

# Canadian Human Rights Commission (CHRC)

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#### The Canadian Human Rights Commission (Article 33)

The Canadian Human Rights Commission (CHRC) is Canada's national human rights institution. It has been accredited "A-status" by the Global Alliance of National Human Rights Institutions since 1999 and, most recently, in 2023.

Established by Parliament through the Canadian Human Rights Act (CHRA) in 1977, the Commission has a broad mandate to promote and protect human rights and freedoms in Canada. Operating at arm's length from the federal government, our mission is to promote an inclusive Canada where every person is free to claim their human rights and create the life that they wish for themselves. Together, we work towards a Canada where everyone can be included, and live a life of dignity, justice and respect — free from discrimination.

We do this in three main ways: We advocate for human rights in Canada; we monitor and enforce regulated entities' compliance with the requirements under the Accessible Canada Act, the Pay Equity Act and the Employment Equity Act; and we screen and, where possible, help resolve human rights complaints from people in Canada who believe they have experienced discrimination.

In 2019, the CHRC was designated as a body responsible for monitoring the Government of Canada's implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), in accordance with article 33.2 of the Convention. While this responsibility was legislated in section 28.1 of the CHRA, the funding provided for this mandate sunset after five years, and officially ended on March 31st, 2024. Although the CHRC's commitment to disability rights advocacy continues, the present funding situation has impacted the scope of what the CHRC is able to do in its role as this monitoring body. Despite the CHRC's request for permanent funding, at present, there has been no indication that this funding will be renewed.

The CHRC is committed to working with the Government of Canada as well as domestic and international partners and stakeholders to ensure continued progress in the protection of human rights, including Canada's implementation of the rights and obligations enshrined in the CRPD. In the spirit of constructive engagement, the CHRC submits this report to the Committee on the Rights of Persons with Disabilities on the occasion of Canada's 2nd and 3rd periodic reviews.

#### Context

In 2020, the CHRC, in its role as the National Monitoring Mechanism for the CRPD, undertook a public engagement process with people with disabilities across Canada, with organizations that advocate on their behalf, and with families and caregivers of people with disabilities. Through this process, people with disabilities shared their experiences and ideas to address the barriers they face. Participants shared that discrimination and

unfair treatment are experienced by people with disabilities in many aspects of their lives. Participants emphasized that there needs to be a focus on changing societal attitudes and behaviours towards people with disabilities through awareness-raising, public education and training. Participants also shared that their top three issues or areas of concern were poverty, housing, and work and employment.

Generally, across Canada, more complaints of discrimination cite the ground of disability than any other prohibited ground of discrimination. Recent trends also indicate that the proportion of disability-related complaints related to mental health are increasing in comparison to those related to physical disabilities. At the CHRC, between 2019-2024, 51% of accepted complaints cited disability, and 49% of these were related to mental health. Of all disability complaints, a majority are related to employment.

Many complaints cite more than one ground of discrimination. People with disabilities who also belong to other marginalized groups face compounded discrimination and systemic barriers. Applying an intersectional lens on disability reveals that community-based approaches that address both disability and social identity are crucial for effective policy-making■.

However, the CHRC is concerned that certain groups tend to be un- and underrepresented in the collection of data, leading to gaps in the understanding of the needs and realities of people with disabilities across disadvantaged groups. For instance, there are a multitude of reasons why people may choose not to file a discrimination complaint, and therefore it is unclear from these statistics whether disability-based discrimination is truly more prevalent than other forms of discrimination in Canada, or whether other forms of discrimination (such as discrimination based on race, religion, gender identity or expression, or sexual orientation) simply go underreported.

The CHRC has heard from rights holders that across jurisdictions, people with disabilities continue to encounter barriers to mechanisms for accessing justice and equality, including a lack of awareness or knowledge about existing recourse and support mechanisms, lengthy wait times to have issues resolved, financial barriers, communication barriers, and other limitations.

Many rights holders have expressed a lack of trust in institutions (such as courts and policing systems) stemming from a history of structural and institutional discrimination, ableism, stigmatization and mistreatment of people with disabilities. This lack of trust is further compounded by concerns from rights holders and disability advocates that priorities focused on improving the lives of people with disabilities often lack timely action and implementation.

Recommendation #1: That Canada apply an intersectional and inclusive lens to policy-making and data collection efforts by meaningfully including members of disability communities who share diverse and intersectional lived experiences.

Recommendation #2: That Canada renew efforts to foster a relationship of trust with disability communities by: investing in meaningful engagement practices; raising awareness about the diverse experiences and lived realities of people with disabilities; taking action to meaningfully improve outcomes for people with disabilities; and improving investment in accessible and inclusive anti-discrimination mechanisms.

#### Medical Assistance in Dying (Articles 5, 8, 10, 17, 19)

Canada amended its Criminal Code in 2021 to expand access to Medical Assistance in Dying (MAiD). MAiD is now available to people with “grievous and irremediable medical conditions” whose natural death is not “reasonably foreseeable”. Advocates and experts in Canada and internationally continue to raise significant human rights concerns posed by the proposed and ongoing expansion of MAiD.

The CHRC remains deeply concerned by ongoing reports that people with disabilities are turning to MAiD because they cannot access the basic supports and services they need to live with dignity. Many people with disabilities continue to be forced to live in institutions due to a lack of community-based supports and accessible

housing. Many cannot access health care, medication, equipment and supports they need due to financial and other barriers. This situation has worsened with the lingering effects of the COVID-19 pandemic and an ongoing nationwide housing crisis. Faced with systemic inequalities, some people with disabilities are accessing MAiD because they feel they do not have any other options.

Accessing MAiD should not be the result of this inequality, nor should it be the end result of the State's failure to fulfill its human rights obligations under the CRPD, the International Covenant on Economic, Social and Cultural Rights, the Canadian Charter of Rights and Freedoms, or human rights legislation.

As the Government takes a critical look at the expansion of MAiD, the CHRC urges it to conduct a thorough examination of what has happened since the coming into force of the existing legislation. This needs to include collecting the evidence and testimony necessary to fully understand who is accessing MAiD and why. This is a crucial step in identifying and putting in place the required safeguards to ensure that people are not making this decision as a result of human rights harms that should have been addressed in other ways.

The CHRC has heard from advocates that engagement with Indigenous peoples – First Nations, Inuit and Métis – has been insufficient to date. The CHRC has also heard that the views of some experts and those with lived experience who have expressed concern with the expansion of MAiD have been marginalized. Canada must ensure that Indigenous peoples, and those that are most vulnerable are listened to and their experiences are valued.

The CHRC maintains that in an era where we recognize the right to die with dignity, we must do more to realize the right to live with dignity.

