



Convention on the Rights of Persons with Disabilities

Distr.: General
4 April 2025

Original: English

Committee on the Rights of Persons with Disabilities Thirty-second session

Summary record of the 769th meeting

Held at the Palais des Nations, Geneva, on Tuesday, 11 March 2025, at 10 a.m.

Chair: Ms. Kim Mi Yeon

Contents

Consideration of reports submitted by Parties to the Convention under article 35
(*continued*)

Combined second and third periodic reports of Canada (continued)

This record is subject to correction. Corrections should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent within one week of the date of the present record to the Documents Management Section (DMS-DCM@un.org).

Any corrected records of the public meetings of the Committee at this session will be reissued for technical reasons after the end of the session.



The meeting was called to order at 10 a.m.

Consideration of reports submitted by Parties to the Convention under article 35

(continued)

Combined second and third periodic reports of Canada (continued)
([CRPD/C/CAN/2-3](#); [CRPD/C/CAN/QPR/2-3](#))

1. *At the invitation of the Chair, the delegation of Canada joined the meeting.*

Articles 10–20

2. **Mr. Schefer** (Country Task Force), speaking on behalf of Ms. Kayess, the Coordinator of the Country Task Force, said that governments across Canada continued to authorize the involuntary detention and treatment of persons with psychosocial disabilities and persons with substance abuse problems. The situation in British Columbia was particularly alarming. Involuntary detention and treatment were reportedly increasing, as was the use of drug treatment courts, and release from detention and access to services had been made conditional on acceptance of treatment. Were there any measures undertaken to review and repeal laws authorizing involuntary detention and treatment? Were any mechanisms available for the oversight of such practices, or were steps envisaged to decrease their use?

3. **A representative of Canada** said that the delegation wished to clarify some questions posed at the previous meeting ([CRPD/C/SR.768](#)). Regarding safeguards applicable to procedures for medical assistance in dying (MAiD), to be authorized to receive medical assistance in dying, a patient must be informed of alternative means to alleviate suffering and must be offered consultations with relevant professionals providing services and care. Two practitioners must be satisfied that the applicant had given serious consideration to the request.

4. **A representative of Canada** said that a number of federal programmes addressed the problem of human trafficking of Indigenous women, including the Federal Victims Strategy, and that the federal Government had engaged with Indigenous communities to address the disproportionate effects of human trafficking on First Nations persons living with disabilities. Federal funding was aimed at increasing the capacity of existing services.

5. A section of the United Nations Declaration on the Rights of Indigenous Peoples Act, which had come into force in 2021, required that the Government prepare an action plan in consultation and cooperation with Indigenous Peoples within two years. The action plan had been released in 2023 and contained some 180 measures drawn up with various partners, including persons with disabilities. A number of those measures directly addressed the situation of Indigenous women with disabilities, in an approach consistent with the principle of “nothing about us without us”. The Canadian Government would continue to consult with provincial and territorial authorities, rights holders and Indigenous Peoples’ organizations on the ending of forced sterilization of women and girls and of two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional people who identified as part of sexual and gender diverse communities. It would push for ending such practices through legal amendments, public education and training on the United Nations Declaration on the Rights of Indigenous Peoples, including on the rights of women with disabilities.

6. One of the policy measures in the action plan was aimed at addressing socioeconomic gaps in interdepartmental and intergovernmental relations, in full partnership with Métis, non-status Indian and urban Indigenous Peoples, in line with the Supreme Court’s ruling in the case of *Daniels v. Canada (Indian Affairs and Northern Development)*. The Government was committed to working towards reconciliation with all Indigenous Peoples. The perspectives of the Congress of Aboriginal Peoples and other Indigenous groups were considered essential to developing a path forward in line with the Daniels decision.

7. **A representative of Canada** said that the number of opioid poisoning treatment and overdose fatalities had decreased by around 12 per cent in 2024 in comparison with 2023. In 2024 the Government had provided some 150 million Canadian dollars (Can\$) for three years to finance an emergency treatment fund for municipalities and Indigenous communities responding to the substance abuse and overdose crisis. The Government’s Substance Use and

Addictions Program had provided funding to government authorities and to Indigenous and non-profit organizations for a range of projects for care, harm reduction and recovery.

8. **A representative of Canada** said that Saskatchewan had a public drug-alert system that addressed situations where numerous overdoses took place in localized areas, thus informing users of potentially contaminated batches. Take-home naloxone kits were distributed at nearly 300 locations in the province, to help reduce overdose fatalities. The provincial government was considering additional steps to combat opioid trafficking, including stiffening penalties.

9. **A representative of Canada** said that mental health care was aimed at providing support in the least restrictive way possible. Every jurisdiction had legal safeguards in place, and people who were admitted involuntarily for treatment had the right to be informed about their situation, to have access to legal counsel and to challenge their detention before independent review boards. Involuntary detention was used only when it was an absolute necessity. A number of independent bodies ensured oversight and accountability at the provincial level, for example by providing rights advisers for patients.

10. **A representative of Canada** said that civilian mental health laws that authorized involuntary treatment were different from criminal law programmes. The latter provided support and treatment for persons with substance abuse disorders who were facing criminal charges.

