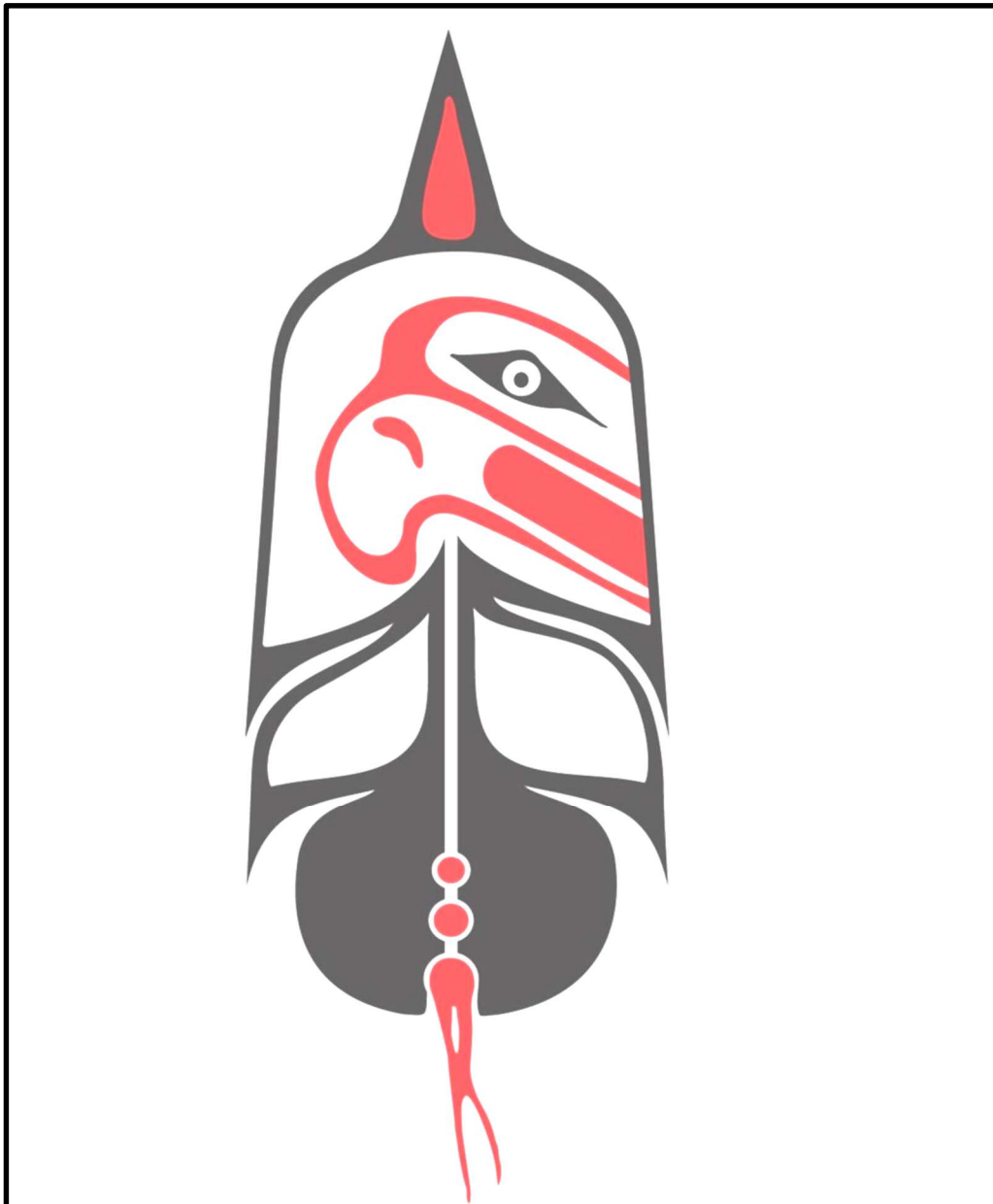

FIRST NATIONS ACCESSIBILITY STANDARDS

A PATH FORWARD TO INCLUSION



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Indigenous Disability Canada
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Glossary

Term	Definition
ACA	Accessible Canada Act
ACR	Accessible Canada Regulations
ASL	American Sign Language
IDC	Indigenous Disability Canada
ISL	Indigenous Sign Language
LSQ	Langue des Signes Québécoise (Quebec Sign Language)
TTY	Teletypewriter Relay Service
Accessibility	Anything that promotes the full and equal participation of everyone regardless of impairment. Accessibility standard: laws that individuals, government, business, non-profits, and public sector organizations must follow in order to become more accessible.
Attitudinal	Relating to, based on, or expressive of personal attitudes or feelings.
Barrier	Means anything—including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice—that hinders the full and equal participation in community of persons with accessibility needs, including a physical, mental, intellectual, cognitive,

Term	Definition
	learning, communication or sensory impairment or a functional limitation
Built-Environment	Human-made structures, features, and facilities viewed collectively as an environment in which people live and work.
Cultural Relevance	The importance of considering and respecting the cultural contexts, values, practices, and perspectives of different communities when creating or delivering content, programs, services, or policies to ensure efforts align with the intended recipients' cultural backgrounds and lived-experiences by being meaningful, accessible, and respectful.
Cultural Safety	An approach that goes beyond cultural awareness by actively addressing power imbalances, historical injustices, and the potential for discrimination by focusing on creating environments where individuals feel respected, valued, and safe, particularly in health, education, and social services.
Disability	Any impairment, including physical, intellectual, cognitive, learning, communication or sensory impairment, mental or functional limitation; whether permanent, temporary or episodic in nature, that, in interaction with a barrier, hinders a person's full and equal participation in society.
Grey Literature	Grey literature is used to describe a wide range of different information that is produced outside of traditional publishing and distribution channels.

Term	Definition
Intersectionality	A concept that describes how different aspects of a person's identity - such as race, gender, sexual orientation, class, disability, and other social factors - interact and overlap to create unique experiences of privilege or oppression (Crenshaw, 1989)
Plain Language	A style of communication, written and verbal, that is clear, straightforward, and easy to understand. It avoids complex words, jargon, and unnecessary technical details and focuses on simple, direct language that conveys messages in a way that is accessible to a wide audience.
Two-Eyed Seeing (Etuaptmumk)	An approach of inquiry and solutions used in Indigenous-partnered research projects in which people come together to view the world through two perspectives simultaneously, using both an Indigenous lens and a Western lens.

Executive Summary

Introduction to the Research Topic

This research project explores the accessibility barriers faced by First Nations Peoples with disabilities living on-reserve, focusing on challenges in the built environment (like housing and public buildings) and access to federally funded programs and services. The study highlights why these issues matter—because everyone in Canada, no matter where they live, deserves equal access to the spaces and supports they need to thrive.

Research Objectives

The project aimed to:

1. Identify the biggest accessibility challenges in First Nations communities.
2. Understand how current policies and funding fall short.
3. Provide recommendations to improve accessibility under the *Accessible Canada Act (ACA)*.

Methodology

Researchers worked closely with eight First Nations communities, gathering insights through:

- Interviews, surveys, and focus groups with 154 participants, including persons with disabilities, caregivers, and leaders.
- On-the-ground assessments of buildings, roads, and housing.
- A review of existing reports and policies.

Key Findings

1. **Housing:** Many homes are unsafe, overcrowded, or lack basic accessibility features like ramps. Elders and persons with disabilities often can't age in place.
2. **Programs & Services:** Gaps exist, especially for adults (ages 19–65), who "fall through the cracks" after aging out of child-focused programs.
3. **Transportation:** Lack of public transit isolates people, making it hard to access healthcare, jobs, or cultural events.
4. **Funding & Capacity:** Communities face arduous application processes and underfunding, leaving needs unmet.
5. **Cultural Relevance:** Services often don't incorporate Indigenous knowledge, and sacred spaces (like powwow grounds) remain inaccessible.

Implications

Without urgent action, First Nations will be left behind in Canada's goal to become barrier-free by 2040. The research shows that solutions must:

- Be co-developed with communities.
- Include long-term, flexible funding.
- Respect Indigenous ways of knowing (e.g., through "two-eyed seeing").

Recommendations

1. Include First Nations in the ACA—with tailored timelines and support.
2. Create a First Nations Advancing Accessibility Fund (\$6–11 billion over 15 years).
3. Launch Accessibility Navigators to help communities meet ACA requirements.
4. Improve transportation, housing, and cultural space accessibility.
5. Reform policies to remove age restrictions and colonial definitions of disability.

Conclusion

First Nations communities are ready to advance accessibility—but they need resources, respect, and partnership. By acting on these findings, Canada can move closer to true inclusion. This isn't just about compliance; it's about justice, reconciliation, and ensuring no one is left behind.

*"(Accessibility) is the barriers that I have to cross, it's the accessibility of services. And that's where I am, accessibility is a really big thing."
(FG_3d)*

Next Steps

Share this report widely, prioritize community-led solutions, and hold the Federal Government accountable for implementing these recommendations. Together, we can build a more accessible future.

“Accessibility, to me, means equality. Reducing the barriers and creating steps so that our children can reach supports; it means understanding what it takes to do that.”

Introduction

Accessibility of programs, services, and the built-environment is vital to the inclusion of everyone in Canada and should not be limited based on place of residence, gender, age, disability, culture, or ethnicity. This report is the result of the research project titled *First Nations Accessibility Standards: A Path Forward to Inclusion* and demonstrates the accessibility and disability needs of many First Nations communities across the country.

While this report is focused on disability and accessibility in First Nations communities, it is important to note that the term ‘disability’ is based in colonialism and does not always align with First Nations’ perspectives and understandings. Using the method of two-eyed seeing¹, this report works to intertwine First Nations’ understandings of disability and accessibility with colonial definitions to create comprehensive and holistic results.

“When I hear the word ‘accessibility’ or ‘access’ it’s something that you need something and that it will be provided; that’s what makes sense to me, to have what it is that you need – in your home or wherever it may be – you are able to get what you need. That isn’t what it seems to be though, there are roadblocks to get anything that you need now. It’s more than just the funding, it’s the regulations. It isn’t a given that you will get what you need or be supported, there’s so many barriers. It isn’t just the money, there are those other barriers in place.”

(FG_4e)

¹ Two-eyed seeing: An approach of inquiry and solutions in which the world is viewed using both an Indigenous lens and a Western lens simultaneously.

This report covers a variety of topics regarding accessibility of the built-environment and to federally regulated programs and services. The results of this work is grounded in the lived experiences of First Nations Peoples with disabilities, their families, caregivers, and their communities.

By sharing the outcomes of this research, this report serves as a resource for communities to continue advocating for their needs and acts as a guide for federal entities seeking to make inclusive developments or revisions in accessibility legislation.

About Us

Indigenous Disability Canada (IDC), also known as the British Columbia Aboriginal Network on Disability Society (BCANDS), is an award-winning Indigenous not-for-profit organization that has served the unique needs of Indigenous Peoples with disabilities since 1991. It is a standalone organization that works in special consultative status with the United Nations Economic and Social Council. IDC/BCANDS is one of the only organizations of its kind in Canada, by providing a vast array of services to Indigenous Peoples with disabilities, including advocacy, support, research, and resources.

Our Mission

“Advancing the unique disability and health priorities of Indigenous persons through collaboration, consultation, and the delivery of comprehensive client services”

Project Overview

This research project is led by Indigenous Disability Canada and funded through Accessibility Standards Canada (ASC), a departmental corporation established by the *Accessible Canada Act* (ACA).

Project Background

In 2019, the *Accessible Canada Act* came into force with the goal of a barrier-free country by 2040. This legislation intends to reach its goal by proactively identifying, removing, and preventing accessibility barriers. The ACA focuses on seven key areas under federal jurisdiction:

1. Employment;
2. The built-environment;
3. Information & communication technology (ICT);
4. Communication other than ICT;
5. The design and delivery of federally regulated programs and services;
6. The procurement of goods, services, and facilities;
7. And transportation.

While First Nations band councils, as written in the ACA, fall under the federal jurisdictional umbrella, these communities were exempted from the regulations created under the Act until 2026 due to a need for further consultations with communities to gain a deeper understanding of their unique accessibility challenges and needs.

Project Description

This research project began in late 2021 with the purpose of addressing and informing the development or revisions of accessibility standards in two areas as they relate to First Nations communities: the built-environment and the design and delivery of federally regulated programs and services that are funded and available to First Nations communities.

Project Scope

This project is focused on an in-depth understanding of the barriers in the built-environment and when accessing federally regulated programs and services for First Nations communities and their members. When examining the level of accessibility in these two areas, this research prioritizes the experiences of community members with disabilities, their families, and their caregivers.

The scope of this research was limited to First Nations communities in Canada, including community members aged 18 years and older. The results of this research were informed by the testimonies and experiences of 154 participants shared through interviews, focus groups, and surveys, with the majority of these engagements being held between the years of 2023 and 2024. Exclusions from this research include off-reserve First Nations individuals and provincial programs and services.

By narrowing the focus of this study, the research results intend to provide a deeper understanding of the accessibility barriers faced by First Nations individuals living on-reserve, particularly those with disabilities, to accurately inform revisions of current accessibility legislation and the development of future legislation.

Project Objectives

This project has four primary objectives:

1. Develop a comprehensive review of current federally regulated programs and services within and available to First Nation communities and provide an analysis of their overall objectives and intent, mode of delivery, accountability and their incorporation of First Nations disability and gender-based lens.
2. Conduct an environmental scan of physical accessibility barriers within selected First Nation communities across Canada, including remote,

rural, and urban communities. The environmental scan is analyzed by cross-referencing the availability or limitations of current programs and services potentially available to address identified barriers.

3. Produce accessible reports that highlight findings, barriers, gaps, and recommendations to address and inform the development of new standards and the revision of existing standards.
4. Expand as it relates to the *Accessible Canada Act* and methods to be involved with Accessibility Standards Canada and the dissemination of identified accessibility and disability resources and best practices.

Through its comprehensive objectives, this project strives to bridge the gap in accessibility for First Nations communities, ensuring that their unique needs and challenges are addressed in the development of national accessibility standards. By conducting environmental scans, reviewing current programs, and providing actionable recommendations, the project plays a pivotal role in advancing inclusion and creating a more accessible Canada for all, in line with the goals of the *Accessible Canada Act*. The results of this research will not only inform policy changes but also support the long-term goal of a fully accessible and inclusive society by 2040.

Methodologies

A variety of data collection methods were employed in this project to identify the accessibility challenges faced by First Nations communities and inform the development of federal accessibility legislation. Methods used include a comprehensive literature review, surveys, and virtual and in-person engagements, including individual interviews and community-based focus groups. In addition to qualitative methods, an in-depth assessment of the built-environment in 8 communities was conducted to analyze the levels of physical accessibility. A qualitative approach was used with focus placed on participants' lived experiences, providing a holistic understanding of existing barriers and the unique disability and accessibility needs in First Nations communities. Once data collection was finished, an inductive analysis was conducted to identify common themes and draw conclusions. The use of an

inductive approach to the analysis process was a crucial component in formulating evidence-based recommendations for the development and revision of accessibility standards.

Literature Review

At the beginning of this project, a thorough review of a wide range of existing bodies of work was conducted to ensure that the project was informed by a comprehensive understanding of the past and current accessibility landscape of First Nations communities across Canada. The literature review included an examination of Indigenous Services Canada programs and services that are funded and available to communities, as well as federal and provincial accessibility legislation, standards, and regulations. In addition to government and legislative documents, academic articles - with a focus on those written by Indigenous authors - were also reviewed and integrated into the research process. Lastly, grey literature, such as news reports and other non-peer-reviewed sources, were considered to capture real-world examples of accessibility and disability that are not always reflected in formal texts.

By reviewing these sources, the existing literature revealed key gaps, challenges, and opportunities for growth in the field of First Nations accessibility and disability. The literature also offered opportunities for improving accessibility for First Nations communities.

“Accessibility, to me, means the ease of access to what you need. Not just physically, because people can have other issues that are not as easily identifiable, like invisible disabilities.” (FG_2i)

Federally Regulated Programs & Services

One of the primary goals of this research project was to develop a comprehensive overview of current federally regulated programs and

services within and available to First Nations communities. To achieve this goal, a review of programs and services funded by Indigenous Services Canada was conducted with a focus on their overall objectives and intent, mode of delivery, accountability measures, and their incorporation of First Nations disability and gender-based lens. For the purpose of this research, a total of 43 programs and services were identified and reviewed under departments such as education, emergency management, governance, health, housing, infrastructure, lands and economic development, and social. Out of the 43 identified programs and services, 30 were determined to be most relevant to First Nations Peoples with disabilities and were more thoroughly reviewed.

