

# Community Living Ontario Statement of Policies & Positions on Social Issues

(Last Updated, September 27, 2019)

## About this Document

In accordance with Community Living Ontario by-laws, members are afforded an opportunity to present resolutions for debate at the Annual General Meeting. Proposed resolutions can:

- Give direction or set limits on what means the Board of Directors may or may not use in the pursuit of Association goals;
- Add, amend or repeal a social policy position being advocated by Community Living Ontario; or
- Recognize the achievements and good work of members or external organizations, groups, or individuals.

This document contains a record of the resolutions passed by members over the years and has been ordered by subject matter. A complete record of resolutions adopted is provided except that this document does not contain:

- Resolutions that had no policy focus such as recognition of achievements,
- Social Policy resolutions that are no longer relevant because they addressed government policy or legislation that has been repealed,
- Policy resolutions that pertain to issues that were time limited and require no further advocacy efforts,
- Resolutions that have been specifically repealed by members at an AGM.





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## **Article I. Policy**

### Section 1.01 Definition

- (a) "Policy" means a stand or position taken by the Association. The purpose of a policy statement is to guide the Officers, staff and individual members in making public statements and action decisions about what the Association believes or is trying to achieve.
- (b) Policy is set by a majority of the delegates at an Annual General Meeting. The Board may set interim policy, subject to later ratification by the membership.
- (c) Policy should guide the Association when specific proposals for action are brought before it. Policy is not immutable; but when it is clear that proposed action is inconsistent with policy, it will be clear that the proposal must be rejected or the Policy amended. The Policy of the Association takes precedence over that of other organizations.

## **Article II. Goal, Vision, Mission and Principles**

### Section 2.01 Goal of Community Living Ontario

The Goal of Community Living Ontario is that "all persons live in a state of dignity, share in all elements of living in the community, and have the opportunity to participate effectively."

### Section 2.02 Vision of Community Living Ontario

Community Living Ontario envisions a society where everyone belongs, has equality, respect and acceptance. This gives people a sense of self-worth and opportunities for growth. The gifts, uniqueness and innate value of each individual are celebrated, supported and acknowledged as essential to the completeness of the whole community.

To achieve this, society has taken responsibility to provide the necessary resources and supports, both natural and organized, to ensure that:

- all children are nurtured within the family and, because of this, enjoy the benefits of family life;
- all children go with their neighbourhood friends to their neighbourhood schools where they grow and learn together;
- all people live with a sense of security and freedom from harm;
- all people have access to adequate income, quality health care and supports that respect the official languages of Canada, First Nations languages and other languages and cultures;
- all people have the opportunity and freedom to contribute to, and participate in, their communities through political and religious expression, voluntarism, leisure activities and in other ways;
- all people can aspire to and have typical expectations of worthwhile career options, real work for real pay and fair recognition of accomplishment;
- all people have access in adulthood to decent and appropriate homes which they are able to call their own;
- all people can retire, eventually, to enjoy the lifestyle and activities of their own choosing.

The quality of our lives is dependent upon how, when, where and with whom we are free to live, love, learn, work and spend our personal time. The community has taken responsibility to ensure that people are supported to the extent that is necessary to meet individual needs. People have the necessary empowerment and are free to:

- enjoy and exercise all the rights of citizenship;
- make real choices in self-defined terms, however those choices are expressed;
- enjoy friendships and other naturally supportive relationships.

### Section 2.03 Mission of Community Living Ontario

- (a) Community Living Ontario is a family-based association assisting people who have an intellectual disability and their families to lead the way in advancing inclusion in their own lives and in their communities. As a province-wide confederation, rooted in a strong network of individuals, families, friends, member organizations and community partners, it will be guided by, adhere to and strive to achieve its Goal and Vision in all its actions. Community Living Ontario advocates for promotes and facilitates the full participation, inclusion and citizenship of people who have an intellectual disability. To accomplish this mission, Community Living Ontario will:
- (i) Develop positions and promote positive change in public policy;

- (ii) Provide expertise, resources, information and education;
  - (iii) Create and respond to opportunities for networking, actively supporting and partnering with those who share our vision;
  - (iv) Build public awareness; and,
  - (v) Develop, nurture and support community leadership, capacity and innovation.
  - (vi) Encourage and support family networks and family leadership.
- (b) Community Living Ontario affirm that families are the heart of the membership of the Community Living movement, and that families are crucial to advocating and fostering inclusion for people who have an intellectual disability -- next in importance only to self-advocates.
- (c) Community Living Ontario affirms the importance of encouraging family participation in the work of the local, provincial, and national levels of the Community Living Federation. (2014)

#### Section 2.04 Principles of Community Living Ontario

##### (a) Principle of Individualization

- (i) "The individual must be the focus in the planning, development and delivery of human services and supports...each person has the basic human right and the freedom to have his/her capabilities, interests and needs used as the basis for planning, development and delivery of services and supports of the individual."
- (ii) Individualization as a human service planning principle is a cornerstone in the development of our communities' capacity to care and competently respond to the interests and needs of their citizens who may be vulnerable and/or dependent.
- (iii) The Individualization Principle asserts the basic human rights of a person to have her/his unique capabilities, interests, and needs recognized and used as the basis for planning, developing and the deliverance of supports that may be required by an individual in order to live, work, play and worship in their community or neighbourhood.
- (iv) For the person this principle implies that self-determination and choice are paramount. This includes the right to have a parent, guardian, or friend advocate actively involved particularly when support for making choices is required.
- (v) For services this principle implies that individuals have access to assistance and support that is meaningfully accountable to her/him. Such service should facilitate and secure

one's presence and participation in community and neighbourhood life i.e. home, family, education, work, leisure, worship, etc.

- (vi) For allocations this principle implies that individuals receive personal support and assistance through the negotiation of an individualized financial contract. This is in contrast to human service dollars allocations which are presently distributed to organizations and programs to be administered and controlled by human service managers.

(b) Principle of Inclusion

- (i) We believe that every person should have as much support as is appropriate, to help him/her become involved in day to day activities in the community.
- (ii) This principle recognizes the right of every individual to participate in the community, and to be treated with dignity and respect.
- (iii) That the use of identification such as mentally retarded should be discouraged. [1987]
- (iv) Inclusion requires that people with disabilities become a "part of things" - relationships, activities, events; being included, not left in isolation, even if special supports are required in order for that to happen.
- (v) Inclusion involves having access to one's peers who do not have a disability and the opportunity to learn from them. It involves challenges to individual growth and development, in familiar and valued settings.
- (vi) That everyone has the right to receive services in either of Canada's two official languages as they choose. [1989]

(c) Principle of Choice and Control

- (i) People who have a disability have the right to make decisions about their lives and have their decisions respected by law; and (2010)
- (ii) People who require support or accommodations in making and communicating decisions are entitled to such supports and accommodations through a process of supported decision making. (2010)
- (iii) In difficult cases there will be an independent review process which guarantees a full consideration of the issues involved and be directed at protecting the person's interests.
- (iv) Community Living Ontario acknowledges the right of a person who is in receipt of support to have control over what person provides them with support and what form that support takes



and that this right should be acknowledged and respected when any realignment of workers is undertaken within a support organization. (2012)

- (v) In the majority of cases the family is the most natural choice as substitute consent-giver, where this is needed. A relative who has had no personal contact with or knowledge of a person with a disability, or is unwilling to become involved, is not appropriate. Substitute consent-givers should be assisted by professionals and other family members in making a decision.

(d) Normalization/ Social Role Valorization

(i) Definition

- 1) the use of culturally normative means (familiar valued techniques, tools, methods), in order to ensure that people who have an intellectual disability live in conditions (income, housing, health services, etc.) which are at least as good as those of the average citizen.
- 2) use of culturally normative means to enhance or support their behaviour (skills, competencies, etc.), appearance (clothes, grooming, etc.), experiences, status, and reputation, as much as possible
- 3) Community Living Ontario supports the value of Social Role Valorization as a guiding principle in human services for people identified as having an intellectual disability

(e) Principle of Individualized Funding

- (f) Community Living Ontario believes that the principle of individualization as a financial foundation for service delivery implies the allocation of service and support monies to individuals based on their personal capabilities, interests and needs as outlined in an individual plan.
- (g) The principle asserts that the person has the ability to purchase required services and supports on the basis of a plan/contract with the government or agent of the government. Financial allocations would therefore be predicated on the cost of providing to individuals a secure life in the community, i.e. costs related to living, learning and working in one's community.

**Article III. Ensuring Rights and Autonomy**

Section 3.01 Human Rights

- (a) Full rights protection must be extended to all citizens of Ontario who have a disability.

- (b) The Government of Ontario should continuously review legislation to ensure that rights of people with disabilities are adequately protected.
- (c) The Government of Ontario must never pass legislation concerning people with disabilities which diminishes the rights accorded to them under Section 15 of the Canadian Charter of Rights and Freedoms.

### Section 3.02 Positive Imaging and Social Roles

- (a) Community Living Ontario and local Associations need to support all community groups so that they know how to describe people in a respectful way. Information needs to be available so that people understand the effects of labeling and learn the respectful way to identify people. (2001)
- (b) Community Living Ontario oppose the study and implementation of any tool that attempts to categorize the deficits of an individual or to describe an individual using simple lists and categories. (1997)

### Section 3.03 Advocacy

- (a) A personal representative or citizen advocate should be available to every person who has an intellectual disability who wishes or requires one. The representative has primary allegiance to the person with a disability. The representative must have training and consultation available, in order to maintain a high level of service. (1990)
- (b) In the great majority of cases, the personal representative will be the next of kin. Some parents may need help in advocating for their family member who has a disability. However, when there is no next of kin, or the family members are unwilling or unable to act in the best interest of an individual, that person have access to personal representation by someone else.

