

## FEDERAL SUPPORTS FOR ABORIGINAL PEOPLE WITH DISABILITIES

## SUPPORTS FÉDÉRAUX POUR LES AUTOCHTONES AYANT DES INCAPACITÉS

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## Abstract

Aboriginal people with disabilities (APWD) are one of the most oppressed and marginalized groups in Canada. As the only group subjected to a federal Indian Act, Aboriginal people are twice as likely, and Aboriginal women are three times as likely, to experience multiple levels of discrimination based on disability, race, and gender. This paper examines how the federal government of Canada supports APWD on-reserve in light of their unique legal and historical place in Canadian society. The author critically analyses federal legislation and public policy to conclude that legislation pertaining to APWD is derogatory and incompatible with other statutes that address disability. Programs for APWD are limited in scope and fail to consider the cultural needs of the community. Canada needs to develop programs and services for APWD that are culturally appropriate in partnership with Indigenous peoples rather than imposing mainstream standards onto culturally diverse populations.

*Keywords: Aboriginal, disability, impairment, Indigenous, federal, Indian Act*

## Résumé

Les autochtones ayant des incapacités font partie du groupe le plus marginalisé et opprimé au Canada. En plus d'être la seule collectivité soumise à la Loi fédérale sur les Indiens, les autochtones sont davantage susceptibles d'être victimes de formes de discrimination multiples: plusieurs affrontent des préjugés basés sur l'appartenance ethnique, le genre ainsi que sur l'incapacité. Cet article examine de quelles façons le gouvernement fédéral du Canada soutient les autochtones ayant des incapacités habitant sur une réserve, et ce, à la lumière de leur relation unique avec l'histoire et les lois canadiennes. L'analyse des politiques et des législations concernant les autochtones ayant des incapacités nous permettra d'affirmer qu'elles leur sont dérogatoires et qu'elles sont incompatibles avec les autres législations canadiennes concernant les personnes ayant des incapacités. Il apparaît ainsi que les programmes destinés aux autochtones ayant des incapacités négligent de prendre en considération la culture et les besoins particuliers des communautés autochtones dans le champ du handicap. Pour assurer l'égalité des autochtones ayant des incapacités avec les autres citoyens canadiens, il est impératif que le gouvernement développe des programmes et des services en partenariat avec les communautés autochtones, au lieu d'imposer des mesures et des objectifs correspondant à des standards généraux.

*Mots-clés: autochtones, handicap, incapacité, indigène, fédéral, Loi sur les Indiens*

## Introduction

This paper will investigate how the government of Canada supports Aboriginal people with disabilities (APWD) living on reserves. Research that specifically addresses disability and Aboriginal people is limited; however, what is available suggests that APWD are marginalized and invisible (Durst, 2006). Programs and services intended for APWD are varied. Indeed, according to Durst, Bluechardt, and Morin (2001), services and programs are funded depending on the legal status, location, and residence of the Aboriginal person, thereby limiting access to disability services and supports.

Although disability services are also provided by provincial governments and the non-for-profit sector, this paper will focus on the availability and effectiveness of the government-provided disability supports and programs available to APWD living on reserves, for the government has primary responsibility for Aboriginal affairs under the Indian Act.

## Disability Overview

### *Definitions*

A consensus on the definition of disability has been difficult to achieve because its meaning varies across cultures and communities. However, the World Health Organization (WHO) through the International Classification of Functioning, Disability, and Health (ICF) has developed a definition that integrates the medical and social approaches to disability. This definition considers the environmental factors that make an impairment a

disability, and thus makes a clear distinction between impairment (a functional or structural limitation) and a disability (social, environmental, and negative attitudes that disable people). The ICF provides the following general definition of disability: “those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinders their full and effective participation in society on an equal basis with others” (WHO, 2002). The ICF therefore recognizes that disability can, in some cases, be a socially constructed phenomenon as barriers in a society contribute to the disablement of individuals with impairments.

The definition and perception of disability within the Aboriginal community is different from that of mainstream Canada. Disabilities within Aboriginal communities tend to be considered special gifts or powers which enable people to communicate with the spiritual world (Durst, 2006; Durst, Bluechartd, & Morin, 2001). Durst (2006) provides an example of the Hopi, who believe that a person who is born with a condition that inhibits mobility, but can still contribute to the functioning of the community, is not disabled. However, someone who consumes alcohol excessively and is unproductive in the community is shunned and is considered disabled. The Hopi idea of disability is therefore based on one’s contribution to society rather than notions of difference.

