



NUPGE submission to the Review Panel on the Lack of Accessible Housing in Canada

May 29, 2026





The National Union of Public and General Employees (NUPGE) is a family of 13 Component unions. Taken together, we are one of the largest unions in Canada. Most of our 450,000 members work to deliver public services of every kind to the citizens of their home provinces. We also have a large and growing number of members who work for private businesses.

The office of the National Union of Public and General Employees is on the traditional and unceded territory of the Algonquin peoples and is now home to many diverse First Nations, Inuit, and Métis peoples.

We recognize the crimes that have been committed and the harm that has been done and dedicate ourselves as a union to moving forward in partnership with Indigenous communities in a spirit of reconciliation and striving for justice.

Bert Blundon, President
Jason MacLean, Secretary-Treasurer



Preamble

The National Union of Public and General Employees (NUPGE) represents 450,000 workers across Canada. This submission was informed by feedback from NUPGE's Workers with Disabilities Committee and the Health Sciences Association of BC's (a component of NUPGE) Members with Disabilities Committee. It was supplemented with research by the NUPGE staff person responsible for the workers with disabilities file (who also has lived experience with the subject). Some of the text has been copied from NUPGE's paper *Workers with Disabilities and Disability Justice* which was produced for NUPGE's 2025 Triennial Convention.¹

Questions and Answers

1. How is the lack of accessible housing affecting people in Canada?

The lack of accessible housing affects people with disabilities in every part of life. Housing is the place from which people work, rest, recover, care for family, eat, receive support, manage health conditions, participate in community, and live with dignity. When housing is inaccessible, every other part of life becomes harder and, in some cases, becomes inaccessible.

The consequences are particularly severe for people whose experiences are shaped by other systemic inequities, including Indigenous people, people of colour, 2SLGBTQIA+ people, women, immigrants, and refugees. Connected systems of structures and power interact with multiple categories of social identity to create inseparable forms of inequality, oppression, and discrimination. For example, women with disabilities over the age of 65 face increased vulnerability to poverty, isolation, and violence due to sexism and ableism.²

A crucial element to this conversation is that accessible housing must also be affordable. Data from the 2019 *Canadian Income Survey* shows that people with disabilities earn about 21.4% less than people without disabilities. Additionally, 30.1% of people with disabilities had employment income that totaled less than \$20,000 a year and are underrepresented in higher income brackets. When comparing mean annual earnings, men with disabilities' mean annual earnings (\$48,700) are 24.3% less than men without disabilities' and women with disabilities are 13.7% less than women without disabilities (or \$38,900).³ Racialized people with disabilities experienced lower rates of employment than racialized people

¹ (National Union of Public and General Employees 2025)

² (Sutcliffe 2023)

³ (McDiarmid 2023)

without disabilities.⁴ Data from 2022 tells us that the rate of participation in the workforce of Indigenous people with disabilities was 57.6% compared to 70.5% for Indigenous people without disabilities.⁵

Data from the 2017 *Canadian Survey on Disabilities (CSD)* shows that 25% of people with disabilities lived in unaffordable housing, higher than the 19.7% of the total population that lived in unaffordable housing. 15.9% of people with disabilities were living in households in core housing need (compared to 10.1% of the general population). Men with disabilities were more likely to be in core housing need (16.7%) than women with disabilities (13.6%).⁶ Additionally, renters with disabilities (42%) are over-represented in core housing need compared to renters without disabilities (27%).⁷ Given the high demand for accessible rental units, landlords can charge sky-high rent. Accessible housing means nothing if people with disabilities can't afford it.