Programs and Services Findings

While Indigenous Services Canada (ISC) offers a broad range of programs and services, this review focuses on those most relevant to persons with disabilities and those most frequently mentioned by our participants. ISC primarily provides funding, while service delivery is managed by communities. However, chronic underfunding and capacity gaps persist (per interviews with ISC program staff, including FNIHB Primary Care & LCC leads, Nurse Policy Advisors, and the Assisted Living Program Manager). Funding often operates on a reimbursement model—communities must report on services delivered before receiving payment. Many policies remain outdated, with few or no updates. An exception is the Non-Insured Health Benefits (NIHB), where coverage guidelines and exclusions are routinely reviewed through a joint formulary process. Notably, landless bands remain eligible for NIHB, though other social services fall under provincial/territorial jurisdiction.

A key concern is the lack of disability inclusion in social program manuals. Outside of disability-specific programs like Assisted Living, accessibility is rarely addressed. Navigating ISC's program information reveals confusing and often unclear policies, placing an undue burden on communities tasked with delivering essential services. Recent changes and restrictions to Jordan's Principle have highlighted gaps in existing programs and services.

The dramatic increase in the program's use suggests that other options for First Nations children and families are either insufficient, poorly known, or difficult to access.

With the *Accessible Canada Act* now in force, ISC's current Accessibility Plan commits to updating policies to incorporate accessibility. The plan identifies the need for greater consistency in accessible services, including better training for employees and service providers on accessibility standards. Many barriers identified in this research have also been acknowledged by ISC, with some currently being addressed.

A phone interview with ISC program staff revealed a recurring theme: ISC is overhauling most policies and programs to incorporate Indigenous engagement and perspectives. Terms like "jointly developed," "co-developed," and "Indigenous and community engagement" were frequently referenced. The evolving landscape of federally regulated programs and services posed a challenge to conducting a thorough review. However, these changes reflect ISC's ongoing consultation and engagement efforts, which may lead to more accessible and culturally relevant services for communities.

Objectives and Intent

A clear disconnect exists between the intent and objectives of programs and services and the realities in communities. Indigenous Services Canada (ISC) delivers a diverse range of programs aimed at supporting First Nations, Inuit, and Métis communities in areas such as education, health, housing, emergency management, and social services. These initiatives are designed to promote self-determination, reduce socio-economic disparities, and address historical inequities. For instance, education-focused programs like the Education Partnership Program foster collaboration between First Nations and provincial education systems to improve student outcomes, while Jordan's Principle ensures Indigenous children receive timely access to essential services. However, while many programs outline broad goals, some

lack specific, measurable targets, particularly in addressing the needs of Indigenous individuals with disabilities.

Mode of Delivery

Most programs and services are designed by ISC in collaboration with First Nations and delivered by the communities. ISC programs are implemented through a mix of federal administration, community-led efforts, and partnerships with provincial or territorial governments. Some initiatives, such as the Post-Secondary Student Support Program, involve direct collaboration with recipient organizations, whereas others, like Aboriginal Head Start on Reserve, are managed at the community level. Delivery methods vary regionally, with certain programs offering flexible funding structures to accommodate local priorities. Despite this adaptability, challenges such as complex application procedures and inconsistent support can hinder accessibility, particularly for individuals with disabilities.

Accountability Measures

Accountability within ISC programs is typically enforced through funding agreements, mandatory reporting, and oversight mechanisms like audits and evaluations. For example, the Elementary and Secondary Education Program requires recipients to adhere to strict financial and operational guidelines. However, accountability frameworks are sometimes unclear, with limited transparency in how outcomes are assessed or compliance is monitored. Feedback from the ISC Accessibility Plan indicates that clients often encounter difficulties due to staff's limited awareness of disability-related needs, pointing to gaps in ensuring equitable service delivery.

Incorporation of a First Nations Disability Lens

Examining the incorporation of a First Nations disability lens into the design and delivery of ISC programs and services and cross-referencing with the recent accessibility plan published by ISC revealed a myriad of gaps. In summary, there is insufficient consideration for the unique needs of Indigenous Peoples with disabilities in the development of programs which

has led to barriers for clients with disabilities in fully accessing supports through ISC. According to the Accessibility Plan published by ISC, clients perceived employees as lacking the knowledge to effectively support persons with disabilities which has caused frustration for those trying to access services. Barriers caused by the lack of incorporation of a First Nations disability lens into programs and services include: complex application processes, difficult office locations, language limitations, and poor online accessibility. These findings are supported by the testimonies shared during community engagements. An analysis of ISC programs reveals significant gaps in incorporating a disability-inclusive perspective. While some initiatives, such as the High-Cost Special Education Program, address specific disabilities like learning challenges, broader accessibility barriers—such as physical, sensory, or cognitive accommodations—are frequently overlooked. Programs like Non-Insured Health Benefits (NIHB) exclude certain critical supports (e.g., speech therapy) without clear rationale. The ISC Accessibility Plan highlights client frustrations with inaccessible services, including cumbersome application processes, poorly located offices, and digital barriers. These issues underscore the need for a more systematic approach to disability inclusion.

Incorporation of a Gender-Based Lens

The integration of gender-based considerations across ISC programs is uneven. Some initiatives, such as the *First Nations and Inuit Summer Work Experience Program*, explicitly promote gender balance in participation, while others lack any gender-based analysis. Programs addressing family violence, like the *Family Violence Prevention Program*, acknowledge the vulnerabilities of women, children, and 2SLGBTQQIA individuals but often fail to address the compounded challenges faced by Indigenous women with disabilities. Without a standardized gender-based framework, ISC's ability to tackle intersectional inequities remains limited.

Conclusion

This synthesis highlights ISC's commitment to self-determination but identifies critical gaps in equity-focused design. Historically, and for programs and services offered at the time of this research, there have been significant gaps and limitations in the programs and services available in First Nation communities, and an apparent disconnect between programs and funding streams offered through ISC and what communities are able to apply for and deliver. ISC's programs reflect a mix of progress and shortcomings in addressing the needs of Indigenous communities. While some initiatives demonstrate a commitment to equity, others fall short in integrating disability and gender-based perspectives. Enhancing these areas—through clearer policies, inclusive design, and targeted training—would better align ISC's services with its goals of equitable access and community empowerment. By addressing these gaps, ISC can ensure its programs more effectively serve all Indigenous Peoples, including those with disabilities and other intersecting identities. Recommendations to improve these programs and services could include the integration of First Nations disability and gender based-lens into policies and programs, include clear accessibility requirements for infrastructure funding, reduce application burdens and proposal based funding, and expanding programs like Jordan's Principle or developing a program to address the unmet needs of First Nations children and families.

Provincial Accessibility Legislation

Provincial accessibility legislation, including regulations and accountability measures, and initiatives provides insights into the existing legal frameworks, challenges, and best practices at a provincial level. A review of these frameworks was conducted with the goal of gaining a better understanding of how provinces have worked to address accessibility barriers, including successes and areas for improvement.

The legislative review included an examination of written frameworks from the provinces that currently have accessibility legislations, including British

Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Québec, and Saskatchewan. In addition to reviewing the documents, researchers also held meetings with provincial government representatives from British Columbia, Saskatchewan, Manitoba, and New Brunswick. By conducting this examination, researchers gained insights into how accessibility legislation has worked in practice and the extent to which First Nations peoples were included in the development, revision, and implementation.

A specific point of interest during this review was the different enforcement mechanisms that have been implemented in each province. Researchers explored each enforcement technique to see if and how they could be applied to First Nations communities under the *Accessible Canada Act*.

Provincial Accessibility Legislation Findings

Provincial accessibility legislation across Canada generally follows a similar framework, creating governing bodies and advisory committees to develop accessibility standards. While many provinces consult with people with disabilities (PWD), Indigenous Peoples are often excluded from these processes, leading to potential mismatches in priorities and a lack of cultural consideration.

Provinces like British Columbia and Newfoundland and Labrador make provisions for consulting Indigenous Peoples and include them on accessibility boards, but this is not consistent. Other provinces, such as Ontario and Nova Scotia, lack specific Indigenous consultation or representation in the development of standards.

Most provinces have similar mechanisms in place, such as compliance directors and penalties for non-compliance. However, these enforcement measures rarely address the unique needs of First Nations or Indigenous communities, who may require more tailored, supportive approaches. Some provinces, namely Manitoba, are focusing on educational models to ensure adherence to the standards and regulations; this is the most important takeaway from this

review, as it may serve as a model for enforcement and compliance for First Nations at a federal level.

In conclusion, while the legislation supports accessibility for PWD, it falls short in fully including Indigenous Peoples. Greater emphasis on Indigenous consultation and enforcement that considers their needs is crucial for creating truly inclusive accessibility standards.

Academic Articles & Grey Literature

A systematic approach was used to gather and analyze academic articles and grey literature. The sources were selected based on their relevance to the objectives of this project and their contribution to providing insights into the unique accessibility challenges in First Nations communities. To be considered, articles were required to meet a certain set of criteria; the literature must be related to First Nations communities in Canada and have addressed one or more of the following:

1. Accessibility barriers to programs and services for First Nations communities;
2. Accessibility barriers in the built-environment in First Nations communities;
3. The practical application of accessibility standards in First Nations communities;
4. Indigenous research methodologies and best practices;
5. Accessibility or disability assessments and best practices in Canada.

Literature that did not fit these criteria was not included.

The sources reviewed included academic literature, such as peer-reviewed articles, and grey literature, including news reports. Special attention was paid to works that were authored by Indigenous scholars or organizations,

such as the Native Women's Association of Canada (NWAC) or the Assembly of First Nations (AFN).

The results of this literature review provided a comprehensive foundation for understanding the complexities of accessibility and disability in First Nations communities while also revealing that this is an underdeveloped area of research in Canada. Analyzing these articles highlighted the challenges faced by these communities in effectively delivering federally regulated programs and services and addressing accessibility barriers in the built-environment. This review also underscored the importance of incorporating First Nations perspectives into the development and revision of accessibility legislation, regulations, and policies to ensure that solutions are culturally relevant and effective in the unique structure of First Nations communities.

There is a notable gap in data for on-reserve communities in particular; and while several reports have called to address this (Littlechild et al. 2022), there have been no significant changes. Largely, the literature review revealed that the gaps and barriers identified in this research are the same persisting issues that have affected First Nations communities for decades such as inaccessible housing (Bruce et al., 1998), lack of access to specialized care (Health Canada et al., 2015), and colonial policies impacting access to services (Ineese-Nash, 2020). Additionally, in reports that have recommendations, they align with the recommendations determined through the results of this project. Across the board, researchers and communities are identifying the same issues and solutions. This also illustrates a need for further research in the area of Indigenous disability and the relevant policies.

Indigenous communities in Canada face significant barriers to accessing equitable programs, services, and infrastructure. These challenges are deeply rooted in colonial policies, systemic racism, jurisdictional complexities, and underfunding. Additionally, mainstream policies often fail to integrate Indigenous knowledge systems, leading to programs and services that do not align with community needs. This literature review synthesizes key themes from research on these barriers, categorizing them into (1) challenges in

programs and services, (2) challenges in the built environment, and (3) proposed solutions.

Literature Review Findings

Barriers and Challenges in Programs and Services

Lack of Culturally Relevant and Accessible Services

A major challenge in Indigenous programs and services is the lack of culturally appropriate and accessible healthcare, education, and social support. Indigenous Peoples living in remote areas often depend on nurses and community health workers with limited scopes of practice, necessitating travel for specialized care (Nguyen et al., 2020). Transportation barriers further complicate access to services, as many communities lack affordable and reliable travel options (Mirza & Hulko, 2022).

A lack of cultural competence in healthcare settings also contributes to negative experiences and poorer health outcomes for Indigenous patients. Many healthcare providers are unfamiliar with Indigenous perspectives on health and wellness, leading to misdiagnoses and reluctance to seek care (Nguyen et al., 2020). Systemic racism in healthcare results in inadequate pain management, delayed diagnoses, and mistrust of medical institutions (Brundisini et al., 2013).

Colonial Constructs of Disability and Service Exclusion

Indigenous individuals with disabilities face intersecting forms of discrimination due to race, disability, and geographic location. Western frameworks of disability position Indigenous individuals as "doubly disadvantaged," ignoring culturally specific understandings of ability and community roles (Ineese-Nash, 2020). Many Indigenous languages lack a direct translation for "disability," instead focusing on strengths and responsibilities within the community (Ineese-Nash, 2020). However, federally funded disability programs enforce Eurocentric definitions that

exclude Indigenous perspectives and limit access to appropriate care (Hirji-Khalfan, 2009).

Jurisdictional Challenges and Fragmented Service Delivery

Indigenous social services are hindered by jurisdictional disputes between federal, provincial, and territorial governments. Separate funding models create confusion, service gaps, and inconsistent support (Health Canada, 2015). Programs are often developed without meaningful Indigenous consultation, resulting in services that fail to align with community needs (Littlechild et al., 2022).

Barriers and Challenges in the Built Environment

Housing Insecurity and Inadequate Infrastructure

First Nations communities continue to face severe housing shortages, with over half of on-reserve housing classified as substandard, lacking running water, proper insulation, or accessibility modifications (Bruce et al., 1998). Overcrowding is common, leading to increased communicable diseases and mental health challenges (Health Canada, 2015). Government programs designed to improve housing conditions, such as the Home Adaptations for Seniors' Independence (HASI) program, remain underfunded and inaccessible to many (Bruce et al., 1998).

Limited Transportation Infrastructure

Many Indigenous communities lack adequate transportation infrastructure, further restricting access to healthcare, education, and employment opportunities. Public transit is often nonexistent in rural and remote areas, leaving individuals with disabilities isolated (Mirza & Hulko, 2022). Programs such as Non-Insured Health Benefits (NIHB) medical transportation fail to cover the full cost of travel, creating financial burdens for Indigenous individuals needing specialized care (Mirza & Hulko, 2022).

Proposed Solutions

Culturally Competent, Indigenous-Led Services

Research highlights the importance of Indigenous self-determination in service provision. Programs should be co-developed with Indigenous communities rather than imposed through federal or provincial frameworks (Toombs et al., 2019). Circles of Care, which integrate medical, educational, and community supports, offer a model that respects Indigenous perspectives on well-being (Ineese-Nash, 2020).

To improve healthcare access, increasing Indigenous representation in the workforce and providing cultural competency training for non-Indigenous providers is essential. Programs such as Aboriginal Patient Navigators help bridge cultural gaps and improve patient experiences (Nguyen et al., 2020). Expanding telehealth and mobile health services can further enhance accessibility (Health Canada, 2015).

Infrastructure Investments and Policy Reforms

Long-term, sustainable funding strategies must replace the current fragmented approach to infrastructure development. Recommendations include:

- Establishing a First Nations Infrastructure Bank or Reconciliation Fund to support community-led housing and transportation projects (Assembly of First Nations, 2022).
- Implementing universal design principles to improve accessibility for individuals with disabilities in housing and transportation (NWAC, 2018).
- Expanding medical transportation programs to include flexible, on-demand services for remote Indigenous communities (Mirza & Hulko, 2022).

Education, Training, and Anti-Racism Initiatives

Mandatory cultural safety training for healthcare providers, social workers, and policymakers is critical to addressing systemic biases (Nguyen et al., 2020). Additionally, supporting Indigenous-led education programs can

encourage Indigenous youth to enter healthcare and disability support professions, reducing workforce shortages in remote communities (Nguyen et al., 2020). Statistical data for First Nations would be especially important.

The barriers Indigenous communities face in accessing services and infrastructure are deeply rooted in colonial policies and systemic inequities. Solutions must be community-driven, culturally relevant, and supported by sustained investment in Indigenous-led initiatives. Addressing these issues requires a fundamental shift toward self-determined governance, holistic service provision, and structural reforms that acknowledge the unique needs of Indigenous individuals with disabilities. Using a structured approach to the literature review ensured comprehensive coverage and proved useful when identifying the key themes and gaps in the existing body of knowledge. The diverse range of sources examined, from government-produced documents to Indigenous authored articles, added context and depth to this project by strengthening the overall understanding of accessibility and disability in communities and setting a direction for addressing the ongoing challenges that First Nations communities face.

Surveys

Two key surveys, the Accessible Canada Act Survey and the First Nations Leadership Survey, were used as preliminary data collection tools during this project. The use of these surveys positioned this project in a broader demographic than would have otherwise engaged with it. Given that Indigenous Peoples in Canada experience a significantly higher rate of disability compared to the general population², qualitative surveys served as an essential first step toward informing the recommendations being put forward from this work by allowing researchers to explore the perceptions, knowledge, and experiences of First Nations peoples living on-reserve on a larger scale.

² Statistics Canada, Aboriginal Peoples Survey, 2017; Canadian Survey on Disability, 2017.

Accessible Canada Act Survey

The Accessible Canada Act Survey³ was designed to gather insights from First Nations individuals living in community regarding their awareness, perceptions, and attitudes towards the *Act* and its potential implications for their communities. The ACA survey consisted of 13 open and closed-ended questions, addressing subjects such as: familiarity with the Act, thoughts on compliance measures and enforcement strategies, accessibility priority areas in communities, and the potential benefits that the Act could have for First Nations communities.