Recommendation #3: That before taking further action on its expansion, Canada conduct a critical and thorough examination of what has happened since the coming into force of MAiD legislation, including by collecting the evidence and testimony necessary so that there is a clear understanding of who is accessing MAiD and why, and by ensuring that the experiences and concerns of those who are most marginalized are listened to, valued and addressed.

#### Adequate Standard of Living and Social Protection (Article 28)

##### Financial supports

The CHRC remains very concerned by the disproportionate number of people with disabilities living in poverty. People with disabilities in Canada are twice as likely to live in poverty as people without disabilities.

Many people with disabilities were excluded from federal income supports for workers during the COVID-19 pandemic. While the CHRC acknowledges that the government eventually provided a one-time (\$600) payment to people with disabilities for COVID-related expenses, advocates emphasized that this amount was inadequate, and criticized the slow rollout and limited eligibility criteria for this payment.

The CHRC welcomes the new Canada Disability Benefit (CDB) program, which aims to support the financial security of people with disabilities. However, the CHRC is concerned that the maximum amount of the CDB (\$2400 per year) is far too low to lift people with disabilities out of poverty and enable them to live with dignity. The CHRC is also concerned that the eligibility criteria would exclude many people with disabilities, such as those who are ineligible for the federal Disability Tax Credit which excludes certain types of disabilities, and that CDB recipients' other income supports – many of which already fall short of the official poverty threshold – could be reduced based on CDB income. The CHRC has encouraged Canada to significantly enhance the CDB to provide an adequate standard of living for all people with disabilities.

Recommendation #4: That Canada significantly strengthen the Canada Disability Benefit Regulations to ensure that this new program meaningfully contributes to lifting all people with disabilities out of poverty and enabling them to live with dignity.

## Housing (Articles 19, 23, 28)

The CHRC is deeply concerned about the right to adequate housing for people with disabilities. Through the CHRC's public engagement with people with disabilities, people shared that they face countless barriers and inadequate supports to access housing that meets their needs. As previously mentioned, some people with disabilities are turning to MAiD because they can't access housing and supports that enable them to live in the community with dignity and independence.

To better understand these realities, the CHRC and the Office of the Federal Housing Advocate (OFHA) have been working together to track Canada's implementation of the right to adequate housing for people with disabilities in Canada through an innovative monitoring framework informed by engagements with people with disabilities and experts.

### Monitoring framework and key findings

The CHRC and OFHA are tracking eleven key areas of housing for people with disabilities using publicly available data from Statistics Canada. The findings to date confirm what people with disabilities have been saying for years: people with disabilities have poorer housing outcomes than people without disabilities. More specifically, the findings indicate that, when compared to people without disabilities, people with disabilities are:

four times more likely to experience homelessness, and more than twice as likely to experience hidden homelessness.

more likely to experience homelessness because of violence or abuse, particularly for women with disabilities.

more likely to live in unaffordable housing, and almost twice as likely to live in core housing need.

more likely to miss a rent or mortgage payment because of financial issues.

less likely to own their homes.

more likely to be forced to move for economic reasons, including financial hardship related to the COVID-19 pandemic. Financial hardship is also a main reason that people with disabilities are forced into homelessness.

more likely to wait longer to access subsidized housing. Indigenous people with disabilities are more likely to be on waitlists for subsidized housing than Indigenous people without disabilities, and they spend longer on waitlists for subsidized housing.

more likely to have unsafe drinking water, poor air quality, pest infestations, and issues with mould or mildew in their homes. Compared to Indigenous people without disabilities, Indigenous people with disabilities are more likely to have issues with mould or mildew, pest infestations, and more likely to have lived in homes that needed major repairs.

more likely to live in homes that need major repairs, including plumbing that doesn't work, electrical wiring issues or structural issues.

more likely to live in subsidized housing.

less likely to feel safe and secure at home or when they leave their homes.

less likely to feel like part of their communities than people without disabilities.

The findings also indicate that:

Many people with disabilities in Canada are unable to choose their place of residence and live in institutions, such as group homes and long-term care homes (i.e. nursing / seniors' homes).

Many people with disabilities said they don't get the personal assistance necessary to live independently, such as help with bathing, cooking, cleaning, or shopping.

Many people with disabilities lack housing that meets their accessibility needs. Homelessness and domestic violence shelters also have physical barriers and lack accessible spaces for people with disabilities.

People with disabilities have trouble accessing government services because of where they live and because transportation isn't accessible.

#### Data gaps

Through this monitoring framework, the CHRC and OFHA have identified several significant data gaps. For example:

the following groups of people with disabilities are often excluded from national surveys: people living in institutions; people experiencing homelessness; children with disabilities; people living in Northern and rural areas; and First Nations people living on reserves.

Some surveys focus primarily on people with physical disabilities.

National surveys do not ask whether people have housing that meets their cultural needs.

Survey data is not always disaggregated.

The CHRC echoes concerns shared by advocates and rights holders that a lack of inclusive data collection practices has resulted in a dearth of disaggregated data, limiting understandings of the realities faced by people with disabilities who have diverse and intersecting identities. These data gaps make it difficult to assess the full extent to which all people with disabilities have housing that meets their needs. The CHRC and OFHA continue to advocate for Canada to address these data gaps.

**Recommendation #5:** That Canada ensure all people with disabilities can fully exercise their human right to adequate housing, including by: ensuring people with disabilities have autonomy over their living situations; providing adequate community-based supports to enable people with disabilities to live with dignity and independence; ensuring people with disabilities have housing that is inclusive, accessible, affordable, habitable, suitable, secure, safe and culturally adequate; and preventing housing discrimination.

**Recommendation #6:** That Canada take steps to protect people with disabilities from evictions, address the root causes of homelessness and ensure that emergency shelters and services are accessible for people with disabilities.

**Recommendation #7:** That Canada review its laws, regulations, policies and programs that perpetuate barriers to housing for people with disabilities, this includes strengthening the accessibility requirements in the National Building Code and the accessibility targets in National Housing Strategy programs.

**Recommendation #8:** That Canada improve its data collection about the housing experiences of people with disabilities, including by ensuring that all people with disabilities are included in national surveys, such as people living in institutions, children with disabilities, people experiencing homelessness and hidden homelessness, people living in Northern and rural areas, and First Nations people living on reserves.

Employment (Articles 27, 28)

In Canada, people with disabilities continue to face barriers, stigma and ableist attitudes in seeking work, in being fully included in the workplace, in accessing necessary accommodations, and in advancing their careers.

Despite many people with disabilities being willing and able to work, they continue to face high unemployment rates and limited access to inclusive workplaces. In 2022, the unemployment rate for people with disabilities was 6.9%, nearly twice the rate as for those without disabilities (3.8%). One in five people with a disability who were employed (20.3%) worked part-time in 2022, compared with 16.2% among those without disabilities. Hourly wages for employees with disabilities were 5.5% less than for those without disabilities, with the disparity increasing as the severity of the disability increased.

