



International Longevity Centre Canada responses to the OEWGA Questionnaire:

**“Identification of possible gaps in the protection of the
human rights of older persons and how best to address
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Background

Part of a sixteen-country global alliance, the International Longevity Centre Canada (“**ILCC**”) is a registered, independent, non-profit nongovernmental organization, which uses a human rights lens to approach all its work, including knowledge development and exchange, recommending evidence-based policies, social mobilization, and networking. Our mission is to propose ideas and guidance for policies addressing population aging based on international and domestic research and practice with a view to bettering the lives of Canadians.

The stereotyping and treatment of older people during the COVID-19 pandemic provided a stark wake-up call that society faces an urgent ethical, moral, and legal imperative to establish effective ways to address ageism and enhance and protect the human rights of older persons. More inclusive and equitable laws, policies, structures, and services are fundamental to eliminating ageism in healthcare, social services, workplaces, and media, and will also help to significantly reduce ageism in general – in businesses, communities, and families, as well as self-ageism.

The ILCC is engaging Canadians, under the auspices of the Canadian Coalition Against Ageism (“**CCAA**”), a pan-Canadian coalition of Canadian NGOs and other stakeholders to support a United Nations convention on the rights of older persons, a legally binding mechanism to ensure the protection and enforcement of human rights and promote awareness, education, and other activities to counter ageism. Existing international and domestic laws are insufficient for the effective and fulsome protection of the human rights of older persons.

The Questions

I. Identification of gaps

1. For each of the topics that have been considered by the Open-ended Working Group since its eighth session, please state possible gaps your organization has identified in the normative framework and practical implementation for the protection of the human rights of older persons.

a) Equity and non-discrimination

The World Health Organization’s Global Report on Ageism notes that one in every two persons is ageist. This makes ageism the most prolific of the “ism”. Ageist attitudes towards older persons and the actions resulting from them towards older persons have negative health, social, societal and economic impacts as outlined in the 2022 publication *An Examination of the Social and Economic Impacts of Ageism*.¹

Yet there are no concerted efforts by governments in Canada to address ageism. The ILCC and CCAA call on governments to establish the necessary policies, programs and laws to address ageism. Specifically, we call for a United Nations convention on the rights of older persons to address ageism and to clarify government obligations in regard to human rights in a fulsome and coordinated manner.

b) Violence, neglect, and abuse

To live free from violence, abuse, and neglect is a basic human right. Yet older Canadians, like many older persons around the world, remain unprotected under international and domestic law, despite evidence that more protections are needed. Canadian law does not sufficiently protect older persons from violence, abuse, and neglect. Laws against age-based discrimination are complex and enforcement mechanisms are expensive to access, providing less than fulsome coverage. The multiplier effect of ageism coupled with racism, sexism, and homophobia significantly increases the risk of abuse with no concerted effort to address intersectionality in laws, policies, and programming.

The lack of data on these violations allows them to flourish undetected. Based in ageism alone, the lack of data manifests in inadequate funding to support older persons seeking shelter from harm and inadequate educational forms to help recognize and stop abuse.

Despite the need for effective responses, access to justice regarding violence, abuse and neglect remains difficult for older persons. ILCC calls for greater attention to the violence, abuse, and neglect of older persons, including necessary financing of policy and programs with clearer laws. ILCC continues to call for a United Nations convention on the rights of older persons to protect their right to live free from violence, abuse, and neglect.²

¹ Federal, Provincial and Territorial Forum for Ministers Responsible for Seniors, “An Examination of the Social and Economic Impacts of Ageism,” February, 2022, available at: <https://www.canada.ca/content/dam/canada/employment-social-development/corporate/seniors/forum/ageism-social-economic-impacts/ageism-social-economic-impacts-en.pdf>

