

Autistic United Canada

List of Issues on Canada

Submission for the 22nd Session of the United Nations Committee on the Rights of Persons with Disabilities, August 26 to September 20, 2019

Submitted by:

AUTISTICS UNITED CANADA

Promoting disability justice and creating connections by and for Autistic people

AutisticsUnitedCa.org

Introduction

Autistics United (AU) Canada is a grassroots self-advocacy organization dedicated to improving the lives of Autistic people in what is colonially known as Canada.

Previously an international affiliate of the Autistic Self-Advocacy Network (ASAN), the first chapter was founded in 2014. The organization was later established as Autistics United Canada, with now four chapters in Vancouver (Musqueam, Squamish, and Tsleil-Waututh Territory), Comox Valley (K'ómoks Territory), Manitoba (Anishnaabeg, Cree, Oji-Cree, Dakota and Dene Territory, and Homeland of the Métis Nation), and Nova Scotia (Wabanaki Confederacy and Mi'kmaq Territory), as well as a network of self-advocates across the country.

As ASAN Canada, AU Canada was an endorsing organization for Vulnerable Persons Standard, advocating for safeguards to protect the lives of people with disabilities in Canada's assisted dying laws. ASAN Canada was invited to speak at a side event of the United Nations Committee on the Rights of Persons with Disabilities in April 2016 on restraint and seclusion in schools. AU Canada continues to advocate for disability rights and justice in areas of accessibility, health care, education, employment, housing, immigration, arts, and research.

AU Canada works to promote the inclusion of Autistic people in the conversations and decisions that affect our lives. AU Canada is a Disabled Persons Organization (DPO) where Autistic people constitute the majority of our organization. All our leadership positions are held by Autistic people, reflecting our core value: "Nothing About Us, Without Us!"

AU Canada is also about building connections in the Autistic community and fostering a strong sense of Autistic identity and pride. We prioritize equity, inclusion, collaboration, autonomy, and self-determination. Our community is diverse and our approach is intersectional.

Our Mission

Self-Advocacy and Autonomy: Ensuring that Autistic voices across Canada are heard in cultural and political conversations about autism, so that policies include and value all Autistic people.

Autistic Well-Being: Advocating for access and self-determination for all Autistic people, in healthcare, education, employment, support services, and community networks across the lifespan.

Cultural Change: Promoting Autistic culture, creating safer Autistic spaces, and fostering pride, to change the cultural narrative about autism from one of tragedy and normalization to one of support and acceptance.

Present Submission

In 2016, Autistics United Canada (as ASAN Canada) submitted a briefing for the 16th Pre-Sessional Working Group of the Committee on the Rights of Persons with Disabilities (CRPD). Autistics United Canada has prepared the following information to give input to the List of Issues on Canada to be adopted under the simplified reporting procedure during the 22nd Session of the UN Committee on the Rights of Persons with Disabilities, August 26 to September 20, 2019. The present second submission is a collaboration of Autistic people across Canada, including racialized, LGBTQ+, and multiply-disabled Autistic people.

Executive Summary

1. Consultation: Nothing About Us Without Us. Autistic people in Canada are not adequately consulted in the policy-making processes and decisions affecting Autistic rights, as priority for consultation is often given instead to caregivers and service professionals. Autistic perspectives should be centered in conversations about autism. Barriers to meaningful consultation should be addressed and Autistic people should be provided supports for civic engagement.

Autistic people should be consulted in combating discrimination, sexual violence, restraint, seclusion, exclusion, and torture; creating guidelines for therapies, health care services, awareness campaigns, accessible public spaces, and trainings for first responders and emergency services; and developing policies for medically assisted death, legal capacity, independent living, education, and employment.

2. Accessibility and Intersecting Barriers. With the passage of the Accessible Canada Act and consultations in three provinces that lack accessibility legislation, Canada is in the midst of a crucial time for protecting the rights of disabled persons to participate fully in society. Priorities for Autistic people in accessibility legislation include sensory-friendly public spaces and supports for Augmentative and Alternative Communication (AAC) users.

