



EXPANDING THE CIRCLE

**MONITORING THE HUMAN RIGHTS OF INDIGENOUS, FIRST NATIONS, ABORIGINAL,
INUIT AND MÉTIS PEOPLE WITH DISABILITIES IN CANADA**

SITE REPORT

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SUMMARY

Expanding the Circle is a project undertaken by Disability Rights Promotion International (DRPI) that focuses on expanding the conversation about what access to human rights looks like for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities in Canada. DRPI has engaged indigenous peoples in many of its projects including New Zealand and Bolivia. It is important that the Canadian indigenous experience be added to this search for knowledge where the rights of people have been neglected. Indigenous, First Nations, Aboriginal, Inuit and Métis people experience disproportionately high levels of disability compared to other Canadians. Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities historically, and at present, experience exclusion and various forms of discrimination. This discrimination may take place at the level of individual interactions, but people may also experience discrimination at a higher, systemic level, by their needs not properly being addressed in laws, policies and budgets. This project uses an intersectional point of view, to understand the experiences of people with disabilities who are also Indigenous, First Nations, Aboriginal, Inuit and Métis and considers the unique challenges and victories this population experiences in accessing rights.

Expanding the Circle considers the rights outlined in the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD), in conversation with the *United Nations Declaration on the Rights of Indigenous People* (UNDRIP). International human rights legislation not only focuses on specific rights, but also highlights five general human rights principles. These key principles: *dignity; autonomy; participation, inclusion and accessibility; non-discrimination and equity; and respect for difference* were considered in relation to areas of people's lives: *social participation; health; education, work and privacy and family life, information & communications; access to justice; and income security and support services.*

This report combines two aspects of this project, first-hand experience through interviews, as well as an analysis that is based on a review of laws, policies, programmes and budgets to have a larger context to understand people's lived experiences. This project uses a Canadian framework, but focuses in communities in Ontario. Expanding the Circle worked with community partners in Toronto, Grand Council Treaty #3, and Historic Saugeen Métis to conduct interviews with 15 individuals to consider how Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities are experiencing their rights.

Participants in interviews spoke most often about areas of their lives that included social participation, family life, health, education and work. This report also looks at how people spoke about intersectionality and positive experiences. Other themes such as information and

communications and access to justice were less commonly brought up during the interviews.

Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities have the same rights as other Canadians, in relation to things like access to healthcare and education. This is supported through international, national, and provincial legislation. However, what this means in theory and practice differs. Location between urban and rural Ontario as well as reserve or off-reserve and social networks shape the ability to access rights. Overall, funding and attitudinal barriers such as racism and ableism were significant obstacles for accessing rights. Another barrier was the lack of accountability on the part of the various governments regarding who was to provide a specific service. People stressed the lengthy, convoluted advocacy work that was often needed to access rights afforded to other people in Canada.

In the interviews, people also addressed positive experiences, and highlighted the most satisfying aspects of their life. Family and community networks were acknowledged as a way of assisting people with disabilities in addressing their disability related needs. The interviews and the systemic research highlighted the multiple layers of barriers that people who are Indigenous, First Nations, Aboriginal, Inuit and Métis experience at the personal level, and at all levels of the government when trying to access rights. There was somewhat of a divide between the systemic research, which provides an overall context to understand rights, and what people in the interviews were passionate to speak about. Primarily, people wanted to be able to access services, and they wanted to feel like they were being treated with dignity and respect during this process.

Recommendations

The following list of recommendations was developed with the aim of improving the lives and hearing the voices of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities in Canada, regardless of whether they are a “status” or “non-status” Indian. These recommendations are intended to impact the ability of all people with disabilities to access their rights. Based on the research, interviews, monitors, and community leaders, the following is a list of recommendations that emerged from the project:

1. Ensure adequate funding regardless of geographic location.
2. Improve access in all sectors: Improve the ability to access resources and improve transparency in the system so people understand what resources are available and how to attain them.
3. Work with and engage communities to understand the specific needs of each particular community and provide them with tangible aid.
4. Provide inclusive education about Indigenous, First Nations, Aboriginal, Inuit and Métis

people, and people with disabilities.

5. Empower and consult Natural Helpers who are individuals within the Indigenous, First Nations, Aboriginal, Inuit and Métis communities, who provide advice, emotional support, and tangible aid.
6. Address poverty for Indigenous, First Nations, Aboriginal, Inuit and Metis people with disabilities.
7. Ensure greater access and funding for healthcare and overall culturally appropriate care.
8. Facilitate community research, undertaken by Indigenous, First Nations, Aboriginal, Inuit and Métis communities to understand community disability needs.
9. Implement, deliver, and support Indigenous home care services.
10. Support grassroots organizations that help to understand specific needs.
11. Address attitudinal barriers toward Indigenous People and People with disabilities.
12. Promote access to culture for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities.
13. Provide access to information about human rights and resources.
14. Change needs to occur from the bottom and the top: Structural changes can occur with policy makers and government bodies, but changes should be done in direct consultation with the stakeholders, elders, knowledge keepers, healers and the community.
15. Consider a national legislation that includes specific recognition of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities.
16. Monitor human rights to be done by and for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities.
17. Ensure that all laws and policies that focus on advancing the rights of Indigenous, First Nations, Aboriginal, Inuit and Métis people are also inclusive of people with disabilities.

INTRODUCTION

This project is called Expanding the Circle. This name acknowledges that we honour all of our relations, ancestors that came before us and the future generations that will benefit from our actions today. Human rights benefit all members of the community. The project acknowledges that, as the disability rights movement gains momentum around the world, our people cannot be left behind.

This project builds upon the work of Disability Rights Promotion International (DRPI) which seeks to establish a sustainable monitoring system to address disability discrimination internationally. Disability rights monitoring is a research method that involves tracking, collection, analysis, and mobilization of data and knowledge about the life circumstances of people with disabilities using human rights standards as benchmarks. Monitoring is central to the task of ensuring the equal enjoyment of human rights.

In this report, the terms Indigenous, First Nations, Aboriginal, Inuit and Métis are used. However, when more specific language was used in an interview or report, we included the language used by the individual. The terms people with disabilities is used to acknowledge the terminology in the UN CRPD, which was agreed to by people with disabilities throughout the globe in a collaborative process for developing the CRPD.

Indigenous, First Nations, Aboriginal, Inuit and Métis people in Canada have, and continue to experience, marginalization, discrimination, intergenerational trauma and a profound sense of loss and grief, because of systemic abusive government practices that amounted to cultural genocide. People with disabilities in Canada also have a history of facing discrimination, having their rights violated, being misunderstood, and treated as less than equal human beings. 13.7% of the adult Canadian population has a disability (Statistics Canada, 2015), in comparison, approximately 32% of Indigenous, First Nations, Aboriginal, Inuit and Métis people have a disability (Durst, 2006). Often conversations about the rights of Indigenous, First Nations, Aboriginal, Inuit and Métis people and people with disabilities take place in isolation. Expanding the Circle is the beginning of an important conversation in Ontario and Canada about the specific needs, experiences and challenges that Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities face when accessing their rights.

Expanding the Circle was made possible by its partners, monitors, site coordinators and the people who agreed to engage as research participants. The Centre for Independent Living Toronto (CILT), Grand Council Treaty #3 and Historic Saugeen Métis (HSM) led data collection in each of their communities. The DRP training for disability rights monitors and the methodology for the project

was developed by DRPI in a global collaborative process with people with disabilities from every walk of life and from every geographic region – from large urban centres to rural areas. It is based on participatory principles engaging those in the community to monitor their own rights. We are grateful that Indigenous, First Nations, Aboriginal, Inuit and Métis people have added their knowledge to the worldwide efforts towards the entrenchment of the rights of persons with disabilities. We are grateful to the Expanding the Circle Steering Committee: Cyndy Baskin, Sandra Carpenter, Nancy Davis Halifax, Douglas Durst, Celia Haig-Brown, Jon Johnson, Debbie Lipscombe, David McNab and Marcia Rioux who also contributed their knowledge to developing this project.

Each of these communities selected Monitors who are Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities to conduct in person interviews to document people’s experiences accessing their rights both as Indigenous, First Nations, Aboriginal, Inuit and Métis people, and as people with disabilities. We interviewed 13 Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities, and 2 parents with children with disabilities who wanted to be a part of this study.

The study also conducted systemic monitoring looking at the roots of discrimination with a focus on education, health, cultural life and access to the physical environment, transportation, information and communications. A separate report was written which you can find on the DRPI website: <http://drpi.research.yorku.ca/north-america/north-america-publications-resources/>

This report combines the findings of the interviews with the systemic report in order to give us a comprehensive picture of the human rights of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities in Canada.

For more information about the project, the last section in the report is the Background of the Project.

Context

Any discussion of the rights of Indigenous, First Nations, Aboriginal, Inuit and Métis persons needs to be understood through the historic and continuing effects of colonization. The final report of the Truth and Reconciliation Commission of Canada titled *Honoring the Truth, Reconciling for the Future* (2015), explains that for over a century, the objective of Canada’s Indian policy was to erase Indigenous people as “distinct legal, social, cultural, religious, and racial entities in Canada” (Truth and Reconciliation Commission, 2015, p.1). This policy can be defined as cultural genocide involving the “destruction of those structures and practices that allow the group to continue as a group.”

This involves the colonizers and governments destroying both the political and social institutions of Indigenous, First Nations, Aboriginal, Inuit and Métis people.

Before colonization, social structures existed in some Indigenous, First Nations, Aboriginal, Inuit and Métis communities where there were no exclusions of any person. There was a circular way of thinking and belief that what affected one person affected the whole community. They believed that for the community to survive and thrive all must be cared for or both would cease to exist. Within the culture, people born with disabilities were thought to be gifts from the ancestors and Creator. The community worked together to have them be a part of the social structure. Often they were the Medicine Man's helper which was a high honour. Because of their differences people with disabilities were thought to walk in two different worlds; to have gifts given to them from the Spirit World and therefore they brought unique insights to their communities.

Colonization brought a very different idea; people and races that are different should be treated differently and needed to strive to be made the same. This led to a framework of labels and classes in which people with disabilities were less valued and mistreated. Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities are among the most marginalized and oppressed groups in Canada. The colonizers separated the two identities of Indigenous, First Nations, Aboriginal, Inuit and people with disabilities. This separation is seen today in how the governments allocate funding and resources and how they do not allow, nor respect the intersections of identities that are based both on being indigenous and having a disability. The intersectional complexities in relation to the history of colonization are deeply rooted in the process of assimilation through cultural genocide and inequitable access to societal resources like health care and education.

Colonization has tremendous impact on both past and present social and political activities, through attempting to assimilate Indigenous, First Nations, Aboriginal, Inuit and Métis people and rid them of their cultural identity and land (Lavallee and Poole, 2010). In 1857, the *Gradual Citizenship Act* and *Indian Act* (1874 and amended in 1985) have controlled and continue to control who is deemed a status Indian as well as to direct education, health, and the land of Indigenous, First Nations, Aboriginal, Inuit and Métis people (Lavallee and Poole, 2010). Through Canadian legislation, Indigenous, First Nations, Aboriginal, Inuit and Métis people were banned from participating in their spiritual ceremonies. They faced physical abuse and punishment for speaking their languages in residential schools which resulted in many losing the ability to speak the language and even as adults fearing using their native language.