### *Legal Framework*

Within the Canadian context, people with disabilities have human rights protections consisting of constitutional entitlements and federal and provincial statutory protections. Canada provides a constitutional guarantee of equal benefit and equal protection of the law

for people with disabilities (Valentine & Rioux, 2003). Under section 15(1) of the Canadian Charter of Rights and Freedoms, any person with mental or physical disabilities is protected from unequal or discriminatory treatment. This protection goes further in section 15(2), which promotes affirmative action programs that aim to ameliorate the conditions that disadvantage minority groups. This guarantee of equal rights applies to all Canadian laws, be it federal, provincial, or municipal. There is no federal legislation specifically pertaining to disability rights, but statutes such as the Human Rights Act (1985) and the Employment Equity Act (1995) do have provisions to protect the rights of people with disabilities. Protection against unfair treatment of people with disabilities is a statutory right. Discriminatory treatment against people with disabilities, at any level is therefore, at least in theory, unacceptable under Canadian law.

## Aboriginal Overview

### *Legal Framework*

Aboriginal people are a diverse community with unique cultural practices, a variety of ethnicities, and complex historical experiences (Durst, Bluehardt, & Morin, 2001). Aboriginal people have an unparalleled position in Canadian society as they are the only racial group subject to a separate administration under a federal Indian Act. They are described as “the descendants of the original inhabitants of North America” (Durst, Bluehardt, & Morin, 2001), and the term *Aboriginal* is used to describe all people of Aboriginal ancestry. The Constitution Act of 1982 is part of the Constitution of Canada and includes the Charter of Rights and Freedoms. Aboriginal and treaty rights, which were

given constitutional recognition, define Aboriginal people in section 35(2) as including “the Indian, Inuit and Métis peoples of Canada”. The term *North American Indian* is unilaterally defined in the Indian Act of 1985 as “a person who, pursuant to the Indian Act, is registered as an Indian, or is entitled to be registered as an Indian, and once registered is referred to as a status Indian”’.

Status Indians registered with the federal government have special rights to income tax exclusions, health care, housing, and education (Durst, 2006). However, these entitlements apply only to those living on-reserve, and if individuals move off-reserve, some of these entitlements are restricted. Métis persons are of mixed First Nation and European ancestry and identify as distinct from First Nations people, Inuit, or non-Aboriginal people (MacDougall, n.d.). The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibwa, and Cree (MacDougall, n.d.). Inuit persons are Aboriginal people in Northern Canada who live above the tree line in the Northwest Territories, Northern Quebec, and Labrador (MacDougall, n.d.). *First Nations* is a term that replaced the word *Indian* in the 1970s as many people found the latter term offensive. The terms *Aboriginal*, *Indigenous*, and *First Nations* are used interchangeably in this paper.

### *History*

There has been a non-Aboriginal presence in Canada since the end of the 15<sup>th</sup> century, when European settlers and the Indigenous people had a period of relative peace and mutual respect (Bennett & Blackstock, 2005). There are statutes dating back to the

1700s, such as The Royal Proclamation of 1763, which recognized the rights of the Aboriginal people as a distinct political unit within the colonial system. After Britain begun transferring the responsibilities of Aboriginal affairs to the Canadian colonies in the mid-1800s, however, a number of statutes were put into place to regulate the affairs of Aboriginal peoples<sup>1</sup>. Throughout this period of European colonization, these statutes helped to lay the foundation for what would eventually be known as the Indian Act.

The motive behind the federal Indian Act was to civilize, assimilate, and eventually eliminate Aboriginal Peoples (ALST, 2002). This objective is evidenced by the comments made by the 1920 Deputy Superintendent General of Indian Affairs, who said that their goal was the following: “to continue until there is not a single Indian in Canada that has not been absorbed into the body politic, and there is no Indian question, and no Indian Department” (Union of B.C. Chiefs, 2002, p. 9). While the objective to assimilate and eliminate is now considered outdated by the Government of Canada, Aboriginal leaders argue that the policy objective remains disguised in the Indian Act in the policies of self-government, and in the Bill C-3<sup>2</sup> amendment, which imposes a “second generation cut-off rule” (ALST, 2002). This rule effectively limits who can register as an Indian after 1985.

Some Aboriginal organizations believe that restrictions on who can be legally defined as an

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<sup>1</sup> An Act for the Better Protection of the Lands and Property of Indians in Lower Canada, and An Act for the protection of Indians in Upper Canada from imposition were both passed by the Province of Canada (then a British colony) in 1850.

