities not normally covered under the social assistance regulations.

588. The Kids Recreation Fund (KRF) assists children and youth who are unable to actively participate in organized recreation programs because of financial hardship. The KRF helps parents with the cost of registration fees and /or special clothing, supplies and equipment.

### **Homelessness**

589. The following projects have received funding support from the federal Homelessness Initiative:

- The Salvation Army's Shelter program provides valuable, non-judgmental emergency housing to a basically disenfranchised population;
- Yukon Family Services Outreach Program offers referral services and informal counselling to youth who spend a lot of time on the streets;
- Option for Independence provides residential support to persons with FASD to assist them to live as independently as possible within a safe environment;
- An outreach van responds to the problems of youth addictions and homelessness by offering advice and support several evenings a week.

### **Article 12: Right to physical and mental health**

590. The *Decision Making, Support and Protection to Adults Act* came into force on May 2, 005. The legislation is comprised of three schedules that are separate but interrelated pieces of legislation: the *Adult Protection and Decision-Making Act*, the *Care Consent Act*, and the *Public Guardian and Trustee Act*. The new legislation provides a variety of tools and protections for people who have diminished capability to make their own decisions (e.g. financial, personal, health care). Different tools in the legislation are designed to assist people with different needs, for example, Supported Decision-Making Agreements, Representation Agreements, court-ordered guardianship, adult protection, substitute decision-making for care decisions, advance care directives, Capability and Consent Board and Public Guardian and Trustee.

591. Between 2000 and 2004, the Government developed or increased resource allocations to the following initiatives:

- Contributions to support families with autistic children;
- Increased funding for the Child Development Centre for services to children with developmental delays;

- Funding for the Council of Yukon First Nations to help support their First Nations Health Programs staffing requirements; and
- Opening additional beds in long-term care/continuing care facilities for seniors or others requiring such care.

592. Through the Canadian Northwest FASD Partnership, the governments of Manitoba, Alberta, Saskatchewan, British Columbia, Nunavut, Northwest Territories and Yukon, are working together to prevent fetal alcohol syndrome and to raise public awareness of the impact of FAS and related disorders. The partners share best practices, expertise and resource materials in the development of joint strategies and initiatives on FAS. For more information, see [www.faspartnership.ca](http://www.faspartnership.ca). Additional information on Yukon initiatives related to Fetal Alcohol Syndrome can be found in *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

593. The Yukon Government has updated its emergency health and emergency social services plan. Guidance for Local Authorities have been developed on the deliberate release of chemicals and biological, radioactive and nuclear agents. The Government participates in a coordinated national network involved in emergency planning, training and response, and coordination lead by the Public Health Agency of Canada.

## **NORTHWEST TERRITORIES**

### **General**

594. In June 2001, the Ministerial Committee on the Social Agenda sponsored a conference to initiate discussions on the development of a social agenda for the Northwest Territories (NWT). *Social Agenda - A Draft for People of the NWT*, prepared in April 2002 by a working group with representatives from Aboriginal and public governments as well as non-governmental organizations, includes key recommendations aimed at changing the overall system within which leaders make policy decisions and service providers deliver programs. The Government of Northwest Territories (GNWT) response to these recommendations, *Doing Our Part - The GNWT's Response to the Social Agenda*, was released in October 2002. Implementation has included a very successful Homecare program and the Seniors Action Plan. Progress reports on implementation of the recommendations are published annually. These documents are available at: [www.hlthss.gov.nt.ca/Features/Initiatives/initiatives.htm](http://www.hlthss.gov.nt.ca/Features/Initiatives/initiatives.htm).

595. In June 2002, the GNWT introduced an Action Plan for Seniors Programs and Services that identified specific actions to improve seniors programming across departments and at the community level in areas such as income support, housing, transportation, health and continuing care, employment, retirement, and elder abuse. A status report was released in June 2003. Both documents are available at: [www.hlthss.gov.nt.ca/Features/Initiatives/initiatives.htm](http://www.hlthss.gov.nt.ca/Features/Initiatives/initiatives.htm). Action Plan implementation includes extended health care benefits for seniors, a Seniors Information Line, Seniors Handbook, promotion of active living (participation in the 2005 Seniors Games was a highlight) and an Interdepartmental Committee for Coordination of Seniors' Programs and Services.

## **Persons with disabilities**

596. In May 2001, the Premier tasked the Disability Steering Committee Partnership with developing an interdisciplinary and multi-dimensional framework that would guide the development of effective programs and services, and promote the full inclusion of persons with disabilities throughout the Territories. In 2004, the Government launched the *NWT Action Plan for Persons with Disabilities*, which presents action items for each of the five areas identified by the Partnership: education, employment, income, disability supports, and housing. Successes include a pilot employment project in the North Slave region, the Disability Information Line, Supported Living and other programs. The Action plan is available at: [www.hlthss.gov.nt.ca/content/Publications/Reports/DisabilityReport/2004/DisabilityActionPlanDec2004.pdf](http://www.hlthss.gov.nt.ca/content/Publications/Reports/DisabilityReport/2004/DisabilityActionPlanDec2004.pdf).

### **Article 2: Rights specifically subject to non-discrimination provisions**

597. The *Human Rights Act* received assent on October 30, 2002, and entered into force on July 1, 2004. Social condition is a prohibited ground of discrimination in the Act. Other prohibited grounds of discrimination are race, colour, ancestry, nationality, ethnic origin, place of origin, creed, religion, age, disability, sex, sexual orientation, gender identity, marital status, family status, family affiliation, political belief, political association, and a conviction for which a pardon has been granted. Additional information is available in *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

### **Article 3: Equal rights of women and men**

598. Amendments to the *Public Service Act* came into effect on July 1, 2004, which provide that employees within an establishment in the public service must not, on the basis of sex, be paid at a lesser rate than other employees who perform work of equal value. The position of Equal Pay Commissioner was created and mandated to investigate and assist in the resolution of complaints filed under these provisions.

### **Article 10: Protection of the family, mother and child**

599. The GNWT announced an investment of \$2 million each year, over three years, to implement initiatives for early childhood development. Two documents, *Framework for Action: Early Childhood Development* and *Early Childhood Development: An Action Plan* form the blueprint for actions the GNWT will take to expand and enhance early childhood development initiatives. These activities are focused in four key areas: health and wellness and risk prevention; parenting and family supports; child development; and community support and community building. The two documents are available at: <http://www.learnnet.nt.ca/EarlyChildhood/index.html>.

600. The GNWT announced, in February 2002, an increase by up to 60 percent of daily contributions by the government to licensed day care programs, a rise in child care subsidies to low-income parents and an adjustment of program criteria to better meet the needs of those who work shifts or during summer months.

601. Changes to the *Labour Standards Act*, which entered into force in April 2001, extended the amount of time employees in the Northwest Territories can take off work to match the new federal parental benefits. These changes apply to eligible parents who work in the private sector. Government employees were already eligible for the extended leave.

### **Family violence**

602. The *Protection Against Family Violence Act*, which came into force on April 1, 2005, provides for 24-hour access to emergency protection orders when there is an act, or threat of family violence. It also provides victims of family violence with long-term protection orders. Anyone who has lived, or is living, in a family or intimate relationship with the accused will be able to apply for protection under this Act.