People living on and off reserves deal with the confusion of access to different rights and funding because bands receive funding from the federal government for things, such as education, rather

than the provincial government like others living in Canada. Some nations govern their own affairs. Indigenous and Northern Affairs Canada (INAC) has varying levels of involvement. Indigenous, First Nations, Aboriginal, Inuit and Métis people are still experiencing the adverse effects of past and present government policies. The current gaps in education, and socioeconomic status between Indigenous, First Nations, Aboriginal, Inuit and Métis and non-Indigenous groups is in part because of government policies such as IRS and the way the communities were forced to change. The health of Indigenous, First Nations, Aboriginal, Inuit and Métis children was undermined by colonial practices and the IRS system (Truth and Reconciliation Commission, 2015, p.132). Today, Indigenous, First Nations, Aboriginal, Inuit and Métis children are still apprehended by child services at an alarming rate (Lavallee and Poole, 2010). Specific disabilities and health conditions are directly linked to the legacy of residential schools, including addiction and fetal alcohol spectrum disorder (Truth and Reconciliation Commission, 2015, p.174). Addictions are often a result of the multiple traumas persistent in history which result in Indigenous, First Nations, Aboriginal, Inuit and Métis people currently living in a mental state of profound loss of culture, identity and being unable to see an end to these external authorities controlling their everyday existence. Indigenous, First Nations, Aboriginal, Inuit and Métis people believe that it will take the next seven generations to heal the wounds of the colonial practices that were introduced and continue today, in Canada (Truth and Reconciliation Commission, 2015, p. 241).

Understanding the colonial history is paramount when examining how the human rights of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities are being met in relation to the interlocking oppressions caused by racism (Indigenous, First Nations, Aboriginal, Inuit and Métis identity), ableism, and poverty. We need to contextualize the colonial history to understand why these human rights violations continue to occur. For instance, when asking if people with disabilities have equal access to healthcare, it is important to contextualize answers by acknowledging that many reserve communities do not have the basic right of access to safe drinking water.

FINDINGS

The following sections provide the findings of the interviews with quotations from people shared their lived experiences and the systemic monitoring with information about Canadian laws, legislation and policies that may influence how rights are experienced. In reading these sections please remember that you are reading about people’s experiences. After an Expanding the Circle annual meeting, a Monitor who was sharing her story reminded us, *“these are my experiences and by sharing them I also give a part of myself. Treat them with respect just as you would with a person for they are my living words.”*

Respecting the lived experiences of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities is about honouring individual truth. Treating these stories with respect demands that we find ways to address the barriers that people mention. Acknowledging people’s living words honours the people and communities we worked with and lends accountability by actually hearing their realities.

This study is based on in person interviews with people of different age groups who live with various types of disabilities. The specific socio-demographic and disability-related characteristics of these participants are summarized in Table 1.

Table 1 - Socio-demographic characteristics of interview participants

ATTRIBUTES	NUMBER OF PARTICIPANTS	ATTRIBUTES	NUMBER OF PARTICIPANTS
AGE		EDUCATION	
26-40	2	Elementary	3
41-55	2	Secondary	3
55-70	2	University	1
70+	4	College	2
Unassigned	6	Unassigned	6
SEX		PRESENCE OF DISABILITY	
Female	5	Since birth	1
Male	4	Since childhood	4
Other	1	Last 15 years	2
Unassigned	6	Last 5 years	1
		Unassigned	8

TYPE OF DISABILITY		HOUSING SITUATION	
Mobility	5	Own	6
Visually impaired	1	Rental/lease	2
Intellectual	1	Doesn't live in a house	1
Other	3	Unassigned	7
Unassigned	4		
Not applicable (parents)	2		
Multiple disabilities	5	EMPLOYMENT	
		Yes	5
		No	1
		Unassigned	10

The interviews were coded by exploring the key human rights principles in relation to important areas of life for people with disabilities. The areas of life that were most often mentioned were *social participation; health; education, work and privacy and family life* which are discussed in this report. The areas of life that were less mentioned or not mentioned at all include: *information & communications; access to justice; and income security and support services*. A summary of experiences reported by participants by areas of their life can be found in Table 2.

Table 2 – Experiences reported by area of life by interview participants

Area of Life	Number of Indigenous -related Reports	Number of Disability -related Reports
Access to Justice	0	1
Education	2	2
Health, Habilitation and Rehabilitation	3	9
Income Security and Support Services	0	1
Information & Communication	1	0
Privacy and Family Life	7	8
Social Participation	5	9
Work	2	7
Total	20	37

The five key human rights principles considered include: *dignity; autonomy, participation, inclusion & accessibility; non-discrimination & equality, and respect for difference.*

5 human rights principles

- 1) Dignity** - Dignity refers to the inherent worth of all people. Human rights are about protecting and promoting the self-respect of all people. All people should feel respected in their community, in society and in daily life.
- 2) Autonomy** - Autonomy means that every person is in the center of any decision that affects them.
- 3) Participation, inclusion & accessibility** - Participation is including all people in decision making processes. This can be at a local level, like at your church and in your community, or at a larger level such as political participation. Inclusion and accessibility is the idea that all people can participate in society. This occurs when society is setup without physical or social barriers and is accessible to all people. Accessibility is the physical and social environment being adapted to accommodate diverse needs.
- 4) Non-discrimination and equality** - Rights are guaranteed to everyone. Discrimination happens when certain groups are shown favoritism which can happen through laws, and policies that favor one group of people over another. Equality does not mean that all people will be treated the same, but rather that adjustments be made in relation to needs so that everyone can access their rights equally.
- 5) Respect for difference** - Respect for difference means honoring difference as part of human diversity. Difference is not a reason to deny rights. The community, and society is responsible to adapt in accommodating difference (Disability Rights Promotion International, 2014)

Dignity, respect for difference and inclusion & accessibility were the human rights principles that were most often brought up in the interviews. The two most mentioned themes that people spoke about were feeling lack of dignity in the healthcare system and exclusion and inclusion in social participation.

Table 3 – Experiences reported by human rights principles by interview participants

	Number of Indigenous-related Reports	Number of Disability-related Reports	Total
Autonomy			
Lack of Autonomy	0	4	4
Self-Determination	1	2	3
Dignity			
Lack of Dignity	7	13	20
Dignity	6	9	15
Non-Discrimination & Equality			
Discrimination & Inequality	4	4	8
Non-Discrimination & Equality	3	1	4
Participation, Inclusion & Accessibility			
Exclusion & Lack of Accessibility	1	11	12
Inclusion & Accessibility	3	8	11
Respect for Difference			
Disrespect for Difference	1	8	9
Respect	2	7	9

The following sections include findings from the interviews and systemic monitoring about the most mentioned areas of life that people spoke about: social participation, health, education and work. Family and Private Life is included in the section on Positive Experiences. We have added the section Intersectionality and Culture to begin discussing the findings.

Intersectionality and Culture

Intersectionality is an integral part of this project, and for understanding how rights work. Every person interviewed has multiple identities. For instance; they are Indigenous, First Nations, Aboriginal, Inuit and Métis as well as being a person with disabilities. Intersectionality provides insight about how individuals with multiple identities experience different social systems and bureaucracy as well as the barriers they experience in trying to access rights both as first people and as people with disabilities.

The rights of a person do not exist in isolation; rights are situated within the larger community even though individual needs may differ. People with disabilities in Ontario are given specific rights through international, Canadian, provincial and municipal legislation. Some Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities also hold specific rights through the *Indian Act*, treaties and other pieces of legislation. These interviews ask if and how people with intersectional identities, and who hold rights in accordance with multiple identities experience their rights. Rights themselves also intersect. For example, if you cannot exercise your rights to education, then your right to work is compromised. It is a cycle.

Example of intersectionality: To demonstrate how intersectional identity may influence the ability to access rights, consider an individual trying to access education on a reserve. Both people with disabilities and Indigenous, First Nations, Aboriginal, Inuit and Métis people have the right to education. However, they face different barriers in accessing this right. For instance, students in Ontario still struggle to access their right to quality education that addresses their specific disability needs. Students on reserves however, face an additional barrier to having this right met because of the funding differences for education on and off reserves. On and off reserves there are unique barriers to education that Indigenous, First Nations, Aboriginal, Inuit and Métis students with disabilities face that are connected to being an indigenous person with a disability. It is important to note that some of these barriers are the result of attitudes toward Indigenous, First Nations, Aboriginal, Inuit and Métis people and people with disabilities.

Interviews

Although interviewees made clear that they face barriers to accessing rights based on many factors and intersections of identities, they did not necessarily frame their experiences of access in relation to any single or multiple identities.

More participants in the study spoke about their disability than about being Indigenous, First Nations, Aboriginal, Inuit and Métis. There were a couple of people who spoke about how being Indigenous, First Nations, Aboriginal, Inuit and Métis impacted their experiences as persons with a disability. This may have been because participants were asked about their experience as a person who has a disability. Some individuals spoke of what it means to be an Indigenous, First Nations, Aboriginal, Inuit and Métis person in Canada. Connections were made to the systemic oppression in Canadian society. Recognition of individual discrimination and inequality and lack of dignity can often be found imbedded in systemic oppression in Canadian society. The words of people with disabilities from these communities/populations suggest that much of the injustice they face is indeed in the way communities are organized and the lack of knowledge and attention to both being people

with disabilities and First Nations, Aboriginal, Inuit and Métis people.

For instance, one woman commented that she was discriminated against by a healthcare provider because she was Aboriginal. She explains,

“I truly believe, was neglect too, because I was Aboriginal. I believe that 100 percent.” (12)

Another individual explained that a white man did not believe he had a disability. He explains,

“the guy was giving me a hard time one time because I had a scooter. He was some white guy. He says, you don't need that scooter. You can walk. You know. That attitude. He doesn't understand. I had a hard time with that.” (14)

Some individuals talked about the overlapping barriers they experience as they try to learn about their culture as an Indigenous, First Nations, Aboriginal, Inuit and Métis person with a disability.

“I wanted to learn more about my heritage and working with Elders. I contacted an Elder that was basically very discriminatory about my blindness or vision impairment it was said to me, don't know how we can bring you to a ceremony because the ground is bumpy. I said I can walk on bumpy ground and just because I am blind doesn't mean that I can't navigate that. It was very obvious to me that this person was very uncomfortable with the fact that I have a disability so I was really frustrated with the fact that I was being discriminated against within my own culture.” (9)

People interviewed explored the feelings of hurt that resulted from discrimination and ableism:

“In terms of dignity and who I am I think it's hard enough being a person with a disability and then being told I don't know how to help you learn your culture[...]It's like not only am I not going to help you, I don't know how to work with you because you're defective. I can appreciate Elders are people too but it triggered me on so many levels.” (9)

The interviewee also addressed attitudinal barriers related to not visibly appearing native:

“Most people I know look native. Some of my family members look more native so they're not treated that way or they don't have a disability so there's that layer piece again.” (9)

People interviewed made the point that this discriminatory attitude was not expressed by everyone in the community. The interviewee explains that another Elder offered them encouragement and respected their disability:

“she's the one that told me you know you need to, not you need to, but you need to honour yourself, honour where you came from, honour that you are a native and that you do have a disability and

there are the barriers you encounter and intersectionalities. Honour that and anyone who doesn't honour that it's their issue and not yours." (9)

Some participants told the story of how both people with disabilities and native people have experienced discrimination in Canadian society. Ablest attitudes are both present in native communities, but also challenged by community members. In his/her own words,

"[p]eople would say no you have every right to practice your heritage and every right to learn what being native all is about and having a disability and it's high time that we're there in this community. It's still painful I have to work on it and it's an ongoing process." (9)

Systemic Monitoring

People have rights both as individuals with disabilities and as Indigenous, First Nations, Aboriginal, Inuit, and Métis people. Given the historic and continued mistreatment in Canadian society, it is especially important that they are able to access and practice their culture. There are laws that ensure that Indigenous, First Nations, Aboriginal, Inuit, and Métis people can practice their traditions, and there are also laws that work towards the equality of people with disabilities in cultural life. However, sometimes the two types of rights are in tension or are not coherent in ensuring that both are respected.

Article 30 (1) of the CRPD ensures the cultural rights of people with disabilities, for example Deaf cultural rights. This includes things such as access to cultural materials, and being able to take-part in cultural activities. The UNDRIP focuses on the cultural rights of Indigenous, First Nations, Aboriginal, Inuit, and Métis people. Article 3 mandates that Indigenous, First Nations, Aboriginal, Inuit, and Métis people have the right to self-determination and to freely pursue their cultural development. Article 9 of the UNDRIP mandates that indigenous people have the right to belong to their indigenous nation, in accordance with the traditions of that community. Articles 9 through 11 of the UNDRIP guarantee the right to practice one's own culture and have the culture protected and to engage with spiritual practices. Article 34 of the UNDRIP explains that indigenous people have the right to maintain their institutions and their "distinctive customs, spirituality, traditions, procedures, practices..." The *International Covenant on Economic, Social and Cultural Rights*, (ICESCR) 1976 also includes cultural rights. Article 15 of ICESCR states that parties to the convention recognize the "right of everyone to take part in cultural life."