The target demographic for this survey was First Nations individuals, particularly those with disabilities and caregivers, living on-reserve. The Accessible Canada Act Survey received 97 responses, collected virtually and in-person. The responses provided researchers with insights into the perspectives of community members on the Act, including how the exemption period for First Nations should be addressed in the context of the goal of a 'barrier-free Canada by 2040'.

The results of this survey helped to shape the recommendations being put forward through this project, including how the Act could be revised to better fit the unique needs of First Nations communities and strategies to ensure that communities are meaningfully consulted in the broader context of accessibility.

First Nations Leadership Survey

The First Nations Leadership (FNL) Survey⁴ consists of 31 open and closed-ended questions that were divided into a set of key areas: community perceptions of disability and accessibility, understandings of the ACA, community communication methods, capacity, and policies. Community leaders - such as Chiefs, Councilors, Elders, Youth Leaders, Band

³ See *Appendix A*

⁴ See *Appendix B*

Administrators, and Department Heads - were invited to complete the survey. This survey was distributed both virtually, using social media platforms, and in-person at conferences and community engagements. The goal of this survey was to better understand the perspectives of leadership on accessibility, disability, and the *Accessible Canada Act*. In total, 36 responses to this survey were captured. The results of this preliminary data collection provided researchers with distinct insights from community leaders which helped inform the recommendations being put forward.

Engagements

This project is grounded in the belief that meaningful and respectful engagement with First Nations communities is essential for understanding the unique challenges and needs faced by First Nations Peoples living on-reserve, specifically members with disabilities and their caregivers. To ensure that First Nations' voices are heard and accurately represented, this research is based on a series of in-person engagements with 8 communities across Canada, including individual interviews and focus groups. These engagements were designed to facilitate open, honest, and culturally sensitive conversations that allowed participants to share their experiences, insights, and concerns.

Community Engagements

Community engagements are the core of this research project. Engaging directly with community members with disabilities and their caregivers provides invaluable insights into the barriers and challenges that exist in on-reserve communities. Working in a First Nations context requires work to be done not only with sound ethics and methodologies, but also “in a good way”.

To plan and organize community engagements, the research team established a community contact, often a member of the Health Department. The community contact aided researchers in promoting the project and focus

group within the community by putting up a poster⁵ and sharing the engagement information with community members, locating a public indoor space to hold the focus group, and assisting in securing lunch and refreshments. The Indigenous Disability Canada research team covered all costs associated with engagements. Permission from Chief and Council to travel to conduct an accessibility assessment of the built-environment, and hold a focus group was obtained where necessary.

Individual Interviews

Prior to community focus groups, individual interviews were conducted with focus group participants. Using the contact information provided by participants in their application forms, Indigenous Disability Canada contacted participants to schedule interviews. Interview formats offered included over the phone, via Zoom, a fillable PDF, or a written questionnaire. These interviews contain 16 questions⁶, both open-ended and closed-ended, and cover topics such as barriers and challenges faced in a typical day, perceived level of accessibility of programs and services and the built environment, community understandings of disability and accessibility, inclusion, and culture. Conducting interviews prior to the community visit provided participants with an opportunity to share information they might not feel comfortable disclosing in a group setting. Additionally, it served as a chance for participants to become familiar with the research team before community engagements were held.

Four individual interviews were conducted as part of the virtual engagements. Interested participants responded to an online call for engagement and completed an application form either online or over the phone⁷. To be eligible for the interviews, participants needed to be First Nations, 18 years or older, a person with a disability or a caretaker of a person with a disability, and live

⁵ See *Appendix C*

⁶ See *Appendix D*

⁷ See *Appendix E*

on-reserve⁸. Applicants who met the eligibility criteria were contacted by the research team, and if an interview was scheduled, participants were provided a consent form⁹ and a copy of the interview questions. These interviews consisted of 35 questions¹⁰, and participants were offered the choice in format of over-the-phone or online via Zoom; all participants opted for phone interviews. The topics addressed were consistent with those in the community engagement interviews, but they were examined in greater depth. These interviews had an average duration of one hour and were intended to facilitate storytelling and explore lived-experiences of persons with disabilities and their caregivers when accessing federally regulated programs and services and navigating the physical environment in their communities.

Focus Groups

Focus groups aimed to have 8-10 participants, prioritizing community members with disabilities and caregivers. Participants were asked to complete an application form during the initial planning of sessions¹¹, which provided demographic and contact information, and any required accessibility or dietary accommodations. Sessions were informal, set up similar to a sharing circle, and used a set of 12 questions and prompts to guide the discussion¹², although many discussions flowed easily and required little prompting from researchers.

Each session began with a brief project overview, introductions, and reviewing and completing the consent forms with participants¹³. To start the discussion, the open-ended questions “What does accessibility mean to you?” and “What does disability mean to you?” were asked. These ice breaker questions were used to get participants to consider their

⁸ *One participant who had recently moved off-reserve for access to programs and services, was included*

⁹ *See Appendix F*

¹⁰ *See Appendix G*

¹¹ *See Appendix H*

¹² *See Appendix I*

¹³ *See Appendix J*

understanding of these concepts and open a dialogue about accessibility in the community. Information on the ACA was provided to participants both as a written and visual document¹⁴ and verbally by the research team; participants were then asked to complete the ACA Survey. To allow enough time for participants to share in-depth stories, 2.5 hours was allotted for each meeting, which included a 30-minute break for lunch. Sessions were audio recorded and transcribed to ensure accuracy.

Built-Environment Analysis

As part of the in-person community engagements, a physical scan of the community was done to assess the built environment, noting any barriers and areas for improvement as well as any successes present. The key areas examined were roads, sidewalks, housing, public buildings, and outdoor recreation and cultural spaces. The layout of the community, ease of movement through buildings, presence or absence of safety and accessibility features such as sidewalks and ramps, and the overall accessibility of the physical environment were considered. This assessment was done primarily as a walking and driving tour of the community, using notes and a reference checklist¹⁵ to document areas for analysis. In some communities it was not possible to enter all public buildings or walk around due to various reasons, i.e. dogs or privacy concerns, in these cases, a driving tour of the community was used to survey the built environment. In the analysis of the built environment, information from the assessment and from participants was utilized.

In conclusion, the community engagement process with members with disabilities and their caregivers has provided invaluable insights into the unique barriers faced within on-reserve communities. This work has highlighted not only the physical challenges but also the importance of fostering genuine, culturally respectful relationships in the research process.

¹⁴ See *Appendix K*

¹⁵ See *Appendix L*

By working “in a good way” and respecting Indigenous methodologies, the research team was able to facilitate productive dialogues that revealed both the challenges and successes of accessibility in these communities. The collaborative effort, with support from community contacts and leadership, ensured the research was conducted in an inclusive, ethical manner, with careful attention to local context. The information gathered from the focus groups, alongside the built-environment analysis, will be essential for developing targeted, community-driven solutions to improve accessibility and ensure that individuals with disabilities are fully supported and able to participate in all aspects of life within their communities.

Promising Practices

This project worked to employ best practices at every stage of the research process, from design to dissemination. Following frameworks such as OCAP principles and the Tri-Council Policy Statement, this project emphasizes the importance of respecting Indigenous sovereignty and self-determination while demonstrating the need for First Nations communities to be included as active participants in the development, revision, and implementation of accessibility legislation.

Maintaining a strong recognition of the history of colonialism that has impacted First Nations peoples was a key component of ensuring culturally safe engagements with communities.

Research with First Nations is meant to be a collaborative effort, with focus being placed on building long-term relationships that contribute to community well-being. This involves ensuring that the research being conducted benefits the community directly, whether through capacity-building, policy recommendations, sharing of resources, or other tangible outcomes. During this project, researchers employed a transparent and accountable approach, sharing updates with communities and seeking feedback on research outcomes - such as Community Reports - in order to refine the research as necessary.

The use of “two-eyed seeing”, an approach that integrates both Indigenous knowledge systems and Western perspectives, was used throughout the duration of this project to enhance the research process and allow for a more holistic understanding of the accessibility barriers faced by First Nations communities. By incorporating both worldviews, researchers ensured that they approached the work in a way that respects First Nations traditions and cultures while also meeting project requirements.

Practicing mindfulness and sensitivity was a key component to the success of this project. Researchers made certain that the work that was being done acknowledged and respected the social and cultural contexts of the communities and ensured that community members with disabilities who participated in this project were provided with the appropriate accommodations to the best of their ability.

Engagement Strategies

To establish community contacts and find communities who were willing to work with Indigenous Disability Canada, researchers used the First Nations Profiles to build contact lists, focusing on a variety of urban, rural, and remote communities across all provinces. Working with lists of 20-40 communities at a time, researchers called and emailed communities directly. Initially, communications were directed at Chief and Council members, however, this yielded very limited responses, likely due to the high volume of calls and emails received by First Nations leadership. When that approach proved unsuccessful, a new strategy was employed; directly contacting health and social staff, i.e. Health Directors, Community Health Nurses, Social and Wellness Directors. The most successful method was to send an introductory email that gave a brief overview of the organization and the project, and then follow-up with a phone call 2-5 days after the email. It was important to work at a pace that suited the community contacts, they often had a heavy workload and pressing responsibilities; this meant it was best for researchers

to be patient but persistent, a lack of a timely reply does not mean a lack of interest or commitment.

Overall, this strategy proved to be much more effective, though some challenges still presented, most prominently, the lack of awareness of the *Accessible Canada Act*. First Nation communities are inundated with requests for engagement, research partnerships, and consultations; when the focal element of a project is something they've never heard of, communities are less inclined to agree to participate. Speaking with healthcare and social program workers also worked well because they are often familiar with community members with disabilities; this was beneficial when recruiting participants and accommodating their needs. It was important to engage with communities in "a good way", in practice, this looked like providing lunch and refreshments, asking an Elder to open the meeting, prioritizing storytelling and letting participants lead us, and ensuring all participants were paid for their time and expertise.

In total, Indigenous Disability Canada Researchers attempted to contact over 150 First Nations by phone or email over the duration of the project. Additionally, Indigenous Disability Canada / BCANDS mailed out information packages to all First Nations regarding the 2024 Indigenous Disability and Wellness Gathering, and included a project pamphlet. This led to several communities contacting the research department with an interest in participating.

“Across the board, we think that we are making everything equal, but is it equitable...?” (INT_2)

Ethics

This research adheres to strict ethical guidelines to ensure the safety, dignity, and respect of all participants, particularly First Nations Peoples with disabilities. Ethical principles have been integrated into every phase of this

project and played a pivotal role in shaping the research methodology to foster trust, ensure culturally appropriate practices, and minimize any potential harm while maximizing benefits for participants.

Informed consent is a fundamental ethical requirement for this work. All participants were provided with clear and concise information about the purpose, scope, and potential impacts of this research. Information was communicated using plain language to ensure that consent was informed and voluntary. Participants were assured that they could withdraw from the project at any time without consequence. By adhering to informed consent practices, participants were made aware of how their stories and expertise would be used and that their anonymity and privacy would be protected at all times.

Protecting the confidentiality and privacy of participants was and continues to be a priority. All personal information collected during interviews, focus groups, and surveys was anonymized to ensure that participants' identities remained protected. Data was securely stored and is handled with the utmost care and respect.

This research embraced cultural respect, sensitivity, and awareness by integrating Indigenous knowledge systems and perspectives; this was done through the method of 'two-eyed seeing'. Researchers consulted with community leaders and members to ensure that engagements were being conducted in a good way.

To minimize hardship to participants, research was conducted using trauma-informed approaches with sensitivity to the possible emotional or psychological impacts of discussing personal experiences related to disability and accessibility challenges. Researchers ensured that consent forms contained content warnings and were available to support individuals during engagements if needed. The research focused on ensuring that outcomes would benefit the communities that were collaborative in this project by developing Community Reports outlining the engagement, findings, and any

recommendations or resources that could be provided to address accessibility concerns of community members; Community Reports were developed after the engagements concluded and were returned to the community directly. Opportunities were given to communities to provide feedback on the engagement and Community Report. This work aimed to empower participants and contribute to a more inclusive environment for First Nations Peoples with disabilities. All participants and community contacts were paid for their time and expertise during community engagements. Additionally, Elders and community leaders encouraged to participate and where possible, were invited to open community engagements.

The methodologies employed in this research provided valuable insights into the complex and varied accessibility needs of First Nations communities. By combining a diverse set of data collection techniques and using an inductive approach to analyze the results, the project ensured a thorough and nuanced understanding of the challenges and opportunities for enhancing accessibility. The findings derived from these methodologies will inform the development of more inclusive federal standards and contribute to a more equitable approach to accessibility for First Nations Peoples, aligning with the goals of the *Accessible Canada Act*.

Inductive Analysis

Inductive analysis is a qualitative research approach used to identify patterns, themes, or categories emerging from the data, without relying on pre-existing theories or hypotheses. The researchers chose this method as it has been proven valuable when exploring a phenomenon in depth, understanding participants' perspectives, and generating new insights from data.

The process of inductive analysis began with data collection through interviews, focus groups, surveys, or other qualitative methods. Once the data was collected, researchers transcribed and reviewed thoroughly to become familiar with the content. The researchers then moved through the process of open coding, where they identified significant pieces of data that

seemed relevant or meaningful. These initial codes were based on key words and concepts that stood out during the preliminary read-through. At this stage, there was no fixed set of categories or expectations—the goal was for the data to speak for itself.

After open coding, the researchers proceeded to categorization, where similar codes are grouped into broader themes or categories. This stage was iterative, meaning that the codes were revisited, revised, and reorganized as the analysis progressed. The researchers then refined these themes and looked for patterns or relationships between them. This process involved comparing data segments across different cases or sources to determine the consistencies and variations in how themes appear.

The final step of the inductive analysis was to interpret the themes, reflecting on the findings in relation to the areas that were examined including the built-environment and federally regulated programs and services. This involved synthesizing the identified patterns or categories to build a coherent understanding of accessibility in First Nation communities. Due to gaps in First Nation accessibility research, researchers used an inductive approach, in contrast to a deductive analysis with tests of pre-existing theories, to allow for the development of new theories based on the findings.

This flexible and exploratory process makes it particularly suited for research that seeks to uncover new insights or deepen understanding of complex issues.

In research involving marginalized or underrepresented groups, such as First Nations communities, inductive analysis offers an opportunity to explore the unique perspectives and lived experiences of participants without imposing external assumptions. By using an inductive approach, researchers gained a rich, grounded understanding of community needs, concerns, and priorities, which is crucial for generating meaningful and actionable insights that reflect the reality of the community

Research Results

Thematic Insights & Analysis

First Nations Community Leadership

For the purpose of this project, the definition of First Nations community leadership used is any person or entity, such as Chief and Council, who are involved in making decisions on behalf of the First Nation, particularly decisions regarding funding allocation and use, and community planning and development. This area of research came from initial engagements with communities and members, who spoke frequently about the roles and impacts of community leadership on all aspects of life in the community. The most prominent themes that presented in the data in this area were funding and capacity, awareness and communication, and community planning.

Funding & Capacity

In First Nations communities, a feedback loop exists between funding and capacity, where the level of federal funding being provided directly impacts the community's capacity to effectively manage and utilize that funding and other resources. This, in turn, impacts the community's ability to secure future funding and other opportunities, creating a cycle of cause and effect.

While the financial records of communities were not examined as part of this work, engagements with community members revealed that there is a significant gap in the funding provided to communities and the lived-experience of community members and staff. Participants identified several factors contributing to this shortfall, including complex and time-consuming processes. At a community level, one member shared their perspective on funding and the experiences of health care staff delivering services,

"I want to acknowledge that, as a registered nurse, trying to advocate for community members who are needing very necessary changes to homes, ramps, and everything, the HASI application is way too arduous and it's way too difficult to get through. There are so many

steps. We just found out that it's actually a reimbursement program so right now it feels like we can't do anything to get these renovations done and that is a huge issue, it's ramps, showers, it's massive!"
(FG_4k)

In addition to arduous applications, there appears to be a lack of adequate information and navigational support to locate and access funding opportunities for communities; this is in part due to high staff turnover and challenges with knowledge transfer and the amount of time needed to locate the appropriate information and resources. At times during engagements, participants indicated that they were unaware of the ways that individual funding could be accessed and how community funding is used - for example, one participant shared, *"People need to know how to access funding in the community or learn how to use it appropriately without manipulating it and using it for something that it should not be used for. There should be somebody who comes out and says 'these are the guidelines; this is how you can access funding...'"* (FG_6f). This is further supported by the findings from the literature review, *"[c]ommunity members consistently shared that accessing existing disability programs, funds and supports was often a confusing, frustrating, time consuming, drawn out (years and decades), and alienating process that often did not end in them getting the equipment and supports that actually met their needs"* (Littlechild et al., 2022). This demonstrates a need for easy access to information around the functions and management of different programs and services for community members with disabilities and staff; having clear and transparent communication from leadership is essential to effectively securing funding and delivering programs and services.