603. In October 2004, the Government of the Northwest Territories released its Framework for Action in response to the NWT Action Plan on Family Violence prepared by the Coalition Against Family Violence. The Framework lists actions to be undertaken by the Government in each of the areas identified by the Coalition: Policy and Legislation; Working Together; Capacity Building; Training; Prevention; Education and Awareness; Services; and Monitoring, Evaluation and Accountability. The Framework is available at: [http://www.gov.nt.ca/research/publications/pdfs/GNWT\\_response\\_FAMVIOL.pdf](http://www.gov.nt.ca/research/publications/pdfs/GNWT_response_FAMVIOL.pdf).

### **Article 11: Right to an adequate standard of living**

604. The Childcare Subsidy Program provides financial support to lower income families to assist them with their child care expenses so that they can participate in the labour force, or pursue educational and training opportunities in the Territories.

605. The minimum wage in the Northwest Territories increased, in December 2003, from \$6.50 to \$8.25. While the previous minimum wage differed for youth under 16 years of age and workers in off-road communities, the new minimum wage is the same for everyone regardless of their age or location of work.

### **Right to adequate housing**

606. Results of a survey measuring housing needs indicate there was a decrease in the number of NWT households in core need between 2000 and 2004. Some 2,726 households (20 percent) were found to be in core need in 2000. In 2004, this number had decreased by 466, and the proportion of households in core need dropped by four percent.

607. Beginning April 2002, the Government of the Northwest Territories introduced a common income assessment tool to be used with all residents applying for public housing and income assistance. The harmonization initiative introduced a graduated rent scale geared to income and designed to bring greater equity to the public housing program and provides for an increase in the amount of money clients receiving income assistance can earn without losing benefits.

### **Article 12: Right to physical and mental health**

608. In February 2002, the Government released an action plan to reform and improve the health and social services system that identifies 45 action items with specific deliverables and timelines for improvements in services to people, support to staff, system-wide management, support to trustees and system-wide accountability. Between 2002 and 2004, 39 action items were either completed or become part of the ongoing work of the health and social services system. Status reports on the implementation of the Action Plan are issued biannually. They are available, along with the Action Plan, at: <http://www.hlthss.gov.nt.ca/Features/Initiatives/initiatives.htm>.

609. In November 2002, the GNWT commissioned a discussion paper to research best practices in public health legislation across Canada, to outline the shortcomings with the current *Public Health Act*, and to identify a workable approach for new legislation.

### **Article 15: Right to participate in cultural life and benefit from scientific progress and the protection of authors' rights**

610. The *Official Languages Act* was amended in 2003, in response to the Final Report of the Special Committee on the Review of the *Official Languages Act*. Changes included: the formal designation of a Minister Responsible for the *Official Languages Act*; the establishment of an Aboriginal Languages Revitalization Board, to focus on promotion and revitalization of Aboriginal languages; the establishment of an Official Languages Board, to focus on issues of service delivery; provisions to address the role of a Languages Commissioner; and the clear designation of 11 official languages.

## **NUNAVUT**

### **Article 2: Rights specifically subject to non-discrimination provisions**

611. Nunavut passed its *Human Rights Act* on November 4, 2003. Pursuant to the terms of the legislation, the Act came into effect on November 5, 2004. Nunavummiut cannot, under the Act, be discriminated against on the basis of lawful source of income. Information on the Act can be found in *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

### **Article 3: Equal rights of women and men**

612. The *Human Rights Act* recognises and acknowledges the right to equality and prohibits discrimination based on sex, marital status, family status and pregnancy as well as on lawful source of income, all of which have the potential to alleviate and prevent discrimination against women. The Act also protects males and females alike against discrimination by virtue of planning to adopt a child, a common occurrence in Nunavut.

613. See also Nunavut's submission under Article 3 of *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

## **Article 6: right to work**

### **Employment equity and workplace diversity**

614. The obligations under the Nunavut Land Claims Agreement (NLCA), Article 23, continue to be in the forefront of programs and services to the people of Nunavut. As well, the new mandate of the Nunavut government, as set out in *Pinasuaqtavut* is focused on improving the health, prosperity, and self-reliance of Nunavummiut.

615. Article 23 of the NLCA refers to specific objectives related to Inuit employment within government. This article states that the objective is to increase Inuit participation in government employment in the Nunavut Settlement Area to a representative level. The Inuit organizations and the territorial and federal governments have a legal obligation to cooperate in the development and implementation of employment and training as set out in the Agreement.

616. Accordingly, the Government of Nunavut (GN) created the Inuit Employment Division within the Department of Human Resources in 2003. The division's mandate is to assist government departments in developing their Inuit Employment Plans. The division is also responsible for monitoring, evaluating and reporting on progress in the implementation of the Plans. The overall beneficiary representation (under the NLCA) in the GN has increased from 44 percent in 1999 to 46 percent in 2004.

617. The GN has developed successful initiatives and programs toward increasing beneficiary representation in the GN:

- Sivuliqtiksat - A two-year Senior Management Development Program that prepares beneficiaries to assume management roles in the public service. As of December 31, 2004, 19 interns had participated in the program and four had assumed management positions;
- Akitsiraq Law School - This program, in partnership with the University of Victoria, is the first Canadian Law school focusing on the educational needs of Inuit in Nunavut. Eleven students are expected to graduate from the four-year program in June 2005;
- Summer Student Program - In addition to the GN Priority Hiring Policy, priority hiring has been extended to Nunavut beneficiary high school and college students. In 2004, 130 summer students were placed, of whom 105 were beneficiaries.

## **Article 9: Right to social security**

618. The total social assistance caseload overall has remained relatively unchanged from 1999 to 2003. Some significant changes occurred in the caseloads for some communities, and there was only an overall increase of 1.8 percent since 1999.

619. There was a 10 percent increase to the social assistance food scale that came into effect on June 1, 2004, with a further five percent increase on April 1, 2005. These increases are

included in the regular social assistance payments that clients receive, and are an enhancement to the food allowance portion of Income Support benefits to acknowledge the high cost of food purchases in Nunavut.

### **Family-related benefits**

620. There have been no changes to the way Nunavut deals with the National Child Benefit program since 1999. The National Child Benefit Supplement is considered unearned income and deducted from social assistance payments. Reinvestments from this reduction go toward funding the Nunavut Child Benefit and the Territorial Working Family Supplement.

### **Article 11: Right to an adequate standard of living**

621. Please refer to Article 6 of the Nunavut section of *Canada's Fifth Report on the International Covenant on Civil and Political Rights*.

### **Article 12: Right to physical and mental health**

622. Health and Social Services (H&SS) operates a midwifery clinic in one of the communities. The services of this clinic, which are available to a large surrounding area, blend conventional and traditional Inuit midwifery practices. The Department is preparing a comprehensive maternal/child strategy, which will include the expansion of midwifery services and the training of more Inuit midwives.

623. H&SS has worked to reduce the number of respiratory syncytial virus (RSV) cases which cause serious illness in infants and children. The Department has developed a standardized clinical protocol for assessment, care and follow-up of children infected with RSV. Campaigns to promote breastfeeding and anti-smoking initiatives are being developed. Collaborative work is underway with the Department of Education to address issues related to communicable diseases (including RSV) in children's day care facilities.