### Section 3.04 Self-Advocacy

- (a) Community Living Ontario formally accepts and will promote the necessity of the involvement and leadership of self-advocates in community development and encourage local associations to do likewise. (2000)
- (b) People need to learn about their rights, and how to stand up for them. Work needs to be done to look at different ways to help people learn about their rights. Associations can then use this information to help people that they support. (2002)
- (c) All correspondence issued by the Ministry of Children, Community and Social Services should be in plain language in order to be clearly understood by all people. (2008)

### Section 3.05 Self-advocacy at Community Living Ontario

- (a) At least one self-advocate should be involved in Community Living Ontario meetings with government, committees, and presentations where Community Living Ontario is free to determine who and how many representatives will participate; and
- (b) Community Living Ontario should approach government representatives to encourage them to invite self-advocates to attend government meetings; and
- (c) the self-advocate be from the Board or Council whenever possible; and
- (d) each self-advocate should be supported as necessary to be fully involved in all decisions or discussions that may occur. (2000)
- (e) All major policy papers must also have a plain language summary of the key points in the documents. An audio recording of the summary and the paper must be made available to those who request it; and
- (f) Resolutions for consideration of the general membership must be submitted in plain language. If this is not possible, then a plain language description of the resolution must be sent at the same time as the non-plain language version; and
- (g) Audio recordings of resolutions that members will consider during the general meeting must be available in advance of the meeting, for those that request it. (2001)
- (h) The Council should be placed as a top priority in the funding priorities of Community Living Ontario in each budget year to ensure that we properly fund and support the Council in its work to represent the voices of people we support across Ontario. (2001)
- (i) A process must exist to share information with self-advocates in a way that they can understand. Community Living Ontario needs to support associations to share this information with the people that they support. This will help to improve the knowledge and understanding of all people about important issues. (2002)

### Section 3.06 Respecting Rights and Dignity

- (a) People who are involved in a helping relationship with other people have a variety of legal and ethical obligations toward them, which include the following:
  - (i) to respect the privacy, dignity, and other rights of the person receiving support,
  - (ii) to use in a responsible manner information obtained in the course of helping relationships.
  - (iii) to respect the privacy and dignity of the person receiving support by obtaining informed

consent from the individual, parent, or guardian before requesting or divulging confidential information, whenever possible,

- (b) In those cases where informed consent for release of information concerned cannot be obtained from the individual it is permissible to release information only if failure to do so would jeopardize the health or safety of that individual.

#### **Article IV. Provision of Supports and Services**

##### **Section 4.01 Global Planning for Comprehensive Supports and Services**

- (a) There should be a cooperatively formulated comprehensive plan in the Province of Ontario to ensure superior quality supports and services to people identified as having an intellectual disability and their families.
- (b) Services for people identified as having an intellectual disability be provided in the community in an inclusive, individualized fashion by those community agencies which would normally provide those services.
- (c) Comprehensive community services must be based upon a systematic effort to ensure that community generic services are made available to citizens who have an intellectual disability.
- (d) Community Living Ontario is unalterably opposed to any concept which is based upon the tenet that community services should have as their focus a quasi-institution with a concomitant program.
- (e) Given the importance of maintaining supports to individuals through critical transition points in life, especially the period between childhood and adulthood there must be no disruption nor postponement in the funding and or supports individuals might need during these periods including when they reach age 18.
- (f) In adherence to sound principles of community service: Community Living Ontario affirms as guiding principles the set of statements contained in "A Framework for Accomplishment" by J. O'Brien. These principles include community presence, sharing places, support for rights and autonomy, making choices, developing competency, nurturing growth and development, respect, being respected as a person, support for relationships, caring and sharing life. These principles are relevant to individual transition planning and a case management process. (1992)
- (g) A framework for comprehensive community service must include funding for crisis intervention services. (1990)
- (h) The responsibility for overseeing the availability of such comprehensive services must be the charge of a community Board. This Board must have significant suitable representation from all segments of the community.

- (i) The Association and its member bodies should be actively involved in any planning for people who have an intellectual disability in the province of Ontario.
- (j) Given that disability is an inherent, lifelong element of a healthy and diverse society and that society has an equally inherent obligation to provide appropriate support to people with disabilities, Community Living Ontario use all necessary means to assist the Government of Ontario to recognize the inevitable future social and financial consequences for all citizens of Ontario if there is a failure to accept this fact. (2002)
- (k) Effective planning between the Provincial Government and agencies is critical if we are to continue to provide necessary supports for people in need. In order for effective relationships to be built and maintained there must be a mutual trust and respect among the parties which is based on clear definition of expectations. Critical to this trust are: a consultation process which promotes open communication of the issues and clear statements of intent prior to the government making significant policy changes; a consultation process which does not promote competition or adversarial positioning; consultation which examines potential impacts and which provides effective planning for any negative impacts resulting from policy change. (1993)
- (l) The people of Ontario would benefit from the establishment of a Secretariat for Ontarians who have a disability that would:
  - (i) undertake or influence policy initiatives that promote the inclusion and quality of life of Ontarians who have an intellectual and/or a physical disability,
  - (ii) support public education efforts for and about Ontarians with a disability,
  - (iii) work with Ontario's disability organizations and other provincial ministries, as well as federal and municipal governments, to ensure the needs of Ontarians with disabilities are considered in all government policies and programs that could affect their quality of life and full participation in our communities. (2008)
- (m) Community Living Ontario should work closely and cooperatively with other associations and groups which represent the interests of people who have an intellectual disability and which are participating with Community Living Ontario in meetings with the Ministry of Children, Community and Social Services in developing policy and program proposals. (1996)

#### Section 4.02 Mandated Services (eliminating waiting lists)

- (a) Community Living Ontario shall adopt a primary long-term advocacy goal to convince government to "mandate" the provision of Developmental Services funding by introducing policy and legislation identifying developmental services as a mandated sector as called for by the Select Committee on Developmental Services; and by implementing a multi-year strategy with clear targets for eliminating all waitlists for developmental services. (2018)

- (b) Community Living Ontario calls on the government to make the necessary policy and funding changes to ensure that all people with disabilities who require supports from government as described in the UN Convention have full access to these supports as a right and without unreasonable delay; and
- (c) That access to such supports is available immediately to anyone who is deemed to be facing a personal or family crisis because of need for support including people living primarily with the support of a parent or family member who is over the age of 65. These positions are supported by the following facts:
  - (i) The UN Convention on the Rights of Persons with Disabilities which was ratified by Canada in 2010 establishes obligations for the federal and provincial governments to carry out particular actions to ensure the achievements of rights described in the convention; and
  - (ii) Among these are obligations to provide a number of supports and services that people will need to achieve their rights under the Convention; and
  - (iii) The failure of government to provide such supports to all people with disabilities who require them will result in many not achieving their rights. (2013)
- (d) That Developmental Services be mandated legislatively in a manner similar to health and education. (2004)
- (e) Waiting lists in the developmental services sector should not be included in legislation; rather, government policy, legislation and funding must recognize as an immediate priority the need to ensure that people receive appropriate levels of support so that waiting lists are unnecessary. (2009)

#### Section 4.03 Applying for Supports and Services

- (a) When applying for government support from various sources, a person who has an intellectual disability should only have to prove once that they have a disability; and further, a standardized form of identification, recognized by all levels of government, and that has only to be verified once, be available. (2005)
- (b) All systems of support should be introduced with a process by which an individual can appeal a government decision to reject or reduce requests for support.

#### Section 4.04 Adequacy of Funding

- (a) Accessible and adequate funding must be available to all people who have an intellectual disability within their own home on an ongoing basis. (1993)
- (b) Funding of supports and services must be adequate to facilitate the enjoyment of one's rights

as a citizen (2013)

- (c) The base funding of services in the developmental services sector should increase at a rate no less than the average cost of living increase each year, effective each April 1. (2004)
- (d) Community Living Ontario should work with the provincial government to ensure that appropriate levels of funding are provided to address the needs of people who have an intellectual disability and their families throughout the many communities in Ontario. (2004)
- (e) For an individual who has an intellectual disability moving from a segregated program to an appropriate community-based program, at least equivalent funding arrangements be made available by the Ministry involved, in all parts of the province. (2007)

#### Section 4.05 Individualized Funding

- (a) Services and individualized funding agreements should be fully portable and should not be terminated because of a change of the person's residence. (1994)
- (b) Special Services at Home funding should be ongoing and families should be required to complete a standardized summary of the individual's support needs only if there is a significant change. (2003)
- (c) Provision of funding must be adequate for the purchase of services such as speech therapists, occupational therapists, etc. (2004)
- (d) People should not be expected to spend ODSP income supports to purchase disability related supports including those covered by Passport funding. (2012)

#### Section 4.06 Ensuring Access to Resources for Person-Directed Planning

- (a) All people who are determined to be eligible for funding under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act should have immediate access to adequate funding to create and maintain a person directed plan and the facilitation support necessary to implement the plan; and
- (b) Such funding should be available even before the person has had their support needs assessed by Developmental Services Ontario (DSO); and
- (c) Person directed plans should be used to guide the person's assessment and determination of support needs.
- (d) These positions are supported by the fact that:
  - (i) Community Living Ontario recognizes the important role that person-directed planning can

play in assisting an individual to identify the kind of life he or she wishes to live, the supports and resources that he or she has available through family, friends and the community and the additional support he or she may yet need; and

- (ii) that person directed planning helps ensure that the person is better informed about what he or she may need with respect to support from government funding; and
- (iii) that person directed planning may assist a person to move ahead on his or her life goals through the support of family, friends and community even before government supports are available. (2013)
- (e) The provision of government funds for independent individualized planning that occurs outside of a community support organization is an appropriate and necessary mechanism for ensuring that people are able to effectively plan their lives and must be one of the options available to people. (2007)
- (f) Appropriate funding resources should be available to an individual to ensure that they receive the appropriate facilitation and support services to carry out their plans and live effectively in the community whether they plan within an organization or through an independent planning process. (2007)

