



**Native Women's  
Association of Canada**




**L'Association des  
femmes autochtones  
du Canada**

## **Inclusion Without Assimilation NWAC Final Report to ESDC**

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Executive Summary



Prior to the start of this project, NWAC conducted a series of engagements in 2017-2018 with Indigenous women with physical or mental disabilities or who care for Indigenous peoples with disabilities from across Canada, with support from Employment and Social Development Canada. This process revealed significant gaps in the current cultural programming and services in accessibility structures available to Indigenous people living in Turtle Island and Inuit Nunangat. Not a single participant felt their provincial accessibility legislation or guidelines were adequate. We learned that the barriers Indigenous women and girls with disabilities and their communities face compound existing barriers to their social, political, and economic inclusion. Thus, we started this project with the conviction that comprehensive federal-level standards and regulations that are tailored to the unique experiences of Indigenous women, girls, and gender-diverse people are critical.

To meet the Federal Government's objective to be meet those needs with an all-inclusive, accessible, and tailored legislation, further analysis and outreach to Indigenous women and girls with disabilities was needed. On March 29, 2019, Employment and Social Development Canada (ESDC) invited the Native Women's Association of Canada (NWAC) to develop an engagement program with Indigenous women and gender-diverse people to ensure their voices were heard with regards to the implementation of the Accessible Canada Act.

Our proposal included engagement sessions, an online survey, and a position paper. Despite some challenges associated with limited participant knowledge of the Accessible Canada Act, the final recommendations made in our position paper provide decisive next steps, rooted in a CRGBA+ framework, for implementation of the legislation. The position paper puts forward eight key recommendations to advance a culturally-appropriate implementation of the Accessible Canada Act. Emergent themes used to inform these eight recommendations are derived from survey data and engagement session data that articulate the lived experiences of Indigenous women, girls, and gender-diverse people across Turtle Island.

This final report has been prepared to elucidate the best practices derived from this research endeavour and outlines next steps for NWAC and ESDC with regards to this policy area. The appendices attached to this report include two backgrounders created for engagement session participants, a post-engagement survey, as well as an online survey that was distributed nationally.

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## Summary

On March 29, 2019, Employment and Social Development Canada (ESDC) invited the Native Women's Association of Canada (NWAC) to develop an engagement program with Indigenous women and gender-diver people respecting the Accessible Canada Act. The intent of this proposed program was to encourage increased engagement with Indigenous communities prior to the implementation of legislation to address challenges unique to experiences of Indigenous women, girls, and gender-diverse people living with disability. Eligible activities included fostering partnerships between Indigenous organizations, Indigenous disability organizations and Indigenous leaders.

In Year 1, we held an engagement session with Indigenous women, Two-Spirit, and gender diverse people, Elders, and youth to discuss the *ACA*, and experiences and concerns regarding accessibility of federally regulated programs and services. We developed an online survey based on themes from the engagement session, surveying Indigenous women on the same topics to increase the size of our data set. We submitted an end-of-year report, including a summary of results and findings, identifying themes for further engagement on the *ACA*, and some preliminary recommendations. We held monthly teleconferences with ESDC.

In Year 2, we held a second engagement session with Indigenous women, Two-Spirit, and gender diverse people, Elders, and youth to discuss the *ACA*, and experiences and concerns regarding accessibility of federally regulated programs and services. This session expanded on themes from the year 1 engagement (e.g., ideal forms of collaboration between the federal government and grassroots initiatives) and focused on key intersectional concerns regarding the *ACA*. We developed a position paper using the results of these two engagement sessions and nation-wide survey.

The purpose of the position paper is to share the experiences of Indigenous women and gender-diverse people who participated in the engagement sessions to explore how the implementation of the Act might be tailored to address their unique challenges and social, cultural, political, and economic context. Indeed, the women and gender-diverse people that NWAC engaged feel that implementation in their communities must be led from within and by trusted members of their communities. Indigenous women, girls and gender-diverse people with disabilities experience a multitude of barriers that are compounded by intersectional forms of discrimination and experience.

Despite some challenges associated with limited participant knowledge of the *Accessible Canada Act*, the final recommendations made in our position paper provide decisive next steps for implementation of the legislation. This final report has been prepared to elucidate the best practices derived from this research endeavour, as well as identify some challenges inherent in completing this kind of research.

## About NWAC

NWAC is a National Indigenous Organization representing the political voice of Indigenous women, children, Two-Spirit, and gender diverse people across Turtle Island and Inuit Nunangat, inclusive of First Nations on and off reserve, status and non-status, disenfranchised, Métis, and Inuit. An aggregate of twelve Indigenous women's organizations, NWAC was founded on the collective goal to enhance, promote, and foster the social, economic, cultural, and political well-being of Indigenous women and gender-diverse people within their respective communities and Canadian societies.

For over 45 years, NWAC has established strong and lasting governance structures, decision-making processes, financial policies and procedures, and networks to help achieve its overall mission and goals. Today, NWAC engages in national and international advocacy aimed at legislative and policy reforms that promote equality for Indigenous women, girls, Two-Spirit, and gender diverse people, including 2SLGBTQQIA people. Through advocacy, policy, and legislative analysis, NWAC works to preserve Indigenous culture and advance the well-being of all Indigenous women, girls, and gender-diverse people as well as their families and communities.

## Project Purpose

The purposes of this project are to:

1. Address the unique barriers faced by Indigenous women and girls with disabilities
2. Help develop fully inclusive legislation and improve accessibility to services and programs in Canada
3. Engage with Indigenous women, girls, and gender-diverse people with disabilities
4. Connect Indigenous women with disabilities with each other, their carers, and their allies
5. Develop recommendations on how to tailor Bill C-81 (now the Accessible Canada Act, or ACA) based on a culturally-relevant gender-based analysis (CRGBA+)

The aim of this project is to develop concrete recommendations on how to implement the ACA, alongside the UN Conventions on the Rights of Persons with Disabilities (UNCRPD) and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP). These recommendations are presented in a position paper submitted to ESDC. This position paper will be used by ESDC to develop more specific recommendations to the federal government agencies affected by the mandates of the ACA in broader efforts to address the barriers faced by Indigenous women, Two-Spirit, and gender diverse people with disabilities.

## Project Methodology and Outputs



The data for the current report derives from two virtual engagement sessions and one nationwide online survey facilitated by Native Women's Association of Canada.

### Engagement Session 1

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### Engagement Session 2

Mirroring the first session, participants who confirmed attendance were requested to complete the same pre-session survey. Four participants sent their completed responses prior to the engagement session. The second engagement session was held on June 23, 2020 and was similarly held on the virtual platform Zoom. The session included ten participants and three NWAC facilitators. The session lasted approximately three hours. Based on the session transcript, NWAC developed a session overview detailing the problems and solutions put forward by session participants. **Problems** included slow services (e.g. postal services); untrained or disrespectful staff (e.g. with federal transportation agencies such as ViaRail); inaccessible buildings and built environments (e.g. on-reserve pre-fab housing); inaccessible disability services (e.g. barriers to getting the ID that facilitates access to disability services); and heightened disparities in the context of the pandemic (e.g., inaccessibility of ICT). Discussed **solutions** included recognizing intersectionality and the unique needs of Indigenous women with disabilities; recognizing and destigmatizing mental health issues (e.g. recognizing colonial trauma as a source of disability); communicating needs in one's own voice; and building connections and leadership capacity. To this last point, one participant noted: "Those of us on this call and other women in our community could reach out and mentor other folks, be they young or older people. We need to have mentoring opportunities that are properly constructed and we need properly-run leadership programs to help people get the skills to apply for and be on some of the agencies and local, provincial, or federal disability committees".

### Online National Survey

To complement the two engagement sessions, NWAC developed an online survey. In May 2020, the project team developed English and French versions of a 20-question online survey. The goal of the survey was to obtain feedback on how the ACA could best serve the needs of Indigenous women, Two-Spirit, and gender diverse people with physical, cognitive, learning, visual, sensory, or hearing-related impairments. Survey questions included demographics, caregiver status, knowledge of the ACA, noticeable changes in program and service delivery in the government agencies impacted by the ACA, barriers and challenges related to disability, and suggestions on how to improve feedback processes (please see Appendix X for full survey). The survey was distributed via NWAC's existing social media channels, via the networks of key collaborators (e.g. IRIS, BCANDS, and ARCH Disability), and personal networks. The survey was live for 5 weeks and received 102 eligible responses. Of the 102 respondents of the online survey, one identified as Inuit, 21 identified as Metis, 63 identified as First Nation, 15 were not Indigenous and two chose not to respond. Further, the majority of participants reported residence in either Ontario (n=32) or British Columbia (n=35). This mirrors Canada-wide

statistics which show that the largest numbers of Indigenous people in Canada live in Ontario and the western provinces (Manitoba, Saskatchewan, Alberta, and British Columbia). The majority of survey participants reported living in urban areas. Indeed, 39 people surveyed reported living in a large urban population centre defined as 100,000 residents (or more). A further 20 participants reported living in a medium population centre defined as having under 100,000 residents. Finally, 22 and 13 respondents reported living in small population centres and rural areas respectively. Finally, the majority of survey respondents identified as a woman. Of the 102 respondents, 71 identified as heterosexual and 12 identified as bisexual.

### Monthly Teleconferences with ESDC

Throughout this process, NWAC remained in contact with our ESDC project officer. These monthly check-ins provided an important platform to discuss plans for upcoming project outputs, emergent findings from engagement sessions and the survey, and reporting expectations and requirements. These touchpoints with the senior policy analyst at ESDC were helpful in numerous ways: for example, they helped ensure the accessibility of our online survey and ensured that both parties were up-to-date on relevant policy and advocacy developments since the passage of the ACA in summer of 2019 (e.g. implementation of UNDRIP in BC; Accessibility Standards Canada's 2019-2020 Annual Report). []

### Position Paper

The data derived from the engagement sessions and survey were used to develop a final position paper to be submitted to ESDC. The position paper makes eight key recommendations:

**Recommendation 1:** Canada must ensure that accessibility legislation and related information is accessible to all levels of understanding and make further attempts to provide important documents in Indigenous languages. Canada must develop a Companion Document for the Accessible Canada Act, and fund Indigenous-led education sessions in Indigenous communities, centres, and council offices.