<sup>2</sup> Bill C-31 was originally enacted into the 1985 amendment of the Indian Act to remedy the discriminatory treatment of Indian women. Indian women who married non-Indian men lost their Indian status and band membership. The case of *Lovelace v. Canada* [1981] went to UN Human Rights Committee, which held that 12(1)(b) of the Indian Act, 1971 breached section 27 of the International Covenant on Civil and Political Rights. The international embarrassment encouraged Canada to subsequently amend this law.

Indian serve as an indirect way to achieve the objective of assimilating the Aboriginal people into provincial populations (ALST, 2002).

### *Residential Schools*

The Federal Residential School Policy of the nineteenth century is one example of the government's assimilation policy. Thousands of Aboriginal children were forcibly removed from their parents' care and put into schools where "teachers" were afforded the responsibility to separate children from their traditional cultures and to "civilize" these children according to the ways of the dominant Christian European society (Union of B.C. Chiefs, 2002). Many children were subjected to physical, sexual, emotional, and spiritual abuse (Union of B.C. Chiefs, 2002). They were punished for practising traditions or speaking native languages (Dubie, 2006; Union of B.C. Chiefs, 2002).

The impact and effect of such experiences penetrate all aspects of life and affect entire families and communities, from one generation to the next. Aboriginal organizations say it will take seven generations to heal the wounds inflicted onto their people (Dubie, 2006). According to the Executive Director of Healing of the Seven Generations community organization in Kitchener-Waterloo, Ontario, the healing process will take seven generations because the effects of residential schools on the personal lives of individuals have translated into unhealthy and dysfunctional relationships. These relationships have made teenage pregnancy, abuse, and drug and alcohol consumption the norm, and have perpetuated the vicious cycle of poverty and deprivation (Dubie, 2006).

### *Self-Government*

First Nations have the right to self-determination and the right to self-government (Union of B.C Chiefs, 2002). There are two main layers of this judicial system. First, the government of Canada, through the federal Indian Act, which is administered by the Indian and Northern Affairs Canada (INAC), has a fiduciary responsibility for First Nation people (Durst, Bluehardt, & Morin, 2001). The second judicial layer consists of the First Nations self-government, which is embodied in the Band and Tribal Councils. Social and health programs, however, are delivered by the provincial government as per the Constitution Act, 1982. The First Nations government take over the provincial responsibility of delivering services to its people on-reserve. One of the aims of self-government was to enable First Nations to govern their people and to remedy the problem of inappropriate service providers serving Aboriginal people.

One of the concerns for APWD with the right of self-government, however, is that First Nations authority supersedes the rights of the First Nations person with a disability (Durst, Bluehardt, & Morin, 2001). For example, Band and Tribal Councils determine how resources are allocated and can deny individuals access to buildings, employment, training opportunities, and services (Durst, Bluehardt, & Morin, 2001). Durst, Bluehardt, and Morin explain how the board of an Aboriginal community centre had funds to expand the washrooms to make them wheelchair accessible, but instead chose to spend the funds on re-flooring the gymnasium. Moreover, when applying for disability supports, APWD are given the “ping-pong” treatment (Durst, Bluehardt, & Morin, 2001); that is, they are referred from the province or non-profit organizations to the federal government, who in



turn refer them back to Band leaders. Thus, although self-government is intended to enable First Nations people to be independent and maintain their right of self-determination, individuals with disabilities are often marginalized in the process.

### *Aboriginal People and Disability*

The legacy of assimilation policies includes alcohol and drug consumption, suicide, violence, family breakdowns, crime, and psychiatric problems (Union of B.C. Chiefs, 2002). Aboriginal people are six times more likely to live in overcrowded housing, attain lower levels of education, have poorer overall health, and experience higher unemployment rates with labour force data showing the employment rate for Aboriginal Canadians in 2006 as 65.8% (CUPE, 2008).

Statistics for tuberculosis show that there are five active cases in every 100,000 incidences among non-Aboriginals and 27 active cases in 100,000 incidences in Aboriginal people (Statistics Canada, 2007). The rate of diabetes in Aboriginal adults is said to be 11% for those living on-reserve compared with 3% in the general population. Other statistics suggest the rate of disability among Aboriginal people in Canada in 1991 was 31% compared with 13% for non-Aboriginals (Ng, 1996). Estimates in 2007 suggest that the figure is now three times higher than non-Aboriginal people (HRSDC, 2008a).

Although Aboriginal people are said to have similar rates of congenital disabilities to that of non-Aboriginal people, the rate of environmental and trauma-related disabilities is higher for Aboriginal people (Durst, Bluechardt, & Morin, 2001; Statistics Canada, 2007). It has been said: “The disparity between Aboriginal and non-Aboriginal rates of

disability corresponds to disparities in rates of injury, accident, violence, self-destructive or suicidal behaviour, and illness (such as diabetes) that can result in impairment” (INAC, 1996). The high levels of impairment can therefore be attributed to the historical and elevated levels of abuse to which Aboriginal people have been subjected in recent history.