11. **Mr. Schefer** said that, under the country's Immigration and Refugee Protection Act, designated representatives were appointed to support migrants and refugees with disabilities, but that there were reportedly systemic flaws within that framework. Proper assessments were sometimes not carried out for the appointment of the representatives, who lacked a clear scope of action and sometimes did not receive adequate training. How was due process ensured by such a system? How did it ensure respect for the right of persons with disabilities to exercise their legal capacity?

12. The Committee was concerned about reports that refugees and asylum-seekers with disabilities were placed in immigration detention, sometimes even in correctional facilities. Persons with psychosocial disabilities had been detained at correctional facilities on the premise that they required specialized care, and had even been placed in solitary confinement. What measures was the Government taking to end detention, including at correctional facilities, and to improve mental health services in alternative and community-based settings?

13. **A representative of Canada** said that the question about designated representatives would be answered in writing. The immigration detention programme included fundamental procedural safeguards of detainee rights, as guaranteed by the Canadian Charter of Rights and Freedoms. Detention was to be considered only as a last resort, for example if the person in question presented a danger or a flight risk. When it was required, government guidelines emphasized that detention should be maintained for the shortest time possible. Canada did not detain asylum-seekers or migrants simply because they filed applications for refugee status. The majority of individuals were released through the Alternatives to Detention Program. When a person was detained, the detention was regularly reviewed by the Immigration and Refugee Board, which was a quasi-judicial body that could order release. Detained persons had access to medical care.

14. The Government had worked with the provincial governments to house high-risk individuals at provincial correctional facilities. However, in recent years the provincial authorities had terminated the detention agreements, and Ontario was currently the only province housing such detainees. The federal authorities were refurbishing facilities in Ontario and Quebec in order to accommodate them in the future.

15. **Mr. Schefer** said that the Committee was deeply concerned about the ongoing practice of forced or coerced sterilization of persons with disabilities, including Indigenous, black and racialized girls and women, and people in institutions. Had the State Party taken any measures to implement the recommendations of the Standing Senate Committee on Human Rights to end forced or coerced sterilization and ensure redress and support for survivors?

16. **A representative of Canada** said that the laws allowing for forced or coerced sterilization had been repealed in 1973. Informed consent must be provided for all forms of medical intervention. The Criminal Code prohibited all coerced surgery, including coerced sterilization, as an aggravated form of assault, carrying a maximum penalty of 14 years of imprisonment. The Government had taken a number of measures to stop such practices and had funded Indigenous women's organizations to support their work in raising awareness and in combating forced or coerced sterilization.

17. **Mr. Schefer** said that a section of the Immigration and Refugee Protection Act contained an "excessive demand" requirement, which precluded persons with disabilities, including persons with Down syndrome and persons living with HIV, from obtaining permanent or temporary residency status. The parliamentary Standing Committee on Citizenship and Immigration had recommended the repeal of that section in 2017. Had any measures been taken to repeal it?

18. **A representative of Canada** said the health admissibility provisions for immigration applicants were designed to account for the impact of immigration on the publicly funded health and social services systems. Foreign nationals were inadmissible if they had a health situation that could reasonably be expected to cause an excessive demand on health or social services, including anticipated impact on costs and waiting lists for health services, or an adverse effect on the ability to provide services for Canadian citizens.

19. In 2018 the Government had tripled the threshold used to determine whether foreign nationals could cause an excessive demand. Inadmissibility findings were rare, at 0.05 per cent for applicants for permanent residence and 0.02 per cent for applicants for temporary residence. Certain persons were exempt from the provision, such as convention refugees, protected persons and dependent children.

20. **Mr. Schefer** said that, on that question, it would perhaps be helpful for the State Party to refer to the Committee's Views in the case of *Grainne Sherlock v. Australia* (CRPD/C/24/D/20/2014).

21. He would like to know if there was a national deinstitutionalization policy to ensure that persons with disabilities did not have to live in nursing homes, group homes, lifelong care facilities and other institutions. How did the State Party address the need for community-based support without long waiting lists and copayments, and what steps were taken to ensure that Indigenous communities were adequately resourced, so that Indigenous persons with disabilities did not have to leave their communities or families to obtain housing and support?

22. **A representative of Canada** said that the Government had adopted a national housing strategy that would inject about Can\$ 150 billion over 10 years to provide affordable units, with priority given to persons with disabilities and other vulnerable groups, and to cut homelessness in half. The strategy included a component that encouraged the establishment of green and inclusive communities, for example by supporting renovations that would result in greater accessibility.

23. **Ms. Gamio Ríos** said that she was concerned about the high proportion of persons with disabilities who were among the individuals who received medical assistance in dying. The delegation might wish to comment on reports that the families of the deceased were often advised only after the fact, and that deaths sometimes occurred in irregular conditions and without any investigation of the circumstances. She would like to find out if the State Party had taken any measures to prevent the funding or supply of weapons that could be used against the population in Gaza. Noting reports of continuing violations of the rights of persons in psychiatric hospitals, she would be interested to learn if there were mechanisms in place to monitor conditions and prevent torture and ill-treatment at such institutions. She would like to know the status of bill S-250 on sterilization procedures, which would amend the Criminal Code.

