Urban First Nations People with Disabilities Speak Out

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Abstract
This article presents the findings of a two-year exploratory study that examined the challenges identified by First Nations persons with physical disabilities in a western prairie city—Regina. The rate of disabilities among Aboriginal people is 32 per cent, which is twice the national average. Research groups conducted with First Nations persons with disabilities sought qualitative data regarding the daily barriers these people encounter. A First Nations researcher and an Elder used a traditional style of “sharing circles” to collect the data and ensure that their voices and perspectives were clearly articulated. Findings from this study suggest that urban First Nations people with disabilities are not living an independent lifestyle and are excluded from participating in community life. They live in poverty and isolation, and do not access many of the services and benefits to which they are entitled. The participants identified practical recommendations to eliminate or overcome some of the obstacles. There is a need for a thorough policy and program review of the conflicting jurisdictional issues and, to initiate change, there is a need for a strong and effective voice that includes Aboriginal persons.

Key Words
Urban Aboriginal people, First Nations peoples, physical disabilities.

INTRODUCTION

The old man said, to have been born imperfect was a sign of specialness… The old man explained carefully that in the old days, if a child came with a hare-shorn lip, it wasn’t a terrible thing or a hurtful thing; it meant the child’s soul was still in touch with the Spirit World. (Yvonne Johnson, 1996.)

Yvonne Johnson’s tragic story has been vividly told in the emotionally charged book, Stolen Life, The Journey of a Cree Woman, where much of her grief and sorrow has been related to a seemingly minor disability. Her voice is clearly heard in this book. However, it is rare that the perspectives of First Nations persons with disabilities are heard; their voices are often lost or ignored. This article presents the results of an exploratory qualitative study examining the issues facing First Nations persons with physical disabilities living in an urban prairie community. In this article, the voices and perspectives of these special people are presented in a culturally sensitive manner that accurately reflects their experiences. This research study identifies the social and economic barriers to independent living and offers recommendations for change. In this article, the term “Aboriginal” is meant to include all persons who identify themselves as First Nations, Métis or Inuit, and First Nations applies to those individuals who hold status under the Indian Act.

Canada has a population of over 32 million people, of which approximately five million have a disability; this figure represents 16 per cent of the population. Using Statistics Canada scale, most adults with disabilities have mild disabilities (47 per cent), while 32 per cent have moderate disabilities and 22 per cent have severe disabilities. In Canada, 817,300 adults or four per cent of the total population have disabilities that are severe. The rates of disabilities increase with age and are higher among women.

The estimated First Nations population, both on- and off-reserve in Canada, is 638,445 (Canada, 2001) and the population of persons identifying themselves as Aboriginal is over one million. Previous research has shown that 32 per cent of Aboriginal people reported a disability, which is twice the national average. Although
Aboriginal people have congenital disabilities at about the same rate as the rest of the Canadian population, they have a higher rate of environmental and trauma-related disabilities. "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 permanent impairment."6

In addition, Aboriginal people suffer higher rates of specific diseases, such as Type II diabetes, which has been recognized as “one of the most serious chronic diseases among Aboriginal populations in Canada.”7 The rates of Type II diabetes vary from 1.5 to three times the average of the rate of Canada’s overall population. These rates have serious implications for the prevention of disability, as well as education and service delivery. Existing programs and services for Aboriginal people with disabilities are confusing and complex, and many individuals simply fail to receive entitled services and programs. In recent years, Canadian Aboriginal people have been assuming greater control over their social and health programs, including rehabilitative and support services, which have implications for access and service. Little is known about Aboriginal persons who have a disability and are living in urban communities.8

Considering this lack of knowledge and the high rates of disabilities among Aboriginal people, the researchers wanted to understand the reasons Aboriginal people with disabilities are not visible in their urban community.9 They wanted to discover the perspectives of Aboriginal people regarding independence and the barriers to social inclusion. As well, the researchers sought recommendations from First Nations people with disabilities that would aid in their pursuit of independent living, especially considering the increasing band administration of health and social programs.

