



Parliament of Australia

**Parliamentary Delegation
to
New Zealand and Canada**

24 September – 4 October 2018

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ISBN: 978-1-76010-897-7

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Introduction

Delegation to New Zealand and Canada

From 24 September to 4 October 2018, an Australian Parliamentary Delegation visited New Zealand and Canada. This report provides an account of the delegation's visit.

The full Delegation was as follows:

- Delegation Leader, Senator Rachel Siewert, Senator for Western Australia
- Senator Deborah O'Neill, Senator for New South Wales
- Senator Derryn Hinch, Senator for Victoria

The Delegation was supported by Ms Apolline Kohen, Delegation Secretary.

The overall objective of the Delegation was to examine policies, practices and programs related to the Senate Standing Committees on Community Affairs' portfolios, which cover the Health, Social Services and Human Services portfolios.

In particular, the delegation was interested in gaining insight into the following:

- Aged care quality and services
- Mental health care services and early intervention strategies
- Disability support services and disability rights
- Workforce challenges in aged care and disability services
- Youth and wellbeing
- Indigenous issues
- Substance abuse
- Legalisation of cannabis in Canada

The delegation's aim was to develop an understanding of how New Zealand and Canada were approaching these issues and what policies or practices could possibly be considered for Australia.

The program included meetings with a range of Government officials, non-government organisations and researchers.

This report provides an overview of the key activities and observations of the delegation.

Acknowledgements

The delegation's visit was supported by the Australian Parliament's International and Parliamentary Relations Office (IPRO). In particular, the delegation thanks Onu Palm for her administrative support and assistance.

The delegation was also supported by the Department of Foreign Affairs and Trade (DFAT), which provided a briefing prior to departure.

The delegation thanks the Australian High Commission in New Zealand for its advice and support. The delegation thanks both His Excellency Mr Ewen McDonald, Australian High Commissioner to New Zealand, and Mr Andrew Cumpston, Deputy High Commissioner, for welcoming the delegation and assisting the visit.

The delegation would like to place on record its appreciation for the support and advice provided by the New Zealand officials from the Department of Internal Affairs and the Office of the Clerk of the House of Representatives. In particular, the delegation thanks Ms Linda Chin, Visit Lead and Ms Wendy Hart, Inter-Parliamentary Officer who worked tirelessly on the visit program and accompanied the delegation in Wellington and Auckland.

The delegation thanks the Australian High Commission in Canada for organising the visit program and accompanying the delegation in Ottawa and Toronto. The delegation thanks Mr Andrew Clarke, Research Officer, for organising the visit program. The Delegation thanks Ms Diana Hooton, Second Secretary, for accompanying the delegation and providing logistical support in Ottawa and Toronto. The delegation also thanks Her Excellency Ms Natasha Smith, Australian High Commissioner to Canada, for her warm welcome and for hosting a lunch at the High Commissioner's Residence.

New Zealand

The delegation started its visit in New Zealand, travelling first to Wellington and then to Auckland.

Tuesday 25 September

Australian High Commission briefing

The Delegation met over breakfast with His Excellency Mr Ewen McDonald and Mr Andrew Cumpston, Deputy High Commissioner. The delegation was provided with a briefing on the political environment in New Zealand and current social issues.

Political overview

New Zealand is a parliamentary democracy in the Westminster tradition. However, government in New Zealand differs in several ways from the traditional Westminster model. With the abolition of the Legislative Council (Upper House) in 1951, the New Zealand Parliament became unicameral. Elections are held every three years. New Zealand has a Mixed Member Proportional (MMP) electoral system, based on a German model. The first MMP election was held in 1996.

Under MMP, voters are given two votes – one for a local MP and one for a political party. Maori may choose to be on either the General or the Maori electoral roll. There are 121 seats in the current Parliament, of which 71 are electorate seats, including seven representing Maori electorates, and 50 are party list seats.

With the introduction of MMP the opportunity for minor parties to gain parliamentary representation increased.

In October 2017, Jacinta Ardern from the Labour Party negotiated a coalition with the New Zealand First Party and a supply and confidence agreement with the Green Party.

Meeting with the Speaker of the House of Representatives

The Delegation met with the Hon Trevor Mallard, Speaker of the House of Representatives. The delegation and the Speaker shared their views on the commonalities and differences between the two countries in relation to the work of

parliamentarians. Discussions included the work of committees, the practice of Question Time and workplace arrangements to ensure the wellbeing of members of Parliament.

Workplace wellbeing

The Hon Trevor Mallard talked about the recent work undertaken to better accommodate and support parliamentarians with young families as, at the time of the visit, there were over 10 parliamentarians with infants under the age of one. The Speaker explained that exploring how the Parliament can better support parliamentarians who are new parents is paving the way for a more diverse and representative Parliament. The delegation and the Speaker also talked about mental health and wellbeing issues experienced by parliamentarians and how these should be more openly acknowledged and better addressed within the parliamentary workplace.