The *Canadian Multiculturalism Act, 1985*, c 24 acknowledges the diversity of Canadians and is committed to promoting a multicultural future, while working to "achieve the equality of all Canadians in the economic, social, cultural and political life of Canada." Section 3 (1) explains the multicultural policy of Canada. Section 3 (1a) acknowledges that multiculturalism reflects the

cultural and racial diversity of Canadian society and right to promote and enhance cultural knowledge.

The *Accessibility for Ontarians with Disabilities Act (AODA), 2005*, also addresses cultural rights for people with disabilities. Section 3 (2) of *Accessibility Standard for Customer Service, 2007* mandates that people with disabilities have equal opportunities to use and benefit from goods and services. This includes access to cultural spaces such as movie theaters and libraries.

In the legislation, and often in application, access to cultural rights and discussions of disability and accessibility take place separately. There is international and national legislation around the right to practice one's own culture; however, the CRPD is the only legal framework that directly addresses disability and culture. In the framework of the AODA, many components for accessing culture may fall outside of the goods and services framework. When access to cultural events, such as a pow wow, or a sweat lodge, is not framed as access to goods or services, then there is less room to legally advocate for inclusion. The international and Canadian framework provide for people to be able to access their cultural rights. However, in the legislation, or more significantly at the community level, there needs to be a conversation about what access to culture and tradition means for all community members.

While this gap in safeguards for accessibility in cultural teachings and ceremonies could be addressed in legislation, it may more effectively be addressed at the community level. Attitudes and misconceptions about what it means to be a person with a disability may shape whether or not an effort is made to make spaces physically accessible, and whether or not the attitudes of community members help make people feel welcome. For instance, one person said:

"I wanted to start to learn more about my heritage more and working with Elders and I contacted an Elder that was basically very discriminatory about my blindness or vision impairment it was said to me "don't know how we can bring you to ceremony because the ground is bumpy" so then I talked about well I can walk on bumpy ground and just because I am blind doesn't mean I can't navigate that and it was very obvious to me that this person was very uncomfortable with the fact that I have a disability. So I was really frustrated with the fact that I was being discriminated against within my own culture and that was frustrating..."

Um and then I actually did see another Elder briefly as I kept on my journey, and she was horrified that another Elder would be like that." (10)

Ableism is everywhere in society, and it follows that people in the Indigenous, First Nations, Aboriginal, Inuit and Métis communities also both experience and express ableist attitudes. A brief

survey of cultural events in Ontario such as sweat lodges and pow wows displays that events are sometimes, but not always physically accessible. This is part of a larger conversation in Ontario and Canada about making all places physically accessible, and creating an environment in which people feel their dignity and right to participate is respected. While this was not mentioned in the interviews, another aspect of considering if cultural spaces are accessible is asking if people with invisible or less visible disabilities feel welcome to participate in cultural events and life. For instance, are there attitudinal or communication barriers that limit the ability of people with mental health, or intellectual disabilities from feeling welcome in communities and how can said potential barriers be addressed?

Social Participation

Social participation covers meaningfully participation in society and within communities. This can be considered on multiple levels, from asking if the built environment is accessible, to considering the ways that Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities may experience discrimination because of their background. When thinking about barriers to social participation, we create space to consider physical and attitudinal barriers that may emerge in relation to ableism and racism at the individual level.

Interviews

Table 4: Experiences reported in Social Participation

	Indigenous-Related	Disability-Related
Autonomy		
Lack of Autonomy	0	3
Self-Determination	0	1
Dignity		
Lack of Dignity	3	5
Dignity	5	3
Non-Discrimination & Equality		
Discrimination & Inequality	2	1
Non-Discrimination & Equality	3	1
Participation, Inclusion & Accessibility		
Exclusion & Lack of Accessibility	1	5
Inclusion & Accessibility	1	4
Respect for Difference		
Disrespect for Difference	1	3
Respect	0	2

People spoke about being excluded from built environments in healthcare, education, workplaces and public and private spaces. Here are the voices of people with disabilities:

"[w]hen I was going at Royal York area for some teachings and I went like about five blocks and in five blocks there was only about two places that had ramps. And it frustrated me. And I was like, wow, I thought it's a law now to have this, the ramps" (12)

This lack of accessibility violates international, and Ontario legislation around accessibility, and also results in exclusion from the built environment. This is particularly problematic given the history of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities being excluded from Canadian society.

An interviewee also discussed entering a built environment that was only partly accessible.

"I'm thinking, this is a brand new place, and they don't even acknowledge the people, you know, to press the button. You know, you're coming in here, then you got to go across to press the button to go back here to go in. And I'm thinking, why would they not have, you got two doors, you press one button, they both open at the same time, and close at the same time. Save yourself the trouble of going back and forth for people with disabilities. And they don't even have the bathrooms, they're not button [accessible]. And I even, I went to AGO. I got pissed off at AGO [Art Gallery of Ontario] because I got stuck in the bathroom. Because at that time I had my scooter and I got stuck. And it's a long hallway, and I cracked open and I'm yelling at the top of my lungs for someone to come and open the door so I can get out. And, you know, I put in a complaint. So now they have the push button so I went, yes." (12)

People also addressed transportation barriers, such as the inaccessibility of the subway system in Toronto:

"Today there's no need for it. You know, like, they say they're supposed to have like the subway whatever, by now they should have elevators on every subway." (12)

This is part of a larger conversation about the way barriers to transportation limit social participation. One interviewee explains,

"[b]ut, no, my husband, he broke his hip so he has to do the driving so he can't sit for too long. He's got the rod from his hip down into his knee and it bothers him a lot." (4)

One interviewee mentioned an example of their right to education being denied.

"I was feeling left out. At age 10, I was not allowed to attend school for one year." (10)

Systemic Monitoring

The right to social participation is a general framework and is part of advocating for general accessibility in society. The CRPD, art. 9 addresses the area of accessibility. It mandates that governments take “appropriate measures to ensure to persons with disabilities access, on an equal basis with others, [to] the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.”

The *Integrated Accessibility Standards*, 2011, s 3 (2), a standard under the AODA set out the requirements for fulfilling the AODA mandate, that people with disabilities must have equal opportunities to use and benefit from goods and services. This includes access to the built environment, and transportation. To go back to the person who said,

“I went like about five blocks and in five blocks there was only about two places that had ramps.”
(12)

This right to access businesses is guaranteed in the above mentioned legislation; however, there is not enough force in implementing legislation.

People also have the right to accessible transportation. The *Ontarians with Disabilities Act*, 2001, s 14 provides guidelines for accessibility and public transportation organizations. However, this is about ensuring that existing public transportation systems are accessible. Public transit systems, such as the Toronto Transit Commission, are responsible for providing accessible services; however, many people in Ontario live in communities without a public transportation system, or live in areas that lack an adequate public transportation system between communities. Even in communities like Toronto with accessible transit systems in place, equal access to transit is still not achieved. For example, what does access to equal social participation look like? Accessible transit service in Toronto often suspends services and rides need to be booked significantly in advance.

Access to adequate housing that accommodates disability related needs is another area of consideration, both for accessibility, and for social participation relating to the ability to pick where one lives. The Federal Government is responsible for providing bands with funding money for housing under the *Indian Act*, 1985, c I-5. The funding is often inadequate and the general state of poverty on reserves impacts all residents; and there are many social conditions that negatively impact health on reserves. The Assembly of First Nations identifies challenges including: “overcrowding, mould contamination, lack of basic amenities” (2011, *Fact Sheet*). Both on and off

reserve, there is very little accessible housing for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities. This shapes where people with disabilities can live, and their ability to participate in society. There are allocated funds for creating publically funded housing for Indigenous, First Nations, Aboriginal, Inuit and Métis people in the community such as the Off-Reserve Aboriginal Housing Trust Fund (Ontario Federation of Indian, 2009). This fund provides temporary supports for the housing needs of Indigenous, First Nations, Aboriginal, Inuit and Métis people in Ontario to supplement government funds.

The Ontario Off-Reserve Aboriginal Housing Trust Report (2008) identified barriers to accessible housing, some of which are related to lack of consideration of Indigenous, First Nations, Aboriginal, Inuit and Métis family structures in that people often live with their extended families (The Ontario Off-Reserve Aboriginal Housing Trust Report, 2008, p. 35). In the report, one individual explains, *"[t]here are only two units that are wheelchair accessible in our town. Both are rented. When I leave home I have to leave town as there is nowhere for me to live other than my parent's [home]. I'm going to go to school and I've already been told there might be a two or three year waiting list for the next town I want to go to school in... you need to make sure more wheelchair units are available."* (p. 48). Cost was identified as the main barrier to developing sustainable housing and 40% of housing providers stated that their units are not accessible (p. 34). *"In an attempt to satisfy the demand for safe, affordable and quality housing, housing providers identified a lack of funding for capital (85%), operating (80%), and maintenance and renovation (75%) costs as the primary barriers to developing and sustaining housing for Aboriginal people"* (p.34). Affordable accessible off reserve housing is especially important because people may need to live off reserve to access specific disability related services.

Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities have the same rights as other Canadians in theory for social participation relating to transportation, communication and access to the built environment. However, attitudinal barriers are also a factor in ensuring social participation. One may have access to a service, or a space, but feel that they did not receive quality treatment because of stereotypes or discrimination relating to their Indigenous, First Nations, Aboriginal, Inuit and Métis identity, or because of their disability. There are also attitudinal and structural barriers faced by both populations that limit the ability to climb social ladders and take top positions in the workplace and politics. People may also internalize racism and ableism, and subsequently censor their social participation. One interviewee describes feeling left out by their friends, because they are often sick. This type of barrier to access for social participation cannot be addressed by rights legislation, but it can be addressed by media that upholds the rights of persons with disabilities and provides public service models that speaks to challenges social attitudes towards disability. Considering barriers to social participation suggests the need for stronger enforcement of rights, but also that rights are not enough, and attitudes that limit social

participation also need to be challenged.

Health

All Canadians are guaranteed access to healthcare, including Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities. The systems that deliver healthcare are fragmented and at times this results in people not having their healthcare needs met, or receiving poor quality of care.

The Federal and provincial governments have a cost-sharing agreement for healthcare. The provinces are responsible for delivery of health care and health care services. In Ontario, the Ministry of Health and Long-Term Care (MOHLTC), provides direction and planning for the healthcare system. Healthcare is provided through Local Health Integration Networks (LHINs). There are 14 Local Health Integration Networks responsible for planning, implementing and integrating the health services that are provided by hospitals, Community Care Access Centres and Community Health Centres (IPAC, 2013). Indigenous, First Nations, Aboriginal, Inuit and Métis people may access healthcare through the provincial system.

Services to status Indians are provided through the federal government First Nations and Inuit Health Branch (FNIHB). (National Collaborating Centre for Aboriginal Health, 2011, *Setting the Context*). FNIHB either funds or directly delivers community-based health programs and disease prevention, home and community care services, non-insured health benefits and communal disease and environmental health prevention. Métis people are not eligible for non-insured health benefits (Health Canada, 2015, *First Nations and Inuit Health*).

The right of people with disabilities to the highest attainable standard of health is outlined in the *CRPD* art. 25. In addition, the *UNDRIP* guarantees the rights of indigenous people to the highest quality of healthcare. Article 24.1 of the *UNDRIP* clarifies that indigenous people have the right to their traditions and medicines and to practice their traditional approach to health; they have equal access to social and health services. Article 24.2 holds that indigenous people have the right to the highest attainable standard of health.