² Excerpt from: International Longevity Centre Canada, Canadian Network for the Prevention of Elder Abuse, and Elder Abuse Prevention Ontario, (2023), “Input to the Thematic Report of the UN Independent Expert on the Enjoyment of All Human Rights of Older Persons to the 54th Session of the Human Rights Council: Violence Abuse and Neglect of Older Persons”, available at: [https://static1.squarespace.com/static/610bfbe35920f747f490fc40/t/640a33bde14205042923befd/1678390205944/Final+Rep](https://static1.squarespace.com/static/610bfbe35920f747f490fc40/t/640a33bde14205042923befd/1678390205944/Final+Report+on+Violence%5EJ+abuse+and+neglect+UN+IE+on+the+Human+Rights+of+Older+Persons.pdf)

c) Long-term care and palliative care

The United Nations Independent Expert on the Enjoyment of All Human Rights of Older Persons, Dr. Claudia Mahler, in her Report on the Covid 19 Pandemic, found discrimination in the delivery of health care, and the ineffective prioritization of long-term care homes in the pandemic.

In Canada, a decaying long-term care (“LTC”) system was completely unprepared to the face a pandemic, notwithstanding decades of reports detailing the need to fundamentally change the system. The result: older people dying horrific deaths from preventable causes like dehydration and malnutrition.

The death rates by COVID-19 in LTC were astronomical. Older people made up 80% of the deaths in Canada during the first two waves of the pandemic; the highest death rate among OECD countries.

Indeed, we put “at risk older persons” in the petri dish of infection that was LTC and then failed to provide the workers there with proper personal protective equipment. This allowed longstanding problems with infection control to proliferate, a perfect storm in conjunction with insufficient staffing and a work environment that forced employees to work at multiple sites, thus spreading the virus across LTC and putting the lives of workers and their families at risk.

Older people were then barred from hospitals to die from COVID in LTC homes that lacked the capacity to care for those who should have been in intensive care units. There was little or no palliative care available. The LTC system needs immediate reform, additional funding, and increased access to palliative care.

We believe a UN convention on the rights of older persons would be beneficial to Canadians in LTC, confirming older people as rights holders, equally valued whatever their age. A Convention would catalyze adequate policies and supports for persons requiring LTC, making LTC a safe and healthy living arrangement for older people.

d) Autonomy and independence

Older persons’ rights to autonomy and independence are not enshrined in international human rights law as are, for example, those of persons with disabilities, who can rely on the Convention on the Rights of Persons with Disabilities (“CRPD”). Article 12 of the CRPD ensures persons with disabilities have full legal capacity to make decisions regarding their lives. Unfortunately, older persons without disabilities who face ageism do not have similar redress to international law to protect their right to autonomy and independence, and the ILCC argues that they should.

A recent example of a breach of the right to autonomy occurred in Canada when the province of Ontario passed the *More Beds Better Care Act*. This law allows for the forced relocation of older persons from hospitals to LTC facilities not of their choosing, which could be located as far

as 150 kilometers from their homes, families, and communities. This is a clear violation of the right to autonomy and independence. A UN convention on the human rights of older persons would protect the right to autonomy and independence by addressing such rights violations.

e) Social security and social protection

The system of financial supports for older Canadians manifests in the retirement income system: a residence-based social pension with supplements linked to low income; mandatory public contributory pensions and workplace pensions offered by some employers; and private savings facilitated by government tax and other measures to encourage saving for retirement.

By most objective standards the system is a good one, approximately 7 million older Canadians aged 65 and over can access income security programs. Unfortunately, many “fall through the cracks”, including up to 20% of older persons with mental health conditions and/or psychosocial disability, unstable housing, or without a suitable trustee.

A UN convention on the rights of older persons could codify economic security and enhance economic protection, particularly for the most vulnerable older Canadians. A UN Convention could protect older persons from attacks against income security programs attempted in the past e.g., by changing the age of eligibility, which would have plummeted over 100, 000 older persons, particularly women, into extreme poverty, raising poverty rates for this demographic from 6% to 17%.³

f) Education, training, lifelong learning, and capacity building

Education and lifelong learning contribute to healthy aging and longevity, protect well-being, and enhance social inclusion. Barriers to ongoing educational opportunities for older persons include inaccessibility (physical, digital and/or a lack of accommodation), and the pervasive impact of ageism both societally and as embedded in the self-perception of older persons.