Delegation with the Hon Trevor Mallard, Speaker of the House of Representatives

New Zealand-Australia Pacific Parliamentary Friendship Group

The Delegation had the opportunity to visit the Parliament before attending a lunch function hosted by Mr Chris Bishop MP and Ms Poto Williams MP, Co-Chairs of the New Zealand –Australia Pacific Parliamentary Friendship Group (PFG). At the function, the Delegation had the opportunity to meet members of the PFG and its secretariat. Guests included Ms Anahila Kanongata'a-Suisuiki MP, the Hon Aupito William Sio MP, Mr Tim van de Molen MP, Dr Jian Yang MP and Ms Venessa Steele. The lunch function provided an opportunity for the delegation to gain a better understanding of the New Zealand parliamentary system and the work of its committees.

Question Time

After lunch, the delegation had the opportunity observe Question Time, which occurs between 2.00pm and 3.00pm on each sitting day. Question Time has different rules from the Australian system. In New Zealand, questions are lodged with the Clerk of the House on the day they are to be asked so Ministers have a time to prepare a reply. However, each question can be followed up by supplementary questions, which are not notified to Ministers. The delegation noted that this system provided an effective platform for robust and in-depth debates conducted in a respectful and orderly manner.

Meeting with Hon Tracey Martin – Minister of Internal Affairs, Minister for Seniors and Minister for Children

The delegation met with the Hon Tracey Martin to discuss a range of topics relevant to her portfolios.

Seniors

The Minister provided some background information about the New Zealand senior population, prior discussing key government initiatives.

New Zealand has an ageing population, with currently around 725 000 people aged over 65. By 2028, there will be around 1 million seniors in New-Zealand. The senior population is also becoming increasingly diverse, with the Maori, Pacific Islander and Asian New Zealander population aged over 65 expected to triple in the next twenty years. Like in Australia and other developed countries, there are significant workforce shortages in the aged care sector in New Zealand.

The New Zealand government is in the process of developing a new **Positive Ageing Strategy**. The strategy aims to deal with the implications of an ageing population for employment, housing, health and aged care, social services and the economy. A consultation process is underway and it is anticipated that the new strategy will be released in 2019.

As workforce needs in the aged care sector are increasing, the New Zealand government is looking at **increasing skilled immigration**. For example, to drive recruitment of aged care nurses, the government has listed aged care nurses on its *Immediate Skill Shortage List* to enable faster processing of visa applications.

Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

The Minister informed the delegation that the Government established a Royal Commission into Historical Abuse in State Care and in the care of faith-based institutions in February 2018. The Royal Commission's first task was to undertake public consultations on the draft Terms of Reference. At the time of the visit, the Government was considering feedback from public consultations with a view to shaping the final Terms of Reference of the inquiry. It is anticipated that the inquiry

process will begin early 2019. By December 2020, the Royal Commission will provide an initial report.¹

Child and Youth Wellbeing Strategy

As part of the **Child Poverty Reduction Bill** introduced to Parliament in early 2018, work has begun on the development of New Zealand's first **Child and Youth Wellbeing Strategy**, which has a particular focus on reducing child poverty. The Minister explained that the Strategy is being developed through a whole of government approach and will be based around safety, security, connectedness, wellness and development.² The Strategy is also intended to give a practical commitment to the Treaty of Waitangi, and must include analysis of outcomes for Māori children. The Strategy will assist New Zealand to meet its international obligations relating to children, including those under the United Nations Convention on the Rights of a Child and the United Nations Convention on the Rights of Persons with Disabilities. The Strategy will be published in 2019.

Young people at risk services and programs

The Minister explained that the government funded **Social Workers in Schools (SWiS)** service is showing positive and encouraging results. Social workers work with school communities to support individual children and their families. It is resulting in a reduction in suspensions from schools, care and protection notifications to the Department and police apprehensions for alleged offending.

The Minister also mentioned the **Northland Youth Justice Model**, a new remand service for young Māori offenders based on a pilot service called Mahuru. The service aims to reduce risk of reoffending and support young offenders while they await their court hearing to make positive changes through a mentoring program under the supervision of caregivers. This is an alternative option to placing young people in youth justice residences.

Finally, the Minister talked about the **Vocational Pathways** program, which provides new ways to achieve the foundation for successful transitions to further education and work. It assists students to see how their learning is relevant to a wide range of jobs and study options.

Wednesday 26 September

Māori Affairs Committee

The delegation was fortunate to meet with members of the Maori Affairs Committee, including the Chairperson, Mr Rino Tirikatene MP and Ms Marama Davidson, Deputy

1 For more information about the inquiry process and timelines:

<https://www.abuseinstatecare.royalcommission.govt.nz/>

2 Minister for Children, *Child Wellbeing Strategy – Draft outcomes for all children, and potential focus areas for policy work*, 17 September 2018,

<https://dpmc.govt.nz/sites/default/files/2018-11/appendix-a-draft-outcomes.pdf>

Chairperson. After a brief discussion about the work of the committee, the delegation attended a Claims Settlement Bill briefing provided by Government department officials. The delegation learned that the usual process for a Claims Settlement Bill takes about six months and includes a briefing from the Department, a submission process and public hearings.



Delegation with members of the Māori Affairs Committee. From left to right: Mr Rino Tirikatene MP (Chairperson); Senator Deborah O'Neill, Mr Adrian Rurawhe MP, Senator Derryn Hinch, Ms Jenny Marcroft MP, Ms Marama Davidson MP (Deputy Chairperson), Senator Rachel Siewert, Ms Joanne Hayes MP, Hon Christopher Finlayson MP.