### Pay equity

Pay equity is an important factor in reducing the portion of the gender wage gap that is attributable to the historic undervaluation of women's work and in advancing the rights of people with disabilities to work on an equal basis with others.

Despite progress, the gender wage gap remains a persistent problem in Canada. In 2023, for every \$1.00 a man earned, a women earned 87 cents. The gender wage gap is even more pronounced for women with disabilities, due to intersecting gender and disability-based discrimination. Recent data reveals that women with disabilities earn approximately 20% less than men with disabilities and approximately 14% less than women without disabilities. Other identity factors, such as age, race or Indigenous status, also have the effect of exacerbating the wage gap between people with and without disabilities.

Women with disabilities are overrepresented in low-wage, part-time, or precarious employment. These roles often lack access to comprehensive workplace protections, training, and career advancement opportunities. In addition, limited access to adaptive technologies and workplace accommodations can prevent women with disabilities from pursuing careers in higher-paying sectors, pushing many of them into undervalued and lower-paid positions.

Stereotypes and biases about both gender and disability can also result in the undervaluation of work typically performed by women with disabilities, even when their roles demand skills and responsibilities comparable to higher-paid positions.

While Canada has made some progress through the enactment of the Pay Equity Act, the current approach to pay equity is not able to:

- Provide comprehensive data on the impact of pay equity legislation on diverse groups, like women with disabilities, or insights into the intersectional complexities of the wage gap.

- Reflect variations in policies and legislation across jurisdictions, where pay equity only applies to the private sector workforce at the federal level and in the provinces of Ontario and Quebec.

**Recommendation #9:** That Canada continue its ongoing efforts with Statistics Canada in collecting and publishing more data on pay disparities disaggregated by gender, disability, race and other intersecting factors. For example, that the federal government carry out the additional research necessary to broaden the understanding of the reasons for systemic patterns of wage discrimination against racialized people, Indigenous people and people with disabilities, with a view to expanding the federal Pay Equity Act beyond sex and gender.

**Recommendation #10:** That Canada improve national data collection on the gender wage gap to permit the analysis of the differences between federally, provincially and territorially regulated workplaces.

### Employment equity

The CHRC has observed very little progress in the representation of people with disabilities in the federally-regulated workforce. In a recent audit examining representation of people with disabilities in the communications sector – a large proportion of the federally-regulated workforce – representation of people with disabilities (3.7%) remains much lower than their availability rates of 9.1%. Only half of the employers who participated in the survey reported that their workplaces were accessible and barrier-free, and despite some promising employment equity initiatives, many of these organizations lacked an accountability framework to monitor the implementation and success of their employment equity plan.

#### Review of Employment Equity Act (EEA)

Canada's federal employment equity legislation is currently under review, providing an opportunity for Canada to enshrine commitments to improving outcomes for people with disabilities in federally-regulated employment sectors.

While Canada's commitment to aligning the EEA's definition of "persons with disabilities" with the definition found in the Accessible Canada Act is a promising development, the CHRC recognizes that in order to obtain a holistic understanding of how people with disabilities experience the federal employment landscape, new and creative approaches are required. The CHRC has recommended that an amended EEA must include qualitative data collection requirements and should disaggregate the group currently designated as "persons with disabilities" in the EEA to better reflect their diverse experiences, and so that employers, regulators and the public can better understand how historical, current and emerging barriers to employment affect people with disabilities.

Recommendation #11: That Canada ensure an amended Employment Equity Act include qualitative data collection requirements and disaggregate the group currently designated as "persons with disabilities" to facilitate a better understanding of how historical, current and emerging barriers to employment affect people with disabilities.

#### Sheltered workshops

Canada has engaged in the labour exploitation of people with disabilities through "sheltered workshops". While sheltered workshops are intended to teach individuals marketable skills and improve their employability, there are very low transition rates into the competitive job market. The CHRC notes that while sheltered workshops have been closing across Canada, they still remain in operation in some parts of the country. There is little data available on exactly how many people with disabilities are working in sheltered workshops today.

The CHRC is concerned that some employers continue to use "sheltered work" practices, which engage people with disabilities without giving them access to benefits required under employment standards law such as minimum wage or vacation pay. Sheltered work perpetuates the impoverishment and isolation of people with disabilities, contributes to their segregation, and perpetuates stigmas about their ability to participate in the mainstream labour market. These factors increase vulnerability to neglect, abuse, exploitation and mistreatment.

Recommendation #12: That Canada prevent the exploitation of people with disabilities in labour, including through the use of sheltered work practices.

#### Education (Article 24)

Children with disabilities continue to face systemic social and institutional barriers while trying to access education. This negatively impacts their educational attainment, training, employment, career path and overall well-being.

The impacts of the pandemic, such as school closures, shifts to online learning and reductions in services, have both amplified these existing barriers and posed unique and compounded challenges for children and youth with disabilities and their families. During the pandemic, parents of children with disabilities were more likely to be very or extremely concerned for their children's academic success and mental health, compared to parents of children

without disabilities.

According to a 2022 inquiry report on human rights issues affecting students with reading disabilities by the Ontario Human Rights Commission, students with reading disabilities are more likely to drop out of school, less likely to go on to post-secondary education, and tend to take longer to finish programs they enroll in. The report found that these effects can have a negative impact on employment, leading to lower incomes, poverty and homelessness and higher rates of involvement in crime and incarceration. Adults with dyslexia also told the inquiry about the long-term effects of not learning to read, including mental health and substance abuse issues and negative impacts on their employment.

Similarly, a 2023 study from the human rights commission of Quebec found that, due to a lack of specialized personnel to support teachers and students with disabilities, just over 1 in 4 students with disabilities in Quebec leave high school prematurely, having obtained neither a diploma nor any qualifications.

The CHRC remains concerned over the lack of disability accommodation and support in Canada's schools, the experiences of children with disabilities who are bullied and excluded at school due to their disability, and the lack of appropriate services and funding for children with disabilities in the education system.

Recommendation #13: That Canada address systemic social and institutional barriers to education for children and youth with disabilities. These efforts should include fostering inclusive, supportive and accessible learning environments. These efforts should also ensure coordination between the various jurisdictions in Canada in relation to these issues.

#### Accessibility (Article 9)

Accessibility remains a pre-eminent concern for people with disabilities in Canada. Through the CHRC's engagement with people with disabilities, people have shared that they continue to face numerous accessibility barriers in all aspects of their lives, including in buildings and public spaces, at school, in the workplace, in transportation, and when voting.