METHODS

Social research is political and, historically, it has been used as an instrument of exploitation and oppression against Aboriginal peoples.10 However, there is a need for quality research that provides a “voice” and can lead to improved policies and programs from all levels of government. The researchers actively sought culturally appropriate methods and built partnerships of equality throughout the study.11

The first step in recruiting participants began with identifying Aboriginal people with disabilities, creating a non-random “availability sample.” Our community research member was able to provide a resource/contact list of suitable participants. Upon her recommendation, participation letters describing the researcher’s background and the nature of the study were mailed out to 12 individuals. Because most Aboriginal people hold oral traditions, letters alone are not a good strategy in recruiting Aboriginal people and personal telephone calls were made to follow up and encourage participation. The combined strategy was found to be successful in creating the groups.

Data collection

The focus group, with traditional customs, was chosen to provide the opportunity for participants to share their personal experiences. The use of the focus group format was based on its resemblance to a traditional form of sharing within Aboriginal communities. As well, it adheres to the principles of participatory research.12 An Elder provided counsel pertaining to traditional procedures for sharing circles. According to the Elder, the circle generates power among the participants; through positive discussion, positive power is created. In this sense, the research group provided participants with the opportunity to contribute to a discussion and to wield some power or, in more basic terms, experience some sense of worth from their contributions. Based on the sharing circle concept, each participant was provided with the opportunity to speak and to be heard. For many Aboriginal people with disabilities, the opportunity to speak and to be heard has not often been afforded to them. Although they may have spoken in other situations, their concerns have not always been heard. Sharing circles promote healing through sharing with others who have similar perspectives or experiences. The focus group sessions provided the participants with the platform to tell their personal stories and to receive comfort from other group members. This process created a level of healing for some of the participants.

The researchers, who had the approval of the University of Regina Research Ethics Board, were careful to apply culturally appropriate and ethical research practices. Participation was voluntary and confidentiality was maintained. All of the participants were adults and there were no conflicts of power/interests. Informed consent was achieved after careful explanations of the purpose and process of the study, including the full right to withdraw at any time. Each participant signed a consent form. All of the sessions were audiotaped and transcribed immediately after each
session. A list of general questions was prepared prior to the sessions but discussion was often spontaneous, building on previous ideas. The transcripts were carefully analyzed and through coding, themes emerged.

Prior to conducting the circles, the researcher had to establish trust with the participants. To address the issue of trust and any reluctance to participate, the researcher took the necessary steps to explain the nature of this research study. Also, the researcher took the opportunity to provide the group with her personal information. It was explained that the researcher was a First Nations person, from the interior of British Columbia, who had personal experience with the various restrictive barriers that limit or interfere with independent living. The researcher established a bond with the group not only based on her ethnicity, but also because of her experiences with social institutions and debilitating barriers. Given this commonality, the group was able to establish trust quite readily. They reported that they felt free to express their own perspectives rather than giving responses they believed that the researcher might have been expecting. This added to the uniqueness and strengths of the study and provided a basis for research validity.

Participant backgrounds

In the four sessions conducted, only four members of the 11 participants consistently attended while the others attended only one or two sessions. All the participants either had a moderate or severe form of physical disability, or lived with someone who had a disability. There was representation from both sexes, and ages ranged from 20 to 50+ years. All of the participants began life able-bodied and without disabilities. They acquired their disability in their adult life as a result of accidents, medical conditions, violence (weapons and physical/spousal abuse), substance abuse (needle use), poor housing conditions (dilapidated stairways), and/or chronic diseases (arthritis). Of those who attended all four groups, one female was employed full-time, one male was taking retraining and receiving an income supplemented by a pension, and two males were “unemployable” and receiving their income from social assistance and living in private apartments. Seven individuals lived in rental homes, family dwellings (with parents or other family members) and rehabilitation/long-term care facilities. Overall, the participants relied on taxi services or the para-transit bus system as their main source of transportation. One participant was fully mobile, while three individuals utilized wheelchairs for mobility (one motorized, one ventilator- or mouth-operated, one manual). Mobility was the most prevalent limitation, followed by hearing and speech disorders. Other disabilities included diabetes, arthritis and poor muscular control as a result of an acquired brain injury. There was no effort to exclude non-status Aboriginal persons; however, as it turned out, all the participants were First Nations (status Indians). They had originally lived on their home reserve, but with the lack of services for people with disabilities, found it necessary to relocate to an urban centre to access programs and services. Because urban non-status and status persons live under similar circumstances, most of the findings have been cautiously generalized to both groups.