**Recommendation 2:** Engagement, education, and all subsequent implementation measures must begin with a process of jurisdictional asset mapping to leverage existing Indigenous-led community resources that are more reflective of the lived realities of community members.

**Recommendation 3:** Canada must consider and reconcile the limitations of information dissemination in remote communities and other vulnerable populations for which internet access is not available or reliable.

**Recommendation 4:** Service providers who will facilitate the implementation of the Accessible Canada Act must receive cultural humility training.

**Recommendation 5:** The implementation of the Accessible Canada Act necessitates the hiring of community-specific System rlators to assist persons in community living with disabilities.

**Recommendation 6:** Canada must actively address multi-sectoral barriers to access for services for Indigenous women, girls, and gender-diverse persons with post-traumatic stress disorder as the result of traumatic histories.

**Recommendation 7:** Canada must work with Indigenous women, girls and gender-diverse people to develop sustainable systems of consultation with communities to encourage more consistent communication.

**Recommendation 8:** Canada must develop, invest in, and maintain a minimum standard of infrastructure in areas of federal jurisdiction prior to implementing the *Accessible Canada Act*. Prioritization of infrastructure development must include ongoing consultations with Indigenous communities.

In the process of drafting the position paper, the project team realized that it would be prudent to ensure that our analyses and recommendations not only accurately analyzed participants' experiences and recommendations but also responded to the most relevant and pressing needs of Indigenous women and gender diverse people living with disabilities since the passage of the *ACA* in July 2019. Consequently, NWAC contracted six peer reviewers to provide insight and expertise while reviewing drafts of the paper. Each of these reviewers possess distinct subject matter area expertise, including lived experience, academic disability studies, Indigenous disability advocacy, legal advocacy, and disability policy at the international and national level. Over the course of several months (January – March 2021), these reviewers each provided substantive feedback and suggestions; we are indebted to them for their significant contributions to the content of the position paper.

## Key Definitions

This section provides key definitions of several concepts and approaches framing NWAC's position paper on the implementation of the *ACA*. Some of these concepts are further explicated in the following section outlining the characteristics of Culturally-Relevant Gender-Based Analysis (CRGBA+), which is NWAC's guiding analytical framework for all of its policy work.

**“Asset Mapping”** in the context of the present report refers to a strength-based approach to identifying the institutions, groups, associations, and individuals who serve as positive resources within their communities.

**“Culturally Appropriate”** is a term used in this paper to describe an approach in policy, training, and legislation that works to understand and respond to Indigenous cultures and realities. This involves taking the time to become familiar with the social, cultural, and political structures of the communities in which you are working as well as the people with whom you are interacting. Practicing cultural appropriateness ensures that the programs, services, and/or legislation that you are implementing will reflect the needs, desires, and rights of the communities in question. Related terms and approaches include cultural humility, cultural safety, cultural relevance, and cultural competence. These terms are not interchangeable, as the definitions below illustrate:



- **Cultural Awareness:** When people are aware of their own social position and the difference between themselves and others, and between their own culture and others’.
- **Cultural Sensitivity:** When people understand the differences between cultures and how these differences can become foundations of problems and barriers for certain groups.
- **Cultural Competency:** An approach that focuses on attaining skills and knowledge to work in more effective ways with people of different cultures. Folks who are culturally competent are more likely to recognize the effects of colonialism on Indigenous people, often have the awareness and sensitivity to understand what would be offensive or damaging, and make efforts to foster positive relations.
- **Cultural Humility:** When people are able to admit when they make a mistake and ask questions to further their understanding. Listening without needing to respond. Cultural humility is a life-long process of self-reflection and self-critique to understand personal biases and to develop and maintain mutually respectful partnerships based on mutual trust.
- **Cultural safety:** An approach that recognizes how historical and social contexts, and power imbalances, shape interactions and experiences and works to address these power imbalances at the interpersonal and structural level. A culturally safe approach is determined by the people who receive the service, not those who provide it.

A “**Distinctions Based Approach**” (also outlined in the next section) recognizes and accounts for the distinct lived experiences between and among First Nations (both on-reserve and off-reserve, both registered and non-registered), Inuit, and Métis individuals. It means creating space for understanding and delineating the distinct experiences of First Nations, Inuit, and Métis peoples, rather than taking a “pan-Indigenous” approach that risks flattening out crucial differences amongst and between Indigenous peoples.

A “**Strengths Based Approach**” resists defining people according to their perceived “deficits” or struggles and focuses instead on the tools they possess to navigate the societal barriers they face. This approach also resists pathologizing language that labels a person based on their experience [i.e. person living with a disability is non-pathologizing; calling someone disabled can be viewed as pathologizing, as it reduces their identity to their disability status].

## CRGBA+

Gender-based Analysis Plus (GBA+) is an analytical process that the Government of Canada has committed to using; this process assesses how legislation, policies and programs affect women while accounting for the intersection of sex and gender with other identity factors such as race, ethnicity, religion, and age.<sup>1</sup> Undertaking GBA+ is an important component of ensuring compliance with Canada’s obligations as

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<sup>1</sup> Status of Women Canada, “What is GBA+” (28 Oct 2020) < <https://cfc-swc.gc.ca/gba-acs/index-en.html> >.

outlined in international law (e.g. CEDAW), with respect to women's rights and the rights of Indigenous peoples.

While the adoption of GBA+ across government departments and agencies has facilitated more gender-sensitive policies and programs, it continues to fall short in fully accounting for the intersections of gender and Indigeneity. Specifically, one of the biggest gaps in mainstream GBA+ is that it fails to adequately bring up the role colonization has played in the ongoing trauma and violence in the lives of First Nations, Métis, and Inuit women and gender-diverse people. CRGBA works to close this gap and recognizes the persistent and harmful impacts colonization has had and continues to have on the lives of Indigenous women and gender-diverse people. mainstream GBA frameworks do not include a cultural or historical framing, nor do they account for the multifaceted, intersecting aspects that make up Indigenous women's identities, including ethnicity, cultural identity, gender identity, sexual orientation, ability, class, or geographical location. Given its commitment to informing equitable, inclusive, and transformative programs and policies, NWAC strives to close this gap.

Culturally relevant gender-based analysis plus (CRGBA+) responds specifically to the culturally relevant factors Indigenous women and gender-diverse people face respecting laws, policies, and programs. CRGBA+, as practiced by NWAC, has four key characteristics:

1. It is **distinctions-based**, recognizing and accounting for the distinct lived experiences Indigenous communities and individuals. In contrast to pan-Indigenous approaches, CRGBA+ recognizes that First Nation, Métis, and Inuit peoples have all had separate experiences with colonization and will be impacted differently by legislation, policy, and programs.
2. It **recognizes and respects sexual and gender diversity**, remaining critically reflective of the ways in which patriarchal and heteronormative norms about sexuality and gender have (and continue to) impact Indigenous communities.
3. It is **intersectional**, incorporating the idea that different aspects of everyone's identities come together to create unique experiences in relation to power. In the context of this project, intersectional CRGBA+ addresses how ableism, racism, and sexism (as central forces of discrimination and marginalization) intersect to shape the everyday lived experiences of Indigenous women and gender diverse people living with disabilities.
4. It is **respectful and inclusive of Indigenous knowledge**. A CRGBA+ approach acknowledges how assimilative and oppressive colonial agendas have, and continue to, actively delegitimize Indigenous ways of knowing. As the Government of Canada works to implement the ACA, it will need to respond to Indigenous understandings of 'disability', which may differ from those of the non-Indigenous western world (Connell, 2011).<sup>2</sup> For many Indigenous people, "normal" wellness and health depends on an individual ability to balance with their spirituality, family, social connections and ancestral attachment to the land

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<sup>2</sup> Connell, R. (2011). Southern bodies and disability: Re-thinking concepts. *Third World Quarterly*, 32(8), 1369-1381.

(Barker & Murray, 2010).<sup>3</sup> Equity is thus much more than simply meeting basic medical needs: a federal response to address the needs of Indigenous women, girls, and gender diverse people with disabilities needs to be responsive to potentially different understandings of the very notion of “disability”.

CRGBA+ can help proponents and government decision-makers understand the potential unidentified or misunderstood effects of proposed legislation, policies or programs on Indigenous women and gender diverse people.

In the context of disability policies and legislation, the aim of CRGBA+ is to enhance Indigenous women’s access to rights and services regardless of (dis)ability and to ensure that this access is equitable, inclusive, and responsive to present policy and jurisdictional gaps. Further, applying CRGBA+ facilitates policy and program adherence to Canada’s obligations to promote and ensure the full enjoyment of human rights of persons with disabilities (as outlined by the UNCRPD, which was ratified by Canada in 2010).

If this framework is used across organizations and government departments, it could markedly increase the Canadian government’s accountability for responding to the lived experiences of people who are multiply marginalized, as well as overall consistency for how CRGBA+ is applied in a policy context.

## Legislative Framework

This section discusses the legislative framework and political context within which NWAC’s Position Paper on the *ACA* is embedded. As noted at the outset of this report, NWAC’s initial engagements throughout 2017-2018 took place in the lead-up to the introduction of Bill C-81 to Parliament. By the time the current project had officially begun, Bill C-81 had come into force as the *Accessible Canada Act*.

### Bill C-81/The Accessible Canada Act

After extensive consultations, Bill C-81 was introduced to parliament in June 2018. It came into force on July 11, 2019 as the *Accessible Canada Act*, or *ACA* (ESDC, 2019).<sup>4</sup> The purpose of the *ACA* is to create a barrier-free Canada on or before January 1, 2040 by “identifying, removing, and preventing barriers to accessibility in seven priority areas:”

- employment
- the built environment
- information and communication technologies
- communication
- transportation
- design and delivery of programs and services

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<sup>3</sup> Barker, C., & Murray, S. (2010). Disabling postcolonialism: Global disability cultures and democratic criticism. *Journal of Literary & Cultural Disability Studies*, 4(3), 219-236.