Anti-ageism education beginning in youth and extending across the lifespan would increase awareness of the human rights of older persons and improve general attitudes and perceptions about aging, in turn reducing barriers to lifelong learning opportunities. Additional benefits of education for older adults include: increased engagement in society; improved positive healthy behaviours and choices; and improved mental health via broadened horizons and sense of accomplishment.

³ Employment and Social Development Canada, “Speech from Minister Jean-Yves Duclos: Fédération de l’âge d’or du Québec (FADOQ)”, June 13, 2018, available at: <https://www.canada.ca/en/employment-social-development/news/2018/06/speech-from-minister-jean-yves-duclos-federation-de-lage-dor-du-quebec-fadoq.html>

A UN convention on the rights of older persons would catalyze changes to educational law and policy to promote a lifespan-based approach to continuing education and adoption of an anti-ageism-based curriculum.⁴

g) The right to work and access to the labour market

Older persons should have the same right to work as any other Canadian citizen, yet we know that older persons face age discrimination based on negative stereotypes about their ability to work.

Ageism contributes to the social norm of older persons not working. This in turn impacts work opportunities for older Canadians, including those who want and need to work.

Current international laws do not adequately address the right to work for older persons and we urgently need a Convention that protects the rights of older Canadians seeking work.

h) Access to justice

Access to justice is a human right, however, barriers inhibit access to the right for older Canadians. In Canada, there are currently no explicit laws focused on the right of older persons to access justice.

Canadian law includes normative elements of the right to access to justice, and guides courts to apply legal standing equally to all litigants when relevant. Notwithstanding these laws, several barriers to access to justice for older Canadians persist, including ageism and ageist cultural norms, unwieldy digitization of legal documents and processes, untimely legal proceedings, difficulty with physical access to courtrooms and tribunals, financial inability to obtain legal and paralegal support, and the overall complexity of the legal system, legal aid, and alternative non-judicial pathways to justice.

An implicit legal right to access to justice is created by constitutional principles and confirmed by the Supreme Court of Canada. However, many Canadians may be prevented from exercising this right because of serious impediments to access to justice. Complaints before human rights tribunals based on age are extremely rare.

Access to justice for older Canadians can be improved by undertaking comprehensive changes to policy and laws, education and training, and enforcement mechanisms throughout the justice system. There is an urgent need for a UN convention on the rights of older persons to catalyze these changes.

⁴ Adapted from: Lima, Carlos Augusto de Mendonça et. al., (2023), "The right to education throughout the life course, advances, and challenges: contribution of WPA-SOAP and IPA," *International Psychogeriatrics*, 35:8, 407-409, <https://doi.org/10.1017/S104161022300056X>

Inclusion of older people and their representatives is critical to transforming the Canadian justice system. Older persons are a heterogeneous group and the various perspectives must be considered and addressed as part of reform. Canada must embed and integrate a legally binding human rights lens in every facet of law to enshrine access to justice.

The ILCC calls for a United Nations convention on the rights of older persons, including a provision requiring effective access to justice for older persons on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

i) Contribution of older persons to sustainable development

There were over 7 million Canadians aged 65 and over in the Canadian population in 2022, accounting for 19% of the population. Canada cannot fully meet the United Nations Sustainable Development Goals without considering the needs and contributions of older Canadians. For example:

- The poverty rate for Canadians aged 65 and older was 4.7% in 2021, below the average of 8.1% for all ages, thanks to the availability of social security payments. However, a sizable proportion of eligible seniors do not claim such payments (SDG 1 – no poverty)
- Canadians aged 65 and over represented 8.9% of Canadian food bank users in 2019, with the rate of increase far outpacing other age groups (SDG 2 – zero hunger)
- In Canada, 1.1 million older people experienced loneliness between 2019 and 2020. This leads to poor mental health and social isolation (SDG 3 – good health and wellbeing)
- Older Canadians are disproportionately represented at the lowest level of literacy, which disadvantages them in a print and digital society with negative outcomes for self-care, personal agency, and social participation (SDG 4 – quality education)
- In 2021, family violence against Canadian seniors was 8% higher than in 2020 and 14% higher than before the pandemic in 2019. Women accounted for nearly 57% of older victims (SDG 5 – gender equality)
- As of Feb. 3, 2023, there were 32 long-term boil water advisories in 28 First Nations communities in Canada. Therefore, young and old are exposed to higher rates of water borne diseases than the national average (SDG 6 – clean water and sanitation)
- Social infrastructure should promote independent living and aging in place for older persons. Currently, only 3.8% of all national health expenditure is spent on home care, far less than for hospitals and nursing care (SDG 9 – innovation, industry, and infrastructure)
- Canada is warming at twice the global rate negatively impacting the supply of food, water, air, and the environment. Older persons are particularly vulnerable to extreme weather events resulting in causing disastrous, often fatal changes to their physical and health mental health, mobility, immunity, cardiac, and respiratory status, augmented

by inadequate access to health care, medications, and assistance with daily life (SDG 13 – climate action).

The 7 million Canadians aged 65 and over would be strong and willing partners for Canadian action to meet the Sustainable Development Goals. To date, the input of older Canadians has not been mainstreamed into Canada’s SDG achievement process. A UN convention on the rights of older persons would help codify this important role.

j) Economic security

The Canadian government casts economic security in terms of poverty reduction, but “economic security” is not defined formally in legislation. As noted in subsection e, above, the system of financial supports for older Canadians manifests in the retirement income system: a residence-based social pension with supplements linked to low income; mandatory public contributory pensions and workplace pensions offered by some employers; and private savings facilitated by government tax and other measures to encourage saving for retirement. Overall, the retirement income policy is an important determinate of older persons poverty in Canada.

Despite the existence of income security measures, older Canadians still face poverty. The poverty rate for senior increased by 2.5% percentage points to 5.6% in 2021, after a decrease due to COVID-19 benefits. Similarly, after a decrease from 12% in 2019 to 7.4% in 2020, the poverty rate for unattached seniors increased to 13% in 2021.⁵

The expanding cohort of older Canadians, set to double by 2036 according to Statistics Canada, is increasingly ill equipped to adequately support themselves in older age. We call on policy makers to strengthen the workplace pension system to prevent increasing poverty in the future.⁶

As in Canada, there is no income security measure in international law. A UN convention on the rights of older persons is needed to ensure older persons are protected from poverty here and around the world.

k) Right to health and access to health services

It is important to distinguish between a legal right to health care and the public’s perception of the existence of that right. Public opinion polls reveal that many Canadians believe they have a constitutional right to receive health care even though no such right is explicitly contained in the Canadian Charter of Rights and Freedoms.

⁵ Statistics Canada, “Canadian Income Survey”, May 2, 2023, available at: <https://www150.statcan.gc.ca/n1/en/daily-quotidien/230502/dq230502a-eng.pdf?st=HkNxSgDP>

⁶ Healthcare of Ontario Pension Plan, “Seniors and Poverty: Canada’s Next Crisis?”, August 2017, available at: <https://hoopp.com/docs/default-source/newsroom-library/research/hoopp-research-article---senior-poverty---canada-next-crises.pdf>

The Charter prohibits age discrimination with an equality clause: “Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability”. Human rights legislation by the federal, provincial, and territorial governments also prohibits age discrimination.

Canada is a founding member of the Organization of American States but is not a signatory to its Inter-American Convention on the Protection of Rights of Older Persons which reaffirms the right to physical and mental health without discrimination of any kind.