24. **Mr. Al-Azzeh** said that the Criminal Code included an article that established the criteria for medical assistance in dying and referred to a "grievous and irremediable medical condition". It set out conditions that included a reference to "serious and incurable illness, disease or disability". Disability was thus considered a stand-alone criterion for eligibility.

He would like to hear about the philosophy behind such an approach. The same article stipulated that mental illness could not be considered an illness, disease or disability. Under that definition, would a deafblind person who suffered from psychological pain meet the criteria to apply for medical assistance in dying?

25. **A representative of Canada** said that Canada had one of the most stringent arms export control systems in the world. The Government had suspended new permits for the delivery of military items to Israel to allow for a review to determine whether such weapons could be used in a manner inconsistent with the country's foreign policy objectives.

26. **A representative of Canada** said that involuntary mental health patients were able to seek recourse through multiple channels. Different jurisdictions had different oversight mechanisms. In British Columbia, for example, patients could lodge complaints and appeals with patient relations offices in hospitals, the Provincial Health Services Authority, the Mental Health Review Board, the Office of the Ombudsperson, the British Columbia Human Rights Tribunal, the College of Physicians and Surgeons of British Columbia and other organizations.

27. **A representative of Canada** said that bill S-250 had passed through the reading stage in the Senate, but that Parliament had subsequently been prorogued in January 2025, and it would thus be necessary to reinitiate the adoption process from the beginning. The bill would have characterized forced or coerced sterilization as a form of aggravated assault. The Criminal Code already prohibited all coerced surgery, including sterilization, as a form of aggravated assault.

28. To qualify for medical assistance in dying, individuals must have decision-making capacity and be over the age of 18. They must be eligible for publicly funded healthcare services, must make a voluntary request that was not the result of external pressure, and must give informed consent to receive the assistance. Persons requesting such assistance must have a grievous and irremediable medical condition and could meet such criteria only if they had an incurable illness, disease or disability, were in an advanced state of irreversible decline in capability and were experiencing enduring and intolerable physical or psychological suffering that could not be alleviated under conditions that the person himself or herself considered acceptable.

29. As mental illnesses were not currently considered to be qualifying illnesses, diseases or disabilities for such assistance, anyone whose sole underlying medical condition or reason for seeking such assistance was mental illness was currently not eligible. However, there were plans to lift that exclusion in March 2027. An expert panel on medical assistance in dying and mental illness had been established with a broad range of specialists and had been tasked with making recommendations on protocols, guidance and safeguards for lifting that exclusion. The panel had issued its report in 2022 and had determined that medical assistance in dying could be provided to persons with mental illnesses under the current framework. Parliament was scheduled to conduct, before March 2027, a comprehensive review of eligibility for medical assistance in dying in that connection. The review could result in additional safeguards.

30. Consent must be assessed by two independent healthcare practitioners. Specific training for practitioners had been developed by the Canadian Association of MAiD Assessors and Providers on complex capacity assessments related to medical assistance in dying.

31. Individuals with intellectual disabilities could be eligible for medical assistance in dying, but only if they met all the eligibility criteria. The existence of intellectual disability alone would not make a person eligible. There were currently no plans to extend the provision of medical assistance in dying to minors. As was the case for all bills, a gender-based analysis had been conducted for the draft law that would extend the eligibility of medical assistance in dying. A summary of the findings had been presented to the relevant standing committee of the Senate and was available online.

32. **Mr. Tamon** said that he wished to know what progress had been made in the use of sign language interpretation and other accessible modes of communication in the justice system.

33. **Ms. Gabrilli** said that she would like to learn more about measures taken to support persons with disabilities so they did not see medical assistance in dying as the only viable option. It would also be interesting to know how involuntary sterilization and assistance in dying were monitored, given the discrepancies between the information provided by the delegation and information received from civil society organizations.

34. **Mr. Schefer** said that he wondered how the State Party ensured that arms or weapons components exported to the United States of America were not re-exported in violation of the Arms Trade Treaty and even the Convention on the Prevention and Punishment of the Crime of Genocide.

35. He wished to know whether any action had been taken to prevent conditions akin to solitary confinement in Structured Intervention Units, which had long been denounced by the Structured Intervention Unit Implementation Advisory Panel and the Correctional Investigator.

36. **Mr. Corporán Lorenzo** said that he would welcome information about measures taken to foster peer support and independent living for persons with disabilities, including specific programmes for persons with motor disabilities.

37. **Ms. Gamio Ríos** said that she wished to know whether any training was provided to the police to prevent the detention of persons with intellectual disabilities and/or psychosocial disabilities.

38. **A representative of Canada** said that an American Sign Language version of the Convention had been published in 2018. The Accessible Canada Act recognized American Sign Language as the primary language of communication for deaf persons, and courts and other federal entities were required by law to provide accessible services, including by removing communication barriers. In order to address the current shortage of sign language professionals, awareness-raising was carried out to promote sign language interpretation as a career path.