624. Since 1999, the Department has been administering various community-based wellness programs on behalf of Health Canada. These programs, which support a variety of wellness initiatives for Inuit, women, and children include:

- Brighter Futures, which supports community-based wellness initiatives;
- Building Healthy Communities - Mental Health Crisis Management;
- Building Healthy Communities - Solvent Abuse Program;
- Aboriginal Diabetes Initiative;
- Canada Prenatal Nutrition Program;
- Fetal Alcohol Spectrum Disorder (see *Canada's Fifth Report on the International Covenant on Civil and Political Rights*);

- National Native Alcohol and Drug Abuse Program;
- First Nations and Inuit Home and Community Care Program;
- Tobacco Control Strategy.

625. It is the Government of Nunavut's policy to have an all-inclusive Territorial Emergency Response Plan representing input from all departments. The Government has developed a Pandemic Influenza (Pan Flu) Response Plan and an Airport Contingency Plan for Smallpox and has also contracted the development of an overall Territorial Smallpox Emergency Response Plan, which will complement the Pan Flu Plan and be the template for other extreme disease related health emergencies. The Department of Health and Social Services is represented on a National Committee whose primary function is to develop a framework for an all hazard health emergency management plan.

## Appendix

### REVIEW OF JURISPRUDENCE

#### Article 2: Rights specifically subject to non-discrimination provisions

In *Canada (House of Commons) v. Vaid*, the Supreme Court considered whether the *Canadian Human Rights Act* was applicable, because of the Constitution, by reason of a parliamentary privilege of the House of Commons and its members on questions of employment. The respondent, Satnam Vaid, was the driver of the Speaker of the House of Commons. He filed a complaint of discrimination based on race with the Canadian Human Rights Commission. The Court concluded that the *Canadian Human Rights Act* applied to all employees of federal administration, including those that work for Parliament. However, considering that Mr. Vaid's complaints of alleged discrimination and harassment are within the context of his allegation of an indirect dismissal, they fall under the procedure for filing grievances as established by the *Parliamentary Employment and Staff Relations Act* and they should be handled in compliance with that grievance procedure. The grievance system established by the *Parliamentary Employment and Staff Relations Act* coexists with the settlement mechanism established by the *Canadian Human Rights Act*. The purpose of section 2 of the *Parliamentary Employment and Staff Relations Act* is to avoid duplication. Nothing in Mr. Vaid's complaints justified that they should be considered outside of their particular labour relations context.

In the matter of *Gosselin (Guardian of) v. Québec (Attorney General)*, the Supreme Court of Canada ruled that sections 72 and 73 of the *Québec Charter of the French Language*, which exclude children from English instruction on the basis of the language in which their parents received their instruction, are valid and do not infringe sections 10 and 12 of the *Québec Charter of Human Rights and Freedoms*. The appellants alleged that the basic criterion for determining a child's language of instruction, that is, the language in which the parents were educated, was part of the child's "civil status", which is a prohibited ground of discrimination under section 10 of the *Québec Charter of Human Rights and Freedoms*. Since the appellants are members of the French language majority in Québec, their objective in having their children educated in English does not fall within the purpose of section 23 of the *Canadian Charter of Rights and Freedoms*. Section 23 establishes a complete code with regards to minority language educational rights, and it attains its objective of protecting and developing the linguistic minority in each of the provinces by contributing to the establishment of favourable conditions for the development of the anglophone community in Québec and of the francophone communities in the other provinces. There is no hierarchy amongst constitutional provisions. Equality guarantees cannot therefore be used to invalidate other rights expressly conferred by the Constitution. All parts of the Constitution must be read together. It cannot be said that in implementing section 23, the Québec legislature has violated the equality rights contained in either section 15(1) of the *Canadian Charter of Rights and Freedoms* or sections 10 and 12 of the Québec Charter.

#### Article 3: Equal rights of women and men

*Newfoundland (Treasury Board) v. N.A.P.E.*: In 1988, the government of Newfoundland and Labrador signed a Pay Equity Agreement recognising that it had underpaid female employees in the health care sector. The *Public Sector Restraint Act*, introduced in 1991 to avert a financial disaster, had the effect of postponing the commencement of the pay equity increase

and eliminated the obligation to pay the 1988 to 1991 arrears. At issue before the Supreme Court of Canada was whether the Newfoundland government, by postponing pay equity payments, was violating equality rights of section 15 of the Charter. The Court did not, however, make any pronouncement on the pay equity rights of female health care employees since they had been acquired by contract, rather the question was whether the government was discriminating against women by targeting pay equity compensation in its budget cuts. The province argued that a government financial crisis of the sort it went through, justified limiting Charter rights under section 1 of the Charter. The Supreme Court unanimously agreed there had been discrimination but that addressing the fiscal crisis was a pressing and substantial objective and that the measure was done to avert a serious financial crisis which justified the infringement of section 15. The exceptional financial crisis called for an exceptional response. According to the Court, to establish a financial crisis the government must prove that it had reasonable basis to believe that the fiscal health of government as a whole (not isolated to one department or program) was in jeopardy.

### **Article 6: Right to work**

#### **Canadian Charter of Rights and Freedoms**

In *Lavoie v. Canada*, the Supreme Court of Canada was unanimous in its finding that the *Public Service Employment Act* was discriminatory as it provided Canadian citizens with preferential treatment in federal Public Service employment and therefore, violated the appellants' right of equality under section 15 of the *Canadian Charter of Rights and Freedoms*.<sup>2</sup> Employment was deemed vital to one's livelihood and self-worth, and there was no apparent link between one's abilities and citizenship. The majority of the Supreme Court found however, that the discrimination was reasonable under section 1 of the Charter (reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society), because it was reasonable for the federal government to encourage residents to become Canadian citizens through federal hiring preferences. The minority held that the law section infringed section 15 of the Charter in a way that marginalizes immigrants from the fabric of Canadian life and that the violation of section 15 was not justified under section 1 of the Charter.

In *Archibald v. Canada*, the Federal Court of Appeal dealt with a legislation requiring the farmers of a designated area (Manitoba, Saskatchewan, Alberta and parts of British Columbia) to sell their wheat and barley to the Canadian Wheat Board and prohibiting them from selling it themselves to customers in domestic and export markets. The Court concluded that the legislation does not infringe the right to equality guaranteed by section 15 of the *Canadian Charter of Rights and Freedoms*. Residence and location of a farm within the designated area are not grounds of discrimination enumerated in section 15 of the *Canadian Charter* or analogous to those grounds because they are not an immutable characteristic, nor a constructively immutable one. Furthermore, the effect upon the individual is not linked to the essential factors of dignity or personal identity. The Court stated that it accepts that in some circumstances, freedom of association may protect a right not to associate, however there is no

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<sup>2</sup> The *Canadian Charter of Rights and Freedoms* or the "Charter" are used interchangeably in this review of jurisprudence.

violation of the freedom of association because only the associational aspects of activities are protected and not the activities themselves. As to the mobility rights protected by section 6 of the Charter, the Court stated that those rights are subject to laws of general application in force in a province and the impugned legislation is such a law of general application. Application for leave to appeal was denied by the Supreme Court.