#### Section 4.07 Support for Children

- (a) Children who have an intellectual disability in the care of the Children's Aid Society must receive appropriate planning and access to additional funding well in advance of their 18th birthday. (2001)
- (b) The Government of Ontario should undertake a comprehensive review of services to children who have an intellectual disability and develop a policy framework as well as a fully funded spectrum of services to address their needs to achieve inclusive community living. (2004)
- (c) Legislation must never create barriers to community living for children who have an intellectual disability; and Community Living Ontario should work to encourage the Government of Ontario to repeal any and all discriminatory clauses in existing legislation, particularly Subsection 105 (1) (h) of Regulation 70 of the Child and Family Services Act. (2003)

#### Section 4.08 Support for People Living with Fetal Alcohol Spectrum Disorder (FASD)

- (a) People living with Fetal Alcohol Spectrum Disorder (FASD) are a part of the mandate and vision of Community Living Ontario. (2010)
- (b) The support needs of a person living with FASD should be met by publicly funded community based supports. (2010)



#### Section 4.09 Support for People who have a Dual Diagnosis

- (a) A person who has a dual diagnosis currently receiving support in an agency funded by the Government of Ontario, must continue to receive the supports they need; and
- (b) the Government of Ontario must develop effective plans of support for individuals who have a dual diagnosis to ensure that service agencies are able to provide the appropriate care; and
- (c) the Government of Ontario must ensure that support agencies are provided additional resources to effectively follow through with these plans. (2003)
- (d) Enhanced funding through MOH and MCCSS should be directed to develop supported community living opportunities for people who have an intellectual disability and mental illness, including those residing in psychiatric hospitals. (1998)

#### Section 4.10 Support for Indigenous People and Communities

- (a) First Nation communities throughout the province must be extended the same opportunities for funding and community service delivery as in every other community in Ontario. (2004)
- (b) The Ministry of Children, Community and Social Services funding should be extended to all communities in the Province of Ontario, including First Nations communities. (1998)

### **Article V. Children Nurtured in a Family/Support to Families**

#### Section 5.01 Support for Families

- (a) Families with children who have an intellectual disability must receive sufficient funding to enable them to keep their children at home. (2001)
- (b) The provincial and federal governments should enact legislation which would make the full cost of the necessary renovations or upgrades to the family and/or the principal residence of a person who has an intellectual disability fully tax deductible. (1995)
- (c) Funding for vehicle modification should be made available to families and individuals regardless of age. (2003)
- (d) In recognition of the current crisis resulting from lack of appropriate supports for the family member(s) of older families in Ontario, government policy and funding must ensure that the range of support options available to aging individuals who have an intellectual disability include appropriate options for families that have made a conscious choice to not accept the traditional forms of service that would have resulted in their family member(s) being congregated and segregated; such a policy framework should expedite work to:

- (i) educate service agencies and the ministry about needs and suitable approaches to meet those needs;
- (ii) foster creative thinking on the part of service agencies and the Ministry about new and unique ways to support people;
- (iii) promote allocation of appropriate resources to these new approaches; and
- (iv) reach out to older families that are isolated and fearful of the future. (2009)

#### Section 5.02 Parenting Responsibilities

- (a) Insofar as possible, the financial responsibility of parents of minor children who are identified as having an intellectual disability should be equivalent or comparable to the responsibilities of parents whose children do not have a disability.
- (b) Parents of adult sons and daughters who are identified as having an intellectual disability should not be placed under any legal obligations to provide financial support for their adult sons and daughters, beyond that required of all parents.

#### Section 5.03 Support for Aging Parents

- (a) Any parent over the age of 65 supporting an adult son or daughter at home, must be provided with the opportunity and resources to develop a person-centered plan and funding should be specifically identified to assure senior parents that appropriate supports will be available when the parent(s) is no longer able to provide care. (2006)

#### Section 5.04 Parents who have an Intellectual Disability

- (a) When a person who has an intellectual disability becomes a parent, the additional support needs that emerge for themselves and their children should be provided regardless of whether or not the child has an intellectual disability. (2003)

### **Article VI. Inclusive Education**

#### Section 6.01 The Right to an Inclusive Education

- (a) Community Living Ontario affirms its belief in the right of all children to enjoy an inclusive education, where they are welcomed and supported in regular classrooms within their neighbourhood school. Consistent with the spirit of the Goal and vision, we believe that:
- (b) Every child shall have the right to share in all facets of ongoing education that will meet his/her unique needs.

- (c) All Boards of Education shall recognize and accept their obligation to ensure that these rights include the opportunity:
  - (i) to attend regular classrooms in the school that other children attend;
  - (ii) to attend classes with like-aged children;
  - (iii) to receive an education program based on, but not restricted to, individual goals;
  - (iv) to receive adequate supports to ensure equitable opportunity for success;
  - (v) to receive coordinated planning and assistance in all transitional phases, including preschool to elementary, elementary to secondary, post-secondary, cooperative education, colleges and universities or continuing education.
- (d) Parents shall have the opportunity to become true partners in determining all aspects of their child's education. (1998)

#### Section 6.02 Definition of Inclusive Education

*In 2005 Community Living Ontario members reaffirmed support for the 1998 position on inclusive education (Section 6.01) and used it as the basis for the following definition of inclusive education:*

- (a) An educational experience where every child shares in all facets of ongoing education that will meet his/her unique needs; and, where all Boards of Education ensure that these rights include the opportunity:
  - (i) to attend regular classrooms in their local neighborhood school;
  - (ii) to attend classes with like-aged children;
  - (iii) to receive an education program based on, but not restricted to, individual goals;
  - (iv) to receive adequate supports to ensure equitable opportunity for success;
  - (v) to receive coordinated planning and assistance in all transitional phases, including preschool to elementary, elementary to secondary, post-secondary, cooperative education, colleges and universities or continuing education;
  - (vi) and where parents have the opportunity to become true partners in determining all aspects of their child's education (2005)
- (b) Community Living Ontario shall advocate for the adoption of a definition of inclusive education by the Ministry of Education and the Ministry of Training, Colleges and Universities that aligns

with the requirements of the UN Convention on the Rights of Persons with Disabilities and the requirements of the Ontario Human Rights Code. (2005)

### Section 6.03 Strategies for Achieving Inclusive Education

- (a) All children who have an intellectual disability should be included in the regular school system. (1983)
- (b) Inclusion should be promoted and supported as a first choice for all students who have an intellectual disability, and the Ontario Ministry of Education must be made accountable and fully responsible for the full and uniform implementation of these measures in all school boards throughout the province. (2005)
- (c) The Minister of Education should enact legislation that will mandate their policy of inclusion. (1993)
- (d) The Ministry of Education must ensure that amendments are made to appropriate sections of the Education Act to provide full funding for individuals who have an intellectual disability beyond the age of twenty-one (21) to the same extent that is available to other individuals and including an automatic eligibility for high school status. (1994)
- (e) The Ministry of Education, with the assistance of all stake holders, must develop consistent operational standards for inclusion which are made available to the boards of education through ongoing training. (1995)
- (f) Community Living Ontario must give high priority to inclusive education in by:
  - (i) recognizing boards of education which welcome inclusive education,
  - (ii) challenging boards of education which resist inclusive education,
  - (iii) encouraging the government to amend the Education Act to provide inclusion in neighbourhood schools "as a right", and further to commit sufficient funds to ensure provision of adequate supports,
  - (iv) coordinating with local Associations that are challenging boards of education to include all students. (1990)

### Section 6.04 Exclusion, Suspension and Segregation

- (a) Community Living Ontario should gather information pertaining to any suspension or expulsion of students who have an intellectual disability based on supposed "behaviour issues" and if information warrants, make appropriate representation to the Ministry of Education and Training. (1998)

- (b) The needs and rights of all students in the provincial education system, including students with neurological, behavioural, or developmental needs, should be safeguarded in the development of any "code of behaviour" to ensure that no student is unduly suspended or expelled and always has access to transparent appeal mechanisms. (1999)
- (c) The Ministry of Education should have a mandate to educate students to the age of 21 and/or 7 years of secondary school education, whichever is greater, and that students who have an intellectual disability should not be excluded on the grounds of being "hard to serve". Further, the Ministry of Education should clarify Section 23 of the Education Act so it cannot be used arbitrarily to exclude students. (1995)
- (d) The special education support that is designated to a student should be available for the entire school year, inclusive of the time students are in exams. (2003)
- (e) The Ministry of Education should track and publish, on a yearly and board by board basis, the number of children placed in segregated or contained classrooms and the number of children who have an intellectual disability being fully included. (2004)

#### Section 6.05 Ensuring Students Needs are Addressed

- (a) Education services for people identified as having an intellectual disability should be provided by the elementary, secondary and continuing adult education levels.
- (b) Parents must be given the right to appeal the "educational program" given their child. (1983)
- (c) There must be a full range of training programs and options for students with disabilities in the secondary school system. (1982)
- (d) Students who are identified as having an intellectual disability must be ensured access to communication and speech assessments and appropriate programming in the school setting.
- (e) There must be clearly defined standards and guidelines for behaviour modification in the schools. (1981)
- (f) Education and literacy training for adults who have an intellectual disability is so important that Community Living Ontario should adopt literacy training as a main part of its education policy. Therefore programs should be available to anyone wishing to learn basic literacy skills. (1992)

#### Section 6.06 Appeals

- (a) A workable method of appeal must be developed and made accessible to parents and individuals advocating on behalf of students who are identified as having an intellectual disability, to ensure that appropriate and adequate services are provided in the area of communication skills.