Even when funding is located and accessed by communities, the amount of funding can fall short of the needs of community members. For communities to be best equipped to address the barriers in the built-environment and programs and services, the development of dedicated navigational services that can assist communities in identifying and securing appropriate funding, as well as identifying barriers in the community, is needed. Having a designated Navigator who is trained in accessibility and well versed in the

different funding and supports available would be a beneficial resource for all communities. This support would enhance the accessibility of programs, services, and the built-environment within First Nations communities.

Moreover, it would be highly beneficial for communities to have access to Indigenous-specific accessibility funding - similar to the Enabling Accessibility Fund which is managed by Employment and Social Development Canada. Such a fund would provide targeted resources to address the unique needs of First Nations communities in addressing accessibility gaps - this would be particularly important when communities fall under the *Accessible Canada Act* and are expected to comply with the standards and regulations as they are currently laid out in the *Accessible Canada Regulations*.

The funding provided to First Nations communities may directly impact their ability to deliver essential programs and services and address accessibility barriers in the built-environment. As a result, the daily lives of community members, especially those with disabilities and their caregivers, can be adversely affected. For example, one participant provided their experiences as a community caregiver that works with members with disabilities and Elders, *"I find that, as a caregiver, when I ask for things that my clients need the band tries to accommodate - sometimes it ends up being a financial thing and they can't," (FG_2b).*

“...Even just something as simple as applying for funding, a lot of times you need to go online and fill out the forms which are really long and arduous. I had to access something a while ago and I actually had to sit down with someone else because the form was just too much for me to do on my own... There has to be ways to reduce the amount of steps you need to do something. I was lucky to have access to be able to print off the forms and get it done, a lot of people don’t have access to those things and they end up getting denied or not even having the chance to apply because they simply don’t have access to the resources to be able to apply to the services that they should be able to access.” (FG_4f)

The research highlights a significant gap in funding and human resources capacity within First Nations communities, creating a cycle where limited resources hinder the ability to access further funding and deliver programs and services effectively to community members. As identified by participants, complex application processes, ranging from individual needs to community initiatives, and a lack of support are two major barriers to accessing both community and individual funding streams. Addressing these gaps is essential to improving accessibility and the overall quality of life in First Nation communities.

Awareness & Communication

Effective communication regarding opportunities to address disability and social needs is essential for advancing accessibility and inclusion in First Nations communities. Communication occurs at two key levels: between the Federal Government and community leadership, and between community leadership and community members.

The data collected through surveys, community engagements, and interviews indicates that there are significant gaps in effective communication between the Federal Government and community leadership. These gaps may have, in all likelihood, contributed to a lack of awareness of opportunities to engage with federal accessibility initiatives, policies, and legislation that may impact First Nations, such as the *Accessible Canada Act*. When asked if participants knew about opportunities to provide feedback on federal initiatives, such as appearing as witnesses in the Senate or calls for public review of accessibility standards through ASC, one participant stated, “*we are not made aware of opportunities to engage with the Federal Government on important issues that I am aware of,*” (FG_2g).

In the ACA and First Nations Leadership Survey respondents were asked if they were aware of the *Accessible Canada Act* and out of a total of 133 responses, only 14 indicated that they were aware of the *Accessible Canada Act*, while 91 respondents indicated that they had no prior knowledge of the ACA, 27 survey participants indicated that they had some awareness of the Act. The large disparity between those who knew about the ACA and those who did not highlights the need for more effective communication.

Transparent and ongoing communication between First Nations leadership and community members is critical to ensuring that the needs of community members with disabilities, their families, and caregivers are being addressed. Many participants reported that communication from leadership is, at times, inconsistent and inaccessible. Ineffective communication from leadership can result in a breakdown in the relationship between community members and the band; this, in turn, may inadvertently hinder the ability of community members to effectively communicate their needs and priorities to leadership.

“To address accessibility barriers and help your community, the Chief and Council have to be aware of what members’ concerns are. Not only that, but they could tell the community their concerns as leadership and why things either are or aren’t being fixed, open dialogue.” (FG_2b)

Community Planning

Proactive community planning is crucial to advancing accessibility in all facets of the community by ensuring that the community is well-equipped to address the needs of its members, particularly those who are more vulnerable. During the engagement process, participants expressed concerns that their community currently employs a reactive approach to planning in relation to accessibility and disability; these communities often struggle to pre-emptively identify and remove barriers. One participant pointed out that, *“one of the things that they need to do, not just here but in all communities, is they need to look at accessibility as part of the planning process...” (FG_2i).*

Participants emphasized that achieving comprehensive and proactive community planning requires the active involvement of individuals with disabilities, Elders, and caregivers during the development process, *“I think my community could improve in creating an accessible and inclusive environment by creating a policy that takes all kinds of disabilities into consideration when planning new additions to the community and requires each department to strictly follow it.”(FG_3e)*

Moreover, many participants voiced frustration with the policies governing new buildings and renovations, highlighting the need for a more inclusive and forward-thinking approach to ensure that accessibility is prioritized during all stages, from planning to construction, to ensure that accessibility is prioritized in a way that will

have positive impacts for members with disabilities. As a participant explains,

“...People with disabilities need to feel that they can contribute to our community and be respected for their choices and contributions. In the past, the trend towards inclusion has resulted in the movement of persons with disabilities away from sheltered living towards working environments and community inclusion with the support of government policies, funding, and resources.” (FG_5f)

“We need pre-planning, instead of realizing it’s a problem and then fixing it.” (FG_3e)

To conclude, First Nations Community Leadership holds an important role in addressing accessibility within their communities. The overarching areas of adequate funding and capacity building, awareness and communication, and community planning deeply influence the success of accessibility within communities. To properly address accessibility, there must be top-down systemic change in communities; access to more funding and navigation resources, improved communication at the federal and community levels, and the meaningful inclusion of persons with disabilities in community planning will facilitate this imperative change.

Programs & Services

This area of research is one of the two priority areas that are the focus of this project. To examine programs and services in communities, researchers examined programs that met this definition: wellness, disability, and accessibility related supports, including both federally regulated programs and services that are made available to First Nation communities and community-developed and delivered programs and services. The accessibility of supports at a community level, accountability, and the incorporation of a

gender-based and disability lens are considered. Following the stories shared by participants, the themes that emerged under this area are Gaps and Barriers in Programs and Services, Eligibility and Restrictions, Staffing: Recruitment, Retention and Training, and Confidentiality, Attitudes and Understandings.

Gaps and Barriers in Programs and Services

Gaps and barriers in programs and services within First Nations communities have significant impacts on the well-being of community members, particularly those with disabilities and their caregivers. First Nations communities may face unique challenges in effectively delivering programs and services. Often these challenges are compounded by geographic location, historic and systemic barriers such as the long-lasting impacts of residential schools and assimilation policies, *“[a]mong the most widely cited colonial causes of disability were the intergenerational traumas of Residential ‘Schools,’ and the distancing of people from their culture and lands...”* (Littlechild et al., 2022), and limited resources. It is important to ensure that these challenges are acknowledged and addressed to ensure that communities are able to offer a broad range of accessible programs and services which support the well-being and independence of their members. It is important to note that while having access to programs and services in communities is essential, a program can only be as accessible as the building or space it is located in; if a person cannot enter or get to the building, the accessibility of the program is irrelevant.

It is evident that many First Nations communities struggle to provide comprehensive programs and services due to insufficient funding and capacity; in one community the health staff and members acknowledged the efforts being made while recognizing the limited resources and capacity, *“the Health Centre in our community is doing the best that they can with the resources that they have. We’re hoping to be able to expand and build on those resources so that we can have community care homes, respite for caretakers, and/or a long-term care facility in our community,”* (FG_3d). The unclear roles and responsibilities of federal, provincial, territorial, regional,

municipal, and First Nations community health systems in addition to a fragmented patchwork of programs and services create further challenges to provide holistic wellness and healthcare services (Health Canada, 2015).

The lack of available services has a detrimental effect on members' lives. For instance, without adequate healthcare services, including access to physicians and specialists, individuals living within a community often experience difficulties obtaining necessary treatments. For example, one participant shared, *"[We have to go off-reserve for] specialists of any kind: doctors, therapies, OT, speech, psychologist, dentist... pretty much anything," (INT_2)*. When specialists do come to communities, often there is limited time-frame to delivery services and a high-demand. For example, one participant stated,

"We should have more access to the services that are provided in our community; like the therapist, he's only allotted two-hours a week and that's only two appointments, he only comes once a week. My son tried to get in with the therapist and he was told that it was booked up until the end of the month – we called at the beginning of December and he wasn't able to see the therapist. That's very important. We also need to have more time available for the foot therapist, they're only allotted so much time as well. A lot of the services here are only able to run an allotted amount of time and they can only squeeze in so many people and many people don't get reached. I don't get reached, my mom doesn't get reached," (FG_4a).

The lack of access to specialist services in communities can result in untreated conditions or force members to seek external care. This creates additional barriers and stress for individuals and families. These issues are not coming up as isolated incidents, they are systemic, *"[t]he transition from a traditional to a more modern way of life has resulted in an increasing burden of chronic diseases (3,7), increasing further the pressure on the already limited available resources. Tudor Hart's (8) "inverse care law" states that*

“the availability of good medical care tends to vary inversely with the need for it in the population served”.” (Michiel Oosterveer & Kue Young, 2015)

Having access to comprehensive healthcare services is a critical component to ensuring that community members, especially those with disabilities that may need additional supports or specialist care, are able to continue living in their communities; this point is illustrated in the words of one participant, *“Our community has Family Community Supports Services, Community Health services, and Social Development Disability Services for children, but we are still lacking essential services and programs. There are several persons with disabilities that are forced to live off reserve to access programs from the surrounding towns and cities...”* (FG_5f). Having access to a broad range of inclusive services in the community can be the deciding factor on whether or not community members with disabilities are able to live in their community. This is further influenced by colonial governance frameworks and the use of the medical model of disability in policies, the combined effects of which place First Nations Peoples in a place where they must choose between remaining in their communities with family and culture, or accessing the services they need (Stienstra, 2018).

During the community engagement sessions, participants highlighted three program and service areas as having significant gaps and barriers to access: disability-specific services such as respite care and adult daycare, home and community care, and transportation. Access to in-community disability supports, such as specialized respite care and support workers emerged as a primary concern. For caregivers of members with disabilities, having access to additional support is vital to preventing caregiver burnout and avoiding the separation of families that occurs during out-of-community care arrangements. One participant shared,

“I have been trying to find a day program or respite care for my daughter during the day so that I can continue working. I’ve tried everything but I can’t find her the care she needs, so my adult children take turns watching her. I’ve tried funding with PDD but, because I

didn't access it when she turned 18, they won't provide funding unless I place her permanently in a long term care home; I'm not ready to do that and she isn't ready for that either..." (FG_5b)

“There's something in there that sets a barrier for the people that when you leave your homeland, you go to another place, like a city, you kind of lose your connection to who you are,” (FG_8f).

These findings are congruent with other Indigenous-led research on disability,

“However supporting disabled loved ones often meant difficult choices, including moving off reserve to access supports, or rejecting off-reserve supports in order to maintain access to community, culture, autonomy, and dignity. They also often had to choose between employment and ensuring their loved ones were receiving the care they needed and deserved” (Littlechild et al., 2022)

The issues around being able to access care and support in the community are deep-rooted and affect more than just the person needing the service.

Community transportation is another critical component to improving accessibility in First Nations communities. Reliable community transportation options are essential for promoting independence and ensuring access to both local and provincial programs and services. The relationships between accessible transportation and its effects on the independence of community members is illustrated by a statement made by one participant, *“There are a lot of people who don't drive or can't drive, so they rely on their family members to get around – but there are times where that support isn't there or can't help,” (FG_2i)*. When people are unable to travel independently, they may become socially isolated from their communities; another participant

shared, *“I think that access to transportation is a huge factor for isolation, if it’s someone who has difficulties walking and they don’t have transportation, then it’s more or less transportation or isolation,”* (FG_2c).

Given the widespread and often remote locations of many First Nations communities and the price of owning and maintaining a personal vehicle, members can face significant challenges in accessing medical facilities, specialists, and other essential services in nearby towns and cities. One participant noted how, in their community, a vehicle is required to access drinking water, *“If I don’t have a vehicle to come down to get water or to go to town to get water, then we don’t have drinkable water. I mean we have washable water, and boilable water, but you can’t really do so much,”* (FG_6f). Participants noted that First Nations communities are often without any form of transportation outside of personal vehicles, *“Even in the whole area there’s a lack of transportation, we don’t have taxis, we don’t have buses, like there’s no transportation here.”* (FG_7h) The lack of transportation options coupled with the challenges of providing comprehensive services in communities can create significant barriers for families; one participant shared the difficulties encountered when including her son in community events,

“My son is in a nursing home off-reserve, there are cultural things that are happening in our community that he isn’t able to attend. It’s difficult to book the transportation service or to see if they are available to bring to and from the community and it’s really expensive. If there’s something that could be made available to pick him up at the nursing home and take him to wherever the venue is, I know he’s interested in those cultural events and he would like to have a smudge...” (FG_3e)

Establishing transportation services in First Nations communities, particularly those rural, remote, and isolated locations, is instrumental in bridging this gap.

Lastly, participants shared some of the barriers that they have encountered when accessing in-community programs and services. One key barrier that

was identified is the lack of continuity in disability programs and services that are funded by Indigenous Services Canada, primarily related to eligibility and restrictions. One example of this is the age restrictions for Jordan's Principle, which offers support to children with disabilities under the age of 19, but participants found that once that support ends there is not another disability-specific program available. Transitioning youths, in general, remain underserved - however, non-Indigenous youths have more programs and services available to them. The lack of support for First Nations Peoples between the ages of 19 and 30 who are living in-community has caused many to slip through the cracks; this is highlighted by one participant's statement,

"There is just nothing here, why do we have to uproot our lives to access supports and services? Our kids are established here, I don't want to leave, I don't want to have to pay rent somewhere else, why should I have to leave my home? Our family is established here, this is our home, why should I have to move away from my son to get the supports I need?" (FG_5e).

"Right now, we only have one program in our community that supports people with disabilities, but you can only access it if you're 19 or younger... people are falling through the cracks," (FG_5j).

Even when the programs and services are made available to community members, there are further barriers that can prevent people from accessing these supports; including a lack of staffing due to difficulties in sourcing adequately trained employees, hiring, and retention. Furthermore, interpersonal dynamics in communities may play a part in preventing members from accessing needed supports. This may include political or

family tensions, concerns around privacy, and the stigma associated with living with a disability or accessing certain programs and services.

Eligibility & Restrictions

Eligibility restrictions within programs determine who has access to the support that they provide; these restrictions are typically based on factors such as age, income, disability or health condition, or geographic location. While these measures are intended to ensure that services do not become overloaded and are directed to the specific demographics, they can also cause limitations that inadvertently lead to significant gaps in supports; such as the lack of supports for transitional youths. When this is done consistently, it can create a patchwork effect. When programs and services do not account for the full life cycle of persons with disabilities and support is inconsistently offered, large groups of vulnerable individuals can end up being either excluded completely or underserved. For example, Non-Insured Health Benefits (NIHB) will provide medical transportation, but things like transportation to adult daycare or respite care, travel to pick up prescriptions or medical equipment and supplies when no fitting is needed, are concretely excluded. Limited funding is also a significant barrier. Programs like the NIHB cover only specific needs, leaving families to struggle with unmet needs that aren't covered, particularly for Elders or adults with disabilities.

“There’s a lot of in-between when it comes to funding...there’s a lot in between – like NIHB will only cover so much but then what about the rest? When it comes to financial pieces for our Elders and older adults, are there other pots of money...?” (FG_3a)

“What do you do with adults with disabilities? There’s nothing here for them on-reserve. There needs to be more awareness of and accessibility to services for adults, more needs to be done on-reserve - on the reserve - I cannot stress that enough,” (FG_5j).

For example, in an article about the use of wheeled mobility devices, First Nations Elders they describe the benefits of having power wheelchairs, specifically for the terrain in the communities, “[f]ive of the Elders had motorized wheelchairs, which they described as providing more independence because they could overcome rough reserve terrain such as mud, rocks, gravel, and grass.” (Croxall et al., 2020). However, while power wheelchairs are available under NIHB, they must first be proven as a medical need and there are specific restrictions, such as,

- “The client is unable to self-propel a manual wheelchair to meet their basic mobility needs in their primary place of residence
- the wheelchair is needed for indoor use to meet client's need for activities of daily living”

This suggests that the eligibility for these devices is quite limited, and clients are not intended to be using these devices to navigate outdoor terrain; and unfortunately, outdoor mobility scooters are excluded from NIHB benefits entirely. This creates questions around how community members are meant to get around the community, navigating the often difficult terrain, and how these limits and exclusions affect the daily lives of community members with limited mobility.

In conclusion, the research has shown that limited resources, particularly those provided to transitional demographics, have contributed to the gaps in the availability of programs and services for First Nations Peoples with

disabilities living on-reserve. Participants consistently identified their lack of eligibility as a major barrier to accessing much-needed support. Participants showed particular concern towards the age-based restrictions found in many of the programs funded by Indigenous Services Canada, which have created notable gaps for adults with disabilities between the ages of 19 and 65 years old. One participant shared, *“there are programs that support others, programs that support people with disabilities who are 19 and younger. There’s age limits on services, and adults with disabilities end up with very limited or no access to any type of disability services”* (FG_5j).