Health Committee and Social Services and Community Committee

The delegation met with representatives of these committees to discuss committee work and current inquiries. This provided an opportunity for the Australian delegation to further discuss the Child Poverty Reduction Bill, which was before Parliament at the time of the delegation visit.

Human Rights Commission

The delegation met with Ms Paula Tesoriero MNZM, Acting Chief Human Rights Commissioner and Disability Rights Commissioner, and Ms Frances Anderson, Senior Human Rights Advisor. Discussions focused on the work of the Commission. In particular, the Commissioner talked about the recent release of the report *This is not*

my home which considers legal and ethical issues associated with residential care for older people who are placed in secure residential facilities without their consent.³

The meeting was also an opportunity for the delegation to provide information to Commissioner about the rollout of the NDIS in Australia.

Young people with disabilities

In New Zealand, 43 percent of young people with disabilities between the age of 15 and 24 are not involved in any form of education. The Commissioner explained to the delegation that major education reforms were under way in NZ, including for improving education opportunities for children with disabilities. The issue of the over representation of young people with disabilities in the justice system was also discussed during the meeting. It was noted that both countries have not yet been able to develop and implement effective strategies to address this issue. The delegation was also interested to discuss the issue of children born with foetal alcohol spectrum disorder (FASD). There is no NZ data on the prevalence of FASD. Like in Australia, FASD is not recognised as a disability, which makes access to support services, education support and early intervention very difficult for families.

Health Quality & Safety Commission

The meeting was an opportunity to learn about the setup, responsibilities and work of the Commission.

The Health Quality & Safety Commission works with clinicians, providers and consumers to improve health and disability support services. The Commission has a broader remit than its Australian counterpart. Programme areas include medication safety, infection prevention and control, adverse events, reducing harm from falls, health quality evaluation, consumer engagement, reducing perioperative harm and mortality review. The Mortality Review Committees are statutory committees that review particular types of deaths in order to learn how to best prevent them. There are currently four ongoing committees dedicated to reviewing the death of children and young people, babies and mothers where death is caused by pregnancy or childbirth, deaths resulting from family violence and deaths associated with surgery, and one temporary committee established to ascertain the feasibility of a suicide mortality review. The mortality review committees report and make recommendations to the Commission. For example, the Commission's work on implementing recommendations made by the babies and mothers mortality review committee has significantly reduced the number of sudden infant deaths.

Evening Reception at Parliament House

The Hon Trevor Mallard, Speaker of the New Zealand House of Representatives hosted a reception for the delegation. This provided the delegation with the

3 NZ Human Rights Commission, *This is not my home*, June 2018, https://www.hrc.co.nz/files/1315/3471/5450/HRC_This_is_not_my_Home.pdf

opportunity to meet parliamentarians and discuss in a more relaxed setting emerging and topical issues relevant to both countries.

Thursday 27 September

Meeting with the Minister for Health and Associate Minister for Health

The delegation met with the Hon David Clark, Minister for Health and the Hon Jenny Salesa, Associate Minister for Health also in charge of aged care. Discussions focused on aged care issues and workforce shortages in the aged care industry. The delegation was told that the NZ government is currently considering the establishment of an **Aged Care Commission** and the appointment of an Aged Care Commissioner. This is following an inquiry into aged care initiated by the Labour Party, Green Party and Grey Power in 2017, which recommended the establishment of the Office of the Aged Care Commissioner and a position of Aged Care Commissioner.⁴ The Commission would be tasked as part of its initial work programme to investigate the effectiveness of complaint processes in residential care facility as this is not working effectively at present.

Meeting with the Hon Peeni Henare, Minister for the Community and Voluntary Sector, Minister for Whanau Ora, Minister for Youth and Associate Minister for Social Development

Discussions focused on youth issues, including youth suicide, substance abuse, and unemployment as well as on how to improve wellbeing. The following initiatives and programs were of particular interest to the delegation.

School Leavers' Toolkit initiative

The NZ government has committed to providing all young people aged 16 with a Toolkit to ensure they have the knowledge, skills and capabilities required to transition successfully to further education, training and employment. This includes programs about financial literacy, understanding of civics and citizenship, and access to courses that teach key workplace competencies such as teamwork, and self-management.

The Living Standard Framework (LSF)

The Living Standards Framework (LSF) has been developed by the New Zealand Treasury to consider the collective impact of policies on intergenerational wellbeing. At the time of the delegation visit, public consultations were underway to continue refining the LSF Dashboard used within Treasury to view and compare indicators of wellbeing and enable all government agencies to show how their initiatives are expected to impact on current and future wellbeing, as part of the Budget process.

4 New Zealand Labour Party & Green Party of Aotearoa New Zealand with Grey Power, *Inquiry into Aged Care*, September 2017, https://d3n8a8pro7vmtx.cloudfront.net/nzlabour/pages/8472/attachments/original/1505375672/Aged_Care_Report_Update.pdf?1505375672

Whānau Ora

Whānau Ora is an approach that supports Māori communities and families to improve their wellbeing and achieve their aspirations in life. It places the community and families at the centre of decision making. Whānau Ora is an innovative public sector initiative because it devolves the delivery of Whānau Ora services to community-based commissioning agencies. These agencies work with partners, providers and navigators to deliver customised support and services to communities and families.