RESULTS

The emerging themes have been organized under the following headings: Independent Living; Barriers to Independent Living; Transportation; Employment and Income; Education and Training; Housing; and Personal Supports. The following quotations are a collection of the participants’ thoughts and perspectives.

All of the participants in this study were forced to leave their home reserve in order to receive services. Many moved to the city alone and were not familiar with an urban setting. They did not know where to obtain services, and the services available did not always meet their needs. Unfortunately for status First Nations people, jurisdictional responsibility for the provision of services creates a myriad of problems. For example, a simple repair to a wheelchair might involve Medical Services of Health Canada, Indian and Northern Affairs Canada and the band administration. First Nations people with disabilities felt they were shuffled from one government agency to the next because of jurisdictional disputes between the various levels of government. The complexity of funding responsibility makes it extremely difficult for First Nations people with disabilities to understand their entitled rights to services and benefits.

Independent living

People with disabilities are working on the issues facing independent living in (this city) but they consistently encounter barriers to full and meaningful employment. Like with the attendant care issue, the government is totally against having individual funding for attendant care. (Female, 35, quadriplegic.)
All the participants were confident in their understanding of independence, citing that it represented the ability to be able to live a lifestyle that allowed for individual choices and decision-making. They felt strongly that they needed to be afforded the same access to services as able-bodied individual’s, free from restrictive barriers. There was group consensus that they would have a more difficult time achieving independence than other people with disabilities because they were also discriminated against on the grounds of being of Aboriginal descent.

One participant stated:

Being disabled is one thing, but being disabled and Indian is a whole other problem. Indian people do not have a very good reputation and it makes it hard on us to get ahead. The bands don’t want to help us once we leave the reserve, and the services in the city might not help you because they don’t get funding for you. Also, if you are applying for a job, some employees are racist; so are some landlords. (Female, 51, agility.)

Whether due to a mobility, sight or hearing loss disability, the participants were dependent on others to assist them in their daily functioning, ranging from total dependence (quadriplegic) to partial dependence (hearing or sight loss). The goal of living completely alone was not realistic. However, the group felt that being dependent on others for physical assistance did not mean that individual choice should be restricted.

With the exception of two group members, the majority indicated that they did not have a sufficient income. One member stated that after buying food, paying the rent and other bills, little monies were left for social or recreational outings. Because of insufficient funds and the need for a support person, this individual had to live with an aging family member. Another group member stated that, even though living in a rehabilitation facility meant that a person’s food and shelter were covered, there was no money left to purchase personal items such as toiletries, clothing, gifts, and entertainment. In order to live with some dignity, her family had to cover these additional expenses.

Because the participants were living off-reserve and in the city, they received social assistance under the disability benefits program from the provincial government. The program provides limited funds and although they do not like the provincial program, they feared band-administered programs could be worse.

According to R. R. Gadacz, independent living refers to the ability to be full participants in the community. However, the group identified that without an adequate income, employment opportunities, educational and training programs, adequate transportation, and support services, First Nations people with disabilities could not achieve independent living. Since most of the participants were without a sufficient income and did not have adequate access to support services, many of them have abandoned their dream of living independently. They have resigned themselves to the fact that having a disability and being Aboriginal means a lifetime of dependency and hardships. This feeling of hopelessness was repeated in each session, and there was little anticipation that circumstances would change. Feelings of hopelessness and despair not only developed over the individuals’ disabilities, they also were a result of the continuous struggle to access resources and services when there are ingrained social barriers limiting full participation in community life.

