ARCH Disability Law Centre

Civil Society Parallel Report for Canada

United Nations Committee on the Rights of Persons with Disabilities'

2nd and 3rd Review of Canada

CRPD Committee 32nd Session

03 March 2025 – 21 March 2025

Canada Civil Society Parallel Report Group

French, Plain Language, ASL, and LSQ Versions of this Report are forthcoming

January 20, 2025

Contributing Organizations of Persons with Disabilities and Civil Society Organizations:

Abilities Centre

Alliance for Equality of Blind Canadians (AEBC)

Alzheimer's Society of Canada

ARCH Disability Law Centre (ARCH)

Association de l'ouïe de l'Outaouais (ADOO)

Association pour la santé environmental du Canada

Association pour la santé environmental du Québec

Autism Alliance of Canada

BCEdAccess

British Columbia Aboriginal Network on Disability Society (BCANDS)/ Indigenous Disability Canada (IDC)

Canada Fetal Alcohol Spectrum Disorder Research Network (CanFASD)

Canadian Association of the Deaf (CAD)

Canadian Council on Rehabilitation and Work (CCRW)

Canadian Hard of Hearing Association (CHHA)

Canadian Labour Congress

Canadian Mental Health Association - National

Comité Consultatif Personnes Handicapées

Communication Access to Justice

Confédération des organismes de personnes handicapées du Québec (COPHAN)

Council of Canadians with Disabilities (CCD)

DeafBlind Ontario Services

Disability Alliance BC Disability Law Clinic

Disability Rights Coalition of Nova Scotia

DisAbled Women's Network Canada (DAWN)

Eviance (The Canadian Centre on Disability Studies Incorporated, operating as)

Fédération des Mouvements Personne d'Abord du Québec (FMPDAQ)

Health Justice

Inclusion Canada

Independent Living Canada (ILC)

International Network on Disability Creation Process (RIPPH)

International Society for Augmentative and Alternative Communication, Canadian Chapter (ISAAC)

Le Rapliq

Mad Canada Shadow Report Group

March of Dimes Canada

McGill Centre for Human Rights and Legal Pluralism

Mouvement PHAS (Personnes handicapées pour l'accès aux services)

My Home My Rights

National Coalition of People who use Guide and Service Dogs in Canada

National ME/FM Action Network

National Network for Mental Health Inclusion

National Educational Association of Disabled Students (NEADS)

New Society Institute

Ontario Network of Injured Workers' Groups (ONIWG)

Participation and Knowledge Translation Lab, McGill University

People First of Canada

Rick Hansen Foundation

Realize

Spinal Cord Injury Canada

University of Victoria

Endorsements from Organizations of Persons with Disabilities and Civil Society Organizations:

Canadian Labour Congress

Canadian National Institute for the Blind (CNIB)

CNIB Deafblind Community Services

Disability Justice Network of Ontario

Dedication

In memory of Steve Estey, may his tireless activism, boundless activism, and unfailing compassion propel us forward.

Glossary of Terms

2SLGBTQI+: This term describes the 2SLGBTQI+ community in Canada. The acronym refers to Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and all others who identify as members of the sexual and gender-diverse community. This is one of many acronyms used to refer to this community, and was adopted for its inclusivity as well uniformity with the phrasing used by the Government of Canada. For more information read: https://women-gender-equality.canada.ca/en/free-to-be-me/2slgbtqi-plus-glossary.html

ACA: The Accessible Canada Act, SC 2019, c 10, s 42, online: https://laws-lois.justice.gc.ca/eng/acts/a-0.6/FullText.html, Canada's federal accessibility legislation.

ASL: American Sign Language.

CHRC: The Canadian Human Rights Commission. The CHRC is Canada's national human rights institution. It is the designated national monitoring mechanism for the CRPD in Canada.

CRPD: The United Nations Convention on the Rights of Persons with Disabilities.

Disaggregated Data: Data that can be disaggregated by demographic indicia, such as gender, race, age, income level, geography, or a combination of these and other categories, to permit meaningful analysis.

Episodic Disabilities: A term used to describe individuals with illnesses and impairments that can experience fluctuating periods of activity and ability.

FASD: Fetal Alcohol Spectrum Disorder is a lifelong disability that affects the brain and body of people who were exposed to alcohol in the womb. For more information read: https://canfasd.ca/what-is-fasd/

First Nations, Inuit and Métis peoples: A term used to describe Indigenous persons in Canada. For more information on First Nations peoples read: https://afn.ca/ For more information on Inuit peoples read: https://www.itk.ca/ For more information on Métis peoples read: https://www.metisnation.ca/

FPT: Federal, Provincial and Territorial, referring to the 1 federal, 10 provincial, and 3 territorial governments that share responsibility for lawmaking within Canada's federal structure.

GBV: Gender-based violence.

ISLs: Indigenous Sign Languages.

LSQ : Langue des signes québécoise.

MAiD: Medical assistance in dying is a set of laws, regulations and policies in Canada that permit healthcare professionals to provide and administer lethal substances that kill persons with disabilities and disabling medical conditions who are suffering intolerably and who meet other criteria in the law. In Track 1, MAiD is available to people with disabling medical conditions who are suffering and whose death is reasonably foreseeable. In Track 2, MAiD is available to people with disabilities who are suffering but whose death is not reasonably foreseeable.

MCS: Multiple Chemical Sensitivity is a chronic health condition, including many symptoms caused by sensitization and exposure to common chemicals, fragrances and substances. For more information, read: https://aseq-ehaq.ca/en/environmental-sensitivities/what-are-environmental-sensitivities/

ME/FM: Myalgic Encephalomyelitis/ Fibromyalgia. ME is an acquired neurological illness that affects all body systems. Fibromyalgia is a chronic disorder which includes widespread pain in the muscles, ligaments and tendons. For more information read: www.mefmaction.com

Neurodiversity: The recognition of diverse neurobiological differences including Autism Spectrum Disorder and Attention-Deficit Hyperactivity Disorder.

OPCAT: Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

OPD: Organization of persons with disabilities.

Persons with disabilities/ disabled people/ persons with disabilities and Deaf people: People with disabilities are referred to in multiple ways throughout this report. This reflects the diversity of community perspectives, models of disability, politics inherent in language about disability, and our evolving understandings of disability.

PT: Provincial and Territorial, referring to the 10 provincial and 3 territorial governments that each have their own responsibilities for lawmaking within Canada's federal structure.

SDGs: The United Nations Sustainable Development Goals.

UNDRIP: The United Nations Declaration on the Rights of Indigenous Peoples.

Executive Summary

This Report is prepared by the Canadian Civil Society Parallel Report Group, an ad hoc group comprised of 49 Disabled Peoples Organizations (DPOs) and civil society groups, representing a cross-section of persons with disabilities across Canada.

Our Report provides a response to most articles of the CRPD within the context of the List of Issues for Canada, Canada's Report, and the 2017 Concluding Observations on the initial report of Canada.

Our Report highlights key concerns of disability communities. Through community discussions, the following five areas were identified as prevalent needs shared throughout this Report:

Need to abolish harmful policies and laws that violate the CRPD, including: institutionalization, seclusion, segregation, restraints, forced treatment, and Track 2 MAiD for people with disabilities who are not dying;

Need to increase individualized funding and availability of services and supports to ensure that people with disabilities can live with dignity and independence in communities of their choice;

Need for all levels of government (federal, provincial, territorial, and municipal) to increase and coordinate their measures to implement CRPD rights;

Need for more meaningful involvement and participation of diverse disability communities and organizations of persons with disabilities in the development of disability-related laws, policies, programs and services; and

Need to collect and disaggregate data on a variety of disability rights issues, and make the data publicly available.

Methodology used to prepare this Report

This Report has been drafted by disability advocates across Canada. Organizations involved in the Report volunteered to work on specific CRPD rights based on expertise, interest, and capacity. Volunteers formed working groups to meet and write out the most pressing disability rights issues in Canada related to each CRPD article. They also developed recommendations for how issues should be addressed by FPT governments. Working groups included information responding to the Government of Canada’s report.

The first draft of the Report was shared with all organizations involved for feedback. Organizations provided input on the entire report, regardless of the working group they were in. This was important given the inter-related nature of CRPD rights. Opportunities were created to maximize the participation of volunteer-led and smaller organizations.