Mental Health and Addiction Inquiry

The delegation met with Professor Ron Paterson (Panel Chair) and panel members Mr Josiah Tualamali'i and Mr Dean Rangihuna to discuss various aspects of the inquiry. The inquiry's Terms of Reference were set early 2018 by government. The scope of the inquiry was broad and included a strong focus on identifying and responding to mental health and addiction needs, prevention of suicide as well as promoting mental wellbeing. The inquiry was also tasked with recommending specific changes to improve New Zealand's approach to mental health, with a particular focus on equity of access and better outcomes, especially for Māori and other groups with disproportionately poorer outcomes. The inquiry panel members talked about the submissions they had received, including the *Wellbeing Manifesto* submission which calls for the government to commit wellbeing priorities across the spectrum – to prevent, respond to and lessen the impact of mental health distress and addiction.⁵ Youth mental health and suicide prevention were also discussed during the meeting. The delegation noted with interest the existence of Youth One Stop Shops which deliver care within the scope of the Youth Mental Health Project initiative aimed at preventing the development of mental health issues and improving access to services. These services take a holistic approach and provide primary health care and other services such as mentoring and support programs.

At the time of the meeting, the inquiry was in its final stage with report to government due by the end of November 2018.⁶

5 Submission to the Government Inquiry into Mental Health and Addiction, *Wellbeing Manifesto for Aotearoa New Zealand*, 2018, <https://static1.squarespace.com/static/5acd7513620b857f1f567e85/t/5b551ef4562fa7375406fb00/1532305150225/Wellbeing+Manifesto+Full+Submission+Digital.pdf>

6 On 28 November 2018, the panel presented its report to the Minister of Health. <https://www.mentalhealth.inquiry.govt.nz/inquiry-report/>



Delegation with Mental Health and Addiction inquiry panel members. From Left to Right: Mr Josiah Tualamali'I, Professor Ron Paterson, Senator Deborah O'Neill, Senator Rachel Siewert, Senator Derryn Hinch and Mr Dean Rangihuna.

New Zealand Aged Care Association (NZACA)

The delegation met with the Chief Executive of NZACA, Mr Simon Wallace. The NZACA membership represents 93 percent of providers of residential care in NZ. Immigration is a central issue for NZACA members as there is a shortage of nurses and caregivers. NZACA members are of the view that Immigration NZ needs to do more work to reduce delays in processing and renewing visa applications. Recent work from NZACA includes the release of *Caring for Older Kiwis: The right place, at the right time* report, which provides an analysis of what happens to the health and social outcomes of an older person when they enter aged residential care. According to the report, older people's health and wellbeing improve once they move into residential care. Mr Wallace pointed out that operators of aged care facilities must meet vigorous audit and reporting systems and that there is a very low level of complaints. As a result NZACA members do not support the proposed establishment of an Aged Care Commission. Members are of the view that the establishment of a Minister for Ageing and Aged Care would be more useful. Additionally, Mr Wallace believes a review of the aged care funding model is urgent as it has not been looked at for almost 20 years.

Friday 28 September

The delegation travelled from Wellington to Auckland early in the morning before meeting with the Auckland District Health Board at the Auckland Hospital.

Auckland District Health Board

The discussions focused on aged care, including quality and safeguards, services and workforce challenges. Board members talked about the aged care industry market, which is largely dominated by large service providers. Bupa New Zealand is the largest aged care provider with both residential aged care facilities and retirement villages. Whilst there is a nationally agreed pricing for residential care, the Board is concerned about pricing for premium rooms in some retirement villages leading to an increase in inequity of access to services.

Quality and safeguards

All NZ rest homes and aged care residential care facilities are certified and audited. There are certification and unannounced spot audits. District Health Boards can also conduct issues-based audits. However, there is no mandatory staff ratio in residential aged care. The delegation noted with interest that all meals served in aged care facilities must be assessed and approved by a qualified dietitian.

Workforce challenges

The Board talked about the issue of staff shortages, including aged care nurses and GPs. The Board also raised concerns about the lack of specialised training available for GPs to deliver care at home for older New Zealanders. This is one of the reasons why most palliative care happens in residential care.

University of Auckland

The delegation met with academics from the School of Population Health. Discussions focused on aged care, substance abuse and addictions and domestic violence.

Aged Care

In NZ, **InterRAI** is the primary assessment instrument in aged residential care and home and community services for older people. The delegation was told that the use of interRAI was effective and provided improved health outcomes. All District Health Boards are using interRAI for assessing older people's support needs for home and community support services. It is also the mandatory assessment instrument for all aged residential care providers.⁷

Addictions

The delegation was told that **dapaanz** is the membership association representing the professional interests of practitioners working in addiction treatment. All dapaanz registered practitioners are required to undertake continuing professional development activities and adhere to the dapaanz code of ethics. Private institutions can only

7 For more information about interRAI New Zealand: <https://www.interrai.co.nz/>

receive funding from District Health Boards if their staff are registered with dapaanz. Generally, District Health Boards deliver immediate care whilst private institutions provide longer term interventions to treat addictions.