#### Accessibility legislation

While the CHRC acknowledges that it has been five years since the passage of the Accessible Canada Act (ACA), the CHRC remains concerned that concrete obligations have yet to be established as they relate to the priority areas identified in section 5 of the legislation. The CHRC notes that in order to be in compliance with upcoming regulations and obligations, organizations need to be aware of what is coming next to be able to properly prepare, plan, consult, develop and implement necessary actions. The CHRC further notes that rights holders require better information on next steps and timelines, which will also ensure their readiness for consultations.

The CHRC recognizes that knowledge about accessibility is evolving and the complexity associated with achieving accessibility ranges depending on a variety of factors. New regulations must acknowledge these challenges and facilitate conducive environments and supports if they are to be successfully implemented. However, many organizations have already fallen behind in fulfilling their initial obligations under the first sets of ACA related regulations. Additional regulations in the priority areas are needed, but without proper resources and supports, new requirements may result in increased non-compliance and widespread challenges for organizations responsible for oversight, leaving the objective of an accessible Canada unfulfilled.

The CHRC also notes that some jurisdictions in Canada have not yet adopted accessibility legislation, and that provincial accessibility laws differ in their scope and their enforcement schemes. The CHRC encourages Canada to ensure greater coordination and uniformity in accessibility requirements across the country.

Recommendation #14: That Canada develop and share a plan with timelines on how it will enact and implement regulations relevant to each of the areas under section 5 of the Accessible Canada Act in a timely manner, as

well as the measures that will be taken to ensure that organizations are supported in meeting their obligations.

The CHRC notes that the Accessible Canada Regulations (ACR) included a five-year exemption for First Nations communities – until 2026 – to consult First Nations people on reserve on how the ACA could contribute to a barrier-free environment in their communities.

However, the CHRC has heard concerns from advocates that the exemption may have the potential impact of leaving many First Nations people with disabilities without protections enjoyed by members of other disability communities. Advocates have shared that some First Nations may not be able to comply with existing accessibility legislation due to the chronic and systemic underfunding of First Nations health, infrastructure and housing services. There are additional concerns over the lack of clarity on the possible application of the ACA to First Nations, including conflicts with principles of self-governance and self-determination. These concerns may further perpetuate the systemic inequality currently experienced by so many First Nations people with disabilities.

The CHRC recognizes and respects Indigenous peoples' inherent right to self-determination. Any legislation affecting Indigenous peoples and their governments should be modeled after their own values and traditions. The CHRC further recognizes that it is necessary to take a tailored approach to the application of accessibility standards for Indigenous peoples in order to meet the unique needs of each community, and that Indigenous peoples with disabilities themselves must lead and inform how accessibility standards are applied in their communities to ensure their needs are being fully met. Any accessibility system must take an intersectional approach wherever possible in order to address gaps in protection and to ensure consistency with the principles of the United Nations Declaration on the Rights of Indigenous Peoples.

Recommendation #15: That Canada provide details regarding plans to close the infrastructure gap and ensure that accessibility legislation applicable to First Nations communities is implemented, including details of steps being taken to ensure that any such legislation is consistent with the principles of the United Nations Declaration on the Rights of Indigenous Peoples.

## Transportation

Despite recent laws and regulations designed to protect the rights of people with disabilities to accessible transportation in Canada, the CHRC notes that people with disabilities continue to face barriers and discrimination when travelling. This has been highlighted by recent media reports detailing some of the difficulties that travellers with disabilities continue to face.

The CHRC emphasizes that accessible transportation is fundamental to people's work, family lives, leisure activities and wellbeing. Many people with disabilities rely on mobility aids, service animals and assistive technologies when travelling. As such, a lost or damaged mobility device robs people of their dignity, mobility and independence, and can pose a risk to their health. In many cases, it may also be a violation of fundamental human rights. The CHRC maintains that greater care and attention must be given to people who rely on mobility aids, service animals and assistive technologies when travelling.

Calls for accountability from disability communities have prompted Canada to investigate the issue of accessible transportation for people with disabilities. At meetings held by the House of Commons Standing Committee on Transport, Infrastructure and Communities, advocates called for policy, process and operational changes to remove barriers for travellers with disabilities.

Advocates also called for consistent training across the sector regarding the needs and requirements of passengers with disabilities, as well as improved oversight, increased access to justice for travellers, penalties for non-compliant service providers, and mechanisms to identify existing barriers and prevent new ones.

The CHRC supports calls made by disability communities to remove barriers and improve conditions for people with disabilities when travelling, including by eliminating structural and individualized ableism in the transportation sector.

Recommendation #16: That Canada protect the rights of people with disabilities when travelling, including by removing barriers and addressing ableism and discrimination in the transportation sector, so that all people with disabilities are able to travel freely, independently and with dignity.

Access to Health (Articles 17, 25)

Barriers to health care

People with disabilities experience many barriers to accessing safe, quality and timely health care. This includes barriers that are attitudinal (e.g. ableism, “medical model” and assumptions about people’s capacity and preferences); physical (e.g. inaccessible medical clinics and equipment); financial (e.g. the lack of public funding for treatment and medications); and communicational (e.g. complex language and a lack of sign language interpreters). People also experience barriers related to technology and transportation (e.g. inaccessible transit systems and unreliable internet access), especially in Northern and rural areas. Other barriers include long waitlists, rushed appointments, an overreliance on sedation and forced treatment, and a “one-size-fits-most” approach to mental health care.

Some people with disabilities face additional barriers in health care resulting from their intersectional identities. Indigenous and other racialized people have reported encountering racism, including structural and systemic racism, when accessing health care. This can include assumptions being made about patients’ needs based on stereotypes, misdiagnoses based on stigma, and a lack of adequate supports. This can be life-threatening or even result in death from preventable causes.

Existing barriers and inequalities were exacerbated during the COVID-19 pandemic. Some people with disabilities were denied access to essential supports, services, and equipment during lockdown measures. Some provinces adopted “triage protocols” to determine how to prioritize patients if medical facilities and equipment were overstretched. Ableist assumptions and biases in the development and implementation of these protocols could result in people with disabilities being denied access to life-saving care. The lack of transparency regarding these protocols is also deeply concerning. The CHRC echoes disability communities’ calls to ensure that the needs of people with disabilities are prioritized when planning for and responding to health emergencies.

Mental health issues have significantly increased since the start of the COVID-19 pandemic, exacerbated by anxieties related to increasing economic stressors and housing and food insecurity. However, stigma, financial barriers, staffing shortages and long waitlists continue to prevent many people from accessing mental health care.

There is also a significant link between substance use disorders and mental illness. According to the Centre for Addiction and Mental Health, at least 20% of people with a mental illness have a co-occurring substance use disorder. In the midst of an ongoing opioid crisis, people with substance use disorders face unique barriers and stigma in accessing care due to a lack of accessible, affordable, trauma-informed, and harm reduction-based supports and services in the community. The CHRC supports calls to improve timely access to mental health and addiction care.