The absence of adequate support on reserve often results in individuals being forced to leave their communities, including their friends and families, in search of better supports through provincial systems. As one participant stated, *“adults with disabilities have to move off-reserve to get support, they shouldn’t have to do that,”* (FG_5e).

Staffing: Recruitment, Retention, and Training

Adequate staffing, including the ability to recruit and retain staff effectively, is essential for the successful delivery of comprehensive programs and services in First Nations communities. Having a well-staffed and trained workforce within a fully accessible community increases the capacity of each department and can ensure that programs are accessible and are able to meet the diverse and complex needs of the community members, particularly those with disabilities. One participant shared their experience in trying to get their needs met, *“in my community there is a lack of services, lack of funding, and a lack of experience in the departments to properly assist and adequately meet the needs of people with disabilities,”* (FG_5a).

Recruitment efforts are crucial to attracting individuals with the right skills and cultural competencies. However, communities that are in rural, remote, or isolated can face significant barriers when finding employees due to their geographic location or lack of amenities. When discussing solutions to

barriers to accessible program delivery in the community one healthcare worker stated,

“I think it’s capacity, we only have 4 staff members in our health program and everyone is working from the moment they get here to the moment they leave. Our staff does so much, unfortunately there are days where we genuinely can’t do everything and that really sucks. I really think that we need a bigger team to provide more comprehensive support services. Funding-wise we need to be able to offer competitive wages to make that happen, people can go and be employed in a hospital instead and make good money. I think that’s important,” (FG_4k).

The challenges of attracting and retaining well trained staff goes beyond competitive wages alone; to compete with provincial health authorities, First Nations need to be able to offer the same kind of benefits and amenities as other employers as well. Without sufficient and qualified staff, program and service delivery becomes inconsistent, which leads to gaps in service provision; these inconsistencies can result in community members’ diminished trust in the available services. In some cases, community members may feel neglected and forgotten, which can lead to social isolation. In other cases, community members may be forced to navigate complex systems to access supports through other providers on their own. For example, participants shared that many of their community staff lack adequate disability training, particularly working with children with disabilities, which has created a significant gap in many programs and services. Without staff that are properly trained to deal with the sometimes complex needs of persons with disabilities, members, including caretakers and persons with disabilities, are unable to utilize certain supports to their full extent. One participant provided their experience,

“There is never a program for kids with disabilities and the programs we have aren’t set up for kids with disabilities. I wanted to send one of my girls to the summer camp that runs 3 days a week here, but she

requires one on one. She wasn't able to go because the program wasn't equipped to assign someone to her. They weren't set up to accommodate disabilities, physical disabilities or mental disabilities, the helpers that they do bring in are very untrained. There was a woman who was hired to help out at one of the community events and she was swearing at our children, that just shows how unprofessional some of this stuff is. So what can the government or ISC do? Provide regular training programs, they have to be done regularly, and don't see it as a failure if only two or three people show up at a session at one time because having two or three trained people is still a success. Keep the training flowing and build capacity in the community,"
(INT_2).

This highlights the need for funding dedicated for First Nations communities to establish comprehensive training programs that focus on both disability services and cultural competency that are focused on lived-experiences. This training must then be provided to all professionals working with First Nations communities to deliver programs and services, including specialists who travel to deliver services.

“They [community leadership] need to have an awareness that disability even exists and have a knowledge that special services are required by people with disabilities. I think that staff could be educated more on disabilities.”
(FG_1e)

First Nations communities experience a high-turnover rate in staffing, which adds to the workload of existing staff and causes increased stress. When roles do become vacant, they often remain vacant for long periods of time. Many of the community members who participated in engagements were a

part of either of the health or social department staff; these participants cited the lack of funding to be able to offer competitive wages as a barrier to both recruiting and retention of staff. The high turnover rate also resulted in delays, limited access, reduced quality of support, and disrupted continuity of care for community members; this is particularly detrimental to members with disabilities who rely on supports provided through the band. One community caretaker shared,

“The caretakers are here [in the focus group], this is it. We reach out and support people as much as we can within our capacity. We are slowly increasing in numbers but right now we have one registered nurse, one homecare nurse, and we just acquired a nurse practitioner. And then we have stuff like this, we have a diabetes management program that we run but it’s very minimal... It’s all very minimal, we do our best trying to fill those gaps but it’s impossible, and that’s people without disabilities. People with disabilities fall through the cracks, it is very difficult to see. We try to help as much as we can but our resources are so limited...” (FG_1j).

“We need more outreach to people who are trying to help in disability situations because within the community, we’re doing a decent job of training people, but we’re still a really small community. So making sure that we have the ability to get the funding but also reach out to people who are willing to work within the community with the proper lens of empathy and understanding. People who will help us help ourselves.” (FG_3b)

Ultimately, inadequate staffing and training - particularly in the health and social departments - exacerbate the existing barriers faced by First Nations Peoples with disabilities, further hindering their ability to live independently

and access the support that they need to thrive within their communities. There is a clear need for increased funding to improve staffing levels, ensure competitive wages, and support regular training.

Confidentiality, Attitudes, and Understandings

In many First Nations communities, issues related to confidentiality, attitudes towards disability, and understandings of disability can create significant barriers to accessing programs and services. This can lead to members with disabilities not accessing community-based services, instead seeking out programs and supports outside the community, feeling ostracized or becoming socially isolated to avoid potential conflicts. One participant stated, *“I prefer to leave the community to access services; I don’t trust the band’s confidentiality right now,”* (FG_1i). An accessible and inclusive community goes beyond physical barriers and works to foster a sense of acceptance and openness. An accessible community is one where access to services is not contingent upon personal relationships with staff and leaders.

The way that disability is perceived and understood in communities plays a crucial role in shaping the experiences of individuals with disabilities and their caregivers. Inclusion at the community level directly impacts both access to services and the overall quality of life. In some communities, persons with disabilities are not as included in the community in comparison to others, this is illustrated by one participant’s statement, *“It would make my life easier if the Chief and Council considered special needs children and adults as individuals that are a part of our community; they have needs, feelings, emotions, and they are capable of doing things,”* (FG_5c).

In addition to a need for more confidentiality and inclusion in programs and services, many participants emphasized the importance of inclusion in social activities, employment opportunities, and particularly in community-planning and decision making. Participants shared that inclusion in all facets of community life would further the accessibility in their communities; one participant noted, *“Our community could improve accessibility by fostering a*

belief in the futures of persons with disabilities that includes education, work, and recreation in an inclusive environment. There needs to be more planning and build of services on reserve,” (FG_5f). Another added, “Our community could improve accessibility by looking at ways to include all persons with disabilities, not just the ones who can talk or act the way that others want them to,” (FG_3b).

The overall attitudes toward disability within a community significantly influence the inclusion and treatment of individuals with disabilities and their caregivers. In some communities, positive attitudes toward disabilities represent a strength in accessibility, as one participant shared, *“I find that my community is very understanding and goes the extra mile to ensure residents with disabilities are included and cared for, making sure that they are comfortable and satisfied” (FG_2e).* While in other communities, the lack of understanding towards disabilities has resulted in stress and exclusion of members.

Participants shared that one of the most prevalent forms of discrimination towards persons with disabilities occurred when seeking healthcare services, both within and outside of the community. As one participant explained, *“Accessibility in public spaces is improving slowly, but we don’t really go to them... we actually quit going to the band office because it was too much. There was a member of the health centre staff who lectured me on how many painkillers my child was on - we had gone in to try to get help to get an add-on to our home, and I left the health centre in tears, and I am not someone who people can make cry very easily. Now we kind of just keep clear of those buildings...”, (INT_2).* These negative interactions not only foster distrust between First Nations peoples and healthcare providers, but they also impact the quality of care received.

These experiences have contributed to a broader divide between non-Indigenous healthcare workers and First Nations communities. In many cases, these challenges primarily occur in the provincial healthcare settings

outside of First Nations communities - underscoring the need for comprehensive and accessible healthcare services within the communities themselves.

“I was just seen as another Native complaining for nothing. So professionalism is a large barrier for me at times,” (FG_4h)

In conclusion, the research highlights significant gaps and barriers in programs and services for First Nations communities, particularly for individuals with disabilities. Limited resources, insufficient staffing, restrictive eligibility criteria, and geographic isolation contribute to inadequate support systems, making it difficult for community members to access essential services. Key areas of concern include the lack of disability-specific services, such as respite care and adult daycare, as well as the challenges of accessing reliable transportation and healthcare services. Furthermore, staffing shortages and high turnover rates hinder the effectiveness of existing programs, while negative attitudes and a lack of understanding about disability further exacerbate barriers to inclusion. Addressing these challenges requires a comprehensive approach, including increased funding, better training, and improved community engagement to ensure equitable access to services, support the independence of individuals with disabilities, and foster greater inclusion within First Nations communities.

Built-Environment

This research area is the second of the two focal priority areas outlined in the project description. The built environment includes any human-made spaces and structures such as roads, sidewalks, public housing and buildings. The built-environment is unique and varied in each community; geographic

location and historic infrastructure gaps contribute to this variation. Moreover, communities are distinct from other entities under the ACA, as they are places where people live, work, attend school and enjoy recreational and cultural activities. The stories and experiences shared by participants led to the following themes of Accessible and Adaptable Housing, Aging in Place, Public Buildings, and Outdoor Spaces.

Accessible & Adaptable Housing

Barriers in housing in First Nations communities remain significant. The current state of housing in many communities fails to adequately meet the needs of individuals with disabilities and their caregivers. Experiencing overcrowding and the need for repairs at four times the rate of non-First Nation communities (Health Canada, 2015), many homes on-reserve are not only unsafe but also inaccessible; issues such as delayed renovations and mold exacerbate these challenges.

As one participant shared,

“Our house is a nightmare, it’s 940sq feet – built for 3 people but we have up to 16 in there at a time...Our water tables are so high, we lost count after 33 floods in our home. We have so much black mold in our home, it’s insane. Our sewer backs up, there was an infiltration system put in but that never worked, it’s been a nightmare. I made an application to Jordan’s Principle to get air purifiers but I don’t know how long we’ll be waiting. Inside the back wall of our house is entirely black mold, my cupboards are coming off the wall. I try very hard but I can’t afford the repair costs... If I try to fix anything then it will end up being a massive job. I can’t afford it, with this many kids... My kids are breathing this in. When you take care of this many kids, your priorities are making sure that they’re fed, clothed, healthy, getting them to their therapies and specialists – we’ve had to pick our battles,” (INT_2).

Participants reported long wait times when applying for renovations aimed at improving the safety and accessibility of homes, with some modifications only being done after an injury has taken place. A prevalent issue in many communities is the presence of multi-story housing and stair-only entrances, which create substantial barriers for people with disabilities and Elders, especially those living alone. Additionally, bathrooms in these homes are often inadequate and difficult to modify, lacking the necessary space or features to accommodate the needs of individuals with mobility challenges. One participant shared their experience when getting a home renovation,

“When our house was built, they built a small thin wall with a thin railing down one side of the stairs. I slipped on the second step, twisted my ankle and fell, I went down and hit the first landing... I fractured both of my ankles... When I went to emergency they went ‘what were you trying to do, jump down the stairs?’, I said ‘no, I tripped’. Since then, they’ve renovated our stairs... It took me getting hurt for them to put another railing there. While I was recovering I was stuck in a wheelchair and it was really hard for me to get in and out of our house,” (FG_4b).

“It took me 10 years to get a ramp for our house, I’m not kidding. Our baby girl has always had trouble with her legs and we needed a ramp. The ramp we got wasn’t built properly and my husband had to redo it,” (INT_2).

Accessibility barriers in homes can leave community members feeling marginalized, isolated, and dependent on others, which, in turn, negatively impacts their mental and emotional well-being. One participant provided the experience of their brother who is in a wheelchair, *“He can’t get into my place...He’s been very limited in where he can access, it’s socially isolating,”*

(FG_1E). Another participant added, “*when you lose your independence it’s really difficult,*” (FG_3d).

In “*Addressing Special Housing Needs in First Nation Communities*” (Barrie et al., 1998), many of the same findings that Indigenous Disability Canada researchers have observed are noted, as they found that there were not enough resources available to address the needs of community members with disabilities and Elders. The researchers conducted interviews and focus groups, discussing the trends of the increased needs of Elders and community members with disabilities, the restructuring of government services, the new housing policy, and the federal approach to people with disabilities. They found that the demand for housing was greater than the supply available; roughly 10% of the population on-reserve were people with disabilities and a significant number of community members were not having housing needs met, although support services were provided by the Nation it was insufficient to meet the needs of the community. Furthermore, community staff and service representatives struggled to identify and access services to address housing and support needs; most needs go unmet due to a lack of funding and relevant resources and that community members with disabilities were prioritized for housing assistance. The same issues are persisting in communities nearly 30 years later. To address these challenges, there is a critical need for the planning and development of level-entry, single-level adaptable homes that provide accessible and inclusive living environments. Such housing would alleviate physical barriers and promote greater independence and well-being for individuals with disabilities, Elders, and their caregivers. Most importantly, clear actions must be taken. Further delays, for any reason, do a great disservice to community members who need improved housing situations urgently. By prioritizing accessible housing, communities can foster a more inclusive and supportive environment for all members.

Aging in Place

Aging in place is a critical aspect of accessible housing, particularly within First Nations communities. The ability for individuals to remain in their homes as they age can be essential for maintaining their connection to their community and culture. Participants emphasized that many of the older homes on-reserve were built without consideration for the needs of Elders, using limited resources and shortcuts that did not prioritize accessibility. One participant shared their perspective,

“I think that the houses in our community are not built for Elders and it falls a little on CMHC because they only gave us 3 or 4 different housing layouts to pick from because we were on a budget that we had to stay within. Now, 60 years later, they are not suitable for Elders; one of the main things is that the houses are bi-level, we’re seeing people fall, there are stairs and the stairs are deteriorating both inside and outside,” (FG_4I).

It seems that historically accessibility was not a factor in the design or construction of on-reserve housing. This oversight can be traced back to a time when accessibility was not yet a priority in the planning process, and during a period when colonial policies such as the *Indian Act* which facilitated “control, dispossession, assimilation, and diminishment of Aboriginal peoples, their lands, and their knowledges” (Kress, 2017), were being put into action in First Nations communities, which led to the marginalization and loss of cultural heritage for First Nations Peoples. These policies shaped the development of on-reserve communities, particularly in housing, where decisions were made without regard for long-term needs or the well-being of Elders. The impact of these historical factors continues to influence housing today, creating significant barriers for Elders and individuals with disabilities. One participant described their experience as an Elder, *“When the houses were built all these shortcuts were taken. In 1983 I was just happy to have a home, today I’m 75 and to even get in or out of my house I have to use a*

flight of stairs. I was just so excited to even have a home back then but I want to live in my own home until I'm not here anymore," (FG_4k).

“The homes here are not accessible; they were not built to be accessible for Elders because there wasn’t any intention of having Elders in the community. It’s important to acknowledge who was building these homes originally, it’s important that the government acknowledges that, for ISC to acknowledge FNHA too; this is not acceptable and things need to change,” (FG_4k).

While more recent housing developments in many communities have made strides toward increased accessibility and adaptability, the older homes that are still present and occupied remain a significant challenge. Many existing homes are not equipped to accommodate the needs of aging individuals, leading to safety concerns and further limitations on their ability to live independently, such as this example from an Elder who participated in a focus group,

“...I have a ramp and then my ramp runs straight into gravel which is extremely hard for anybody in a wheelchair to get around with is the gravel... I had no home care worker for over two years and I had my leg amputated for two years... I can't get in and out of my house. I can't get off my ramp properly. That gravel's got to go... I was in my house alone for almost one month by myself doing everything by myself and having no phone made it worse.” (FG_8e).

Researchers observed many homes with stair-only entrances in nearly all communities, and in some cases, makeshift ramps were employed; this is consistent with the findings from another recent study, “[e]ight Elders did not have the ability to get out of their residences independently to access the outdoors safely. Five of these Elders made makeshift ramps that were not up to building code standards.” (Croxall et al., 2020). These challenges are

compounded by the lack of consistent resources for retrofitting or upgrading older homes to meet modern accessibility standards.

To ensure that Elders and individuals with disabilities can age in place and remain connected to their communities, it is crucial to address the historical and ongoing challenges related to housing accessibility. This requires a comprehensive approach to housing development, including the retrofitting of older homes to meet accessibility standards and the construction of new homes designed with the needs of aging individuals in mind. By prioritizing accessible housing, First Nations communities can support the health, well-being, and independence of their members, thereby fostering an environment where all individuals, regardless of age or ability, can live safely and with independence for as long as possible.