In addition to accessibility legislation, there is a need for a coordinated national response to the specific needs, challenges, and barriers of Autistic people, with considerations for intersecting barriers due to gender identity and expression, sexual orientation, age, immigration status, and indigeneity. This includes funding for adult autism assessments, especially for women and racialized persons who are more likely to be diagnosed later in life.

3. Media and Awareness. Awareness campaigns about autism often promote fear and stigma at the exclusion of Autistic voices. When creating awareness campaigns about autism, Canada should place Autistic perspectives in the forefront and promote active acceptance over (be)awareness. Canada should address the role media plays in perpetuating stigma about the burden and tragedy of a disabled life, and its link to the high rate of filicide and homicide of disabled people by parents and caregivers.

4. Right to Life and Freedom from Torture. On World Autism Awareness Day 2015, the UN Special Rapporteur on the Right to Health, Dainius Pūras, and the UN Special Rapporteur on the Rights of Persons with Disabilities, Catalina Devandas Aguilar recognized that medicalized approaches including “over-prescription of psychotropic medications, their placement in psychiatric hospitals and long-term care institutions, the use of physical or chemical restraint, electro-impulsive therapy” [...] “often amount to ill-treatment or torture” of autistic children. Autistic people are also vulnerable to filicide and coercion in assisted suicide. As called upon by over fifty disability and community organizations, Canada needs to strengthened safeguards to align Medical Assistance in Dying legislation with the Vulnerable Persons Standard.

Article 5 - Equality and non-discrimination

Suggested questions for the List of Issues

Please provide plans for a comprehensive rights-based, disabled-led strategy to combat discrimination against Autistic people; one that extends beyond accessibility and built environment, and addresses stigma, unmet needs arising from intersecting barriers, and structural and institutional violence; one that has timebound targets and concrete measures of progress.

What measures will be taken to ensure that informed consent and consultation with Indigenous Autistics and Indigenous people with developmental and cognitive disabilities, will be a required part of policies, programs, initiatives, and research pertaining to Indigenous Autistic communities?

Recommendation

Canada should work with diverse Autistic communities to co-create national legislation, policies, programs, and address the unique challenges and needs of Autistic people with specific considerations for race, gender identity and expression, sexual orientation, age, immigration status, and indigeneity, driven by the approach of Nothing About Us Without Us.

Canada should strengthen policies and guidelines for informed consent and duty to consult with Indigenous Autistics and Indigenous people with developmental and cognitive disabilities, and support initiatives by disabled people that arise from Indigenous communities.

Article 6 - Women with disabilities

Suggested questions for the List of Issues

What steps are being taken to reduce the number of Autistic women, especially racialized and/or transgender Autistic women, who will experience sexual abuse and intimate partner violence in their lifetime?

What measures will be taken to address societal stereotypes about sexuality and disability that prevent disabled women from accessing appropriate care and justice in the event of sexual violence?

Please provide information on how many Autistic women, girls, and gender-diverse individuals with uteruses have been subject to forced abortion and/or sterilization, and what steps are being taken to ensure their reproductive rights, particularly for those who are non-speaking or have intellectual disability.

What steps are being taken to document and reduce the systematic gender bias in the autism diagnostic process and prevent the under- and mis-diagnosis of Autistic women and girls, which delays their access to appropriate care and support?

Recommendation

The federal government must ensure that Autistic-led organizations and Autistic Advocates, including transgender and racialized Autistic women are consulted in making policies, programs, and initiatives that address sexual violence. The federal government must ensure that meaningful consultation includes people with disabilities and uses a trauma-informed approach.

The federal government should be helping to dismantle negative stereotypes against disabled people. In order to fully combat sexual violence against women with disabilities, the federal government should work with women with disabilities, including those with developmental, cognitive, and psychosocial disabilities, to understand the impact stereotypes have on reporting, accessing health care, accessing social services, and the quality of life of women with disabilities.