In *Rombaut v. New Brunswick (Minister of Health and Community Services)*, the appellants challenged the constitutional validity of a provision under the *Medical Services Payment Act*, which allowed the provincial government to control the number and distribution of doctors in the province. The appellants were family physicians who alleged that their Charter rights to association, mobility, liberty and equality were violated. The Court of Appeal recognized the provincial government's inherent right to legislate and limit expenditures in the area of health care. It held that the appellants had no constitutional right to earn a livelihood in New Brunswick, nor did the freedom of association protection guarantee their right to practice medicine free of government intervention.

### **Human rights legislation**

*Québec (Commission des droits de la personne et des droits de la jeunesse) v. Maksteel Québec Inc.* involved a man who had plead guilty to criminal charges. He served his sentence, was paroled and returned to work to find that he had been dismissed and replaced. The complainant alleged that his dismissal was not justified and was due to his being convicted, such as to constitute unlawful discrimination based on a criminal record under section 18.2 of Québec's *Charter of Human Rights and Freedoms*. The Supreme Court of Canada recognised that "the right of individuals with criminal convictions to employment and to re-enter the labour market are important values in our society" and the Court held that section 18.2 reflects these values by protecting employees, whose criminal record is not related to their employment, from discrimination. The Court concluded that in this case, the complainant could not prove that the reason for his dismissal was the fact of his conviction and not his inability to work due to his incarceration.

In *Québec (Commission des droits de la personne et des droits de la jeunesse) v. Montréal (City); Québec (Commission des droits de la personne et des droits de la jeunesse) v. Boisbriand (City)*, M was refused a job as a gardener-horticulturalist, and H was refused a job as a police officer, because the pre-employment medical exam in both cases revealed an anomaly of the spinal column. T was dismissed from his position as a police officer because he suffered from Crohn's disease. The medical evidence in each case indicated that the individuals could perform the normal duties of the position in question and that they had no functional limitations. All three filed complaints alleging that they were discriminated against on the basis of handicap. The Supreme Court of Canada stated that a liberal and purposive interpretation of the Québec *Charter of Human Rights and Freedoms* and a contextual approach support a broad definition of the word "handicap", which does not necessitate the presence of functional limitations and which recognizes the subjective component of any discrimination based on this ground. The ground "handicap" must not be confined within a narrow definition. Instead, courts should adopt a multidimensional approach that considers the socio-political dimension of "handicap". The emphasis is on human dignity, respect and the right to equality rather than merely on the biomedical condition. A "handicap" may exist even without proof of physical limitations or other ailments.

## **Article 7: Right to just and favourable working conditions**

### **Human rights legislation**

*Lambert v. Québec (Procureur général)* involved a social assistance beneficiary registered in the Stages en milieu de travail (STM) [internship] program. In order to participate in the STM, the claimant had to conclude a contract under which he would receive \$100 per month, four percent of his salary in vacation pay and his normal monthly benefits. Everything would be paid to him by the Department of Income Security. Section 24 of the *Act respecting income security* provided that programs such as STM would not be subject to the requirements of the *Act respecting labour standards*, the *Labour Code* and collective agreements. The claimant's internship was terminated after five weeks because of his "disruptive behaviour". Mr. Lambert complained to the Commission des normes du travail on the ground that he was the victim of discrimination by reason of his social condition as a social assistance beneficiary and that he was consequently deprived of the minimum wage to which he would have been entitled if he had not been a social assistance beneficiary participating in an STM. The Québec Court of Appeal ruled that the distinction made between workers who were not social assistance beneficiaries and those participating in the STM was not based on the ground of social condition. The terms of participation in the STM did not violate beneficiaries' human dignity. These programs were designed to improve the economic situation of beneficiaries by providing them with training that could lead to paid employment.

In *Syndicat de la fonction publique du Québec v. Québec (Attorney General)*, the Superior Court of Québec had to deal with the issue pay equity between men and women. Since 1997, the purpose of the *Pay Equity Act* is to redress differences in compensation due to systemic gender discrimination. This legislation has precedence over any employment contract and applies to every employer whose enterprise employs 10 or more employees, including the government. Under Chapter IX of the Act, employers can ask the Commission de l'équité salariale to approve, under certain conditions, a pay equity or salary relativity plan completed before the adoption of the Act. Consequently, the employer would not have to undertake a new pay equity process under the general provisions of the Act. The Court rules that Chapter IX maintained, for a number of employed women, a situation of systemic pay discrimination, precisely what the *Pay Equity Act* aimed to redress. Chapter IX of the Act therefore infringes on the dignity and equality rights of employed women as guaranteed under section 15 of the *Canadian Charter of Rights and Freedoms* and section 10 of the *Québec Charter of Human Rights and Freedoms*. The case was not appealed.

## **Article 8: Trade union rights**

In *Dunmore*, the Supreme Court of Canada declared unconstitutional provisions of the impugned legislation excluding agricultural workers from the protection of the labour relations regime in Ontario. The Court suspended this declaration for a period of 18 months to allow amending legislation to be passed if the legislature sees fit to do so. The Supreme Court recognized that the constitutional protection of freedom of association has a collective aspect. That is, it may protect certain union activities that are central to freedom of association even though they are activities of a group and cannot be characterized as the actions of individuals. History has shown and Canada's legislatures have recognized that a posture of government restraint in the area of labour relations will expose most workers to a range of unfair labour

practices. In order to make the freedom to organize meaningful, in this very particular context, section 2(d) of the *Canadian Charter of Rights and Freedoms* (freedom of association) may impose a positive obligation on the state to extend protective legislation to unprotected groups.

In *R. v. Advance Cutting & Coring Ltd*, the appellant contractors and construction workers were charged with hiring employees who did not have the required competency certificates, or with working in the industry without such certificates, contrary to the *Quebec Construction Act*. The Act required the appellants to become members of one of a list of union groups in order to obtain the certificates. They argued that such an obligation was unconstitutional because it breached their right not to associate, which they claimed was a component of the guarantee of freedom of association in section 2 (d) of the *Canadian Charter of Rights and Freedoms*. The majority of the Supreme Court of Canada found that an implied negative right not to associate existed but that the legislation was constitutional. The members of the Court held different views as to whether the right was infringed by the legislation and whether the infringement was justified under section 1 of the *Canadian Charter of Rights and Freedoms*.

In *United Food and Commercial Workers, Local 401 v. Alberta Human Rights and Citizenship Commission*, Safeway Ltd, the employer, and the Union had negotiated a buyout package for senior employees. The Alberta Court of Appeal held that certain employees who were ineligible to the employee buyout program because they had not worked sufficient hours due to their disabilities were discriminated against. The Court concluded that the Union had a duty to accommodate by making reasonable efforts to avoid the discriminatory effects of the buyout provision on the complainants. Neither the Union nor Safeway would have been subjected to undue hardship if they had met their duty to accommodate the complainants. The provision was not reasonable, nor justifiable.