39. **A representative of Canada** said that, under the Canadian Charter of Rights and Freedoms, any party or witness in criminal, civil or administrative proceedings who was deaf had the right to sign language interpretation.

40. In order to prevent solitary confinement in Structured Intervention Units, inmates were entitled to spend a minimum of four hours a day outside their cell and to interact with others, including legal counsel, advocacy groups or programme officers, for at least two hours a day. They were assigned a parole officer who supported them in addressing the factors that had led to their transfer, with a view to facilitating their reintegration into the mainstream prison population. They received daily visits from a registered healthcare professional, had full access to essential and reasonable access to non-essential health services, and access to their belongings, cultural items and writing material. Structured Intervention Unit inmates were entitled to have their placement reviewed and could reach out to the Office of the Correctional Investigator, citizen advisory committees, the Canadian Association of Elizabeth Fry Societies and the John Howard Society of Canada for support.

41. **A representative of Canada** said that goods transiting through the United States of America to a third country were subject to Canadian export permits prior to departure. The Canadian export controls regime was fully compliant with the Arms Trade Treaty and international humanitarian and human rights law.

42. **A representative of Canada** said that under the national homelessness strategy, First Nations communities received direct financial support to enable flexible responses to local needs, including those of homeless persons with disabilities. The First Nations On-Reserve Housing Program provided funding to help communities address self-determined housing priorities, including accessibility. The income-based On-Reserve Residential Rehabilitation Assistance Program funded the retrofitting of homes to ensure adequate accessibility for persons with disabilities. The Assisted Living Program provided for the delivery of non-medical services, and the First Nations and Inuit home and community care programme facilitated access to individualized care plans, respite and adult day programmes to support families and carers. Currently, the Government was working with First Nations and Inuit communities, rights holders and partner organizations to develop a more holistic long-term

care framework, which was scheduled to be finalized in the coming months. Income support for Indigenous persons with disabilities on reserve had been increased to cover not only essential cost of living, but also disability-related expenses.

The meeting was suspended at 11 a.m. and resumed at 11.10 a.m.

Articles 21–30

43. **Mr. Morris** (Country Task Force) said that he wished to obtain data on the number of persons with disabilities benefiting from the Government's video relay service, the percentage of government agencies complying with the new policy on communications and federal identity, and the percentage of Canadian broadcasters implementing the closed-captioning policy.

44. He wondered whether the legal requirement for public sector entities in Ontario to provide accessible formats or communications supports for persons with disabilities upon request only applied to large organizations.

45. **A representative of Canada** said that, while she was unable to supply information on the number of persons using the free video relay service, data on accessibility policy compliance rates could be provided in writing.

46. Accessibility Standards Canada requirements for information and communication technology products and services were identical to the original standard from the European Committee for Standardization. Relevant regulations were projected to be finalized by the end of 2025 and would apply to all regulated public and private sector entities. The Canadian Transportation Agency and the Canadian Radio-television and Telecommunications Commission were already implementing accessibility regulations.

47. **Mr. Morris** said that he would welcome statistical data on the number of persons with disabilities who had adopted children, and the number of students with disabilities currently enrolled in education at all levels. It would also be useful to obtain detailed information on the State Party's inclusive education measures, in particular those concerning children with high support needs and Indigenous children with disabilities, and on the use of assistive technology in educational institutions.

48. **A representative of Canada** said that the Canadian Charter of Rights and Freedoms and provincial and territorial human rights codes guaranteed students with disabilities equal educational opportunities. Schools were required to accommodate students with disabilities, unless doing so would cause undue hardship. The Supreme Court of Canada had upheld the right to special education in a landmark decision in 2012.

49. **A representative of Canada** said that adaptation measures and reasonable accommodation for students with disabilities in Quebec were funded by the government. Students with disabilities had access to pedagogical counsellors, special education teachers, special education teaching assistants and other support services. While preference was given to inclusive education, special education formats were also available. Since 2019, 868 special education classes had been added. Schools received funding to purchase and maintain furniture, equipment, tools, assistive technology and accessible materials for students between the ages of 4 and 21. Government funding was also provided to before- and afterschool care facilities for the recruitment of additional staff, training and accessible materials for children with disabilities. Children with high support needs were entitled to one-on-one teaching assistance.

50. Students with disabilities in post-secondary and university education were entitled to a range of supports, including note-taking, sign language interpretation, adapted teaching materials, technological aids, and accessible facilities. They were eligible for student aid and grants, including when studying part time and during the summer holidays, and accessible transport and housing.

51. **A representative of Canada** said that the province of Saskatchewan placed particular emphasis on early childhood development, in particular for children requiring assistive and adaptive technologies. Community-based assessment and consultation services, as well as tailored recommendations, were available for families of children under 6 years of age who

had developmental delays or were at high risk. A multidisciplinary assistive technology team delivered assessments and ongoing support to children and young people with developmental, physical or cognitive disabilities across various settings, including schools.

52. Under the Enhanced Accessibility Grant, regulated childcare facilities received funding for support staff, adaptive tools and other items and services required for the care of children with high support needs. A one-time Accessibility Rating Grant had been introduced in December 2024 to fund the removal of barriers and the creation of accessible spaces for children with diverse needs in childcare centres. The Early School Entrance programme enabled access to appropriate school division programmes, community-based preschool, playschool or childcare, or a blend of tailored supports for children aged 3 or 4 with high support needs.

