



Native Women's
Association of Canada

L'Association des
femmes autochtones
du Canada

Accessibility and Disability for Indigenous Women, Girls, and Gender Diverse People

Informing the new Federal Accessibility Legislation

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Accessibility and Disability

NWAC understands 'disability' to serve as an umbrella term for impairments of body structures or functions that can be psychological (the brain) or physiological (the body), activity limitations, or participation restrictions. A disability can be short term, long term, or permanent. It can also fluctuate in severity and be more progressive or regressive, chronic, intermittent, episodic, or continuous. There is a lot of diversity within the term disability which is why it can only be used as an overarching term to describe diversity in ability or limitations in performing social roles and activities.

In recent years there has been a move in Western society to use more inclusive language since some members of the disability community feel the term 'disability' carries a negative connotation. Other terms such as 'differently-abled'¹ or in terms of psychological or cognitive abilities 'neurodiverse'² or 'neurodivergent'³ have become popularized in the past decade. These terms are still contested by other members of the disability community for being prescriptive or reductive. There is no universally agreed upon language, but it is important to make sure whatever language is being used is coming from the appropriate community or individual and recognize each individual can decide what language to use to describe themselves. For this report the term 'disability' will primarily be used as an umbrella term since it is the most widely accepted, along with functional and activity limitations and mental health disorders.

It is important to note that any disadvantage or restriction of activity that is associated with a disability is caused by societal structures that take little account of people who have physical or psychological impairments and creates an environment where they are excluded. Barriers and limitations that come with impairments and disabilities are consequences of a society that views people with disabilities as limited. Furthermore, disability is characterized as the result of a complex and dynamic relationship between an individual's health condition, personal factors, and external factors that create the circumstances of one's life.

"The concept of impairment is culturally constructed. The Western version of impairment is based on how you are not able to contribute to the economy; the institutional "accommodations" then are constructed around rehabilitating a person to become economically viable. This becomes another form of assimilation that, as an Indigenous person, I feel acutely."

– NWAC survey participant (2017)

¹ United States Democratic National Committee. (1980). *Unknown*.

² Armstrong, Thomas. (2010). "Neurodiversity: discovering the extraordinary gifts of autism, ADHD, dyslexia, and other brain differences". Da Capa Lifelong: Cambridge, MA.

³ Saunders, Pamela. (2018). Neurodivergent Rhetorics: Examining Competing Discourses of Autism Advocacy in the Public Sphere. *Journal of Literacy & Cultural Disability Studies*, 12(1), 1-17.

Accessibility goes beyond the mainstream idea of physical accessibility and includes the accessibility of many intersecting environments.

The **physical environment** is the most commonly thought of when considering accessibility. This includes architecture, weather, technology, and specialized products.

The **social environment** includes family, friends, and community and how someone interacts with them.

The **cultural environment** includes traditional ways of healing, cultural perceptions of disabilities, and accessibility of cultural activities.

The **institutional environment** is typically defined through colonial institutions such as hospitals and education systems, but it can also include Indigenous-led initiatives such as community health clinics.

The **legal environment** is the laws, regulations, and enforcement mechanisms.

The **political environment** includes navigating both colonial and traditional political systems like the *Indian Act* or community leadership decision-making processes.

The **service provision environment** overlaps with political, institutional, and economic environments because it includes systems such as financial assistance or the non-insured health benefits (NIHB).

The **economic environment** includes employment and economic self-sufficiency.