Working groups then incorporated feedback into the second draft of the Report. The Report was then passed onto the Report coordinators to copyedit, ensure word count, and review citations. Working groups were given the opportunity to provide factual updates as time had passed between drafts.

The Government of Canada, through the Social Development Partnerships Program (Disability), provided some funding to support a small team to coordinate the community outreach, community development, coordination, research, and writing required for the CRPD Civil Society Parallel Report, and to ensure accessibility.

The contributing authors of this Report are grateful to the International Disability Alliance (IDA) for its insightful and valued feedback.

ARTICLES 1 - 4: General principles and obligations

Disability issues need inter-jurisdictional coordination: Responsibility for CRPD implementation is divided among FPT governments. First Nations, Inuit and Métis peoples may have authority under UNDRIP for some issues in their jurisdiction, but it is unclear how this includes CRPD implementation. Canada does not have a permanent intergovernmental mechanism to coordinate disability issues. The FPT Senior Officials Committee and the Forum of FPT Ministers referred to in Canada’s report meet infrequently and disability is one among many topics within their mandate. These forums are not focused on CRPD implementation and do not generate concrete measures, or timelines for implementation. Lack of coordination causes gaps in legislation, policies, and practices, resulting in people with disabilities experiencing different legal protection and social inclusion depending on where they live in Canada. It often falls on disability communities to identify disability issues and engage government to address them.

Canada uses pre-CRPD concepts of disability: Many Canadian programs, and services are available only to people with select impairments or activity limitations. For example, the Disability Tax Credit determines disability based on specific activities. This makes it difficult for some disabled people to qualify, such as people with reduced energy, episodic disabilities, and MCS.

Canada maintains its reservation to Article 12.

Canada lacks domestic mechanisms to enforce CRPD rights: Canada still has not enacted domestic legislation to implement all CRPD rights into Canadian law. Canadian courts and tribunals generally do not view the CRPD as binding law, and will not adjudicate CRPD violations or apply CRPD rights. At most, they interpret and apply domestic law consistently with the CRPD. FPT governments advocate that Canada’s Charter of Rights and

Freedoms does not protect economic, social, and cultural rights. FPT governments argue that the CRPD is an interpretive tool, not the law of the land. These positions undermine CRPD implementation and availability of domestic remedies.

Disability communities need better engagement with governments and effective resourcing: Greater awareness is needed among public servants of the range of disabilities and CRPD rights. Many OPDs do not have sufficient sustainable resources to support effective participation in local, national, and international work on disability policy and CRPD implementation. While governments consult with persons with disabilities, these consultations are often pro forma, inaccessible, and do not provide opportunities to meaningfully influence development of policy, law, and programs. Contrary to General Comment No. 7, persons with disabilities were treated with disdain, had their perspectives undermined, and their credibility questioned when giving input to government about MAiD.

Recommendations to Canada:

Create a permanent, coordinated inter-governmental mechanism to ensure CRPD implementation in all Canadian jurisdictions. Convene First Nations, Inuit, and Métis leaders to discuss CRPD implementation within their jurisdictions.

Enact a comprehensive national action plan to implement the CRPD in coordination with PTs and with involvement of diverse disability communities. The plan must include specific measures, and timelines.

Work with diverse disability communities to identify and reform laws, policies, programs, and services that do not comply with the CRPD approach to disability.

Immediately withdraw Canada’s reservation to Article 12. Ensure all laws, policies, programs, and practices comply with Article 12.

Enact legislation that incorporates all CRPD rights into Canadian domestic law.

Provide training to FPT public servants on disability awareness and rights, beyond current GBA+ training. Training should include intersectional perspectives. People with disabilities must be involved in developing and delivering the training.

ARTICLE 5: Equality and non-discrimination

Canada’s Constitution, and FPT human rights laws prohibit discrimination on the basis of disability. Despite these legal protections, the right to equality is not sufficiently implemented. Persons with disabilities experience discrimination, and barriers to participation in all aspects of society. 23% of people with disabilities report having a low income, compared to 9% of those without a disability. Persons with disabilities experience discrimination in employment. Adults with intellectual disabilities report the lowest employment rate of all persons with disabilities. People with episodic disabilities experience barriers to income security benefits as definitions of disability often require being either fully disabled or fully unable to work. Students with disabilities are excluded or do not receive appropriate accommodations in educational institutions. People with MCS are often excluded from healthcare, workplaces, education, and the community due to scent-free policies not being implemented or enforced. Persons with disabilities continue to live in institutions due to the lack of services to supported living in the community.

Disability discrimination is the most common (32-75%) human rights complaint filed in all Canadian jurisdictions.

Disability often intersects with other experiences of marginalization. For 2SLGBTQI+ persons with disabilities, homophobia and ableism in healthcare is a significant barrier. Indigenous persons with disabilities experience greater socioeconomic marginalization including: higher rates of unemployment, higher rates of mental health detention and forced treatment, and inadequate access to healthcare. Black and racialized persons with disabilities report high rates of discrimination. Among reported human rights decisions that name more than one ground of discrimination, disability and race appeared most frequently.

Inequality has led to the deaths of disabled people. Civil society and media report that persons with disabilities have applied for or died by MAiD due to suffering related to socioeconomic inequality.

Human rights commissions and tribunals report data about discrimination cases, but there is no standardized timeframe or type of data. Inconsistent data reporting does not allow for meaningful monitoring of how legal systems address discrimination claims.

Some government measures are ineffective or inaccessible. For example, people with disabilities report that consultations for the development of accessibility plans under the ACA do not include diverse disability communities, are often perfunctory, and lack community capacity building to support OPD involvement.

FPT governments have failed to recognize equality seeking initiatives brought by disability communities.

An OPD brought a legal challenge to British Columbia laws that allow people with psychosocial disabilities to be forcibly detained and treated, but this case has been delayed by provincial government opposition to the OPD’s legal standing.

GBA+ analyses often treat women with disabilities as a monolith and do not adequately account for diversity of disability experiences and intersectional discrimination. The use of GBA+ is insufficient to determine whether policies and programs promote the rights of persons with disabilities.

Recommendations to Canada:

Develop proactive, cross-sectoral strategies to implement the right to equality and non-discrimination. Strategies must be coordinated among all levels of government, involve persons with disabilities from diverse communities, and include clear targets and timelines. Data to measure progress should be collected, disaggregated, and made public.

In coordination with PTs, develop guidelines to limit government opposition to equality-seeking cases and initiatives by persons with disabilities and OPDs. Governments’ arguments must comply with the letter and spirit of Canada’s international human rights obligations.

- Ensure that persons with disabilities and OPDs are meaningfully involved when governments propose policies or laws that impact them.

ARTICLE 6: Women and girls with disabilities

Women with disabilities account for 30% of women in Canada, and rates of disability are higher within historically marginalized groups. These groups face specific and heightened forms of discrimination. Programs and supports, especially in health, social services and housing, must reflect women with disabilities’ diverse lived experiences.

Limited budgetary commitments of FPT governments mean that women and girls with disabilities are often underserved.

There is a lack of representation of diverse women and girls with disabilities in political, advocacy and leadership positions.

Poverty and inadequate access to housing and care create vulnerabilities to exclusion, discrimination, and violence. Women and girls with disabilities are more likely to experience violence, live in poverty, and face multiple barriers to employment. They are also more likely to live with core housing needs and unmet care needs. It is essential to ensure access to adequate standards of living to promote their inclusion, participation, autonomy, and dignity.

During the COVID-19 pandemic, women with disabilities were disproportionately impacted by employment loss, increased costs of living, housing insecurity, inadequate access to care, and isolation.

In the context of insufficient social, emotional, physical, and financial supports, some women with disabilities consider MAiD as an option to relieve suffering.

Recommendations to Canada:

FPT governments should allocate at least a quarter of GBA+ related funds to OPDs representing women and girls with disabilities and projects addressing their needs. FPT governments and gender equity offices should publicly report on the funds and resources allocated to support women and girls with disabilities.

FPT governments must collect data about the needs and experiences of diverse women with disabilities. Diverse women with disabilities should be included in designing data collection processes, including the types of data, methods of collection, and reporting.