The 1979, Federal Government's Indian Health Policy articulates the government's role in the provision of health care (Health Canada, 2014). The policy explains that due to the integrated nature of healthcare, the responsibility for care may be shared between federal, provincial, and municipal governments, and Indian bands.

Indigenous, First Nations, Aboriginal, Inuit and Metis people with disabilities may have healthcare needs relating both to their specific culture and disability. The Ontario healthcare system in general can be a challenge to navigate, and there are additional barriers for Indigenous, First Nations, Aboriginal, Inuit and Metis people with disabilities because of specific cultural needs, and because there is less healthcare funding for status Indians. There is a general lack of transparency with the patchwork of healthcare funding in Ontario, as different elements of healthcare are the responsibility of several different organizations (IPAC, 2013). Services to status Indians are provided through the First Nations and Inuit Health Branch (FNIHB). In 1995, Canada placed a 2% cap on reserve funding for health care. However, the Indigenous, First Nations, Aboriginal, Inuit and Métis population continues to grow at around 5 % per year. In contrast, the Federal Government allows a 6% increase in health funding so the provinces can increase their health budgets (Shining Turtle, 2015).

Interviews

Table 5: Experiences reported in the domain of Health, Habilitation and Rehabilitation

	Indigenous-Related	Disability-Related
Autonomy		
Lack of Autonomy	0	1
Self-Determination	0	1
Dignity		
Lack of Dignity	2	6
Dignity	1	2
Non-Discrimination & Equality		
Discrimination & Inequality	1	1
Non-Discrimination & Equality	0	0
Participation, Inclusion & Accessibility		
Exclusion & Lack of Accessibility	0	1
Inclusion & Accessibility	0	2
Respect for Difference		
Disrespect for Difference	0	3
Respect	1	2

For some people, access means the physical ability to access the space where healthcare is provided. One person described their changing health condition and that when they began using mobility devices they could no longer physically access their doctor's office.

"[s]ometimes I don't even go to my appointments because I don't want to go there, and I don't want to leave my scooter outside, and I just walk, limping." (14)

Access and quality of care (guaranteed in the *CRPD*) means that people are able to receive health care services that they need and receive these services with dignity. One individual told of her experience in accessing health care services

"Once you're chronic, a chronic patient, forget about it. Because you may as well just [go lay] in a nursing home some place because they just, they don't do, they don't listen to you once you're chronic... Well they feel, yeah, you're not worth it at that point or you're, I don't know what they're thinking." (4)

Another interviewee describes her treatment by a surgeon:

"I told him I had diabetes and I was a smoker, but was trying to quit. And he just looked at me and said I don't know why we're bothering to do this because in another five years I'll be cutting your legs off... That's when I started to feel like a number- just another pencil mark, and I hate feeling that way, I don't appreciate it and I want someone to take the extra two minutes and talk to me like a person" (8).

She continued to struggle to get the services she needed:

"just before the surgery I was supposed to get CCAC from my surgeon, thought I would Community Care Access and they denied me 7 times... Even the surgeon, my doctor, my diabetic nurse, all of them had put in referrals and all of them had been denied" (8).

She explained another experience with a healthcare professional,

"So I went in to see this woman and she took one look at me and she goes oh well we'll just have to put you in a wheelchair and I said no I'm looking for crutches. She goes no, there's no way you could ever use crutches and I said I used crutches twenty years ago, you did, well prove it to me, prove to me what you can do on a pair of crutches. I'm not the type of person you do that to, I'm over 50 and felt totally disrespected that I was being challenged for being disabled and having only one hand" (8)

This illustrates how discrimination may be experienced. The story also illustrates how healthcare provider attitudes can lead to people with disabilities feeling a lack of autonomy over their care

Another interviewee also expressed that they felt they lacked autonomy when accessing healthcare.

“Was I happy with the decision that they made for me? No. I was not.” (12)

In the above examples, the individuals’ voice and autonomy are ignored. Although they speak about discrimination because of their disability, these stories remind us about the shared experiences of treatment of people with disabilities and Indigenous, First Nations, Aboriginal, Inuit and Métis people. There is a history and context of discrimination and lack of autonomy found in official policy and individual attitudes that take away people’s voices and their autonomy.

One interviewee describes her experience with healthcare providers because she is Aboriginal.

“Oh, when I was in the hospital? Disrespected. Quite a few nurses weren't very nice. My daughter had to like tell these people that they were not allowed to come into my room. And I truly believe that the doctor who did the surgery, I truly believe, was neglect too, because I was Aboriginal...Because this man didn't, he didn't prepare me for nothing. He never. Later, I realized, he didn't even do an interview with me to see what type of thing I needed, the steps of what to expect after the surgery. The lady that, when I went to see him he didn't even show up and I didn't realize until later that the lady that was there, she was the secretary and acted like a nurse and turned around and said there's nothing wrong with you and a couple days later I went in the hospital. I was in the middle of having a stroke because I was diabetic, and he knew I was diabetic, and they didn't take care of me, at all.” (12)

Oppression can take place at the individual level, as well as the larger systemic level. If the individual was not an Indigenous, First Nations, Aboriginal, Inuit and Métis person with a disability, one can assume that their healthcare needs, and dismissal when trying to get healthcare information would have been less likely to occur. When the woman was asked if being Aboriginal affected what happened to her? She responded that she thought it did,

“The one lady who went to see this doctor, she was blonde. He done a very successful with the surgery. So I thought I'll go to this guy because he's done a very good job and, you know, it didn't work out that way at all.” (12)

Systemic Monitoring

The most important thing when considering the health of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities is to recognize that social factors shape health, not access to healthcare (Mikkonen and Raphael, 2010). This is referred to as social determinants of health. Health is determined by both individual factors and social factors including income and wealth,

employment and working conditions, education, housing, social participation, and access to food (Mikkonen and Raphael, 2010).

The right to health is guaranteed both for Indigenous, First Nations, Aboriginal, Inuit and Métis people and people with disabilities. In some of the interviews, people described their experiences as shaped by racism and discrimination. This is part of a larger conversation about different quality of healthcare for Indigenous, First Nations, Aboriginal, Inuit and Métis people both on and off reserve. Quality of healthcare on reserves is also shaped by lack of funding. Due to the way that the funding is distributed with an outdated funding cap, reserves receive significantly less money for healthcare than others in the province of Ontario (Shining Turtle, 2014). The Standing Senate Committee on Aboriginal Peoples is working to have the 2% cap on funding for reserve programs and services removed (Parliament of Canada, 2015)

Indigenous, First Nations, Aboriginal, Inuit and Métis people receive a standard of healthcare that would not be accepted by other Canadians. Mistreatment of Indigenous, First Nations, Aboriginal, Inuit and Métis people often result from debates about who is responsible for healthcare. For example, Jordan River Anderson was a child from Manitoba's Norway House Cree Nation (National Collaborating Centre for Aboriginal Health, 2011). He had neuromuscular disorder that involved the use of multiple service providers. He spent his entire life in a hospital, not because he was medically unfit to leave, but because of a jurisdiction dispute between federal and provincial departments about who would pay for his home care (Jordan's Principle, n.d.). A Private Member's Motion, Motion No. 296 passed in the House of Commons December 12, 2007. The motion referred to as Jordan's Principle dictates that if there is a dispute surrounding the care of an indigenous child, the government will provide services first, and address funding later (National Collaborating Centre for Aboriginal Health, 2011). Despite Jordan's Principle, people on reserves continually struggle to receive the same quality of care as people living in the rest of the province.

Racism and discrimination often takes place in the form of vast funding differences for Indigenous, First Nations, Aboriginal, Inuit and Métis communities, resulting in the lack of medical supplies. Laura Shewaybick, died in the fall of 2015 because the medical centre did not have oxygen that could have saved her. Her husband Norman explains, "*the way [health care] is set up right now, it's killing our people. Our people are dying*" (Kilkenny, 2016). Recently, a First Nations leader in Northern Ontario declared a public health emergency, in relation to the increase in youth suicides and major shortage in essential medical supplies. First Nations leaders link the current crisis to the colonial system, including residential schools. They explain that the federal and provincial health policies have failed. Isadore Day, Ontario regional chief explains, "We're talking about discrimination". "We're talking about institutional racism in Canada's and Ontario's health-care system" (Perkel, 2016).

Healthcare with a cultural lens

In addition to funding differences which result in government policy leading to the deaths of Indigenous, First Nations, Aboriginal, Inuit and Métis people such as Laura Shewaybick, there is a need for culturally appropriate healthcare. After an Expanding the Circle annual meeting, when sharing her story one of the Monitors provided insight about the need for culturally appropriate healthcare.

“When you talk about the hospital accommodation for Indigenous, First Nations, Aboriginal, Inuit and Métis people there is a long road of understanding to walk before some ways will be accepted. For example, there is a ceremony called Smudging. This uses sage to cleanse the air and the people in a hospital room. Some people practice this daily, yet in a hospital it is not allowed, or you are asked to “do” this in a tiny space the size of a closet or go outside. This is a daily routine that can calm a person, yet cannot be accommodated. There are ceremonies given with the birth of a child. There was a new Aboriginal birthing rooms setup and most thought this was a waste for funding, it would never be used. Within the first year there were close to 500 births in these rooms where ceremonies could be done and children, our precious gifts from Creator could enter this world in a Good Way.”

The Toronto Birth Centre was led by Aboriginal women to make childbirth more accessible to marginalized women. While the centre is open to everyone, Aboriginal women have designed the space specific to their needs and culture. There is an indigenous approach to birth as it is not about one person having a child, but about the creation of families and communities (CityNews, 2014). After two years, they reported welcoming 740 families and hosting more than 570 babies’ births (Sauve, Toronto Birth Centre, 2016)

Education

Both on and off reserves there are barriers to education for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities. Both people with disabilities and Indigenous, First Nations, Aboriginal, Inuit and Métis populations have lower education rates than non-indigenous and non-disabled Canadians, making this conversation especially important. Education is a key link to employment and socioeconomic status, which is directly linked to health (Raphael, 2006).

Racism and discrimination start with the level of funding differences and attitudinal barriers that impact how people experience education. For instance, INAC transfers funds to each band for education (Ontario Ministry of Education, 2007). However, there is less funding for education on reserves when compared to education dollars available in other areas of the province.

Furthermore, Indigenous, First Nations, Aboriginal, Inuit and Métis students from reserves attending provincially funded schools experience both racism and segregation as they are marked as separate from the provincially funded students.

Disability related accommodations sometimes are not met on reserves because of limited funding by the government. The twins Sloan and Marvin Miller who have Down Syndrome and live in the Mississaugas of New Credit First Nation (Hogg, 2015) provide an example. The band would need an extra \$80,000 per year for the individualized education supports for the twins to attend school. INAC denied the reserve the funding request and suggested that the Nation take from their insufficient education budget of \$165,000 per year. In 2009, the Mississaugas of New Credit First Nation filed a human rights complaint with the Canadian Human Rights Commission for the twins. This complaint has yet to be resolved (Hogg, 2015).

We wonder whether the twins' education needs would have been accommodated if they did not live on a reserve or whether this illustrates the lack of funding for accommodation for students who have disabilities across the province. What is also a concern is that students with disabilities are forced to leave reserves in order to access education. This is especially troubling given the history of Indian Residential Schools which not only were a form of cultural genocide, but also required children to leave reserves to be educated.

Students with disabilities on reserves and in the provincially funded system need to navigate the education system. INAC supports indigenous student's education needs on reserves through two programs. The funding allocations directly correspond to the individual needs of students (INAC, 2015, *High-Cost Special*). Funding for "special" education is similarly distributed in the province with funding being correlated with individual students. Funding both on and off reserve is based on students having both a diagnosis and an Individual Education Plan (IEP) both of which are difficult and time-consuming to have them completed correctly.

Attaining the proper paperwork to get an IEP, and disability related services is a timely process and may result in lack of ability to access education. An Ontario Human Rights Commission report provides insight about the limits of the provincial education system. Access to accommodated education, at the local school level is not consistent with the Ministry of Education's guidelines, and this inconsistency may result in human rights violation (OHRC, n.d., *Elementary and Secondary*). Parental advocacy is an, overwhelming part of accommodated education in ensuring that adequate accommodations are provided. Debates often arise about what is in the best interest of the student between *professionals*, and family supports.