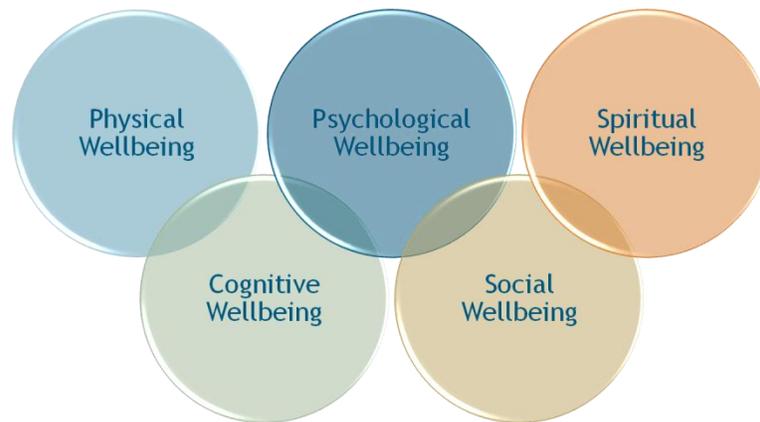
Living with a disability, functional limitation, or mental health disorder is a complex reality with many intersecting and underlying layers of marginalization that are overcome by individuals and their supports through inclusion, empowerment, and resilience.

“The current approach to accessibility erases difference. Those of us who need a kind of accessibility that cannot be universalized are left out, penalized, or the burden to accommodate is on us”.
– NWAC survey participant (2017)

Accessibility in an Indigenous Context

Living on the land for generations has enabled Indigenous peoples to develop an understanding of wellness that is more expansive than the Western concept of health as it includes physical, emotional, intellectual, and spiritual dimensions. Wellness must be understood holistically and dynamically as all these spheres of wellness intersect and fluctuate throughout a person's lifetime.

Figure 1 - Understanding Wellness



Upwards of 450,000 Indigenous people identify as having a disability, functional, or activity limitation, but it is unknown how many of those people are women, girls, or gender diverse because of inaccurate and insufficient data. Indigenous people are more susceptible to living with a disability because of the current social and political atmosphere and the impact colonization has had and continues to have on Indigenous communities. Moreover, Indigenous people are more likely to acquire a disability than to be born with one because of influential environmental factors including not being able to access supports to improve their social determinants of health (ie. education, healthcare, land, etc.). Some factors that impact rates of disability for Indigenous people include:

- (1) a lack of access to quality health care systems and affordable specialized equipment, especially mental health services and programming,
- (2) a high prevalence of non-communicable diseases such as diabetes as well as a high prevalence of infection diseases such as HIV/AIDS and tuberculosis,
- (3) a prevalence of lifestyle factors such as the abuse of alcohol contributing to rates of fetal alcohol spectrum disorder (FASD) which is known to be higher among Indigenous communities as a result of trauma and intergenerational trauma, and
- (4) environmental, social, political and economic influences such as the high prevalence of poverty, malnutrition, poor housing conditions, climate change, patriarchal colonial structures, and the systemic disempowerment of Indigenous women and girls by colonial governments and society as a whole.

The adverse conditions of colonization, as well as past and current paternalistic government approaches, have created an environment where Indigenous women are politically disenfranchised and economically marginalized. These factors are exacerbated when an Indigenous woman, girl, or gender-diverse individual is living with a disability, functional limitation, or mental health disorder⁴. This means Indigenous women with disabilities or functional limitations are excluded from decision-making positions and more often forced into financially and socially vulnerable positions which poses further challenges to economic and social development.

The social, political, and economic marginalization of Indigenous women today limits their access to necessary and appropriate supports and services that reduce the impacts of accessibility barriers⁵. First Nations, Métis, and Inuit women are directly impacted by the intergenerational and continued perpetuation of trauma by colonial systems and settler actions. These systems spread racism and sexism and have created a reality where Indigenous women experience violence, conditions of poverty, and poor health outcomes at higher rates than non-Indigenous people⁶. Settlers utilized deliberate and systemic means against Indigenous communities in attempts to quell traditional practices and beliefs. As a result, community norms have been disrupted, including the intentional breakup of families, communities and nations, by imposed borders and the accommodation of new settler populations who now have third, fourth and fifth generations. Colonization is largely responsible for the overthrowing of Indigenous forms of governance and self-determination such as the dissolution of Indigenous matriarchies and the traditional positions of persons with disabilities in communities.