In addition to poor health status, APWD are arguably more likely to live in poverty because of the difficulties they experience in accessing employment. Aboriginal people with disabilities are faced with limited information and support in seeking employment, as well as financial disincentives to begin work (Canadian Council on Social Development, 2003). Statistics show the increased likelihood of APWD being unemployed and living in poverty (Canadian Council on Social Development, 2003). First Nations people with disabilities are less likely to be employed than other Canadians: 37% compared with 52%. In addition, 59% of First Nations people with disabilities had personal annual incomes below \$15,000 in 2001, which is below the Canadian poverty line for a one-person family (Canadian Council on Social Development, 2004).

### Programs

As discussed, the government of Canada has a fiduciary responsibility to fund programs for the Aboriginal community. The INAC's primary role is to make Canada a better place for Aboriginal people and their communities and to provide access to “comparable services” that are available to other Canadians in the provinces and territories (HRSDC, 2008a). For APWD, the main government departments of relevance are the INAC, the Aboriginal Affairs Directorate of Human Resources and Skills Development

Canada (HRSDC), Health Canada, and the Public Health Agency of Canada. There are eight federal programs that are said to support APWD, but no separate office or department that specifically deals with Aboriginal people and disability (MacDougall, Rickard, & Destounis, 2006).

### *Assisted Living Program*

The Assisted Living Program (ALP) is a national program that is managed and directed by the INAC (HRSDC, 2008a). The provinces and territories are responsible for the delivery of programs under standard and national guidelines, but with room for provincial and regional variations (INAC, 2004). The purpose of the program is to provide social support services to eligible people living on reserves across Canada (INAC, 2004). The ALP provides non-medical support programs that meet the needs of the “infirm, chronically ill and disabled people at standards reasonably comparable to the reference province of territory of residence” (INAC, 2004). It is also intended to enable First Nations people to maintain independence at home; however, it is unclear if this program is comparable to Independent Living programs available in the provinces.<sup>3</sup>

There are four main components to the ALP: In-home care, Foster Care, Institutional Care and the Disability Initiative. The In-home care component provides financial assistance for non-medical personal care such as attendant care, meal programs and preparation, day programs, short-term respite care (as defined by the province or

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<sup>3</sup> The term *Independent Living* means having choice and control over assistance and/or equipment/assistive devices needed for daily life. It involves having access to housing, transport, health services, employment, entertainment, education, and training opportunities.

territory), laundry, home cleaning, and non-medical transportation. Eligibility to receive funds for these services depends on the ability of the First Nations Chief or Council to meet the standards of financial management as dictated by the federal government.

The foster care component of the ALP concentrates on providing supervision and care in a family-like environment for people who are unable to live alone because of physical or psychological limitations. Those providing foster care must prove that they operate in accordance with the accredited guidelines of the relevant province or territory. Foster care is usually associated with caring for children; therefore, this component may not recognize the Aboriginal right to self-determination and their rights over Aboriginal children, since guidelines for care are governed by the province rather than the Aboriginal community. According to the Union of British Columbia Indian Chiefs, First Nations comprise the only government that can protect and safeguard their children and families (Union of B.C. Chiefs, 2002 p. 13). According to this union:

any child welfare system which does not flow from a recognition of Indigenous Peoples jurisdiction is doomed to continue the failures of the past, because they replicate the policies of assimilation through which Canada attempted to eradicate our Nations by removing the children through who we call forth our future (Union of B.C. Chiefs, 2002 p. 13).

It is important to consider the adequacy of care services being provided within certain communities, especially when these services involve children. If foster care is not delivered by the Indigenous community, it raises serious questions about the appropriateness of such a program. Foster care is also considered an alternative option to institutional care, which is the third component of the ALP.

Institutional care is defined by INAC as “care provided in a group facility such as

personal care homes” (INAC, 2004). Referrals for this care program can be made by friends, relatives, health or social service professionals, or an acute care, rehabilitation, or psychiatric hospital (INAC, 2004). Assessments on the suitability of such placements are conducted by qualified health and social care professionals (INAC, 2004). The term *institution* within a disability context is loaded and is more commonly used to refer to the asylums in which people with disabilities were detained. Use of the word *institution* could be considered controversial because it has negative connotations related to people with disabilities. The definition of this program, however, generates a more positive connotation by using words such as “personal care home”. Therefore, one is left to question why this component is called institutional care and not “personal care homes”. From a critical disability perspective, the use of language is problematic.