Barriers to independent living

Barriers are physical and social obstacles inhibiting people with disabilities from full active community participation. These barriers can affect every aspect of the physical and social environment, engulfing attitudes, institutions, language and culture, service delivery, and the power relations and structures of society. The lack of personal input and control over their lives is the central problem. Barriers are created, not necessarily intentionally, by and for able-bodied people, and perpetuated by attitudes and images based on concepts of dependency, which are even further reinforced by the professionals who act as gatekeepers of services and support. As such, people with disabilities have been restricted from the decision-making process, whether it be in regard to their person or to the policies that affect and control their lives.

Any barrier denies equal opportunities and full participation in community life. Social and physical barriers are repressive, such that many people with disabilities are forced to deny their experiences and their reality of disability, and conform to the prejudices and images imposed by others. These attitudinal barriers contribute to feelings of low self-worth and social isolation. Many individuals are trapped in a self-depreciating world of loneliness and hopelessness, and other associated problems.
As one participant reflected:

I didn’t accept my disability for a long time, probably five years. I went through drinking a fair bit, drugs and it was the only way I could cope with life. I wanted to be out to lunch all the time and not really care about myself. But then after a while I needed to take a really good look at my life and I don’t want to be like this for the rest of my life, so then I started… I stopped drinking, stopped doing drugs, stopped trying to be so dysfunctional. I found better ways to handle my disability. (Female, 35, quadriplegic.)

Aboriginal people have never had the benefit of being full and active participants in mainstream society because of restrictive social and physical barriers. Unfortunately, these widespread barriers have restricted their access to resources, economic opportunity and services. Aboriginal people have been confronted by repressive policies that have perpetuated limited access and created a state of dependency on the government.20 Aboriginal people with disabilities are undoubtedly affected two-fold: first, as a result of their ethnicity and, second, because of their disability. Because of stereotypes and discrimination, Aboriginal people with disabilities have had negative connotations attached to their culture and disability.21 These attitudinal and systemic barriers have made it even more difficult to integrate into full community participation. With restricted and limited access to resources and services, Aboriginal people with disabilities are forced to remain in a dependent role, having few of their basic needs met which, make it extremely difficult to attain independence.22

Transportation

Access to transportation affects a person’s ability to be independent in a number of ways. Without adequate and reliable means of travel, a person with a disability is restricted from participating in many aspects of community life, such as shopping, employment, education, training, medical appointments, and recreation.23

If I have to wait for two days to book a ride, I don’t get out that much, especially in the winter. Since getting around is either tough or costs too much, I tend to stay at home a lot. That affects a lot more than just not being able to get out of my apartment. I start feeling closed in and get down on myself. (Male, 36, agility.)

The participants listed para-transit, public buses, taxi cabs, personal/family vehicles, and their wheelchairs as their transportation systems. All agreed that transportation was not always readily accessible or reliable. According to the participants, the transportation systems in this city presented a major barrier to independent living. Depending on the disability, public transportation was not easily accessible for people with physical disabilities, especially for those who rely on wheelchairs. City buses do not have lifts or voice activators giving destinations and, therefore, the individual must rely on other forms of transportation. Since the para-transit system normally requires a 48-hour advanced booking, the alternative options are limited. Central to the issue of transportation is access and affordability. If a reliable means of transportation is not affordable or accessible, Aboriginal people with disabilities are limited in their ability to participate fully in community life. As such, employment opportunities may be forfeited if the person is unable to get to the destination without encountering barriers.