When asking if education is accessible for all students, we also need to consider what message students are receiving from the provincial system, both about culture, and about disability. Some efforts have been made for greater inclusion of Indigenous, First Nations, Aboriginal, Inuit and

Métis knowledge in the provincial school system in recent years. The People for Education Report (2015), explains that in the last two years, there have been an increase in the availability of Native Studies programs as well as cultural support programs in schools that focus on both culture and well-being (p. 11). However, there is still a long way to go in making these services available at all schools.

The Grand Council Treaty # 3 report, Mino Kakendaasowin: Fulfilling Sakatcheway’s Vision stated *“in order for the Anishinaabe to service; the culture and language must be incorporated within an education system that meets the needs of the Anishinaabe to live and prosper in a society that has a very different view of how an education system should work”* (Grand Council Treaty #3, n.d. p. 17). Grand Council Treaty # 3 has known for decades that the education system was failing them and they are committed to finding solutions *“for the young people to carry forth the traditions culture, language of the Anishinaabe and help re-build strong and healthy communities”* (Grand Council Treaty #3, p. 18).

Education and accommodating disability is still framed within a colonial, medical context. Accommodated education both on and off reserve depends on labelling disability and engaging in an IEP process. This framework may leave little room for considering children with different needs as sacred and close to the Creator. There is a call to bring indigenous knowledge back to the education system (Merrick, 2000, 10).

Interviews

Table 6: Experiences reported in Education

	Indigenous-Related	Disability-Related
Autonomy		
Lack of Autonomy	0	0
Self-Determination	0	0
Dignity		
Lack of Dignity	1	0
Dignity	0	0
Non-Discrimination & Equality		
Discrimination & Inequality	1	0
Non-Discrimination & Equality	0	0
Participation, Inclusion & Accessibility		
Exclusion & Lack of Accessibility	0	1
Inclusion & Accessibility	1	0
Respect for Difference		
Disrespect for Difference	0	1
Respect	1	1

In telling about her experience in getting her child into the school system, one parent said:

“[t]he biggest barriers that in his life right now is navigating him through the school system. And that's where he has difficulties, that's where the barriers the challenges come in....This is the education system. You put your kid through it and away you go. But it's not fair for someone like him, you know [...] His community which is the school community, nine times out of ten does not advocate for him. They do nothing” (1)

By not advocating for inclusion, the school is discriminating in choosing to do nothing and suggesting that this child’s education matters less than the education of his classmates. This conversation demonstrates barriers to participation, inclusion and accessibility faced by students with disabilities.

This relates to a larger conversation about the reliance of the Ontario school system on family members to serve as advocates:

“I don't feel we have a choice with the education system, this concern, that's why it's so frustrating for [...].Do you know what I mean? They want, they want it to be cut and dry, right. This is how it is. This is the education system. You put your kid through it and away you go. But it's not fair for someone like [...] you know.” (1)

This school system assumes that the children will fit into a single teaching model. The idea of respect for difference is that it is not up to the individual to change, but rather for social structures, such as the education system to adjust. Why isn’t this happening?

“And that's the other thing, like with the learning disability in high school, there are some teachers that like thought it was bullshit. And they were like, no, screw you, you don't get to write your test on a laptop. And then you have to battle. Your people would go to the principal and then, in the end you get it, but then they're a dick to you for a whole term, you know what I mean?” (10)

This reflects a teachers’ lack of understanding of the need for accommodation and results in discrimination. It also displays a lack of respect for difference and using difference to deny participation and dignity. The need to prove disability as basis for entitlement to accommodation was a theme that emerged throughout the interviews.

In addition to facing barriers because of disabilities, another interviewee described the discrimination and lack of dignity they experienced in high school for being Métis, both from

First Nations people and non-First Nations people.

“Like as far as discrimination for being First Nations, it's an interesting one because that was more in high school kind of thing. Because I was like Métis and they're like, like, I didn't say that to a lot of other people because I got that in the past in high school from other First Nations people who are pure by their standards, I guess. You know, so that's probably the most discrimination from being Métis that I've ever felt.” (10)

They continue to explain,

“I think it's just the, it's the both sides thing, you know. And here's the other thing, where I'm from [...]there's a lot of, lot of discrimination, between all the country folks that live out here, then there's a reserve. And it's just like, there's a lot of hate. And then you're in between that hate, you know.” (10)

This suggests that access to education is not the same for all Indigenous, First Nations, Aboriginal, Inuit and Métis people in Ontario. The attitudes towards Indigenous, First Nations, Aboriginal, Inuit and Métis people and racism in different communities shape how access to education is experienced.

After an Expanding the Circle annual meeting, when sharing her story one of the Monitors shared her insight about the barriers she experienced when accessing the education system:

“As an older person with a disability, there have been times where I just shake my head at the bureaucracy involved in obtaining services. First Nations people have one of the highest rate of older students; those that left school for various reasons and return as adults. The funding allocated to bands is first given to graduating high school students and few dollars are given to more mature students.”

Older First Nations students with disabilities face additional barriers in accessing the education system:

“When I returned to university and was needing a computer program that would type my essays for me, voice activated typing. I did qualify for the program through the university access program. When I went to get the software, I took my laptop however we found that the software was not compatible with my laptop. I was told that it could not be installed and the centre could not be the one to obtain/pay for a compatible laptop; so no software.” (9)

Trying to apply the same set of rigid school policies to all students can also result in discrimination. As one individual explains,

“The university campus layouts have a long way to go when it comes to being able to get from one class to another. I was amazed that winter could be so dangerous. All the pathways leading from one campus to another are usually paved. If there is a storm and early morning classes these are never properly cleared or salted for ice patches. And the way the schedules are made for some one that is older and slower moving well you may not be getting to class on time. I had an argument with a professor about being docked a grade level for being late to the classes. I explained why but still there was no forgiveness just told that I should have better time management. Sorry I cannot “sprint” to classes when using a cane. I felt angry to be assaulted in that manner from the professor.” (9)

The individual was penalized by the lack of accessibility of the built environment as well as the attitudinal barrier of the professor which suggest both discrimination and a lack of respect for differing abilities. Since more Indigenous, First Nations, Aboriginal, Inuit and Métis students attend school as older adults, both funding allocations and school policies and staff need to recognize this.

Systemic Monitoring

The interviews suggest that there is a right to education in theory, but in practice educational barriers arise because of systemic factors like funding gaps, but also because of racism, discrimination and sometimes lack of knowledge on the part of education providers.

It is difficult to compare the quality of education on reserves and off reserves, because of the de-centralized nature of the funding and governance they use. Publically funded education in Ontario is organized through a decentralized system of school boards created by the provincial legislature to run the education system at the operational level. The Ministry of Education is responsible for providing regulations and policy for the school boards. The *Education Act, 1990* establishes school boards as corporations governed by trustees. School boards must establish Special Education Advisory Committees (Ontario Ministry of Education, 2014, *Introduction-Special Education*).

Provincially funded schools are in the process of changing their funding structure, so the effectiveness of the new structure is not yet clear. The quality of accommodated needs and inclusive education is likely not universal and changes in relation to the particular school board and location on or off reserve.

Work

The ability to exercise the right to work is important for Indigenous, First Nations, Aboriginal, Inuit, and Métis people with disabilities, especially given the links between economic status and the social determinants of health. The ability to access human rights in the workplace is crucial, especially given the link between economic status and the social determinants of health. In 2010, the median income for Aboriginal Canadians after-tax was \$20,000, compared to \$27,600 for other Canadians (Statistics Canada, 2015, p. 26). In part, this difference is in relation to higher unemployment rates, which will be further explained later, as well as differences in types of employment. Also relevant in this economic gap is the different statistics around levels of education.

People with disabilities have a right to work. The *CRPD*, art 26 explains that the government will help citizens maintain independence. State parties will create habilitation and rehabilitation programs including in the field of employment. Article 27 recognizes the right of people with disabilities to “work, on an equal basis with others.” Governments are asked to put in place legislation that helps to ensure this right. For instance, art. 27(e) suggests that there is a need to promote employment opportunities for people with disabilities and help to maintain jobs. The *UNDRIP* art. 22 mandates that indigenous people have the right to improve economic and social conditions including in the area of employment. Article 22 highlights that attention will be paid to individualized needs.

The *Ontario Human Rights Code*, section 5 (1) explains that people have the right to “equal treatment with respect to employment without discrimination because of [...] disability.” Equal treatment with respect to employment includes everything relating to workplace conditions and treatment. The *Accessibility for Ontarians with Disabilities Act (AODA)*, 2005 and the *Integrated Accessibility Standards*, O Reg 191/11 Part III lists standards for making employment more accessible, starting at the level of the application process and documenting at work accessibility plans for employees.

Interviews

Table 7: Experiences reported in Work

	Indigenous-Related	Disability-Related
Autonomy		
Lack of Autonomy	0	0
Self-Determination	1	0
Dignity		
Lack of Dignity	1	2
Dignity	0	4
Non-Discrimination & Equality		
Discrimination & Inequality	0	0
Non-Discrimination & Equality	0	0
Participation, Inclusion & Accessibility		
Exclusion & Lack of Accessibility	0	2
Inclusion & Accessibility	1	2
Respect for Difference		
Disrespect for Difference	0	1
Respect	0	2

In the interviews, the respondents raised issues of accessibility and accommodation in employment and in the workplace.

“most of the places we usually find is going upstairs and I just catch my breath when I get to the top and then I have to, and before I got that scooter and I had a wheelchair and I was able to take it upstairs but now I got a scooter and I just can't find a place to leave it.” (14)

Another individual described a lack of disability related accommodation upon the transition to work and adulthood.

“I'd say that's the biggest challenge because like I always, like I'm used to all that help and stuff. You know what I mean? Like I said, it's a double edged sword because I wouldn't have gotten by school, I wouldn't have gone to college if I didn't get that support starting in grade 5 or 6, you know. That wouldn't have happened, you know what I mean[...]good that I got to keep going to school, but the system of school, you leave it, and then you're just floating around.” (10)

This individual also told us that there is a need for more disability specific career centers that focus on disability related supports when seeking jobs, such as extra editing help for resumes and cover letters. They also discussed the difference between employment statistics, and the ability as a person with a disability to compete for specific employment in their field.

One person spoke to barriers when searching for a job. One individual expressed fear of discrimination during the application process as a barrier to accessing their right to accommodation.

“Like I said, like the disability comes up all the time, you know. So like even when I worked at one of the random jobs I had when I was moving around and getting random jobs, was working at a call centre. And you have to like type in what you want to say sometimes, you know, and that was pretty difficult, you know what I mean. And when I applied for that job, like I didn't mention that I had troubles with that, because I needed the [money bad at the time], so I kind of lied and said I was like proficient at writing the English language, you know. And proficient at reading it too, which, yeah, so and then like there were a few instances at work where you got to do this or that and you're spelling things wrong. And like system didn't even have spell check, you know what I mean, so like I felt that there for sure.” (10)

Another person expressed fear of discrimination even when their asthma was related to the environmental conditions of their work:

“they didn't know I took puffers where I worked, I just well, you figure if you say something, they're going to figure out how they can get rid of me” (2)

People told us they think that they need to hide their disability in order to be competitive in an interview process and in their job. The impact on the dignity of the person can be heard in their interviews. People are willing to work without their needs being met, even when there is technology available that can be of assistance.

“No, because we got to write reports in security but they're also laxed, in the sense where I have a dictionary on my phone and I can look up stuff like that. Like at the call centre, like if you take out your phone, they would just send you home basically, you know, and it's like so I can't use that tool there, which is with me, since grade school, I have always been about technology being a tool that helps me.” (10)

One individual expressed their sense of their lack of dignity when they learned that they were hired because of an employment equity program for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities.