As United Nations Committee Against Torture urged in December 2018, Canada should conduct an independent investigation of all allegations of coerced sterilization, taking into account factors such as indigeneity, race, gender, and disability; establish policies and accountability measures that provide clear guidance on how to ensure sterilizations are only performed under full informed consent; and include coerced sterilization as a punishable crime under the Criminal Code.

Canada should provide funding for adult diagnosis of autism, as Autistic women are more often misdiagnosed or diagnosed later in life than Autistic men, while the high cost of adult diagnosis (2000-4000 CAD) remains a substantial financial barrier to accessing assessment and services. Canada should create guidelines and

incentives for general practitioners and psychology clinicians, who are the first steps (and often barriers) of the autism assessment process, to receive training on autism screening for women. Canada should specifically fund research on the intersection of autism and gender to inform better standards of screening, assessment, and service provision, prioritizing research that meaningfully includes and reflects Autistic women's perspectives, such as through Participatory Action Research models.

Article 7 - Children with disabilities

Suggested questions for the List of Issues

What steps are being taken to ensure that Autistic children and youth, especially in rural and predominantly Indigenous areas, are given the supports they need to transition into adulthood?

How will the government ensure that parents and caregivers are given complete and accurate information about their options for services, and are given a wide variety of services such as respite workers and different types of therapies to allow them to choose the options that best suit them?

What steps are being taken to ensure that therapies and interventions for Autistic children will help children integrate into society and foster a strong Autistic identity, rather than simply minimizing the indicators of autism?

What steps are being taken to include Autistic adults in the design and implementation of therapies and interventions for Autistic children?

What steps are being taken to not only ensure a parent or caregiver's informed consent for therapy and services, but to protect the child's right to assent and dissent to therapy, including in cases where verbal assent cannot be obtained due to speech disability?

Recommendation

Canada should create specific incentives and requirements for research designing and evaluating existing and future therapies, programs, and services in collaboration with Autistic individuals, incorporating standards established through the Participatory Action Research approach.

Canada should work with the organizations leading the creation of the Autism-Intellectual-Developmental Disabilities National Resource and Exchange (AIDE) Network to ensure that Autistic perspectives are reflected in the information and resources available, and that a wide range of evidence-based supports and services are available to families, in different languages and regions across Canada.

Article 8 - Awareness-raising

Suggested questions for the List of Issues

What steps will be taken to collaborate with Autistic people, Autistic-led organizations, community organizations, families, and all levels of government to address the stereotypes, prejudices, and harmful practices relating to Autistics that have been and continue to be prevalent in media, education, health care, and research?

What steps will be taken by all above mentioned actors (inclusive but not exclusive), to ensure that families are receiving accurate information on autism and all of their options, including opportunities to meet with and learn from Autistic youth and adults?

How will information and programs that promote negative attitudes towards Autistics and autism be monitored and evaluated, and how will Autistics be included in these processes?

What steps will be taken to ensure that awareness will not include further bias on the base of age, sex, or race, and that such stereotypes will not lead to further harm to Autistics and other people with disabilities?

What steps will be taken to work with and prioritize Autistics themselves, both when creating awareness campaigns, and in the campaigns themselves?

Recommendation

Awareness campaigns that are promoted by the Canadian government must include the voices of actually Autistic and disabled people in order to ensure that damaging stereotypes and misinformation be kept to a minimum. Any misinformation should be addressed and corrected as soon as possible.

In the creation of the Autism-Intellectual-Developmental Disabilities National Resource and Exchange (AIDE) Network, opportunities to learn from and dialogue with Autistic youth and adults must be incorporated.

Consultation with Autistic people in awareness campaigns must be given at least equivalent weight to consultation with non-Autistic people.

Article 9 - Accessibility

Accessible Canada Act (ACA) received Royal Assent on June 21, 2019 and became law on July 11, 2019, achieving the first major milestones making the federal sector barrier-free by 2040.

However, the ACA came under criticism for lack of breadth and power. ARCH Disability Law analyzed Bill C-81 and noted concern over the repeated use of “may” instead of “shall”, which makes key components of the Act optional to carry out. They write: “The legal effect is to give the government and other bodies power to make and enforce accessibility requirements, but not actually require this power to be used.”