53. Inclusive education principles were woven into all teacher training programmes in Saskatchewan. Individual learning plans were designed by a team made up of teachers, parents, support teachers, psychologists, speech and language pathologists, and Indigenous elders, among others. The University of Saskatchewan offered a postgraduate Certificate of Extended Studies in Inclusive Education.

54. **A representative of Canada** said that Statistics Canada had recently released a report on the education and employment of young people with disabilities, which he would be glad to share with the Committee.

55. **A representative of Canada** said that elementary and secondary education on reserve fell within the purview of the federal Government. A new approach, introduced in April 2019, had been developed together with First Nations rights holders, organizations and governments and was more closely aligned with provincial and territorial education systems. Funding was provided through regional funding formulas, which took account of the specificities of First Nations communities, remoteness, access and other issues affecting First Nations learners, including the legacy of residential schools. Decisions about the nature of on-reserve education rested with the First Nations peoples. Additional funding was provided to serve First Nations students identified as having mild to profound special education needs. The First Nation Adult Secondary Education Program supported adults on reserve, including adults with disabilities, wishing to access, upgrade or complete their secondary education. Funding was also provided to support post-secondary education for First Nations and Métis students.

56. **Mr. Morris** said that he wished to know whether there was a mechanism in place to monitor the implementation of inclusive education at the national level.

57. **A representative of Canada** said that education fell under the jurisdiction of the provinces and territories, which reported publicly on how education was being delivered through their public accounts and reports. The federal Government reported annually on the provision of inclusive education services to First Nations, Inuit and Métis persons through public accounts and departmental reports.

58. **Mr. Morris** said that he would welcome confirmation that there was no Ministry of Education at the federal level with responsibility for education throughout Canada.

59. **A representative of Canada** said that, although there was no single Ministry of Education at the federal level, a number of programmes for students were delivered through Employment and Social Development Canada, and there were distributed responsibilities throughout various ministries, including Indigenous Services Canada.

60. **Mr. Morris**, noting that dementia was one of the fastest-growing types of disability in Canada, said that he wished to know what steps were being taken to increase research on the condition and to give support to persons living with dementia and their families. He would also be interested to hear whether continuous training was provided to healthcare professionals in the human rights approach to disability and on emerging trends in the field of disability, such as dementia.

61. **A representative of Canada** said that one of the objectives of the National Dementia Strategy launched in 2019 was to improve the quality of life of persons living with dementia and their caregivers, while respecting Canadian domestic and international human rights

commitments. The implementation of the Strategy involved many stakeholders, including federal, provincial, territorial and local governments, advocacy groups, care providers, researchers and academics. The Government of Canada held engagement sessions with stakeholders and persons with lived experience on the implementation of the Strategy. The Dementia Community Investment had been established in 2018 to fund community-based projects for persons with dementia and their caregivers. The Dementia Strategic Fund, in place from 2019 to 2024, had supported a national public education campaign with a focus on stigma reduction.

62. **A representative of Canada** said that, in British Columbia, initial and ongoing education and training for healthcare professionals was provided through a combination of post-secondary institutions and employers. In addition, the Provincial Centre for Disease Control published educational resources, guidance and toolkits to support ongoing professional development with respect to, for example, cultural safety, trauma-informed practices, and Indigenous sexual health.

63. **A representative of Canada** said that, in Saskatchewan, the rural and remote memory clinic streamlined assessment and diagnosis of dementia in order to reduce travel time and waiting time to diagnosis by coordinating an interdisciplinary assessment in one day. There were two dementia assessment units in Saskatchewan that assisted in assessing the needs of persons who had challenges that could not be managed in the community or in long-term care with a view to stabilizing them and developing a care plan in order to better manage their care in their home community. The government of Saskatchewan had a long-standing relationship with the Alzheimer Society of Saskatchewan and provided it with funding. A referral programme was in place to allow physicians, healthcare providers and other community service providers to directly refer people living with Alzheimer's disease and related dementias and their families to the Alzheimer Society for services and support at all stages of the condition.

64. **Mr. Morris** asked whether the Dementia Strategic Fund had been discontinued.

65. **A representative of Canada** said that the Fund had not been discontinued as such but had not received renewed funding since 2024.

66. **Mr. Morris** said that he would like to know the number and percentage of persons with disabilities who were currently in employment. The community of persons with disabilities in Canada had consistently advocated for the establishment of a centralized disability fund to support the provision of accommodations by small and micro businesses that employed persons with disabilities. He would be interested to know why that proposal had not been accepted and implemented. It would also be interesting to hear how the impact of the various initiatives to support the employment of persons with disabilities was measured and to have an update on the situation with regard to sheltered workshops in Canada.

67. **A representative of Canada** said that the Government was committed to addressing the disproportionately high unemployment and underemployment rates among persons with disabilities. Greater rates of employment not only provided persons with disabilities with an opportunity to contribute to society and to strengthen their own financial well-being, but also contributed to a better functioning economy, labour market and society.