<sup>4</sup> ESDC (19 November, 2019). The Accessible Canada Act. Unpublished PowerPoint presentation.

- procurement (ESDC, 2019, slide 4).

The ACA lays the groundwork for changes to other laws including the Canadian Human Rights Act, the Telecommunications Commission Act, and the Canada Transportation Act, among others. The ACA empowers the Government of Canada to carry out more work to identify and eliminate barriers for people with disabilities. Other key elements of the ACA include:

- The creation of a new organization, the Canadian Accessibility Standards Development Organization (CASDO), to develop accessibility guidelines, standards, and regulations. This type of organization has never before existed at a national level.
- The creation of an Accessibility Commissioner who will work as an advisor to the Minister on accessibility matters.

New guidelines for accountability and compliance include financial penalties for federal organizations that are not accessible.

## UNDRIP

### Overview

The United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) was passed in 2007 by the United Nations. Although it is not yet legally binding at the federal level, UNDRIP outlines the individual and collective rights of Indigenous peoples, including their ownership rights to cultural expression, identity, language, employment, health, and education. UNDRIP “emphasizes the rights of Indigenous peoples to maintain and strengthen their own institutions, cultures and traditions, and to pursue their development in keeping with their own needs and aspirations” (UN, 2013). It prohibits discrimination against and marginalization of Indigenous peoples, and it “promotes their full and effective participation in all matters that concern them and their right to remain distinct and to pursue their own visions of economic and social development” (UN, 2007; UN, 2013).<sup>5</sup> The UN describes UNDRIP as setting a global standard for how Indigenous peoples should be treated, which will hopefully play a large role in eliminating human rights violations against the 370 million indigenous people around the globe (Sargent & Samanta, 2016).<sup>6</sup>

### Key Resolutions

Although UNDRIP relates to the rights of Indigenous Peoples in general, it specifically mentions Indigenous peoples with disabilities in Articles 21 and 22, ensuring that Indigenous women, girls, and gender-diverse people are free from all forms of violence and discrimination.

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<sup>5</sup> United Nations. (13 September 2007). United Nations adopts Declaration on Rights of Indigenous Peoples. Retrieved from: <https://news.un.org/en/story/2007/09/231062-united-nations-adopts-declaration-rights-indigenous-peoples>

United Nations. (13 April 2013). Frequently Asked Questions: Declaration on the Rights of Indigenous Peoples. Retrieved from: <https://www.un.org/esa/socdev/unpfii/documents/FAQsindigenousdeclaration.pdf>

<sup>6</sup> Sargent, S. & Samanta, J. (Eds.) (2016). *Indigenous Rights: Changes and Challenges for the 21st Century*. The University of Buckingham Press.

*Article 21, s2* 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 rights and special needs of Indigenous elders, women, youth, children and persons with disabilities.

*Article 22, s1* states: Particular attention shall be paid to the rights and special needs of Indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.

## UNCRPD

### Overview

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted by the General Assembly of the United Nations on December 13, 2006. Canada ratified (i.e. agreed to abide by the Convention standards) on March 11, 2010 (CCD, 2011). To date, 163 countries have signed the Convention and its Optional Protocol, and 181 countries have ratified the CRPD (CCD, 2011).

The purpose of the CRPD is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities<sup>7</sup> and to promote respect for their inherent dignity” (OHCHR, 2020).

The CRPD uses a new approach called the “social model” to ensure the human rights of persons with disabilities (CCD, 2011). In contrast to charity and medical models, the social model sees disability as arising from barriers within an oppressive and discriminating society rather than impairment per se (Soder 2009). This shifts the burden of responsibility to be “cured” away from the individual and turns the spotlight onto society to dismantle the barriers that construct disability in the first place (Jackson, 2018). In line with this model, the CRPD is guided by several principles, including respect for the inherent dignity and individual autonomy of persons (e.g. to make one’s own choices); non-discrimination; equality of opportunity and equality between men and women; and full and effective participation and inclusion in society.

### Key Resolutions

- Access to justice
- Right to education
- Right to health
- Protecting the integrity of the person
- Respect for the family
- Habilitation and rehabilitation
- Right to participation
- Right to work and employment
- Right to adequate standard of living and social protection

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<sup>7</sup> In the context of the Convention, persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.



- Right to vote

Essentially, “the CRPD is a tool that helps communities and governments understand why and how the rights of people with disabilities haven’t been realized and it provides a framework that articulates the conditions needed to make rights a reality” (CCD, 2011).<sup>8</sup> The CRPD clearly articulates in 50 articles what ‘human rights’ mean in a disability context and establishes such reporting and monitoring procedures (CCD, 2011). However, to realize these rights, the Government of Canada and other organizations need to incorporate the CRPD into an implementation plan that includes reporting and monitoring mechanisms to track Canada’s progress towards the CRPD’s goals. While the CRPD does not focus on the unique barriers faced by Indigenous women, girls, and gender-diverse people with disabilities, it does note that “women and girls with disabilities are often at greater risk of violence, injury or abuse; neglect or negligent treatment, maltreatment or exploitation” (CRPD, p. 2). Article 6 recognizes that women and girls with disabilities are subject to multiple forms of discrimination and calls on all States Parties to “take appropriate measures to ensure the full development, advancement, and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in [the CRPD]” (CRPD, p. 7).<sup>9</sup>

The recommendations NWAC has made in its Position Paper for ESDC are guided by the mandates and principles outlined in the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Comprehensive implementation of the ACA must abide by these mandates in order to ensure not only that the needs of Indigenous women and gender-diverse people are met, but also that the conditions necessary for them to enjoy full social and economic inclusion are realized. In other words, the federal government has a responsibility to expand their mandate: it is not enough to merely ensure that Indigenous folks with disabilities ‘survive’, but to remove structural and systemic barriers that prevent these groups from thriving and enjoying substantive rights to social and economic opportunities.


## Successes and Key Learnings

There was significant interest from stakeholder groups to participate in discussions surrounding the experiences and knowledge of Indigenous women and gender-diverse people living with disabilities. Communication with disability rights advocates, non-profit organizations, legal advocacy organizations, activists, health authorities, Indigenous

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<sup>8</sup> Council of Canadians with Disabilities (CCD) and Canadian Association for Community Living (CACL). (February, 2011). UN Convention on the Rights of Persons with Disabilities: Making domestic implementation real and meaningful. Retrieved from <http://www.ccdonline.ca/en/international/un/canada/making-domestic-implementation-real-and-meaningful-feb2011>

<sup>9</sup> Convention on the Rights of Persons with Disabilities (CRPD). Retrieved from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>



organizations, Band councils, and other stakeholder groups to solicit participation in the engagement sessions and survey proved essential to the success of this project. Specifically, the assistance of Indigenous women living with a disability in recruiting engagement session participants through word-of-mouth was invaluable. Indigenous women with disabilities are a demographic that has been particularly marginalized, devalued, and misrepresented in research and policy; it is therefore entirely understandable that they would be hesitant to participate in projects such as this one. However, the project team spent time to foster meaningful and genuine connections with grassroots advocates, which helped to develop trust and mutual respect. Ultimately, these connections enabled us to connect with Indigenous women whose voices may not otherwise be heard (or listened to).

Feedback and suggestions provided by expert peer reviewers added to the richness and applicability of research findings to meet the objectives of the final position paper. Peer reviewers provided a unique perspective that connected the voices of our engagement session participants and survey respondent in order to provide a more holistic understanding of ‘inclusion without assimilation’.

Significant insights were gleaned through the engagement sessions and coding the survey responses about information sharing practices with Indigenous communities. More specifically, an overarching finding derived from this endeavour was the need to engage with communities earlier, and to ensure that consultation processes are robust, ongoing, and result in tangible changes to proposed legislation. This overarching lack of clarity regarding the legislation and proposed implementation strategies amongst our participants limited the scope of our recommendations.

NWAC received positive feedback from both the engagement session and survey participants. Initial feedback from engagement and survey participants was positive and emphasized that the training sessions were informative. In particular, participants appreciated how the sessions introduced them to the Accessible Canada Act, as some of them were not aware that the Act existed. Participants also appreciated the chance to share their own experiences and stories in a non-judgemental and supportive environment.

NWAC managed to pivot operations in light of the COVID-19 pandemic and the need to organize accordingly. NWAC has successfully organized around a remote working structure and continued a seamless transition from in-office working. The continued check-in procedure with our funding partner ensured that updates were provided in a timely fashion. Indeed, our ability to contact the funding partner for clarification, recommendations, or for general inquiries, was a part of the success of this project. Such a direct connection with an identified project coordinator is recommended for all funding partnerships in the future.

## Challenges

Overall, the Inclusion Without Assimilation project was very successful. Challenges associated with the project related specifically to a general lack of prerequisite knowledge that would have supported more substantive responses from survey participants.

Generally, those who engage with Native Women's Association and participate in research endeavours facilitated by the organization, are those with a baseline understanding of broader socio-political developments. After coding the qualitative results of the present survey, however, it was clear that the greatest challenge in recommending actions for the implementation of the *Accessible Canada Act* for Indigenous peoples was the general lack of knowledge about the new legislation. As a result, respondents made general comments about experiences living with a disability, or caring for a person with a disability, but were unable to comment in much depth on the complexities of the legislation as a result of their limited knowledge.

Indigenous women, girls, and gender-diverse people in Canada face a multitude of barriers to accessing social services and supports due to a legacy of systemic racism and colonization. While the *Accessible Canada Act* speaks specifically about those barriers associated with barriers for those with disabilities, the intersectional and lived realities of Indigenous women, girls, and gender-diverse peoples make their relationship to those barriers far more complex. Existing barriers to access and a chronic lack of resources makes it very difficult to assess the issue of disability as a discrete experience. The responses articulated during our engagement sessions spoke more broadly to this under-resourced reality and therefore made it challenging to offer community-level recommendations for the equitable implementation of the *Accessible Canada Act*. No barrier to access may be viewed as independent to the intersectional lived realities experienced by persons with multiple barriers to accessing services, programs, goods, communication, and the built environment.

