



Canadian Human Rights Commission

Submission to the Committee on Rights of Persons with Disabilities on the occasion of Canada's 2nd and 3rd Periodic Review

January 2025

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1. 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 1977,¹ 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.

¹ Available on the [Justice Canada website](#). Although Canada's human rights laws are not part of the Constitution, they are considered "quasi-constitutional" in nature, meaning that all other laws must be interpreted in a manner consistent with human rights law.

2. 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.² 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.³ 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 2019-2024⁴, 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.⁵ 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.⁶

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

² The full plain language summary report of what people shared during this public engagement process is available on the CHRC's website: [What we did and what we learned](#).

³ This information is reliant on complaints data from the CHRC as well as commissions across provincial and territorial jurisdictions.

⁴ Until November 6, 2024.

⁵ Of the disability-related complaints citing more than one ground, the majority cited race and national or ethnic origin. Other commonly cited facets of identity in intersection with disability include sex, age, family status, and Indigeneity.

⁶ Rajan, D., [Serious problems experienced by diverse people with disabilities: Western Canada a qualitative study](#), (2021).

race, religion, gender identity or expression, or sexual orientation) simply go underreported.

The CHRC has heard from rights holders⁷ 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,⁸ 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.

3. 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).⁹ 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

⁷ Rights holders shared their thoughts during an engagement event with people with disabilities, their families and caregivers in 2022. See the full report on the CHRC’s website: [What we learned about housing for people with disabilities](#).

⁸ Communication barriers can include a lack of sign language interpretation or plain language resources.

⁹ Available online: [An Act to amend the Criminal Code \(medical assistance in dying\)](#).

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.¹⁰ 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 Indigenous¹¹ 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.

¹⁰ See the CHRC's website: [Ending one's life must be a true and informed choice](#).

¹¹ The term "Indigenous" or "Indigenous peoples" is used throughout this submission to refer to First Nations, Inuit and Métis peoples in Canada. The CHRC recognizes that rights holders have advocated for a distinctions-based approach to discussions on the rights of Indigenous peoples. First Nations, Inuit and Métis peoples experience distinct realities, have different needs, and should not be considered a monolithic group. The CHRC also recognizes the diversity of individuals and lived experiences within Indigenous communities, whether individuals live in their traditional territories or not. Where distinctions regarding specific groups can be made, this specification will be provided.

4. Adequate Standard of Living and Social Protection (Article 28)

4.1 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.¹²

Many people with disabilities were excluded from federal income supports for workers during the COVID-19 pandemic.¹³ While the CHRC acknowledges that the government eventually provided a one-time (\$600) payment to people with disabilities for COVID-related expenses,¹⁴ advocates emphasized that this amount was inadequate, and criticized the slow rollout and limited eligibility criteria for this payment.¹⁵

The CHRC welcomes the new Canada Disability Benefit (CDB) program, which aims to support the financial security of people with disabilities.¹⁶ 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.¹⁷ 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,¹⁸ and that CDB recipients' other income supports – many of

¹² In 2021, 16.5% of people with disabilities lived in poverty, compared to 8.6% of people without disabilities. See: Statistics Canada, [2021 Canadian Income Survey, Table 11-10-0090-01 - Poverty and low-income statistics by disability status](#).

¹³ The Canada Emergency Response Benefit (CERB) provided workers with \$500 per week for up to 28 weeks. See the Government of Canada website: [Canada Emergency Response Benefit \(CERB\)](#). People with disabilities who were not employed were excluded from this benefit.

¹⁴ See the Government of Canada website: [One-time payment to persons with disabilities](#).

¹⁵ See: Harris, K. (September 18, 2020). [Federal COVID-19 supports for Canadians with disabilities are too little, too late](#). CBC News.

¹⁶ See: [Canada Disability Benefit Act, S.C. 2023](#), c. 17; see also: [draft Canada Disability Benefit Regulations](#) (as of June 29, 2024).

¹⁷ A recent Report Card on Disability Poverty in Canada noted that disability poverty rates are rising, gave Canada a failing grade, and called for the CDB amount to be tripled. See: [Second Annual Disability Poverty Report Card \(2024\)](#). An analysis by an independent advisor to Parliament also concluded that the CDB should be significantly increased. See: Office of the Parliamentary Budget Officer, [Canada Disability Benefit: Model and Scenarios](#) (Nov 2023) [PBO Report]. The CHRC has also called for the CDB to use an individual income test rather than a spousal income test, since spousal income tests can create financial dependency and limit people's autonomy.

¹⁸ To access the CDB, people would need to be eligible for the federal Disability Tax Credit (DTC). Certain types of disabilities are excluded from the DTC (e.g. pain-related and episodic disabilities), and many people face barriers when applying for the DTC. For example, people face barriers in accessing physicians and paying for the mandatory medical assessments. Since the DTC is a non-refundable tax credit, people with a low income cannot benefit from the DTC. The CHRC has therefore encouraged the government to work with disability communities to find a more inclusive and accessible process to determine eligibility for the CDB.

which already fall short of the official poverty threshold – could be reduced based on CDB income.¹⁹ 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.