ARTICLE 7: Children with disabilities

Many of the 2017 Concluding Observations remain unaddressed. Using the OHCHR illustrative indicators, priorities related to children with disabilities in Canada are highlighted.

Indicator 7.2: The ACA does not consider children with disabilities in any of its priority areas. During ACA development consultations, youth raised concerns such as the lack of transitions from child to adult services across sectors. Barriers limiting to children with disabilities' participation in policy creation leads to gaps between community needs and legislation.

Child policies do not consider children with disabilities in daycare and early childhood programs. Provisions that mention children with disabilities are guiding principles without implementation requirements for program development and funding initiatives. For example, Bill C-35, an act that signalled a commitment to early learning and child care, was introduced in 2021 lacking specific commitments to inclusive child care. Many parents of children with disabilities have trouble finding childcare arrangements and report discrimination.

There are “uneven and non-existent mandates for reporting, transparency and public accountability," regarding the use of physical restraints and seclusion rooms, and children, families, as well as teachers are inadequately consulted or informed about these processes. Despite promising to phase them out, Edmonton Public Schools plan on adding 25 seclusion rooms.

The lack of standardized policies and programs for health results in disparities based on geography and disability type. Only Ontario and British Columbia offer funding for early D/deaf intervention services, and families are often pushed towards cochlear implants for their child. Disparities in policy and programs were highlighted during the COVID-19 pandemic when families of children with disabilities were disproportionally impacted.

Civil society is deeply concerned about MAiD eligibility being expanded to children with disabilities. A Parliamentary committee recommended that MAiD be available to “mature minors” whose deaths are reasonably foreseeable, and the Quebec College of Physicians has recommended to expanding MAiD to children and infants.

Indicator 7.6: National surveys do not collect data on children with disabilities under 15. A recent study highlighted that the official poverty measure in Canada underestimates the poverty rate of persons and families with disabilities, another study found issues in accessing income assistance for young adults with disabilities despite the existence of provincial supports.

Indicator 7.3: Responsibility for children with disabilities is diffused across FPT levels, resulting in funding gaps. Government funding for partnership grants with OPDs, especially organizations specializing in intersectional issues, is needed.

For Indigenous communities, sufficient support for Jordan’s principle is essential. Indigenous families are often unable to access sign language and disability-related supports in their communities. Children living on-reserve without disability-related supports are often voluntarily and involuntarily placed in the foster care system where they are subjected to environments that facilitate discrimination and disconnect them from their traditional languages and cultures.

Recommendations to Canada:

Apply a Children’s Rights Impact Assessment to all new regulations, protocols and guidance to integrate best interest assessments that include children with disabilities in the design, implementation, monitoring and evaluation of legislation.

Ensure findings from consultation processes involving young people with disabilities are reflected in the development, implementation, and monitoring of all laws, policies, programmes, and services that concern them.

Adopt, and require reporting on, a marker for children with disabilities in budget allocations and expenditures.

Adopt a legal requirement to consider the evolving capacities of children with disabilities and their right to preserve their identities in all decisions affecting them, and with respect to medical interventions and treatments in a timely manner, including in relation to MAiD.

Provide adequate support for: income supports for children with disabilities; inclusion in schools and childcare; training for teachers and allied staff; adaptive fitness; mental health support for children and parents; mandatory disability education for child care staff; addressing waitlists for essential services like respite and therapy; replacing outdated practices; investigating and mediating physical barriers to community activities; and implementing accessible, available, and reliable transit.

Integrate the needs of the family into all stages of care, including: providing resources and support to parents, and recognizing their role as active partners in their child's wellbeing and citizenship.

ARTICLE 8: Awareness raising

Canada has made modest progress in realizing Article 8, but the Federal Government’s existing awareness-raising mechanisms are limited. Canada neglects to: fully recognize or challenge systemic ableism; move away from deficit-based models of disability; and accurately reflect the lived experiences of those most marginalized.

Existing awareness-raising campaigns do not increase persons with disabilities’ awareness of CRPD rights. This is especially the case for rights holders who do not self-identify as having a disability for reasons including social stigma, preference, lack of awareness of the definition of disability, culture, and barriers to diagnosis. Existing campaigns are not designed with input from diverse OPDs, are not promoted effectively, and fail to garner public receptiveness to CRPD rights.

FPT governments undermine Article 8 by promoting ableist ideals and obstructing awareness-raising. For example, through the legalization of MAiD only for persons with disabilities who are not at the end of their natural lives, the federal government has conflated suffering with disability and positioned serious disability as a fate worse than death. In response to COVID-19, provincial governments created discriminatory triage protocols, which OPDs resisted. Canada has not acted upon awareness-raising recommendations in the 2017 Concluding Observations. The actions listed in Canada’s report are only tangentially connected to awareness-raising. A focused and comprehensive approach is required.

Recommendations to Canada:

Urgently, meaningfully, and with input from OPDs, address the 2017 Concluding Observations related to Article 8.

Fund the development of an intersectional awareness campaign on disability and disability rights. The campaign should be directed at persons with disabilities/rights holders and members of the general public; it must be made available in accessible formats and methods of communication.

Co-develop and implement mandatory anti-ableism and disability awareness training for all FPT Parliamentarians and public servants. Training should further develop and promote a mechanism through which persons with disabilities can identify and report ableist sentiment expressed by Parliamentarians.

ARTICLE 9: Accessibility

The ACA includes “communication” as a priority area distinct from information and communications technology. This is a positive step in recognizing the accessibility needs of people with speech, language, and communication disabilities. Nevertheless, more than 62% of Canadians with disabilities have experienced at least one communication barrier, and almost 45% have encountered barriers in information and technology.

People with disabilities cannot participate effectively in developing regulations for the ACA due to barriers in the federal government’s regulation development processes. Under the ACA, federal businesses and organizations must consult people with disabilities when developing accessibility plans. People with disabilities reported that these consultations are under inclusive.

7 out of 10 provinces (British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, Newfoundland & Labrador, and Nova Scotia) have passed provincial accessibility legislation. Some provinces do not implement or enforce their accessibility laws.

Jurisdictions that have accessibility legislation do not have comprehensive policies, practices, or guidelines to ensure that people with speech, language, and communication disabilities and people who are deafblind have the communication supports they need to ensure equal access to goods, services, employment, and opportunities in their communities.

Universal design for new housing is not mandated by any government funding or provincial government housing agencies.

The Broadcasting Act was recently reviewed and updated. However, this review did not incorporate lived experience from people with physical disabilities, who are Deaf, deafblind, or Hard of Hearing. This is a significant gap since people who are Deaf, deafblind, or Hard of Hearing often do not receive timely information because broadcasting systems do not offer their first language. There are significant barriers to 911 systems for these communities.

People with intellectual, developmental and cognitive disabilities experience significant barriers to accessing information due to lack of plain language and/or Easy Read formats.

Accessible procurement policies and practices lack transparent monitoring mechanisms.

Due to the lack of fragrance-free and least toxic product use policies and/or lack of enforcement of these policies, people with MCS experience a myriad of barriers to accessing healthcare services, employment, places of learning and worship, transportation, and housing.

Recommendations to Canada:

Encourage and support provincial governments to pass accessibility legislation. In provinces where accessibility legislation exists but is not being implemented or enforced, Canada should strongly encourage and support proactive, effective enforcement.

FPT governments must identify and remove barriers that prevent people with disabilities from participating meaningfully in regulatory development and legislative review.

Ensure all public federal documents are available in accessible formats including Braille, sign languages (ASL, LSQ and ISL), plain language or Easy Read, large print, and accessible electronic formats. Ensure that all federal government presentations, meetings, and other verbal communications are accompanied by English and French captioning services and sign language interpreters (ASL, LSQ and ISL). Work with PTs to ensure similar accessibility.

ARTICLE 10: Right to life

Civil society has chosen to focus on MAiD, but recognizes that people with disabilities' right to life on an equal basis with others is being violated in many other ways.

In 2021, Canada legalized medical assistance in dying for people with disabilities whose natural deaths are not reasonably foreseeable (known as Track Two MAiD). Track Two MAiD is positioned as healthcare serving to end suffering; it is therefore promoted with great conviction. In practice, people with disabilities in Canada are being denied their right to life, a direct violation of Article 10.