Employment and income

The impoverishment of physically impaired people arises out of the fact that, as a group, we are excluded from the mainstream of social activities… The particular form of poverty principally associated with physical impairment is caused by our exclusion from the ability to earn an income… This exclusion is linked with our exclusion from participating in the social activities and provisions that make employment possible.24

Part of being independent is the ability to support one’s self economically. The ability to be economically self-sustaining, in turn, depends upon success in the labour market. It has been estimated that the unemployment rate for Aboriginal people is up to four times higher than that of other Canadians.25 The rate of unemployment is even greater for Aboriginal people with disabilities, much for the same reasons, but also because of stereotypes and discriminatory hiring practices.

Research indicates that those who are fortunate enough to have employment tend to be concentrated in lower-skilled, lower-wage employment sectors.26
Participants who were previously employed before their disability commented on the physical barriers within workplaces that did not allow for a comfortable or accessible work environment. Such barriers consisted of low desks and counter tops that did not allow for wheelchair clearance, cramped work quarters, inaccessible washroom facilities, and non-adaptive technology. One participant stated:

Accessibility in the workplace and attendant services are necessary for me. If they are not available or accessible, then I am pretty restricted to where I can work. (Male, 36, agility.)

Another individual commented on the inflexibility of some employers to allow for attendant services.

Some employers are uncomfortable with disabled people and even more uncomfortable with having an attendant present. With those kinds of attitudes, it makes getting a job pretty hard. (Male, 32, family member speaking on behalf of male, 25, hearing and speech.)

**Education and training**

For many group participants, education was viewed as a necessity in obtaining and securing employment. All group members did have some secondary education, and over half of the participants had completed high school. Depending on when they developed their disability, a number of the participants had attempted some employment training programs. While education and training were deemed necessary, securing funding for it proved to be difficult.

I’m continually fighting for education funding and training. I keep searching for a job but there are none with my experience and education level. But the band does not want to give me any sponsorship because I live off-reserve. (Male, 36, agility.)

All the participants stated that their individual bands were reluctant to provide funding for upgrading, vocational training or retraining programs. Without funding, many of the participants were unable to utilize programs that would be beneficial in preparing them for entry and re-entry into the labour market. The group members stated that efforts to secure funding were met with resistance and refusal. Those who challenged the system were unprepared for the lengthy negotiating processes in which the individual generally lost.

According to the funding arrangements between the federal government and band governments, status Indians living off-reserve may be excluded by the bands and many are reluctant to support band members living off-reserve. Since a high percentage of First Nations people with disabilities are forced to move to urban centres, their likelihood of receiving band sponsorship is slim. None of the participants in this study were satisfied with their band government. Individuals must search for alternative funds because the bands refuse support.

The Neil Squire Foundation (employment and training non-profit agency) helped with my funding so I could get computer training because the band would not support me. So after two years of fighting (with the band) for some funding, I finally received help from the organization (Neil Squire Foundation). (Male, 36, agility.)

**Housing**

Housing is not a problem for those who can afford it. It is not a question of the availability of adequate housing, but the problem of affordability caused by poverty. The group indicated that affordable housing was substandard and of poor quality.

What is needed is an allocation of more accessible and affordable housing to people with disabilities… but usually their definition of wheelchair-accessible is just a ramp to the door. They don’t take into consideration that you need to use your chair to go into the washroom. Washrooms are so small in most apartments. Like getting under the sink. I can’t do it where we live. I just wash up on my lap every day with a basin. (Female, 35, quadriplegic.)

One of the participants commented that many rental units were alleged to be accessible and suitable for persons with disabilities but, clearly, they were not. In addition, comments were made on the practices of some landlords taking advantage of renters with disabilities.

The house I live in does not have a back door, steps or a porch... it’s just a drop and that is not safe. The landlord won’t fix my entrance. The
doorway is a struggle to get through, but the landlord says it's wheelchair-accessible. He just keeps saying he has no money to do any renovations. Landlords use welfare people... This house, I got it fixed up to be wheelchair-accessible just to be able to get through the front door. He used the grant money to do renovations but did them sloppy to save the money for himself. (Female, 51, agility.)