The ACA does not require the government to implement a “disability lens” to analyze existing and future policies, programs, and initiatives for accessibility barriers. This would be similar to the “gender lens” implemented through the Gender-Based Analysis Plus process drafted by Status of Women Canada, which examines the impacts of policies, programs, and initiatives on women, men, and gender-diverse groups.

The ACA fragments the power to make the accessibility regulations among the Government of Canada, the Canadian Transportation Agency and the Canadian Radio-television and Telecommunications Commission.

The ACA applies to only the federal sector, while provincial accessibility legislation is necessary to directly address barriers in education, health care, employment, and housing. Canadian provinces lag behind in the creation of accessibility legislation, with only three--Manitoba, Ontario, and Nova Scotia--having existing legislation. The provinces of Newfoundland and Labrador have begun consultations to inform upcoming accessibility legislation, while British Columbia has announced consultations for the fall of 2019.

Suggested questions for the List of Issues

What steps are being taken to address the criticisms from DPOs on the lack of breadth and power of the Accessible Canada Act?

What steps are being taken to ensure that federal buildings implement standards that facilitate accessibility for Autistic people, including reducing exposure to overwhelming sensory stimuli, such harsh fluorescent lighting, crowding, and noise?

Recommendation

Canada should adopt a “disability lens” to analyze its existing and future policies, programs, and initiatives.

Canada should work alongside provincial and municipal governments to create complementary and robust accessibility legislation, while strengthening and addressing gaps in the ACA.

Canada should work alongside Autistic-led organizations to address accessibility barriers specific to Autistic people in the creation of accessibility standards for federal buildings.

Article 10 - Right to life

Autistic children and adults have an exceptionally high suicidality risk compared to the non-Autistic population, with camouflaging (compensating, hiding, or masking autistic traits) and unmet support needs indicated as risk factors unique to autistic people.

Autistic people die at a much younger age, an average of 16 years earlier than non-Autistic people. Co-occurring health conditions, injury, and social connectedness are among the major predictors of premature death in Autistic people.

In 2016, Canada passed federal Medical Assistance in Dying (MAiD) legislation that allows eligible adults to request medically-assisted suicide. In order to request medical assistance in dying, adults must (1) be eligible for health services funded by the federal government, or a province or territory (or during the applicable minimum period of residence or waiting period for eligibility), (2) be at least 18 years old and mentally competent, (3) have a grievous and irremediable medical condition, (4) make a voluntary request for medical assistance in dying that is not the result of outside pressure or influence, and (5) give informed consent to receive medical assistance in dying.

Current court cases related to the MAiD legislation include:

Lamb V. Canada, a charter challenge by the B.C. Civil Liberties Association (BCCLA) on behalf of Julia Lamb, a woman with a progressive neuromuscular condition, to remove the "reasonably foreseeable death" requirements.

Roger Foley, a terminally ill man with cerebellar ataxia who alleges that health professionals offered him medically assisted death instead of providing him with an assisted home care team of his choosing, demanding the government and health officials "to require that all efforts to provide assisted life, and all appropriate safeguards be put in place before offering assisted death".

Over fifty community and health organizations urged the government to adopt the five evidence-based safeguards and sixteen requirements of the Vulnerable Persons Standards created by experts in ethics, law, disability, and public policy to ensure that assisted dying legislation in Canada does not evolve into the involuntary euthanasia of vulnerable people. Currently, MAiD fully complies with three of the VPS requirements, partially complies with eight of requirements and does not comply with five of the requirements. Critics are concerned that Canada has one of the broadest existing regulations for assisted dying, and that the regulations may further expand to include advance requests for assisted dying, mature minors, and individuals whose sole underlying medical condition is a mental illness.

Research suggests that white, educated, richer, and younger patients are more likely to be in favour of medically-assisted suicide, while the most vulnerable populations are concerned about damaging effects on trust in the health care system and likelihood of coercion towards euthanasia.