## Next Steps and Recommendations

The final position paper submitted to satisfy the deliverables of this funded project includes eight key recommendations made by NWAC for the culturally-appropriate implementation of the *Accessible Canada Act* (discussed in a previous section). Emergent themes used to inform these aforementioned eight recommendations are derived from survey data and engagement session data that articulate experiences of Indigenous women, girls, and gender-diverse people across Canada. Recommendations One, Two, and Three, relate to preliminary groundwork needed to ensure implementation is reflective of community-based needs and that communities receive information and explanation about this process. Recommendations Four, Five and Six outline a distinctions-based implementation process that engages with community rather than national, pan-Indigenous implementation practices. Recommendation Seven respects a more tangible approach to continued consultation with Indigenous groups and communities across Canada. Finally, Recommendation Eight speaks to the requirement of baseline infrastructure planning and standards development for Indigenous and First

Nations communities to support accessibility planning and the implementation of standards.

Engagement on this topic with Indigenous women, girls, and gender-diverse peoples should be upheld to advance research on implementation of the Accessible Canada Act, and specifically the implementation of requirements and standards, alongside the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Future research should inform implementation of existing standards and recommendations for new or revised accessibility standards falling under federal responsibility, including those relevant within First Nation communities and those federal entities housed within provincial jurisdiction. Future research and engagement projects must engage with Indigenous women, Two-Spirit, and gender diverse people with disabilities on their lived experience and realities surrounding accessibility, from a culturally appropriate intersectional lens. To this end, NWAC may work with disability advocacy groups, Elders, other experts, and partners in the disability field and other fields to design and implement the project, while examining current and relevant regulations and standards already incorporated within relevant provincial jurisdictions, that may be relevant for incorporation federally, and will collaboratively develop the engagement and findings, and will disseminate the findings and best practice recommendation. These findings and recommendations may assist to steer implementation of the Accessible Canada Act and future accessibility standards, ensuring an Indigenous women's, Two-Spirited and gender diverse disability lens.

NWAC also recommends an extended project timeline for future endeavours in which a robust and comprehensive education campaign would be beneficial. NWAC would be able to lead this educational program and subsequently plan engagement sessions, surveys, and other research methodologies. All further research should be completed, inclusive of robust awareness and information components, to ensure a baseline understanding of the *Accessible Canada Act* and the connection to daily life.

## Conclusion

The rights of Indigenous women, girls, Elders, and gender-diverse people with disabilities to enjoy a “barrier-free Canada” in the areas of employment, the built environment, information and communication technologies, communication, transportation, design and delivery of programs and services, and procurement are entrenched in the Canada Human Rights Act, the Charter, and most recently, the Accessible Canada Act. While the recently passed ACA is an important step forward, the implementation of this Act must be sensitive, dynamic, and responsive to the unique and diverse accessibility needs of Indigenous people (particularly women and gender diverse people) living with disabilities. As outlined by participants throughout the various project phases, and as reflected in our position paper, Indigenous women and gender-diverse people with disabilities continue to face significant barriers to accessing federal services and programs. It is our hope that the recommendations put forward in NWAC's position

paper submitted to ESDC catalyze substantive and effective efforts to improve the experiences and lived realities of Indigenous folks living with disabilities.

## Appendix A-Backgrounder

This document is intended to inform this one-day engagement session by providing participants with key information on the needs and experiences of Indigenous women, Two-Spirit, and gender-diverse people with disabilities. The first section provides an overview of the *Accessible Canada Act* as well as relevant legislation and UN Declarations and Conventions. The second section describes the key areas in which Indigenous women, Two-Spirit, and gender-diverse people with disabilities face distinct barriers to their full social, economic, and political inclusion.

### **About this Project**

The current project, entitled *Inclusion without Assimilation*, builds on a previous ESDC-funded study in which we spoke with Indigenous women with physical or mental disabilities or those who care for Indigenous peoples with disabilities from across Canada. Our conversations revealed a gap in accessible cultural programs, services, and legislation specifically addressing the needs of Indigenous women, girls, and gender-diverse people with disabilities in Canada. The purposes of this project are to:

1. Address the unique barriers faced by Indigenous women and girls with disabilities
2. Help develop fully inclusive legislation and improve accessibility to services and programs in Canada
3. Engage with Indigenous women, girls, and gender-diverse people with disabilities
4. Connect Indigenous women with disabilities with each other, their carers, and their allies
5. Develop recommendations on how to tailor Bill C-81 (now the *Accessible Canada Act*, or *ACA*) based on a culturally-relevant gender-based analysis (CRGBA+)

The aim of this engagement session is to develop concrete recommendations on how to implement and potentially tailor the *ACA*, alongside the UN Conventions on the Rights of Persons with Disabilities (UNCRPD) and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP). The session will focus on understanding the barriers that Indigenous women, girls, Two-Spirit, and gender-diverse people with disabilities face. The results of this engagement session, together with the results of an online survey and follow-up engagement session, will inform a position paper in response to the *ACA*. This backgrounder will highlight the social and economic difficulties faced by Indigenous women, girls, Two-Spirit, and gender-diverse people with disabilities and their caregivers. Please note that staff from ESDC, our funder, may be joining us on the call to listen in.

### About the Facilitators

This session will be co-facilitated by Wanda Brascoupe and Melanie Marsden. Please see their brief bios below:

Wanda Brascoupe



Sago, I'm Wanda Brascoupe and I am happy to be co-facilitating this session. I am Bear Clan, Mohawk/Tuscarora & Algonquin member of Kitigan Zibi Anishinabeg. My skills are in communication and creating space for multiple voices.

Melanie Marsden

I am an Indigenous disabled parent of 3 and a new grandma of 1. I am a member of the Alderville First nation, my Indigenous name is "she carries the light woman". I am blind or visually impaired and honor life-long learning with a goal to offer consultations in intersectionality. I enjoy networking, as well as providing education, training and awareness through a cross-disability intersectional lens using a gender-based approach with an anti-oppressive framework. I am the coordinator and founder of SPIN, the Strength-based Parenting Initiative which is a collaborative made up of community partners. SPIN aims to provide education and awareness surrounding parenting with a disability, addressing our rights and the barriers we face. As an Indigenous parent of 3, and a new status of grandma, we want to make parenting a success for people with disabilities regardless of what parenting may look like. Currently, I also provide knowledge to several committees, including the Accessibility Consumer Advisory Committee at Nellie's, a Toronto women's shelter, and I am a current member of the Health Standards Committee for the AODA. I bring to this session over 17 years of lived experience and professional knowledge of inclusion, trauma, and facilitation.

We are looking forward to assisting in this important conversation!

## **Section 1: Legislative Context**

### **Bill C-81/The *Accessible Canada Act***

After extensive consultations, Bill C-81 was introduced to parliament in June 2018. It came into force on July 11, 2019 as the *Accessible Canada Act*, or *ACA* (ESDC, 2019). The purpose of the *ACA* is to create a barrier-free Canada on or before January 1, 2040 by "identifying, removing, and preventing barriers to accessibility in seven priority areas:"

- employment
- the built environment
- information and communication technologies
- communication
- transportation
- design and delivery of programs and services
- procurement (ESDC, 2019, slide 4).

The *ACA* lays the groundwork for changes to other laws including the Canadian Human Rights Act, the Telecommunications Commission Act, and the Canada Transportation Act, among others. The *ACA* empowers the Government of Canada to carry out more work to identify and eliminate barriers for people with disabilities. Other key elements of the *ACA* include:

- The creation of a new organization, the Canadian Accessibility Standards Development Organization (CASDO), to develop accessibility guidelines, standards, and regulations. This type of organization has never before existed at a national level.

- The creation of an Accessibility Commissioner who will work as an advisor to the Minister on accessibility matters.

New guidelines for accountability and compliance include financial penalties for federal organizations that are not accessible.

## **UNDRIP**

### *Overview*

The United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) was passed in 2007 by the United Nations. It outlines the individual and collective rights of Indigenous peoples, including their ownership rights to cultural expression, identity, language, employment, health, and education. UNDRIP “emphasizes the rights of Indigenous peoples to maintain and strengthen their own institutions, cultures and traditions, and to pursue their development in keeping with their own needs and aspirations” (UN, 2013). It prohibits discrimination against and marginalization of Indigenous peoples, and it “promotes their full and effective participation in all matters that concern them and their right to remain distinct and to pursue their own visions of economic and social development” (UN, 2007; UN, 2013). The UN describes UNDRIP as setting a global standard for how Indigenous peoples should be treated, which will hopefully play a large role in eliminating human rights violations against the 370 million indigenous people around the globe (Sargent & Samanta, 2016).

### *Key Resolutions*

Although UNDRIP relates to the rights of Indigenous Peoples in general, it specifically mentions Indigenous peoples with disabilities in Articles 21 and 22, ensuring that Indigenous women, girls, and gender-diverse people are free from all forms of violence and discrimination.

*Article 21, s2* 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 rights and special needs of Indigenous elders, women, youth, children and persons with disabilities.

*Article 22, s1* states: Particular attention shall be paid to the rights and special needs of Indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.

## **UNCRPD**

### *Overview*

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted by the General Assembly of the United Nations on December 13, 2006. Canada ratified (i.e. agreed to abide by the Convention standards) on March 11, 2010 (CCD, 2011). To date, 163 countries have signed the Convention and its Optional Protocol, and 181 countries have ratified the CRPD (CCD, 2011).

The purpose of the CRPD is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities<sup>10</sup> and to promote respect for their inherent dignity” (OHCHR, 2020).