“apparently, the way I got into the job was because I was Native, and they were hiring Natives. And I was like, well, wait a sec, it's my background, and I thought that's why I was getting into the job. Meanwhile, it's to fill quotas, you know, so I really didn't appreciate that, once I found out, that that's why I got the job, as opposed to how I got the job, you know what I mean. So I felt pretty bad for that. It's like, really, you would actually tell me that.” (13)

The interviewee connects getting the job to being Native and expressed anger with this hiring practice that seemed to undermine the weight of their credentials. I

“When I found out that's why I was hired. So, yeah, and that's what I got out of banking altogether. I was in finance for 14 years. And once I found out I'm just a number and I was just a quota number actually. So I said enough of this...” (13).

Systemic Monitoring

The frustrations and barriers to employment expressed by the interviewees connects to the larger story of barriers to employment that all Indigenous, First Nations, Aboriginal, Inuit and Métis people and people with disabilities face, despite their being proactive legislation to assist in people successfully being included in the workplace. Indigenous, First Nations, Aboriginal, Inuit and Métis people of working age are less likely to be employed compared to non-indigenous Canadians. According to the 2011 National Household Survey, 62.5% of people who self-identified as Aboriginal were employed, compared to 75.8% of other Canadians (National Collaborating Center, 2011, p. 23). Indigenous, First Nations, Aboriginal, Inuit and Métis people who finished high school were more likely to be employed. Employment rates however differs between populations, for instance, Métis people are more likely than First Nations people to be employed.

Difference in education level, type of disability and location shape the likelihood of employment for Indigenous, First Nations, Aboriginal, Inuit and Métis people. People with disabilities living on reserves also face unique challenges to employment as all people living on reserves are subject to poor economic conditions on the reserves and general lack of good job opportunities. This is linked to many factors, including barriers for economic development included in the *Indian Act* that limit how land may be used. Involvement by the federal government, in some cases, results in barriers to economic development (National Aboriginal Economic Development Board, 2013, p. 5).

People with disabilities also have lower employment rates. Statistics also differ in relation to the extent of disability and level of education. In 2011, only 49% of Canadians with a disability between 25 and 64 were employed, in contrast, 79% of Canadians in the same age group without a disability were employed. The gap in employment decreases for people with university education (Turcotte, 2014).

People with disabilities in general in Canada face barriers to employment, including lack of education. There are different levels of severity of disabilities and people with the most severe disabilities have lower employment rates. Also, likelihood of employment is lower if the disability is mental or psychological. When considering disability statistics, another important factor to consider is job retention. According to statistics from 2011-2012, a person with a severe disability

with a job was 2.5 times less likely to be employed the following year, but this number decreases as the severity of the disability decreases (Canada Statistics, 2015).

In a study by Statistics Canada on employment, 12% of people reported that they were denied a job in the past five years because of discrimination. Employers may be reluctant to hire a person with a disability for a number of reasons including lack of knowledge about the disability, cost related to disability and legal questions – what legal questions? Need to specify

Positive Experiences

People also shared their positive experiences, about supportive relationships. They spoke about relying on community as a support network. This engages with the Indigenous, First Nations, Aboriginal, Inuit, and Métis perspective of treating people right that is grounded in teachings. There also needs to be more room for the government to acknowledge less formal support networks –while recognizing that an individual should not be dependent on informal networks.

Indigenous, First Nations, Aboriginal, Inuit, and Métis are proud of the fact that they are all still here, regardless of what the colonizers and governments have done throughout Canada's history. People create their own solutions through grassroots organizations; personal support workers, Aboriginal birthing centres, community-cooking events to feed struggling families and sharing firewood and meat from community hunts. This is done because our teachings say that you use what you need for your family and share the rest; going back to the teaching that if the people are healthy then the community survives, each member has this responsibility through their entire lifetime.

People spoke about these supports such as relying on family, community and church as systems of disability related support. People also spoke about what brings them pleasure and meaning in life. For instance, people talked about enjoying swimming, spending time with family, working, art and faith.

While acknowledging racism and ableism, that are both experienced at the level of the individual, community and government individuals also were able to find ways and a desire to engage with and challenge systems of oppression.

“So I’m still performing as a visually impaired person, so, therefore, you’re talking about the last five years. I think it’s been very successful, very, I’ve been very blessed. I, you know, I’m a grandmother, I have a new addition to the family, like we have a granddaughter now. We’re very pleased, you know, to be participating in her life. I have a grandson. My life is full of going to work...” (11)

Another individual describes the most satisfying part of their life as being their work:

“Most satisfying. Probably the work that I do in the community. The work I do is for youth.” (13)

One individual describes the help they receive from friends when applying for jobs:

“No, family's always been very supportive. In the times where I've needed support and been willing to ask for it as well [...] I was saying that one day a friend will catch it that the word's wrong on my resume that I've been sending out for four months. Like, I should have just asked a friend to look over it like four months ago. But what do is, yeah, try to have smart friends when I write something that needs to be looked over.” (11)

Another person mentions their family as helping to support their education:

“Well, my family was really supportive way before the school was supportive. Like everyone was always trying to teach me. For example, my cousin on my mom's side, when she was younger she wanted to be a teacher, and she is now. And so like I went over there and she wasn't that much older than me, but she would try to teach me and stuff. So from the community of my family, I felt a lot of support.” (10)

Another individual spoke of the general positive experience of support they had in their church community:

“I received quite a bit of support from people in the church and people I knew outside of the church. There was a support system there that helped me get through this situation.” (7)

People described the support they received from their families.

“Sometimes, my old man has to help me. I can't walk like 6 blocks or 2 blocks[...]When I go to the hospital he doesn't make me go in by myself even if he has to walk. He goes with me, sits with me.” (14)

Many people reflected on the importance of art in their life:

“Like, being creative and working on creative projects. That's the most important thing to me, hands down, is art. Trying to express myself in different ways. Mainly I like, you know, film [unsure] documentary, that's what I like to work on. But also I like, I appreciate all forms of art. I think when you are an artist, one type of art, you should experience all types of art [...] So that's the most important thing to me. Art's like my spirituality kind of thing, you know. That's the most satisfying thing.” (10)

Another individual described their art as a gift related to their disability:

“Art is one of the most empowering things for me. The gift that came from my strokes was my art. I found that I got very bored without my art.” (12)

This relates to the idea that all members of a community were understood by elders as having a role. Elders saw people with disabilities as having a specific gift, such as art, from the creator (Expanding the Circle, 2015).

People talk about the need to embrace positive experiences:

“In my life experiences in general if they’re negative, I have learned to turn them around and look at the positive which I learned at an early age.” (11)

Another individual characterises herself as survivor by acknowledging their experiences, and challenging a framework of victimization:

“I was a survivor of mental, spiritual, rape and I was molested as a child, I’m just trying to laugh my way through this in a good way, to try and be positive.” (12)

The same individual speaks about finding the positive elements of disability:

“To allow people to realize no matter what form of disability that we have, there’s always a golden lining to the end of the tunnel.” (12)

Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities address the barriers they face, but their experiences and struggle for rights are also grounded in the larger and continuing conversation of seven generations into the future. This desire to help advance the conversation about rights for Indigenous, First Nations, Aboriginals, Inuit and Métis people with disabilities was expressed throughout the interviews. One person reminded us of why these conversations are so important.

“We are always thinking seven generations forward, what we do and say now will affect those generations to come just as our ancestors remembered us as they made decisions seven generations in the past that affect us now.”

CONCLUSION

The quotations shared from people's stories provide us with an understanding of people's experiences as an Indigenous, First Nations, Aboriginal, Inuit or Métis person with a disability. This sharing is especially powerful alongside the systemic monitoring which provides a clearer picture of the systemic context in which people experience rights.

The DRPI holistic approach to monitoring has been useful in several ways:

1. It recognizes that disability rights' monitoring is an ongoing, long-term process.
2. It considers human rights principles when assessing the specific rights.
3. It puts persons with disabilities in the lead. In our case, we always put Indigenous, First Nations, Aboriginal, Inuit and Métis people in the lead.
4. It uses a holistic approach, that is, it tracks disability rights in more than one way and brings the information together.
5. It is participatory including the voices of people with disabilities themselves in telling us what is going on in their lives on a daily basis.

Perhaps what is most interesting to consider here is that holism is one of the cornerstones of indigenous knowledge. In our way of viewing the world, everything is connected, or related. And anything only makes sense when we consider the sum of these parts, or the whole (Expanding the Circle, 2015, Module 5: How to Write a Holistic Monitoring Report).

Native American philosopher Vine Deloria Jr. explained the aboriginal approach to nature this way:

"Everything in the natural world has relationships with every other thing and the total set of relationships makes up the natural world as we experience it."

This reminds us to understand the relationship between the knowledge provided in the interviews and the knowledge found in systemic monitoring illustrating parts of our world. The systemic monitoring illustrated the complexity of navigating and accessing rights as an Indigenous, First Nations, Aboriginal, Inuit and Métis person with disabilities. This is in part due to the complex legislation and funding system that is dependent on Indigenous, First Nations, Aboriginal, Inuit, Métis and disability status.

While people spoke about difficulties in accessing services, they most often spoke about wanting to be treated with dignity and respect. This was clear when people spoke about being treated differently from others because they were seen as unworthy as an Indigenous, First Nations, Aboriginal, Inuit, Métis and/or a person with a disability. Through a holistic approach to monitoring, we are able to understand that many people face barriers in education, health, work

and in social participation. Not only do people often have to navigate a complex system to try to find what their rights are and how to access them, but they also face attitudinal barriers such as discrimination, racism, disrespect along the way.

People's stories illustrate the importance of hearing people's voices. Monitoring human rights is not only about accessibility and services but it's about being treated with dignity. We heard people clearly say that they want dignity, they want to be respected and they want to have autonomy in their lives.

One of the ways that we have understood what people want is highlighted in the concept of cultural safety. Health Council of Canada (2012) explains:

“Cultural safety is an outcome, defined and experienced by those who receive the service—they feel safe; is based on respectful engagement that can help patients find paths to well-being; is based on understanding the power differentials inherent in health service delivery, the institutional discrimination, and the need to fix these inequities through education and system change; and requires acknowledgement that we are all bearers of culture—there is self-reflection about one's own attitudes, beliefs, assumptions, and values.

Culturally safe care involves building trust with Aboriginal [patients] [sic] and recognizing the role of socioeconomic conditions, history, and politics in health; requires communicating respect for a patient's beliefs, behaviours, and values; and ensures the client or patient is a partnering decision-making.” (Health Council of Canada, 2012, p. 9)

A narrative shared by one indigenous person in the Health Council of Canada study said *“You can have cultural safety without someone knowing anything about your culture if they are really listening, as if what you say matters; treating you with respect and treating you as an equal.”* (Health Council of Canada, 2012, p. 11)

Cultural safety emphasizes respect for difference. Looking at history, we can see that Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities have long suffered under the weight of racism, marginalization, discrimination and a profound sense of loss and grief because of their differences. Difference is not a reason to deny anyone his or her rights and dignity.

During interviews, people spoke about wanting to be respected for who they are as an Indigenous, First Nations, Aboriginal, Inuit and Métis person with disabilities. Many people spoke with pride. When asked about the most satisfying things in their life, they spoke about the arts, work, faith and being a part of their family and community. This is very important as it helps to understand how people experience the CRPD principles and their rights and what is meaningful in their lives. It reminds us to look to what is working.

To honour people's stories and to honour the seven generations, we have included a list of recommendations in the next section. These recommendations emerged from people's stories, both their positive and negative experiences, and from the systemic monitoring. We must honour our responsibility to the seven generations now and always. The responsibility to change does not fall on the individual but on the community, the government and society.

RECOMMENDATIONS

Disability rights monitoring involves efforts to measure the gap between guarantees offered in the law and the actual experiences of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities in their daily lives. The data collected through monitoring studies is instrumental to inform change towards social justice and improved access to human rights.

The recommendations we have put forth are for all Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities- regardless of being status or non-status. Additionally, these recommendations are also for all people with disabilities that are indigenous and non-indigenous.