## **Article 9: Right to social security**

### **Canada pension plan**

In *Hodge v. Canada (Minister of Human Resources Development)*, Ms. Hodge was refused a survivor's pension under the *Canada Pension Plan* because she was not covered by the definition of "spouse". In fact, she had definitively terminated the relationship with her *de facto* spouse and was no longer living with him when he died. Ms. Hodge alleged that she suffered discrimination in comparison with married couples who had separated and who received a survivor's pension on the death of the spouse. The Court found that Ms. Hodge was no longer a "spouse" from the time when she terminated the *de facto* relationship with her spouse and the comparison group for the purpose of reviewing compliance with the right to equality was rather the group of divorced spouses, who did not receive a survivor's pension on the death of their ex-spouses. The Supreme Court of Canada found that the definition of spouse for the purposes of the survivor's pension was constitutionally valid.

In *Granovsky v. Canada (Minister of Employment and Immigration)*, the applicant suffered a work-related accident in 1980 and was then assessed to be temporarily totally disabled. The disability became permanent in 1993 and he then applied for a Canadian Pension Plan (CPP) disability pension. His application was refused because he had not made the required contributions to the CPP for the minimum qualifying period. He could not bring himself within

the “drop-out” provision, made available to applicants who suffered from severe and permanent disabilities, under which periods of disability are not counted in the recency of contribution calculation. The applicant alleged that the contributions requirement fails to take into account the fact that persons with temporary disabilities may not be able to make contributions for the minimum qualifying period because they are physically unable to work. The Supreme Court of Canada stated that a section 15 of the *Canadian Charter of Rights and Freedoms* analysis (equality rights) should proceed on the basis of three broad inquiries. Mr. Granovsky’s claim fails at the third step (whether the differential treatment brings into play the purpose of section 15, i.e., does the law, in purpose or effect, perpetuate the view that persons with temporary disabilities are less capable or less worthy of recognition or value as human beings or as members of Canadian society?) because he has not demonstrated a convincing human rights dimension to his complaint. The differential treatment afforded by the “drop-out” provision ameliorates the position of those with a history of severe and permanent disabilities. Drawing lines is an unavoidable feature of the CPP and comparable schemes. Parliament did not violate the purpose of section 15 of the Charter by seeking to benefit individuals with a history of severe and prolonged disability.

*Hislop v. Canada (Attorney General)* involved a class action lodged by same-sex partners whose partners had died between 1985 and 1998 and who were denied survivor benefits under the *Canada Pension Plan (CPP)*. The CPP was adopted in order to give Canadians “an opportunity to retire in security and with dignity in the hope that it would cover the widest possible range of citizens”. In this spirit, in 1998, the Government had amended the CPP so as to include same-sex partnerships in the survivor benefits provisions. However, to be eligible for the benefits, the partner had to have died on or after January 1, 1998. The Ontario Court of Appeal held that this cut-off date discriminated against same-sex partners based on their sexual orientation and so were treated differently in comparison with heterosexual couples. The Court of Appeal found that the legislative provisions which established the cut off date for benefits were discriminatory. The Supreme Court of Canada has granted leave to appeal.

*Bear v. Canada (Attorney General)* involved the Minister’s refusal to permit the applicant to make retroactive contributions to the Canadian Pension Plan (CPP). The applicant was an employee of a First Nations reserve and as a result had been engaged in tax-exempt Indian employment, which made her ineligible for contributions to the CPP. The CPP regulations were amended in 1988 to allow the exempted employees to make contributions. The applicant applied in 1992 to make retroactive contributions from 1966, when she started her employment on the reserve, to 1988. The Federal Court of Appeal concluded that the applicant had been subjected to differential treatment on the basis that she was Indian and worked on a reserve. However, the Court held that this did not amount to discrimination since the distinction was not one that affected the applicant’s human dignity, but rather was based on the good faith policy that CPP contributions should be paid from taxable income.

### **Employment insurance benefits**

In *Canada (Attorney General) v. Lesiuk*, the Federal Court of Appeal dealt with whether the 700 hours of work in order to be eligible for employment insurance benefits violated equality rights under section 15 of the Charter. Ms. Lesiuk claimed that the requirement negatively impacted mothers with the care of children who could not work as many hours as those without parental responsibilities. The Court accepted that being in a parent-and-child relationship

constituted an analogous ground of discrimination. However, the evidence did not support Lesiuk's submission of discrimination since it established that the majority of women with children exceeded the 700-hour requirement. Moreover, the court could not conclude that not meeting the hour requirement affected a person's human dignity so as to constitute discrimination. As a result, there was no violation of the respondent's right to equality. The Supreme Court of Canada denied leave to appeal.

### **Worker's compensation**

*Nova Scotia (Worker's Compensation Board) v. Martin* involved two appellants who suffered from chronic pain related to injuries they had sustained at work. Both appellants had received temporary benefits; however, they were denied permanent disability benefits because chronic pain was excluded from compensation under the compensation regime. The Supreme Court of Canada recognised that the Workers Compensation scheme discriminated against workers who suffered from chronic pain on the basis of the nature of their physical disability. This discrimination violated section 15 of the Charter and could not be justified under section 1 of the Charter. The offending provisions were declared invalid.

### **Social assistance**

In *Gosselin v. Québec (Attorney General)*, Ms. Gosselin instituted a class action challenging the constitutionality of paragraph 29(a) of the *Regulation respecting social aid* (Québec) because it infringed the rights of claimants under 30 years of age to security of the person and equality, protected by sections 7 and 15 of the *Canadian Charter of Rights and Freedoms*. Paragraph 29(a) of the Regulation had the effect of reducing by approximately two-thirds the amount of welfare benefits paid to claimants under 30 years of age who were capable of working and lived alone. The Regulation came into force in 1984 and was repealed in 1989. The majority of the Supreme Court of Canada found that the scheme did not infringe the Charter. As far as section 15 was concerned, the judges unanimously recognized that the provision imposed different treatment on the basis of the beneficiary's age, a prohibited ground of discrimination under section 15 of the Charter. However, in the view of the majority, the scheme did not have a discriminatory effect because the measure reflected the goal of assisting young claimants under 30 years of age; that is to say that by encouraging them to work or to obtain training that would enable them to obtain employment, the government adopted a policy that took the needs of young claimants into account. As for section 7 of the Charter, which provides that a person may not be deprived of the right to life, liberty and security of the person except in accordance with the principles of fundamental justice, the majority of the Court found that there was no infringement of this kind in the case and that the circumstances did not justify a new application of section 7 that would impose on the State a positive duty to guarantee an adequate standard of living.

In *Falkiner v. Ontario (Ministry of Community and Social Services)*, the applicants were single mothers who received social assistance. They had each lived with a member of the opposite sex for less than one year. Their partners were not the fathers of their children. The relevant Regulations were amended to classify these partners as spouses. As a result of this classification, the applicants lost their entitlement to social assistance. The applicants argued that this was discriminatory and deprived them of life, liberty and security of the person (sections 7 and 15 of the Charter). On the issue of whether the relevant Regulation violated

section 15 of the Charter, the Court stated that “the definition of spouse has subjected the respondents to differential treatment on the basis of three prohibited grounds of discrimination: sex, marital status and receipt of social assistance.” The law created different consequences in practice for women who are found to be in spousal relationships than for men because of the tendency established in the evidence for the male person to be the recipient of the cheque and thus in control. The evidence established that the overwhelming majority of persons affected - i.e. whose benefits have been terminated - are women, and most of those are single mothers, one of the most disadvantaged groups in Canada. The Court of Appeal accepted that social assistance receipt was a ground of discrimination recognised in the Charter. The definition of spouse failed the proportionality test under section 1 of the Charter because the stated purpose to treat married and unmarried spouses equally was not rationally connected to an overbroad definition of spouse, which caught “non-marriage like” relationships and did not minimally impair the right to equality.