Public Buildings

Full and barrier-free access to public buildings, such as the band office, health center, and community center, is a fundamental component of promoting overall accessibility in First Nations communities. The ability to access buildings where programs and services are offered directly affects the level of accessibility to these resources. One participant shared, *“There are older buildings that are not completely accessible to the general public – like the Band Office,”* (FG_3e). Another participant gave an example in their community, *“Our band office is not as accessible as it could be, it has three-levels with many stairs and offices on all three floors. Our AWA building is also multi-level, which to me is a physical barrier to our Elders or younger people with disabilities,”* (FG_3a).

Many older community buildings feature step entries, bi-level layouts, narrow doors and hallways, and smaller rooms, which pose significant barriers to individuals with disabilities. While some communities have made efforts to improve accessibility by adding features like accessible bathrooms and automatic doors, these modifications often fall short of meeting current

accessibility standards. Ramps, one of the most common accessibility features added, are frequently not up to code, with makeshift ramps that can further hinder access for wheelchair users. One community member shared the barriers that they experience, *“There are grab bars in some of the washrooms but they are only on one side and a long way down, it’s difficult to use them. When you come out to wash your hands, the door is right there,”* (FG_2a). During the physical scans of the communities, researchers noted many of the makeshift ramps were unsafe, i.e. non-slip kitchen mats piled up, or plywood sheets over stairs making extremely steep ramps, but often, these options were the only alternative available. This also demonstrates that many communities are considering accessibility and trying to ensure inclusion in community spaces.

In contrast, newer community buildings are generally designed with better accessibility features, including wider doors, automatic doors, step-free entries, ramps, and open-concept floor plans. However, even these newer buildings sometimes fall short of full accessibility, highlighting the need for continued consultation with community members with disabilities during the planning and development phases of new buildings. This ensures that the specific needs of the community are fully addressed. One participant pointed out that,

“New Buildings in my community are beginning to have accessibility modifications, but they are falling drastically short; for example: ramps are being built on new buildings but they are steep and long with no anti-slip material on them, the door frames inside buildings are not wide enough, and the bathrooms are not accessible,” (INT_6).

Overall, there is an inconsistency in the accessibility of public buildings across First Nations communities. While some buildings successfully create accessible environments, others still lag behind, creating a patchwork of accessibility that can be frustrating and challenging for community members to navigate when trying to access essential programs and services. To ensure that all community members can fully access the programs and services available to them, it is crucial to prioritize consistent and

comprehensive accessibility across all public buildings. This includes updating older buildings to meet accessibility standards, consulting with individuals with disabilities during the planning of new structures, and ensuring that all buildings are designed to accommodate the needs of the entire community. By addressing these issues, First Nations communities can create more inclusive environments that foster better access to services and enhance the well-being of all members.

Outdoor Spaces

Many First Nation communities lack the essential infrastructure required to create safe and accessible outdoor environments, such as sidewalks, paved roads, trails, and crosswalks. The absence of these infrastructure elements has raised significant concerns regarding the safety and well-being of vulnerable community members, particularly individuals with disabilities, Elders, and children. One participant shared, *“There are no sidewalks, if we had sidewalks it would be safer to walk around the community and it would encourage the youth to get out more,”* (FG_2c).

The installation of sidewalks and paved shoulders is crucial as it enhances wellness and promotes social activity by providing safe and accessible pathways that connect various areas of the community. In the absence of sidewalks, there is no separation between pedestrian and vehicular spaces, which poses a substantial safety risk, particularly in communities located near highways. Even where sidewalks do exist, they are often narrow, poorly maintained, or do not meet safety standards, making them unsuitable for individuals with disabilities. One participant stated, *“It is really dangerous, and for FG_1G who drives his wheelchair right on the road, you know, he has no choice and he’s at the mercy of vehicles,”* (FG_1E).

Recreational paths and pedestrian walking trails are also important for providing alternative routes and connecting community members to recreational areas. However, many of these paths are unpaved, consisting of dirt, gravel, or woodchips, which are not conducive to safe and accessible

travel for individuals with mobility impairments. While paving may not always be feasible for certain pathways, alternatives such as packed dirt, certain types of gravel, or boardwalks can improve accessibility. One participant shared,

“I think it would be awesome if we could, like, for myself in a wheelchair, if I could access that new walkway down there, I could walk, I can go from the store to my friend’s house, but I can’t go down this way and I think that walkway should go right around for Elders and people and you know. Yeah, so make it more accessible and if trails and shortcuts and stuff could be more accessible too for wheelchairs and people with walkers,” (FG_8e).

In terms of recreation, participants expressed the need for accessible playgrounds to provide inclusive and safe play options for children. Inclusive playgrounds promote positive interactions between children of all abilities and foster greater awareness and understanding of disability in younger generations. One participant highlighted,

“Some of the Council wanted to talk to me about what could be done on-reserve accessibility-wise, this was about 3 years ago, and I told them that the main thing that kids need is a specialized playground. We have to take my daughter into town just to bring her to a playground. There’s no public playground in our community, there’s only one at the school but as soon as the school shuts down it gets locked up. The playground at the school is not accessible so it’s not totally safe for us to bring her there,” (FG_5c).

Maintenance of infrastructure is also a critical issue. Many participants raised concerns about seasonal maintenance services, particularly snow removal during the winter months. The lack of proper snow clearance creates barriers for individuals using wheelchairs, leading to increased risk of equipment damage and safety hazards. This also results in community members

becoming isolated or confined to their homes, further exacerbating accessibility challenges. Many participants shared their thoughts and experiences regarding maintenance, including, *“Ice build-up in the parking lot makes it very dangerous, the maintenance people could put sand and salt in there,”* (FG_6b). Another participant mentioned, *“I don’t know who you’d have to involve where the intersections are concerned, because they’re in pretty bad shape, my scooter takes a beating, I pretty much have to slow down traffic in order to just get over those bumps,”* (FG_7a). This is supported by other studies examining the use of mobility devices in on-reserve communities where Elders using wheeled mobility devices found them helpful, but they also felt that the designs should be adapted to be more suitable for the terrain in the communities and that the devices required more maintenance than was provided (Croxall et al., 2020).

In conclusion, barriers in housing and infrastructure within First Nations communities significantly impact individuals with disabilities, Elders, and their caregivers. Many homes are unsafe and inaccessible, lacking essential features like ramps, level-entry, and proper bathrooms, which increases isolation and reduces independence. Immediate action is needed to improve accessibility in existing homes, incorporate inclusive designs in new developments, and provide resources for retrofitting older homes. Public buildings and outdoor spaces also remain inconsistent in accessibility, with many structures still lacking features like ramps and wider pathways. Improvements to sidewalks, crosswalks, and recreational areas are needed to ensure safe, inclusive environments. Prioritizing accessibility in housing, public spaces, and infrastructure is crucial to fostering an inclusive, supportive community for all members.

First Nations Cultures and Traditions

This area of research emerged when speaking with community members and was crucial to understanding how to make accessibility and legislation relevant and inclusive for First Nations. Under this area, the ways in which culture and tradition are, or are not, integrated in community programs and

services, and the impacts this has on accessibility are explored. The two themes that came from this are Culturally Safe and Relevant Programs and Services and the Accessibility of Cultural Spaces.

Culturally Safe & Relevant Programs & Services

Indigenous cultures and traditions play a central role in shaping all aspects of life, including access to programs and services. Participants emphasized that integrating cultural and traditional practices into the design and delivery of services enhances accessibility. They expressed a preference for programs that adopt a "two-eyed seeing" approach—one that recognizes both Indigenous and Western knowledge systems—during both the planning and implementation stages, *"I do think that cultural and traditional ways are an important part of accessibility. In my job, I use two-eyed seeing as the way to wellness."* (FG_3a)

Programs and services delivered within communities are generally successful in integrating cultural traditions, but participants identified several areas for improvement. A key strategy for enhancing accessibility involves providers gaining a deeper understanding of their clients, including their values, beliefs, and lived experiences. One participant describes their vision of making programs more accessible and inclusive, *"To promote cultural safety and relevancy into a program or a service first you must connect with persons with disabilities, they need to know that the community cares about them. Then you must foster an environment where persons with disabilities can connect with each other, meet Elders, and hold sweet grass ceremonies. Then believe in the individuals and that future programs and services will include education, work, and recreation in a culturally inclusive environment. We must assess and address our own biases, organization policies, and procedures. We must include client representatives by engaging with them when assessing the needs of our community and while program planning. It's important to place yourself in someone else's shoes."* (FG_5f)

This also requires addressing any personal biases that may hinder equitable service delivery and ensuring that programs are inclusive of all community

members. Participants shared their perspectives on what culturally safe and relevant programs and services look like. A notable aspect was the importance of recognizing intersectionality and employing a lens of empathy in service delivery, *“To create a culturally safe and relevant program people must be treated with respect, there must be kindness, humility, love, and equality. There should not be judgement.”* (FG_5j). For instance, many participants indicated that having access to an Indigenous physician would significantly improve their comfort and trust when seeking medical care, *“I think that community members would access a program or a service if it was culturally relevant. When it comes to a physician, it would be great to have an Aboriginal physician.”* (FG_2a)

Another important strategy to enhance accessibility is incorporating traditional languages and healing practices into health-related programs and services. This approach helps foster a stronger cultural connection among community members, even for those who may be unable to participate in traditional ceremonies or cultural events, *“Programs in our community are becoming more culturally aware by practicing appropriate, relevant, and sensitive intervention strategies and practices and by acknowledging the cultural values and life experiences of clients and incorporating them into the process and planning of programs.”* (FG_5f)

It is essential to acknowledge that many existing programs and services are created by institutions rooted in colonial frameworks and pedagogies that often do not align with Indigenous ways of knowing and being. These foundational differences can create barriers to full participation and access for First Nations Peoples, *“I would be 100% more likely to access a program or a service that is culturally safe and relevant. This mainly relates to the western side of things, there is a lot of racism and discrimination within hospitals and other provincial facilities.”* (FG_3a)

To enhance accessibility for First Nations Peoples, it is crucial to integrate cultural relevance and traditional practices into the design and delivery of

programs and services. By adopting a more holistic approach, such as “two-eyed seeing”, providers can foster an inclusive environment that respects Indigenous knowledge systems and promotes greater engagement with services. Understanding the unique needs of community members and addressing cultural sensitivities will help ensure that services are both accessible and meaningful, ultimately empowering First Nations Peoples to fully participate in and benefit from these programs.

Accessibility in Cultural Spaces

When discussing accessibility within cultural spaces, participants highlighted the challenges faced by community members with disabilities in outdoor areas such as graveyards, powwow grounds, and sacred sites. These spaces are vital for cultural practices and events, but physical barriers often hinder the participation of individuals with mobility challenges. For instance, participants with mobility impairments reported difficulties attending funerals due to uneven terrain and inadequate maintenance, forcing them to rely on others for assistance in navigating these areas. One participant shared,

“My brother can’t get into the graveyard and there’s a family funeral. He’s been lucky sometimes to have a couple of strong guys who were able to help because his wheelchair weighs over 1000lbs, so to pull him or push him around the graveyard is quite challenging... it’s a lumpy bumpy field,” (FG_1e).

Concerns were also raised regarding the accessibility of sacred spaces. One participant shared that physical barriers prevent individuals with disabilities, including Elders, from reaching the river, a site of significant cultural importance within the community. These barriers not only limit access to sacred locations but also diminish the ability of community members with disabilities to fully engage in cultural and spiritual practices. One participant stated, *“When they (Elders or people with physical impairments) want to go to the river (a sacred place) they can’t get in. It’s as simple as that. If you have a disability or you are an elder, you are sometimes doubly excluded,” (FG_1E).*

Such physical obstacles contribute to the exclusion of community members with disabilities and Elders, preventing them from participating in essential aspects of their culture and heritage. This has been more exclusively examined in other studies, as Elder's described how important it was to be involved with the community and participate in cultural events but they also explained that due to the barriers related to using a wheeled mobility device, their participation in these fundamental activities has lessened; naming five specific barriers that affected their participation, lack of transportation to and from events, challenges with accessing the outdoors safely and independently, difficult terrain, stigma around disability, and feelings of being a burden (Croxall, et al., 2020). Participants proposed various solutions to address these barriers, emphasizing the need for improved accessibility in these spaces. One participant shared,

"I do think that culture and tradition are important to accessibility, but some things like medicine walks might be hard for people with disabilities to take part in. Creating an accessible path to the gardens would be nice," (FG_3c).

Another participant noted,

"I would like to take my son to the Powwow but when I consider transportation to pick him up and take him back to the care home off-reserve and the uneven surfaces that he would have to take his wheelchair over while at the Powwow, it isn't feasible," (FG_3e).

To promote inclusivity and ensure that all community members can fully engage in cultural practices, it is essential to address the physical barriers present in key cultural spaces. By enhancing accessibility in graveyards, powwow grounds, and sacred sites, and addressing the gaps in transportation, communities can foster greater participation and preserve the cultural integrity of these important locations for individuals of all abilities. Addressing these challenges will ensure that community members with disabilities and Elders are not excluded from cultural events and practices, and are empowered to engage in and contribute to their cultural heritage.

In conclusion, integrating First Nations cultures and traditions into the design and delivery of services is essential for enhancing accessibility within First

Nations communities. By adopting approaches such as "two-eyed seeing", which respect both First Nations and Western knowledge systems, programs can be made more inclusive and relevant to the unique needs of community members. Additionally, the accessibility of cultural spaces, such as graveyards, powwow grounds, and sacred sites, remains a significant concern for community members with disabilities. Physical barriers prevent full participation in cultural practices and spiritual events, leading to feelings of exclusion. To promote inclusivity, it is crucial to improve the accessibility of these spaces, ensuring that individuals with disabilities and Elders can engage meaningfully with their communities and take part in cultural activities.

“There is a lot of validity to our [Indigenous] medicine and the way that we do things, it’s important for [non-indigenous] people to acknowledge and support us in doing those things with our children and our community members with disabilities. Support our culture and our ways of health and healing.”(INT_2)

Accessible Canada Act Recommendations

The following is a summary of the recommendations being put forward by Indigenous Disability Canada. By implementing these recommendations, the *Accessible Canada Act*, accessibility standards, and regulations can be more responsive to the specific needs and circumstances of First Nations communities while still working towards the goal of creating a 'barrier-free Canada'. See the companion document, *Accessible Canada Act Recommendations* for the detailed recommendations.

First Nations Communities Under the Act

Indigenous Disability Canada recommends that the Federal Government of Canada take immediate action to ensure that First Nations are included under the *Accessible Canada Act* by expanding the scope of the Act to encompass the unique accessibility needs of First Nations communities.

The goal of a barrier-free Canada by 2040 cannot be fully achieved without addressing accessibility barriers in First Nations communities. First Nations residents recognize the potential positive impact of the Act; however, the Act imposes administrative burdens on First Nations without providing necessary funding, which exacerbates existing systemic underfunding issues. Despite these challenges, with proper support and the implementation of key recommendations, First Nations communities can and should be included in the Act.

Provide First Nations Specific Accessibility Funding

Indigenous Disability Canada recommends that the government allocate dedicated funding to assist First Nations communities in overcoming the barriers to accessibility and ensuring they can fully comply with the Act's provisions.

To effectively address accessibility barriers in First Nations communities, the Federal Government must provide additional funding, as current funding options do not specifically cover accessibility. Many communities lack the infrastructure, capacity, and resources needed to meet the requirements of the *Accessible Canada Act* and related regulations. Before addressing accessibility, some First Nations must first tackle critical infrastructure issues, such as access to clean drinking water and sidewalks. To bridge the funding gap, Indigenous Disability Canada proposes the creation of a First Nations Advancing Accessibility Fund, which would provide phased financial support over 15 years, costing between \$6.1 billion and \$11.09 billion. This fund would align with the Assembly of First Nations' report, which highlights the broader infrastructure funding needs required to close the gap between First Nations and the rest of Canada.

Create Accessibility Navigation Services

Indigenous Disability Canada recommends that Indigenous Services Canada create a network of Accessibility Navigators to work with communities in understanding and meeting the requirements of the *Accessible Canada Act*.

There is a need for dedicated navigational support to help First Nations communities meet the requirements of the *Accessible Canada Act* (ACA) without creating additional burdens. Many communities lack the specialized knowledge or human resources capacity to assess their accessibility needs, making a First Nations-specific Accessibility Navigation service essential. Regional Accessibility Navigators would assist multiple communities by identifying barriers, aiding in accessibility planning and reporting, and providing necessary resources. First Nations-specific templates and models should also be developed to streamline the process, ensuring culturally relevant and practical solutions. Additionally, these navigators would help conduct annual accessibility assessments, serving as both an accountability

measure and an application process for the First Nations Advancing Accessibility Fund.

Flexible Timelines

Indigenous Disability Canada recommends that First Nations be provided with up to an additional 12 months from their first year of their inclusion under the Act to develop and publish their accessibility plans. This extended timeline will ensure that communities have an opportunity to create comprehensive plans and comply with regulations, ultimately leading to more effective and sustainable accessibility improvements.