Some recent positive measures have been taken in closing the gaps faced by older Canadians with respect to health care. Notably, a United Nations Declaration on the Rights of Indigenous Peoples Act and new long-term care standards focusing on better governance, resident-centeredness, and quality of life. Unfortunately, these provisions are not compulsory, and need legislative enforcement for full impact. The UN Convention on the Rights of Persons with Disabilities could inform how a similar legally binding international instrument could provide the necessary impetus for appropriate legislative action in Canada.

Misleading phrases are promulgated, intimating health care as a right, including “free health coverage” and “universal health”. Factually, judicially excluded ageism exists within health care in Canada, with a dearth of enforcement, begging the need for vital legal reform through legislation and litigation.

Evidence of ageism in Canadian health care is clear. Age-based triage protocols and rationing of care, paternalism, and forced decisions are ubiquitous within a chronically stressed, underfunded, understaffed, and under-regulated system of care in crisis.

In Canada, no express right to health care or the right to access to justice exists for anyone, including older persons.

Over the past 40 years, only 12 cases pertaining to age discrimination related to employment for older adults, and none for health care were heard by the Supreme Court of Canada. Data regarding number, type, and resolution complaints regarding health care for older people is not easily available, needing crucial action.

It is disheartening to note that mental disorders persist as one of the top ten global health burdens, with no significant reduction in disease burden over the past three decades. They currently account for 18% of the global disease burden and are projected to cost an astonishing US\$6 trillion annually by 2023.

One of the most glaring injustices is the denial of healthcare access based solely on age, disregarding a person's actual health needs. Eradicating ageism within the healthcare sector is paramount to strengthening the rights of older individuals to health and healthcare access. It is

crucial to remember that what we tolerate, we inadvertently promote. We cannot and must not permit human rights violations against older persons to persist.

In essence, human rights are universal and encompass older individuals who are too often marginalized. It is the duty of nations to take decisive action to combat discrimination and mistreatment of older people, ensuring their inclusion in all facets of society, particularly in healthcare and policy planning. The establishment of dedicated international laws protecting the rights of older people is indispensable in safeguarding their well-being in an ever-changing world.

As we embark on the transformation of healthcare, we must establish clear standards for human rights-based care for older persons, including mental health care. Mandatory accreditation standards for all providers and institutions caring for older persons are vital. Equally imperative is the cultivation of a culture of care among all stakeholders, eradicating ageism, mentalism, and ableism to ensure that older persons receive care with the dignity and respect they deserve.

Ageism must now be combated through education, intergenerational interventions, and reforms of policy and law. A UN convention on the rights of older persons could improve access to health through pathways tailored for older persons in instances where the right to health is impeded.

1) Social inclusion

Social inclusion is a challenging phenomenon in Canada as our population ages. Research shows that 30% of older Canadians are at risk of becoming socially isolated.

Social isolation is commonly defined as a low quality and quantity of contact with others, as well as the absence of mutually rewarding relationships. Social Isolation can lead to poor health, loneliness, emotional distress, and other negative effects. It is linked to the undervaluing of and the loss of older persons in the volunteer sector and in paid employment. Social isolation impacts society at large through lack of social unity, higher social costs, and the loss of the wealth of experience of older persons to community. Social isolation significantly increases premature death from all causes, and is associated with a 50% increase in dementia, adverse mental health outcomes and higher rates of depression and suicide.

The Government of Canada and the provincial and territorial governments have undertaken several studies on the impact of social isolation in recent years. These reports outline the factors that lead to social isolation which including living alone, having a low income, being age 80 or older, having a compromised health status, lacking in access to transportation and to community services and programs, and being a caregiver (amongst other factors). The reports also outline protections for social inclusion, including having enough income, safe housing, the skills to seek services and access to health and community services, supportive social networks, and access to transportation.