5. 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.²⁰

To better understand these realities, the CHRC and the Office of the Federal Housing Advocate (OFHA)²¹ 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.²²

5.1 Monitoring framework and key findings²³

The CHRC and OFHA are tracking eleven key areas of housing for people with disabilities²⁴ 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

¹⁹ For example, federal, provincial and territorial income benefits and private insurance payments could be reduced based on CDB income. Provincial and territorial income supports already fall short of the official poverty threshold by 40 percent on average. See: PBO Report, supra note 17. The CDB should supplement existing supports, not replace them.

²⁰ supra note 10.

²¹ The [National Housing Strategy Act](#) enshrined the human right to adequate housing in domestic law in 2019. The Act also created the role of the Advocate, with the mandate to monitor Canada’s National Housing Strategy, engage with rights holders and civil society, receive submissions and produce reports with recommendations on systemic housing issues. See the CHRC’s website: [The right to housing](#).

²² Available on the CHRC’s website: [Monitoring the right to housing for people with disabilities](#).

²³ Available on the CHRC’s website: [The right to housing for people with disabilities: Monitoring framework](#).

²⁴ The eleven areas are: institutionalization; homelessness; discrimination and dignity; accessibility; availability of supports and services; affordability; security of tenure; safety; habitability; location; and cultural adequacy. These areas reflect the United Nations’ seven elements of the right to adequate housing, as well as more disability-specific elements drawn from the CRPD and engagement with rights holders.

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.²⁵
- 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.²⁶
- 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.²⁷
- 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.

²⁵ Hidden homelessness is when people are temporarily housed, but they don't have their own place. For example, people sometimes stay with strangers, family, or friends. This is also called "couch surfing".

²⁶ In Canada, housing is considered "affordable" if it costs less than 30% of a household's before-tax income. People are in "core housing need" if they live in housing that is unaffordable, inadequate or unsuitable, and they can't afford to move to housing nearby that is affordable, adequate and suitable. Housing is considered "adequate" if it does not require major repairs. Housing is considered "suitable" if it has enough bedrooms for the size and composition of the household, based on the [National Occupancy Standard guidelines](#).

²⁷ This includes housing with rent geared to people's income, as well as social, public, government and non-profit housing, and households with rent supplements or housing allowances.

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.²⁸
- People with disabilities have trouble accessing government services because of where they live and because transportation isn't accessible.

5.2 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.

²⁸ The Advocate's review of homeless encampments in 2024 noted that most emergency and domestic violence shelters in Canada have physical barriers for people with disabilities. They also lack appropriate and accessible spaces for people with mental health, sensory and environmental disabilities. Read the review from 2024: [Advocate's Review of Homeless Encampments](#).

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.

6. 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.²⁹

²⁹ See: Statistics Canada. [Labour force status for persons aged 25 to 64 years with and without a disability, 2017 and 2022](#). See also: Statistics Canada. (August 30, 2023). [Labour market characteristics of persons with and without disabilities in 2022: Results from the Labour Force Survey](#).

6.1 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.³⁰ 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.³¹ 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.³² 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.³³

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 complexities³⁴ of the wage gap.

³⁰ Statistics Canada. [Table 14-10-0417-01. Employee wages by occupation, annual.](#)

³¹ McDiarmid, C. (June 27, 2023). [Earnings Pay Gap among Persons with and without Disabilities, 2019.](#) Statistics Canada.

³² Schimmele, C., Jeon, S.-H., Arim, R. (October 27, 2021). [Work experiences of women with disabilities.](#) Statistics Canada. See also note 31.

³³ Vlachou, A., Kalaitzi, V. (2021). [The triple nexus of gender, disability and employment: who counts depends on who is counted?](#) University of Sheffield.

³⁴ See for example: [The gender wage gap.](#) (2019). Gender and the economy; Fortin, N. (April 21, 2019). Increasing earnings inequality and the gender pay gap in Canada: Prospects for convergence. Canadian Journal of Economics; Bonikowska, A., Drolet, M., and Fortin, N. (March 7, 2019). [Earnings inequality and the gender pay gap in Canada: The role of women's under-representation among top earners.](#) Statistics Canada.; Gupata, N., Singh, P., Balcom, S. A. (25 July 2022). [When pay equity policy is not enough: Persistence of the gender wage gap among health, education, and STEM professionals in Canada, 2006-2016.](#) Canadian Studies in Population.

- Reflect variations in policies and legislation³⁵ 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.

6.2 Employment equity

The CHRC has observed very little progress in the representation of people with disabilities in the federally-regulated workforce. In a recent audit³⁶ 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 Act³⁷ 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

³⁵ For example, non-legislative and legislative measures that address: pay equity, pay transparency, employment equity, labour standards, affordable childcare, affordable post-secondary education and specialized certification programs, and gendered stereotypes.