To help First Nations communities meet the accessibility requirements of the ACA, the Federal Government should allow additional time to identify and address barriers. Under current regulations, First Nations have about one year to a year and a half to complete their initial accessibility plans, but an extra 12 months is needed to account for unique challenges and infrastructure gaps. Survey results show that most respondents believe a combination of federal support, information and training, and more time would best support First Nations in meeting ACA requirements. Extending the timeline would allow communities to assess their needs, gain a deeper understanding of accessibility, and create more effective plans. This approach ensures that accessibility efforts are comprehensive and align with First Nations' priorities.

Develop Relevant Monitoring and Compliance Framework

Indigenous Disability Canada recommends a targeted, collaborative, and education-based approach to monitoring and compliance be taken when developing the monitoring and compliance framework for First Nations. Based on the success of the compliance framework under the *Accessibility for Manitobans Act*, Indigenous Disability Canada

proposes that a similar model be used to ensure the appropriate and sustainable compliance of First Nations communities.

The *Accessible Canada Act* is essential for promoting accessibility and inclusion, but its implementation in First Nations communities must account for self-determination, jurisdictional complexities, and infrastructure challenges. Survey results indicate that most respondents support a compliance approach focused on education, incentives, and regular inspections rather than punitive measures. To ensure sustainable compliance, the Federal Government should co-develop strategies with First Nations, provide culturally relevant training programs, and implement a "train-the-trainer" model to empower local leaders. A supportive monitoring system should prioritize collaboration, continuous feedback, and targeted funding for infrastructure and education. By adopting a flexible, capacity-building approach, the government can foster stronger partnerships with First Nations while ensuring accessibility becomes a lasting part of these communities.

Increased and Effective Communication with First Nations

Indigenous Disability Canada recommends the Federal Government of Canada develop and utilize an effective two-way communication framework that will not only allow for the dissemination of information to communities, but also for the Federal Government to actively listen to and engage with First Nations communities.

For First Nations to be effectively included under the ACA, the Federal Government must improve communication with communities. A comprehensive communication strategy should incorporate multiple methods, including email, phone, mail, in-person meetings, social media, and radio, to ensure information reaches both leadership and community members. Updating First Nations contact information on government websites and establishing a standardized community email address would enhance consistency and accessibility. Surveys and focus groups highlighted the need for better awareness efforts, with respondents emphasizing the importance of

partnering with community leaders, holding information sessions, and using various outreach methods. By prioritizing clear, consistent, and culturally appropriate communication, the government can strengthen engagement and support First Nations in successfully implementing the ACA.

Conduct First Nations Specific Consultations on Standards and Regulations

Indigenous Disability Canada recommends that any amendments to standards be informed by these consultations, with a particular focus on understanding and respecting First Nations' experiences of accessibility and disability.

To ensure accessibility standards are culturally relevant for First Nations communities, the Federal Government must require that all standards developed by Accessibility Standards Canada incorporate an Indigenous lens. This involves conducting First Nations-specific consultations with community members, caregivers, staff, and leadership while minimizing consultation fatigue by using efficient engagement methods. These consultations should cover all standards, whether existing, in development, or under review, to ensure their relevance before being applied to First Nations communities. Given that First Nations communities serve as lifelong homes where people live, work, and access essential services, additional consultations are necessary. Additionally, a review of existing standards should be conducted to align with the Truth and Reconciliation Commission (TRC) and the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP).

Geographic Considerations for Built-Environment Standards

Indigenous Disability Canada recommends that accessibility standards and regulations related to the built-environment be adapted to address these specific challenges, ensuring that remote and northern First

Nations can effectively meet the requirements as they are being developed.

The Federal Government must ensure accessibility standards address the unique geographic challenges of remote and northern First Nations communities. Harsh terrain, extreme weather, limited infrastructure, and difficulty attracting and retaining staff create additional barriers to accessibility. A tailored approach is essential to achieving equitable access for all communities.

Culturally Relevant Duty to Consult

The Federal Government must amend the "Duty to Consult" requirement to reflect the unique needs of First Nations communities. Currently, the regulation states that "the entity must consult with persons with disabilities in the preparations of its accessibility plan and every updated version of its accessibility plan." Indigenous Disability Canada recommends that this be expanded to specifically include Elders and families of persons with disabilities within First Nations communities.

This amendment will ensure that the consultation process is more inclusive and culturally appropriate, addressing the specific needs and perspectives of First Nations communities in the development of accessibility plans.

Cultural Considerations for in Built-Environment Standards

The Federal Government must ensure that the Built-Environment Standard developed by Accessibility Standards Canada includes specific provisions for the inclusion of cultural spaces that respect and preserve the traditions of First Nations communities.

Accessibility standards must allow First Nations to balance cultural heritage preservation with modern accessibility requirements. This includes

incorporating traditional designs, materials, and ceremonial spaces while ensuring full accessibility for community members with disabilities. Access to cultural activities is a key part of accessibility, and barriers such as transportation and uneven terrain must be addressed. Giving communities autonomy in determining how to integrate accessibility within their cultural spaces ensures a respectful and effective approach. By embedding this flexibility into the Built-Environment Standard, the Federal Government can support both cultural preservation and a barrier-free society.

Cultural Considerations in Program & Service Standards

Utilize a holistic approach to accessibility, and revise the standard Design and Delivery of Accessible Programs and Services: Accessible Service Delivery – Accessibility to ensure that the language used within reflects the inclusion of First Nations and First Nations Peoples with disabilities.

Accessibility for First Nations must go beyond physical access to include emotional, mental, spiritual, and cultural well-being. A shift from the medical model to a social model better aligns with First Nations perspectives on health and wellness, integrating accessibility with education, social services, and community engagement. Training for service providers should incorporate an Indigenous lens and include consultation with First Nations people with disabilities. As First Nations are included under the *Accessible Canada Act*, standards and terminology should be adapted to reflect First Nations perspectives and needs. Amending existing regulations to explicitly include First Nations persons with disabilities will ensure accessibility is truly inclusive and culturally relevant.

Transportation as a Key Element of Programs and Services

To address the unique needs of First Nations communities, transportation must be included in programs and services. Indigenous Disability Canada recommends that a strategy/program to provide public transportation options within First Nations be developed. Furthermore, Indigenous Disability Canada recommends that transportation be recognized as an essential service in First Nations communities.

Effective transportation is vital for accessing programs, services, and cultural events, particularly in remote and rural areas where alternatives like taxis or public transit are lacking. The current medical transportation program and initiatives like the Rural Transit Solution Fund do not adequately meet these needs. Inadequate transportation creates significant barriers for individuals with disabilities, limiting their participation in community life and access to essential services. Prioritizing transportation is therefore key to achieving broader accessibility in First Nations communities.

By implementing these recommendations, the *Accessible Canada Act*, including expectations, regulations, and standards, will be more responsive to the specific needs and circumstances of First Nations communities while still working towards their goal of a 'barrier free Canada'.

Discussion & Conclusion

The purpose of this project is to develop a deeper understanding of the accessibility barriers faced by First Nations with disabilities living in communities, specifically relating to the built-environment and when accessing federally regulated programs and services such as those offered through Indigenous Services Canada. This work is critical to identifying and addressing accessibility issues in communities and implementing sustainable solutions at both the community level and at the federal level to support communities in

advancing accessibility and meeting the requirements of the *Accessible Canada Act*.

The research conducted revealed that First Nations communities experience a variety of accessibility barriers that can be unique to their size and geographic location. Many communities lack the basic infrastructure and access to supports necessary to advance accessibility. The results of this project show that key barriers include inadequate housing, lack of transportation, insufficient funding, and gaps in culturally relevant services. Participants highlighted the need for inclusive community planning, improved communication, and dedicated accessibility funding to address these challenges.

The findings of this research identify and explore the barriers that are faced by First Nations community members with disabilities, and their communities in the built environment and programs and services. The challenges identified through this research suggest that many of the barriers to accessibility are systemic and infrastructure-based. Areas such as housing quantity and quality, complete and well-maintained roads and sidewalks, functional and accessible buildings, and access to culturally appropriate programs and services often struggle because they have not been set-up to succeed; the historic and current approaches are failing to address the root causes of the barriers and gaps. It is important to note that many of the issues faced today are rooted in the *Indian Act* and related policies that have fostered an unbalanced relationship between First Nations and the Federal Government and representatives of the Crown (Kress, 2017). The challenges many First Nations are dealing with stem from the inherently flawed system where piecemeal funding and prescriptive policies are imposed on First Nations, who are responsible for all aspects of life in the communities in the same way that Canada and the provinces are responsible for their citizens. Notably, the barriers presented in the *Addressing Special Housing Needs* report from CMHC, published in 1998, having such great overlap with the barriers identified in this work, is a clear sign that the same issues persist in First Nations across decades and the initiatives and approaches up until now have not been widely successful in addressing these needs. Many reports reveal

similar challenges and echo the sentiments and experiences shared by the participants in this project. The problems are known, and the solutions have been provided many times over. The findings underscore the necessity of integrating Indigenous perspectives into accessibility standards and ensuring that solutions are co-developed with communities to reflect their unique needs and cultural contexts, but most importantly, they solidify the need for immediate, and tangible action.

The findings align with previous studies such as *Maskwacis Disability Futures: Vital Practices Needs Actions and Dreams, Addressing Special Housing Needs in First Nation Communities*, and reports by the Native Women's Association of Canada (NWAC) and the Assembly of First Nations (AFN), which also identified systemic underfunding, inadequate infrastructure, and lack of culturally safe services as persistent barriers. This research adds further depth by centering the lived experiences of First Nations individuals with disabilities, caregivers, and community leaders, providing a more nuanced understanding of how these barriers manifest in daily life.

The practical implications of this research include the urgent need for targeted funding, such as the proposed First Nations Advancing Accessibility Fund, and the establishment of Accessibility Navigators to support communities in meeting ACA requirements. Theoretically, this work challenges colonial frameworks of disability and advocates for a social model that aligns with Indigenous worldviews. Societally, addressing these barriers is essential for achieving equity and inclusion, ensuring that First Nations communities are not left behind in the goal of a barrier-free Canada by 2040.

This study faced several limitations, including the project duration, scope, and capacity of the research team. The project ran from 2022-2024 and focused solely on the population of First Nations people living in community, but the scope could have been widened and more time could have been spent on both the engagement and analysis to gain richer data and broader perspectives, including those from First Nations people who had recently left their home communities to access programs and services. The research

team of two people was a challenge when working at a national scale, with over 600 First Nations and over 40 federally-regulated programs and services to examine, this challenge potentially affected depth in some areas.

Additionally, the research team's prior experiences and education may have influenced the inductive analysis, as a subjective method it is not infallible to biases. The other challenges presented at the community level, firstly with an initial distrust of "research" and "researchers" and associations with the Federal Government, a lack of awareness of the ACA - without knowing what the legislation was, many communities were hesitant or uninterested in hearing about the project or collaborating with Indigenous Disability Canada. Secondly, logistical barriers to engagement such as travel, inclement weather, and language barriers - particularly, researchers struggled to connect with communities located in Québec.

Future studies should explore areas such as the experiences of off-reserve First Nations individuals with disabilities, including if and why they left their home communities, the longitudinal impacts of accessibility interventions in communities, the role of Indigenous-led governance in implementing accessibility standards, and comparative analyses of accessibility in urban, rural, and remote First Nations communities. All work should be done collaboratively with communities and ensure that work is done respectfully and in a good way.

This research underscores the critical need for systemic change to address accessibility barriers in First Nations communities. By centering Indigenous voices and prioritizing culturally relevant solutions, Canada can move closer to its goal of inclusivity. The time for action is now—to honour the rights of First Nations peoples, dismantle colonial legacies, and build a future where accessibility is a reality for all. Let this work serve as a call to continued reflection, collaboration, and meaningful progress.

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Appendices

Appendix A – Accessible Canada Act Survey



Accessible Canada Act Survey

1. Please identify your gender

2. Please select your age using the ranges provided below

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-79
- 80 +

3. Which of the following do you identify as?

- First Nations
- Metis
- Inuit
- Other (please specify)

4. Where do you primarily reside?

- In community (on-reserve)
- Out of community (off-reserve)

What is the name of your community?

The *Accessible Canada Act (ACA)* came into force in 2019 with the goal of achieving a barrier-free Canada by 2040; this involves identifying, removing and preventing barriers in federal

jurisdiction in seven priority areas. This Act applies to federally regulated entities; while First Nation band councils are federally regulated, the Government of Canada has exempted First Nations from the Accessible Canada Regulations (ACR) until 2026.

5. Before reading the paragraph above, were you familiar with the *Accessible Canada Act*?

- Yes
- Somewhat
- No

6. Before reading the paragraph above, were you aware that First Nations are exempt from the ACR until 2026?

- Yes
- No

7. In your opinion, how should the five-year exemption of First Nations communities from the ACR be reflected in the ACA's timeline goal of "barrier-free by 2040"?

- Additional support from the Federal Government
- More time to address barriers and make accessibility plans
- Information and training around accessibility
- Other (please specify)

8. In your opinion, who should have the power to enforce regulations as they relate to First Nations? Please select all that apply and/or tell us your ideas.

- Accessibility Commissioner (Federal Government)
- Chief & Council (Band government)
- Other (please specify)

Under the ACA, regulated entities (First Nation bands) must prepare and publish an accessibility plan. The accessibility plan must be developed in consultation with persons with disabilities and be updated every three years. Additionally, entities (First Nations bands) must establish a process for receiving and addressing feedback on the implementation of the accessibility plan and any barriers encountered by persons that deal with the entity (live in a First Nations community.)

9. What enforcement strategy would best ensure that your community would meet the requirements outlined above? Please select all that apply and/or tell us your ideas.

- Monetary penalties for non-compliance
- Incentives for meeting requirements
- Regular inspections/ audits
- Other (please specify)

The *Accessible Canada Act* outlines seven areas of priority:

1. employment
2. the built environment (buildings and public spaces)
3. information and communication technologies
4. communication other than information and communication technologies
5. the procurement of goods, services and facilities
6. the design and delivery of federally regulated programs and services
7. transportation

10. Based on the seven priority areas listed above, please rank each area according to level (highest to lowest) of community concern.

1 = highest level of community concern, 7 = lowest level of community concern

- employment
- the built environment
- information and communication technologies
- communication other than information and communication technologies
- the procurement of goods, services, and facilities
- the design and delivery of federally regulated programs and services
- transportation

11. In your opinion, what method would be most successful in spreading awareness about accessibility and the ACA among First Nations people living in community?

12. How do you believe your community could benefit from accessibility legislation? Please provide specific examples.

13. Would you like to see federal accessibility legislation applied to your community?

If yes, why?

If no, why not?

Appendix B – First Nations Community Leadership Survey

First Nations Community Leadership Survey

Introduction

In 2019, the *Accessible Canada Act (ACA)* was introduced with the goal of creating a barrier-free Canada by 2040; however, First Nation communities have been exempted from this legislation until 2026. The ACA offers an opportunity to further the rights of persons with disabilities. At 30%, Indigenous peoples in Canada experience a significantly higher rate of disability than that of the general population (22%). This survey works as a preliminary data collection and will help inform Indigenous Disability Canada's recommendations for the development and revision of accessibility standards as they relate to First Nation communities.

The survey

This survey contains 31 questions and take approximately 15 minutes to complete, please take as much time as you can and answer as many questions as you feel comfortable. Questions in this survey are wide in scope, topics you can expect to encounter during this survey include:

- Demographics
- Community perceptions of disability and accessibility
- Understandings of the ACA
- Effective communication methods
- Community capacity
- Community policies

**Please note: we have included additional questions at the end of this survey on the topic of Medical Assistance in Dying (MAiD). MAiD is a relatively new law in Canada which has continued to be expanded since its inception in 2016. The Government of Canada has acknowledged that there has been no meaningful engagement with Indigenous peoples on MAiD legislation, we are hoping that this survey will be a starting point in filling that gap.

Who can complete this survey?

Individuals who consider themselves leaders in their Indigenous community, this includes but is not limited to: Chief, Councillor, Elder, Youth Leader, Band Administrator, and Department Head.

Privacy

We are committed to protecting your privacy, all responses are 100% confidential and any information collected will not contain personal identifiers. Indigenous Disability Canada will not release personal or traceable data.

Funded by Accessible Standards Canada/the Government of Canada.

Financé par Normes d'accessibilité Canada/le gouvernement du Canada.

Thank you for taking the time to complete this survey.

First Nations Community Leadership Survey

General Information

1. Which of the following do you identify as?

- First Nation
- Inuit
- Métis
- None of the above

2. What is the name of your nation?

3. What is your role in your community / nation? Please select all that apply.

- Elected Chief
- Hereditary Chief
- Councillor
- Elder
- Youth Leader/ Representative
- Department Head/ Director
- Band Administration
- Other (please specify):

4. How do you identify your gender?

5. What is your age?

6. Do you identify as a person with a disability?

- Yes
 - No
-

Community Leadership Perceptions

7. What are the core values of your community?

8. How does community leadership understand disability?

9. How does community leadership understand accessibility?

10. When posting for vacancies in the band office or band-run departments, is there messaging to encourage those with disabilities to apply?