68. **A representative of Canada** said that, according to the 2022 Canadian Survey on Disability, 62 per cent of persons with disabilities aged between 25 and 64 years old had been employed, compared to 78 per cent of persons without disabilities. Only 30 per cent of persons with severe disabilities had been in employment, compared to 75 per cent of persons with mild disabilities.

69. **A representative of Canada** said that Canada did not currently have a centralized fund to support workplace accommodations for persons with disabilities. Regulated entities were required to put in place measures to remove barriers to the employment of persons with disabilities. Under the Accessibility Strategy for the Public Service of Canada, the Government had made a commitment to hiring 5,000 persons with disabilities by 2025 and was on track to meet that target. In so doing, the Government invested in providing appropriate accommodations for persons with disabilities in federal departments, agencies and other organizations.

70. **A representative of Canada** said that the use of sheltered workshops or segregated work environments for persons with disabilities was declining in favour of community-based or social enterprise models. Some of the provincial and territorial governments, such as the governments of Prince Edward Island and Saskatchewan, had programmes and funding in place to help persons with disabilities transition from sheltered workshops to the open labour market, for example through the provision of job search and job coaching supports.

71. **A representative of Canada** said that one of the four pillars of the Disability Inclusion Action Plan, launched in 2024, was employment. The Plan guided government action in addressing barriers to employment, enabling labour market inclusion and seeking to close the employment gap between Canadians with disabilities and those without. In 2022, the Government of Canada had launched the Disability Inclusion Business Council, made up of business leaders who were champions in supporting disability inclusion in their workplaces. In 2024, the Council had released a report providing advice to employers and the Government. The Government had also made significant investments in provincial and territorial skills training and employment programming through the Labour Market Development Agreements and the Workforce Development Agreements programmes, which served approximately 1 million individuals and employers each year, including approximately 400,000 persons with disabilities.

72. **Mr. Morris** said that he would appreciate an update on the status of the Government's poverty reduction strategy, specifically as it related to persons with disabilities. Given that the proposed Canada Disability Benefit of Can\$ 200 was much lower than comparable benefits available in other countries with a similar income level and would be inadequate to meet the needs of persons with disabilities based on the current cost of living, he wished to know what the Government proposed to do to ensure that persons with disabilities did not fall further below the poverty line. He would also be interested to hear how the Government proposed to deal with social housing for persons with disabilities.

73. **A representative of Canada** said that the Government of Canada was committed to poverty reduction and was making significant investments to support the social and economic well-being of Canadians with disabilities. The country's first Poverty Reduction Strategy had been launched in 2018 and had set an ambitious target to reduce poverty by 20 per cent by 2020 and 50 per cent by 2030 relative to 2015 levels. By 2022, the poverty rate had fallen to 9.9 per cent, representing a 32 per cent reduction since 2015. According to the 2022 Canadian Survey on Disability, the proportion of persons with disabilities over the age of 15 living below the poverty line was 12.3 per cent, compared to 13.7 per cent in 2019. By contrast, 7.4 per cent of persons over the age of 15 without a disability lived below the poverty line. As part of the Disability Inclusion Action Plan, the future Canada Disability Benefit aimed to improve the financial well-being of persons with disabilities.

74. **A representative of Canada** said that income support for persons with disabilities had traditionally been largely a provincial and territorial responsibility, and every province and territory had existing programmes either of general application or specific to persons with disabilities to provide income support to those who needed it. At the federal level, income support had generally been provided to younger persons with disabilities through general support to families with children as well as to older Canadians, many of whom might have a disability, through the Old Age Security programme, the Guaranteed Income Supplement and the Canada Pension Plan. However, despite the supports already in place, persons with disabilities continued to experience poverty at higher levels than those without disabilities, and the objective of the new Canada Disability Benefit was to help address that by supplementing rather than replacing the existing supports. As announced in the 2024 federal budget, the initial amount of the Canada Disability Benefit was proposed to be a maximum of Can\$ 200 a month, which would be indexed for inflation. The Government of Canada aimed to see support provided by all levels of government increasing over time in order to ensure that persons with disabilities had an adequate standard of living.

75. **A representative of Canada** said that the 2017 Canadian Survey on Disability had revealed that 15.9 per cent of persons with disabilities had been living in households in core housing need, meaning that they fell below at least one of the standards of affordability, suitability or condition, compared to 10.1 per cent of the general population. The National Housing Strategy, launched in 2017, reflected the commitment of the Government of Canada

to ensuring that more people had access to safe, affordable and inclusive housing. The Strategy recognized the importance of accessibility in the housing system and identified persons with disabilities as a priority population. Several programmes under the Strategy, including the Affordable Housing Fund and the Apartment Construction Loan Program, had requirements for a portion of units to be accessible or the entire project to have full universal design. The Government of Canada had also introduced tax measures to support accessible housing for persons with disabilities, such as the Home Accessibility Tax Credit and the Multigenerational Home Renovation Tax Credit, which provided support to construct a secondary suite for an older person or an adult eligible for the Disability Tax Credit.