The CRPD uses a new approach called the “social model” to ensure the human rights of persons with disabilities (CCD, 2011). In contrast to charity and medical models, the social model sees disability as arising from barriers within an oppressive and discriminating society rather than impairment per se (Soder 2009). This shifts the burden of responsibility to be “cured” away from the individual and turns the spotlight onto society to dismantle the barriers that construct disability in the first place (Jackson, 2018). In line with this model, the CRPD is guided by several principles, including respect for the inherent dignity and individual autonomy of persons (e.g. to make one’s own choices); non-discrimination; equality of opportunity and equality between men and women; and full and effective participation and inclusion in society.

### *Key Resolutions*

- Access to justice
- Right to education
- Right to health
- Protecting the integrity of the person
- Respect for the family
- Habilitation and rehabilitation
- Right to participation
- Right to work and employment
- Right to adequate standard of living and social protection
- Right to vote

Essentially, “the CRPD is a tool that helps communities and governments understand why and how the rights of people with disabilities haven’t been realized and it provides a framework that articulates the conditions needed to make rights a reality” (CCD, 2011). The CRPD clearly articulates in 50 articles what ‘human rights’ mean in a disability context and establishes such reporting and monitoring procedures (CCD, 2011).

However, to realize these rights, the Government of Canada and other organizations need to incorporate the CRPD into an implementation plan that includes reporting and monitoring mechanisms to track Canada’s progress towards the CRPD’s goals.

While the CRPD does not focus on the unique barriers faced by Indigenous women, girls, and gender-diverse people with disabilities, it does note that “women and girls with disabilities are often at greater risk of violence, injury or abuse; neglect or negligent treatment, maltreatment or exploitation” (CRPD, p. 2). Article 6 recognizes that women and girls with disabilities are subject to multiple forms of discrimination and calls on all States Parties to “take appropriate measures to ensure the full development, advancement, and empowerment of women, for the purpose of guaranteeing them the

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<sup>10</sup> In the context of the Convention, persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

exercise and enjoyment of the human rights and fundamental freedoms set out in [the CRPD]” (CRPD, p. 7).

## **Overview of Key Issues Impacting Indigenous Women, Girls, and Gender-Diverse People with Disabilities**

### **Indigenous ways of knowing**

As the Government of Canada works to implement the ACA, it will need to respond to Indigenous understandings of ‘disability’, which may differ from those of the non-Indigenous western world (Connell, 2011; King, 2010). The Anangu people of western Australia, for example, celebrate uniqueness and accept the diversity and difference present within humanity rather than seeing impairments (Ariotti, 1999). For the Anangu people, impairment is a natural and normal part of being human. For some Indigenous people, “normal” wellness and health depends on an individual ability to balance with their spirituality, family, social connections and ancestral attachment to the land (Barker & Murray, 2010). Addressing the needs of Indigenous women, girls, and gender diverse people with disabilities needs to be responsive to potentially different understandings of the very notion of “disability”.

### **Unique barriers faced by Indigenous women, girls, Two-Spirit, and gender-diverse people with disabilities**

*Sexual and Physical Violence* - Women with disabilities are particularly vulnerable to numerous forms of discrimination and barriers to full social, political, and economic inclusion. For example, women and girls with disabilities experience sexual assaults at four times the rate of the national average (Cotter, 2018). Neurodiverse<sup>11</sup> women and girls with disabilities are especially vulnerable to physical and sexual violence (Basile et al., 2016).

*Discrimination* - Racism, ableism, sexism, and heterosexism (i.e. seeing heterosexuality as the only natural and normal option) combine to intensify the marginalization and barriers faced by Indigenous women, girls, Two-Spirit, and gender-diverse people, relative to their non-Indigenous counterparts. Further, the historical legacy of colonization presents a distinct threat to the health and well-being of Indigenous women with disabilities. For example, Indigenous women are vulnerable to medical violence, especially the Government of Canada’s past systemic, targeted efforts to reduce First Nations, Inuit, and Metis populations, the Government of Canada forcibly sterilized tens of thousands of Indigenous women. These acts of genocide<sup>12</sup> targeted women with disabilities and women who had previously birthed children with disabilities.

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<sup>11</sup> Neurodiversity refers to neurological differences constituting developmental, cognitive, and emotional differences that are recognized and respected as a human variation. This is a strengths-based, person-first approach to discussing neurological disabilities. These differences can include those with Dyslexia, Attention Deficit Hyperactivity Disorder, Autistic Spectrum, Tourette Syndrome, and Epilepsy, among others.

<sup>12</sup> The United Nations recognizes the prevention of births in a targeted group as a form of genocide.

*Experiences of Métis and Inuit Women* - There is very little understanding of the specific experience of Métis and Inuit women\* with disabilities. This is in part because Métis women and girls often do not have the same access to culturally based disability supports as other Indigenous people. In contrast, NWAC's previous work shows that Inuit women, girls, and gender-diverse people in the North report having a strong sense of community that extends to women and girls with disabilities. This sense of community helps fill gaps in current support services, which are often located in urban centres in the South (CRIAW, 2016). This sense of community is crucial, given the severity of the mental health crisis in some Inuit communities, where the youth suicide rate is over 30% (Health Canada, 2006). The Government of Canada has also, in the past, removed Inuit women and girls from their communities and sent them to urban centers in the South, a practice that has devastated families (CRIAW, 2016).

*Systematic Oppression* - Indigenous women and girls with disabilities experience layers of structural and systemic oppression imposed on them in the social, economic, and political spheres of their lives. Prevalence of disability is higher among First Nations, Inuit, and Métis women than in the general female population (CSD, 2012). In 2012, 22% of Aboriginal women aged 15 and older (excluding those on reserve), reported having a disability that limited their daily activities compared with 15% of the total female population in Canada. The Assembly of First Nations report to the UN Expert Mechanism on the Rights of Indigenous Peoples (EMRIP) referenced the intersectionality of disability, ethnicity and gender, stating that an “overwhelming number of FNPWD (First Nations Persons with Disabilities) are girls and women and are multiply disadvantaged by poverty, gender, racism, sexism, and disability” (AFN, 2017, pp. 8-9).

The ACA does not specifically mention Indigenous women, girls, or gender-diverse people with disabilities. However, its stated purpose is to identify and remove existing barriers, and prevent new barriers, in the several areas, including (but not limited to):

- (a) employment;
- (b) information and communication technologies;
- (c) the design and delivery of programs and services; and
- (d) the built environment and transportation

The needs and barriers faced by Indigenous women, girls and gender-diverse people with disabilities in these four areas discussed below.

## **Employment**

Indigenous women and gender-diverse people with disabilities in Canada are underrepresented in the labour market for multiple reasons. First, women with disabilities have difficulty accessing and completing their education: for example, 48% of women with disabilities have not completed high school, compared to 28% of able-bodied women (DAWN, 2014). These rates are even higher among Indigenous women with disabilities, who disproportionately bear the burden of poverty due to the intersecting impacts of racism, sexism, and ableism.

Second, mental health concerns—which disproportionately impact Indigenous women and gender-diverse people (Statistics Canada, 2003)—lead to labour force marginalization. This marginalization can be direct (e.g. not being able to complete certain tasks or struggling with ableist, sexist, and/or racist workplaces) or indirect (e.g. mental



health-related absenteeism negatively impacting career advancement). Third, many Indigenous women with disabilities also have difficulty finding adequate work-related supports for their physical or mental health related needs (CCD, 2011; CRIAW, 2016). The mental health care needs of Indigenous women and gender diverse people with disabilities are often an effect of intergenerational trauma and intersecting layers of discrimination. As a result, they require—yet rarely receive—mental health services which address their distinct needs.

### **Information and communication technologies (ICTs)**

Information and communication technologies (ICTs) refer to any technologies that enable people to capture, process, store, and spread information, or to facilitate communication. Most often, ICTs refer to computers, mobile phones, and the Internet (Okon, 2009). The lack of information and communications infrastructure in many Indigenous communities leads to economic, political, and social marginalization (Stollery, 2018). This marginalization is also known as the “digital divide.” Many rural, remote, and Northern Indigenous communities face significant ICT-related barriers, such as access to reliable and affordable Internet.

Poor or non-existent Internet service compounds existing accessibility concerns for Indigenous women, girls, and gender diverse people with disabilities, who often require a wider range of health and social services and require these services more frequently. For example, poor internet service makes it difficult to access telemedicine, which is a mobile app that lets physicians treat their patients remotely via video-chat, enabling patients and clients to “see” their doctor, specialist, or mental health provider without needing to physically leave their community. Although telemedicine has emerged as a potential solution to some accessibility concerns, Indigenous women, girls, and gender diverse people with spotty Internet access may not have full access to its benefits.

### **The design and delivery of programs and services**

Indigenous women, girls, Two-Spirit, and gender diverse people experience “triple jeopardy” (Durst, 2001) based on the complex set of barriers they face as a result of gender, Indigenous identity, and disability. A legacy of colonization, forced assimilation, and institutionalization of Indigenous women and girls has created distrust in mainstream systems, yet the unique political and social realities of Indigenous women mean that they depend on the federal government for services. However, program and service providers often fail to grasp or adequately respond to the complexity of these issues. This leads to programs and services that are not culturally sensitive or equitable.

Services and social supports for women\* with disabilities do not exist in many Northern, rural, or remote communities. As a result, women may need to leave their home communities for extended periods of time, or even permanently, in order to receive the supports they need (CRIAW, 2016). However, distance from home communities can lead to isolation and separation from important sources of support.

The biomedical model of health focuses only on the biological factors impacting people’s health and excludes psychological, social, and environmental factors. This model shapes most health programs and services, but unfortunately often leads to inappropriate and intergenerational communication styles between usually non-Indigenous health

professionals and Indigenous patients (Alford, Remedios, Webb, & Ewen, 2013). Since information seeking in Indigenous contexts is a two-way process where both parties contribute information (McDonald, 2004), this type of 'biomedical communication' between healthcare providers and patients can be a significant barrier to healthcare. There is a need for more access to traditional ceremonies, medicines, storytelling, and time spent with Elders as a part of holistic health care. Specifically, cultural workshops and stimulating communities' capacity for healing processes to cultivate mental and spiritual wellness may help to alleviate the barriers Indigenous women, girls, and gender diverse people face.