There is work underway to increase the social inclusion of older persons, including Canada's New Horizons for Seniors program, which provides funding for projects that make a difference in the lives of seniors and in their communities. Some provinces have adopted adult protection legislation for vulnerable and incapable adults and for older adults, and in one case protection against exploitation of older persons and of persons with a disability is enshrined in provincial human rights legislation. That said, there is much more to be done to increase social inclusion among older persons.

At present the consideration of older persons is not mainstreamed in Canadian legislation or jurisprudence. Anti-ageism mainstreaming would involve integrating the perspective of older persons into the preparation, design, implementation, monitoring and evaluation of policies, laws, and regulation to promote age equality and reduce age discrimination. The factors influencing social inclusion and the complex solutions required need an integrated, multi-governmental legislative and policy approach along with societal change and community responses. A United Nations convention on the rights of older persons could lay the international legislative foundation to help address fulsome social inclusion and ageism.

m) Accessibility, infrastructure, and habitat

Climate change is the biggest threat faced by modern humans and is labelled as a "crisis multiplier". Canada is warming at twice the global rate negatively impacting the supply of food, water, air, and the environment. Older persons are particularly vulnerable to extreme weather events resulting in disastrous, often fatal changes to their physical and health mental health, mobility, immunity, cardiac, and respiratory status, augmented by inadequate access to health care, medications, and assistance with daily life. Worse outcomes are related to psychosocial factors including poverty, female gender, Indigenous or minority status, national or social origin, and disability. The impacts of climate change are a human rights violation, which must be urgently rectified by global recognition of the human right to a safe, clean, healthy, and sustainable environment with special attention to older persons.

Canada has both federal and provincial/territorial legislation on emergency disasters. Federal emergency legislation and response plans apply only to situations that are within federal jurisdiction or cannot be dealt with by the provinces and territories. The federal legislation does not specifically address the needs of older persons. Provinces and territories have their own legislation on emergency disasters. Yet, again, none of it addresses specifically the needs of older persons.

Between June 25 and July 1, 2021, the province of British Columbia experienced a "heat dome" with record temperatures of over 49°C. Almost 600 people died as a result, with 91% of victims aged 60 or over. Human Rights Watch reports that a "lack of access to cooling and targeted support contributed to preventable suffering and possibly the death of older people and

persons with disabilities,”⁷ a clear violation of their human rights. Further, most deaths occurred among people living alone and at lower income levels.

In the aftermath, the BC provincial government promised an extreme heat response framework. This effort is laudable and an improvement over the pre-existing legislation and policy, however, there may still be an over-reliance on the community to meet the needs of older persons during extreme heat events. A rights-based approach would put the ultimate responsibility for protecting the most vulnerable members of society on the government.

The province of Ontario experiences severe storms year-round, which can cause extended power outages lasting for several hours or even days. This poses a high risk to those living in long-term care facilities, particularly those requiring feeding pumps or other essential technology relying on electricity.

Legislation requiring back-up generators for long-term care homes is robust, however, it is not effectively enforced. Without enforcement by the provincial government, the human rights of long-term care residents will continue to be imperilled by extreme weather-related power outages. Further, the lack of enforcement leads to a dearth of data on the number and duration of outages, the number of facilities and people impacted, the nature of the impacts, and efforts to improve compliance, meaning older persons continue to suffer in silence.

Similarly, the human rights of older persons and persons with disabilities are endangered by the absence of a legislative requirement for back-up generators in multi-storey condominium and apartment buildings. When the power goes out due to extreme weather, elevators cease to function and countless numbers of residents with mobility issues are trapped in their homes without access to food, water, or non-emergency medical care. Residents also cannot descend the stairs to access respite services. Currently, having a back-up generator is voluntary for landlords and condominium corporations.