76. **A representative of Canada** said that the Government of Saskatchewan welcomed the new Canada Disability Benefit and had announced that it would not result in a reduction in provincial benefits. The Saskatchewan Assured Income for Disability Program focused on supporting the daily living and disability-related needs of persons with disabilities; benefits varied depending on the specific situation and needs of each individual and were intended to allow recipients to make their own decisions and have more control over how they spent their income. In 2022, Saskatchewan had also implemented a new education and training incentive to help low-income adults complete their high school education or attend workforce or skills training programmes.

77. **Mr. Morris** said that he would be interested to know what measures were in place to educate persons with disabilities on their voting rights and their right to participate in political and public life, how many persons with disabilities had been appointed to public office, and what reasonable accommodation was provided to allow them to execute their responsibilities.

78. **A representative of Canada** said that there were organizations and networks that provided assistance to voters with disabilities to enable them to participate in electoral events. Additional information on the participation of persons with disabilities in politics and public life would be provided in writing.

79. **Mr. Morris** asked whether the Government had any plans to amend the various laws related to guardianship in order to ensure that the voting rights of persons with disabilities were protected.

80. **A representative of Canada** said that Elections Canada collaborated with the disability community through the Advisory Group for Disability Issues, whose recommendations and feedback were forwarded to the Parliament of Canada and the responsible minister. The Inspire Democracy programme worked with over 800 partner organizations, sharing voting information in multiple accessible formats and more than 50 Indigenous and ethnic cultural languages to promote awareness and encourage participation in electoral events. During elections, community relations officers were also deployed nationwide to help ensure accessibility.

81. **A representative of Canada** said that, in 2024, legislative amendments had been adopted to enhance the accessibility and inclusiveness of elections in all municipalities of Quebec. For local elections, mobile polling had been extended to persons with reduced mobility living at home as well as those living in recognized residential centres or healthcare institutions. Persons with disabilities also now had the option of voting at the returning officer's office, which was generally less crowded than regular polling stations. For the municipal elections in November 2025, ballot papers would be grey rather than black, making them more accessible for persons with visual impairments. The minimum population threshold having been decreased, 35 new municipalities were now required to produce election action plans for persons with disabilities. The action plans must identify the potential obstacles that persons with disabilities might encounter and describe the measures put in place to reduce them in both the physical and social environments. Quebec municipalities were still required to make their polling stations accessible and to provide support for elected officials with disabilities. Elected representatives with disabilities had the option of taking part in municipal council meetings remotely if their disability was an obstacle to their attending in person.

82. **Mr. Corporán Lorenzo** said that he would be interested to know whether the Government of Canada had made the disbursement of international cooperation assistance conditional on the recipient country's compliance with the Convention.

83. He would like to know whether Canada had an accessible tourism programme and any indicators on the income generated by accessible tourism.

84. **Mr. Tamon** said that he would like to know what progress had been made with regard to officially recognizing American Sign Language and Quebec Sign Language.

85. **Ms. Gamio Ríos** said that she would be grateful for more information on the right to vote for people with Down syndrome, and on reports that the Government was actively negotiating new agreements with the provinces to use their prisons for migrant detention.

86. **Ms. Fefoame** said that she wished to know what steps were being taken to provide adequate support to families of children with disabilities to ensure that they had sufficient resources to care for their children at home, and to address the excessive waiting times for many essential services, such as physical and occupational therapy and educational assistance.

87. **A representative of Canada** said that the Government of Canada invested in international development assistance that directly supported the needs of persons with disabilities. The disability policy marker, introduced by the Development Assistance Committee of the Organisation for Economic Co-operation and Development, was used to monitor all international cooperation investments. Between 2020 and 2024, the State had invested Can\$ 37 million in projects with a principal focus on the needs of persons with disabilities, representing 0.2 per cent of international assistance. Additionally, over Can\$ 1.4 billion had been invested in projects for which the needs of persons with disabilities were a significant focus, representing 7.5 per cent of international assistance.

88. The Government was supporting the United Nations Partnership on the Rights of Persons with Disabilities to increase independent living opportunities for persons with disabilities and improve the well-being of their caregivers in Colombia, Kenya, Mozambique, Panama and Tanzania. Furthermore, assistance was being provided to a project in Guyana aimed at dismantling pervasive discrimination and stigma against persons with mental health disabilities by employing a community-based approach, as opposed to institutionalization. Lastly, technical assistance had been offered to the Government of Ukraine to support safe evacuation and return processes to ensure that the needs of children in care, including children with disabilities and special health conditions, were met and their human rights protected.

89. **A representative of Canada** said that the Canadian Disability Participation Project facilitated the development of strategies to enhance the community participation of persons with physical disabilities, including in sports and physical activities. The Athlete Assistance Program provided direct financial support to high-performance athletes, including those with disabilities.

90. **A representative of Canada** said that the financial assistance provided by the government of Quebec to promote sport and physical activity among persons with disabilities had three main objectives: to raise awareness of available sports and physical activities, to reduce isolation by creating opportunities for social interaction through those activities, and to encourage a healthy, physically active lifestyle. A financial assistance programme had been set up to support the participation of persons with disabilities in recreational activities, such as by funding the hiring of chaperones. In 2018, the Companion Leisure Card had been launched to grant free admission to the companions of persons with disabilities at participating recreational, tourist and cultural leisure venues.