Indigenous women were introduced to new ways of living, whether by choice or force, changing the way they were viewed by their communities. Current governing structures within Indigenous communities no longer recognize women's participation and contributions to the same extent as that of traditional Indigenous societies. Indigenous women, girls, and gender diverse individuals continue to face under representation and a lack of political voice in local, regional and national governments. This is exacerbated for Indigenous women, girls, and gender diverse people with disabilities. Traditional understandings of disabilities were interrupted and replaced with oppressive and limiting structures which continue today.

The advancement of reconciliation and decolonization will empower Indigenous women by returning their voices and knowledge to their rightful place as decision-makers. The most successful methods of fostering inclusion are empowering women and girls with disabilities through increased employment, access to education, access to health care, inclusion in cultural activities, and socio-economic autonomy.

⁴ Demas, Doreen. (1989). Triple Jeopardy: Native Women with Disabilities. *Canadian Woman Studies*, 13(4), 53-55.

⁵ Durst, D., Morin, G., Wall, S. & Bluehardt, M. (2007). A First Nations Woman with Disabilities: "Listen to what I am saying!". *Native Social Work Journal*, 6(1), 57-77.

⁶ Ibid.

“I would like to see cultural/spiritual support that is centralized and that I can use in every day situations...in a practical way with all my family members. As in one place that can support all my needs and the needs of my family members. They all need support and so do I to continue supporting them”.
– NWAC survey participant (2017)

Accessibility is a Human Right

Section 15(1) of the *Canadian Charter of Rights and Freedoms* states: “Every individual is equal before and under the law and has the right to 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”⁷.

The Canadian government takes two approaches to consider this. Antidiscrimination legislation is one approach which focuses on mitigating discrimination against persons with disabilities and areas requiring protection such as housing or employment. This type of legislation also includes complaint and enforcement mechanisms such as providing financial compensation if there is discrimination. An example of antidiscrimination legislation is the *Employment Equity Act*⁸ which aims to achieve fair representation and equality in the workplace for four designated groups: women, Indigenous peoples, persons with disabilities, and members of visible minorities. The second approach is creating specific programs and social services to address accessibility and inclusion. This includes resources and services which work to improve full participation in society such as subsidized bus passes or affordable housing.

Another approach the Canadian government can take is through international law and implementing the Truth and Reconciliation Commission on Canada’s (TRC) 94 calls to action. Although these laws and calls to action are not legally binding or enforceable by any international body, the Canadian government has committed to implementing these guidelines and should follow through with implementation into Canadian law. The following statements are guidelines the Canadian government has committed to implementing but are not yet enforceable through law:

The Truth and Reconciliation Commission Call to Action 20 states:
“In order to address the jurisdictional issues concerning Aboriginal people not living on reserves, we call upon the federal government

⁷ *Canadian Charter of Rights and Freedoms*, s 15(1), Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982 (UK)*, 1982, c 11.

⁸ *Employment Equity Act*, S.C. 1995, c. 44

to recognize, respect, and address the distinct health needs of the Métis, Inuit and off-reserve Aboriginal peoples”⁹.

The United Nations Convention on the Rights of Persons with Disabilities, Article 6.1 states “parties recognize that women and girls with disabilities are subject to multiple discriminations, and in this regard, shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms”¹⁰.

United Nations Convention on the Rights of Persons with Disabilities, Article 6.2 states “parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them in exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention”¹¹.

United Nations Declaration on the Rights of Indigenous Peoples article 21.2 states “states shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities”¹².

Through the implementation of the TRC, UNDRIP, and the UN Convention on the Rights of Persons with Disabilities into Canadian law, accessibility for Indigenous women, girls, and gender diverse people will be more attainable and they will be able to enjoy their human rights in a fuller capacity. Ultimately, self-determination and the empowerment of Indigenous people with disabilities and functional limitations into decision-making roles will be essential steps to realizing accessibility as a human right.

“I would like to see an affirmation or recognition of Indigenous people’s rights to uphold our own concepts of disability and by doing so, our own treatment plans and interventions. I would like these to be considered equally legitimate to Western conception and resourced accordingly. This should also be upheld in all support services – not just medical supports – including educational institutions and workplaces.” – *NWAC survey participant (2017)*

⁹ Truth and Reconciliation Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Winnipeg: Truth and Reconciliation Commission of Canada.