³⁶ Available on the CHRC's website: [Horizontal Audit in the communications sector: Improving representation for people with disabilities](#).

³⁷ See Employment and Social Development Canada's website: [Consultation on the Employment Equity Act Modernization](#).

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.

6.3 Sheltered workshops

Canada has engaged in the labour exploitation of people with disabilities through “sheltered workshops”.³⁸ 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.³⁹ 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 wage⁴⁰ or vacation pay.⁴¹ 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.

³⁸ For instance, Remembrance Day poppies, which are worn across Canada every November to commemorate Remembrance Day, were produced until 1996 by veterans with disabilities. After 1996, production changed to employ prison laborers through CORCAN, and people with intellectual and developmental disabilities in a sheltered workshop at a rate of \$0.01 per poppy. From: Linton, M. (4 Nov 2021). [A penny a poppy](#). Briarpatch Magazine. There is more information also available in the Toronto Star’s 2015 investigation on sheltered workshops, available here: [Sheltered workshops a blessing for developmentally challenged or slave labour?](#).

³⁹ Inclusion Canada. (June 2011). [Achieving social and economic inclusion: From segregation to ‘employment first’](#).

⁴⁰ In some cases, sheltered workshops may pay people with disabilities as little as \$1.26 per hour, contributing to their continued marginalization and impoverishment. See: Spagnuolo, N, & Earle, K. (4 July 2017). [Updates from the long road to deinstitutionalization](#). Canadian Centre for Policy Alternatives.

⁴¹ Institute for Research and Development in Society. (2021). [Help Wanted: Ending sheltered work in Canada](#).

7. 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.⁴²

According to a 2022 inquiry report on human rights issues affecting students with reading disabilities by the Ontario Human Rights Commission,⁴³ 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 study⁴⁴ 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.

⁴² Statistics Canada. (August 27, 2020). [The impact of the COVID-19 pandemic on Canadian families of children with disabilities](#).

⁴³ Available on the Ontario Human Rights Commission's website: [Right to Read inquiry report](#).

⁴⁴ Commission des droits de la personne et des droits de la jeunesse. (2023). [Le respect des droits des élèves HDAA : un état de lieu](#), Daniel Ducharme et Johanne Magloire, avec la collab. de Me Karina Montminy, (Cat. 2.120-12.61.1).

8. 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.

8.1 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.⁴⁵ 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.⁴⁶ The CHRC encourages Canada to ensure greater coordination and uniformity in accessibility requirements across the country.

⁴⁵ These priority areas are as follows: employment; the built environment; information and communication technologies; communication, other than information and communication technologies; the procurement of goods, services and facilities; the design and delivery of programs and services; transportation; and areas designated under regulations made under paragraph 117(1)(b).

⁴⁶ The following provinces have adopted accessibility legislation: Quebec (2004); Ontario (2005); Manitoba (2013); Nova Scotia (2017); British Columbia (2021); Newfoundland (2021); Saskatchewan (2023); and New Brunswick (2024). These laws vary in their scope and application. For example, the laws in British Columbia, Saskatchewan and Quebec only apply to the public sector, and Quebec's law does not include enforcement measures or provide a framework for developing accessibility standards.

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 reserve⁴⁷ 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.⁴⁸ 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.

⁴⁷ A reserve is land set aside by the Canadian government for use by First Nations peoples. Reserves are managed under the Indian Act. Reserve lands represent a small fraction of the traditional territories First Nations had before European colonization. See: Irwin, R. (May 31, 2011). [Reserves in Canada](#). The Canadian Encyclopedia. According to the 2021 Census of Canada, about 37.5% of Registered Indians live on reserve and 62.5% live off reserve. Overall, 48.0% of Registered Indians live in urban areas. See: Indigenous Services Canada. [An update on the socio-economic gaps between Indigenous Peoples and the non-Indigenous population in Canada: Highlights from the 2021 Census](#).

⁴⁸ See: Assembly of First Nations. (March 2023). [Closing the Infrastructure Gap by 2030: A Collaborative and Comprehensive Cost Estimate Identifying the Infrastructure Investment Needs of First Nations in Canada](#).

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.

8.2 Transportation

Despite recent laws and regulations designed to protect the rights of people with disabilities to accessible transportation in Canada⁴⁹, the CHRC notes that people with disabilities continue to face barriers and discrimination when travelling.⁵⁰ This has been highlighted by recent media reports detailing some of the difficulties that travellers with disabilities continue to face.⁵¹

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,

⁴⁹ For instance: the Accessible Canada Act aims to identify, remove and prevent accessibility barriers in seven priority areas within federal jurisdiction, including transportation (airlines, as well as rail, road and marine transportation providers that cross provincial or international borders). See the Justice Laws Website: [Accessible Canada Act](#). The Accessible Transportation for Persons with Disabilities Regulations, enacted in June 2019, protect the human rights of people with disabilities to an accessible transportation network by providing legally binding requirements across different modes of transportation – air, passenger rail, marine and bus, as well as security and border screening. See the Justice Laws Website: [Accessible Transportation for Persons with Disabilities Regulations \(SOR/2019-244\)](#). The Accessible Transportation Planning and Reporting Regulations, enacted in December 2021, were developed to proactively identify and remove barriers for people with disabilities who use services offered by federally regulated transportation service providers, as well as prevent new barriers from emerging. See: [Accessible Transportation Planning and Reporting Regulations \(SOR/2021-243\)](#).