There is a workforce shortage, which is partly due to the lack of training and education opportunities available. For example, only two universities in New Zealand offer addiction postgraduate courses. There is also a critical need for training more Māori and South Pacific Islanders as these groups are over-represented in drug, alcohol and smoking statistics compared to other New Zealand groups.

New Zealand Family Violence Clearinghouse

The New Zealand Family Violence Clearinghouse based at the School of Population Health is the national centre for research and information on family violence. It provides access to high quality information about family violence, ways to most effectively respond to those affected by violence, and to promote understanding of ways to prevent violence.⁸

8 See website for more information: <https://www.nzfvc.org.nz/>

Canada

The second part of the delegation visit took place in Canada. The delegation travelled to Ottawa and Toronto before returning to Australia.

Monday 1 October

Meeting with the High Commissioner Her Excellency Ms Natasha Smith

The High Commissioner welcomed the delegation and provided a briefing on the Canadian legislative system and issues relevant to the interests of the delegation.

In Canada, the legislative branch is made up of the House of Commons and the appointed Senate. The House of Commons has 308 members, but will increase to 330 at the next election scheduled for October 2019. General elections are held every four years. The Senate has 105 Senators who are appointed by the Governor General on the recommendation of the Prime Minister and hold office until age 75. One of the duties of the Senate is to represent the interests of Canada's regions, provinces, territories and minority groups. Seats in the Senate are distributed to give each major region of the country equal representation.

Under Canada's federal system, the powers of government are shared between the federal government and 10 provincial governments. The provinces are responsible for public schooling, health and social services, roads, the administration of justice and local government.

Canadian Pharmacy Association

The delegation met with Mr Philip Emberley, Director of Practice Advancement and Research. The Canadian Pharmacy Association is the peak body for Canadian pharmacists. The delegation was particularly interested to talk about pharmacare schemes, costs and access to medication as well as how Canada was responding to the opioid crisis.

Pharmacare

At the time of the delegation visit, there was a debate around implementing a national pharmacare program. Mr Emberley advised the delegation that provinces are not necessarily opposed to it and pointed out that some provinces already have pharmacare programs in place. For example, British Columbia has a pharmacare program and pharmacare schemes for seniors exist in most provinces.

Costs of medication

The selling price of prescription drugs in Canada is negotiated between drug companies and the Federal Government. Once Health Canada has approved a drug for use in Canada, an evaluation is conducted to provide reimbursement recommendations and advice to Canada's federal, provincial and territorial drug plans. About 75 percent of Canadians have some form of supplementary private health insurance, which goes towards services and medications not covered or partially covered by Medicare. Many of them receive private health insurance through their employers.

Scope of practice for pharmacists

The scope of pharmacists' role in Canada has broadened over the years and varies depending on the province or territory. In some provinces and territories, pharmacists are granted the authority to prescribe, adjust or substitute medications and administer drugs, including injections for immunisation.

Opioid crisis

Canada is facing a national opioid crisis. The government considers that the growing number of overdoses and deaths caused by opioids, including Fentanyl, is a public health emergency. A key issue is the illegal supply of Fentanyl.⁹ As part of its actions to fight the crisis, the government has increased access to methadone and prescription heroin. It has also facilitated access to Naloxone through making available take-home kits at pharmacies without prescription.¹⁰ Some provinces offer free take-home kits. The committee learned that ice addiction was not a major issue in Canada compared to Australia.

Employment and Social Development Canada – Office of Disability Issues

The delegation met with Ms Krista Wilcox, Director General of the Office of Disability Issues and Ms Joanne Winter, Director Program Division. Discussions focused on Canada's Human Rights Framework, disability support services and income supports available to people with disabilities. The delegation was also provided with an overview of the Accessible Canada Act.

Close to 14 percent of Canadians aged over 15 have a disability. Only 49 percent of Canadians with disabilities are employed, compared to 79 percent of Canadians without disabilities. 18 percent of Canadians with disabilities aged 15 to 64 live in poverty.

Income support programs

Provinces are responsible for the delivery of disability supports, which means that there is little consistency across Canada. Similarly, income support is delivered through the provinces. Quebec and Alberta provinces have the most generous income support programs available for people with disabilities. Early 2018, as part of its action plan to fight poverty and promote economic inclusion, the government of Quebec introduced a guaranteed minimum income for people with disabilities. In Alberta, the Assured Income for the Severely Handicapped (AISH) provides financial and health related assistance to eligible Albertans with a disability.

At the federal level, the Canada Pension Plan Disability (CPPD) program provides earnings replacement to eligible Canadians who are unable to work because of a

9 Fentanyl is an opioid used as a pain medication and together with other medications for anaesthesia. Fentanyl is also made illegally and used as a recreational drug, often mixed with heroin or cocaine.

10 Naloxone is a medication used to block the effects of opioids, especially in overdose. Naloxone is useful both in acute opioid overdose and in reducing respiratory or mental depression due to opioids.

severe and prolonged disability.¹¹ The Government of Canada also provides support to Canadians with disabilities through several tax measures.