¹⁰ UN General Assembly, 6(1), *Convention on the Rights of Persons with Disabilities: resolution/adopted by the General Assembly*, 24 January 2007, A/RES/61/106.

¹¹ UN General Assembly, 6(2), *Convention on the Rights of Persons with Disabilities: resolution/adopted by the General Assembly*, 24 January 2007, A/RES/61/106.

¹² UN General Assembly, 21(2), *United Nations Declaration on the Rights of Indigenous Peoples: resolution/adopted by the General Assembly*, 2 October 2007, A/RES/61/295.

NWAC Engagement on Federal Accessibility Legislation

The Government of Canada's Employment and Social Development Canada (ESDC) department has committed itself to developing the first federal accessibility legislation to promote equality of opportunities and increase the inclusion and participation of people who have disabilities, functional limitations, and mental health disorders. ESDC has consulted with Canadians both in person and online to address the following barriers:

- 1) Physical and architectural barriers that impede the ability to move freely in the built environment, use public transportation, access information or use technology.
- 2) Attitudes, beliefs, and misconceptions that people may have about people with varying abilities and disabilities and stigmas surrounding these disabilities.
- 3) Outdated policies and practices that do not take into account the varying abilities and disabilities that people may have¹³.

In 2017-2018, NWAC engaged with Indigenous women and gender-diverse people with varying abilities and disabilities as well as their caretakers as part of a federally funded engagement project for developing new Federal Accessibility Legislation. NWAC conducted two online surveys in 2017 which were disseminated to community-based, Indigenous specific disability support providers and networks, and through NWAC's social media. An interim report was produced with the results of the first survey, and a webinar was hosted with the results of the second survey. The following section will explore the details of the online engagements, their thematic findings, and results.

Phase 1 engagement – findings and results

NWAC listened to the perspectives and recommendations from Indigenous women and gender diverse individuals who self-identified as having or being the caretaker of someone with a disability, functional impairment, or mental health disorder. These participants shared their experiences and needs through an online survey which was available in both English and French and was available for one month in February 2017.

Some basic demographic information was collected to provide context to the responses from the eighty-five (85) participants. The majority of participants reported being First Nations women living off-reserve, primarily in British Columbia and Ontario. 56% of participants self-identified as having a disability or mental health disorder, and 44% as caring for someone who has a disability or mental health disorder.

There were several thematic findings commonly presented in the survey results. A significant majority of participants (70%) reported encountering accessibility difficulties when accessing federal services or programs, especially employment services and

¹³ Government of Canada. Employment and Social Development Canada. (May 2017). *Accessible Canada: Creating new federal accessibility legislation, What we learned from Canadians*. Cat. No.: Em4-16/2017E

programs. Moreover, the program and service delivery sector was identified as the most important area for eliminating accessibility barriers. Patience and compassion were identified as lacking in these current systems. Participants felt that federal service providers do not reflect an adequate understanding of accessibility needs. Participants also shared that wait times are consistently unreasonably long among federally regulated basic service providers which can be exceptionally difficult for people with disabilities.

The Government of Canada's current approach to accessibility is centered on protecting the human rights of people with disabilities. However, systemic issues that are ubiquitous in inaccessible societies puts the burden of seeking justice on the shoulders of the people with disabilities which has proven to be inefficient, time-consuming, and ineffective in addressing important structural gaps. Participants noted the importance of using lessons learned from provincial accessibility legislation and build off culturally appropriate accessibility legislation from other countries, such as Australia¹⁴.

The findings strongly state the need to address discrimination and systemic and structural barriers Indigenous women, girls, and gender diverse people with disabilities and functional limitations encounter. Participants recommended that this can be achieved through improving the general public's understandings of varying accessibility needs through education and training to fight stigma. Furthermore, the majority of participants noted there was a need for intersectional understandings of barriers which impact Indigenous women and girls, particularly seen in systemic discrimination based on race, gender, and abilities. It was noted that most Indigenous-run organizations do not take into account gender or accessibility intersections, while government-run organizations do not adequately take into account cultural, gender, or accessibility.