#### Section 6.07 Education Funding

- (a) Special funding for the education of students identified as having an intellectual disability must be made more flexible and portable in order to promote more opportunities for inclusion. (1984)
- (b) Individual Education Plans must be based on a student's strengths and abilities rather than deficits and that funding be based on the goals of the IEP. (2001)

#### Section 6.08 Special Education Advisory Committee (SEAC)

- (a) Where there is more than one Association for Community Living in the school board catchment area one seat for each association should be assigned to the Special Education Advisory Committee (SEAC). (1992)

#### Section 6.09 Pre-school

- (a) The development of inclusive pre-school programs should be encouraged. (1985)
- (b) The serious shortage of appropriate supports and services, including French language services and supports, for preschool children is unacceptable and the Municipal, Provincial, Federal and First Nation Governments should take the appropriate action to eliminate waiting lists for pre-school services through adequate funding. (2001)
- (c) Infant stimulation programs should be operated by generic agencies.
- (d) There should be an early education or infant stimulation program available in the community to any infant under 24 months of age who is at risk of, or has been identified as having an intellectual delay.

#### Section 6.10 Post-Secondary

- (a) Appropriate ministries must revise and increase funding grants for special education, for continuing education for adults. [1989]
- (b) A range of academic upgrading and life-skills courses should be available in regular community college and night courses for adults with who have an intellectual disability.
- (c) One-to-one tutoring should be available where necessary at adult community college courses. (1982)
- (d) Courses in Colleges of Applied Arts and Technology should properly address the needs of people who have an intellectual disability. [1989]

- (e) All colleges in Ontario must be required to offer inclusive access for students who have an intellectual disability. The programs should be inclusive, provide supports as necessary and result in an Ontario College Certificate upon graduation. (2008)
- (f) Community Living Ontario should take action with the Ministry of Training, Colleges and Universities to encourage and promote the principles of Inclusive Education that provide equitable and valued post-secondary level learning opportunities and experiences. (2019)

#### Section 6.11 Teacher Training

- (a) The Ministry of Education and Training must ensure that students in Teachers Colleges and Education Programs receive mandatory education on special needs, specifically with regard to individuals who have an intellectual disability and that education be value based with a view to facilitating inclusion. (1993)
- (b) The Ministry of Education and Training and boards of education must ensure all board employees, elected officials, and volunteers in the system receive ongoing and mandatory education on special needs, specifically with regard to individuals who have an intellectual disability and that education must be value based with a view to facilitating inclusion. (1993)

#### Section 6.12 Labelling and Streaming in the Education System

- (a) Providing educational services for any child should be solely tied to their school needs, not predictions of success in the future or perceived level of disability, and that a child's right to privacy should never be compromised in order to receive educational service. (1999)
- (b) Medical and psychological assessments and diagnoses requested for the purpose of determining funding levels should be stopped. (1999)
- (c) Labelling terms like "trainable" must be eliminated from the Education Act and Regulations. (1981)

### **Article VII. Employment**

#### Section 7.01 Employment

- (a) Priority attention should be paid to the training and placement of people with disabilities in actual job settings, not sheltered and segregated settings, and supporting them to find, obtain and retain employment. (1985)
- (b) Under the guarantee of equality provided by the Charter of Rights and Freedoms and consistent with the principles inherent in the goal and vision of Community Living Ontario, the principles that follow are specific to work and wages:

- (i) all citizens have an equal right to seek employment in the labour force,
  - (ii) all people should have the benefit of full protection of law designed to protect the employment rights of citizens and no attempt should ever be made to remove or dilute these protections for any reason (e.g. disability),
  - (iii) all people can participate and be productive in the work environment when appropriate supports are provided,
  - (iv) unpaid work-site training is acceptable only when there is a mutually agreed upon time limit and when it is designed to clearly meet the specified training objectives and is consistent with the choice of the individual,
  - (v) wages must be defined by the characteristics of the job and not by the characteristics of the employee. (1997)
- (c) All people are capable of working and earning a living wage if they make good choices when picking a vocation, are provided appropriate and adequate supports, and if society ensures that there is a “level playing field” for all citizens entering the work force. This can be achieved where an individual has the support of friends and family, a workplace where the employer and coworkers provide a welcoming and accommodating environment and where appropriate supports are provided by society. Such supports must be consistent with Community Living Ontario’s principles on work and wages and may include the following:
- (i) individual funding available to the employee to pay for a wide range of workplace accommodations and supports including:
    - 1) training and support staff
    - 2) specialized equipment
    - 3) Grants to employers to pay for workplace modifications that are required by the employee;
    - 4) Grants to employers to pay the difference between a standard piece of equipment and a specially adapted piece of equipment required by a person with a disability;
  - (ii) a coordinated system of localized employment supports, such as employment services of Associations for Community Living that can provide a variety of services to the employer and the employee to ensure successful employment. (1997)
- (d) The government must ensure funding for the purpose of supporting adolescents and young adults who attend school in leisure and work placements all year round. (1992)



## Section 7.02 Sheltered Workshops

- (a) See 7.01 (a)
- (b) That Community Living Ontario Living recognizes a range of choices including sheltered workshops, protected industries, life skills programs, adult developmental centres and supported employment/involvement as options for individuals and their families until satisfactory or better arrangements are in place. (1995)
- (c) The Government of Ontario in cooperation with local service delivery associations must ensure that alternatives are available, including planned funding, which meet the needs of and are acceptable to the individual(s) prior to the closure of day programs which include sheltered workshops, protected industries, life skills programs, and adult developmental centres. (1994)
- (d) In the meantime the Government must ensure the level of funding associated with the aforementioned day programs shall be maintained, so as not to reduce levels of service presently provided. (1994)

## Article VIII. Income Security

### Section 8.01 Income and Employment

- (a) The government should create a disability support system which will give separate and distinct consideration to both the income needs and disability related support needs of people with disabilities.
  - (i) The income support system:
    - 1) should be provided to an individual on a lifelong basis;
    - 2) should not be interrupted or decreased when a person receives income from other sources including employment;
  - (ii) The system for supporting disability related needs:
    - 1) should be provided to an individual on a permanent lifelong basis;
    - 2) should not be affected by levels of income a person receives from social assistance, employment wages or other sources;
    - 3) should aim to provide a level of support needed to remove barriers a person experiences when participating in community activities including employment. (1997)
- (b) Adults who are identified as having an intellectual disability who are employed must be

immediately eligible to receive social assistance should they become unemployed.

#### Section 8.02 Income Support

- (a) Income and benefits received from the provincial government for people who have an intellectual disability should be moved from the “disability support” funding envelope to an appropriate Act to ensure a “guaranteed annual income supplement” rather than a “welfare supplement” with a new set of guidelines that respect the needs of the individual being supported. (1996)
- (b) When two individuals receiving government support live together, their benefits should not be reduced. Their benefits should not be combined, allowing each person to maintain their independence. The amount of money which they can earn without deduction should also be kept separate and should not be affected because of their relationship. (1998)
- (c) The monthly Ontario Disability Support Program Payments to individuals should be increased regularly to meet the escalating cost of living expenses. (2001)
- (d) The Ontario government should immediately increase the funding support for people receiving benefits from the Ontario Disability Support Program (ODSP) and that this funding increase should be no less than the provincial poverty line (2010)
- (e) All employed adults identified as having an intellectual disability should receive a guarantee of an annual income (from wages or government allowances or a combination) not less than the provincial poverty line. (2010)
  - (i) Employment income should not cause people to lose health and related benefits as part of a government allowance system.
  - (ii) Shelter allowances must reflect housing costs in the community where the recipient resides.
  - (iii) Income must be sufficient to allow enjoyment of community benefits such as transportation and leisure activities to the same degree as other members of the community.
- (f) People who have an intellectual disability should be included in the Disability tax exemption for disabled persons (Line 316 of the Tax Form) regardless of the degree of their disability. (1998)

#### Section 8.03 Asset Limits

- (a) There should be no ceiling on the amount of liquid assets allowed for individuals who receive income support. (1992)

## Section 8.04 Decision Making and RDSP

- (a) Community Living Ontario has a long history of and commitment to the quest for alternatives to guardianship for people who have an intellectual disability and has played a role, to that end, in securing the potential protection against guardianship explicit in section 22 of the Substitute Decisions Act.
- (b) Community Living Ontario recognizes the opportunity and safeguards provided by Article 12 of the UN Convention on the Rights of Persons with Disabilities in preserving the right of such beneficiary to "enjoy legal capacity on an equal basis with others".
- (c) Given this, the following facts inform Community Living Ontario's position in the matter of decision making and RDSP:
  - (i) bill C-38 enables a parent to become the Holder of an RDSP for an adult son or daughter with a disability as beneficiary,
  - (ii) this provision encourages parents of otherwise eligible beneficiaries who would not be considered by financial institutions as capable of managing financial transactions personally, to take advantage of the opportunity for greater future financial security for their sons or daughters by becoming such a Holder,
  - (iii) the need of a financial institution to protect its interests on the death of such a parent as Holder would, almost inevitably, lead to a court ordered finding of legal incapacity and subsequent appointment of a Guardian of the beneficiary or perhaps the appointment of the Public Guardian and Trustee of Ontario to fill that role,
  - (iv) section 22 of the Substitute Decisions Act opens the opportunity for supported decision making arrangements as a more enhancing solution than guardianship in such a situation.
- (d) Given these facts the Government of Ontario must recognize the jeopardy faced by certain Ontario citizens with disabilities and assure the enablement of their financial security offered by RDSPs by recognizing the alternatives offered by established arrangements for supported decision making for such citizens as consistent with the spirit and intent of the guardianship prohibition under section 22 of the Substitute Decisions Act. (2012)
- (e) Requirements for opening an RDSP must recognize the principle of supported decision making and allow for a process through which a parent, other family member, or another trusted person of an adult person who has an intellectual disability who is deemed otherwise to not be "contractually competent" can assist the person to open an RDSP and provide instructions on the administration of the RDSP and to administer the funds paid out from the RDSP to the beneficiary. (2009)