⁵⁰ The CHRC released a statement on barriers in transportation, (October 2022). See the CHRC's website: [People with disabilities bearing the brunt of travel woes](#).

⁵¹ See: Ghossoub, M. (November 2, 2023). [Air Canada says it violated disability regulations when passenger in wheelchair made to drag himself off plane](#). CBC News. See also: McDonald, J., Dhanraj, T., Cowley, J. (November 1, 2024). [Air Canada promised to become more accessible. But hidden cameras show it's still falling short](#). CBC News.

Infrastructure and Communities,⁵² advocates called for policy, process and operational changes to remove barriers for travellers with disabilities.⁵³

Advocates also called for consistent training across the sector⁵⁴ 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.

9. Access to Health (Articles 17, 25)

9.1 Barriers to health care

People with disabilities experience many barriers to accessing safe, quality and timely health care.⁵⁵ 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),

⁵² The final report of the Committee was published in December 2024, and is available on the Parliament of Canada website: [Towards Accessible Air Transportation in Canada: Report of the Standing Senate Committee on Transport, Infrastructure and Communities](#).

⁵³ Key measures called for include: clear communications about available services; standardized and accessible disability and accommodation forms and the retention of this information; improved wayfinding tools for blind and low-vision people; recognition that mobility devices, such as wheelchairs, white canes, guide dogs and service animals are an extension of their body; improved communication, policies and procedures to protect people with food allergies; establishment of a one-stop disability fast-action helpline; application of the one person-one fare rule to international flights; comprehensive audits of built environments by independent accessibility experts; fully accessible aircraft so that travellers with disabilities can remain in their own wheelchairs and access washrooms.

⁵⁴ For example: training for airline, airport and security personnel, as well as catering companies.

⁵⁵ A recent survey conducted by Unity Health Toronto found that, across Canada, more than one in five people do not have regular access to a primary care doctor or nurse practitioner. In some provinces, as many as one third of people are unable to access a primary care provider. This is more common among people who are low-income, racialized, or generally in poor health. While this is an issue for all, this can be particularly problematic for people with disabilities who may have complex care needs. See: Duong, D., Vogel, L. (April 24, 2023). [National survey highlights worsening primary care access](#). Canadian Medical Association Journal.

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.⁵⁶

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.⁵⁷

Existing barriers and inequalities were exacerbated during the COVID-19 pandemic.⁵⁸ Some people with disabilities were denied access to essential supports, services, and equipment during lockdown measures.⁵⁹ Some provinces adopted “triage protocols” to determine how to prioritize patients if medical facilities and equipment were overstretched.⁶⁰ 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.⁶¹

Mental health issues have significantly increased since the start of the COVID-19 pandemic, exacerbated by anxieties related to increasing economic stressors and

⁵⁶ See: Inclusion Canada, [Position on Access to Healthcare](#), (February 2024).

⁵⁷ The existence of systemic and structural racism and other forms of discrimination in Canada’s health sector is well documented, particularly among Black and Indigenous patients. In September 2020, the case of Joyce Echaquan, a 37-year-old Atikamekw woman who died in a Quebec hospital amid staff who taunted her with racist remarks and insults, gained notoriety across the country and brought attention to the issue nationwide. This has prompted calls from advocates and community members to address the dangers and barriers faced by Indigenous and racialized people in the health sector. See: Ontario Human Rights Commission. (November 1, 2020). [Why it’s dangerous to be disabled and Indigenous in Canada](#). See also: The Canadian Press. (March 13, 2024). [‘Racism at the hospital is still happening’: B.C. First Nation](#).

⁵⁸ For example, see: [Disability Inclusion Analysis of Lessons Learned and Best Practices of the Government of Canada’s Response to the COVID-19 Pandemic](#); [Health impacts of the COVID-19 pandemic among Canadians living with disabilities](#), Canadian Journal of Disability Studies (2023); Abilities Centre, [COVID-19 Disability Survey](#); and Statistics Canada, [Impacts of COVID-19 on persons with disabilities](#).

⁵⁹ For example, see: [Woman with disability dies alone at B.C. hospital amid COVID-19 restrictions](#), CBC News; and [Canadians with disabilities left with few alternatives amid COVID-19 shutdowns](#), CBC News.