For Indigenous women\* with disabilities who do not speak French or English, accessing health and social programs and services in their own language can be difficult if not impossible, compounding their access barriers (Webster, 2018).

### *Stigmatization*

Indigenous communities are disproportionately impacted by Fetal Alcohol Spectrum Disorder (FASD) and Downs syndrome (NWAC, 2017). Higher prevalence of FASD in Indigenous populations is largely due to higher prevalence of maternal alcohol use and binge drinking, and is a result of social and economic marginalization and intergenerational trauma (Popova et al., 2019). The stigmatisation of people with FASD, stereotypes about Indigenous women who drink while pregnant, and other stereotypes about people with disabilities (Aspler et al., 2019) make it difficult for Indigenous women with FASD, or with children who have FASD or Downs syndrome, to access appropriate services and obtain social support.

### *Criminalization of Indigenous women with mental health disorders*

Many Indigenous women who enter the criminal justice system have brain injuries or mental health disorders (NWAC, 2017). The criminalization of Indigenous women with mental health disorders often results from biased and negative perceptions of these conditions, and the risks associated with poverty, violence, and sex work (Reitmanova & Henderson, 2016). These challenges are more pronounced for Indigenous women with mental health disorders than for their non-Indigenous counterparts, and are largely caused by the intersection of because systemic violence, racist and sexist discrimination, ongoing colonization, and intergenerational trauma (Chaimovitz, 2012; Wesley, 2012).

## **The Built Environment and Transportation**

The design of the built environment (i.e. man-made structures and facilities in which people work and live) and public transportation systems are a common barrier for Indigenous women, girls, and gender-diverse people with disabilities. For example, Indigenous women, girls, and gender diverse people who use wheelchairs, scooters, or walkers have difficulty entering buildings when they do not have ramps or when communities do not have sidewalks. In northern and remote communities, public transit is either unavailable or inaccessible (CRIAW, 2016). The lack of public transportation leads to a dependency on vehicles (e.g. trucks, snowmobiles), further intensifying barriers experienced by Indigenous women, girls, and gender diverse people with disabilities who cannot drive and rely on others. The built environment therefore becomes a barrier to full

social and economic participation for those who cannot walk, are unable to drive, or cannot afford a car.

The remoteness of reserves often contributes to reduced accessibility and high costs of health care services (HCC, 2005). Indigenous women with disabilities living on remote reserves often need to travel long distances to obtain the medical, social, and other services they need, since local health centres are often limited in the accessible services they can provide. However, relocating Indigenous women with disabilities to urban centres breaks the connection to their land, family, community and culture, creating additional needs (e.g. housing, healthy foods, transportation, and social services) and exposing them to racist and sexist discrimination.

## Caregivers

Federal responses to barriers and unfair treatment faced by persons with disabilities need to take informal caregivers into account. This need is due to the increased workload of informal caregivers that results from gaps in public services and programs for those with disabilities, and from the shift in the disease burden toward chronic, degenerative illnesses (WHO, 2011).

Caregivers are at risk for various negative outcomes, including poor psychological and physical health, decreased capacity for self-care, and decreased participation in economic and social activities (Kenny, King, & Hall, 2014; Robison et al., 2009). Indigenous caregivers may also face additional burdens caused by health and economic disadvantages (Alpass et al., 2013) and care responsibilities for both children and grandchildren (Emden et al., 2005).

Although there is no national strategy for caregivers of persons with disabilities, caregivers require recognition, support, and respite care. This engagement session seeks to gain the perspectives of caregivers of Indigenous women, girls, and gender-diverse people with disabilities. We want to hear from caregivers in order to develop recommendations on how to implement the *Accessible Canada Act*, as well as to build community connections between Indigenous women, girls, and gender-diverse people with disabilities, their allies, and their caregivers.

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## Appendix B- The Accessible Canada Act: Indigenous Women & Gender-Diverse Peoples

NWAC hired Dr. Doris Rajan from the Institute for Research and Development on Inclusion and Society (IRIS) to develop a comprehensive backgrounder on the ACA to provide engagement session participants and facilitators with the information they needed. The report she wrote is presented below:

### **PART I: About the Accessible Canada Act**

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#### **1. What is the Accessible Canada Act?**

In June 2019, the Canadian government passed the Accessible Canada Act (ACA) to expand on the Human Rights Act of 1977, which prohibits discrimination against specific groups who have been marginalized in Canada, including people with disabilities and Indigenous peoples. The ACA, specific to discrimination on the basis of disability, offers more detail than the Human Rights Act by setting accessibility standards and a vehicle to enforce those standards. More specifically, the purpose of the ACA<sup>i</sup> is to identify, remove and prevent barriers that people with disabilities may experience in attempting to access federally regulated services.<sup>ii</sup>

The results of nation-wide community consultations,<sup>13</sup> held in 2016-2017, emphasized the need for the Act to focus on 7 areas<sup>iii</sup>:

1. Programs and service delivery;
2. Employment;
3. The Built Environment;
4. Information and Communications Technology;
5. Procurement;
6. Transportation; and
7. Communication.

## 2. Key Definitions

**Discrimination** ⇒ The Canadian Human Rights Commission defines discrimination as “an action or a decision that treats a person or a group, badly for reasons such as their race, age or disability.”<sup>iv</sup>

**Barriers** ⇒ In the Act, barriers can be physical, architectural, technological, attitudinal and can be found in information and communication processes, as well as being a result of a policy or practice. Further, the Act states that a barrier is something that; “hinders the full and equal participation in society of persons with an impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation.”<sup>v</sup>

**Federally Regulated Services** ⇒ This Act applies only to services that are ‘regulated’, i.e., services that are supervised, controlled and monitored by the federal government. The ACA prohibits discrimination against people with disabilities that are caused by barriers experienced when *using, communicating with, and/or being employed by* federal regulated services.

Relevant services include<sup>14</sup>:

- ❑ Trains, airplanes and inter-provincial/territorial buses
- ❑ Federal benefit programs and services: <sup>vi</sup>
  - Canada Revenue Agency
  - Service Canada
  - Canada Pension Plan
  - Disability and Employment Insurance
  - Registered Disability Savings Plan
  - Disability Tax Credit

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<sup>13</sup> For more information on the results of the consultations please see the report: [Creating new national accessibility legislation: What we learned from Canadians](https://www.canada.ca/en/employment-social-development/programs/accessible-people-disabilities/reports/consultations-what-we-learned.html), May 2017 Retrieved May 29, 2020 at: <https://www.canada.ca/en/employment-social-development/programs/accessible-people-disabilities/reports/consultations-what-we-learned.html>

<sup>14</sup> This section outlines key federally regulated services however it is not an exhaustive list.

- Social Security Tribunal<sup>15</sup>
  - Immigration and Refugee Board
  - Canadian Human Rights Commission
- ❑ Banks
  - ❑ Telecommunication companies, i.e. SaskTel, Shaw Communications, [Vidéotron](#), Rogers Communications, Eastlink, Cogeco, Bell Canada, TELUS
  - ❑ Information and communication technologies, i.e. radio and television

In addition, the following key organizations have to follow the Act:

- ❑ Parliament – Which is the highest legislative or lawmaking part of government, consisting of the British Monarch, Senators and all Members of Parliament <sup>vii</sup>
- ❑ Federal government departments and agencies, i.e. Crown-Indigenous Relations and Northern Affairs Canada, Environment Canada, Treasury Board of Canada
- ❑ Crown corporations, i.e. Canadian Broadcasting Corporation, Canadian Mortgage & Housing Corporation, Canada Post
- ❑ The Canadian Forces – Includes, Royal Canadian Navy, Canadian Army, Royal Canadian Air Force
- ❑ The Royal Canadian Mounted Police – Provides law enforcement at the national level and police services in all provinces and territories with the exception of Ontario and Québec

### 3. Implementing and Enforcing the Act

The ACA will develop ‘**standards**,’ or “a set of rules about accessibility” that will guide federally regulated organizations to identify and plan for the removal of barriers to their services for people with disabilities.<sup>viii</sup> The Act outlines a process to develop these standards which will be led by a group called Accessibility Standards Canada. The role of Accessibility Standards Canada is to:

Develop and revise accessibility standards that will set out how federal private sector organizations and Government of Canada departments and agencies can prevent, identify and remove barriers to accessibility.<sup>ix</sup>

The majority of people on the Board of Directors of Accessibility Standards Canada, are persons with disabilities, with an attempt having been made to reflect the diversity in terms of type of disability and ethno-racial identity, however there are no Indigenous Board members. The Board is responsible for developing the accessibility standards in

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<sup>15</sup> The Social Security Tribunal of Canada is an “independent administrative tribunal that makes quasi-judicial decisions on appeals related to the Employment Insurance Act, the Canada Pension Plan, and the Old Age Security Act.” See Government of Canada. Social Security Tribunal of Canada. Retrieved May 27, 2020 at: <https://www1.canada.ca/en/sst/>.

collaboration with relevant services and organizations, as well as the disability community.<sup>x</sup>

Once the standard is developed, the federal government would then make a law, or a **'regulation'**,<sup>xi</sup> that would set out requirements for organizations to follow in order to identify, remove and prevent barriers to accessibility.

#### **4. Avenues for Engagement in the Implementation of the Act**

As the Act requires the development of accessibility standards, the government will work with relevant stakeholders and people with disabilities to “create new accessibility regulations” that would apply to federally regulated organizations and the “Government of Canada itself.”<sup>xii</sup>


There are 3 opportunities where the public and people with disabilities can be involved in the implementation process of the Act:

- (1) **Accessible Standards Canada organization:** As outlined above, the role of the Accessible Standards Canada organization is to develop standards that will show federally regulated agencies how they can prevent, identify and remove barriers to accessibility. The Accessible Standards Canada organization can establish “technical committees that include experts, persons with disabilities” and representatives from federally regulated organizations that are to meet the standards.<sup>xiii</sup> These committees offer an opportunity for people with disabilities and their advocates to provide their ideas and feedback on the development of standards.
- (2) **Federally regulated organizations:** The Act also requires each of these federally regulated agencies to develop and monitor a plan to address barriers to accessibility in their organization, in consultation with people with disabilities. Each organization’s plan would describe their “strategies for improving accessibility and meeting their legal duties.”