## Section 8.05 Additional Benefits under Income Support

- (a) Eye examinations, physiotherapy and chiropractic supports should continue to be covered for all people receiving disability income support. (2004)
- (b) Responsibility for dental needs by those on ODSP, and their children, should be fully met by the appropriate government agencies. (2009)
- (c) Dental and extended health care benefits should be given to single adult recipients as well as to families. (1981)

## **Article IX. A Home in Community**

### Section 9.01 Access to Housing and Support

- (a) There should be comprehensive, coordinated, community-based services for people identified as having an intellectual disability including:
  - (i) a wide range of alternative community living arrangements.
  - (ii) a wide range of additional services to support community living.
- (b) People identified as having an intellectual disability and their families must be well informed about the range of alternative living situations available.
- (c) Any future government initiatives to create new homes for people must be firmly rooted in the Vision of Community Living Ontario. (2004)
- (d) Resident-staff ratios must be funded at a rate which recognizes the level of support necessary to the person receiving support, especially where the person has multiple disabilities and/or medically involved, and
  - (i) Staff qualifications and training must be appropriate to the type of support to be provided, and
  - (ii) funding for staff training must be substantially increased especially for staff from northern areas.
- (e) The Ministry of Children Community and Social Services and the Ministry of Health and Long-Term Care must ensure that a mechanism exists so that there is no interruption of residential support for an individual who must temporarily seek treatment within a health facility. (1992)
- (f) The government of Ontario should recognize that a full continuum of living/residential (and work/training and leisure/social) options is required to accommodate all people who have an

intellectual disability and should provide adequate financial and human resources support for all these options. (1996)

- (g) Residential services for children and adults identified as having an intellectual disability should be operated by independent, non-profit community-based organizations.
- (h) All residential programs must be operated within guidelines which safeguard the quality of care.

#### Section 9.02 Zoning and Regulations

- (a) People who have an intellectual disability and their accommodation support should be permitted in all municipality areas zoned residential. (2003)
- (b) Homes of people who have an intellectual disability should be treated the same as other homes in a community with respect to building and fire codes and that the B3 fire code regulations be applied only to the institutionalized residential settings. (2005)

#### Section 9.03 Affordable and Accessible Housing

- (a) The acute need for affordable housing for people who have an intellectual disability and other vulnerable people should be addressed by a commitment to the creation of affordable housing initiatives that involves the private and public sectors, families, and disability and community organizations and further that a leadership role on the part of the Government of Ontario be strongly encouraged as essential to the development of such initiatives. (1999)
- (b) The current crisis in affordable, accessible housing often results in people being placed in institutional settings such as hospitals and nursing homes. Government policy, legislation and funding must recognize as an immediate priority the need to ensure that a range of affordable, accessible housing options are available to people. (2010)
- (c) All people requiring funding to make their home accessible should be provided the funding to allow for the completion of essential renovations. (2001)

#### Section 9.04 Picketing at a Person's Home

- (a) The purpose of paid support is to enable the inclusion of an individual within the community, not to manage a person's residence. Therefore,
- (b) Labour actions such as pickets taking place at the home of a person receiving support are inappropriate, a betrayal of the respectful relationship that should exist between the person providing and receiving support, a violation of privacy and a violation of the individual's right to free and peaceful access to their home. (2007)

#### Section 9.05 Homes for Special Care and Boarding Homes

- (a) Homes for Special Care should be deemed as unsuitable locations for the residential care of people identified as having an intellectual disability.
- (b) Homes for Special Care should not be considered as community placements.
- (c) People identified as having an intellectual disability residing in Homes for Special Care settings should be moved to appropriate community settings.

#### Section 9.06 Long-term-care Homes

- (a) Long-term-care homes should not be considered as community placements.
- (b) People identified as having an intellectual disability residing in long-term-care homes but not requiring extensive nursing support should be moved to an appropriate community setting.
- (c) The Ministry of Children, Community and Social Services and the Ministry of Health must ensure that people who have an intellectual disability who reside in provincial or regional psychiatric hospitals, nursing homes and homes for special care are provided the opportunity to live in the community by enhancing resources to MCCSS-funded developmental services. And, that access to mental health services, hospital or community based, be enhanced for people who have an intellectual disability who live in the community. (1997)

#### Section 9.07 Institutionalization

- (a) Community Living Ontario endorses the definition of an institution used by People First of Canada:
  - (i) An institution is any place in which people who have been labelled as having an intellectual disability are isolated, segregated and/or congregated. An institution is any place in which people do not have, or are not allowed to exercise control over their lives and their day to day decisions. An institution is not defined merely by its size.
- (b) There should be zero admission of people identified as having an intellectual disability to any institutional setting, including government facilities such as Homes for Special Care, long-term-care, chronic care hospitals except where necessary to allow a person access to extensive nursing or other medical support that would be otherwise unavailable.

#### Section 9.08 Response to the Closure of Government Run Institutions

- (a) The last of the large government-operated institutions closed on March 31, 2009, after decades of struggle to bring about closure. Community Living Ontario will maintain a “watchdog” process aimed at ensuring that residential institutions for people who have an

intellectual disability never open again. (2009)

(b) Community Living Ontario adopts a call to action in a new era as a statement to guide our response to the closure of institutions and the challenges and opportunities that this historic event represents to those committed to creating a fully inclusive society. (2009)

(c) Call to Action for a New Era:

(i) Creating and maintaining large government-operated institutions was one of the most harmful things we have done as a society. Gradually the harm we were causing people was recognized. We had to stop. On March 31, 2009, the doors of the remaining three large government institutions for people who have an intellectual disability closed forever in Ontario.

(ii) This splendid moment marked the end of decades of struggle for people who have an intellectual disability, their families and friends, other citizens, community organizations, and government working together to do the right thing.

(iii) In the heart beat of time that we paused to celebrate the closures we realized that the struggle is far from over. Among the many challenges facing us in the future, three in particular call us to action:

1) We fully recognize that there are similar forms of residential institutions in Ontario and we must prevent people from being institutionalized in them simply because they have an intellectual disability. We must also work to enable those who live in such institutions to return to community.

2) We will continue to eliminate harmful and controlling approaches from the choices offered to people who have an intellectual disability and will ensure that institutional practices are not transferred to community settings.

3) We will continue our work to open communities as wide as possible so that people who have an intellectual disability are respected and welcomed citizens. We will confirm the fact that we and our communities are not fully human without the diversity that comes with the inclusion of people who have an intellectual disability.

(iv) We know that it is within our power to ensure that people who have an intellectual disability can be safe in the community without requiring them to give up their rights and liberties.

(v) We will act together as communities to support each other. We will encourage those services and supports that promote inclusion, and work to eliminate any that exclude people from community. We will call upon our values, beliefs and principles that help us meet these

challenges, not those parts of our culture and habits that keep people who have an intellectual disability apart from us and the lives to which we are all entitled.

- (d) We are used to challenges. We are also not always sure about how to meet them. We will struggle together, in community after community, to develop ways that work, not only in Ontario, but throughout Canada.

#### Section 9.09 Restitution for Institutional Harm

- (a) The harms that were suffered by people who lived in institutions are deserving of public apology and restitution. (2010)
- (b) Community Living Ontario will support the efforts that are taken by former residents of provincial institutions to pursue a healing and reconciliation process which may include seeking compensation for the harms experienced and petitioning the Government of Ontario to issue a formal public apology to all people who have an intellectual disability and their families who experienced the injustice of institutional life. (2010)

***Note: Action has occurred with respect to the positions contained in this section. The Premier issued an apology for harm suffered by people in institutions and class action settlement payments have been made to survivors of institutions. These positions remain in the Community Living Ontario policy manual to guide any future actions related to restitution.***

#### Article X. Support for Seniors

##### Section 10.01 Support for Seniors

- (a) Necessary funding must be provided for support services for those people identified as having an intellectual disability over 65. (1983)
- (b) Because the needs of many elderly people identified as having an intellectual disability are basically the same as the basic needs of other elderly people, access to existing generic community services for senior citizens must be encouraged. These should include recreational, social, educational, residential and health services. In relation to the above, "elderly" should be defined as per the population of people who do not have disabilities, i.e. 65 years and over.
- (c) A variety of residential settings, consistent with the principle of community living, must be provided for elderly people identified as having an intellectual disability.
- (d) Community Living Ontario believes that gerontology should be part of courses on intellectual disability and that intellectual disability should be part of courses on gerontology. In addition, in-service training on gerontology must be provided for staff of local Associations. The ranks of elderly people identified as having an intellectual disability will grow every year and local



Associations must be prepared to meet the challenges this changing population will present.