Social deprivations and systemic discrimination are harms experienced by all persons with disabilities but are disproportionately experienced by persons who are women, Indigenous, Black, racialized, 2SLGBTQI+, and newcomers, amongst others. Much of the suffering experienced by persons with disabilities in Canada is caused by the state, or could be alleviated by the state. Suffering is often mistakenly attributed to disability itself, thereby justifying eligibility for assisted death.

The ableist devaluation of the lives of persons with disabilities in Canada is demonstrated through the eligibility criteria of Track Two MAiD, as persons with disabilities are the only group in Canada that do not need to establish having a foreseeable death to qualify for MAiD. Track Two MAiD deaths are becoming more common. Canada's Justice Minister has stated that Track Two MAiD is necessary because not all persons with disabilities can complete suicide on their own.

People with a mental illness as their sole underlying medical condition will be eligible for MAiD in March 2027. A parliamentary committee recommended further erosion of safeguards. Canada recognizes that Indigenous persons have not been adequately consulted.

Canada’s violation of Article 10 through the legalization of medical assistance in dying only for persons with disabilities affects and is affected by Articles 5, 8, 19, 25, and 31.

The information provided by Canada on measures taken to provide alternatives to MAiD and to ensure compliance with MAiD law and that persons are not subjected to external pressure is incomplete and misleading.

Recommendations to Canada:

Repeal Track Two MAiD.

Repeal the legal provisions which will make Track Two MAiD available to people with a mental illness as their sole underlying medical condition in March 2027.

In addition to repealing Track Two MAiD:

Investigate and fully address the suffering that causes persons with disabilities in Canada to seek MAiD.

Establish an effective, independent monitoring mechanism and review process for MAID to ensure compliance with the law.

Collect self-attestation data on MAiD.

Ensure individuals eligible for MAiD under Track One (where death is reasonably foreseeable) have access to alternative courses of action and necessary support services to avoid premature death.

Apologize publicly for harms caused and engage in a reparative process.

Ensure persons with disabilities are respected as human rights defenders in future parliamentary studies and committees.

Conduct all recommendations in collaboration with OPDs and diverse persons with disabilities

ARTICLE 11: Situations of risk and humanitarian emergencies

People with disabilities are disproportionately affected by situations of risk, including extreme weather events fueled by climate change, the opioid crisis, and the COVID-19 pandemic. People with disabilities in Canada are often excluded from emergency responses, and experience disparate rates of harm and mortality.

Lack of access to information and early warning systems places people with disabilities at risk during emergencies. People who are D/deaf or hard of hearing often are not reached by government authorities during disasters. People with disabilities lack information about emergencies due to inaccessible communication.

Lack of adequate planning and preparedness exposes people with disabilities to disproportionate risks of harm and mortality during emergencies. Although approximately two thirds of government policies mention people with disabilities, most do not provide extensive guidance and concrete measures to include persons with disabilities in emergency planning, and most do not have measures that protect disability rights in situations of risk.

Recommendations to Canada:

Include people with disabilities in disaster risk management; emergency plans; warning systems; evacuation protocols; shelter planning; and preparedness communications, information, and services. Draw from best practices that provide community-level guidance and emphasize involving persons with disabilities at all stages of planning.

Train public bodies and emergency service staff in disability inclusiveness including: sign language interpretation and deafblind intervener services, home visits during emergencies, assistance in economic applications, and post-emergency response.

Support evidence-based research on risks related to emergency evacuations and natural disasters for all persons with disabilities, and create an open-access database for researchers in risk reduction and disaster response.

ARTICLE 12: Equal recognition before the law

Canada maintains its reservation to Article 12, resulting in persistent barriers to the exercise of legal capacity and decision-making. Canada has not complied with the 2017 Concluding Observations calling upon it to create a consistent framework for recognizing legal capacity and the supports needed to exercise legal capacity. Canada continues to actively create and perpetuate barriers through legislation.

Many laws in Canada explicitly remove the right to exercise legal capacity on the basis of disability, such as mental health legislation that removes the right to make decisions regarding freedom of movement and healthcare decisions; and adult guardianship/committeeship legislation that removes civil personhood rights to vote, marry, control finances and legal affairs, and make decisions about where to live and what services to receive. Canada has failed to meet the CRPD's requirement to provide a legislative framework and the necessary resources to facilitate supported decision-making. Persons with disabilities, and especially those who are also otherwise marginalized, lack access to appropriate and effective safeguards to prevent abuse in relation to the exercise of legal capacity and ensure respect for the rights, will, and preferences of the person.

Recommendations to Canada:

Immediately rescind Canada's reservation to Article 12.

FPT governments must provide resources for disability communities to develop multiple support networks of, and for, people with diverse backgrounds, disabilities, and needs, to be able to exercise their legal capacity and participate in decision-making. Ensure that individuals with disabilities decide who they want to support them in making decisions.

Abolish all legislation that violates the decision-making rights of persons with disabilities or denies their legal capacity. Create and implement a common legislative framework and provision of resources that fully respects the legal capacity and decision-making rights of persons with disabilities.

ARTICLE 13: Access to justice

Inadequate access to legal aid: Canada lacks a national publicly-funded legal aid program. PTs administer their own programs with regional disparities in eligibility, types of issues covered, and legal help provided. Legal aid access is based on income-testing rather than a right to access justice. Working people with disabilities are generally not eligible for legal aid, but often cannot afford private legal services. Significant budget cuts to legal aid programs may have a disproportionate impact on people with disabilities as they are more likely to need legal help, but less likely to afford private lawyers.

Ableist biases in the justice system: Often, courts and tribunals deem testimonies of witnesses with intellectual, developmental, psychosocial, or cognitive disabilities as non-credible evidence due to ableist stereotypes. Often, people with physical, sensory, and/or communication disabilities are assumed to lack capacity to participate in the justice system. Awareness and accommodations for people with disabilities, FASD, and neurodivergent individuals are needed in criminal justice systems. There have been calls to action to address over-representation and recidivism among justice-involved people with FASD. Decision-makers and their staff need trauma-informed training on ableism and unconscious bias.

Procedural barriers prevent access to justice: Courts and tribunals are legally required to provide procedural accommodations. However, accommodations are denied when decision-makers determine there is insufficient medical evidence, or that accommodations would negatively impact fairness. Processes to request procedural accommodations vary by justice forum—some courts and tribunals lack a clear process. Barriers prevent or limit disabled persons from accessing and participating in tribunal and court processes. OPDs have noted insufficient provision of sign language interpreters in courts, tribunals, and police interactions; inflexible deadlines; and lack of accommodations in telephone or virtual courts and tribunals. People with disabilities found incapable of making their own decisions face participation barriers. Lack of appropriate community supports creates barriers for disabled persons experiencing intersectional discrimination.

In some parts of Canada, justice takes place entirely remotely. This creates barriers for persons who do not have high speed internet, who live in remote areas, cannot afford computers/devices, or for whom the online platform is inaccessible.

Over-reliance on medical documents and failure to protect privacy: To access accommodations, people must often prove their disability by disclosing private medical records to decision-makers and opposing parties. Medical evidence is reported in decisions, becoming public record and exposing people to increased stigma. Disabled people report negative impacts on their ability to: gain employment; obtain effective psychological treatment for fear of future public disclosure; and request procedural accommodations. Requiring medical documents is a barrier for people who are mis/undiagnosed, lack access to medical professionals, or have disabilities that medical professionals do not recognize.

Long delays lead to ineffective remedies: In parts of Canada, cases take so long that remedies are no longer effective. British Columbia's human rights tribunal can take 4-5 years to resolve disability discrimination cases. Ontario's four largest tribunals have a collective backlog of over 67,000 cases. There has been a deterioration in administration of justice for injured workers. It can take several years to reach a decision in a federal discrimination case. Lengthy delays are partially due to insufficiently resourced tribunals.

Recommendations to Canada:

Develop and implement a comprehensive strategy to ensure equal access to justice for persons with disabilities.

Increase accessibility of legal aid through funding, broader eligibility requirements, and representation for more legal issues.