Furthermore, the program guidelines are unclear regarding the intended recipients of institutional care. The referral sources for institutional care, however, include psychiatric hospitals, so people with mental health disabilities could comprise one of the referred groups. This might be considered a contentious issue as there is no mention of the inclusion of culturally appropriate care and support services, such as traditional healing practices or other community supports. Imposing mainstream models of care violates the Aboriginal right to self-determination and may be considered a form of cultural imperialism.

Another concern with institutional care and its relevance to people with mental health disabilities is the definition used in section 51(a) of the Indian Act titled, “Mentally Incompetent Indians”. This section provides the Minister of Indian Affairs and Northern Development the right to appoint someone to administer the estate of mentally incompetent

Indians. The term “mentally incompetent” is defined in the Act:

an Indian who, pursuant to the laws of the province in which he resides, has been found to be mentally defective or incompetent for the purposes of any laws of that province providing for the administration of estates of mentally defective or incompetent persons (Indian Act, 1985).

The language used in the Act is discriminatory. Not only is the description inconsistent with the ICF definition of disability, it also uses a medical model approach, which is paradoxical with other federal statutes relating to disability, not to mention the Aboriginal perspective of disability.

Disability initiative is the fourth component of the ALP. This program provides funding for the improvement of existing disability programs and services on-reserve (HRSDC, 2008a; INAC, 2004). Although there is a program to help raise awareness about disability issues, one wonders if the funding is only for existing programs and if it adequately meets the needs of other reserves in terms of advocacy and public awareness.

To access the ALP program, recipients need to fulfill three main criteria: residence, professional assessments, and financial need (INAC, 2004). The residency criterion requires that an individual must originally be a resident on-reserve (INAC, 2004). The second criterion requires that a professional assessment of need has been carried out to verify that the individual is eligible for the requested support. However, it seems that through this process, APWD are scrutinized and forced to fit into a provincially determined box that defines who qualifies as having a “legitimate” impairment. In this context, disability is based on a medical definition of disability and fails to recognize the cognitive authority of an individual to decipher his or her own needs. Finally, the financial need

assessment of an individual is based on a provincial notion of “household” and does not take into consideration the diverse nature of Aboriginal households. Setting standards that are inappropriate for a given community does not produce accurate information and is a form of cultural imperialism.

The administration of the ALP also highlights the limited inclusion of First Nations in the development of a program that is meant to be designed for them. While the roles and responsibilities of INAC concentrate on directing, interpreting policies, overseeing programs, and “working with” First Nations, the roles and responsibilities given to First Nations are more administrative and resemble a compliant associate rather than an equal partner. Such a role is inconsistent with the program objectives that are meant to promote greater independence and self-sufficiency of First Nations. Although the ALP program does provide support to APWD, it does so with serious limitations. The ALP objectives fail to address the rights Aboriginal communities have to self-determination and to access services that are appropriate and relevant to their cultural setting and needs.

#### *Income Assistance Program*

The Income Assistance Program (IAP) provides financial support to eligible recipients for basic and special needs (HRSDC, 2008a). The IAP National Manual describes basic needs as food, shelter, and clothing. Special needs include the following:

- personal incidental
- special diets
- service dogs
- special transportation
- child care and accommodation, transportation, and equipment costs related to

- employment and training
- moving costs, etc.
- children's winter and school clothing
- funerals and burials
- other items identified in the relevant provincial or territorial legislation
- pre-employment activities (HRSDC, 2008a)

With the exception of service dogs, and possibly “special diets and transportation”, there seems to be an absence of any specific disability supports or ring-fenced funding<sup>4</sup> for APWD. There is no mention of disability accommodations or a separate fund for the needs of APWD. The IAP could work better and avoid duplication if it had separate budget allocations, in order of priority, for the different categories listed above. For example, the Aboriginal Human Resource Development Agreements on APWD have earmarked \$3 million per year specifically for employment programs and supports (HRSDC, 2008b).

Why, therefore, is there a duplication of resources invested in programs for employment initiatives while employment and training programs are already part of the IAP? One criterion for eligibility in federal programs is that the individual should not already be receiving assistance from other programs, thereby avoiding duplication of resources (INAC, 2004). The same principle should then also apply to the funding agency. An additional concern with the IAP is the lack of data on APWD who have received supports from this program. The HRSDC have admitted that they have not kept track of this information, which makes it difficult to identify how many APWD are actually accessing disability supports or whether they have access to disability supports at all (HRSDC, 2008a).