People with disabilities should be included in the development of health care policies and programs to ensure that their needs and perspectives are reflected. Biases and assumptions about disability should not limit access to health care and medical information. Treatment options should be presented in a balanced, non-directive manner that allows patients to make free and informed decisions.

Recommendation #17: That Canada address barriers to health care for people with disabilities, and meaningfully include people with disabilities in health care-related policymaking.

Recommendation #18: That Canada improve timely access to mental health and addiction care, including by increasing funding to support services, and addressing contributing issues such as poverty, housing and food

insecurity. These efforts should ensure coordination between the various jurisdictions in Canada.

### Reproductive health justice

Historically, policies of sterilization in Canada existed under the guise of public health, where sterilization was a condition of release from mental health institutions. These policies disproportionately affected Indigenous women. Other groups disproportionately affected include Black and racialized women, people with disabilities, intersex children and institutionalized people.

The CHRC remains concerned by reports that the practice of forced or coerced sterilization continues to this day. Survivors of coerced sterilization suffer from associated ailments and may avoid preventive healthcare services due to profound mistrust of the healthcare system and its authorities.

A 2022 report from the Standing Senate Committee on Human Rights recommended that Canada take legislative and policy measures to prevent forced or coerced sterilization, including by taking steps to address racism, ableism and other forms of discrimination in health care settings, and providing support to people seeking recourse and care.

Recommendation #19: That Canada implement the recommendations of the Standing Senate Committee on Human Rights to end forced or coerced sterilization and ensure redress, support and justice for survivors.

The CHRC remains concerned about barriers encountered by trans and gender-diverse people with disabilities in accessing quality health care. A report published by Trans PULSE Canada in 2023 revealed that trans and non-binary participants who self-identified as disabled were significantly more likely to have unmet health care needs, to have experienced discrimination or exclusion within the trans and non-binary communities due to their disability, to have avoided the diagnosis of a health issue for fear it would impact their access to gender-affirming care, and to have reported considering suicide in the past year.

According to this report, while people commonly experience affordability and travel barriers to gender-affirming care, trans and non-binary people with disabilities are even more likely to be unable to afford treatment or unable to travel than their counterparts without disabilities. Some also reported being denied gender-affirming care because of their disability.

Trans and non-binary people with disabilities were also more likely to experience other barriers to health in comparison to their counterparts: they are more likely to struggle to meet monthly housing costs, they are less likely to experience a strong sense of belonging or community, and they are more likely to experience violence and harassment.

Recommendation #20: That Canada meaningfully improve the health and well-being of trans and gender diverse people with disabilities, and support research, policies and interventions to this effect.

### Climate Justice (Article 11)

The ongoing climate crisis, as well as proposed mitigation solutions and strategies, have unique and disproportionate impacts on people with disabilities.

As people with disabilities face significant barriers to human rights including financial security, transportation, healthcare, and humanitarian assistance, their vulnerability to the effects of climate change is also disproportionate. For example, during an extreme heat wave in British Columbia in summer 2021, older people and people with disabilities were overwhelmingly overrepresented among heat-related deaths.

Long-term health impacts as a result of environmental racism may also contribute to disabilities. For instance, Indigenous, Black and other racialized communities often experience environmental racism, whereby polluting industries and environmentally hazardous activities such as landfills, trash incinerators, coal plants and toxic

waste dumps are disproportionately located near their communities. Continuous exposure to industry-generated pollutants can lead to negative health impacts and, in some instances, life-threatening illnesses.

For example, several polluting industries located in or proximal to Mi'kmaq and African Nova Scotian communities, have exposed residents to numerous health risks including an increased risk of consuming unsafe drinking water contaminated from industrial discharge and runoff of toxic wastes. This contributes to poorer health outcomes, as communities experiencing environmental racism are disproportionately impacted by higher rates of cancer, among other chronic illnesses and deaths. For instance, even decades after contamination, mercury poisoning is still affecting the Grassy Narrows First Nation. The CHRC welcomes recent legislative efforts to direct attention to and address environmental racism and encourages the continuation of this work.

The CHRC shares concerns that existing mitigation, preparedness and response policies and practices with respect to the ongoing climate crisis are not inclusive of the needs of people with disabilities in Canada. According to a report from the Disability Inclusive Climate Action Research Program at the McGill Centre for Human Rights & Legal Pluralism, climate change policies and programs in Canada fail to adequately and meaningfully account for the needs and realities of people with disabilities.

Recommendation #21: That Canada ensure that climate and environmental action and emergency initiatives, policies and programs meaningfully include people with disabilities, as well as Indigenous peoples and other disproportionately impacted populations, at all stages of planning, implementation, and evaluation.

#### Legal Capacity (Article 12)

The CHRC acknowledges that Canada's ratification of the CRPD included an interpretive declaration and conditional reservation with respect to article 12. This reservation broadly states that Canada reserves the right to continue to use substitute decision-making arrangements in appropriate circumstances and subject to appropriate and effective safeguards.

As previously mentioned to this Committee, people with disabilities and organizations that advocate on their behalf have called on Canada to withdraw this reservation.

The denial of legal capacity prevents people with disabilities from fully exercising their self-determination and autonomy. The CHRC notes that, since Canada ratified the CRPD, access to and recognition of supported decision-making regimes remains uneven across the country. As a result, many people with disabilities, in particular people with psychosocial and/or intellectual and developmental disabilities, continue to be denied their legal capacity.

The CHRC notes that legal capacity regimes must follow human rights principles. These regimes should preserve people's autonomy and respect their will and preferences to the greatest extent possible. Fully implementing article 12 would require Canada to replace substituted decision-making regimes with supported decision-making regimes, and ensure that appropriate and effective safeguards are in place to prevent abuse, including regular and independent reviews of measures that limit people's legal capacity. It would also require Canada to ensure that people with disabilities have access to the supports and accommodations they need to exercise their legal capacity, including access to legally recognized support networks that can assist people in making decisions, when needed.

Recommendation #22: That Canada provide information on the steps it has taken to move towards full implementation of article 12 and ensure coordination across jurisdictions on legal capacity issues.

#### People Deprived of Their Liberty (Articles 14, 15, 17, 19)

Federal justice system

A web of complex and intersecting factors lie at the root of the “pipeline to prison” or to other places of detention, and the over-incarceration of certain segments of the population. These factors include historical disadvantage; systemic and institutional racism; colonization and the residential school system; discrimination and violence; racial bias and stereotyping that perpetuate everyday racial injustices; socio-economic disparity, including rising levels of homelessness and encampments, inadequate housing, and a lack of educational and employment opportunities; a lack of appropriate and culturally-relevant health and community services and supports; and over-policing of certain groups including Indigenous, Black and other racialized individuals, people with mental health disabilities, and those experiencing homelessness.