Recommendations were also put forward on how to implement the legislation and ensure there is both transparency and accountability to Indigenous people with disabilities. Indigenous women strongly stated that in order for the federal government to remain accountable to the new legislation, a combination of proactive, auditing, and reactive measures should be taken including action plans, progress reports, audits, and complaint systems. Implementation of the legislation in Indigenous communities will be delicate and not without logistical, financial, and structural difficulties. Participants suggested looking at implementation designs specific to the needs of Indigenous women. For example, appointment systems for remote and isolated communities, cultural safety training for service providers, and an extensive education plan that teaches Canadians about colonization and the impact it has had on how mainstream society views people with disabilities.

“The federal system must educate themselves about the true history of Canada and First Nations and learn to embrace diversity with honesty.”
– NWAC survey participant (2017)

¹⁴ Australian Government. (2009). *SHUT OUT: The experience of People with Disabilities and their Families in Australia - National Disability Strategy Consultation Report*. National People with Disabilities and Carer Council.

Phase 2 engagement – findings and results

The Phase 2 survey served as a follow-up to the Phase 1 survey to expand on several themes and recommendations. It was active from June 2017-August 2017 in both the English and French languages. The survey questions were developed based on the themes and findings from the Phase 1 survey. Areas of focus were on attitudes of and discrimination by service providers, the public, and government employees, inclusive reporting and evaluation of the legislation, and further details on special considerations that should be taken for Indigenous peoples.

A total of 96 Indigenous women and gender diverse people participated in the survey with 74% reporting they identify as having a disability, functional limitation, or mental health disorder or take care of someone with a disability. The remaining 26% reported both living with a disability, functional limitation or mental health disorder and taking care of someone who is also living with a disability. Nearly half the participants identified as First Nations (47%) and Metis (51%) with only 2% identifying as Inuit. The majority of participants (65%) reside in urban areas with a significantly smaller number residing on reserves (11%). Over half the participants (52%) reported living in British Columbia, nearly a quarter (24%) in Ontario and significantly smaller numbers in other provinces with no participants living in Yukon, Nunavut, or Newfoundland.

Changing attitudes and protecting Indigenous women, girls, and gender diverse people with disabilities from discrimination were noted as critical focal points for the legislation. It was suggested that mandatory sensitivity training that addresses the experiences of people with disabilities as well as cultural safety training that improves understandings and attitudes of traditional practices and experiences of Indigenous people. These trainings could include various teachings on traditional practices, trauma-informed practices, and histories of Indigenous people as told by Indigenous people. For example, respecting traditional medicines and healing practices as legitimate alternatives to Western medical systems, distinctions-based differences in the present realities of First Nations, Métis, and Inuit communities, and respond to the needs of differing genders including women, men, Two-Spirit and gender diverse people.

Participants were asked if there were any areas of focus specific to Indigenous women or their communities that the legislation should consider. Sixty-two percent (62%) of participants stated they would like to see specific regulations around mental health and addictions included in the legislation. Some participants felt mental wellness could be included in training regulations, whereas others thought it should be written into the legislation equal to the term 'disability'. Moreover, participants expressed the need for education about mental health and wellness in Indigenous communities. They explained that without proper education community members cannot detect mental health disorders or illnesses which can lead to severe consequences. Furthermore, sixty-eight percent (68%) of participants strongly believe that people impacted by Fetal Alcohol Spectrum Disorder (FASD) should be given special consideration in the legislation. They noted that people living with FASD need lifelong supports and it is a disorder that has greatly impacted a number of Indigenous communities. Ensuring there

are preventative and educational components when considering FASD is essential to having greater public understanding on the disorder and how it impacts Indigenous individuals and communities. Also, participants noted particular barriers for Indigenous women accessing basic services. Costs of travel are significantly higher for people with disabilities in remote and isolated communities and can lead to dangerous alternatives. For example, one participant from British Columbia noted having to hitchhike to the city to have regular testing performed and she never feels safe, but there is no public or affordable transportation for her to use and no health services in her community.