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<sup>4</sup> Ring-fenced funding is funding that is set aside specifically for a particular program or service.



### *Special Education Program*

The Special Education Program (SEP) is administered by First Nations, First Nations Registered Organizations, or INAC regional offices (INAC, 2007). The purpose of this program is to ensure that First Nations students with moderate, severe, or profound behavioural and/or physical challenges have access to the services and support required (INAC, 2007, p. 3). The INAC recognizes the need to provide access to special education programs and services that are culturally sensitive and meet the relevant provincial or territorial standards. This program provides funding for high-cost special education for students that have any of the following characteristics:

- hearing impairment
- physically dependent
- moderate-to-severe behavioural disorders
- chronic health impairments or physical disabilities
- deaf and blind
- autistic
- communication disorders
- severe learning disabilities (INAC, 2007)

Special education program funding is available only for those First Nations students who are registered on the Nominal Roll, an INAC database of First Nations students living on reserves. There are restrictions (for example, status as a registered Indian) regarding who is eligible to register, thereby limiting access to special needs funding. Some self-governing communities exercise their right not to provide such information; thus the statistics available on the number of First Nations children receiving special education is limited. However, the available data indicate that a high number of children on-reserve

receive special education. In 2002–2003, the number of First Nations children on-reserve receiving special education was 7,600 and rose to 11,000 in 2005–2006 (INAC, 2007). The number of First Nations children on Individual Education Plans in 2002–2003 was 5,700 and 10,800 in 2005–2006 (Government of Ontario, 2000).

The number of children assessed and re-assessed from 2002 to 2006 for special education is also high at 22,000 students. Identification of students in need of special education is based on various assessments by school teachers and relevant professionals. However, these figures do not reflect of the total number of First Nations students receiving special education or even those in need of special education. There is an obvious gap in research on Aboriginal children and special needs, making this information limited and inconclusive, particularly in relation to the cultural appropriateness of existing special needs education.

#### *Aboriginal Human Resources Development Strategy*

The Aboriginal Human Resources Development Strategy is a federal program that funds 79 Aboriginal organizations to provide employment support and human resource programs across Canada (HRSDC, 2008b). They have earmarked \$3 million out of a total budget of \$1.6 billion (2%) for APWD who self-identify as persons with disabilities and who have never worked before. The program components include the following:

- employee assistance services (e.g., facilitating job searches)
- targeted wage subsidies (e.g., cultivating employment opportunities)
- job creation partnerships (e.g., recruitment, employer collaboration, accommodating workplaces)
- skills development (HRSDC, 2008b)

Since 1999, the program has assisted 10,881 APWD to go back to work and/or school, representing just over 1% of the total number of APWD who are unemployed to date. This program does not specify whether its initiatives are located on- or off-reserve, and it fails to address the barriers experienced by new entrants to the labour market. The Aboriginal Human Resources Development Strategy could be enhanced by including programs that specifically address systematic and attitudinal barriers faced by APWD under the section 15 of the Charter for affirmative action<sup>5</sup>.

#### *Fetal Alcohol Spectrum Disorder Program*

Fetal Alcohol Spectrum Disorder (FASD) describes the range of disabilities that can affect children whose mothers consumed alcohol during pregnancy. The Fetal Alcohol Spectrum Disorder Program (FASDP) aims to prevent FASD births and to improve the quality of life for those affected, through prevention and support initiatives conducted by community coordinators (HRSDC, 2008a). The specific components of the program include the following:

- raising awareness of FASD in First Nations and Inuit communities
- targeted interventions for those at risk of having FASD-affected children
- collaborative work with communities to address the broader determinants of health
- education and training for health professionals working with First Nations and Inuit clients
- early diagnosis and intervention for pre-school age children with FASD and their families (HRSDC, 2008a)

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<sup>5</sup> The Canadian Charter of Rights and Freedoms, Affirmative Action Programs, section (2)(1) does not preclude any law, program, or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national, or ethnic origin, colour, religion, sex, age, or mental or physical disability.

It is important to have community coordinators from within the community so that the support provided is culturally relevant; however, it is unclear if the coordinators are currently recruited from within the Aboriginal community.

#### *Aboriginal Diabetes Initiative*

The purpose behind the Aboriginal Diabetes Initiative ADI is to reduce the incidence of type two diabetes through health promotions, prevention, screening, and treatment services (HRSDC, 2008a). According to HRSDC, more than 600 First Nations and Inuit communities have access to such services. No information is available regarding whether the program is focused on the specific needs of the Aboriginal community or if it is a general diabetes program model that has been applied to the Aboriginal context. Similarly, it is not known if this is an on- or off-reserve program and whether the 600 communities who have access to the program are receiving cultural appropriate services.