The CHRC remains deeply concerned over an increasing number of reports of injurious and deadly interactions between police and Indigenous, Black and other racialized individuals, often with mental health disabilities. Police are often first responders in situations involving people with mental health disabilities and have considerable discretion around how to respond, which can lead to the criminalization – and subsequently the institutionalization – of people with mental health disabilities and those in vulnerable circumstances. This has led to recent calls for systemic reform to policing services across Canada.

The CHRC also notes that additional disparities in Canada’s criminal justice system can contribute to the overincarceration of certain groups. For instance, despite needing more treatment-based alternatives, most individuals with mental health disabilities proceed through regular and complex court processes without necessary supports, often exacerbating the challenges they face and further enmeshing them in a criminal justice system that is not designed to meet their needs.

Recommendation #23: That Canada take a disability inclusive approach to reforms to the criminal justice system – including in policing practices and court proceedings – to address the disproportionate and negative impacts on groups in vulnerable circumstances, such as individuals with mental health disabilities.

#### Prisoners with disabilities

The CHRC notes that the proportion of prisoners with disabilities continues to increase in federal prisons, with mental health disabilities more prevalent in Canadian prisons than in the general population. Those with mental health disabilities are amongst the most vulnerable populations within prisons. However, prisons lack the appropriate capacity, resources and infrastructure to meet the needs of this growing and diverse population. Many are incarcerated in settings that are ill-equipped to respond appropriately to their symptoms and behaviours, which can often exacerbate their mental health disabilities.

The issue is particularly acute in prisons designated for women, where the vast majority of the population has a mental health disorder. These women are more likely to be placed in maximum security and a significant number engage in chronic self-injurious or suicidal behaviour. The Office of the Correctional Investigator (OCI) has underscored how this systemic problem disproportionately affects Indigenous women, noting that “nearly all federally sentenced Indigenous women have a current or lifetime diagnosis of a mental disorder and are identified as having moderate to high substance-abuse needs.”

Use of force incidents are also prevalent among federal prisoners with mental health disabilities. In its 2017-2018 Annual Report, the OCI reported that 41% of the use of force incidents reported between October 2016 and February 2018 involved at least one person with documented mental health issues. However, the OCI has also found that there is a “lack of reliable administrative mental health indicators available” which presents challenges in accurately tracking the proportion of people with mental health disabilities involved in use of force incidents.

Prisoners with other disabilities, as well as aging and older prisoners, are also vulnerable to victimization, and often reside in facilities that are inaccessible and ill-equipped to manage their health care needs. This has serious impacts on their health, safety, dignity and human rights.

In 2019, the CHRC and OCI released a joint report highlighting challenges associated with older prisoners, including the management of chronic health conditions, accessibility and disability accommodations. Amongst

this growing population of prisoners, many are living with multiple physical, cognitive and/or mental health disabilities.

Recommendation #24: That Canada take urgent and meaningful action to address the disproportionate use of force on individuals experiencing mental health disabilities, and implement recommendations made by various committees, oversight bodies and advocates to improve access to timely, ongoing, data-informed and culturally responsive mental health treatment for individuals incarcerated in federal prisons.

Recommendation #25: That Canada take action to ensure that infrastructure and programming meets the accessibility and accommodation needs of all prisoners, including aging and older prisoners and prisoners with multiple disabilities.

The CHRC notes that some progress has been made with respect to accommodation of substance use disorders in federal corrections, and the provision of adequate and appropriate health care in such situations. This progress has helped address concerns that federal prisoners with opioid use disorders experience greater risk of fatal overdose, and HIV or hepatitis C infection because of barriers to treatment, including lack of adequate harm reduction initiatives and psychosocial therapy. Through a collaborative agreement between Prisoners' Legal Services, the CHRC, and the Correctional Service of Canada (CSC), CSC has made several commitments to improve health services for people in custody with an opioid use disorder. The CHRC continues to monitor CSC's progress in addressing the opioid crisis in federal correctional institutions, including its development and implementation of evidence-based, culturally appropriate psychosocial treatments and support strategies.

#### Structured Intervention Units (SIU)

The CHRC remains deeply concerned by reports that prisoners being held in "Structured Intervention Units" (SIUs) continue to experience conditions of solitary confinement. Of particular concern is the high prevalence of mental health disabilities among those admitted to and held in SIUs and the length of their stays compared to those of others. The SIU regime gives wide discretion to the CSC to decide whether, when and for how long a prisoner should be confined in isolated and restrictive conditions.

The CHRC maintains that sustained independent external oversight is critical to ensuring that the human rights of people held in SIUs are protected. While a separate SIU Implementation Advisory Panel was put in place to review and evaluate the system in its first years of operation, the Panel is mandated to expire with no guarantee of renewal. In addition, the Panel's most recent Annual Report concluded that there have been "no meaningful or consistent improvements in operations over four years."

Recommendation #26: That Canada take steps to ensure that the current SIU regime does not continue to create conditions of de facto solitary confinement for prisoners, including those with mental health disabilities.

Recommendation #27: That Canada establish an effective independent oversight body to monitor the operation of the SIU regime.

#### Institutionalization

Many people with disabilities are forced to live in institutions due to a lack of community-based supports and accessible housing options. In addition to being deprived of their autonomy and their right to live independently in their communities, people who are institutionalized are at greater risk of experiencing violence and being exposed to health risks, such as COVID-19.

Canada's deinstitutionalization efforts have been slow and uneven across the country. For example, in response to a human rights complaint filed in 2014, a court found in 2021 that the province of Nova Scotia had systemically discriminated against people with disabilities by unnecessarily institutionalizing them, subjecting them to indefinite wait times to receive services, and forcibly removing them to remote areas. The systemic remedy in this case included a 5-year plan for the government to deinstitutionalize people with disabilities. However, an

independent monitoring report published in 2024 found that the province's progress in implementing this plan has been slow and uneven to date.

The CHRC has been advocating to improve data collection and transparency on people who are institutionalized, as Canada lacks comprehensive and reliable data in this area. Since people living in institutions are excluded from most national surveys, it is currently difficult to ascertain how many people with disabilities are living in: large institutions; hospitals; prisons and correctional facilities; immigration detention centres and shelters for refugees; child welfare systems; and homeless and emergency shelters. According to the 2021 Census, 61 710 people lived in group homes for people with disabilities and addictions, and 7590 people under age 55 lived in long-term care facilities. Since long-term care facilities are primarily designed for older people, the CHRC maintains that they are not an appropriate housing option for young people with disabilities.