Ensure that courts and tribunals implement clear processes for persons with disabilities to request procedural accommodations. Information about accommodation processes should be available in plain language, ASL, LSQ, Braille, large text, and accessible electronic formats.

Ensure that courts and tribunals develop policies and procedures to protect the privacy of medical documentation. If medical documents are required, disabled people should only have to disclose the least amount of information necessary.

With meaningful involvement from disabled persons, implement training for decision-makers, and other justice actors on ableism and its impact on the administration of justice.

Ensure sustained and adequate funding to OPDs to support people with disabilities through the legal process, and to participate in cases about systemic discrimination.

ARTICLE 14: Liberty and security of the person

Coercive and institutional practices remain ubiquitous across Canada: Coercive and involuntary treatment, detention, and discipline of people with psychosocial disabilities remains ubiquitous across Canada and is on the rise in institutional and community settings. People with psychosocial disabilities are still commonly institutionalized and experience disproportionate violations of their liberty and security of the person in those settings.

Violations of the right to liberty and security of the person are embedded in legislation, policies and practices: These rights are violated when people are detained and forcibly treated in institutions, but also when they are coerced into treatment compliance in the community, through community treatment orders, as a condition of release from institutions, or as a condition of housing or receiving desired services. These deprivations are disproportionately inflicted on persons who are Indigenous, Black, racialized, 2SLGBTQI+, as well as seniors, children, and persons with physical disabilities.

Forced treatment and detention violate other CRPD rights: including the Article 25 requirement that treatment only be provided on the basis of free and informed consent. In 2019, the Special Rapporteur identified British Columbia legislation that violates Articles 14 and 25.

Recommendations to Canada:

Eliminate all detention, discipline, and coercive and involuntary treatment based on impairment or disability, imposed under any legislation.

Replace discriminatory legislation, policies, and practices with new ones that respect the human rights of persons with psychosocial disabilities and prioritize their leadership, needs and wishes. People whose human rights are impacted by such legislation, policies, and practices should provide meaningful leadership on all reform processes.

Ensure that all data on the use of detention, coercive and involuntary treatment, and discipline measures, such as seclusion and restraint, are collected and made publicly available

ARTICLE 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

Canada has not ratified OPCAT.

Prisons: Solitary confinement remains prevalent in Canada's prisons under the guise of structured intervention units (SIUs), despite new legislation, Bill C-83, abolishing administrative and disciplinary segregation in all federal correctional institutions. This new legislation has failed to prevent the creation, use, or extension of segregation-like conditions. The overuse of SIUs has received relentless criticism from the independent Correctional Investigator for over two decades without substantive improvements. A report outlined that 10% of SIU cases in Canada fell under the UN definition of torture. In Ontario, between April 1, 2022 and March 31 , 2023, 35.7% (47% of women and 29% men in custody) of SIU inmates had an active mental health alert on file. During this period, some inmates experienced over 290 aggregate days in restrictive confinement, violating UN guidance regarding torture as well as Rule 45 of the Mandela Rules. In British Columbia, Manitoba, and Ontario, provincial overuse of solitary confinement of persons with mental illness has resulted in class actions against the governments.

Health Facilities: People held under mental health laws in Canada are held in solitary confinement by means of seclusion rooms and/or restraint. Seclusion exceeding 15 days amounts to torture. Such practices are under-monitored, and in British Columbia, unregulated. British Columbia's Mental Health Act grants broad authority to staff, permitting acts prohibited under Article 15.

Schools: The Special Rapporteur on Torture noted that even brief periods of detention harm a child's psychological and physical well-being, compromising their cognitive development. Canadian legislation fails to protect children with disabilities from physical restraint and seclusion. Recent reports from British Columbia, Alberta, and Manitoba illustrate that hundreds of children with disabilities are being secluded at school without parental consent. Some Manitoba schools have imposed restraints for up to three hours. As of 2022, 59 of British Columbia's 60 school districts have adopted a restraint and seclusion policy contrary to provincial guidelines.

Recommendations to Canada:

Ratify OPCAT.

Revise the 2019 Act to amend the Corrections and Conditional Release Act and another Act so as to protect against solitary confinement amounting to torture, cruel or inhuman, or degrading treatment.

Review and revise laws and policies on the use of seclusion, restraints, and restrictive measures in educational and healthcare settings.

Create transparent reporting systems and training regarding the use of seclusion, restraints, and restrictive practices.

Provide leadership and standards for FPT action to eliminate the use of cruel, inhuman, and degrading treatment or punishment in mental health legislation.

ARTICLE 16: Freedom from exploitation, violence and abuse

Women, girls, and gender-diverse people with disabilities are more likely to experience multiple forms of violence compared to women without disabilities. Many forms of violence experienced by women and girls with disabilities do not fall under criminal offences, including controlling access to assistive devices and transportation, withholding medication, and over-medicating. The risk of violence is heightened if women with disabilities have another intersecting identity of oppression, such as being racialized, Indigenous, 2SLGBTQI+, an immigrant, a migrant worker, or non-status migrant.

For persons with disabilities, violence and victimization often begins early in life, causing trauma that can lead to acquired disabilities and normalized abuse. This increases the risk of further abuse later in life. In addition, violence against older women and gender-diverse people with disabilities is often not included in GBV research, advocacy, and services. Women with disabilities experience lower incomes and greater housing challenges, and therefore have fewer options to escape abusive situations.

Support services for survivors of violence, including women’s shelters, remain largely inaccessible. During the pandemic, inequities leading to violence, abuse, and exploitation experienced by women, girls, and gender-diverse people with disabilities were exacerbated.

Reproductive coercion, obstetric violence, and forced sterilization are forms of GBV that disproportionately impact women, girls, non-binary, 2SLGBTQI+ persons with disabilities, and those who are also Indigenous and Black, or otherwise racialized. Indigenous women, girls, non-binary, and 2SLGBTQI+ people with disabilities who experience GBV are underserved due to complex siloed services.

Recommendations to Canada:

Dismantle systemic barriers experienced by women, girls, and gender-diverse people with disabilities, including poverty and the lack of accessible and affordable housing with Deaf-space considerations.

Increase and improve GBV policy, programming, and support to be cross-sectoral, fully accessible, intersectional, and lifelong. Establish funding and partnership mechanisms to foster sustained collaboration among allies. It is especially important to connect traditional GBV supports to groups representing marginalized and oppressed populations.

Prioritize funding, developing, and implementing cross-sector system navigation programs and efforts, to ensure that survivors and families can access existing GBV services and supports.

ARTICLE 19: Living independently and being included in the community

People with disabilities in Canada disproportionately experience homelessness, restricted housing choices, housing discrimination, and substandard housing. Indigenous persons with disabilities are more likely to experience these housing-related deprivations. Adults with disabilities are more likely to not have affordable, suitable, or adequate housing. Over 430,000 adult Canadians have unmet home care needs, and over 40,000 are on nursing home waitlists due partially to a lack of home and community-based care.

Access to support for independent living is often not considered to be a right. Thousands of persons with disabilities live in congregate settings. Persons with disabilities have brought class action lawsuits against institutions that remained open even after mistreatment was exposed.

People with disabilities in institutional or residential care experienced disproportionate discrimination during the COVID-19 pandemic. A report by the Canadian Armed Forces highlighted urgent needs in long-term care facilities and revealed disturbing conditions such as: inappropriate behavior, unsanitary environments, and neglect of residents. Observations included: leaving residents in soiled garments, insect infestations, and unsafe medication administration. Visitor restriction policies implemented during the pandemic denied people with disabilities connection to family and community, communication support, and adequate care.

Indigenous peoples experience a higher rate of core housing needs and on-reserve housing often lacks accessibility.

Policy frameworks and funding for social housing and community services are primarily managed at the PT level, leading to significant variations in legislation, services, and programs. In 2017 the Government of Canada launched the National Housing Strategy, which aims for 20% of new and renewed units to meet accessibility standards and to create 2,400 units for persons with intellectual disabilities. However, without support to live independently in community and a commitment to inclusive housing, infrastructure investments alone will not lead to the deinstitutionalization of persons with disabilities

Recommendations to Canada:

Adopt a rights-based definition of institution.