#### *National Native Alcohol and Drug Abuse Program*

The National Native Alcohol and Drug Abuse Program (NNADAP) is managed and delivered by First Nations communities (HRSDC, 2008a). It supports a national network of 54 treatment programs that provide culturally appropriate in-patient and outpatient treatment services with 700 in-patient beds (HRSDC, 2008a). They have over 500 community-based prevention programs with more than 700 addictions staff (HRSDC, 2008a). No further information is available that indicates whether this program is on- or

off-reserve (HRSDC, 2008a).

*National Youth Solvent Abuse Program*

The National Youth Solvent Abuse Program (NYSAP) provides access to culturally appropriate, community-based prevention, intervention, treatment, and aftercare programs to First Nations youth who are addicted to or are at risk of becoming addicted to solvents (HRSDC, 2008a). This program works with families and communities to address the broader health issues that include family violence, suicide, and depression. Treatments emphasize personal growth and wellness, and offer a continuum of care based on Aboriginal values and beliefs (HRSDC, 2008a).

The NNADAP and the NYSAB together set a good precedent for how disability supports can encourage and facilitate the self-sufficiency and independence of First Nations communities. The acknowledgment of the need for culturally sensitive programs and supports that are based on community values and beliefs is paramount in the delivery of disability supports for culturally and racially diverse communities.

This description of these eight federal programs that support APWD enables us to understand some of specific services available for APWD. The information on some of the programs such as the ALP and IAP were quite detailed; however, close examination revealed alarming details that arguably do more to hinder the progress of APWD than promote it. The SEP, on the other hand, raised more questions than answers and programs such as NNADAP and NYSAP, which appear to tick all the right boxes for cultural sensitivity and First Nations autonomy, fail to provide information on the program

components, performance indicators, and success rates.

### Conclusion

This paper outlines the history of Aboriginal people and people with disabilities, indicating that both groups have respectively been the subject of oppression and marginalization. An Aboriginal person with a disability is twice or thrice as likely to experience profound levels of discrimination based on race, disability, and gender. We have examined eight federal programs that support APWD, and we have struggled to understand the bases upon which these programs have been developed. These programs are extremely necessary; however, several limitations in the administration of the programs were identified. The contents of this paper have been limited by the information that is publicly available<sup>6</sup>; therefore, further research into the issues highlighted is needed.

The two main areas of concern within the programs discussed are effectiveness of federal programs and the approach to developing and delivering disability supports. The effectiveness of a program can be judged by its objectives, components, and results (or performance indicators). It has been difficult to assess the effectiveness of the programs as there appear to be contradictions between program objectives and delivery of its components. Few statistics are available, thereby limiting our ability to assess the success of these programs. For these programs to succeed, the federal government needs to regularly assess the effectiveness of the disability programs using clear performance indicators and by investing in more rigorous research initiatives that work in partnership

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<sup>6</sup> Published research on Aboriginal people with disabilities is also limited.

with First Nations.

The second area of concern is the marginalization of APWD during the provision of these programs. Rather than promoting independence, the nature of program provision encourages dependency and fails to recognize the right of the First Nations to self-determination. As discussed, the federal disability programs clearly reflect policies of assimilation, forcing APWD to comply with provincial standards that may not be relevant in their circumstances. The federal government should acknowledge and recognize the cultural diversity and the suffered histories of the Aboriginal people and people with disabilities, and provide programs that are tailored to meet their specific needs.

The Government of Canada should work with First Nations communities and APWD in particular, to plan, develop, administer, and deliver disability supports and programs that are culturally appropriate for First Nations communities. APWD should lead disability awareness programs for their communities, their governments, and the Government of Canada. Aboriginal people with disabilities should work at the directorate level leading the disability movement forward for Indigenous peoples. Finally, it should be recognized that true success in any program provided by the government of Canada depends solely on true and sincere partnership with its stakeholders.

#### References

- Aboriginal Legal Services of Toronto (2002). *Report Submitted by the NGO ALST to the United Nations Committee on the Elimination of Racial Discrimination (CERD)*. Toronto: Aboriginal Legal Services of Toronto.
- Bennett, M., & Blackstock, C. (2005). *A Literature Review and Annotated Bibliography Focusing on Aspects of Aboriginal Child Welfare in Canada*. Ottawa: First Nations

Child & Family Caring Society of Canada. Retrieved October 26, 2009, from <http://www.cecw-cepb.ca/publications/998>.