There was group consensus that accessible and affordable housing was a problem, and frequently there were limited choices as to where participants could reside. Some of the participants stated that they could not afford to rent in the more attractive locations in the city. Generally, they were concentrated in the core area of the city where rent was cheaper, but housing conditions were poor and neighbourhoods were not fully safe.

**Personal supports**

According to the participants, personal supports such as attendant care, equipment repair, service provision, and counselling were supposed to be included but these benefits were difficult to access. All the participants indicated that, without supports an individual suffers, not only physically, but also mentally and emotionally. Emotional support is crucial to an acceptance of one’s disability, and a lack of acceptance can inhibit the individual’s willingness to adapt to a new limitation.

For participants with restricted mobility, the provision of attendant care was a growing concern. As identified by the participants, family frequently fulfilled the role of caregivers though they did not receive any monetary compensation for their work. According to one participant, funding was not available for caregivers if they were family members. Badly needed respite care was not an option because of the inability to provide funds. In addition, family members could not claim any expenses associated with attendant care.

There is not any compensation for the family and that’s who you rely on or that’s who you have to rely on. The family system can burn out really fast without help, and that has a big effect on the disabled person. (Male, 36, able-bodied.)

Another participant stated:

About care-giving, it’s really lacking... I know (my husband) took a care-giving course three years ago. They started having their meetings and after a while everyone started saying they just didn’t have the time because they had people at home they had to look after and there were no supports in place to help out during those times, when they had to be away from home. (Female, 35, quadriplegic.)

One participant stated that although there continues to be a lack of services, there have been improvements.

I think it’s getting to be more so now, because 20 years ago when I became disabled there wasn’t any of those supports but now you can get somebody in for peer counselling. Like if I wanted, like if I was newly injured and I went through Rehab, they would send somebody up to see me from CPA (Canadian Paraplegic Association), if I wanted... which is really good that they (support services) recognize there was a void and they needed to do something about it. (Female, 35, quadriplegic.)

**DISCUSSION**

Self-government means the ability and inherent right of Aboriginal people to govern themselves as they decide, creating and operating their own social, administrative and economic institutions. The pursuit of independent living for Aboriginal people with disabilities is similar. In light of the group’s experiences, there are serious issues with self-government through increasing band administration of social and health programs. All of the participants stated that they were not receiving adequate support or services from their band administration, which forced them to move from their families and community to the urban centre. One participant recalled a story of an elderly woman with a disability living on the reserve who was not receiving any support from her band.

One woman living on the reserve was getting $99 for living and she really had nobody to do her attending except for her 10-year-old grandson. When my sister went over to visit her, her springs were sticking out of her bed. That’s a terrible situation. Yet she wanted to live at home and I guess she could have opted to go to a hospital or a group home, but then you’re taking away her
choice if she was forced to go live somewhere else. (Female, 40, congenital disease.)

For many, it is a continual fight to receive even meagre assistance because of a lack of understanding of disabilities amongst chiefs and band councils. One participant stated:

When I moved home to my reserve after I became disabled, I had to fight for a ramp. For the first months I was home, I had to go up five steps, so it took three people to take me out or back into the house, which is really silly because what if there’s a fire and no people around, you could be in pretty big trouble. (Female, 35, quadriplegic.)

The participants indicated that disability issues are not viewed as a priority by the chiefs and band councils and, with increasing band administration, people with disabilities will be further marginalized. Disabled people will altogether be forgotten about, because right now we are at the bottom of the pile, but with self-government we won’t be in the pile at all. They aren’t concerned with the disabled, they’re more concerned with making money. Even though they are supposed to get additional funding for the disabled, we don’t see any of that. (Female, 35, quadriplegic.)

Another participant argues:

It is necessary for the bands, more specifically, chief and council, to become aware. Chief and council are not very supportive because they are not aware or because disability issues are just not a priority to them. But that’s where it starts because they could start creating services like counselling services and attendant services. They need to be willing to allocate money. Nowadays you hear about all those reserves getting land claim dollars back, you think they would have some dollars to help disabled band members. (Female, 35, quadriplegic.)