For people with disabilities, the lack of accessible housing can mean being forced to choose between inadequate and/or unsafe housing and homelessness. Data from the 2014 *General Social Survey on Victimization* showed that almost half (46%) of all Canadian women who reported having ever experienced homelessness had a disability, as did 37% of men.⁸ The 2021 *Pan-Canadian Women's Housing & Homelessness Survey* reported that 79% of women and gender-diverse people experiencing housing need or homelessness have a disability.⁹

A lack of affordable, accessible housing can mean remaining in hospital because there is nowhere accessible to go. It can mean being forced into long-term care facilities at any age and being decades younger than the other clients, experiencing isolation from your culture and your community with few opportunities to do age-appropriate activities and form or maintain romantic relationships. It can mean living in a home where basic daily activities are unsafe, exhausting, or impossible. It can mean being unable to bathe safely, prepare food, leave the home, receive care, use mobility equipment, manage sensory needs, or maintain privacy and independence. It can mean paying high, out-of-pocket costs for modifications to non-accessible housing. It can mean the worsening of chronic conditions, increased risk of injury and hospitalization, and mental health decline due to instability and stress.

⁴ (Vergara and Hardy 2024)

⁵ (Statistics Canada 2024)

⁶ (Randle and Thurston 2022)

⁷ (Canadian Human Rights Commission 2024)

⁸ (Cotter 2018)

⁹ (Schwan, et al. 2021)

The impact is not limited to physical accessibility. Accessible housing must also account for invisible disabilities, Deaf people, chronic illness, episodic disabilities, mental health disabilities, cognitive disabilities, sensory disabilities, environmental sensitivities, neurodivergence, and disabilities that change over time. A home that technically meets a narrow physical standard may still be inaccessible if it is unsafe, isolated, poorly ventilated, too noisy, far from transit, far from health care, or unable to support changing needs. For example, a home with only a walk-in shower that accommodates people who use shower chairs is not accessible for someone who requires a bathtub for pain management of their disability. A ground floor apartment designed for someone who can't use stairs is not accessible if the noise from the street and other neighbours causes sensory overload for someone with autism.

The lack of accessible housing creates a chain reaction. Housing instability leads to health instability. Health instability affects income, employment, family life, education, caregiving, safety, and community participation. For workers with disabilities, inaccessible housing can make it impossible to accept work, remain in work, return to work after illness or injury, work safely from home, attend medical appointments, or participate in union and community life.

The lack of accessible housing also places pressure on families, caregivers, health care systems, social services, and communities. When people cannot live safely and independently, responsibility is often shifted onto unpaid caregivers, usually women and family members. This is not a sustainable or rights-based housing system. It is a system that relies on crisis, scarcity, exhaustion, and private sacrifice.

Accessible housing is not only about ramps, elevators, door widths, or grab bars—although those are essential. It is about whether people can live safely, freely, and with dignity. Without accessible housing, every other right is compromised.

2. What system-wide gaps, and what government actions and inactions, are getting in the way of Canada's progress on the right to housing and the rights of persons with disabilities?

System-wide gaps

In 2019, Parliament passed the *National Housing Strategy Act* in which Canada “recognize(s) that the right to adequate housing is a fundamental right affirmed in international law”.¹⁰ However, governments have done nothing to end the financialization of housing—where, given its solid track record as an economic asset, housing is treated as a source of profit for investors. Financialization in housing is not a new phenomenon, but the rate at which

¹⁰ (Housing, Infrastructure and Communities Canada 2025)

people are buying homes purely as a commodity has increased rapidly in recent years. A 2022 survey done by RATESDOTCA and BNN Bloomberg found that 58% of respondents who bought a home during the pandemic owned 1 or more homes already.¹¹ Governments must eliminate the affordable-housing deficit, but increasing inventory without legislation to prevent speculation and predatory practices from landlords won't solve the crisis.

The federal government can help address financialization by changing how profits from property speculation and predatory practices by landlords are treated by the tax system. These profits are generally treated as capital gains and taxed at a lower rate than earned income. That is helping encourage the financialization of housing. If the federal government is serious about making more affordable, it will remove tax incentives that fuel the commodification of housing.

We also need provincial governments to reform property taxes to target speculators and use the funds for affordable housing and infrastructure.

The central system-wide gap for people with disabilities is that accessibility is still treated as an exception rather than a foundation. Too often, people with disabilities are expected to adapt to inaccessible housing systems instead of governments requiring housing systems to be designed for the full diversity of human need from the beginning.