Creating safe spaces for Indigenous people with disabilities was recommended by sixty-three percent (63%) of respondents who supported having culturally appropriate drop-in centers for people with disabilities and functional limitations. Participants felt these drop-in centers should be a space for cultural support, group engagement and interaction, and cultural activities. A small group of participants (11%) suggested that these drop-in centers be incorporated within existing infrastructures such as friendship centers, in order to support these organizations and cut down on costs. A smaller percentage of participants (7%) reported worrying about drop-in centers specifically for Indigenous people with disabilities facilitating further segregation from communities.

Finally, funding was the most commented on topic in the survey. Participants cited the lack of funding for training, for education, for social programs, for alternative medicines, and for adequate infrastructure. Particular emphasis was placed on increased funding for training and social programs to foster not only accessibility, but also inclusion into Indigenous and Canadian societies. Investments must be made in the health care, education, and federal service delivery systems to provide cultural safety to remove racism and sexism. From these findings, moving forward it must be acknowledged that accessibility and inclusion are connected but should not be considered the same. One does not guarantee the other, therefore it is important that Indigenous women, girls, and gender diverse people are in accessible environments and feel fully included in social, economic, and political spheres.

“Often Indigenous folks are criminalized for their mental health disabilities...a huge number of Indigenous women who are incarcerated have brain injuries or mental health disorders. My personal experience accessing mental health supports was very traumatic and completely dismissive of my culture and identity as an Indigenous woman” – *NWAC survey participant (2017)*

Recommendations

The following are recommendations for creating more accessible and inclusive environments for Indigenous women, girls, and gender diverse people with disabilities, based on the engagement responses from participants.

Sustainable and adequate funding

Financial support for those living with disabilities needs to be reflective of the unique accessibility barriers that they face. A “one size fits all” approach to funding does not account for intersecting factors that influence accessibility. For example, Métis respondents noted that they do not receive the same funding for certain services that status First Nations people do. Investment is not only necessary for training, but also for basic and specialized services, such as support within a school, or transportation, or education itself.

(1) Invest in rewarding employment opportunities for Indigenous women with disabilities in their communities to provide a living wage and foster feelings of pride and purpose.

(2) Provide Northern and isolated communities with equal access to and quality of programs and services, especially concerning health care, specialized education, and mental health supports.

Culturally safe and trauma-informed training

Mandatory cultural competency training for all government staff, healthcare professionals, and other political representatives as an important aspect of ensuring that the new accessibility legislation measures cultural sensitivity. Respondents said it is important that this training is created and facilitated by Indigenous peoples and takes a gendered lens.

Accessibility legislation must incorporate a trauma-informed approach to programming and advocacy that acknowledges the history of colonization, and the way that intergenerational trauma influences presents issues. Respondents noted that some disabilities such as FASD are the direct effect of intergenerational trauma and colonization, and programming/supports need to address this history in order to be effective.

(1) Invest in Indigenous specific services and programs that are culturally safe in social service areas such as: housing supports, education and child care, employment centers, and on mental health services.

(2) Invest in better training for Indigenous service providers to create more reliable and accessible services and reduce barriers to culturally appropriate programming.

Culturally-driven legislation

Respondents would like the new accessibility legislation to be culturally driven. More than half of respondents said there is a need for greater access to traditional ceremonies, medicines, storytelling, and time spent with Elders. Mental health services should be included in this approach to better serve the needs of remote and isolated communities, for example, implementing call centers which are easier to access for members of remote communities. Also, those that access services should be able to provide some sort of feedback/evaluation in order to ensure that the legislation measures cultural sensitivity.

- (1) Increase cultural workshops and capacity of healing processes in communities to cultivate mental and spiritual wellness as a condition to alleviating negative barriers.
- (2) Support proactive policies by providing culturally appropriate services and programs which prevent violence perpetrated against Indigenous women and girls with disabilities and their families.