A rights-based approach continues to be missing from the climate-change induced disaster responses noted above. Current legislation and response plans do not encompass the full slate of recommendations made in the Public Health Agency of Canada’s 2008 report ⁸ which was submitted to the UN Commission on Social Development. These recommendations include strengthening communication strategies (including dissemination of emergency information), integrating older people in all stages of emergency preparedness, improving accessibility to community resources, and developing instruments such as practice codes and guidelines to specifically address the needs of older people in emergencies. In other words, we know what to

⁷ LaFortune, Rachel, “One Year Since Deadly Heatwave in Canada, Protections Still Needed”, May 27, 2022, Human Rights Watch, available at: <https://www.hrw.org/news/2022/05/27/one-year-deadly-heatwave-canada-protections-still-needed>

⁸ Public Health Agency of Canada, “Building a Global Framework to Address the Needs and Contributions of Older Persons in Emergencies”, 2008, available at: <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/seniors-aines/alt-formats/pdf/publications/pro/emergency-urgence/global-mondial/global-eng.pdf>

do but have not taken the steps to implement meaningful change to better the lives of older persons.

ILCC calls on the Canadian government to support a United Nations convention on the rights of older persons to ensure that the rights of older citizens and older persons around the world are protected from further harm and neglect when facing climate change.

n) Participation in public life

Like any other Canadian, older persons have the right to involvement in the policies and laws impacting them. Indeed, they should be protected by the provision “leave no one behind”. Yet we saw in the COVID-19 pandemic how quickly older Canadian’s insights and rights were forgotten. Examples where older persons were not adequately incorporated in vital human rights decisions include: the situation in LTC and the resulting horrific death rate in Canada, the right to health (such as when older persons were barred from Canadian hospitals) and the right to protection in emergencies such as the British Columbia heat dome where older persons died exponentially.

While the right to participation in public life is referenced in human rights law, specifically the International Covenant on Civil and Political Rights, the situation in the pandemic illustrates the need for specific reference to age and a specific UN convention on the rights of older persons.

II. Options on how best to address the gaps

1. Please state how your organization has engaged with international and regional human rights mechanisms (for example: universal periodic review (UPR) treaty bodies, special procedures, regional mechanisms), specifically with regard to older persons.

ILCC has submitted reports and made statements to the following human rights mechanisms:

- the Human Rights Council; the UN Independent Expert on the enjoyment of all human rights by older persons;
- UN General Assembly - High Level Political Forum;
- discussions with the Canadian government and Canadian Human Rights Commission in relation to codifying human rights for older persons.

2. Have those engagement resulted in positive impact in strengthening the protection of the human rights of older persons? Please elaborate.

We have been in active discussions with the Canadian government on the need for a UN convention on the rights of older persons since 2016. To date, discussions with the Canadian government have not resulted in government support for a UN convention on the rights of older persons.

3. What other options can be considered to strengthen the protection of older persons? Please elaborate.

Besides the evidence provided above, there is 13 years of evidence at the UN Open Ended Working Group on Aging on the need for a UN convention on the rights of older persons. We feel the evidence is more than clear and unequivocal, action is needed. We refer the Co-facilitators to the report of the UN OHCHR which sets out in further detail the need for a convention on the rights of older persons.⁹

4. If applicable, what is your assessment on the protection of the human rights of older persons according to regional and international instruments?

The gaps in human rights protections for older persons in Canada as set out above speak for themselves. General human rights protections are insufficient to protect vulnerable older persons specifically. There is, as of yet, no fulsome and adequate response from any level of Canadian government. A UN convention on the rights of older persons will not close these gaps on its own, however, it would be a useful and welcome tool upon which to build enforceable legal protections for older persons. The success of existing treaties protecting persons with disabilities and the rights of children is proof that treaties work. While Canadians do benefit from many existing human rights protections, it is incumbent upon Canada as a democratic society to support a UN convention on rights of older persons both at home and internationally.

⁹ United Nations Office of the High Commissioner for Human Rights, "OHCHR Working Paper: Update to the 2012 Analytical Outcome Study on the normative standards in international human rights law in relation to older persons", March 2021, available at: <https://www.ohchr.org/en/documents/outcome-documents/ohchr-working-paper-update-2012-analytical-outcome-study-normative>