Create a deinstitutionalization framework consistent with UN Guidelines on Deinstitutionalization which must:

Work with PTs to ensure people with disabilities are not institutionalized;

Mandate all large institutions to close and accept no new admissions;

Work with PTs to avoid admission to nursing homes due to lack of community-based housing and supports; and

Ensure the closure of large institutions is not followed by continuation of institutionalization in smaller spaces.

Create national standards that: ensure federal cost-sharing with PTs, support independent living, and ensure that home support, personal assistance, and community-based care respect individualization, self-direction, and inclusion.

Establish, as part of the National Housing Strategy, a comprehensive policy to address the shortage of inclusive housing with individualized supports that enables independent living in community.

Ensure that Indigenous peoples are not prevented from accessing coordinated housing, disability supports, and health services under the non-insured health benefits program.

Mandate universal design principles in the National Building Code of Canada.

Add a disability rent supplement to the Canada Housing Benefit.

Implement a Registered Disability Homeownership Plan as part of the Registered Disability Savings Plan.

Supplement accessible housing with assistance in navigating complex support systems for persons with disabilities.

ARTICLE 20: Personal mobility

Systemic ableism creates environments inhospitable to personal mobility and the use of disability-related supports for personal mobility. Disability-related supports for mobility can be costly. Beyond the private-sector and charities, a patchwork of FPT programs provide mobility supports. Barriers to mobility supports include: the absence of a national program; no universal funding; co-payments; restrictive replacement and repair policies; and a lack of consumer choice.

The rights of guide/service dog/handler teams are not enforced resulting in discrimination and limiting personal mobility. The onus is on individuals to pursue lengthy human rights complaints that do not result in systemic change. In some provinces, the existing legislation creates confusion and barriers.

Some people with disabilities lack access to trained and adequately paid support staff to facilitate their mobility. Inaccessible subsidized housing creates barriers for mobility devices users and restricts daily activities.

Obtaining accommodations for personal mobility needs can be burdensome and costly (e.g. completing forms, doctors letters), and does not necessarily achieve equity. Travel on Canadian airlines frequently leads to damaged mobility devices.

Lack of accessible public transportation, especially in rural and remote areas, curtails the personal mobility of people with disabilities and impacts: social participation, employment, health, escape from domestic violence, and access to support services.

Recommendations to Canada:

Provide funding to PT and First Nations governments for programs that provide mobility supports and that are created with community consultation. Mobility support programs must include specialized training for guide/service dogs and must be person-centred, comprehensive, and cross-departmental.

Establish training standards for guide and service dogs that meet or exceed those of the International Guide Dog Federation or Assistance Dogs International.

Ensure that necessary laws and regulations to protect the rights of guide and service dog users are in place and enforced.

ARTICLE 21: Freedom of Expression and Opinion, and Access to Information

Although Canada recognizes ASL, LSQ, and ISLs under the 2019 ACA, some provinces do not. Inadequate FPT coordination and enforcement create a confusing regulatory framework that imposes barriers to freedom of expression, and access to information in an individual’s primary language of choice. This results in D/deaf, blind, and deafblind individuals, as well as those with intellectual and communication disabilities, being disproportionately excluded, particularly in education, communications, interpreters’ certification, and government consultations.

Canada fails to: meaningfully promote the use of ASL, LSQ, and ISLs; facilitate adequate translation and intervenor services; and maintain culturally appropriate K-12 education. This is demonstrated by closures of Deaf schools; failure to expand intervenor services and interpreter training and certification programs; and inadequate support for K-12 education in sign languages, Braille, and alternative formats of communication. D/deaf and disabled children are often forced to leave their signing communities to receive accessible education and supports. Indigenous D/deaf individuals often lack supports to sustain ISLs in their communities. Individuals residing in minority language communities face intersecting barriers to accessible communications.

While federal institutions are improving the accessibility of their online public-facing communications, and provinces are beginning to enact communications accessibility standards, there is a lack of progress to ensure public information is available in alternative communication formats and in ASL, LSQ, and ISLs. This lack of accessible information prevents the full and meaningful engagement of persons with disabilities, and limits their full and informed consent. Persons with intellectual disabilities are disproportionately harmed by the lack of easy-read and plain language information.

Canada failed to meaningfully consult D/deaf and disabled persons in recent reviews of relevant statutes. The ACA states that sign language does not apply to matters regulated under the Broadcasting and Telecommunications Acts, removing critical oversight and enforcement to promote D/deaf and disability culture in mass media, news, internet, and television programming.

Recommendations to Canada:

Act on the Committee’s recommendation to establish a mechanism led by organizations of D/deaf and deafblind persons to certify the quality of interpretation and intervenor services nationwide.

Update the Telecommunications Act and Broadcasting Act to create an Accessibility Office, Officer, and Commissioner responsible for enforcing accessible communications standards and promoting and preserving of ASL, LSQ and ISLs.

Recognize deafblindness as a distinct disability across FPT governments and allocate funding for increased intervenor services education and provision.

Update communication directives and standards to: reflect the diversity of alternative formats and communications supports; mandate that all essential information be communicated in ASL, LSQ, plain language, and easy-read formats; make alternative formats and communication supports available on request within a set timeframe that considers emergency situations and encourages provincial public services and private sector actors to follow suit.

Establish a national Video Remote (Sign Language) Interpretation System for government departments, public service officials, and political representatives in virtual and in-person meetings. Also establish Video Remote Interpretation Systems for broader public services with priority given to emergency services.

ARTICLE 23: Respect for home and the family

PTs are responsible for health and social services; the federal government provides funding through the Canada Health Transfer. The federal government provides direct health services to certain populations, including Indigenous peoples living on-reserve.

Childcare centers exclude children with disabilities due to staff limitations (e.g. confidence or training) and/or inadequate resources, forcing parents to leave the workforce to provide care.

The recent Canada Early Learning and Child Care Act does not include reference to other childhood services like early intervention and speech language services.

Parents with disabilities do not receive adequate and appropriate services and support from PT child welfare agencies. Parents with cognitive disabilities are at greater risk of having their children removed from their care. Mothers with intellectual disabilities are often assumed to be incapable of parenting, even with supports. Mothers with disabilities experience prejudicial attitudes towards their pregnancies, and parents with disabilities frequently lack public supports. Hospital staff may be unaware of disability-related supports for parents, and child welfare’s parental training often does not accommodate parents with disabilities.

A disproportionate number of wards of the Crown are children with disabilities or children removed from parents with disabilities. Indigenous children, including those with disabilities, are overrepresented in child welfare systems. Lack of culturally appropriate resources, supports, and system navigators remain significant barriers.

Inadequate access to support for families from an early age contributes to high rates of children with disabilities in child welfare systems. Children with disabilities are more likely to be involved in the criminal justice system or be placed in congregate care settings when transitioning out of child welfare.

Children with complex needs have been placed in foster care due to a lack of services to allow them to stay at home. Transparent reporting and investigation into deaths of children with disabilities in child welfare, including reports of serious injuries, is necessary. Transparent reporting on family court and custody outcomes for parents with disabilities is needed.

Recommendations to Canada:

Work with PTs to ensure:

Parents with disabilities have access to supports and services to fulfill their parental role;

Disability is not a reason to remove children from their homes;

Where the immediate family cannot care for a child with disabilities, every effort is made to provide alternative care within the family, and failing that, within the community in a family setting;

Timely supports are provided to maintain family environments for all children with disabilities including children: with complex needs, from ethno-racial and immigrant families, and with intersecting identities;

First Nations families on reserve have access to culturally appropriate disability-related family supports to enable their children with disabilities to be raised at home;

Investigation and reporting of deaths and serious injuries to children with disabilities in child welfare; and

Disaggregated data on family court and custody outcomes for families with disabilities is tracked and addressed.

Implement access to early childhood education centers for families of children with disabilities and parents with disabilities, including explicit inclusion in the national childcare plan.

ARTICLE 24: Education

Generally, legislation across PT does not provide students with disabilities the right to quality, accessible, and inclusive education. There are inconsistencies in the quality and access to inclusive education across jurisdictions, school districts, schools, and classrooms.