- (e) There should be fully funded individual support for people who have an intellectual disability who have been diagnosed with dementia. (2004)

#### Section 10.02 Support for Aging Parents

- (a) In recognition of the current crisis resulting from lack of appropriate supports for the family member(s) of older families in Ontario, government policy and funding must ensure that the range of support options available to aging individuals who have an intellectual disability include appropriate options for families that have made a conscious choice to not accept the traditional forms of service that would have resulted in their family member(s) being congregated and segregated; such a policy framework should expedite work to:
  - (i) educate service agencies and the ministry about needs and suitable approaches to meet those needs;
  - (ii) foster creative thinking on the part of service agencies and the Ministry about new and unique ways to support people;
  - (iii) promote allocation of appropriate resources to these new approaches; and
  - (iv) reach out to older families that are isolated and fearful of the future. (2009)
- (b) The Government must provide a formalized funding program to individuals who are supported by aging caregivers who have kept their family members at home and now require assistance with accommodation, day programs and respite care. (1997)

#### Section 10.03 Planning to Meet the Elderly Person's Needs

- (a) Service providers must take a more active role in planning to meet the needs of aging and elderly people identified as having an intellectual disability. This planning role should include the provision of alternative programs and services and/or accessing generic senior citizen services. This planning must be consistent with the principle of community living and reflect each person's unique needs. The aging or elderly person must be a part of this planning process and be involved in all decisions which may result in a disruption of his or her life.
- (b) Planning should not be restricted to those within the existing service system. The planning role should also include identifying the elderly parents of aging people who are identified as having an intellectual disability when the parents are their sons/daughter's sole caregivers. These parents must be provided with information about advances in the field of intellectual disability and about services available in their community. They should also be encouraged and/or assisted to make plans and decisions regarding their son's/daughter's future for the time when they become unable to care for him/her. Support services should be offered to aging parents

to teach their sons/daughters skills which will enable them to become more self-sufficient when their parents are no longer there to care for them.

## **Article XI. Health Care**

### Section 11.01 Medical Consent

- (a) Legislation must be enacted concerning substitute medical consent for those people unable to themselves give a proper medical consent, and that such legislation recognize:
  - (i) the over-riding concern that proper medical treatment be provided,
  - (ii) the right of the person involved to have their views considered,
  - (iii) an adult who can understand the consequences of the choice of accepting or refusing treatment, has the right to make this decision.

### Section 11.02 Access to Medication

- (a) People must be able to get the medications that they require in whatever form they need to keep them healthy when these drugs have been prescribed by a qualified practitioner (2002)
- (b) Community Living Ontario supports the February 1997 recommendation of The National Forum on Health that "Canada should take the necessary steps to include drugs as part of its publicly funded health care system". (1997)

### Section 11.03 Access to Health Care at Home

- (a) Citizens of Ontario should not be institutionalized in a residential facility in order to receive the medical and other supports that are provided through Ministry of Health Long-Term Care services and such services should be provided in the person's home or through an appropriate community based service. (2007)
- (b) The health needs of a people who have an intellectual disability should be met in the same way as any other person with the same health needs. They should be able to live in their home as long as is possible with all the community health supports that are available to others. (2001)

### Section 11.04 Treatment

- (a) Decisions about withholding treatment in difficult medical situations must be made solely in terms of the well-being of the individual.
- (b) People who are identified as having an intellectual disability have the right to proper medical care, physical therapy, and to such education, training, rehabilitation, and guidance as will

enable them to develop their abilities and realize their potential.

- (c) Wherever possible, the individual should remain in his usual residential and vocational situation while receiving treatment.

#### Section 11.05 Psychiatric Supports

- (a) There must be community psychiatric supports for individuals who are identified as having an intellectual disability, who are experiencing psychiatric or emotional difficulties.
- (b) Psychiatric supports must include assessment treatment (short and long term), community follow-up residential and vocational programs and emergency care.
- (c) All people must have access to a range of physical and mental health services and have these services suited to their needs.
- (d) The psychiatric community must develop staff with the skills needed to appropriately serve people who are identified as having an intellectual disability, particularly those who have limited communication abilities including treatment and follow-up of behaviour problems.

#### Section 11.06 Training

- (a) There is need for more education regarding support to people who have an intellectual disability in medical school curricula and in continuing medical education including help to parents when giving the diagnosis of intellectual disability. Doctors need to know what resources are available in the community. (1984)

### **Article XII. Participation in Community/ Community Acceptance**

#### Section 12.01 Recreation

- (a) Every person should have opportunities which allow development and maintenance of the physical, mental and social skills needed to take part in sports and recreation appropriate to age and sex.
- (b) People identified as having an intellectual disability should have opportunities for choice of leisure and sports activities, as do other citizens.

#### Section 12.02 Special Olympics

- (a) Community Living Ontario will cooperate with the Ontario Special Olympics in assisting communities to provide a range of leisure, emphasizing a progression from specialized athletics to the use of generic sports facilities. (1995)

## **Article XIII. Justice**

### Section 13.01 Offenders

- (a) People who have an intellectual disability:
  - (i) Should be held accountable for their own actions, within the limitations of their disability, and
  - (ii) must be served appropriately according to their needs and resources.
- (b) Offenders who have an intellectual disability may need assistance in understanding their rights under the law and in obtaining and benefiting from legal counsel. Some may need the help of a personal representative or advocate to advise them, or to speak on their behalf.
- (c) There must be assistance provided for people identified as having an intellectual disability in the justice system.

## **Article XIV. Freedom from Harm**

### Section 14.01 Adult Abuse

- (a) Adults who have an intellectual disability must be extended similar types of legislative protections as those extended to children under the Child and Family Services Act. (1985)
- (b) Community Living Ontario support the establishment of formal provincial mechanisms backed by legislation or government policy to enhance safeguards against abuse, neglect and other forms of harm for all people aged 16 and older and that such mechanisms must ensure that their rights, liberties and citizenship are fully acknowledged and protected. (2009)
- (c) Legislation should be enacted to prevent abuse to people identified as having an intellectual disability and,
- (d) Systems to ensure appropriate services and supports to people who have been abused should be initiated. (1981)
- (e) Citizens who by reason of disability, age, health or other social disadvantage are vulnerable to abuse or neglect are entitled to the protection of legislation to ensure:
  - (i) that lack of power of the victim or any circumstance relating to the vulnerability of the victim not be considered grounds for lenient treatment of the culprit(s);
  - (ii) that no mandatory investigation of the incident contribute to further victimization by restricting or removing the victim's right to autonomy and a place in the community;

- (iii) that the victim be entitled to a personal advocate with no conflicting accountability to any agency or system involved in any aspect of the investigative, disciplinary, prosecutorial or judicial processes;
- (iv) that the protection of the legislation extend to:
  - 1) any or all facets of investigation by police or other mandated bodies;
  - 2) any or all internal disciplinary processes of the agencies or systems within which the culprit(s) may function or in any situation where care is provided formally or informally;
  - 3) any or all activities relating to prosecution; and
  - 4) any or all considerations and dispositions by the court, and
  - 5) That Community Living Ontario approach CACL with a view to finding ways to ensure that such legislation be in place to serve all Canadian citizens who by reason of disability, age, health or other social disadvantage are vulnerable to abuse or neglect. (1999)
- (f) Education programs are important to help people who have been abused and to stop others from being abused. To be effective, these programs must be developed with the advice and participation of self-advocates; and
- (g) A province-wide approach to this problem is necessary to ensure that all people have these supports – not just those who live in communities that are aware of and working to solve the problem. (2001)
- (h) Sexual abuse of people who have an intellectual disability happens at very high rates for both men and women. It is vital that Community Living Ontario encourage granting organizations to make money available to the Community Living Ontario Council and other groups to help both men and women who have been or may be abused. (1999)

#### Section 14.02 Aversive Conditioning

- (a) Aversive conditioning which involves some or all of the following characteristics should be eliminated:
  - (i) systematic infliction of physical pain, illness, physical and/or emotional trauma,
  - (ii) dehumanization of the individual,
  - (iii) techniques inappropriate for the individual's age,

- (iv) treatment out of proportion to the target behaviour,
  - (v) procedures which are normally unacceptable for people who do not have a disability individuals and, in particular, social segregation, social isolation, verbal abuse, electric shock, mechanical restraint, water/lemon juice spray, and noxious stimulation (tastes, smell or noise), and
- (b) Every member Association of Community Living Ontario should be asked to declare in writing that no aversive conditioning techniques, as described above, are being employed or will be tolerated in any service program of the member Association, or by any of its employees or agents. [1989]
  - (c) To support policies of zero tolerance of abuse of people with disabilities:
    - (i) The developmental services legislation should include a Bill of Rights for vulnerable people.
    - (ii) Labour legislation should limit the powers of an arbitrator if an employee has been fired for abuse of a vulnerable person. (1996)
  - (d) Community Living Ontario believes that the government and organizations that provide support are responsible to make sure people are safe. People who have an intellectual disability must not be at any more risk of abuse or assault than any other person. There must be a standard set of rules in place to help prevent abuse and assault. There also must be standard rules for reporting assault and abuse when it occurs. (2005)
  - (e) In order to ensure that individuals receiving support be free from undue harm, the full facts about how and why the 10 individuals died at Oakland's Regional Centre be known and, to this end, a public enquiry be held (2005)

#### Section 14.03 Psychotropic Drugs

- (a) Administration of psychotropic drugs may mask the real needs of residents, which then are inappropriately met.
- (b) Frequently unacceptable or harmful behaviour directed towards oneself or others can be improved by alteration in the living or program environment. The setting should provide an acceptable level of living arrangements and social, educational, or occupational programs which should be adapted to obviate or reduce the need for the use of medication.
- (c) Drugs should be used only when appropriate according to informed, competent opinion; should be time-limited; and should be directed toward clearly defined, specified changes in the functioning of the patient.
- (d) Expert independent consultation on the therapeutic use of drugs, standards of administration

of drugs, and methods of monitoring their usefulness should be available and utilized.

- (e) An ongoing education program should be instituted to inform all residential staff on current thinking about the judicious use of drugs.
- (f) There should be a built-in method of assessing the value of medication to each person receiving medication, to determine the effectiveness of treatment for that individual and to assist in ongoing research in the program as a whole.