The Accessible Canada Act

At the time of the delegation's visit, the Accessible Canada Act was before Parliament. Its aim is to provide entities with clearly defined accessibility standards as well as new requirements to plan and reports on results. It is the most significant disability rights legislation in over 30 years. The Bill was passed after the delegation's visit in November 2018.¹²

Health Canada

The delegation met with representatives of Health Canada to discuss cannabis law implementation, mental health and Canada's approach to regulating therapeutic goods.

Cannabis law

At the time of the visit, the *Cannabis Act* to legalise cannabis was scheduled to enter into force on 17 October 2018. The objectives of the Act are to minimise the harms associated with cannabis use and keep profits out of the hands of criminals and criminal organisations. The Act permits possession of up to 30 grams of legal cannabis by those aged 18 or older and limits home cultivation to 4 plants per residence. Taking a public health approach the *Cannabis Act* creates a control framework for cannabis that:

- restricts youth from accessing cannabis;
- controls access for adults of legal age;
- provides oversight for the operation of the legal cannabis industry;
- strictly regulates the supply chain; and
- establishes strong penalties to protect public safety.

The federal government issues licences and permits, including for the production and sale of medicinal cannabis. Regulations for edible cannabis products will be introduced in 2019. Provinces are to receive 75 percent of the tax revenues and the remaining 25 percent will go to the federal government. At the time of the visit, it was anticipated that cannabis would be taxed \$1 per gram.

The federal government is funding community-level projects, including in First Nations, Inuits and Métis communities, to minimise harms of cannabis use and strengthen access to substance use counselling and treatment.

11 For more information: <https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit.html>

12 For more information: <http://www.parl.ca/DocumentViewer/en/42-1/bill/C-81/third-reading>

Mental Health

Province and territory governments are responsible for delivering mental health services. However, the federal government is responsible for the mental health care of First Nations on reserves and Inuit; serving military and veterans; refugees and inmates in federal corrections systems. The federal government is working with provinces and territories to improve the availability of mental health services. The 2017 federal government budget committed \$5 billion over 10 years for provinces and territories to improve access to mental health and addiction services. Challenges include wait and cost barriers, unmet needs, lack of integrated services, data and knowledge gaps. Additionally, First Nations and Inuit face a greater risk of mental illness than non-Indigenous Canadians but federal funding has not kept pace with program demand. The Veterans' programming is also insufficient to meet growing needs.

Tuesday 2 October

Senate Standing Committee on Finance

The delegation met with Senator Percy Mockler (Chair), Senator André Pratte (Deputy Chair), Senator Marty Deacon and Senator Julie Miville-Dechêne. Discussions focused on the differences and commonalities of the work of the Senate and committees in both countries.

The meeting was also an opportunity to discuss the challenges of the ageing population in Canada. The Standing Committee on Finance told the delegation that they recently completed an inquiry on the financial implications and regional considerations of Canada's ageing population.



Delegation with members of the Senate Standing Committee on Finance. From left to right: Senator Percy Mockler (Chair), Senator Marty Deacon, Senator André Pratte, Senator Rachel Siewert, Senator Derryn Hinch, Senator Deborah O'Neill and Senator Julie Miville-Dechêne.

Indigenous Services Canada

The delegation met with Mr Jamie Bryan, Director of Mental Health. The discussions focused on mental health and addiction programs available to Indigenous Canadians. Mental health programs for Indigenous Canadians are the responsibility of the federal government on reserves but provinces are responsible for the delivery of Indigenous programs outside reserves. A key priority area is responding to the opioid crisis and achieving harm reduction through the delivery of wrap-around services. The delegation was told that there was a high use of cannabis in Indigenous communities. The committee learned that there are 45 Indigenous Centres delivering substance abuse treatment services on reserves. These services are culturally appropriate and most of the senior staff are Indigenous.

National Inuit Suicide Prevention Strategy

Inuit suicide rates are among the highest in the world. In response, Canada has developed the National Inuit Suicide Prevention Strategy. The delegation noted with interest that the strategy is an Inuit-led approach to suicide prevention. It puts forward a holistic approach to suicide prevention that focuses on intervening and providing

support much earlier in life so that individuals are less likely to reach the point of contemplating suicide.¹³

Lunch at the High Commissioner's Residence

Her Excellency Ms Natasha Smith hosted a lunch for the delegation. Ms Heidi Jackson, Executive Director Opioid Response at Health Canada was present at the lunch. This provided an opportunity for the delegation to further discuss how the Canadian government was responding to the opioid crisis. The delegation also gained further information on how the Canadian government was approaching the implementation of the *Cannabis Act*.

Senate Standing Committee on Social Affairs, Science and Technology

The delegation met with members of the committee, the Hon Senator Art Eggleton (retiring Chair), the Hon Chantal Petitclerc (Chair-Designate) and the Hon Judith Seidman (Deputy Chair). The committee provided information about the recent inquiries it had undertaken, which cover multiple topics of interest to the delegation.

Cannabis Act

The committee told the delegation that the central focus of the committee's attention in 2018 was its study of the *Cannabis Act*. The committee heard evidence from over 100 witnesses before recommending several amendments to the bill, which were adopted by the Senate. In particular, the committee recommended mandatory health warnings for cannabis products, including warnings about the danger of smoking cannabis, the danger of exposure to second-hand cannabis smoke, and the risks of combining cannabis and tobacco. The committee also recommended that the federal government commit ongoing funding for evidence-based cannabis education. The delegation also learned that the market for cannabis in Canada is estimated to be worth \$7 billion.