Canada's housing systems continue to rely on minimum standards, fragmented programs, inconsistent enforcement, and individual accommodation after harm has already occurred. This approach is not sufficient. A rights-based approach requires all levels of government to work together to plan, build, fund, regulate, enforce, and evaluate housing through a disability rights lens from the start. A major barrier is the failure to require universal design and meaningful accessibility standards across new housing, publicly funded housing, renovations, supportive housing, emergency housing, and community planning. Accessibility is too often voluntary, partial, or limited to a small number of designated units. This creates scarcity and competition, leaving disabled people to search for rare accessible homes in an already unaffordable housing market. Any building projects that accept public funding should be required to conform to the principles of universal design and conform to existing standards (examples being CSA/ASC B652:23 Accessible dwellings, CSA/ASC B651:23 Accessible design for the built environment, and CAN-ASC-2:8:2025 - Accessible-Ready Housing).

Another significant gap is the lack of coordination between housing, health care, disability services, income supports, transportation, and employment systems. People with disabilities are often forced to navigate separate systems that do not communicate with each other. A person may be ready for hospital discharge but unable to leave because

¹¹ (Shmuel 2022)

accessible housing is unavailable. This creates hospital capacity and patient flow issues in the health system. A worker may be medically able to return to work or able to work from home but unable to do so because their housing, transportation, or support needs are unmet. A person may qualify for one program but lose eligibility or income through another. These gaps create preventable hardship and delay.

Income insecurity is another major barrier. Disability benefits and income assistance often fall below the actual cost of living, particularly in communities with high housing costs. Even where accessible housing exists, it may be unaffordable. People with disabilities may also face high out-of-pocket costs for medication, treatments, modifications, equipment, maintenance, transportation, and support services. When governments fail to provide adequate income supports and housing supplements, the right to accessible housing remains theoretical.

One of the key barriers preventing people with disabilities from participating in the labour market is lack of accessible transportation. Data from the CSD 2017 shows that 24.7% of people with disabilities aged 25 to 64 had difficulty finding work because they didn't have transportation to get to the job. A further 5.8% experienced a barrier looking for work due to lack of specialized transportation.¹² As discussed above, you cannot separate the impact accessible housing has on income and vice versa.

Furthermore, care systems are not ready for an aging population of people with disabilities. Provincial governments across Canada have enacted austerity measures and have underfunded long-term care, home care, and community-based organizations that seniors with disabilities rely on. Workers in the care economy face diverse challenges, but common are low wages, poor working conditions, lack of benefits, precarious employment, and high turnover. Although care work is highly demanding and often requires high levels of skills and knowledge, it is often not recognized as skilled work and valued accordingly. Staffing shortages that predated the pandemic are worsening due to overwork. Women comprise the majority of paid care workers. Women of colour, immigrant women, and migrant women are overrepresented as care workers, especially among the lowest-paid workers.

Government actions

While the Canada Disability Benefit (CDB) is much needed, NUPGE echoed the concerns of disability justice organizations and people with disabilities during the CDB public consultations. The primary criticism is the low amount provided by the CDB: a maximum amount of \$200 per month (or \$2,400 a year). For reference, as of April 2026, the average monthly rent in Canada was \$2,008.¹³

¹² (Choi 2021)

¹³ (Rentals.ca 2026)

In addition to the low dollar amount, the CDB has income thresholds. The benefit will be reduced by 20 cents for every dollar of income that is above \$23,000 (if the beneficiary is single) or \$32,500 (if the beneficiary is married or has a common-law partner). If both members of a couple are beneficiaries, the benefit will be reduced by 10 cents for each person for every dollar of the couple's income that is above \$32,500. Though claiming the CDB is designed to support the financial security of working-age people with disabilities, the working income exemption does little to benefit workers with disabilities. If the beneficiary is single, a maximum of \$10,000 will be exempted from the calculation of their income (a maximum of \$14,000 if the beneficiary is married or has a common-law partner).¹⁴ Canada uses the Market Basket Measure (MBM) to determine poverty thresholds in different regions across Canada. Using the most recent MBM thresholds, \$23,000 is below the poverty threshold of every major city in Canada.¹⁵