Many people with disabilities are also involuntarily detained in mental health facilities under mental health and guardianship laws. The CHRC is concerned about reports that some provinces are planning to expand involuntary detention and treatment of people with mental health and substance use issues. The CHRC also remains concerned over the lack of independent monitoring and oversight of mental health facilities in Canada.

Recommendation #28: That Canada provide adequate community-based supports to ensure that appropriate alternatives to institutionalization are available for people with disabilities so that they can live with dignity and independence in their communities.

#### Ratifying the Optional Protocol to the Convention against Torture

To align Canada with international standards on independent oversight of places of deprivation of liberty, the CHRC continues to call on Canada to ratify the Optional Protocol to the Convention against Torture (OPCAT). The OPCAT could offer a framework for more consistent and proactive human rights protections for people who are detained across all jurisdictions. Despite Canada's commitment to prioritize the ratification of OPCAT during its most recent Universal Periodic Review, further information on steps taken to move towards this have yet to be provided.

Recommendation #29: That Canada sign, ratify and implement the OPCAT without delay, including by designating an appropriate National Preventive Mechanism to ensure ongoing and enhanced independent oversight, monitoring and reporting in all places of detention.

#### Indigenous People with Disabilities (Articles 5, 6, 7, 17, 19)

The CHRC views the situation of Indigenous peoples as one of the most pressing human rights issues facing Canada today. Indigenous peoples in Canada continue to be significantly disadvantaged in terms of education, employment and access to basic needs such as water, food security and housing. These disadvantages are compounded for Indigenous peoples with disabilities. While the rate of disability is significantly higher among off-reserve First Nations and Métis populations compared to non-Indigenous groups, seeking services forces Indigenous people to adopt a colonial conceptualization of disability, as the concept of disability as understood in Western settings does not exist in some Indigenous cultures.

#### Equitable and adequate services

Indigenous-led and -provided services often receive restrictive funding that diminishes their ability to serve their communities. Many seeking services do not have the resources necessary to navigate complex systems and programs, and may encounter racism compounded with ableism and other discrimination.

The CHRC has received many complaints concerning service delivery, most notably concerning child and family services. A landmark 2016 Canadian Human Rights Tribunal decision on a complaint filed by the First Nations Child and Family Caring Society and the Assembly of First Nations found that Canada was discriminating against First Nations children and families in the provision of services. It also found the government liable for failing to

properly implement Jordan's Principle – a child-first principle that promotes substantive equality by ensuring First Nations children get the services they need, taking into account their geographic, historical and cultural circumstances. Most recently, Canada was ordered by the Canadian Human Rights Tribunal to address a backlog of requests under Jordan's Principle, in which some children wait for months to receive the care they need.

Indigenous children with disabilities in Canada continue to be removed from their homes because of the lack of appropriate support services in Indigenous communities. Some families are afraid of reporting the disability status of a relative due to the risk of separation.

The CHRC has received a number of complaints filed by or on behalf of Indigenous children and families, relating to the availability of and funding for a broad range of public services delivered on reserve. As an example, an Ontario First Nation filed a human rights complaint alleging that the federal government discriminates by failing to provide sufficient funding and supports to enable the delivery of appropriate special education services to First Nations children with disability-related education needs who live on reserve in Ontario.

The chronic underfunding of essential services and the many health disparities facing Indigenous communities can be attributed to the legacy of colonialism and the intergenerational effects of trauma and genocide. According to the Final Report of the National Inquiry on Missing and Murdered Indigenous Women and Girls (the Report), when compared with those who did not attend residential school, residential school survivors are more likely to suffer various physical and mental health problems, to report higher levels of psychological distress and poorer self-rated health, and to be diagnosed with various chronic health conditions. Although access to culturally appropriate and relevant services was identified as one of the most important factors for healing for residential school survivors, the Report found that 1) there are not enough culturally-relevant treatment and healing centres for Indigenous people across Canada, and 2) stable, sufficient and reliable funding is a barrier for those that do exist.

Recommendation #30: That Canada ensure that services for Indigenous people with disabilities are equitable, adequate and culturally appropriate. Canada should ensure that First Nations, Inuit and Métis people have access to services that are relevant to and appropriate for them, based on their distinct culture and identity, and are empowered to stay in their communities while receiving care.

The availability of comprehensive and disaggregated data on Indigenous people with disabilities is limited, obfuscating understandings of the experiences and needs of these groups. This contributes to barriers and disparities, and impacts the ability of community members to effectively advocate for and implement community-based solutions.

Recommendation #31: That Canada invest in improved data-collection practices. This includes by meaningfully including Indigenous peoples in data collection and transparency efforts, adequately funding disaggregated data collection to ensure data reflects the intersectional experiences of diverse groups, and ensuring data is clearly communicated and easily accessible to rights holders.

### Child and youth suicide

Indigenous youth in Canada experience disproportionately high rates of suicide and suicidal ideation in comparison to their non-Indigenous counterparts. In 1995, a special report published by the Royal Commission on Aboriginal Peoples estimated that the rate of suicide among Indigenous youth was five (5) to six (6) times higher than among non-Indigenous youth in Canada. Over the past three decades, these figures have remained largely unchanged, with Indigenous youth continuing to be at high risk of suicide. Inuit communities are particularly at risk, and experience a rate of suicide approximately nine times higher than the non-Indigenous rate.

The reasons for these disproportionately high rates are many and multi-faceted. For example, the lingering effects of the residential school system, the manner in which child welfare and mental health services are

delivered, the social and economic marginalization of Indigenous peoples more broadly, and a variety of structural issues all contribute to this situation.

Recommendation #32: That Canada support the prevention of Indigenous youth suicide, including by ensuring culturally-appropriate mental health services are both available and adequately resourced in Indigenous communities and urban centres.

#### Missing and Murdered Indigenous Women, Girls, Two-Spirit and Gender Diverse People

Indigenous women and gender diverse people with disabilities face unique and compounded barriers to human rights. Indigenous women, girls, Two-Spirit and gender diverse people are far more likely to face gender-based violence than other groups in Canada. This risk is compounded for Indigenous women, girls, Two-Spirit and gender diverse people with disabilities. Support for disability and access to health care are some of the most common reasons for First Nations people to move away from their communities to an urban centre, increasing their vulnerability to violence and abuse. A history of mistreatment, abuse, and structural racism, has contributed to a relationship of mistrust between Indigenous peoples and the justice and healthcare systems, which further contributes to vulnerability.

In its Final Report, the National Inquiry into Missing and Murdered Indigenous Women and Girls makes several recommendations to address the ongoing epidemic of violence faced by Indigenous individuals, including by improving access to supports and addressing structural racism in the justice and healthcare systems.