The Shame is Ours

The committee also talked about its inquiry into the post war practice of forcing unmarried women to surrender their newborn children to adoption. In its report, the committee called on the government to issue a formal apology and provide reparations to affected individuals.¹⁴ The delegation noted the similarities of the inquiry findings with the Senate Community Affairs inquiry into former forced adoption policies and practices in Australia.

13 For more information about the Strategy: <https://www.itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf>

14 For more information about the inquiry: <https://sencanada.ca/en/info-page/parl-42-1/soci-adoption-mandate/>

Dementia in Canada

In 2016, the committee examined the issue of dementia in Canadian society and recommended the development of a National Dementia Strategy. This led in 2017 to the setup of a committee charged with the development of a national strategy.¹⁵

Anti-Poverty Caucus

The delegation also learned that Canadian parliamentarians have formed a Parliamentary Anti-Poverty Caucus to help create the conditions to make progress in the fight against poverty. The Caucus is across party lines, and involves both chambers of Parliament. Senator Eggleton was Chair of the Caucus until recently, and told the delegation he had written a book on basic income guarantee, which outlines the design elements and options for a basic income guaranteed in Canada.¹⁶



Delegation with members of the Standing Committee on Social Affairs, Science and Technology. From left to right: Senator Art Eggleton, Senator Deborah O'Neill, Senator Chantal Petitclerc, Senator Derryn Hinch, Senator Judith Seidman and Senator Rachel Siewert.

15 For more information: <https://www.canada.ca/en/public-health/services/diseases/dementia/national-dementia-strategy.html>

16 Senator Art Eggleton and al, *The poverty, inequality, and job challenge –The case for basic income in Canada*, 2018. Available as free e-book: <http://www.caseforbasicincome.com/the-book/>

After the meeting, the delegation travelled to Toronto.

Wednesday 3 October

Ontario Ministry of Health and Long-Term Care

The delegation started its first day in Toronto with a meeting with Mr Brian Pollard, Assistant Deputy Minister, Long-term Care Homes Division and Mr Evan Sotiropoulos, Manager, Intergovernmental Relations Unit.

Mr Sotiropoulos provided an overview of the health system in Canada, with an emphasis on the role of provincial governments in the administration and delivery of health care services and more specifically on Ontario's health care system.

Long-Term Care in Ontario

Mr Pollard provided an overview of Long-Term Care (LTC) in Ontario. Over 79 000 Ontarians are residents in long-term care accommodation. Financial assistance is available to pay for accommodation so income is not considered a barrier to access. However, there is a significant wait list with over 33 000 people waiting for a bed. Workforce shortages in aged care were mentioned as an ongoing challenge. Mr Pollard also outlined how inspections were conducted in LTC homes to ensure safety and quality of care. Inspectors in Ontario are qualified nurses who call on external expertise (such as building inspectors or accountants) to determine the performance level of each home. In a bid to increase transparency and help families make more informed decisions, the performance level of each home is published online. Changes to the *Long-Term Care Act* in 2010 outlined a minimum standard of education for Personal Support Workers (PSWs) working in LTC homes to strengthen the quality and the standardisation of practices. Staff working in LTC homes must have at least a PSW certificate but it is not mandatory for PSWs providing care in other settings to have such certificates and formal training.

College of Ontario Nurses

The delegation met with Ms Carlyn Tancioco, Advanced Practice Consultant, and Mr Al Pomerant, Investigator, to discuss aged care and abuse protections. The delegation learned that the College is currently exploring the introduction of specific training for inspectors of long-term care homes. The College receives around 2 000 complaints per year, but there are no breakdown figures available to determine how many are related to aged care. However, the main complaints related to aged care are: neglect, communication issues with nurses, and not providing the right medication to residents.

Ontario Standing Committee on Social Policy

The delegation met with members of the Ontario Standing Committee on Social Policy. Members of the Ontario Provincial Parliament present at the meeting were Mr Deepak Anand, Ms Nina Tangri and Ms Marie-France Lalonde. The meeting provided an opportunity to discuss the work of committees in both countries and to share learnings from recent inquiries. Discussions mostly focused on disability and aged care services and support programs. Of note, the delegation learned that the Ontario Passport initiative is a program that helps adults 18 years or older with a

developmental disability to participate in their communities. It also enables caregivers to take a break from their caregiving responsibilities.

Meeting with Justice Eileen Gillese, Commissioner, The Long-Term Care Homes Public Inquiry

Justice Eileen Gillese explained the context of the establishment of the inquiry. The inquiry was established in August 2017 following a registered nurse's conviction of eight counts of murder, four counts of attempted murder and two counts of aggravated assault; offences she committed while working in Long-Term Care Homes. The inquiry's mandate is to inquire into circumstances and contributing factors that allow these events to occur, including the effect of policies, procedures, practices and oversight mechanisms. The inquiry will deliver its final report in July 2019.