⁶⁰ See the open letter from the Ontario Human Rights Commission: [New letter to Minister of Health on critical care triage protocol](#); and from ARCH Disability Law Centre: [Open letter: Ontario’s COVID-19 Triage Protocol](#).

⁶¹ See: ARCH Disability Law Centre’s [Recommendations to the Canadian Government from Disability Related Organizations in Canada](#) (2020).

housing and food insecurity.⁶² 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.⁶³ 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.⁶⁴

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.

9.2 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.⁶⁵ Other groups disproportionately affected include Black and racialized women, people with disabilities, intersex children and institutionalized people.⁶⁶

The CHRC remains concerned by reports that the practice of forced or coerced sterilization continues to this day. Survivors of coerced sterilization suffer from

⁶² Canadian Institute for Health Information, [Canadians report increasing need for mental health care alongside barriers to access](#), (21 March 2024).

⁶³ Centre for Addiction and Mental Health, [Mental Illness and Addiction: Facts and Statistics](#).

⁶⁴ Canadian Mental Health Association, [The State of Mental Health in Canada 2024](#), (November 2024).

⁶⁵ See: [Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#), (June 2019). See Volume 1a, Chapter 6: Confronting Oppression – Right to Health, for the health-related aspects of the report.

⁶⁶ See: Report of the Standing Senate Committee on Human Rights. (July 2022). [The Scars that We Carry: Forced and Coerced Sterilization of Persons in Canada – Part II](#).

associated ailments and may avoid preventive healthcare services due to profound mistrust of the healthcare system and its authorities.⁶⁷

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.⁶⁸

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 2023⁶⁹ 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.

⁶⁷ Boyer, Y., & Bartlett, J., Saskatoon Regional Health Authority. (July 11, 2017). [External Review: Tubal Ligation in the Saskatoon Health Region: The Lived Experience of Aboriginal Women, 2017](#). See also note 66.

⁶⁸ *supra* note 66.

⁶⁹ See: Trans PULSE Canada. (December 2023). [Health and Well-Being Among Disabled Trans and Non-Binary People](#).

10. 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.⁷⁰ 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.⁷¹

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.⁷² Continuous exposure to industry-generated pollutants can lead to negative health impacts and, in some instances, life-threatening illnesses.⁷³

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.⁷⁴ For instance, even decades after contamination, mercury poisoning is still affecting the Grassy Narrows

⁷⁰ See: [The Rights of Persons with Disabilities in the Context of the UN Framework Convention on Climate Change](#). (December 2019). Center for International Environmental Law (CIEL), Council of Canadians with Disabilities (CCD), and Inclusiva.

⁷¹ See: Human Rights Watch. (October 2021). [Canada: Disastrous Impact of Extreme Heat](#).

⁷² Waldron, I. R.G. (2016). [Experiences of Environmental Health Inequities in African Nova Scotian Communities](#).

⁷³ National Collaborating Centre for Determinants of Health. (2017). [Learning from Practice: Advocacy for health equity - Environmental racism](#). Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

⁷⁴ *supra* note 72. For example, see Lincolntonville, a small African Nova Scotian rural community, with first and second-generation landfills. This community represents one of the more serious cases of environmental racism in Nova Scotia. Also, as part of the Commission's Fast Talk on Environmental Racism in Canada (April 2024), experts shared accounts of their fight for clean water in a historically Black community that relies on dug wells and whose water supply is contaminated as a result of environmental racism. Safe drinking water pipelines connecting to nearby communities bypass the Black community completely. Experts reported that communities are left without infrastructure for clean water, sewer systems, sustainable housing, and accessible roads to get in and out of their community, which compounds the disparities experienced from environmental racism. Moreover, several participants shared stories of high rates of chronic illness, such as cancer and respiratory illnesses, in impacted communities. See the CHRC's website: [Fast Talk on environmental racism in Canada](#).

First Nation.⁷⁵ The CHRC welcomes recent legislative efforts to direct attention to and address environmental racism and encourages the continuation of this work.⁷⁶

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.⁷⁷

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.

11. 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.⁷⁸

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.⁷⁹ The CHRC notes that, since Canada ratified the CRPD, access to and recognition of supported decision-making regimes remains uneven across the country.⁸⁰ As a result, many people with disabilities, in particular

⁷⁵ Kabatay, J. (17 March 2022). [New study adds to body of proof connecting mercury poisoning to health issues in Grassy Narrows](#). CBC News.

⁷⁶ See for example the recently passed [Act respecting the development of a national strategy to assess, prevent and address environmental racism and to advance environmental justice](#), which received royal assent in June 2024.

⁷⁷ See: Jodoin, S., Bowie-Edwards, A., Ananthamoorthy, N., Paquet, R., (November 2022). [Disability Rights in Canadian Climate Policies: Status Report](#).

⁷⁸ See the UN website: [Convention on the Rights of Persons with Disabilities](#).

⁷⁹ See: Inclusion Canada. [Legal Capacity](#).