#### Section 14.04 Bio-Technology

- (a) Community Living Ontario will support CACL in its effort to address the need for comprehensive principles and ethical guidelines to ensure that further development in genetic and other areas of bio-technology shall in no way have detrimental effect on the equal right of people with disabilities to enjoy life, equal justice, freedom from discrimination and acceptance as contributors to our diverse society. (2001)

#### Section 14.05 Euthanasia and Assisted Dying

- (a) Community Living Ontario opposes euthanasia and assisted suicide and supports the right to treatment and support for all people; and that Community Living Ontario undertake a full policy review of this issue and report back with recommendations to the members. (2007)

*NOTE: Following is the report and recommendations provided to and accepted by the members at the 2011 Annual General Meeting. Some of these recommendations may be impacted the implementation in June 2016 of Canada's assistance in dying legislation, Bill C-14 but have not been reviewed since the implementation of that legislation.*

#### Section 14.06 Policy Review of Euthanasia and Assisted Dying

- (a) There have been several studies and judicial decisions spanning the period both prior to and since the 2007 Resolution, and the themes of these, taken together, do constitute what can be described as "a full policy review of this issue". Such documents are listed in a bibliography at the end of this paper, which draws on all of them (full text of the document available upon request from Community Living Ontario) and presents in a concise form a number of policy positions for consideration by the Board as "recommendations to the members". These should be regarded as recommendations that certain identified principles and realities deserve careful consideration by our federation and its members.

Basic Principles:

- (b) The words of Justice MacKenzie of the B.C. Supreme Court in the 1983 case, Re Stephen Dawson should serve to summarize Community Living Ontario's reasoning behind the stance taken by the members at the 2007 AGM. They express the danger of enabling or authorizing

others to assess the quality of our lives on our behalf, and the extent to which such a mindset runs counter to Canadian and International law:

- (i) “I am satisfied that the laws of our society are structured to preserve, protect and maintain human life and that in the exercise of its inherent jurisdiction this court could not sanction the termination of a life except for the most coercive of reasons. The presumption must be in favour of life. I do not think that it lies within the prerogative of any parent or of this court to look down upon a disadvantaged person and judge the quality of that person’s life to be so low as not to be deserving of continuance”.

#### General Recommendations:

- (c) While the meaning of the first position adopted in the 2007 Resolution -- “Community Living Ontario opposes euthanasia and assisted suicide” – is very clear, there continues to be a widely held view in Canadian society that the existing laws prohibiting acts that cause death by unnatural means should be relaxed. There is clearly a need for supporting evidence and arguments that would convince people, both within and outside the Community Living movement, that the policy opposing euthanasia and assisted suicide is consistent with the belief in the supreme worth of every human life, regardless of disability. People need to realize that people with disabilities, and particularly intellectual disabilities, are at special risk of being made dead if our laws are changed to permit euthanasia and assisted suicide.
- (d) Therefore the first recommendation is that Community Living Ontario adopt a well thought out rationale for the position that the legalization of euthanasia and assisted suicide would place intellectually disabled people at a greater risk of being victims of acts of “mercy killing”. The legalization of euthanasia and assisted suicide can be wrongfully used to end lives of intellectually disabled people under the guise that they are suffering from illnesses from which there is allegedly little to no chance of recovery. The legalization of euthanasia and assisted suicide can further reduce society’s perceived value of people who have an intellectual disability.
- (e) The legalization of euthanasia and assisted suicide, in combination with the use of substitute decision making through determination of incompetence and guardianship, would also increase the risk of people who have an intellectual disability being euthanized without their consent. As such, the legalization of euthanasia and assisted suicide can result in further disempowerment of disabled people in society.

#### Specific Recommendations:

- (f) **Reproductive Technologies** - That Community Living Ontario encourage the establishment of standards for new reproductive technologies that prevent their application as a form of eugenics. Specifically, Community Living Ontario should consider opposing the use of test results from new reproductive technologies that reveal that a child may or is likely to have a disability as the basis for recommending abortion to a prospective mother. A doctor’s role



must be limited to informing the mother without inserting value judgments that are based on the assumption that disability warrants abortion.<sup>1</sup> Acceptance of death making based on disability before birth makes it easier to accept it after the person is born.

- (g) **Interpretation of the Health Care Consent Act** - That Community Living Ontario support Justice Susan Himel’s interpretation of the Health Care Consent Act (HCCA) in the recent case of *Rasouli v. Sunnybrook Health Sciences Centre*,<sup>2</sup> whereby “treatment” encompasses measures to withdraw life sustaining intervention. She ruled that such measures would also require the consent of either the patient or the patient’s surrogate decision-makers. The doctors and the hospital took the position that they should be able to withdraw treatment without consent when they believe it would be futile to continue. Justice Himel’s decision has been appealed to the Court of Appeal for Ontario, and their decision should be handed down later this year.
- (h) **The UN Convention on the Rights of Persons with Disabilities** - That Community Living Ontario serve as a watchdog to ensure the proper enforcement of the UN Convention on the Rights of Persons with Disabilities. Article 10 of the Convention requires that “States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others”. Article 25 deals specifically with the right to health care, listing several specific rights and concluding with the obligation of the state to “Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability”.
- (i) **Pandemic Disease Protocols** - That Community Living Ontario continue to take a strong stance against the development of pandemic protocols, such as that proposed during the anticipated H1N1 pandemic, where intellectual disability would be a criterion that justifies exclusion from treatment in intensive care units.<sup>3</sup>
- (j) **Legislation to Legalize Euthanasia and Assisted Suicide** - That Community Living Ontario oppose any future bills such as Bill C-384. Bill C-384 was a private member bill introduced by Bloc MP Francine Lalonde. It is important that Community Living Ontario clarifies its stance on the issue, since, considering that it was tabled three times—albeit not being passed once—there is a possibility that such a bill will resurface. Furthermore, when the bill was under consideration, CACL took on the task of engaging with the Justice Committee if the bill were to continue to a second reading in Parliament. They determined to take a stance opposed to the bill at possible future studies or hearings to be conducted by the Justice Committee. Community Living Ontario should be supportive of CACL in the event that the latter needs to take on such a role. Similar support would be called for in opposition to any proposed legislation to introduce the concept of “compassionate homicide”, which many Canadians

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<sup>1</sup> “Who has the Right? Submission to the Senate Committee on Euthanasia from the Canadian Association for Community Living” (November, 1994)

<sup>2</sup> *Rasouli v. Sunnybrook Health Sciences Centre*, 2011 ONSC 1500 (CanLII).

<sup>3</sup> “Disability Rights and Access to Health Care: A Matter of Life and Death”; Canadian Association for Community Living Submission to the Parliamentary Committee on Palliative and Compassionate Care (October 25, 2010).

called for in the wake of Robert Latimer's murder of his daughter Tracy.

- (k) **Euthanasia Prevention Coalition and other Like-Minded Groups** - That Community Living Ontario support such groups as the Euthanasia Prevention Coalition. The Coalition has intervened or will be intervening in two major precedent-setting withdrawal-of-treatment/euthanasia cases (Rasouli in Ontario and a Charter challenge by the B.C. Civil Liberties Association seeking to strike down the Criminal Code prohibitions of assisted suicide and "mercy killing"). The support for like-minded groups should take the form of legal research and knowledge-sharing.
- (l) **"Persistent Vegetative State"** - Community Living Ontario may wish to embark on research into the use of the term "persistent vegetative state" (PVS) by medical professionals. A patient in PVS, unlike one in a coma, shows occasional signs of wakefulness and mobility. However, similar to a coma, PVS is not a disease or type of injury; it is not a diagnosis, but a prognosis, in that it is no more than a statement of a patient's state of disability where renewal of certain motor and cognitive abilities is unlikely. Because a prognosis of PVS says nothing of treatment options, it should not be used by medical professionals to justify euthanasia or assisted suicide.
- (m) **Palliative Care** - That Community Living Ontario encourage increased government spending on palliative care. One of the potential harms that could result from the legalization of euthanasia and assisted suicide is that funding for palliative care will be decreased. Supporting palliative care is thus concomitant to Community Living Ontario's stance against the legalization of euthanasia and assisted suicide.
- (n) **Provincial Guidelines for Criminal Prosecution** - That Community Living Ontario investigate the application of various provincial guidelines for prosecution under the Criminal Code provisions that prohibit euthanasia and assisted suicide. However, since the administration of justice is under the provinces' prerogative, it is their role to initiate proceedings. In the face of inconsistencies in the application of these Criminal Code provisions, provinces have come up with policy guidelines as to the cases in which charges under the abovementioned Criminal Code provisions should be laid. Broadly speaking, the guidelines aim to clarify the distinction between the following concepts: active euthanasia, assisted suicide, palliative care and withholding or withdrawing treatment (otherwise known as passive euthanasia). Furthermore, the guidelines aim to encourage prosecution only where there is a strong likelihood of conviction or public interest would demand prosecution.
- (o) **Provincial Guidelines for Physicians and Surgeons** - That Community Living Ontario investigate the application of provincial guidelines for physicians and surgeons for withholding life-sustaining treatments, especially considering that the drafting of the abovementioned provincial prosecution guidelines was heavily influenced by these. These aim to guide physicians and surgeons in determining cases where withdrawal of life-sustaining intervention is justifiable and in the best interests of the patient. They also provide physicians and surgeons with the procedure as to how to properly obtain consent from either the patient or a substitute decision maker. These guidelines may be subject to change as a result of the Rasouli

case discussed above.