Overall, the participants feared that they will be further ignored as funding of services and programs is transferred to band governments. It was suggested that they would be better off without status.

From the discussions, the participants identified and listed the following 11 recommendations.
1) Awareness programs for both Aboriginal and non-Aboriginal people need to be developed and delivered by Aboriginal people with disabilities. By creating social awareness of the barriers, steps can be taken to rectify problems.
2) There is a need for increased funding to cover the cost of disabilities. The social conditions that Aboriginal people with disabilities have to endure need to change. A sufficient and dependable income could improve the standard of living.
3) Monetary compensation is needed for family members who provide care and respite programs should be available to provide temporary relief.
4) A universal health-care system is required to cover the costs of disability. There should not be any restrictions based on being status, non-status, on- or off-reserve.
5) Funding disputes based on political jurisdictional issues should be resolved, so that First Nations with disabilities can get the services they require.
6) Funding for training programs and education is required to assist Aboriginal people in developing the skills necessary to compete in the labour market which would aid in their ability to become self-sufficient and independent.
7) Employment Equity programs need to be enforced to ensure the hiring of Aboriginal people with disabilities.
8) Culturally sensitive programs are required to meet the needs of Aboriginal people with disabilities. Trained Aboriginal people are required to deliver these programs.
9) Aboriginal people with disabilities need to be involved in the development and delivery of programs.
10) An Aboriginal transportation system should be incorporated into the city. Considering the number of Aboriginal people with disabilities requiring means of transportation, the various bands should combine funding and purchase special buses.
11) Mechanisms are required to promote these recommendations and ensure that change is created.

CONCLUSIONS

This exploratory study utilized a qualitative analysis of four circle sessions with First Nations persons with disabilities. The research was designed to explore the issue of independent living and potential barriers as it related to Aboriginal people with disabilities living in the urban community. Not only has this study affirmed a number of issues previously addressed in the limited research on Aboriginal people with disabilities, it also has
exemplified the benefits of involving Aboriginal people in developing an understanding of issues that affect them. Their participation created a realistic personal account of the struggles many Aboriginal people with disabilities have to face in a society where oppression and racism continue. It also created a realistic personal account of how they are striving to overcome the obstacles placed in front of them.

In reviewing the literature and the findings, it is clear that Aboriginal people with disabilities encounter numerous barriers in their daily living. These barriers, many of which have been long-standing and socially ingrained, continue to keep the population with disabilities marginalized and isolated from the rest of society. Throughout history, Aboriginal people and people with disabilities have had limited access to resources and services which results in their exclusion from full participation in community living. Restricted or limited access has contributed to the high unemployment rates, low educational attainment, poor health, poverty, and high rate of disabilities.

Persons with disabilities have been forced to become long-term recipients of a program under social assistance. With its social stigma, “welfare” has become a way of life for many Aboriginal people with disabilities and, without the means for change, they are suffering in poverty. First Nations persons with disabilities face a duel dilemma in trying to break the cycle of deprivation. They may choose to remain on-reserve with limited resources, services and opportunities, but, where they will have their culture, family and community, or they may choose to move to urban centres in the quest for an enhanced quality of life and provision of services but in so doing, lose their connectedness to their supports, cultural traditions and identity. Unfortunately, widespread barriers restrict access to resources, economic opportunity and social integration. They face the double and interacting discrimination of being an Aboriginal person and a person with disabilities. Consequently, the attempt to achieve independent living is often blocked.

Clearly, it is through concrete and realistic steps that the numerous barriers facing First Nations persons with disabilities can be overcome, and their aspirations for participation in their communities attained. Aboriginal people with disabilities are seeking an improved quality of life, a life with meaning and joy, within the confines of their disabilities. They are entitled to benefits and services provided to mainstream Canadians. The courageous participants in this study want their voices to be heard. They do not feel their disability is a “gift from the Creator”; instead, they want to surmount the barriers to obtain greater social inclusion, and a full and rewarding life.

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