In addition, organizations are required to establish “Feedback tools” or ways to “receive and respond to feedback from their employees and customers.”<sup>xiv</sup> ‘Feedback’ in this context can be in the form of complaints related to how well an organization is “fulfilling its accessibility plan or barriers encountered by individuals.”<sup>xv</sup>

Lastly, these federally regulated agencies have to develop and publish progress reports that outline how people with disabilities have been consulted, the main concerns received and how they responded to these concerns.<sup>xvi</sup>

- (3) **Regulations development:** While the Act does not obligate the government to formally engage the disability community in the development of regulations, the process of regulatory development usually involves publishing a draft regulation for public input. Therefore, as draft regulations are developed and



published, there will be opportunities for people with disabilities and their organizations to provide input.

### **Dealing with Complaints<sup>xvii</sup>**

People will also have the opportunity to make a formal complaint if a regulation, or law, is broken by a federally regulated organization that has caused harm, damage or loss. For the most part, the Accessibility Commissioner would be responsible to examine the complaint. The following organizations, however, would also handle complaints in their relevant areas:

- The Federal Public Sector Labour Relations and Employment Board
- The Canadian Radio-television and Telecommunications Commission
- The Canadian Transportation Agency



## **PART II: Indigenous Women & Gender Diverse Peoples with Disabilities & The Accessible Canada Act**

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### **1. The Context**

As we know, violence and oppression of Indigenous women played an important role in the colonization of the first peoples in Turtle Island. Colonial rule was enabled through the destabilization and break down of the central role Indigenous women played in communities and within families.<sup>xviii</sup> People with disabilities and Deaf people have also had a history of oppression and exclusion in Canada. People with disabilities current socio-political and economic location in Canada arises from the foundation of capitalist expansionism first to the colonial powers of France and England and for the past 150 years, the pursuit of Canadian growth and prosperity. People with disabilities did not fit into the emerging industrial structure which led to decades of state sanctioned segregation, especially for people with intellectual and psychosocial (mental health) disabilities.<sup>xix</sup> Women with disabilities were subjected to intensified oppression, for example, like Indigenous women, widespread involuntary sterilization of women with intellectual disabilities occurred legally right up until 1986 in Canada.<sup>xx</sup> Women with disabilities experience higher rates of violence and for women with intellectual disabilities these rates are even higher. Indigenous women are particularly vulnerable to violence, experience higher poverty rates and a vulnerability to homelessness and trafficking. When these identities intersect, that vulnerability increases, e.g. research indicates that “women and girls with disabilities are bigger targets of sexual predators” and Indigenous “women and girls with disabilities are particularly vulnerable and thus even bigger targets of sexual predators.”<sup>xxi</sup>

In July 2019, before the Act became law, two reports were developed that shared the results of research and consultations with Indigenous peoples with disabilities across Canada, in order to hear about the issues they face and to garner perspectives on the then proposed legislation. The first report, First Nations and First Nations Persons with Disabilities Engagement on Federal Accessibility Legislation was developed by the Assembly of First Nations and the second report was researched and written by the Native Women’s Association of Canada entitled: Accessibility and Disability for Indigenous Women, Girls, and Gender Diverse People Informing the new Federal Accessibility Legislation.

The sections to follow, summarize key points presented in these two reports related to the main issues Indigenous peoples with disabilities experienced and key recommendations to consider in the implementation of the Act.

## **2. Issues Facing Indigenous Women & Gender Diverse People with Disabilities**

### **Structural Discrimination**

Indigenous people are more likely to acquire a disability due to the ongoing impact of racism and colonization which has caused poverty and a lack of access to land, education, employment, housing, healthcare (including mental health) and specialized equipment. There is also a high prevalence of diseases like diabetes, HIV/AIDS and tuberculosis and alcohol abuse which has contributed to rates of fetal alcohol spectrum disorder, which is “known to be higher among Indigenous communities as a result of trauma and intergenerational trauma.”<sup>xxii</sup>

### **Lack of Access to Services**

Indigenous women with disabilities reported “accessibility difficulties when accessing federal services or programs, especially employment services and programs.” Women found that wait times were very difficult due to their disability and that there was a lack of compassion and understanding of their needs.<sup>xxiii</sup> Indigenous peoples with disabilities experience many “difficulties in accessing employment”, made worse by a lack of accessible training, education and employment programs.<sup>xxiv</sup>

The Assembly of First Nations’ (AFN) Women’s Council reported that First Nations women and girls with disabilities experience “significant gaps in health services and social supports” and that this is closely linked to “the issue of violence against First Nation women and girls.”<sup>xxv</sup> Women consulted in the NWAC study indicated that their needs were not considered in both “Indigenous-run organizations and government-run organizations.”<sup>xxvi</sup> The AFN points out that First Nations people with disabilities in urban areas experience challenges when accessing disability related programs and services, due to racism and stigma.<sup>xxvii</sup> Key to this issue, is that information about the services that could benefit Indigenous peoples with disabilities, is not reaching them.

### **Barriers in Remote, Rural and Northern Communities**

A significant issue highlighted is that Indigenous people with disabilities who live in remote, northern and/or on-reserve, cannot access the services that they need in their communities, often resulting in many people moving to urban centres in hopes of receiving “better care.”<sup>xxviii</sup> Further, the cost of travel to accessing medical and other services in remote, rural and northern communities is “significantly higher for people with disabilities,” and for women this can lead to “dangerous alternatives.”<sup>xxix</sup> There is also a lack of mental health supports in remote communities which is particularly problematic for youth.

### **Jurisdictional Conflict**

The ongoing jurisdictional disputes that occur for First Nations' peoples between provincial/territorial and federal governments, have proven to be extremely detrimental to First Nations peoples when attempting to access healthcare and disability-related services.<sup>xxx</sup> The responsibility for healthcare and rehabilitation is under federal jurisdiction for First Nations peoples, yet these services are the responsibility of provinces for non-Indigenous peoples and Indigenous peoples not registered under the Indian Act or Inuit land claims. This policy arrangement often results in Indigenous peoples not receiving the healthcare services that they need, which is particularly problematic for Indigenous people with disabilities as “their healthcare needs are often more extensive.”<sup>xxxi</sup>

### **Criminalization of Mental Health Disabilities**

A significant number of Indigenous women who are incarcerated live with brain injuries and mental health issues. Women feel further traumatized because of their disabilities and that any mental health supports that are available are “completely dismissive” of their “culture and identity” as Indigenous women.<sup>xxxii</sup>

### **Challenges for Indigenous Seniors & Youth With Disabilities**

During the AFN consultations Elders discussed “the under-resourced and overlooked perspective of First Nations elders and the senior population,” whose numbers are increasing and are “expected to triple by 2026.”<sup>xxxiii</sup> Referring specifically to Indigenous seniors living on-reserve, the Elders continued: “First Nations seniors have higher trauma-related disabilities and rates of disability due to injuries, chronic disease and residential school experiences,” and top challenges include; “inadequate home care, income insecurity, Old Age Security, disability supports, continuing care support and long-term care.”<sup>xxxiv</sup>

### **Government Programs not Benefiting Indigenous Peoples with Disabilities**

- **Non-Insured Health Benefit:** Health Canada’s Non-Insured Health Benefit (NIHB) program was developed to cover the needs of specific groups of Indigenous peoples who do not have extended health coverage for services such as, “dental, pharmacy, and medical supplies and equipment.”<sup>xxxv</sup> Eligible persons must be either “a registered Indian” according to the Indian Act; the Inuk people who are recognized by one of the “Inuit Land Claim organizations or an infant less than one year of age, whose parent is an eligible client”.<sup>xxxvi</sup> While the NIHB aims to bridge the gap of services for Indigenous peoples, it is felt that it does not adequately address the multiple and intensified needs of Indigenous peoples with disabilities.
- **Lack of Participation in RDSP:** Given the high rates of Indigenous peoples who live with a disability, there is a notable lack of participation in government income benefit and savings programs, i.e. the Disability Tax Credit and the Registered Disability Savings Plan.<sup>xxxvii</sup>

### **3. What is Needed**

An overarching perspective that was highlighted in both reports, was the need to adhere to an Indigenous conceptualization of disability and wellness which is holistic, (i.e. includes physical, emotional, intellectual and spiritual), fluid, and changes throughout a person's lifespan. This holistic understanding of disability needs to recognize "community, culture, family and the socio-economic factors" facing Indigenous peoples with disabilities.<sup>xxxviii</sup>

#### **Overall Needs**

##### **Address structural and systemic discrimination**

The findings of the NWAC report stressed the need to address systemic barriers Indigenous women, girls, and gender diverse people with disabilities experience, through raising the public's understanding of diverse accessibility needs and by fighting stigma. The report also emphasized the need for an intersectional understanding of barriers which impact Indigenous women and girls with disabilities.<sup>xxxix</sup> Further that, "changing attitudes and protecting Indigenous women, girls, and gender diverse people with disabilities from discrimination were noted as critical focal points for the legislation," which could be addressed with mandatory culturally sensitive training.<sup>xl</sup>

##### **Allocate Resources & Funding**

The two reports highlighted a number of areas where funding should be directed in order to meet the needs of Indigenous peoples with disabilities (IPWD):

- The provision of accessible transportation services, to address the needs of IPWD living in remote areas, who need to travel for medical care. A solution offered was to subsidize air travel.<sup>xli</sup>
- Accessible and culturally appropriate employment training and social programs.
- Culturally appropriate 'Special Needs' programs for Indigenous children with disabilities on-reserve.<sup>xlii</sup>
- Create "culturally safe facilities, structured day programs and urgent care" for Elders and seniors.<sup>xliii</sup>
- Greater access for IPWD living in urban and rural areas to traditional ceremonies and medicines.
- Create safe, culturally appropriate spaces for Indigenous women and gender diverse peoples with disabilities<sup>xliv</sup>

- Create a ‘Call Centre’ for IPWD living on-reserves and in remote communities, to access during a mental health crisis.
- Fund more research on the numbers and needs of IPWD.