Self-determination and decision-making power

Indigenous women, girls, and gender diverse people with disabilities and functional limitations must be given the power to decide what they need to improve their accessibility to and inclusion in political, social, and economic decision-making.

- (1) First Nations, Métis, and Inuit women must have control over and be leaders of programming that is meant for them and their families.
- (2) Empower Indigenous women, girls, and gender diverse individuals with disabilities and functional limitations to work in their fields of passion and support their socio-economic independence.

Collecting accurate data

It is extremely important to collect accurate data that is representative of each Indigenous identity and that captures a range of abilities. Participants agreed there is a lack of accurate data, and data that does not capture the realities of First Nations, Inuit, and Métis women, girls, and gender diverse individuals as distinct groups with their individual realities. The experiences of Indigenous women are often amassed with non-Indigenous women or with Indigenous men. Currently, there is no clear data that captures the prevalence of disabilities and the quantitative and qualitative barriers that impact First Nations, Inuit, and Métis women. The government will only be able to properly understand and address accessibility for Indigenous women when accurate data is prioritized.

(1) Collect and interpret disaggregated data that reflects the unique experiences of First Nations, Inuit, and Métis women from each other, Indigenous men, non-Indigenous women, and other gender-diverse people.

(2) Reclaim traditional Indigenous protocols, processes, and understandings around ways of knowing and what it means to gather data.

Location and reliable transportation

There need to be more services located in close proximity to Indigenous communities. Respondents suggested alternative forms of transportation that run more frequently, as a way to counteract accessibility barriers created by the inaccessible location of services. Possibilities for this could potentially include a driver service that goes to and from communities more frequently. Respondents often have to travel to big cities to receive healthcare/ other services, and this travel is especially difficult for individuals who have barriers in terms of mobility.

(1) Invest in alternative methods of transportation that are accessible, reliable, and affordable. Particular attention must be made in rural, remote, and isolated communities.

(2) Work with women and their communities to build quality and culturally-appropriate services and programs within Indigenous communities that advance the inclusion of persons with disabilities.

Holistic approach

The legislation must look at people holistically and recognize that individuals and the environments (physical, social, cultural, and economic) around them are interdependent. Legislation must address accessibility for the whole person, mind, body, and spirit.

(1) The new Federal Accessibility Legislation must take a holistic approach that looks at the layers of marginalization and intersectionality that Indigenous women experience, traditional ways of knowing, and the past, present and future realities of individuals and their communities.

(2) Consider Indigenous women and girls who are incarcerated, in long-term care facilities, and in the child welfare system and consider their mental health and access to supports. Particular attention must be paid to the criminalization of Indigenous women with mental health disorders.

Employ universal design

A number of participants also recommended employing universal design across all communities – urban, rural, remote, and isolated – to ensure the overall design of

communities is usable by everyone with a broad range of capabilities at little to no extra cost.

- (1) Implement the 'universal design' model with an Indigenous and gendered lens across transportation, infrastructure, telecommunications, etc. to facilitate the full inclusion of people with disabilities.

Accessible information about existing services and removal of arbitrary barriers to programs and services

Information about existing services for Indigenous peoples living with disabilities needs to be made more accessible. Often people are simply unaware of the services that already exist, and the legislation needs to better facilitate the accessibility of this information along with best practices to follow.

- (1) Greater access to information so that people can be aware of disability benefit programs, entitlements, and services and have them explained in terms and language they understand.
- (2) Instate a realistic, relative measure for accessibility and employment that does not remove benefits based on an arbitrary standard of income.
- (3) Support initiatives that make services, such as child care and specialized education, free or affordable for those with accessibility needs.

“It is so hard to just find adequate emotional/spiritual supports, never mind get there. Especially if you don't live in a major city. Social supports need to be provided in the area that people live in...in their homes...especially in rural areas, and it needs to be spiritually appropriate.”
– NWAC survey participant (2017)

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