1. **Ensure adequate funding regardless of geographic location:** The provincial and federal government must create stronger mechanisms to support adequate (not limited to): Education, Health Care, Living conditions, and Income for all individuals with disabilities. An example, addressing the gaps of funding between bands, province, and federal state. The governments needs to be held accountable for the shortfall in funding and must assure that these individuals regardless of location have access to funding.
2. **Improve access in all sectors:** There is lack of due diligence from policies and government bodies on how to improve access. Access is defined within equity. Equity as defined as equal access to all individuals in relation to their specific needs- regardless of location. If an individual is living in Toronto they may be able to access accessible housing or indigenous culture, but someone living in a rural area may not the same or equivalent access.
3. **Work with and engage communities to understand the specific needs:** It is essential to address the particular needs of each community. The needs will vary depending on location and cultural differences. An example is the lack of accessible transportation for indigenous people in northern Ontario, and inclusive transportation and affordable housing for people in Toronto. The population needs will vary and we need to address those specific needs.
4. **Provide inclusive education about Indigenous, First Nations, Aboriginal, Inuit and Métis people, and people with disabilities:** There needs to be more curriculum in the education system on the history and culture of Indigenous, First Nations, Aboriginal, Inuit and Métis people from elementary school to post-secondary and even within employment. Indigenous history from the indigenous perspectives is important to incorporate on all levels of education. Education will allow for indigenous people to continue to learn and live within their culture, and it will allow others (non-indigenous individuals) to understand the complexities of being indigenous within our society. We

also have to address the lack of education about people with disabilities and their history. The importance of addressing the gap of individuals with disabilities as teachers, administrator, principals, and professors needs to be addressed.

5. **Empower and Consult Natural Helpers:** Natural helpers are individuals within indigenous communities that people naturally seek for advice, emotional support, and tangible aid. These helpers provide informal, spontaneous assistance, and thus, it is part of day-to-day life within these communities. Natural helpers embody an intimate understanding of social networks, strengths and health. They possess knowledge that is specific to their community such as language and what is meaningful. Natural helpers recognize and incorporate indigenous culture to advance health and improve health outcomes within their communities. Natural helpers for people with disabilities are also important to cultivate and grow.
6. **Address poverty for Indigenous, First Nations, Aboriginal, Inuit and Metis people with disabilities:** Statistics Canada data from 2012 suggests that people with disabilities chronically live in poverty (Canadian Mental Health Association, 2015). Furthermore, Indigenous, First Nations, Aboriginal, Inuit and Metis people have lower incomes than non-Aboriginal people (Statistics Canada, 2011). Both populations have higher unemployment rates. Health is directly impacted by poverty, so improving the social and living conditions for both populations is essential (Mikkonen and Raphael, 2010). These statistics illustrate the burden that can be placed on Indigenous, First Nations, Aboriginal, Inuit and Metis people with disabilities. We need to address inequity and poverty in order to improve well-being, health and equality.
7. **Ensure greater access and funding for healthcare and overall culturally appropriate care:** People with disabilities struggle to have access to adequate healthcare, and face challenges when trying to navigate and advocate for themselves in a complex and fragmented healthcare system (Statistics Canada, 2012). Access to indigenous healing practices is essential to combat health disparities Indigenous, First Nations, Aboriginal, Inuit and Metis people face. In order for there to be equal access to healthcare, there should be an increase in healthcare related funding. There should also be greater attention to the specific healthcare and disability related needs of Indigenous, First Nations, Aboriginal, Inuit and Metis people. For instance, there is a connection between trauma from residential schools and addiction as well as Fetal Alcohol Syndrome (Aboriginal Healing Foundation, 2016). The specific disability related needs that are linked to colonization and government practices needs addressed. In advocating for greater access to culturally appropriate healthcare, we need to ensure that culturally specific healthcare fosters a space that is both physically and socially accommodating for disability.

8. **Facilitate community research, undertaken by Indigenous, First Nations, Aboriginal, Inuit and Métis communities to understand community disability needs:** There is a significant amount of research conducted on indigenous populations across Canada but the number of Indigenous researchers leading projects continue to only slowly increase. Indigenous researchers and researchers within the community have unique, specialized knowledge that needs to be understood as valuable and essential when working with indigenous populations. This project was one of the first where indigenous people played a huge role in monitoring and training people on human rights. The project was dependent on their knowledge and expertise. Also make sure that people with disabilities are on the Bank Counsels and other governing bodies as well as in the Indigenous, First Nations, Aboriginal, Inuit and Métis people non-profit associations. This can lead to an on-going consideration of all the issues.
9. **Implement, Deliver, and Support Indigenous Home Care Services:** There are gaps with indigenous home care services and with disability home care services. In other words, there is lack of services for Indigenous, First Nations, Aboriginal, Inuit and Métis people wanting to seek homecare services that incorporate their indigenous culture and teachings and their disability needs. For example, the Toronto Birth Centre led by Aboriginal women hosted over 570 births within two years of opening. The Center is widely used by indigenous people because of the emphasis on indigenous culture and teachings. We wonder how many people with disabilities used that center? We need to strive to implement, deliver, and support indigenous home care services and respectful, inclusive disability services. Addressing that would allow for indigenous people with disabilities to access their communities and address their health issues within their own cultural traditions and knowledge.
10. **Support grassroots organizations that help to understand specific needs:** There is a need to support grassroots organizations as they often build support programs that are needed and culturally relevant. These spaces can allow for the community to decide what supports are important to them. For instance, Indigenous, First Nations, Aboriginal, Inuit and Metis youth are already advocating and organizing around creating support and prevention networks for disabilities that significantly impact their communities. The National Indigenous Youth Council on Sexual Health and HIV/ AIDS involves youth from throughout Canada who are working to address sexual health and HIV/ AIDS in their communities as there are high rates of infection for Aboriginal youth. The Native Youth Sexual Health Network speaks about the need for youth to be able to offer insight along with people from other generations in advocating for health and disability related needs (Native Youth Sexual Health Network. 2016).
11. **Address Attitudinal Barriers toward Indigenous People and People with disabilities:**

Throughout the interviews, people spoke about stigma and stereotyping as an indigenous person and someone with a disability. The attitudinal barriers create many exclusionary experiences. There needs to be emphasis on educating the public around the history of indigenous people but also the history of people with disabilities. It would be important to have more diverse representation of both identities within society at the education, health, legal, and services sector.

12. **Promote access to culture, for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities:** Access to indigenous culture can take various forms. Some of the ways in which we can make sure accessing culture is occurring is through education on indigenous healing practices and indigenous culture within schools, incorporating indigenous culture into the healthcare system to allow equitable, and people having spaces to hold indigenous ceremonies which are physically and socially accessible (for example at pow wows and sweat lodges). All levels of government need to recognize the importance of Indigenous, First Nations, Aboriginal, Inuit and Métis culture, and there needs to be a movement to ensure that culture is accessible for people with disabilities.
13. **Provide access to information about human rights and resources:** Access to information on what individuals' rights are and what resources are available is a systemic issue. The laws and policies should be accessible for everyone online and in print form and in plain language. They should be written in a way where it accessible for everyone to read regardless of education level. All government websites and organizations should have their websites updated with the most current information. All websites should be accessible for different means of accessing the information (for example, assistive technology that reads out the website to individuals with learning or visual disabilities). The lack of access to proper information puts marginalized members of society in a power imbalance because they are making decisions based on incorrect information. In other words, how can informed decision making happen when the information available is not correct or current? People have the right to know their rights and what resources they can access. The access to information is fundamental for all individuals' dignity and respect.
14. **Change need to occur from the bottom and the top:** Structural changes can occur with policy makers and government bodies, but changes should be done with direct consultation with the stakeholders, elders, knowledge keepers, healers and the community. We are all responsible for making change happen. Change takes place by, for and with people that are Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities. For example, addressing indigenous home care services should be consulted by individuals and organizations that have or are experiencing issues with

this. The policy recommendations should be written with the people that are going to be impacted by the change. Similarly, these recommendations have been written by participants' feedback who were part of this research project. In the end, the changes are about them and should come from them.

15. **Consider a national legislation that includes specific recognition of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities:** The legislation should learn from the recommendations of this report by going beyond the issue of accessibility for people with disabilities in order to recognize the CRPD principles such as respect for difference, autonomy and dignity.
16. **Human rights monitoring by and for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities:** In accordance with the Resolution Adopted by the General Assembly at the World Conference on Indigenous People, para 10, Canada should work with Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities to gain a holistic understanding of their well-being and of community needs.
17. **Ensure that all laws and policies that focus on advancing the rights of Indigenous, First Nations, Aboriginal, Inuit and Métis people are also inclusive of people with disabilities:** and also invested in advancing their rights as outlined in the Resolution Adopted by the General Assembly at the World Conference on Indigenous People, para 10.

BACKGROUND OF THE PROJECT

The Expanding the Circle Project is funded by the Social Sciences and Research Council (SSHRC) through a Partnership Development Grant.

This project builds upon the work of DRPI. This Project adapted DRPI methodology to prioritize dialogue and Indigenous knowledge in research regarding disability rights and monitoring by Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities. Find DRPI's website at <http://drpi.research.yorku.ca/>

Partners and People Involved

We have brought together Indigenous, First Nations, Aboriginal, Inuit, Métis and non-Indigenous scholars, community groups, government representatives, and community members in the area of disability rights knowledge to adapt the DRPI methodology to be consistent with Indigenous worldviews and protocols and led by Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities. The project attempted to hire non-indigenous people who were culturally sensitized when Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities were not available. We ensured that the reports and research findings were shared, reviewed and discussed with Indigenous, First Nations, Aboriginal, Inuit and Métis members with disabilities.

Expanding the Circle monitoring was carried out by Centre for Independent Living in Toronto (CILT), Grand Council Treaty #3 and Historic Saugeen Métis (HSM). CILT is an organization by people with disabilities, for people with disabilities. They are a community based resource organization that promotes and advocates for independent living skills and integrating people into the community.

Grand Council Treaty #3 is a political organization that preserves and advocates for the treaty rights of the people across Treaty #3. Grand Council Treaty #3 represents the 28 nations that signed Treaty #3 on October 3rd, 1873. It spans 55,000 square miles and approximately 25,000 people live in Grand Council Treaty #3. It has a population of around 25,000 members and around half of these people live on reserves. It is located West from Thunder Bay to North of Sioux Lookout and along the United States border to Manitoba.

The Historic Saugeen Métis represents the decedents of Métis in Ontario prior to settlement. HSM has s.35 aboriginal rights in the Métis Saugeen territory. They are located along the shore of Lake Huron.

Methodological Approach

Monitoring data has been collected through face-to-face interviews with people with various types of disabilities about their lived experiences with human rights violations, as well as through a systemic monitoring of laws, legislation and budgets.

Before conducting interviews, ethics approval was received from York University and through the Aboriginal Research Ethics Board. Informed written consent was obtained from participants. Initially, the "snowball" sampling technique was employed, a strategy recognized for its ability to recruit difficult to access groups (Lopes et al., 1996). At the end of each interview, participants were asked to refer other people who would fit the sampling criteria. The people referred were then contacted, and an interview was arranged. Monitors and Coordinators also advertised the project through community events, meetings, newsletters, and a Facebook group with the aim to spread awareness about rights, as well as to outreach to people who may want to be interviewed.

There were 13 interviews with Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities and 2 interviews with Indigenous, First Nations, Aboriginal, Inuit and Métis parents of children with disabilities. While acknowledging the history of people with disabilities being spoken for by other people, the parent interviews are significant in that they help to highlight barriers that youth with disabilities face in navigating governmental spaces like the school system. It is understood that parents speak from their own experiences, and have insight regarding how rights are implemented, while not speaking on behalf of the individual with a disability. The unique standpoint of parents who often serve as advocates is particularly relevant when an individual has a language disability.