### **needs specific to the implementation of the act**

Both reports emphasized the need to ensure that the Act’s standards and regulations adhere to a “social lens” i.e., recognize the historically rooted, socio-economic determinants of health that affect Indigenous peoples with disabilities.<sup>xlv</sup>

The AFN suggested additional priority areas<sup>16</sup> of focus in the implementation process, including:

- Education
- Emergency Planning
- Non-Insured Health Benefits
- Fetal Alcohol Spectrum Disorder
- Violence against Indigenous women and girls<sup>xlvi</sup>

### **The Act & Federal, Provincial/Territorial Legislation and International Conventions**

In the process of implementing the Act, the government needs to be aware of jurisdictional conflicts and how to build on policies that do exist, to meet the needs of Indigenous Peoples with Disabilities. Recommendations include:

- Establish a “tripartite federal/provincial-territorial/band action plan to ensure ongoing collaboration” on issues concerning IPWD <sup>xlvi</sup>
- The legislation needs to set standards and regulations that respond to jurisdictional issues to ensure that services will be provided to IPWD on-reserve, “at the same quality level as off-reserve.”<sup>xlviii</sup>
- Expand “Jordan’s Principle” to include Indigenous peoples of all ages, especially Elders and seniors. Currently Jordan’s Principle only applies to children, i.e. it requires the government of first contact with an Indigenous child seeking healthcare and other services, to be responsible for the payment of such services.<sup>xlix</sup>
- Programs like the Non-Insurance Health Benefit need to specifically refer and respond to the needs of Indigenous peoples with disabilities<sup>1</sup>.

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<sup>16</sup> Please see the seven areas of focus as outlined in the Act, on page 2 of this document.



- The Act must recognize Indigenous peoples' inherent rights and the unique "relationship with the Crown" as set out in the Royal Proclamation of 1763, Treaties and the Constitution Acts,<sup>li</sup> as well as the Canadian Human Rights Act.
- The implementation of the Act must coordinate with international conventions, i.e. the UN Declaration on the Rights of Indigenous Peoples, (particularly Article 21.2 where there is a specific reference to persons with disabilities) and the UN Convention on the Rights of Persons with Disabilities,<sup>lii</sup>(specifically Article 6.1 that recognizes that "women and girls with disabilities are subject to multiple discriminations" and Article 6.2 which makes reference to: "the full development, advancement and empowerment of women."<sup>liii</sup>)

**Implement the Truth & Reconciliation Commission's Calls to Action:** The Canadian government has committed to implementing the TRC's guidelines and of particular relevancy to IPWD, is the need to respect the distinct health needs of Indigenous peoples living off-reserve.<sup>liv</sup>

**Indigenous involvement should occur in Nation to Nation dialogues** – To ensure, among other things, that First Nations' community members with disabilities have the same access to services as available in urban centres and that implementation activities prioritize the preservation of Indigenous cultures and languages.<sup>lv</sup>

**Canada Mortgage & Housing Corporation:** CMHC needs to respond to the needs of IPWD by supporting accessible, sustainable housing and universal design in First Nations communities.

**Recognize the differences between the south and far north, remote and rural communities in the implementation process:** In order to address the lack of adequate services in remote communities, air travel should be subsidized for IPWD to access health and medical services in urban centres.<sup>lvi</sup>

**Rights & Service Awareness & Information:** Target Information to IPWD using websites, social media and working with IPWD to develop accessible and culturally appropriate outreach methods and messaging.

**Standards & Regulations:** The Standards development process needs to consider the historical and present-day impact of colonization and ensure that First Nations have the means, including the infrastructure, financial and institutional capacity to administer and enforce the Act in First Nations communities.<sup>lvii</sup> In addition, there should be a regulation on mental health and addictions.<sup>lviii</sup>

**Complaints:** Key issues identified in this area include; There needs to be Indigenous peoples who act as adjudicators when hearing complaints; There should be "training for adjudicators relating to historic disadvantage, and other contexts to keep in mind while enforcing standards."<sup>lix</sup>; The complaints' process should not simply be off-loaded onto

First Nations' governments.<sup>lx</sup>; and The process must be “culturally sensitive to the customs and traditions of First Nations.”<sup>lxi</sup>

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## Appendix C-Post-engagement survey

This survey was distributed to each engagement session participant.

Thank you for attending the Inclusion without Assimilation Engagement Session. Your feedback will help us to improve future virtual engagement sessions.

**1. Overall, how would you rate your experience of the engagement session?**

(Please check or highlight your response.)

- Excellent
- Very good
- Good
- Fair
- Poor

Briefly explain your response (optional):

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**2. How would you rate Zoom as an engagement platform? (Please check or highlight your response.)**

- Excellent
- Very good
- Good
- Fair
- Poor

Briefly explain your response (optional).

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**3. What did you like about the session?**

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**4. How could this session be improved?**

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**5. Did you find this engagement session informative? (Please check or highlight your response.)**

- Yes, very informative
- Yes, somewhat informative
- No, not so informative
- No, not at all informative

Briefly explain your response (optional).

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**6. Was there any information that would have been helpful to know before the session?**

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**7. If you would be interested in participating in another engagement session for this project, please provide the email address at which you would like to be contacted.**

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Thank you to all for taking the time to do this pre-session survey. If you have any questions or concerns please email Kim Seida at [kseida@nwac.ca](mailto:kseida@nwac.ca) or call Kim at (343)-997-2764.

## Appendix D-National Survey

**1. From what group do you identify? (Please check or highlight all that apply.)**

- Inuit
- Métis
- First Nations
- Please specify your nation(s) (optional) \_\_\_\_\_
- I am not Indigenous

**2. What is your age? (Please highlight or check your response.)**

- 18-24
- 25-39
- 40-59
- 60+

**3. Which province/territory do you currently live in? (Please highlight or check your response.)**

- NL
- NS
- PEI
- NB
- QC
- ON
- MT
- SK

- AL
- BC
- YK
- NWT

**4. How would you describe your gender identity? (Please check or highlight all that apply.)**

- Woman
- Man
- Two-Spirit
- Trans
- Queer
- Non-Binary
- Gender-Fluid
- None of the above
- Other, please specify (optional): \_\_\_\_\_

**5. How would you describe your sexual orientation? (Please check or highlight all that apply.)**

- Heterosexual
- Lesbian
- Bisexual
- Gay
- Queer
- Pansexual
- Questioning
- None of the above
- Other, please specify (optional): \_\_\_\_\_

**6. If you are comfortable sharing, what kind of impairment(s) do you have? (For example, physical, cognitive, visual, or hearing-related.)**

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**7. Do you take care of someone with a disability on a regular basis? (Please check or highlight your response(s)).**

- Yes, I regularly take care of someone with a disability
- No, I do not regularly take care of someone with a disability
- Other (please explain): \_\_\_\_\_



**8. If you care for someone with a disability, what is your relationship to that person?**

- I am their parent/guardian
- I am their grandparent
- I am their aunt/uncle/cousin
- I am their brother/sister
- I am their child
- Other (please specify): \_\_\_\_\_

**9. The *Accessible Canada Act* came into force on July 11, 2019. Since then, have you noticed any change in how you access supports and services provided by government agencies? Please explain with as much detail as you feel comfortable.**

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**10. What do you know about the *Accessible Canada Act* or other accessibility legislation?**

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**11. How do you think the federal government should work with Indigenous governments and communities to ensure that the *Accessible Canada Act* addresses the barriers experienced by Indigenous women, girls, and gender-diverse people with disabilities?**

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**12. Which of the following barriers and challenges have you experienced? (Check or highlight all that apply.)**

- Lack of training among support staff
- Lack of access to programs and services
- A lack of Indigenous approaches to programs and services
- Not having access to decision-making committees or conversations
- Poverty
- Racism or prejudice toward Indigenous peoples
- Sexism or prejudice toward women
- Discrimination or sexism toward people with disabilities
- Difficulty finding employment
- Difficulty accessing benefits
- Contacting and/or interacting with the provincial or federal government

**13. Have you experienced any other barriers or challenges that you feel the government could change? Feel free to explain in as much detail as you feel comfortable.**

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**14. In a recent engagement session with Indigenous women and gender-diverse people with disabilities, numerous participants suggested that Indigenous women with disabilities form councils and groups to make change *within* Indigenous communities, rather than reacting to the federal government’s plans and initiatives.**

**What do you think of this idea?**

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**15. Do you have any suggestions on how to improve feedback processes for those with disabilities who want to voice a concern or file a complaint regarding barriers or difficulties they face?**

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**16. What would make you feel that your concerns or complaints had been heard and addressed by the government and its agencies?**

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**17. What can the Government of Canada do to ensure that Indigenous women and gender-diverse people with disabilities receive the supports they need during major crises and emergencies, such as the current COVID-19 pandemic?**

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**18. Is there anything not covered in this survey that you would like to share?**

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**19. We will be holding a second engagement session on June 23, 2020 to build on the themes from this survey, and to gather feedback on our draft recommendations to the Government of Canada. Would you like to join this session?**

- Yes
- No

[If yes, then show this question]: **Please tell us your:**

- Name \_\_\_\_\_
- Email address: \_\_\_\_\_
- Telephone number: \_\_\_\_\_
- (If applicable) Which organization you represent

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Thank you for taking the time to fill out this survey. If you have additional questions, please contact Kim Seida, Project Coordinator ([kseida@nwac.ca](mailto:kseida@nwac.ca))



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