⁸⁰ Substitute decision-making regimes, such as guardianship, continue to be used across the country. For example, see the province of Ontario's [policy on guardianship](#). Recent positive developments in the implementation of article 12 include Quebec's recognition of supported decision-making in 2020 through the introduction of a regime called "assistance measures", and New Brunswick's adoption of the Supported Decision-Making and Representation Act in 2022. See the Government of Quebec's website: [Assistance Measure](#); and Inclusion New Brunswick's website: [The Supported Decision-Making and Representation Act](#).

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.⁸¹ 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.⁸²

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.

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

12.1 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 system⁸³; 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

⁸¹ See: Ontario Human Rights Commission. [Consent and capacity](#)..

⁸² For a more fulsome discussion of this issue, see Inclusion Canada's [Revised Legal Capacity Position Statement](#).

⁸³ For over 150 years, residential schools operated in Canada. More than 150,000 children attended these schools. Many never returned. Often underfunded and overcrowded, these schools were used as a tool of assimilation by the Canadian state and churches. Thousands of students suffered physical and sexual abuse. All suffered from loneliness and a longing to be home with their families. The damages inflicted by these schools continue to this day. See: National Centre for Truth and Reconciliation. [Our Mandate](#).

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.⁸⁴

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.⁸⁵ 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.”⁸⁶

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

⁸⁴ See: John Howard Society of Ontario. (2021). [Broken Record: The Continued Criminalization of Mental Health Issues](#).

⁸⁵ See: [OCI Annual Report 2017-2018](#) (p. 87). See also: [OCI Annual Report 2016-2017](#) (p. 62).

⁸⁶ See: [OCI Annual Report 2020-2021](#) (p. 42).

force incidents reported between October 2016 and February 2018 involved at least one person with documented mental health issues.⁸⁷ 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.⁸⁸

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 report⁸⁹ 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.⁹⁰ The CHRC continues to monitor CSC’s progress in addressing the opioid crisis in federal

⁸⁷ supra 85, [3. Conditions of confinement](#).

⁸⁸ supra 86, [Investigation into Uses of Force Involving Federally Incarcerated Black, Indigenous, Peoples of Colour \(BIPOC\) and Other Vulnerable Populations](#).

⁸⁹ See the CHRC’s website: [Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody](#).

⁹⁰ See the CHRC’s website: [Improved health services for people with opioid use disorder in federal Institutions](#).

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.⁹¹ 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.⁹² 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.”⁹³

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.

12.2 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-19.⁹⁴

⁹¹ See: Structured Intervention Unit Implementation Advisory Panel, [2022/23 Annual Report](#), July 2024.

⁹² While the amended legislation does provide for some external review through Independent External Decision Makers, their involvement in a case is only triggered after a person has been confined in a SIU for 90 consecutive days. See Public Safety Canada’s website: [Independent External Decision-Makers](#).

⁹³ *supra* note 91.

⁹⁴ For example, the effects of the first and second waves of COVID-19 before priority access to vaccines was implemented in long-term care and retirement facilities were described by the Canadian Institute of Health Information as “devastating”. See the Canadian Institute for Health Information: [COVID-19’s impact on long-term care](#). For first-hand accounts of survivors of institutions, see: Megan Linton, [Invisible Institutions Podcast](#) (2022); Inclusion Canada et al, [Truths of Institutionalization: Past and Present](#) (2021); Survivors of the Huronia Regional Centre, [Remember Every Name](#); L’Arche Toronto, [Listen to My Story](#) (2018); [National Task Force on Deinstitutionalization](#); and [Eugenics Archives](#).

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.⁹⁵ 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.⁹⁶

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.⁹⁷ 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.⁹⁸ 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.⁹⁹ 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.

⁹⁵ See: [Disability Rights Coalition v. Nova Scotia \(Attorney General\), 2021 NSCA 70](#) (CanLII).

⁹⁶ See this report from the Nova Scotia Human Rights Commission: [Monitoring Report 2023-24: Getting on Track](#).

⁹⁷ The CHRC tried to obtain data on people living in institutions for its Monitoring Framework on the Right to Adequate Housing for People with Disabilities, but this data is not currently collected through national surveys. See section 5 of this report for more information about the CHRC's Framework.

⁹⁸ These numbers are head counts of residents in these institutions on the day of the Census.

⁹⁹ For example, see: [B.C. to expand involuntary care for those with addiction issues](#), CBC News, (September 15, 2024).

12.3 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.¹⁰⁰ 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.

13. 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,¹⁰¹ 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.¹⁰²

13.1 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.¹⁰³

¹⁰⁰ For a more fulsome understanding of the CHRC's call to ratify the OPCAT, see our [joint open letter with the Office of the Correctional Investigator](#), (November 1, 2023).

¹⁰¹ Hahmann, T. (December 12, 2019). [Indigenous people with disabilities in Canada: First Nations people living off reserve, Métis and Inuit aged 15 years and older](#). Statistics Canada.