Approximately 1.5 million people with disabilities live below the poverty line in Canada. However, *Budget 2024* only estimated 600,000 people would be eligible for the CDB.¹⁶ Former Minister of Diversity, Inclusion and Persons with Disabilities Kamal Khera stated that once the CDB is fully mature in 2027-28 it will only lift 25,000 workers with disabilities and 15,000 of their family members out of poverty each year.¹⁷ Based on those numbers, it will take 60 years to lift the current 1.5 million people with disabilities out of poverty or 24 years to lift the estimated 600,000 people with disabilities who are eligible for the CDB out of poverty.

Beyond the low amount of the benefit, concerns have been raised about the CDB application process. The CDB has been restricted to people with disabilities aged 18 to 65. Additionally, eligibility is restricted to people with disabilities who are eligible for the Disability Tax Credit (DTC). The DTC has long been criticized for the confusing and costly application process (medical practitioners are allowed to charge a fee for completing their part of the application). Rabia Khedr, National Director of Disability Without Poverty, and Senator Judith G. Seidman have stated that people who are part of marginalized groups face unique barriers when applying for the DTC:

For instance, individuals with mental health conditions or episodic disabilities frequently fail to meet the DTC's rigid and outdated criteria, even though these conditions often create significant barriers to daily life and employment. Similarly, racialized and newcomer Canadians may face systemic barriers in accessing medical care, further complicating their ability to qualify.

¹⁴ (Employment and Social Development Canada 2025)

¹⁵ (Statistics Canada 2026)

¹⁶ (Department of Finance Canada 2024)

¹⁷ (Thurton 2024)

Khedr and Senator Seidman have also pointed out that the DTC was never designed as a tool to determine eligibility for social benefits. Additionally, many people with disabilities don't file taxes because they lack taxable income. And if the applicant lives with their spouse or common-law partner, the partner must also file their taxes for the applicant to be eligible. Using the DTC as part of the eligibility criteria for the CDB prevents the people with disabilities who need the CDB most from accessing it.¹⁸

The federal government recently announced a one-time payment to reimburse the fee medical practitioners charge to complete the DTC application. Depending on the type of disability, a person's DTC may expire after a certain number of years, requiring people with disabilities to reapply. While some disabilities are temporary, many are not. For example, many parents of children with autism have reported that their child's DTC expires once they turn 18, despite autism being a lifelong disability. Limiting the supplemental payment to a one-time benefit hurts people with disabilities who are forced to apply for the DTC multiple times.

It would create fewer barriers for people with disabilities, and be far more cost effective, to work with the provinces and territories to automatically enroll anyone receiving provincial or territorial disability benefits. This suggestion, along with increasing the amount of the benefit, was included in the hundreds of comments the government received on the draft regulations but was ignored.¹⁹

The last of the main concerns with the CDB is the potential for the provinces and territories to clawback the CDB from people with disabilities who receive provincial or territorial disability benefits. The Northwest Territories has yet to issue a statement on clawbacks.²⁰ Alberta has declared they will keep Assured Income for the Severely Handicapped (AISH) payments at their current level but clawback the amount given by the CDB.²¹ Alberta is also slated to rollout the Alberta Disability Assistance Program (ADAP) on July 1, 2026. The maximum ADAP rate is \$200 lower than the maximum AISH rate.²² Presumably, ADAP recipients will also face clawback if they receive the CDB.

To be clear, provincial and territorial disability benefits also fall short of meaningful support for people with disabilities. In 2020 the Organisation for Economic Co-operation and

¹⁸ (Khedr and Seidman 2024)

¹⁹ (Canada Gazette 2024)

²⁰ (Disability Without Poverty 2025)

²¹ (Bellefontaine 2025)

²² (Inclusion Alberta 2025)

Development (OECD) found that Canada only spends 0.8% of its GDP on public spending on incapacity (which includes disability support benefits).²³

Most disability benefits programs are means tested. On paper, this looks like a prudent strategy to ensure only those who need financial support can access it. In reality, it forces people with disabilities to live in legislated poverty and/or be dependent on their partners or their families. This puts people with disabilities at high risk for intimate partner violence and physical, emotional, and financial abuse. Long processing delays (due to underfunded public services), strict criteria for disability supports, and lack of accessible shelters also makes it difficult for people with disabilities to leave abusive situations.