Most provincial policies fall short of implementing inclusive education. Educational structures use outdated terms such as “special education” and “exceptionalities”, and support discriminatory and non-inclusive practices. Children with disabilities and D/deaf children face exclusion and discrimination through segregation, special classrooms, seclusion rooms, limited supports, inaccessible environments, and lowered expectations. Students with medical needs, students with multiple disabilities, and students with intellectual disabilities are commonly excluded from regular schools and classrooms. Discrimination is embedded in legislation, ministerial orders, and policies. Education providers often claim that accommodations pose undue hardship, are prohibitively expensive, endanger staff, impair academic standards, or interfere with academic integrity. Students with disabilities faced disproportionate challenges during the COVID-19 pandemic due to outdated, inflexible, or non-existent policies and procedures for virtual learning.

Nowhere in Canada is seclusion or physical restraints prohibited. Parents and OPDs have growing concerns about the use of physical restraint and seclusion in schools. The most vulnerable students are subject to the harshest forms of punishment.

Persons with disabilities are less likely to graduate from university. Children with disabilities in segregated classes or with individualized education plans often receive different certifications which limit higher education opportunities.

The concerns raised in the 2017 Concluding Observations remain.

Recommendations to Canada:

Develop a national plan for inclusive education, including a standardized definition of quality inclusive education based on Article 24.

Hold PT education ministries accountable for implementing human rights based inclusive education including:

Establishing safeguards to ensure public education funding does not support special schools, residential schools, or segregation based on disability.

Updating PT legislation, policies, and practices to eliminate discrimination and exclusion.

Replacing outdated terms with inclusive, rights-based language.

Prohibit seclusion and restraints within education.

Require education providers to provide evidence of budgetary, safety, and academic interference when they refuse to accommodate a disabled student. Uniform documentation processes should be implemented in schools, and staff should undergo accommodation training. The accommodation process must be flexible, cooperative, and adaptable as students' needs change.

Replace evaluative committees with rights-based, inclusive approaches and improved dispute resolution processes. These bodies should be developed in consultation with students and parents with disabilities, families, school boards, human rights experts, OPDs, and Ministry of Education representatives. There must be multiple evaluative processes for which students can be eligible to receive accommodations. Students must receive interim accommodations while awaiting a determination.

PT human rights commissions should develop inclusive education policies.

PT governments must ensure appropriate, timely, and accessible mechanisms for redress exist when students with disabilities are excluded from school or do not receive appropriate disability services, accommodations, and supports.

Uphold the rights of Deaf children to inclusive education via instruction in and study of ASL, LSQ, in all schools, and other communication methods for deafblind students. Ensure there is no language deprivation in education for students with a disability.

Require that all FPT grants and capital commitments promote accessibility, barrier removal, and inclusion

Create a national data collection and monitoring mechanism on the provision of education for students with disabilities.

ARTICLE 25 - Health

Canada's healthcare system is under strain. People with disabilities and chronic medical conditions have significant unmet healthcare needs.

Ableism in healthcare services: People with disabilities face barriers to healthcare services such as primary healthcare, diagnostic and disease prevention, routine screenings, emergency services, and mental healthcare. Many chronic health conditions that are disabling are under-served. The needs of people with disabilities were not fully considered during the COVID-19 pandemic. Healthcare providers receive little training about many disabilities. Ableist stereotyping is frequently evidenced in treatment, diagnosis, health service delivery, and access to primary care.

Full costs of many health services required by persons with disabilities are not covered by Canada's existing healthcare system: For example, community-based nursing, attendants, care-giving services, medications, assistive devices, and mental health counselling are often only partially covered or not covered, leaving many people with disabilities without adequate care or community-based services.

Lack of free, informed consent: Healthcare, mental health, adult guardianship/ committeeship, adult protection, and other laws in Canada violate the right to health by removing the right to free and informed consent to healthcare treatment on the basis of disability. They override the requirement to obtain consent before providing healthcare treatment and/or create different standards for obtaining consent on the basis of disability. As a result, in some situations people with disabilities are forcibly administered healthcare treatment against their will and denied access to legal planning tools that promote self-determination through advance care instructions or the appointment of supported decision-makers.

MAiD: Canada has rapidly expanded eligibility for MAiD to people with disabilities whose death is not reasonably foreseeable. Canada failed to ensure access to adequate specialized health services, suicide prevention, palliative or hospice care, home care, and rehabilitation services. People with disabilities often cannot access the healthcare services they need to live dignified lives without intolerable suffering, leading some to consider or apply for MAiD.

Recommendations to Canada:

Allocate adequate resources to implement Article 25 from an intersectional perspective. Proactively address discrimination against people with disabilities in healthcare services, particularly those who face marginalization on intersecting grounds, such as Indigeneity, gender, and race.

Ensure that sufficient healthcare services are available to treat all persons with disabilities and all disabling conditions.

Improve access to healthcare diagnostic, assessment and treatment services through increased funding, strategically hiring more qualified specialists, and licensing foreign medical specialists to practice in Canada.

Ensure that persons with disabilities and their representative organizations participate in healthcare research, program and service design, and evaluation of healthcare services.

In coordination with PTs, abolish all legislation, policies, and practices that authorize the provision of healthcare services to people with disabilities without free and informed consent.

Improve funding and access to suicide prevention, palliative care, home care, rehabilitation and hospice care, specialized medical care, and poverty amelioration so that persons with disabilities do not resort to MAiD because of suffering due to lack of services and supports.

ARTICLE 27: Work and employment

Persons with disabilities face higher rates of unemployment and underemployment, despite systems, and legislation aimed at the opposite. Employment programs that neglect long-term career development goals may push participants into survival-type jobs that underutilize their skills, education, and expertise. By only focusing on jobseekers, these programs overlook employers’ training and educational needs, hindering understanding and employment opportunities for persons with disabilities. The federal Workforce Development Agreement (WDA) system is fragmented and uncoordinated across Canada. Project-based funding with short timeframes hampers the collection of longitudinal data. Similar projects are forced into competition for short-term funding instead of working collaboratively towards sustainable long-term goals.

Traditional transitional supports for people with disabilities moving from school to work, such as internships, co-op placements, and summer employment are inadequate, unpaid, or underpaid “training” or “volunteer” activities. Sheltered workshops continue to proliferate under different names due to employment law loopholes.

Large employers are a primary employer for some disability communities. Small and medium-sized employers often lack tools and resources to create disability inclusive workplaces, but comprise the majority of employer businesses in Canada.

Merging all forms of disability into one category without acknowledging intersecting identities and work-acquired disabilities prevents deeper data analysis into labour market trends and issues, such as workplace violence. This thwarts the development and implementation of tools, specific accommodation plans, and sector-focused support.

Recommendations to Canada:

Ensure that federal funding programs (e.g., the Opportunities Fund) adopt a long-term unified model to support school-to-work transitions, eliminate stipend/sheltered work models, and fulfill the long-term employment goals of persons with disabilities. Human rights obligations related to disability and employment must be meaningfully implemented.

Inclusive workplaces, in particular, small to medium-size employers, should be encouraged through the development, tailoring, and proliferation of employer-focused training, data collection initiatives, and educational materials, including a national accommodation fund.

Create a nationalized Employment Strategy to lead by example in its hiring practices and definition of inclusive employment. The Strategy should encourage meaningful employment and address unique barriers faced by persons with disabilities aligned with Canada’s Taskforce on the Employment Equity Act review, Canada’s Disability Inclusion Action Plan and recommendations from the pan-Canadian Strategy for Employment and Work.

Set and measure progress towards percentage-based employment targets for all disability types (including non-evident disabilities) and sectors. This will allow for the effectiveness of government programs and policies to be evaluated and revised.

ARTICLE 28: Adequate standard of living and social protection

More than one million people with disabilities depend on income support programs (also called welfare) delivered by provincial, territorial, and First Nation governments.

People with disabilities live in poverty throughout Canada. Financial insecurity diminishes the right to live independently and be included in the community, and reduces opportunities to choose where and with whom to live or work. The nearest welfare income (a household’s total income from all government transfers and tax credits) to Canada’s poverty line is in Alberta where welfare income was 81% in 2023. Unattached persons with a disability had welfare incomes below deep poverty income thresholds in 8 of the 10 provinces. Official statistics underestimate the depth of poverty for Canadians with disabilities, and Canada’s poverty line does not account for the higher costs of living faced by persons with disabilities.