¹⁰² See: [No Such Word as Disability](#), Destigmatizing Disability: Native Women's Association of Canada Magazine, Issue 25, (May 2024). Native Women's Association of Canada.

¹⁰³ For example, Indigenous people seeking health care services off reserve frequently report experiencing racism, which can lead to negative and even life-threatening or fatal outcomes. In their response to the report of the Truth and Reconciliation Commission of Canada, the Canadian

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.¹⁰⁴ 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.¹⁰⁵

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.¹⁰⁶

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.¹⁰⁷

The chronic underfunding of essential services and the many health disparities facing Indigenous communities can be attributed to the legacy of colonialism and the

Psychological Association and the Psychology Foundation of Canada noted that psychologists are more likely to misdiagnose Indigenous clients. Access to services is often contingent upon diagnosis in Western settings, forcing Indigenous patients to choose between accessing services, and seeking culturally relevant and community-provided care. See the report of the Canadian Psychological Association: [Psychology's Response to the Truth and Reconciliation Commission of Canada's Report](#).

¹⁰⁴ See all Canadian Human Rights Tribunal rulings related to this complaint: <https://fncaringsociety.com/i-am-witness/chrt-orders>.

¹⁰⁵ The Canadian Press (November 22, 2024). Canada ordered to address Jordan's Principle backlog, find new solutions. Toronto Star. https://www.thestar.com/politics/federal/canada-ordered-to-address-jordans-principle-backlog-find-new-solutions/article_cb61497b-f334-5177-9936-25678284a774.html#:~:text=%E2%80%9CThere%20is%20a%20backlog%20of,10.

¹⁰⁶ This was reported on in 2019 by the Special Rapporteur on the Rights of Persons with Disabilities. See: UNGA. (December 19, 2019). [Report of the Special Rapporteur on the Rights of Persons with Disabilities](#), 43rd Sess, Item 3, UN Doc A/HRC/43/41/Add.2.

¹⁰⁷ The Canadian Human Rights Tribunal has issued preliminary rulings on a complaint alleging that Canada is failing to meet the standard of substantive equality with respect to First Nations education in Ontario: MCFN v. AGC, [2021 CHRT 31](#); Mississaugas of the Credit First Nation v. Attorney General of Canada, [2021 CHRT 37](#).

intergenerational effects of trauma and genocide.¹⁰⁸ According to the Final Report of the National Inquiry on Missing and Murdered Indigenous Women and Girls¹⁰⁹ (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.

13.2 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.¹¹⁰ Over the past three decades, these figures have remained largely unchanged, with Indigenous youth continuing to be at high risk of

¹⁰⁸ See: [Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#). (June 2019). See Volume 1a, Chapter 6: Confronting Oppression – Right to Health, for the health-related aspects of the report.

¹⁰⁹ *supra* note 108.

¹¹⁰ Royal Commission on Aboriginal Peoples, [Choosing Life: Special Report on Suicide Among Aboriginal People](#), 1995.

suicide.¹¹¹ Inuit communities are particularly at risk, and experience a rate of suicide approximately nine times higher than the non-Indigenous rate.¹¹²

The reasons for these disproportionately high rates are many and multi-faceted.¹¹³ 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.

13.3 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-Spirit¹¹⁴ 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

¹¹¹ See: Canadian Mental Health Association, [The State of Mental Health in Canada 2024](#). See also: Anderson, T., [Chapter 4: Indigenous Youth in Canada](#), (December 2021), Statistics Canada.

¹¹² See: Kumar, M., Tjepkema, M., [Suicide among First Nations people, Métis and Inuit \(2011-2016\): Findings from the 2011 Canadian Census Health and Environment Cohort](#) (CanCHEC), Statistics Canada, (28 June 2019).

¹¹³ Socioeconomic factors, including household income, labour force status, level of education, marital status and geographic factors such as living on or off reserve (First Nations people) and community size (Inuit) accounted for a notable proportion of the disparity in risk of death by suicide among First Nations people (78%), Métis (37%) and Inuit (40%) adults, 25 years or older. However, due to limitations of the data, the role of other previously-identified factors such as historical and intergenerational trauma, community distress, cultural continuity, family strength and mental wellness were not explored here. See: Kumar, M., Tjepkema, M. (June 28, 2019). [Suicide among First Nations people, Métis and Inuit \(2011-2016\): Findings from the 2011 Canadian Census Health and Environment Cohort \(CanCHEC\)](#). Statistics Canada.