In *M.B. v. British Columbia*, the British Columbia Court of Appeal concluded that that the social assistance benefits were not deductible from an award for damages (for sexual assault). An award for damages was meant as a means of repairing a wrong, not as wage replacement and so M.B. was not in a position of double recovery for the same loss. In discussing whether social assistance could fall under the charitable donation exception to the double recovery rule, the Court explained that social assistance is not charity but rather, in keeping with the *Universal Declaration of Human Rights* and the *International Covenant on Economic, Social and Cultural Rights*, the *British Columbia Benefits Act* “can be taken as a recognition by the Legislature of a general obligation to relieve poverty and the right of those in need to receive adequate support for their health and well being.”

*Broomer v. Ontario (Attorney General)* involved an application for an interlocutory declaration that legislation, which imposed a lifetime ban from receiving social assistance after being convicted of fraud was of no force and effect. The applicants argued that the lifetime ban violated sections 7, 12 and 15 of the Charter and that they should obtain a suspension from its application to them. One of the applicants, Broomer, was in receipt of Ontario Disability Support Program (ODSP) payments as well as Workers Compensation Board (WCB) payments but failed to report both payments received monthly to the WCB. He was charged with fraud and convicted and banned from assistance for life and the Court imposed restitution to be deducted from the remaining social assistance his family received (his wife applied for benefits for her and their three children). Without Broomer’s benefits, the family’s monthly income was about 165\$ short of its expenses plus debt. The applicants Duke and Beauparlant were in similar situations. This was an application for interim relief from having to make restitution, pending the outcome of a constitutional challenge to provincial legislation. As a result, the Court was asked to declare certain regulations of no force and effect for the applicants in advance of the constitutional validity of the legislative scheme being reviewed. The Court was of the view that this relief should not be granted lightly, but where the imposition of the ban was “penalizing innocent individuals, especially children...” it would cause irreparable harm and encroach on fundamental rights and so could rightfully be restrained. Citing *Falkiner* and its recognition of social assistance receipt as an analogous ground, the Court recognized that there was *prima facie* discrimination since the government was imposing a burden on social assistance recipients and their families that others did not suffer. Although not addressing the constitutional validity of

the legislation, because there was a *prima facie* violation, the Court granted the interlocutory injunction restraining the Government from making deductions regarding the applicant's repayment orders.

In *Shubenacadie Indian Band v. Canada (Canadian Human Rights Commission)*, the Federal Court of Appeal confirmed a decision rendered by the Canadian Human Rights Tribunal which found that the Indian Band had discriminated against the complainants on the grounds of race and marital status, contrary to the *Canadian Human Rights Act*. The Indian Band authorized the payment of social assistance for the registered Indians and their children but refused to pay social assistance in respect of the non-Indian spouses living on the reserve with their Indian spouse. The Government of Canada had undertaken to reimburse the Band for any payments for basic social assistance made to non-Indians, such as the complainants, who were living on reserve.

#### **Article 10: Protection of the family, mother and child**

In *Sharpe*, the Supreme Court of Canada had to deal with whether the offence of possessing child pornography in section 163.1 (4) of the Criminal Code was, in terms of section 1 of the *Canadian Charter of Rights and Freedoms* (rights and freedoms are subject to reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society), consistent with the right to freedom of thought and expression in section 2(b) of the Charter, and consistent with the right to liberty in section 7 of the Charter. The Court held that section 163.1(4) of the *Criminal Code*, although *prima facie* inconsistent with section 2(b), was justified under section 1; and that it also followed that there was no violation of section 7. The Court concluded that Parliament's objective in passing section 163.1(4) was to criminalize possession of child pornography that poses a reasoned risk of harm to children. This objective is pressing and substantial. Over and above the specific objectives of the law in reducing the direct exploitation of children, the law in a larger attitudinal sense asserts the value of children as a defence against the erosion of societal attitudes toward them. Possession of child pornography increases the risk of child abuse. The Court concluded that in broad impact and general application, the limits section 163.1(4) imposes on free expression are justified by the protection the law affords children from exploitation and abuse. The majority of the Court declared that section 163.1 must be read as incorporating two exceptions for the possession of two categories of material that raise little or no risk of harm to children. Three judges referred to many instruments that emphasize the protection of children, namely the *Convention on the Rights of the Child*, its *Optional Protocol on the sale of children, child prostitution and child pornography* and article 10(3) of the *International Covenant on Economic, Social and Cultural Rights*.

In *Canadian Foundation for Children, Youth and the Law v. Canada (Attorney General)*, a majority of the Supreme Court of Canada upheld section 43 of the Criminal Code, which provides a limited justification in cases where a parent or person acting in the place of a parent uses reasonable force in the correction of a child. According to the Court, limitations in the statutory and case law provided adequate procedural safeguards to protect the right to fundamental justice and the provision did not authorize the use of force likely to cause harm. The requirement that any force used must be reasonable also ensured that criminal liability would apply in appropriate cases. Further, provided that any force met the statutory reasonableness requirement, it could not be said that it amounted to cruel or unusual treatment or

punishment. Finally, taking into account the need to provide a safe environment for children, the need for appropriate guidance and discipline, and the fact that, absent of the justification, Canada's criminal law of assault would apply even to the most minor application of force, the justification did not offend the constitutional prohibition on discriminatory measures.

In *Renvoi relative au projet de loi C-7 sur le système de justice pénale pour les adolescents*, the Québec Court of Appeal considered the constitutional validity of the provisions of the *Youth Criminal Justice Act* (YCJA). The Court found that some of the provisions of this Act respecting sentencing, more specifically those relating to the presumption that an adult sentence would be imposed and those concerning the exception to the rule that the identity of a violent young offender would not be disclosed violated the young person's right to security of the person under section 7 of the *Canadian Charter of Rights and Freedoms*. The Court also found that the YCJA was not inconsistent with the *Convention on the Rights of the Child* or the *International Covenant on Civil and Political Rights*. Notwithstanding the creation of the presumption applied to the young offender, the Court expressed the view that [TRANSLATION] "nothing in these provisions prevents the court rendering the decision from emphasizing the rehabilitation and reintegration into society of the young person and imposing the least restrictive sentence possible in compliance with sections 3 and 38 interpreted in light of article 3 of the *Convention (on the Rights of the Child)*". Consequently, the provisions in question may be interpreted in a way that satisfies the objectives of international agreements. There was therefore no inconsistency with international law.

In *Falkiner v. Ontario (Ministry of Community and Social Services)*, the applicants were single mothers who received social assistance. The relevant Regulations were amended to classify the partners with whom they lived as spouses. The Court of Appeal accepted the evidence that the effects of the Regulation disproportionately burden women particularly, because most sole support parents are women. See summary under article 9.