The unpredictable nature of episodic disabilities can make it difficult for a person with an episodic disability to stay in the same job long-term or even hold a job. The periodic ability to work can make it difficult for people with episodic disabilities to access government supports as programs are designed for people with continuous disabilities. Once disability benefits are cut-off during a period of relative wellness, they can be difficult to reobtain, disincentivizing people with episodic disabilities from seeking paid work. While income security is a challenge for most people with disabilities, the unpredictable nature of episodic disabilities and illnesses poses unique challenges in terms maintaining a steady income.²⁴

Government inactions

The threatened loss of British Columbia's The Right Fit is a clear example of how fragile and fragmented accessible housing supports remain. Disability Alliance BC (DABC) describes the The Right Fit as the only initiative of its kind in Canada, directly matching wheelchair users with accessible housing and supporting them through the process. DABC reports that the program has placed 371 individuals into stable, accessible homes since 2017, that 226 wheelchair users are currently on the waitlist, and that 38% of clients served were experiencing homelessness or at imminent risk of homelessness at the time of placement.²⁵ The program is now at risk after the loss of federal funding.

This should not be possible in a rights-based housing system. Programs that directly support disabled people to secure accessible housing should not depend on short-term, unstable, or discretionary funding. When a proven program that helps match people to accessible homes is allowed to lose funding, it shows that accessible housing is still being treated as optional rather than essential infrastructure.

²³ (OECD 2020)

²⁴ (Proctor 2002)

²⁵ (Disability Alliance BC 2026)

Government inaction also appears in the lack of reliable national data and accountability. Canada needs clear information about how many accessible units exist, where they are located, what accessibility features they include, whether they are affordable, who can access them, how long people wait, and whether publicly funded housing is actually meeting disability-related needs. Funding announcements alone are not enough. Governments must measure outcomes.

There is also a policy failure in treating accessible housing as a narrow technical issue rather than a human rights issue. Accessibility cannot be reduced to building code compliance. Building codes often represent minimum thresholds, not full inclusion. The right to housing for persons with disabilities requires affordability, safety, adaptability, location, support, choice, autonomy, and meaningful participation in decision-making.

Canada uses the Market Basket Measure (MBM) to determine poverty thresholds based on the cost of a basket of food, clothing, shelter, transportation, and other items for a family of four that reflects a modest, basic standard of living. A family with a disposable income below the appropriate MBM threshold for the size of the family and the region where they live is deemed to be living in poverty.²⁶ A criticism of the MBM is that it ignores the extra costs related to disability including but not limited to: treatments/therapies, medical supplies, assistive devices, personal support workers, specialized transportation, and modifications to homes and vehicles.²⁷ Research in 2018 from the United Nations Department of Economic and Social Affairs estimated that the costs of living with a moderate disability range from 21% to 40% more and the costs of living with a severe disability range from 39% to 70% more.²⁸

Working-age adults with more severe disabilities are more than twice as likely to live in poverty (18%) as those without disabilities (7%) and those with milder disabilities (8%). On top of earning less, people with disabilities have added expenses (medication, care giving, specialized transportation, assistive devices, etc.) related to their disability to deal with. 56% of persons with disabilities in Canada, nearly 4.5 million people, reported at least one unmet need when it comes to either aids, devices, medication or healthcare services. Three-quarters (73%) of persons with unmet needs (or 3.2 million) cited cost as the reason for those unmet needs.²⁹

Attitudinal barriers also continue to shape policy. Ableism appears when disabled people are treated as an afterthought, when invisible disabilities are dismissed, when people are

²⁶ (Gustajtis and Heisz 2023)

²⁷ (Inclusion Canada 2024)

²⁸ (United Nations Department of Economic and Social Affairs 2019)

²⁹ (Hébert, et al. 2024)

required to repeatedly prove their needs, when accessibility is seen as too expensive, or when disabled people are consulted only after decisions have already been made.