¹¹⁴ As explained in a report by the Native Women's Association of Canada: "Two-Spirit is a term that incorporates Indigenous views of gender and sexual diversity and encompasses sexual, gender, cultural and spiritual identity. The term was coined in 1990 by Myra Laramée at a gathering of Native American and Indigenous LGBTQQIA+ people in Manitoba. The term is a translation of the Anishinaabemowin term *niizh manidoowag*, "two spirits." It may be used among some Indigenous communities/peoples, rather than, or in addition to identifying as LGBTQQIA+, although not all sexual and gender diverse Indigenous people consider themselves to be Two-Spirit. Though suppressed through the process of colonization, a Two-Spirit person may have specific roles containing cultural knowledge and governance structures. These roles may vary and are specific to each individual community. Due to cultural and spiritual context, the term Two-Spirit should only be used for Indigenous people." See: Native Women's Association of Canada. (2024). [Final Report: Adequate housing for Indigenous Two-Spirit, transgender, non-binary, and gender-diverse people](#).

communities to an urban centre, increasing their vulnerability to violence and abuse.¹¹⁵ 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.¹¹⁶

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.¹¹⁷ The CHRC fully supports the creation of specific human rights mechanisms for Indigenous peoples in Canada.¹¹⁸

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.

14. Women with Disabilities (Article 6)

The prevalence of disability in Canada is higher for women compared to men (30% versus 24%).¹¹⁹ 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.¹²⁰ For

¹¹⁵ From the [Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#). The section on urban migration can be found in Volume 1a, p. 446.

¹¹⁶ *supra* note 109.

¹¹⁷ This action was taken in response to Call for Justice 1.7 in the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. See the final report of the Ministerial Special Representative here: [Call for Justice 1.7 Final Report](#).

¹¹⁸ See the CHRC's website: [Independent Indigenous human rights system is overdue](#). See also: Standing Senate Committee on Indigenous Peoples. (December 2024). [Respected and Protected: Towards the establishment of an Indigenous human rights framework](#).

¹¹⁹ Statistics Canada. (December 1, 2023). [Canadian Survey on Disability](#).

¹²⁰ *supra* note 7.

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.¹²¹

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.

15. Other Issues

15.1 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 disability¹²² 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.¹²³ Older people with disabilities face disproportionate financial burdens, and those reporting financial need are at heightened risk of experiencing abuse, violence, and/or mistreatment.¹²⁴ They are also more likely to experience social isolation and loneliness, resulting in poor physical and mental health outcomes.¹²⁵ This is particularly likely among single adults, women, immigrants, and those living in rural areas,¹²⁶ and is contributed to in part by a lack of effective and

¹²¹ Factors contributing to violence include: poverty; lack of access to sexual health education and resources; lack of access to justice; lack of support in exercising independence and autonomy; and systemic ableism in the justice and health care systems. See: Savage, L. (April 26, 2021). [Intimate partner violence: Experiences of women with disabilities in Canada, 2018](#). See also: DisAbleD Women's Network of Canada. (May 11, 2023). [Parliamentary Brief on Human Trafficking](#).

¹²² See: Statistics Canada. (2023). [Canadian Survey on Disability, 2017 to 2022](#).

¹²³ See: Statistics Canada. (2019). [Canadian Income Survey, 2017](#).

¹²⁴ See: Burnes, D. et al. (2022). [Elder abuse prevalence and risk factors: findings from the Canadian Longitudinal Study on Aging](#).

¹²⁵ National Institute on Ageing. (December 2023). [Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness among Older Canadians](#).

¹²⁶ Statistics Canada. (November 2023). [A look at loneliness among seniors](#).

accessible social inclusion programs as well as a lack of comprehensive data on the efficacy and uptake of these programs.¹²⁷

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.¹²⁸ 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.

15.2 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.¹²⁹ 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.¹³⁰

A host of new assessment tools, guidelines, voluntary codes of conduct, directives and proposed legislation are being developed to address limited regulation surrounding

¹²⁷ National Institute on Ageing. (December 2023). [Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness among Older Canadians](#).

¹²⁸ See: Open-Ended Working Group on Ageing. [Report of the Open-Ended Working Group on Ageing on its fourteenth session](#). A/AC.278/2024/2, Fourteenth Session, Agenda Item Eight, Supplement Number.

¹²⁹ Available on the Special Rapporteur on the Rights of Persons with Disabilities' website: [Artificial intelligence and the rights of persons with disabilities](#)

¹³⁰ *ibid.*

emerging technologies in the tech industry.¹³¹ 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.

16. 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.¹³² The CHRC believes strongly that, in order to effectively implement the recommendations made to Canada during this and

¹³¹ See Law Commission of Ontario's [Human Rights AI Impact Assessment](#); Government of Canada's [Algorithmic Impact Assessment tool](#); Accessibility Standards Canada's [Accessible and Equitable Artificial Intelligence Systems - Technical Guide](#); Government of Canada's [Directive on Automated Decision-Making](#); Innovation, Science and Economic Development Canada's [Voluntary Code of Conduct on the Responsible Development and Management of Advanced Generative AI Systems](#); and, Innovation, Science and Economic Development Canada, (November 12, 2024), [News Release: Canada launches Canadian Artificial Intelligence Safety Institute](#).

¹³² supra note 2.

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.

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