In *Broomer*, the Court granted relief from the application of a lifetime ban from receipt of social assistance in part because of the effect such a ban had on the recipients family, placing his wife and children in a situation of great social and financial insecurity. See summary under Article 9.

In *Nova Scotia (Attorney General) v. Walsh*, Ms. Walsh had been in a long-term common law relationship; however, she did not have access to equalization provisions (equal division of the value of the couples' property) in the province's *Matrimonial Property Act* (MPA) because it was only available to married couples. Ms. Walsh cohabited with B. for approximately 10 years. She applied for spousal support, child support and a declaration that the definition of "spouse" in section 2(g) of the MPA was unconstitutional for failing to provide her with the presumption, applicable to married spouses, of an equal division of matrimonial property and so violated her equality rights (section 15 of the Charter) on the ground of her marital status. In coming to the conclusion that there was no violation, the majority of the Supreme Court of Canada felt that the point of view that should be adopted is not when relationships break down but rather when they are entered into. The decision to marry or not is a personal one and should be free to couples. Evidence showed that persons knowingly enter into common law relationships by choice and as a result do not wish to be submitted to the marital regime and the obligations that flow from it. Any presumption that all couples intended to be subject to the same legal obligations would

cancel out the couple's freedom to arrange their relationship and obligations as they see fit. The exclusion from the MPA of unmarried cohabiting persons of the opposite sex is not discriminatory within the meaning of section 15 of the Charter. The distinction does not affect the dignity of these persons.

### **Article 12: Right to physical and mental health**

In *Auton (Guardian ad litem of) v. British Columbia (Minister of Health)*, the petitioners, including four child petitioners who were diagnosed with autism or autism spectrum disorder, had requested funding for Lovaas Autism Treatment from the provincial government and had been denied such funding. The unequal treatment is said to lie in funding medically required treatments for non-disabled Canadian children or adults with mental illness, while refusing to fund medically required ABA/IBI therapy to autistic children. The Supreme Court of Canada stated that the government must provide the services authorized by law in a non-discriminatory manner. Here, however, discrimination has not been established. First, the claim for discrimination is based on the erroneous assumption that the *Canada Health Act* (CHA) and the relevant provincial legislation (*Medicare Protection Act*) provided the benefit claimed. Second, on the facts here and applying the appropriate comparator, it is not established that the government excluded autistic children on the basis of disability. The legislative scheme does not promise that any Canadian will receive funding for all medically required treatment. All that is conferred is core funding for services provided by medical practitioners, with funding for non-core services left to the Province's discretion. Thus, the benefit here claimed - funding for all medically required services - was not provided for by the law (as required by section 15 of the Charter). The Court also looked to the reality of the situation to see whether the claimants had been denied benefits of the legislative scheme other than those they have raised. This brings up the broader issue of whether the legislative scheme is discriminatory, since it provides non-core services to some groups while denying funding for ABA/IBI therapy to autistic children. If a benefit program excludes a particular group in a way that undercuts the overall purpose of the program, then it is likely to be discriminatory: it amounts to an arbitrary exclusion of a particular group. If, on the other hand, the exclusion is consistent with the overarching purpose and scheme of the legislation, it is unlikely to be discriminatory. The legislative scheme in this case, namely the CHA and the MPA, does not have as its purpose the meeting of all medical needs. It follows that exclusion of particular non-core services cannot without more be viewed as an adverse distinction based on an enumerated ground. Rather, it is an anticipated feature of the legislative scheme.

In the matter of *Chaoulli*, it was alleged that the failure of the Québec public health system to provide quality health care in due time, combined with the effects of section 15 of the *Health Insurance Act* (Québec) and section 11 of the *Hospital Insurance Act*, which prohibit reimbursement by private insurances for services covered by the Régie de l'assurance maladie du Québec, infringes the rights to life, liberty and security and that this infringement is not in compliance with the principles of fundamental justice (section 7 of the *Canadian Charter of Rights and Freedoms*) as well as the right to life, personal security, integrity and freedom that is guaranteed by the *Québec Charter of Human Rights and Freedoms*. In June of 2005, the Supreme Court of Canada, in a divided decision (4-3), invalidated legislative provisions that prohibited Québec residents of insuring themselves in the private sector for services covered by the Québec public health care system. The majority ruled that the delays in accessibility to

health care in the Québec public health care system did infringe on the right to life and the integrity of the person as protected by the Québec *Charter of Human Rights and Freedoms* and that the prohibitions raised, even though they undertake an urgent and real objective, which is to preserve the integrity of the Public Health care system, are not justified, and the Court is of the opinion, in light of the experiences of certain Canadian provinces and of a certain number of western countries, that many avenues are available to the Québec government to reach this objective. The Court was unable to reach a majority opinion on the question of the compatibility of these prohibitions with section 7 of the *Canadian Charter of Rights and Freedoms* guaranteeing that they cannot infringe on the right to life, liberty and security of the person except in accordance with the principles of fundamental justice.

In *Lalonde v. Commission de Restructuration des Service de Santé*, the Health Services Restructuring Commission of Ontario had recommended that the Hôpital Montfort, the only French-language teaching hospital in the province of Ontario, should become primarily an ambulatory care centre providing only certain types of care. The respondents applied to have the Commission's directives set aside. The Ontario Court of Appeal recognized that the principle of the protection of minorities is a "fundamental structural feature" that emerges from both the explicit guarantees and unwritten principles of the Canadian Constitution. The constitutional principle of protection of minorities and the principles governing the interpretation of language rights favour a large and liberal interpretation of the *French Language Services Act* - which imposes on the Government of Ontario a duty to provide services such as those provided at the Montfort, unless it is "reasonable and necessary" to limit them. In light of these rules of interpretation, the government of Ontario did not show that it was reasonable and necessary to limit the services provided at the Montfort.

In *Irshad (Litigation Guardian of) v. Ontario (Minister of Health)*, the Ontario Court of Appeal discussed the recession in 1994 in Ontario, like in the rest of Canada, and the changes that were then made to the Ontario Health Insurance Plan (OHIP), a provincial health care plan available to residents of Ontario. The Ontario Court of Appeal accepted the Ontario's position that the definition of "residency" for the purpose of eligibility draws a distinction between persons who are ordinarily resident in Ontario and who are entitled, or will shortly be entitled, to stay in Ontario on a permanent basis; and those who, while ordinarily resident in Ontario are not, because of their immigration status, entitled to remain permanently in Ontario. The Court concluded that this distinction is based on "residency status" and is not one of the prohibited grounds of discrimination enumerated in section 15 of the *Canadian Charter of Rights and Freedoms* (equality rights) nor is it an analogous ground to that list. The requirement that persons who are ordinarily resident in Ontario have an immigration status that permits them or will shortly permit them to remain permanently in Canada is a logical corollary to the requirement that a person intends to make his or her permanent home in Ontario. As to the three-month waiting period, apart from the prescribed exceptions, the waiting period applies to all new residents of Ontario, regardless of their citizenship, former place of residence, or immigration status. Nothing in the regulation prevents new residents of Ontario who are not from another province from obtaining health care coverage for the three-month waiting period. All of the appellants who were adversely affected by the waiting period could have obtained alternate health care coverage. Indeed, those new immigrants who are most likely to be unable to obtain health care coverage for the three-month period (e.g. refugees) are exempt from the waiting period.