91. **A representative of Canada** said that the Government of Canada supported children with disabilities and their families through direct benefits, tax credits and registered savings plans to increase financial security, as well as through the transfer of funds to the provinces and territories to support programmes and services designed to enhance the inclusion and participation of persons with disabilities in society and to keep families together.

92. Between 2015 and 2020, the Government had more than doubled the funding allocated to child and family services agencies. It had also launched consultations on the development of a national caregiving strategy and created a sectoral table to provide advice on potential measures to support the care economy. In Nova Scotia, the Direct Family Support for Children and the Enhanced Family Support for Children initiatives provided

families with financial assistance to enable them to support their child with a disability at home, by covering the cost of respite services, for example.

93. **Ms. Guala Beathyate** said that she would like to receive disaggregated data on the number of persons with disabilities who had been involved in the 50–30 Challenge, including data on groups such as Indigenous persons with disabilities, women with disabilities and persons with disabilities of African descent. With regard to the target of hiring 5,000 persons with disabilities in the public sector, she would like to know what percentage that number would represent of the overall public sector workforce, whether disaggregated data on persons with disabilities working in the public sector were available, and whether programmes were in place to ensure their access to development opportunities.

94. **Ms. Placencia Porrero** said that she would like to know whether an individual's disability type and its associated costs were taken into account in the allocation of disability benefits. She would be interested to know the Government's position on the fact that mental health authorities in British Columbia could override healthcare consent and supported decision-making rights in cases of forced detention and psychiatric treatment, allowing for "deemed consent". Could a detained person with a disability challenge that decision and refuse consent?

95. **Ms. Gabrilli** said that she would be grateful for information on the waiting times for assessments and referrals to rehabilitation services for persons with disabilities, in particular for children with disabilities, and on plans to improve that situation.

96. **Mr. Al-Azzeh** said that he would welcome further details on the provisions regarding prenatal screening tests to detect conditions such as Down syndrome and on the option to eliminate embryos based on those conditions, which was contrary to the principles of the Convention. He wondered what provisions and measures were in place to ensure that persons with disabilities could exercise their right to custody of their children.

97. **Ms. Boresli** said that she wished to know what measures had been implemented to guarantee the right of persons with disabilities, particularly migrants with disabilities, to the recognition of legal capacity and access to fair proceedings, and to ensure that migrants with disabilities were protected from all forms of cruel and degrading treatment.

98. **A representative of Canada** said that, according to the most recent employment equity data, 7.7 per cent of employees in the public sector identified as having a disability. As of 31 March 2023, 4,176 persons with disabilities had been hired as new public sector employees.

99. **A representative of Canada** said that the question regarding income support for persons with disabilities was complex due to the variety of programmes that existed across the country's provinces and territories. Depending on where a person lived, the level of support he or she received could be a flat rate or one more tailored to their specific needs.

100. **A representative of the Canadian Human Rights Commission** said that, as the national human rights monitoring mechanism, the Commission played a unique role in overseeing the Convention's implementation. However, its work could not be done in isolation, and its interactions with communities of persons with disabilities had highlighted the scale and interconnectedness of the issues they faced. She therefore encouraged the Committee to adopt an intersectional approach in its recommendations.

101. Furthermore, it was imperative that the experiences and voices of persons with disabilities, particularly those with intersectional identities, should shape the implementation of the Convention. The Commission thus called on the Government of Canada to engage in open dialogue with civil society, to ensure that the rights of persons with disabilities were enforceable across all provinces and territories and to adopt a new national framework for the coordinated implementation of human rights obligations across Canada.

102. **A representative of Canada** said that his delegation had welcomed the opportunity to illustrate a long-standing commitment to advancing equality and inclusion by protecting and promoting the rights of persons with disabilities. Such efforts were founded on the participation and engagement of the disability community in line with the principle of

“nothing about us without us” and the collaborative approach that underpinned the Canadian federal system.

103. Nonetheless, work needed to be done to address key shortcomings, such as the disproportionate rate of poverty, higher unemployment rates and housing challenges faced by persons with disabilities. The Government would continue to actively engage with persons with disabilities and their representative organizations, applying and strengthening its intersectional and distinctions-based approach in the development and implementation of policies, programmes and legislation.

104. **Mr. Schefer** said that while the dialogue had been positive, the exchange could have been more fruitful if the State Party had relied less on preprepared statements that did not necessarily answer the Committee’s questions.

105. While the dialogue had highlighted the State Party’s commitment to facilitating change for persons with disabilities, much of the change achieved was still premised on an ableist conception of law, policy and practice that continued to focus on care, treatment and protection. The State Party’s implementation of article 1 of the Convention was undermined by the laws and policy frameworks that denied the rights to autonomy, self-determination, liberty and security of the person, an adequate standard of living and inclusive education. There was thus an urgent need for effective mechanisms at the national level to ensure a consistent and collaborative approach across the federal Government, provinces and territories to genuinely realize the rights of persons with disabilities throughout the country.

The meeting rose at 1 p.m.