The result is a system that responds too late, too narrowly, and too inconsistently. People with disabilities should not have to reach a point of crisis before systems respond. Governments must move from a reactive accommodation model to a proactive accessibility and human rights model.

3. What actions and solutions should governments and communities lead to make better progress on the right to accessible housing for people with disabilities in Canada?

Governments must recognize accessible housing as a core part of the right to housing and the rights of persons with disabilities. This requires enforceable standards, sustained funding, public accountability, and meaningful leadership by people with disabilities.

First, governments should require universal design and strong accessibility standards in all new publicly funded housing, and should move toward broader accessibility requirements across new housing construction. Accessibility should not be limited to a small percentage of units. Housing must be designed for people across the lifespan, including people who are disabled, aging, injured, chronically ill, neurodivergent, Deaf, blind or partially sighted, people with mobility disabilities, people with chemical and environmental sensitivities, or living with changing health needs.

Second, governments should fund accessible retrofits through grants, not loans. Many people with disabilities cannot afford to modify their homes, even when small modifications would prevent injury, support independence, or avoid institutionalization. Retrofit programs should be easy to access, portable where possible, and designed to meet a broad range of disability-related needs, including physical, sensory, cognitive, environmental, and safety-related accessibility.

Third, all housing funding agreements should include enforceable accessibility requirements. Public money should not support inaccessible housing. Governments should tie funding to measurable accessibility outcomes, including affordability, location, design standards, ongoing maintenance, and access for people with different types of disabilities.

Fourth, governments must provide stable, long-term funding for programs that help people with disabilities find, secure, and remain in accessible housing. The Right Fit in British Columbia offers an important model. Rather than leaving individuals to navigate an inaccessible housing market on their own, it helps match wheelchair users with housing that meets their accessibility needs. This kind of practical, person-centred housing navigation should be protected, expanded, and replicated across Canada. Researchers from the University of British Columbia's Balanced Supply of Housing project have also

described the program as an example of why the right to housing is not achieved through supply alone, but through matching housing to the people who need it.³⁰

Fifth, governments must build better coordination between housing, health care, disability services, income supports, transportation, employment programs, and community services. Accessible housing must be part of discharge planning, aging-in-place planning, return-to-work planning, emergency response planning, and anti-poverty strategies. Systems must stop shifting responsibility from one program to another while disabled people fall through the gaps.

Sixth, governments must ensure adequate income supports. Accessible housing cannot be achieved if people with disabilities do not have enough income to secure and maintain housing. Disability benefits, housing supplements, rent supports, and employment supports must reflect the actual cost of living and the additional costs of disability.

Seventh, communities and governments should expand inclusive housing options, including cooperative housing, non-profit housing, supportive housing, mixed-income housing, accessible family housing, and housing models that allow people to live near transit, health care, employment, education, culture, family, and accessible greenspaces and community spaces. Accessible housing must not mean isolation.

Eighth, people with disabilities must be directly involved in housing policy, planning, design, implementation, enforcement, and evaluation. Lived experience must be compensated, respected, and meaningfully included. “Nothing about us, without us” cannot be symbolic. It must shape who is at the table, whose knowledge is valued, and how decisions are made.

Ninth, governments must collect and report national data on accessible housing. This should include the number, location, affordability, accessibility features, wait times, and outcomes of accessible housing across Canada. Data must include people with non-apparent, episodic, sensory, cognitive, and environmental disabilities, not only those with visible disabilities and disabilities affecting mobility.

Finally, accessibility must be understood broadly. Accessible housing includes physical access, affordability, safety, location, transportation, communication access, sensory access, cognitive accessibility, environmental health, cultural safety, and the ability to live with dignity and autonomy. Accessible housing is not a niche issue—it is the foundation of dignity, safety, and independence. Without it, every other right is compromised.

³⁰ (Balanced Supply of Housing 2026)

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