The announced $200 a month maximum in the forthcoming Canada Disability Benefit is not enough to support persons with disabilities living in poverty. Declining income protection for people with disabilities reflects the lack of public policies on the indexation of social assistance, shelter allowances, child benefits, and other tax credits. Currently, only 5 of 13 PT governments index these benefits/credits for low-income households. In most Canadian jurisdictions, the value of these essential benefits continually erodes because of no indexation.

Recommendations to Canada:

Work with PT governments to:

Immediately improve basic social assistance rates to lift all people with disabilities out of deep poverty;

Index social assistance, child benefits and related tax credits for low-income households so that these essential supports are automatically and quarterly adjusted to keep up with increases in the cost of living;

Collaborate with PT governments to expand income supports at least at or above the Official Poverty Line.

Work with PT governments to ensure inclusive eligibility for income support programs

Conduct research and analysis into how the Official Poverty Line can more accurately reflect the living expenses of persons with disabilities. Research and analysis must include participation of diverse disability communities, PT governments, and relevant experts.

ARTICLE 29: Participation in political and public life

Article 29 is not fully implemented in Canada. Attitudinal barriers create unwelcome and disrespectful environments for people with disabilities engaging with the electoral process. People with disabilities report less positive voting experiences than non-disabled people. Voters with disabilities encounter barriers when seeking information about voting and are less likely to feel informed about when, where, and how to vote. Voters with disabilities are unaware of accommodations that make voting more accessible. Voters with disabilities encounter obstacles to cast their ballot including: lack of accessible parking and public transportation to polling stations, and barriers to navigating polling stations.

Because there is a lack of tools and supports, people with disabilities cannot vote independently. Elections Canada does not provide appropriate technology for voters to independently verify their ballot, and there are no photos of candidates or parties to assist people with intellectual or print disabilities to vote. Electronic voting and televoting are not available at the provincial and federal electoral levels. Voting from home is an available and appropriate accommodation for some people with disabilities, but it is not well publicized.

Recommendations to Canada:

Amend the Canada Elections Act to make Canada’s electoral process accessible to all by mandating Elections Canada, in consultation with people with disabilities and OPDs, to develop, implement, monitor and enforce accessibility standards for Canadian elections and political campaigns.

Amend the Canada Elections Act to permit additional means of voting, such as telephone and electronic voting.

Strengthen information dissemination to diverse disability communities about when, where and how to vote.

ARTICLE 30: Participation in cultural life, recreation, leisure, sport

People with disabilities have limited opportunities to participate in culture, recreation, leisure and sport. People with disabilities report numerous barriers to participation in culture, recreation, leisure, and sport, including: a lack of resources, physical inaccessibility, social isolation, and stigma.

Access to inclusive programming, quality support, adaptive equipment, and awareness have all been identified as important to improving participation for persons with disabilities to recreation and cultural life. Creating accessible spaces for culture, recreation, and leisure includes lower financial costs for individuals and universally designed spaces. While some cultural and recreational programs provide accessible services for people with disabilities, including art galleries and libraries, more services are needed to ensure that everyone is empowered to enjoy culture, recreation, and leisure activities in a way that meets their needs and identities.

Recommendations to Canada:

Increase income supports for people with disabilities and funding for participation in accessible cultural life, recreation, leisure, and sport.

Funding and policies must ensure that buildings, information, and communities are universally designed.

Increase public awareness and representation of people with disabilities, including those who use support animals and those who participate in Deaf culture.

ARTICLE 31: Statistics and data collection

Canada lacks timely, comprehensive, accurate, accessible, and relevant data on the socioeconomic issues experienced by people with disabilities. Canada lacks information on expenditures, number of people served, staffing, and outcomes achieved by programs and services for people with disabilities. This results in obstacles to disability inclusive policy-making and programming; and effective monitoring of CRPD implementation and SDGs.

There has been insufficient consultation with people with disabilities and OPDs regarding data and resource needs for monitoring Canada's implementation of the CRPD and SDGs.

Comprehensive, usable, intersectional data are lacking on people with disabilities who are under-represented in Canadian research.

It is difficult and costly to access disaggregated data from Statistics Canada's data sets, and to obtain and generate qualitative data on selected issues.

Recommendations to Canada:

Support periodic disability-led consultations/collaborations on the design of disability content for Statistics Canada's surveys, and on data collection about disability-related programs, services, and occupations. Provide OPDs sufficient resources for accommodations to meaningfully engage in these design processes.

Collaborate regularly with OPDs to produce more frequent comparative reports on the situation of people with and without disabilities.

Create and provide adequate funding for a disability-led Secretariat, Expert Panel, or other mechanism to help coordinate comprehensive data strategy, data collection, disaggregation, analysis and publication of a country report on diverse data on disability. The mechanism should include representatives from Statistics Canada, national OPDs, diverse communities of persons with disabilities, FPT governments, academia, and regional/local networks on disability that are knowledgeable about disability and research.

Foster more: training opportunities for early career scholars and investigators working on disability issues; National Centres of Excellence on long-term disability research; Tri-council research awards on disability issues; and disability representation in Canadian research activities.

Ensure adequate sample sizes of the Canadian Survey on Disability and other Statistics Canada surveys to yield usable data on people with specific disabilities (and their support requirements) for national and regional research and reporting. This includes usable data on children and adults with disabilities who are blind, D/deaf, and deafblind, people with intellectual, learning, and psychosocial disabilities, people with ME/FM, people with spoken communication disabilities, people who are neurodiverse or Autistic, 2SLGBTQ+ disabled communities, and ethno-racially diverse disabled people.

Ensure data collection and reporting with attention to people with disabilities who live in First Nations, northern, and rural communities; in health-related institutions (including long-term care and nursing homes); residential facilities; correctional facilities; and who are unhoused.

Capture detailed information about disability in screening surveys and capture information about disability-related services, informal supports, and quality of life alongside standard subjects such as employment, income, education, and recreation.

Ensure affordable access to disaggregated survey and administrative data on disability. Provide sufficient funding for OPDs to use this information.

Commit to, and provide resources for, qualitative data collection, especially data collected by diverse people with disabilities.

The above must be implemented to ensure that comprehensive, accurate, accessible, and relevant data are available to inform and monitor a national action plan to implement the CRPD. Building disability community capacity to access, collect and use disaggregated data on disability is critical to a national action plan.

ARTICLE 33: National implementation and monitoring

There is a lack of coordinated implementation and monitoring of the CRPD at FPT levels, and among First Nations, Inuit, and Métis peoples. There is limited involvement of persons with disabilities and OPDs in the development and implementation of policies, data collection, and monitoring. Canada’s report highlights the Ministerial Disability Advisory Group as a promising practice. However, it is a small group (12 members) that does not represent or actively engage diverse disability communities.

Lack of support for civil society participation in monitoring:

Civil society and OPDs receive no ongoing public funding for domestic monitoring of the CRPD. The CHRC has identified a strong desire by persons with disabilities to participate in monitoring and that it is necessary to enhance community capacity to engage in monitoring. As the designated national monitor, the CHRC has stated its commitment to involve people with disabilities in monitoring, but there are no concrete plans regarding what role civil society will have. Canada’s report indicates that in 2019 it funded civil society to work on CRPD monitoring and implementation. This was one-time, project specific funding related to the CRPD Optional Protocol and the development of this civil society parallel report. The 2019 funding is not sufficient to build civil society capacity to participate in or lead domestic monitoring and implementation activities.

Recommendations to Canada:

Create a permanent intergovernmental coordination mechanism dedicated to implementation of the CRPD. It must include high-level officials from FPT governments and First Nations, Inuit, and Métis peoples. It should meet regularly, identify priorities, and set goals and timelines.

In accordance with Article 33(3), diverse communities of persons with disabilities and OPDs must be involved and meaningfully participate in CRPD monitoring, including national monitoring by the CHRC.

Provide sufficient, sustained funding to ensure that diverse civil society and OPDs meaningfully participate in CRPD monitoring.

Ensure implementation and monitoring activities cover all CRPD rights and all Canadian jurisdictions.