Each interview lasted on average two hours and was conducted using an interview guide previously developed by the larger DRPI project and adapted for this project. The semi-structured interview initiated with two broad questions: *which things have you found more satisfying in your life over the last five years? And which experiences have presented the greatest obstacles or barriers?*

Typically, interviewees named two or three key situations that Monitors asked follow up questions about, learning about the lived experiences of the interviewees in order to explore their linkages with the human rights principles. Once collected, the interviews were transcribed, coded using a coding scheme developed by DRPI and then analyzed using NVIVO 10 software, which is a qualitative data analysis software.

In order to have a holistic understanding of the human rights, we also conducted systemic monitoring. Systemic monitoring is used to consider how Canada, Ontario specifically, is doing with regards to implementing human rights. The systemic monitoring process was adapted from the methodology used by DRPI. International human rights standards and the CRPD was used as a framework for considering the rights of Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities in Canada. This framework was used to consider laws and policies in Canada, particularly focusing on Ontario. Additional information such as budgets and policies were used to consider if and how this right was implemented. The above information was used to systematically consider how well Ontario is meeting the general human rights principles mentioned above. Drawing from the themes in the CRPD and what the interviewees spoke about the following themes are considered: intersectionality & culture, social participation, health, education, work and positive experiences.

Strengths and Limitations

A core dimension of the individual experiences monitoring process advanced by this project is the direct involvement of people with disabilities as *Monitors* and that of local disability organizations as partners in all stages of monitoring. The leadership role played by the local partner in coordinating monitoring activities represents a key step to ensure capacity building within the Indigenous, First Nations, Aboriginal, Inuit, Métis and disability communities on disability rights monitoring.

The sample size was limited by the number of people available in the community who were willing to be interviewed. We aimed to conduct more interviews than we did. We are very honoured by the people who were interested in participating in an interview and we have gained a lot of insight through what they shared with us. However, we also think that it is important to reflect on what may have prevented people from participating in interviews.

One of the potential reasons is the negative experiences that people have faced through participating in research projects. We have heard countless times about how research has been harmful for participants and communities. Many research projects now seek to incorporate OCAP Principles (ownership, control, access, and possession) meaning that Indigenous, Aboriginal, Inuit and Métis communities have control over the research that comes from their community. Universities also have Aboriginal ethics boards to ensure that research is conducted ethically. Many research projects are moving in a better direction but we need to continue to find Indigenous methodologies that are empowering and celebrate diverse community processes. As well, we need to recognize and respect that people may be reluctant

and not interested in engaging in another research project.

Trust takes time to build. In a context where research has taken advantage, oppressed and not respected Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities trust takes a long time to build. People have a memory of these experiences. There was a travesty that was committed and it is remembered by people. We needed to take time to show whether we are trustworthy.

Engaging people and building relationships is also challenging and takes time. Building relationships was both a key to this work but also a challenge. We spent time trying to build relationships. We have involved a number of people, especially students and people who were trained as Monitors. We can see how these relationships have been powerful in spreading awareness and building new knowledge that only comes from working with people with multiple perspectives and experiences.

We were faced with interruptions as people had to move in and out of the project for various reasons. Sometimes, it meant project continuity and ongoing relationships were interrupted. This is a reality of doing this work over several years. It meant we had to problem solve and it often meant meeting new people.

All of us, including Elders, seven grandmothers and aunties need to learn how disability may impact us and what an Indigenous understanding of disability is. Through multiple conversations, we have realized the importance of reflecting on how teachings may help us see the gifts of our disabilities. How do we walk in two different worlds with gifts given from the Spirit World with unique insights?

We continue to question how we can support community members in realizing that there is a next piece of the project. A new area which pushes the envelope to bring two quite separate rights movements together is difficult and challenging. Moving forward, people spoke about reaching out to natural healers in the communities. We also spoke about new ideas for methodology such as arts-based methods that could be rooted in Indigenous practices and more accessible for some people with disabilities.

This project has helped people acknowledge their rights and reaffirm their rights. We have shared with people- from Coordinators, to Monitors, to research participants, to people we have met at events that they have rights and the right to ask. This is a process of empowerment. There is knowledge where there was not knowledge before.

We have also adapted DRPI research materials which anyone can use to adapt to their own community to create a monitoring rights project for Indigenous, First Nations, Aboriginal, Inuit and Métis people with disabilities. You can find all these tools in the Appendices, as well as other Expanding the Circle reports on the DRPI website: <http://drpi.research.yorku.ca/north-america/north-america-publications-resources/>

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REFERENCES

Accessibility for Ontarians with Disabilities Act, 2005, SO 2005, c 11.

Accessibility Standards for Customer Service, O Reg 429/07.

Canadian Mental Health Association. (2015). Statistics Canada Releases More Data on Canadians with Disabilities. Retrieved from http://ontario.cmha.ca/news/statistics-canada-releases-more-data-on-canadians-with-disabilities/#.Vu_2ifkrLIV

Disability Rights Promotion International. (2014) *Expanding the Circle: Aboriginal People with Disabilities Know Their Rights Snapshot*. Toronto, ON: York University

Disability Rights Promotion International website. <http://drpi.research.yorku.ca/>

Durst, D. (2006) *Urban First Nations People with Disabilities Speak Out*, Journal of Aboriginal Health September, 1(4). Retrieved from http://www.naho.ca/jah/english/jah03_01/Article04.pdf

Education Act, RSO 1990, c E. 2.

Expanding the Circle Modules. (2015). *Module 5: How to Write a Holistic Monitoring Report*, DRPI Training Materials.

Grand Council Treaty #3. (n.d.) Mino Kakendassowin: Fulfilling Sakatcheway's Vision.

Health Canada. (2015, May). *First Nations and Inuit Health*. Retrieved from <http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php>.

Health Canada. (2014). *Indian Health Policy 1979*. Retrieved from http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/poli_1979-eng.php

Health Council of Canada. (2012). Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care. Toronto. Health Council of Canada.

Hogg, E. (2015, July). *First Nations Education Funding, the Case of Sloan and Marvin*. Retrieved from <http://ablawg.ca/2015/07/08/first-nations-education-funding-the-case-of-sloan-marvin>.

Indian Act, RSC 1985, c I-5.

Indigenous and Northern Affairs Canada (INAC). (2015, December). *High-cost Special Education Program*. Retrieved from <https://www.aadnc-aandc.gc.ca/eng/1100100033697/1100100033698>

Integrated Accessibility Standards, O Reg 191/11.

- Institute of Public Administration of Canada (IPAC) (2013, March). *Health Care Models in Canada a Provincial Perspective*. Retrieved from <http://www.ipac.ca/documents/ALL-COMBINED.pdf>
- Jordan's Principle. (n.d.). Retrieved from the Aboriginal Affairs and Northern Development Canada (AANDC) website: <https://www.aadnc-aandc.gc.ca/eng/1334329827982/1334329861879>
- Kilkenny, C. (2016, March 2016). Norman Shewaybick fulfills vow with an oxygen tank. *CBC Radio Canada International*. Retrieved from <http://www.rcinet.ca/en/2016/03/01/norman-shewaybick-fulfills-vow-with-an-oxygen-tank/>
- Lavallee, L. F., & Poole, J. M. (2010). Beyond recovery: Colonization, health and healing for Indigenous people in Canada. *International Journal of Mental Health and Addiction*, 8(2), 271-281.
- Mikkonen, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management.
- Mississauga of the New Credit First Nation v. Attorney General of Canada. 2013 CHRT 32.
- Morin, P., Paquet, D., Sterritt, A., O'Bomsawin, K., Hotte, C. N., Gosselin, J., Kinew, W., Canadian Broadcasting Corporation., McNabb Connolly (Firm) - York University., & YUL Licensed Streaming Video Collection. (2012). *At the crossroads*. Toronto, ON: CBC Learning.
- National Aboriginal Economic Development Board (2013). Addressing the Barriers to Economic Development on Reserve. Retrieved from <http://www.naedb-cndea.com/reports/addressing-barriers-to-economic-development-on-reserve.pdf>.
- National Collaborating Centre for Aboriginal Health. (2011). *The Aboriginal Health Legislation And Policy Framework in Canada*. Retrieved from <http://www.nccah-ccnsa.ca/en/>
- Native Youth Sexual Health Network. (2016, January 26). Resurgence for body self -determination: an Indigenous youth-led webinar on addressing structural violence [Webinar]. Well Living House. Retrieved from <https://attendeegotowebinar.com/recording/5389521598072465921>
- News Staff. (2014, January 22) Toronto Birth Centre opens in Regent Park. Toronto City News. Retrieved from <http://www.citynews.ca/2014/01/22/toronto-birth-centre-opens-in-regent-park/>
- Ontario Human Rights Code*, RSO 1990, c H. 19
- Ontario Human Rights Commission (OHRC). (n.d.) *Elementary and Secondary Education*. Retrieved January 11, 2016, Retrieved from <http://www.ohrc.on.ca/en/opportunity-succeed-achieving-barrier-free-education-students-disabilities/elementary-and-secondary-education>.
- Ontario Ministry of Education Indian and Northern Affairs. (2007) *First Nations Education Funding: Tuition Agreements and Special Education*.
- Ontario Ministry of Education. (2014, November). *Introduction- Special Education Advisory Committee (SEAC)*. Retrieved from <http://www.edu.gov.on.ca/eng/general/elemsec/speced/seac>

- The Ontario Off-Reserve Aboriginal Housing Trust Report, September 2008 (Revised February 2009)
Retrieved from <http://www.onwa.ca/upload/documents/ontario-off-reserve-aboriginal-housing-trust-report.pdf>
- People for Education (2015). Ontario's schools: *The Gap between Policy and Reality* (Annual Report on Ontario's Publicly Funded Schools 2015). Toronto: People for Education Retrieved from <https://www.peopleforeducation.ca/wp-content/uploads/2015/06/P4EAnnual-Report-2015.pdf>
- Perkel, C. (2016, February 2016). First Nations in 'state of shock' as they declare public-health emergency. *The Toronto Star*. Retrieved from <http://www.thestar.com/news/canada/2016/02/24/first-nations-in-state-of-shock-as-it-declares-public-health-emergency.html>
- Rioux, M. H., Pinto, P. C., & Parekh, G. H. (2015). *Disability, rights monitoring, and social change: Building power out of evidence*. Canadian Scholars' Press.
- Statistics Canada. (2011). Findings from the 2011 National Household Survey. Retrieved from <https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Index-eng.cfm>
- Statistics Canada (2012). Disability in Canada: Initial findings from the Canadian Survey on Disability. Retrieved from <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2013002-eng.htm>
- Statistics Canada (2015). *Aboriginal statistics at a glance: second edition*. Retrieved from <http://www.statcan.gc.ca/pub/89-645-x/89-645-x2015001-eng.htm>
- Shining Turtle, C. (2014, December 11). Aboriginal People Are on a Slow March To Second-Class Citizenship. *The Huffington Post*. Retrieved from http://www.huffingtonpost.ca/chief-shining-turtle/first-nations-reserve-services_b_6145522.html
- Sauve, J. Toronto Birth Centre. Happy 2nd Birthday Toronto Birth Centre! Toronto Birth Centre. Retrieved from: <http://www.torontobirthcentre.ca/happy-2nd-birthday-toronto-birth-centre/>
- Till, M., Leonard, T., Sebastian, Y., & Nicholls, G. (2015). Canadian Survey on Disability- A Profile of the Labour Market Experiences of Adults with Disabilities among Canadians aged 15 years and older, 2012. Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2015005-eng.htm>
- Truth and Reconciliation Commission of Canada. (2015). Honouring The Truth, Reconciling for the Future. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec_Summary_2015_05_31_web_o.pdf
- Turcotte, M. (2014, December 3) Persons with disabilities and employment. Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/75-006-x/2014001/article/14115-eng.htm>.
- United Nations (2008) *Convention on the Rights of Persons with Disabilities* (CRPD)

United Nations (2007) *Declaration on the Rights of Indigenous Peoples* (UNDRIP)

Parliament of Canada. (2015), On-Reserve Housing and Infrastructure: Recommendations for Change. Retrieved from

<http://www.parl.gc.ca/Content/SEN/Committee/412/appa/rms/12jun15/NewsRelease-e.htm>