At the time of the visit, the inquiry had gone through a submission process and had held a series of public hearings. Further consultations are scheduled for early 2019. The delegation learned that, based on international studies, injection remains the most common method of murder and assault by healthcare providers. This raises the issue of the diversion of medications as a key risk factor. As a result, the Commissioner sees potential significant benefits in introducing automated dispensing cabinets in nursing homes to help reduce medication errors and diversions. The inquiry is also likely to recommend the installation of surveillance cameras near pharmacy cabinets and in corridors but not in residents' rooms. The Commissioner is of the view that routine data collection following deaths and incidents should be considered so any trends that are outside what is typical can be swiftly detected. Checklists following death in long-term care facilities should include variables that allow discriminating true unexpected deaths from those that are expected and thoughtfully attended. The commissioner emphasised the importance of nurses being educated regarding what constitutes a 'good death', particularly in nursing homes.

Thursday 4 October

Canadian Mental Health Association (CMHA)

The delegation met with Ms Leyna Lowe and Ms Katherine Janson from the Canadian Mental Health Association (CMHA). CMHA provides services and supports across Canada, relying on public and corporate donations. CMHA also undertakes advocacy work to influence public policy. The delegation heard that in a given year one in five Canadians experience mental illness and that by age 40, that number increase to one in two Canadians. A high number of Canadians report that they have unmet needs when it comes to mental health care. According to CMHA, there is longstanding under-investment in mental health care.

Call for a Mental Health Parity Act

CMHA is currently calling for the introduction of a *Mental Health Parity Act* in order to bring mental health care into balance with physical health care. A *Mental Health Parity Act* should include the following five strategies:

- publicly funded evidence-based therapies;
- improved quality of care through a continuum of integrated services;

- investment in promotion, prevention and early intervention;
- addressing stigma and discrimination and ensuring equitable access; and
- researching mental illness and evaluation of health outcomes.

Not Myself Today campaign

The delegation was also briefed about the Not Myself Today campaign, a workplace mental health campaign run by CMHA. This workplace mental health initiative helps companies and organisations build greater awareness, reduce stigma and foster safe and supportive cultures.¹⁷

Wellesley Institute

The delegation met with Dr Kwame McKenzie, CEO, Mr Michael Torres, Director of Communications and Ms Seong-gee Um, Researcher. The Wellesley Institute works in research and policy to improve health and health equity in the Greater Toronto Area (GTA) through action on the social determinants of health. The delegation was provided with an overview of the recent research undertaken by the Institute, including advancing seniors' health and housing equity. In particular, the delegation was interested to further discuss issues of equity of access to home care or long-term care supports and funding for seniors from culturally diverse backgrounds. Barriers to accessing aged care supports for seniors from cultural diverse backgrounds include information access, language barriers, long wait lists and lack of culturally appropriate services. Recommendations made by the Institute to improve access to care and supports include introducing targeted funding, using Health Equity Impact Assessment tools to plan new services, increasing the diversity of languages spoken in the aged care workforce and introducing standardised cultural competency programs for staff.¹⁸

17 For more information: <http://www.notmyselftoday.ca/>

18 For more information on Health Equity Impact Assessment tools:
www.wellesleyinstitute.com/topics/health-equity/health-equity-impact-assessment/



From left to right: Dr Kwame McKenzie, CEO of the Wellesley Institute, Senator Deborah O'Neill, Senator Rachel Siewert, Ms Seong-gee Um and Senator Derryn Hinch.

Ontario Ministry of Children, Community and Social Services

The delegation's final meeting was with Mr Richard Steele, Director Social Assistance Operations, Ms Gloria Lee, Director of Ontario Disability Support Program Branch, and Ms Laura Belfie, Director of the Planning and Strategic Policy Branch. The delegation was provided with a briefing on social assistance programs in Ontario, federal and provincial roles in the provision of social assistance supports, and support for and engagement with First Nations and other programs available in Ontario for low-income families.

Social Assistance programs

Ontario has two income and asset-tested social assistance programs: Ontario Works and Ontario Disability Support Program. Ontario Works provides financial assistance and employment assistance to help people find, prepare for and keep a job. In most cases, participation in employment assistance activities is mandatory in order to receive financial assistance. The Ontario Disability Support Program comprises financial assistance and employment supports to help people with disabilities to find and keep a job, and advance their careers. At the time of the meeting, the Ontario Government was developing a plan to reform social assistance.

The federal government also provides a number of income supports directly to Canadians. This includes Employment Insurance, a federal income benefit provided to individuals who lost their jobs. Employment Insurance also provides special benefits to workers who take time off work due to specific life events such as pregnancy, caring for a new born or illness.

Income Support for First Nations and First Nations Engagement on Social Services

The Ontario Works program is delivered on-reserve by First Nation delivery partners to First Nation communities. Engagement with First Nations occurs through several avenues, including the Joint First Nations – Ministry of Children, Community and Social Services Table, which is a forum for engagement, co-development and co-design between First Nations and the Province of Ontario on issues related to income security and social services.

The Ministry also funds the Indigenous Healing and Wellness Strategy. This program supports a wide range of programs across the province that are designed and delivered by Indigenous organisations, to address the impacts of colonisation and intergenerational trauma.

Senator Rachel Siewert

Leader of the delegation