In the *Broomer* decision, one of the applicants, Beauparlant, was suffering from a manic depression and as part of the lifetime ban that was imposed on him lost his drug card and could no longer buy medication. An interim declaration was granted to exempt him from the regulation insofar as it prevented him from having a drug card. See summary under Article 9.

### **Article 13: Right to education**

In *Solski (Guardian of) v. Québec (Attorney General)* (S.C.C.) (29297) (Casimir No. 1), Cezary Solski and Isabelle Solski, Québec residents, want their two children to attend an English public secondary school. They became Canadian citizens in May 1997. Section 72 of the *Charter of the French Language* requires that instruction be conducted in the French language in kindergartens, elementary and secondary schools, in public establishments and in subsidized private establishments. There are exceptions to this rule, notably for “children where the mother or the father is a Canadian citizen and they have attended or are attending a primary or secondary school in English in Canada, and the same is true for their brothers and sisters, provided that that instruction constitutes the major part of the primary or secondary instruction received by the child in Canada” (sub. 73(2) of the *Charter of the French Language*). The person designated by the Minister of Education of Québec refused to hear the claims of the applicants on the grounds that the children had not received a “major part” of their education in English. The Supreme Court of Canada was to determine if section 73.2 of the *Charter of the French Language* was inconsistent with section 23(2) of the *Canadian Charter of Rights and Freedoms*, which stipulates “Citizens of Canada of whom any child has received or is receiving primary or secondary school instruction in English or French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language”. In a unanimous decision, the Court ruled that the requirement that the “major part of the elementary or secondary instruction received in Canada” found in sub. 73(2) of the *Charter of the French Language* does not infringe on the rights guaranteed by section 23(2) of the Canadian Charter. However, those guaranteed rights must receive a teleological interpretation that is broad and compatible with the continuance and development of the two official linguistic communities. The expression “major part” (sub. 73(2) of the *Charter of the French Language*) must be read down: the adjective “major” must receive a qualitative as opposed to a quantitative interpretation. One must evaluate if the child received a major part - not necessarily the largest part - of his instruction in the language of the minority. To evaluate if the global instruction of the child satisfies the requirements as per section 23(2) of the Canadian Charter, the interpretation must take all relevant factors into account - both objective and subjective - that show a “commitment to instruction in the minority language”. The relevant factors include the time spent in each program, at what stage of education the choice of language of instruction was made, what programs are or were available, and whether learning disabilities or other difficulties exist. The relevance of each factor will vary with the facts of each case.

### **Article 15: Right to participate in cultural life and benefit from scientific progress and the protection of authors’ rights**

#### **Cultural life**

In *Henry Vlug- and -Canadian Human Rights Commission- and -Canadian Broadcasting Corporation*, the Canadian Human Rights Tribunal had to deal with the inaccessibility to deaf and hard of hearing people of the audio portion of television programming, and the Canadian

Broadcasting Corporation's (CBC) policy to use an incremental approach to captioning, with the result that some, but not all, of its English language network and Newsworld television broadcasts are captioned. The Human Rights tribunal was not persuaded that the CBC has satisfied the burden on it to establish that the costs associated with captioning the remaining television shows in its broadcast schedule would constitute an undue hardship. The Tribunal ordered the CBC's English language network and Newsworld to caption all of their television programming, including television shows, commercials, promos and unscheduled news flashes, from sign on until sign off. The Tribunal held that the inability to access late breaking news stories - or weather warnings - can hardly be characterized as insignificant. Even access to television commercials cannot be characterized as trivial, as advertising has a significant place in the fabric of popular culture.

### **Protection of intellectual property rights**

In *Harvard College v. Canada (Commissioner of Patents)*, Harvard applied for a patent on an invention called "transgenic animals", being genetically altered animals containing a cancer-promoting gene (oncogene). Harvard sought to protect both the process by which the animals were produced and the end product of the process. The process claims were allowed by the Patent Examiner, while the product claims disallowed. The sole question before the Supreme Court of Canada was whether the words "manufacture" and "composition of matter," within the context of the Patent Act, are sufficiently broad to include higher life forms. The majority of the Supreme Court held that the best reading of the words supported the conclusion that higher life forms are not patentable. Also, since patenting higher life forms would involve a radical departure from the traditional patent regime, and since the patentability of such life forms is a highly contentious matter that raises a number of extremely complex issues, clear and unequivocal legislation is required. The current Act does not clearly indicate that higher life forms are patentable. The Court does not possess the institutional competence to deal with issues of this complexity, which presumably will require Parliament to engage in public debate, a balancing of competing social interests and intricate legislative drafting.

In *Monsanto Canada Inc. v. Schmeiser*, Monsanto patented a glyphosate-resistant gene and cell, creating canola plants that were resistant to the herbicide Roundup. Schmeiser, a farmer, never purchased or obtained licence to plant Roundup resistant canola. He found that he had some Roundup resistant canola on his land, saved seed from the crop and planted it in all of his canola fields the following year. He sold the canola plants for feed. Monsanto brought an action against Schmeiser for patent infringement. The Supreme Court of Canada allowed the appeal of Monsanto in part. The majority of the Court held that by collecting, saving and planting seeds containing Monsanto's patented gene and cell, Schmeiser infringed section 42 of the Patent Act. Therefore, Schmeiser deprived Monsanto of the full enjoyment of its monopoly and employed or possessed the patented invention in the context of their commercial or business interests. The Court was also of opinion that infringement by use did not require use of the patented genes or cells in their isolated, laboratory form. The propagation of the plants was a use notwithstanding that plants were living things that grew by themselves. Under the Act, an invention in the domain of agriculture was as deserving of protection as one in mechanical science.

At issue in *Society of Composers, Authors and Music Publishers of Canada v. Canadian Assn. of Internet Providers* was the compensation of musical artists and composers whose works were downloaded from the Internet. The Society of Composers was asking for the right to collect royalties from Canadian Internet Service Providers. The Providers argued that they offered the means to have Internet access but in no way regulated the content of the Internet or provided the means for the communication of musical works. As a result, the Providers claimed that they were not infringing the *Copyright Act*, which provides that persons who only supply “the means of telecommunication necessary for another person to so communicate” cannot be considered parties to a communication in violation of copyright. The Supreme Court of Canada pondered whether or not the legislature intended there to be copyright liability attached to every Internet communication with a “real and substantial connection” to Canada. The Court held that the means necessary for access to the internet such as connection equipment, connectivity services and software, etc. were covered by the *Copyright Act* so long as the Internet provider acted as a conduit and was not involved in activities related to the content of communications. The Supreme Court concluded that those who provide Internet infrastructure should not be considered as users for the purposes of the *Copyright Act* but rather as intermediaries.

**List of cases**

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*Shubenacadie Indian Band v. Canada (Canadian Human Rights Commission) (Re MacNutt) Chief and Council of the Shubenacadie Indian Band v. Attorney General of Canada, representing the Minister of Indian Affairs and Northern Development and Canadian Human Rights Commission*, [2000] F.C.J. No. 702 (F.C.A.). Application for leave to appeal denied by the Supreme Court of Canada.

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