- (p) **Differentiation between Active and Passive Euthanasia** - That Community Living Ontario suspend its judgment on the utility of distinguishing between the concepts of active and passive forms of euthanasia until the above investigation is undertaken regarding the guidelines for both initiating prosecution, and for physicians and surgeons considering withdrawing life-sustaining treatment. Some critics of euthanasia and assisted suicide have opined that the differentiation between active and passive euthanasia is counterproductive, as it promotes the idea that one form of euthanasia—namely, passive euthanasia or withdrawal of life-sustaining intervention—is permissible, whereas, in fact, some critics argue that no form of euthanasia should be permissible. However, withdrawal of life sustaining intervention is arguably more justifiable in extreme cases where the patient does not have a chance of survival, is under extreme suffering, and his/her condition could in fact deteriorate over time by being kept alive by such means. As such, the term passive euthanasia can be used to demarcate such extreme cases from other less justifiable ones. However, if such a demarcation is to be successful, then the above types of provincial guidelines, both with respect to guiding prosecution and physicians' decisions, need to be clear-cut and with a strong presumption in favour of life.
- (q) **Legal Clarification of Permissible and Impermissible Measures Leading to Death** - That Community Living Ontario encourage the legal clarification of criteria that demarcate cases of passive euthanasia or withdrawal of life sustaining intervention that is in fact in the best interests of the patient. Factors that ought to be considered include: 1) the degree of pain/suffering of the patient and the means by which to bring relief; 2) the chances of recovery; 3) religious values of the patient and family; 4) hospital space and funding allotted for palliative care. (Community Living Ontario should promote increased funding of palliative care rather than attempting to work within limited budgets for such care -- see recommendation (m) above).
- (r) **Development of Appropriate and Consistent DNR Policies** - That Community Living Ontario review the wording and application of its local Associations' "Do Not Resuscitate" (DNR) policies. Such policies may in fact not exist in some local Associations. Based on this review, recommendations can be drawn up for the development of consistent policies across Ontario.

#### Section 14.07 Abuse in the Education System

- (a) The Ministry of Education and Training must develop positive alternatives to the use of restraints and suspensions in dealing with students who have behaviour issues identified as a component of their student record. (1995)

#### Section 14.08 Depo-Provera

- (a) Community Living Ontario should seek assurance that Government of Ontario is heeding the warning implicit in the Federal Government's decision to continue to deny approval of the use

of Depo-Provera for contraceptive purposes because of questions arising from studies that link use of Depo-Provera with Cancer. (1993)

- (b) Community Living Ontario should seek by all possible means the prevention of the use of Depo-Provera for all purposes on women who have an intellectual disability in facilities and services funded by the Ministry of Children, Community and Social Services who have not personally and with the proper knowledge requested to use it. (1997)

#### Section 14.09 Abuse by Support Staff

- (a) See Section 14.02 (c) (ii)
- (b) Community Living Ontario should work with the appropriate Ministries towards the establishment of:
  - (i) A registry of employees or former employees who have been convicted of abusing people with a disability and a mechanism for organizations supporting people with a disability to have access to such a registry.
  - (ii) Legislation and/or regulations that limit the authority of arbitrators to reinstate employees or former employees who have admitted to or who have been found to have abused or assaulted people with a disability in the course of their employment. (2002)

### **Article XV. Transportation**

#### Section 15.01 Transportation - General

- (a) Funding must be provided for transportation for people identified as having an intellectual disability for the ordinary activities of daily living. (1984)
- (b) The Government of Ontario must ensure the continuation of the fully funded coordinated transportation programs presently existing in various regions of Ontario for people who have an intellectual disability. (1994)
- (c) Ensuring equitable and affordable access to transportation requires that the Provincial and Municipal governments cooperate to provide consistent transportation subsidies to all recipients of Ontario Disability Support Program Income Supports. (2007)

#### Section 15.02 Public Transportation

- (a) Eligibility criteria for special transit services for people who have a disability should be broadened to include ambulatory people identified as having an intellectual disability. (1984)
- (b) A person who requires an attendant must be able to have that attendant travel with them free

of charge. The long-term objective must be that carriers provide the necessary services to enable people with disabilities to travel without attendants.

- (c) Travel expenses for an escort travelling with a patient receiving a Northern Travel Grant should be paid by the provincial government. [1989]
- (d) A person who has a disability should be able to decide for him or herself whether or not an attendant is required.
- (e) All modes of transportation must provide for accessibility by people with mobility disabilities.
- (f) All passengers who have a disability must have the same rights as other passengers to effective safety procedures and compensation in the event of accidents.
- (g) The Government of Ontario should move to establish a formal annualized funding framework for coordinated transportation programs which are presently structured on an ad hoc basis. (1994)
- (h) The Government of Ontario must ensure that municipalities which provide accessible transportation services are exempt from budgetary cutbacks which are specifically itemized for accessible transportation. (1994)
- (i) Subsidized parallel transit services must be available to people who have an intellectual disability and Ministry funding and access/services guidelines should reflect this principle. (1996)

## **Article XVI. Agency Administration Issues**

### Section 16.01 Agency Budgets

- (a) Transfer payment agencies should be permitted to operate in a strategic business manner that allows for contingency management by means such as reserve funds, capital reserves, contingencies funding and capital depreciation. (1998)
- (b) Interest charges should be allowed to be part of subsidizable operating expenditures. (1982, 1981)
- (c) The Ministry of Children, Community and Social Services should establish a specific date for the submission of annual budgets and a specific date within a reasonable period for the completion of the budget approval process which be no later than May 1<sup>st</sup>. (1982, 1984)
- (d) The Ministry of Children, Community and Social Services should establish a mechanism for the early release of allocations each year to help relieve the uncertainty about what funds are available. (1982)

- (e) The Ministry of Children, Community and Social Services should establish a process for approving and funding new initiative in the first quarter of the fiscal year. (1982)
- (f) Coverage of bank charges arising from the late payment of operational subsidies should be a grantable item. (1983)
- (g) Operational reserve funds contribute to the efficient operation and maintenance of buildings and property owned by community organizations and therefor provincial policy should allow organizations to set up and, on an annual basis, fund the maintenance of reserve funds (2008)
- (h) The Worker's Safety Insurance Board (WSIB) frequently sets inappropriate premiums for Developmental Service programs. These inappropriate rates are often the result of assessments of programs based on outdated program definitions by the Ministry of Children, Community and Social Services. Action is required on the part of both MCCSS and WSIB to eliminate this confusion by ensuring appropriate definitions and assessments of these programs; and further (2005)
- (i) The additional costs attributable to reclassifications by WSIB be funded and annualized in the base budgets of agencies. (2005)
- (j) Agencies cannot provide additional support or support new people unless there is more funding available, and the government should allow agencies to use their funding in more flexible ways so that they can make the best use of the money they have. (2004)

#### Section 16.02 Pay Equity

- (a) The provincial government must honour the pay equity obligation of local Associations who are transfer of payment agencies for the duration of the obligation to ensure that Directors of the local Associations not remain liable for obligations beyond their control. (2004)

#### Section 16.03 Labour Negotiations

- (a) In order to protect the rights of people receiving support from a Community Living organization during and following a period of labor negotiations, Community Living Ontario will oppose any bargaining mechanism that fails to incorporate the following elements: (2011)
  - (i) the rights of people seeking support are protected and are in no way compromised by the requirements of the bargaining process;
  - (ii) each local organization retains the ability to design and change as necessary that type of support it provides and to negotiate directly with its own employees the agreements and job descriptions necessary to carry out the work needed to fulfill its goal and vision and meet the unique needs of each person supported;

- (iii) participation in any centralized bargaining mechanism is at the discretion of the Board of each local organization;
- (iv) a clear process exists through which all organizations that choose to participate in a centralized bargaining mechanism have input into the issues that are to be centrally bargained;
- (v) the proposed centralized bargaining mechanism is expected to reduce investments of both time and cost for local organizations and that saving remain with the local organization to be reinvested into supports;
- (vi) the provincial government endorses the centralized bargaining approach and provides assurance that it will economically support settlements that result from the mechanism and that such assurance is binding on future governments;
- (vii) funding amounts for wages and benefits provided by government to organizations involved in a centralized bargaining process are made available to all organizations in the developmental services sector whether or not they are covered by collective agreements;
- (viii) a mechanism exists to ensure that key disability supports remain in place during a centralized bargaining process in order to ensure the wellbeing of all people receiving support;
- (ix) guarantees are in place that any strikes that may occur will not result in picketing in front of the home of a person supported by the community living organization.

#### Section 16.04 Outside Paid Resources

- (a) The Government of Ontario must review its practice of using Outside Paid Resources and reaffirm its commitment to the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act by ensuring everyone with a disability has the choice to live and to be socially included in their home community;
- (b) The Government of Ontario must meet with stakeholders to arrange an orderly cessation of Outside Paid Resources such that Ministry of Children, Community and Social Services either contracts directly with those entities or works with local Community Living Associations or other appropriate developmental service agencies to provide the necessary supports in people's home communities
- (c) These positions stem from the following facts:
  - (i) The Community Living movement has proudly struggled to close institutions, to ensure all children can attend their neighbourhood schools, and to support people who have an intellectual disability to live and contribute to their home communities;

- (ii) The Government of Ontario has increasingly adopted the practice of sub-contracting and outsourcing residential services, using Outside Paid Resources which has resulted in children and adults being forced to live in distant locations, away from their community and family;
- (iii) The Office of Child and Family Service Advocacy found in their June 2007 report that “Outside paid resources were more frequently described by young people and witnessed by Advocacy Officers as institutional in their philosophy and practice,” (Finlay 2007; 3);
- (iv) The use of Outside Paid Resources generally runs counter to the core principles of Community Living and the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (Social Inclusion Act);
- (v) Under the existing system, local Associations (not the Ministry of Children, Community and Social Services) are deemed responsible for ensuring that Outside Paid Resources comply with regulatory requirements of Quality Assurance Measures and local associations have even been cited as being noncompliant with the Quality Assurance Measures for failure to serve as the regulatory overseer of Outside Paid Resources, placing the local associations and volunteer board members at risk of liabilities from noncompliance. (2014)