In the past five years, over 650 people with disabilities worldwide have been killed by parents and caregivers. Autistic Self-Advocacy Network who tracks these cases: "We see the same pattern repeating over and over again. A parent kills their disabled child. The media portrays these murders as justifiable and inevitable due to the "burden" of having a disabled person in the family. If the parent stands trial, they are given sympathy and comparatively lighter sentences, if they are sentenced at all. The victims are disregarded, blamed for their own murder at the hands of the person they should have been able to trust the most, and ultimately forgotten. And then the cycle repeats."

A high-profile BC case regarding the murder of Tracy Latimer has been brought again to public attention in July 2018, when her father Robert Latimer submitted a letter seeking a pardon or re-trial for his conviction in 1993.

The Council of Canadians with Disabilities, Toujours Vivant-Not Dead Yet, and other disability rights advocates have opposed the pardon request, stating concerns that the pardon request is “symptom and effect of the continuing devaluation of disabled people” as shown by the legalization of assisted suicide and euthanasia in 2016”.

Suggested questions for the List of Issues

What steps are being taken to address the high suicide rates of Autistic children and adults, including reduction of bullying, violence, and systematic discrimination and facilitation of access to trauma-informed counselling, especially in low-income, racialized, and rural communities?

What steps are being taken to address gaps in preventative health care that exacerbate increased mortality rates for Autistic people?

What steps are being taken to address the risk of Autistics with co-occurring severe disabilities, cognitive disabilities, mental illness, and dementia being subject to stigma, abuse, and coercion that leaves them more vulnerable to unjust death under existing Medical Assistance in Dying (MAiD) legislation?

How are assisted dying safeguards to coercion incorporating considerations for socially disadvantaged and vulnerable minority populations?

How will the government promote social and medical supports as an alternative to assisted dying, such as palliative care and pain management?

What steps are being taken to recognize and reduce the prevalence of filicide and homicide conducted by parents, relatives, and caregivers of Autistic and disabled individuals, including steps to address the role of media in justifying the deaths through the commentary of disability as a burden on society and disabled lives as not worth living?

Recommendation

Canada should work with provincial and municipal governments alongside Autistic people to create policies and programs, addressing health care gaps such as funding mental health programs specialized for autistic people.

Canada should amend the MAiD law to fully implement the five evidence-based safeguards and sixteen requirements of the Vulnerable Persons Standard. This should include requirements that physicians gather data on what is motivating a person to request assisted death, as is required in Oregon.

Canada should track and monitor the prevalence of filicide and homicide of disabled persons, conduct an independent inquiry investigating the factors that contribute to the murders, and adopt measures to address the perpetuation of stigma that devalue disabled lives.

Article 11 - Situations of risk and humanitarian emergencies

Suggested questions for the List of Issues

Which trainings related to interacting with persons with disabilities are first responders and emergency services required to have? What steps are being made to ensure that Autistic and disabled people are involved in the development and implementation of these trainings? What steps are being made to ensure the involvement of disabled Indigenous people and disabled people of colour?

Which trainings related to interacting with persons using Augmentative and Alternative Communication (AAC) are available to first responders and emergency services? What steps are in place to ensure AAC users are involved in the development and implementation of such training?

Recommendation

People with disabilities, especially disabled people of colour, must be consulted during the creation and implementation of training programs. Training must include Augmentative and Alternative Communication (AAC) to ensure disabled people using AAC are not at risk during emergency situations.

Article 12: Equal recognition before the law

Suggested questions for the List of Issues

What steps are being taken to ensure that the right to self-determination is protected for Autistic and disabled people?

How will the government ensure that disabled people no matter the level of support needs have access to supported decision-making?

Recommendation

Canada should work with provinces and territories to consistently recognize the legal capacity of Autistic and otherwise disabled individuals, and create mechanisms to ensure access to supported decision-making.

Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment

On World Autism Awareness Day 2015, the UN Special Rapporteur on the Right to Health, Dainius Pūras, and the UN Special Rapporteur on the Rights of Persons with Disabilities, Catalina Devandas Aguilar, released a joint statement saying that “Autistic children and adults face the proliferation of medicalized approaches relying on the over-prescription of psychotropic medications, their placement in psychiatric hospitals and long-term care institutions, the use of physical or chemical restraint, electro-impulsive therapy, etc. This may be particularly harmful and lead to the deterioration of their condition. All too often, such practices amount to ill-treatment or torture.”

In *Torture in Healthcare Settings: Reflections on the Special Rapporteur on Torture’s 2013 Thematic Report*, Autistic disability justice advocate Lydia Brown writes: “Compliance-based behavioral interventions, which include restraint, seclusion, and aversive procedures, constitute torture as defined in the Convention Against Torture due both to their inherently and systematically abusive nature as well as their actual applications and methodology. Additionally, they discriminatorily target disabled people for such torture and violation of rights in contravention to the non-discrimination and protections provisions of the Convention on the Rights of Persons with Disabilities. Nevertheless, the prevalence and scope of compliance-based interventions, as well as their inherently discriminatory and abusive nature, have received little attention outside the disability community.”

Routine use of restraint and seclusion in educational settings remains a dire concern across provinces. Autistic children are highly represented in the Provincial disability non-profit Inclusion BC’s 2017 report on restraint and seclusion in BC schools found that the voluntary provincial guidelines failed to limit the use of restraint and seclusion on disabled children, and called for the province to adopt more stringent mandatory guidelines. A similar survey in 2018 by Inclusion Alberta found that Alberta’s 2002 guidelines also failed to protect disabled students, and the urging of advocates prompted Alberta to be the first province to ban seclusion rooms with exceptions starting the 2019-2020 school year.

Suggested questions for the List of Issues

How will federal agencies address the lack of rigorous policies, regulations, and enforcement to protect Autistic children and adults from off-label, unproven, and dangerous treatments and practices for autism, such as chelation and Miracle Mineral Solution (commercial bleach)?

How will government initiatives address the widespread belief that vaccines cause autism, which lead to the use of chelation and other dangerous treatments on Autistic individuals?

What steps are being taken to reduce the promotion and proliferation of medicalized approaches that rely on physical and chemical restraint, seclusion, aversive punishment, and control of autistic individuals?

Recommendation

Federal agencies should create and enforce guidelines to prohibit the promotion and proliferation of unproven autism treatments such as stem cell therapy, hyperbaric oxygen therapy, chelation, Miracle Mineral Solution (industrial bleach), Defeat Autism Now! Protocol, restrictive diets and off-label nutritional supplements, CBD, and marijuana.

The federal government should take leadership to work with and encourage provincial and territorial governments across Canada to adopt consistent policies and mandatory guidelines on restraint and seclusion in educational, health care, and judicial settings, inclusive of prohibition, reporting requirements, accountability mechanisms, and support for de-escalation training.

Article 19: Living independently and being included in the community

Suggested questions for the List of Issues

What steps are being taken to close large institutions holding over 900 people with intellectual disabilities in three provinces and replace them with community-based support services that allow people with disabilities to choose their living situation and be integrated into the community?

What steps are being taken to address neo-institutionalization in the form of health related institutions such as senior's facilities, nursing Homes, acute care hospitals, long term care facilities and personal care homes, which segregate people with disabilities and deny them the right to full participation in their communities?

Recommendation

The federal government must acknowledge that institutions, defined as places regardless of size where people with disabilities are segregated, isolated, and/or congregated and are not allowed to exercise control over their lives and day-to-day decisions, should not exist in an accessible and inclusive Canada.

The government must take measures to stop funding or otherwise supporting the establishment of new institutions and commit the necessary resources to transition towards community-based alternatives to institution care.

The federal government needs to work with provinces and territories to ensure people with disabilities have access to the funding and supports needed to live independently. Criteria for funding must be created with consultation from DPOs, to avoid outdated and discriminatory requirements based predominantly on IQ.

Article 24: Education

Suggested questions for the List of Issues

What steps are being taken to ensure that Autistic children receive a quality education in an inclusive and integrated environment?