Indigenous peoples have called for the establishment of Indigenous-specific human rights mechanisms to help address the unique and compounded barriers they face in accessing justice, including those referenced above. In 2023, Canada appointed a Ministerial Special Representative who provided comprehensive recommendations on the creation of an Indigenous and Human Rights Ombudsperson to the Government in a May 2024 report. The CHRC fully supports the creation of specific human rights mechanisms for Indigenous peoples in Canada.

Recommendation #33: That Canada fully implement the recommendations of the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

Recommendation #34: That Canada implement the recommendations made by the Ministerial Special Representative without delay.

#### Women with Disabilities (Article 6)

The prevalence of disability in Canada is higher for women compared to men (30% versus 24%). Women with disabilities experience unique systemic barriers and socio-economic disadvantage that negatively impact their well-being.

Women with disabilities have a pronounced income gap and higher rates of poverty compared to both other people with disabilities and women without disabilities due to barriers in education and employment. During an engagement event with the CHRC in 2022, women with disabilities shared that they often feel financially and legally disempowered, which limits their independence, security and autonomy. For example, they risk having their income supports reduced if they choose to live with their partners. Conversely, they may have difficulty leaving abusive relationships if they are financially dependent on their partners.

Women with disabilities also face barriers in the legal system, such as communication barriers and ableist assumptions about their capacity. These factors increase their vulnerability to violence and exploitation, including trafficking. Among people who had been in an intimate partnership, 55% of women with disabilities reported having experienced a form of intimate partner violence. These risks are heightened for people experiencing intersectional forms of oppression.

Recommendation #35: That Canada ensure women with disabilities have adequate financial supports that are not impacted by their relationship status or living arrangements.

Recommendation #36: That Canada remove barriers in the legal system and support the legal and financial empowerment of women with disabilities.

## Other Issues

### Older people with disabilities

The CHRC remains deeply concerned about the barriers faced by older people with disabilities. In Canada, older people are more likely to have a disability and face intersectional forms of discrimination, including ageism and ableism, as a result.

Older people with disabilities in Canada remain one of the most vulnerable populations—especially, those who live alone. Older people with disabilities face disproportionate financial burdens, and those reporting financial need are at heightened risk of experiencing abuse, violence, and/or mistreatment. They are also more likely to experience social isolation and loneliness, resulting in poor physical and mental health outcomes. This is particularly likely among single adults, women, immigrants, and those living in rural areas, and is contributed to in part by a lack of effective and accessible social inclusion programs as well as a lack of comprehensive data on the efficacy and uptake of these programs.

These human rights concerns are, in part, enabled by the existing gaps within international and domestic human rights systems. As highlighted by the Office of the High Commissioner for Human Rights, the international legal framework on the human rights of older people remains fragmented and incomplete, with evident gaps in protections. The CHRC notes that in May 2024, the UN Open Ended Working Group on Ageing provided recommendations to address this gap, including by recommending an international legally binding instrument to ensure the recognition of the rights of older people. The CHRC amplifies the calls of rights holders and human rights advocates to include explicit recognition of older people in international human rights law in order to better protect and address the unique barriers they face.

Recommendation #37: That Canada engage in opportunities that promote, protect and ensure the rights of older people, including by supporting the explicit recognition of older people in international human rights law.

### Technology and Artificial Intelligence (AI)

The CHRC acknowledges that AI has the potential to provide useful tools and many benefits to society when developed and deployed responsibly, using a human rights-based approach, but also presents a number of potential risks and human rights concerns.

As noted by the Special Rapporteur on the Rights of Persons with Disabilities, AI driven technologies “offer enormous opportunities for disability inclusion.” However, without ongoing engagement and participation of people with disabilities in the design, development and deployment phases of AI systems, these systems also have the potential to reinforce and amplify existing patterns of discrimination. For example, the use of AI tools to sort and screen candidates for employment can have the effect of further exclusion when data sets that describe a successful candidate reflect existing biases and lack representation of people with disabilities. This can reinforce cycles of poverty and other forms of systemic disadvantage experienced by members of disability communities in ways that are difficult to detect.

A host of new assessment tools, guidelines, voluntary codes of conduct, directives and proposed legislation are being developed to address limited regulation surrounding emerging technologies in the tech industry. The CHRC notes that these developments result in an expanding patchwork of safeguards for people with disabilities with no clear accountabilities or pathways for access to justice. The CHRC shares the serious concerns of rights holders, advocates and experts about how rapidly-evolving AI systems have the potential to further erode privacy

and negatively impact human rights in the absence of a robust and comprehensive legal and policy framework.

It is critical for governments and private industry to engage meaningfully with disability communities in the research, development and regulation of AI systems.

Recommendation #38: That Canada prioritize the adoption of a comprehensive legal and regulatory framework for AI governance that is consistent with its domestic and international human rights obligations, including meaningful and ongoing engagement with disability communities.

#### Canada's Implementation of International Human Rights Obligations

The CHRC remains concerned about Canada's lack of progress in implementing the recommendations that have come from the international human rights system, including those made by this Committee. The CHRC is of the view that tackling the structural inadequacies and practical ineffectiveness of the current system for implementation of Canada's international human rights obligations would play a significant role in addressing this issue.

While the CHRC welcomes its designation as the body responsible for monitoring the Government of Canada's implementation of the CRPD, the CHRC remains concerned that the current system continues to perpetuate a patchwork approach to progress without a foundational structure of monitoring and implementation of interdependent, interrelated, and indivisible human rights. For instance, through the CHRC's engagement with people with disabilities, people shared that it is difficult to keep up with how the CRPD is being implemented in Canada and how it affects people's daily lives. People shared that they want to see the CRPD put into action. An overwhelming majority also shared that they felt that Canada is doing a poor job at both promoting and protecting the rights of people with disabilities. The CHRC believes strongly that, in order to effectively implement the recommendations made to Canada during this and other reviews, it is imperative that substantial, meaningful and coordinated progress be made in ensuring a robust implementation and monitoring framework.

In November 2024, the CHRC appeared before the Subcommittee on International Human Rights as a part of their study on the implementation of Canada's Universal Periodic Review. During this appearance, the CHRC expressed its support for a joint recommendation – made by civil society and human rights advocates – for Canada to take the lead in working with provincial and territorial governments to develop and adopt a new national framework for international human rights implementation. The CHRC supports the position taken by civil society partners that such a framework should include:

clear public commitments to international human rights implementation from all federal, provincial and territorial governments;

adoption of federal, provincial and territorial laws enshrining the obligations, mechanisms, and public reporting requirements related to implementation;

improved consultation and engagement processes with Indigenous Peoples' organizations, civil society, and human rights commissions;

an enhanced role for Parliament and legislatures; and

increased resourcing, including to support civil society.

Recommendation #39: That Canada work with provincial and territorial governments to develop and adopt a national framework for international human rights implementation.