*Canadian Charter of Rights and Freedoms*, Part I of the *Constitution Act, 1982*, Being Schedule B to the *Canada Act, 1982* (U.K.) 1982 c. 11

Canadian Council on Social Development (2003). *Aboriginal Children in Poverty in Urban Communities: Social exclusion and growing radicalization of poverty in Canada*. Retrieved August 29, 2009, from <http://www.ccsd.ca/pr/2003/aboriginal.htm>.

Canadian Council on Social Development (2004). *A working definition of Statistics Canada Low Income Cut-offs (LICOs)*. Retrieved August 29, 2009, from [http://www.ccsd.ca/pubs/archive/fb94/fs\\_povbk.htm](http://www.ccsd.ca/pubs/archive/fb94/fs_povbk.htm).

*Canadian Human Rights Act*, R.S.C., 1985, c. H-6.

CUPE (2008). *Creation of Aboriginal Councils*. Retrieved October 26, 2009, from <http://cupe.ca/aboriginal/Creation-of-Aborigin>.

Dubie, D. (2006). *Healing of the Seven Generations [Presentation]*. *Social Economy Symposium*. Toronto: OISE.

Durst, D. (2006). *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion?* National Association of Friendship Centres. Retrieved January 2, 2009, from <http://www.nafc-aboriginal.com/PDF/NAFC-Disability-17-03-06.pdf>.

Durst, D., Bluechardt, M. H. S., & Morin, G. (2001). *Urban aboriginal persons with disabilities: Triple jeopardy!* Regina, SK: University of Regina, Social Policy Research Unit.

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

Government of Ontario (2008). *Individual Education Plans – Standards for Development, Program Planning, and Implementation 2000*. Toronto: Ontario Ministry of Education. Retrieved August 29, 2009, from <http://www.edu.gov.on.ca/eng/general/elemsec/speced/iep/iep.html>.

Human Resources and Social Development of Canada (2008a). *Advancing the Inclusion of People with Disabilities*. Ottawa: Her Majesty the Queen in Right of Canada.

Human Resources and Social Development of Canada (2008b). *HRSDC Post 2009*



*Strategy – Draft Issue Workbook*. Ottawa: Her Majesty the Queen in Right of Canada

*Indian Act* R.S.C., 1985 c.

Indian and Northern Affairs Canada (1996). *Royal Commission Report on Aboriginal Peoples*. Ottawa: Her Majesty the Queen in Right of Canada.

Indian and Northern Affairs Canada (2004). *Assisted Living Program, National Manual*. Ottawa: Her Majesty the Queen in Right of Canada.

Indian and Northern Affairs Canada (2007). *Formative Evaluation of the Department of Indian and Northern Affairs Canada Special Education Program*. Ottawa: Her Majesty the Queen in Right of Canada.

MacDougall, J. C. (n.d.). *Aboriginal People with Disabilities: For Whom Does the Bell Toll?* Retrieved February 9, 2009 from [http://www.theciainc.com/conferences/rehabnet/presentations/Rehabnet2006\\_McDougall.ppt](http://www.theciainc.com/conferences/rehabnet/presentations/Rehabnet2006_McDougall.ppt).

MacDougall, J.C., Rickard, P., & Destounis, B. (2006). *Where the River Flows: Aboriginal People with Disability. A Literature Review: Focus on Employment*. Human Resources and Skills Development Canada.

Ng, E. (1996). Disability among Canada's Aboriginal people in 1991. *Health Reports*, 8(1), 25–32.

Statistics Canada (2007). *Aboriginal health and well-being*. Retrieved August 29, 2009, from [http://www41.statcan.gc.ca/2007/10000/ceb10000\\_004-eng.htm](http://www41.statcan.gc.ca/2007/10000/ceb10000_004-eng.htm).

Union of B.C. Chiefs (2002). *Calling Forth our Future: Options for the Exercise of Indigenous Peoples' Authority in Child Welfare*. Retrieved November 3, 2008, from [http://www.ubcic.bc.ca/files/PDF/UBCIC\\_OurFuture.pdf](http://www.ubcic.bc.ca/files/PDF/UBCIC_OurFuture.pdf).

Valentine, F., & Rioux, M. (2006). Does theory matter? Exploring the nexus between disability, human rights and public policy. In D. Pothier & R. Devlin (Eds.), *Critical disability theory: Essays in philosophy, politics, policy and law* (pp. 47–69). Vancouver: University of British Columbia University Press.

World Health Organization (2002). *Towards a Common Language for Functioning, Disability and Health: The International Classification of Functioning, Disability and Health (ICF)*. Geneva. Available at <http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>.