What steps are being taken to monitor and reduce the high rates of segregation and exclusion of Autistic and disabled students?

Recommendation

Canada should adopt and implement standards for inclusive education and targets for enrolment of disabled students, particularly for disabled students that are indigenous, racialized, LGBTQ+, women, immigrants, and living in rural areas, in consultation with disabled students.

Canada should work with provincial and territorial governments to set clear definitions and standards for what constitutes segregation and exclusion of disabled students, and track and monitor incidents of segregation and exclusion to develop policies for prevention in collaboration with students with disabilities, families, and educators.

Article 25 - Health

Suggested questions for the List of Issues

What steps are being taken to ensure universal, accessible, and culturally appropriate health care and pharmaceutical care for Autistic and disabled people?

What steps are being taken to ensure that health care professionals are aware of the co-occurring conditions that Autistic people may experience, including anxiety, depression, ADHD, OCD, epilepsy, EDS, dyspraxia, and autoimmune conditions? What steps are being done to research these conditions and why they may co-occur with autism?

What steps are being taken to ensure communication access in health care settings for Autistic individuals, particularly those who use Augmentative and Alternative Communication (AAC)?

Recommendation

Canada should work with provinces and territories to implement measures to ensure that health care and pharmaceutical care is accessible and affordable for all disabled people.

Canada should work towards implementing a system of universal, single-payer, public pharmaceutical care, as recommended by the federal Advisory Council on the Implementation of National Pharmaceutical care in their 2019 report.

Canada should create initiatives that train health professionals in recognizing and treating co-occurring conditions in Autistic individuals through a patient-centered, trauma-informed approach.

Canada should work with provinces and territories to be leaders in using technological advances to provide communication access for Autistic and disabled people accessing health care, and to adopt and implement measures to enable access for Autistics with disabilities impacting speech to exercise their right to communicate and be heard in health care settings.

Article 27: Work and employment

Suggested questions for the List of Issues

What steps are being taken to reduce the 86% unemployment rate of Autistic people in Canada?

What steps are being taken to ensure that people with disabilities are transitioned into integrated, competitive employment rather than sheltered workshops that do not allow for career advancement?

How will the government combat the use of sub-minimum wage for people with disabilities?

Recommendation

People with disabilities and DPOs must be consulted on policies involving minimum wage, sheltered workshops, and life skills opportunities.

Canada should work with provinces and territories to support Autistic and disabled people in transitioning to competitive employment and to phase out sheltered workshops, as well as adopt measures to identify and prevent exploitation of sheltered workshop workers.

Article 29: Participation in political and public life

Suggested questions for the List of Issues

What steps will the government take to ensure that the voices of Autistic self-advocates are heard in political conversations about autism, including the creation of national, provincial, and territorial autism legislation and policies?

Recommendation

Governments at all levels should strengthen standards for plain language guidelines for civic and political engagement.

Governments should Autistic self-advocates and Autistic-led organizations must be consulted and included in legislation and policy-making processes, through the creation of autism advisory groups and inclusive hiring practices for government positions.

Article 31 - Statistics and Data Collection

Suggested questions for the List of Issues

What steps are being taken to ensure that the long-form census remains as an essential part of data collection, and enables Autistic people in Canada to contribute information about their disability, both how it impacts them and how accessibility and access to/ lack of access to resources affects their lives?

What steps will be taken to ensure that data collection processes will be accessible to Autistic people, prioritizing self-report as opposed to caregiver report, and providing supports to allow Autistic people to self-report?

What steps are being taken to ensure that legislation and policies are informed predominantly by independent government data collection and statistics, rather than data collected by therapy industry groups?

Recommendation

The government must adopt measures to improve the accessibility of the long-form census for all Autistic people, including Autistic people with cognitive disabilities, in consultation with Autistic self-advocates and Autistic-led organizations.

The government should create an independent national autism survey assessing the current demographics and needs of Autistic people and barriers to inclusion in all areas of society such as discrimination, physical and mental health, health care and pharmacare access, diagnostic and autism assessment access, disability services use, education, employment, information and communication, transportation, and public spaces.