- Yes
- No
- I'm not sure

Please expand on your answer here:

11. Thinking about the mental and social supports in your community, do you feel that these supports adequately meet the needs of community members?

- Yes
- No
- Somewhat

Accessible Canada Act

12. Are you aware of the *Accessible Canada Act*?

- Yes
- No
- Somewhat

13. Are you aware of the Accessible Canada Regulations?

- Yes
- No
- Somewhat

The Accessible Canada Act (ACA) came into force in 2019 with the goal of achieving a barrier-free Canada by 2040; this involves identifying, removing and preventing barriers in federal jurisdiction in priority areas. This Act applies to federally regulated entities; while First Nation band councils are federally regulated, the Government of Canada has exempted First Nation communities from the Accessible Canada Regulations (ACR) until 2026.

14. In your opinion, how should the five-year exemption of First Nation communities from the Accessible Canada Regulations be reflected in the *Accessible Canada Act* timeline goal of "barrier-free by 2040"?

- Additional monetary support from the Federal Government.
- Additional time for First Nation communities to address barriers and create accessibility plans.
- Additional resources such as information and training around accessibility.
- Other (please specify)

15. In your opinion, who should have the power to enforce accessibility regulations as they relate to First Nation communities?

- Accessibility Commissioner (Federal Government)
- Chief and Council (Band Government)
- Other (please specify)

Under the ACA, regulated entities (First Nation bands) must prepare and publish an accessibility plan. The accessibility plan must be developed in consultation with persons with disabilities and be updated every three years. Additionally, entities (First Nations bands) must establish a process for receiving and addressing feedback on the implementation of the accessibility plan and any barriers encountered by persons that deal with the entity (live in a First Nations community.)

16. What enforcement strategy would best ensure that your community would meet the requirements outlined above? Please select all that apply and / or tell us your ideas.

- Monetary penalties for non-compliance
- Incentives for meeting requirements
- Regular inspections or audits
- Other (please specify)

The *Accessible Canada Act* outlines 7 areas of priority:

1. Employment
2. The built environment (i.e. buildings and public spaces)
3. Information and communication technologies
4. Communication other than information and communication technologies
5. The procurement of goods, services, and facilities
6. The design and delivery of federally regulated programs and services
7. Transportation

17. Based on the 7 priority areas listed above, please rank each area according to level of community concern (1 = most important, 7 = least important).

- Employment
- The built environment
- Information and communication technologies
- Communication other than information and communication technologies
- The procurement of goods, services, and facilities
- The design and delivery of federally regulated programs and services
- Transportation

18. In the past, how has the Federal Government communicated with your community leadership regarding federal legislation?

- Email
- Telephone / fax
- Mail
- Social media
- In-person
- Other (please specify)

19. In the future, how would you like the Federal Government to communicate with community leadership regarding federal legislation?

- Email
- Telephone / fax
- Mail
- Social media
- In-person
- Other (please specify)

20. In your opinion, what method would be most successful in spreading awareness about accessibility standards and the ACA among First Nations people living in-community?

Community Capacity Building

21. Please rate the capacity of your community to meet the accessibility needs of community members.

- Currently unable to meet accessibility needs of community members.
- Currently meeting some accessibility needs of community members, but there is room for improvement.
- Currently meeting all the accessibility needs of community members.

22. In your community, what departments / areas need an increase in capacity in order to address the accessibility needs of community members?

- Health / Mental health
- Social development
- Infrastructure
- Education / Training
- Band Administration
- Economic / Financial
- Other (please specify)

Community Policies

23. Which programs are offered within your community? Please select all that apply.

- Aboriginal Head Start On Reserve
- Assisted Living Program
- First Nations Child and Family Services
- First Nations and Inuit Home and Community Care Program
- High-Cost Special Education Program
- Non-Insured Health Benefits for First Nations and Inuit
- On-Reserve Income Assistance Program

24. Who designs the programs and services offered within your community?

- Band government
- Indigenous Services Canada
- Indigenous Services Canada and Band government / community (collaboration)

25. Who delivers the programs and services offered within your community?

- Band government / community
- Indigenous Services Canada
- Indigenous Services Canada and Band government / community (collaboration)

26. What measures does community leadership take to ensure that community members with disabilities can access the supports that they need?

27. How do community emergency plans (i.e. evacuation plans in case of fire, flood, earthquake, etc.) account for people with disabilities? Please explain.

Medical Assistance in Dying

****please note: this section may be triggering to some individuals and is therefore optional****

Medical Assistance in Dying (MAiD) is a relatively new law in Canada; MAiD has been available across Canada since 2016. Originally, it allowed persons at end-of-life, whose natural death was reasonably foreseeable (Track 1), to elect to have MAiD and die at a time of their choosing. However, MAiD has been expanded to those not at end-of-life, including mental illness as a sole condition and persons with disabilities (Track 2). The Government of Canada has acknowledged that there has been no meaningful engagement with Indigenous peoples on this critical topic. Additionally, there have three expert panel reports done on MAiD and each report stated a lack of engagement with Indigenous peoples.

28. Did you know that MAiD has been expanded to include people who are not at end-of-life, persons with disabilities, and individuals with mental illness as a sole condition?

- Yes
- No

29. Do you agree with the expansion of MAiD to include these individuals?

- I strongly agree with the expansion of MAiD
- I agree with the expansion of MAiD
- Neutral
- I disagree with the expansion of MAiD
- I strongly disagree with the expansion of MAiD

30. As a community leader, what are your thoughts on the expansion of MAiD in relation to your community members with disabilities?

31. How might the expansion of MAiD affect your community?

ACCESSIBILITY FOCUS GROUP



PAID COMMUNITY ENGAGEMENT
WITH INDIGENOUS DISABILITY CANADA



WHAT?

Indigenous Disability Canada is seeking 8-10 participants for a focus group to discuss accessibility and disability in your community to better understand the lived-experiences and perspectives of First Nations people. Lunch will be provided during the session. Preference for participants will be given to community members with disabilities or caretakers of persons with disabilities, however, anyone is welcome to apply. Each participant will receive an honorarium in the form of cheque for their time.

Participants will be expected to:

- Take part in a short one-on-one phone interview prior to the community visit.
- Attend and participate to the best of their ability in the focus group session.

WHEN?

Date: xxxx

Time: xx-xx

HOW TO GET INVOLVED

Community Contact:

WHERE?

TBD

OR

Indigenous Disability Canada
Haileigh Hay & Zoë Ryde-Kruse
Phone: (1) 250-381-7303 (ext. 210)
Email: accessibility@bcands.bc.ca



**LEARN
MORE
ABOUT
OUR
PROJECT**

Appendix D - Individual Interview Questions, Focus Group

Individual Interview Questions (16 questions)

General:

1. How old are you?
2. How would you identify your gender?
3. Would you identify as having a disability?
 - a. If yes, please describe your disability:
4. Do you experience stress in your daily life that negatively affects your health and wellbeing?
5. In a typical day, what types of barriers or challenges do you face?
 - a. What would make it easier for you to overcome those barriers and challenges in your daily life?

Community:

6. Does your community consider disability (either yours or others) during community planning or when designing and delivering programs and services? Please provide specific examples.
7. Where does your community succeed in creating an accessible environment and promoting the inclusion of community members with disabilities?
8. How could your community improve in creating an accessible environment and promoting the inclusion of the community members with disabilities?
9. How does your community view disability? For example, are people with disabilities viewed negatively in your community?

Built Environment:

10. What physical barriers are present in your community?
11. How often do you spend time in community buildings that are open to the public? for example: band office, health centre, or community centre.

a. What are your experiences in those spaces? Please provide examples.

Programs and Services:

12. Which health and social programs and services do you have to leave the community to access?

a. Which of these programs and services could be feasibly offered within your community?

13. Do you believe that cultural and traditional ways are an important part of accessibility?

14. Are your cultural and traditional values reflected in the health and social programs and services offered in your community?

15. What makes a program or service culturally relevant or safe? Please provide examples.

Appendix E - Participant Application for Interview



Indigenous
Disability
Canada

Participant Application Form

This is an application to participate in *First Nations Accessibility Standards: A Path Forward to Inclusion*, a research project conducted by Indigenous Disability Canada. Please complete all the fields, when finished please return the form to accessibility@bcands.bc.ca

Please contact us if you have any issues: 250-381-7303 ext. 210

Name:	Age:
Gender:	Do you identify as 2SLGBTQIA+: (this question is optional)
Do you identify as having a disability?	Are you a caretaker to a person with a disability?
Phone number:	Email address:
Mailing Address:	What is your preferred interview format? Phone Call Zoom
Do you primarily live on-reserve?	Please share any accessibility accommodations you may need:

Appendix F - Interview Participation Consent

Consent for Participation & Interview

We would be immensely grateful for you to participate in our project entitled *First Nations Accessibility Standards: A Path Forward to Inclusion*, that is being conducted by Indigenous Disability Canada.

Indigenous Disability Canada is a not for profit, national Indigenous-led organization.

The department of research at Indigenous Disability Canada may be contacted if you have further questions or concerns. Contact: Haileigh Hay or Zoe Ryde-Kruse at 1-888-815-5511

Purpose and Objectives

The purpose of this work is to gain First Nation perspectives on accessibility barriers. Our goal is to address and inform the development and revision of accessibility standards in two areas relating to First Nations: the built environment and the design and delivery of selected federally regulated programs and services which are funded and available to First Nation communities.

Importance of this Research

This work is important because First Nations people with accessibility needs and their communities face unique challenges in accessibility and cultural relevance. The *Accessible Canada Act* will affect First Nations and engaging with this project provides an opportunity to have the priorities and values of communities incorporated into the standards and regulations.

Participants Selection

You are being asked to participate in this study because we need the insights and perspectives of First Nations people.

What is involved: If you consent to participate, the activities will include a 60-90-minute interview over the phone or Zoom. Optionally, you may submit photos of the barriers or challenges you encounter in your community.

To ensure complete and accurate data collection we will take an audio-recording of the interview.

Compensation

We recognize that participation in this work may cause some inconvenience to you as it includes a time commitment; we greatly appreciate participation and members who engage with us will be provided with monetary compensation for their time in the form of a mailed cheque of \$150.

Risks

We understand that involvement in this work may have potential risks to you. Topics encountered in this project may be sensitive or triggering. We will actively work to minimize all risks associated with this study and in the event that participants are negatively affected we will

offer support and resources. If you have any concerns about the risks associated with this study, please contact one of our Researchers.

Risk mitigation strategies:

- Trigger warnings for sensitive content
- On-going, informed consent
- Confidentiality
- Resources for support

Benefits

The benefits of your participation include:

- Input on legislation affecting communities
- Identifying accessibility needs, barriers and strengths
- New perspectives on disability and accessibility
- Monetary compensation
- Contributions to knowledge and best practices

Voluntary Participation

Your participation in this work must be completely voluntary. We understand things change and we want to assure you that if you decide to participate, you may:

Withdraw at any time without any consequences or any explanation.

If you do withdraw from the study, your data will be destroyed upon confirmation of your withdrawal.

On-going Consent

To make sure that you continue to consent to participate, we will confirm consent at each stage/activity over the duration of this project. We will remain available for questions or clarification at all times.

Anonymity & Confidentiality

In terms of protecting your anonymity and confidentiality:

We will keep all research documents in a locked file cabinet or stored on our internal encrypted server, and any identifiers will be removed from all files as soon as possible.

All participant names and identifiers are always kept confidential and will never be shared publicly. We will create and use a “code system” in place of community names if they do not wish to be identified. At the end of the project, all identifying data and “code keys” will be destroyed.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways:

- Final Project Report

- Research Report

Dissemination Methods:

Shared with Accessibility Standards Canada

Reports and data will be shared with participants

Key points /themes/ stats will be disseminated through social media and website

Presentations at IDAM Wellness Gathering 2024

Disposal of Data

Data from this study will be disposed of at the end of the contractual agreement for the project; all data will be destroyed. The raw data will not be used for future projects.

Computer files will be deleted; any paper documents will be shredded.

Contacts

Individuals that may be contacted regarding this study include:

Haileigh Hay, Senior Accessibility Researcher

Phone: (250) 381-7303 (ext. 210)

Email: research2@bcands.ca

Zoë Ryde-Kruse, Accessibility Researcher

Phone: 250-381-7303 (ext. 221) Email:

research1@bcands.ca

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant:	
Initials:	Date:

Appendix F - Interview Participation Consent, Plain Language

Interview Participation Consent

This form is about taking part in Indigenous Disability Canada’s research project.

We want to include people with all types of disabilities.

We are interviewing people so we can hear your experiences and ideas.

We want to use the stories and ideas you share with us to help make suggestions to the Government of Canada about accessibility laws.

The interviews will be audio-recorded.

You will remain anonymous; this means we will not use your name or tell people who you are.

For us to use the ideas you tell us, we need your consent. “Consent” means you telling us that it is okay to do something.

Before you have your interview, please fill out this form. If you need to end the interview at any time you may do so.

Take a look at each item in the list below, if you are okay with it and you agree, click the “yes” box. If you are not okay with it, click the “no” box.

	Yes	No
I agree to take part in the interview		
I agree to fill out the Accessible Canada Act Survey		
I agree that what I say can be recorded		
I agree that Indigenous Disability Canada can use what I say in their work		

Please fill in the box below to confirm your consent:

Name of Participant:	
Initials:	Date:

Contacts

If you have questions or concerns, please contact:

Haileigh Hay, *Senior Accessibility Researcher*

Phone: (250) 381-7303 (ext. 210)

Email: research2@bcands.ca

Zoë Ryde-Kruse, *Accessibility Researcher*

Phone: 250-381-7303 (ext. 221)

Email: research1@bcands.ca

Appendix G- Virtual Interview Questions

Virtual Interview Questions

Section 1: Getting to Know You

1. What is your name?
2. What First Nation community do you live in?
3. Do you identify as a person with a disability or a caretaker of a person with a disability?
 - a. Can you tell me about your disability?
 - b. Can you tell me about your experience as a caretaker?
4. Why were you interested in participating in this interview?

Section 2: Accessibility and Disability

5. What comes to mind when you hear the term 'accessibility'?
 - a. In your opinion, what does an accessible space look and feel like?
 - b. In your opinion, what does an inaccessible space look and feel like?
6. How could you benefit from increased accessibility on your reserve?
7. What does disability mean to you?
 - a. How do you experience disability?
 - b. What does it look and feel like?
8. What can you tell us about accessibility and disability in your culture, and how is it different from colonial understandings of accessibility and disability?

Section 3: The Built-Environment

9. Please tell me about the physical accessibility challenges in your community.
 - a. Public buildings: band office, health centre, community centre, band-owned housing
 - b. Outdoor space: parks, streets // sidewalks, cemeteries
 - c. Cultural spaces: Long house, powwow grounds
 - d. What do people do currently to navigate those barriers?
10. When you think about the location, community capacity, and community layout, what physical accessibility barriers or challenges are unique to your community? (in relation to the nearest service centre)
11. What kind of support can the Federal Government offer to increase accessibility on-reserve?
12. What needs to be done at a community level (i.e. leadership, department heads) to prioritize and promote accessibility in your community?

13. Have you noticed or experienced accessibility barriers preventing community members with disabilities from attending, enjoying, and fully participating in cultural events, gatherings or practices?
 - a. What is currently being done to ensure that community members with disabilities feel included and welcome during cultural events?
14. When travelling around your community, what is your main form of transportation?
 - a. Do you encounter any barriers? If so, what are they?
15. How do you travel outside of the community; for example, how do you travel to and from off reserve programs, grocery stores, health or dental care?
 - a. Do you encounter any barriers? If so, what are they?

Section 4: Federally Regulated Programs and Services

16. Can you tell me what federal programs and services are offered in your community?
17. Are there any programs and services that you actively use?
18. When accessing a program or a service, do you have any accessibility concerns? If so, what are they?
use example
19. What are some positive experiences you've had when accessing programs and services in your community?
 - a. What creates safe, welcoming, and respectful program and service delivery?
20. What are some negative experiences that you have had when accessing programs and services in your community?
 - a. When thinking about these negative experiences with program and service delivery, what would have liked to be done differently to create a better experience?
21. Do you access any off-reserve programs or services?
 - a. Which programs and services do you need to leave the community for?
 - b. Have you experienced any differences in the delivery of programs and services between on and off reserve?
22. What can the Federal Government do to promote accessibility for Indigenous people with disability in the design and delivery of programs and services?
23. What can community leadership and department heads do to ensure that community members with disabilities are able to access relevant programs and services?
24. Which programs and services do you see making the biggest impact in the lives of community members with disabilities?

a. What about this program that makes it so impactful for people?

25. How does the Nation/Band currently communicate information about programs/services/events to you?

a. Is it effective?

b. If not, what could be done differently?

c. Does the Nation offer accessible options for communications/information sharing? i.e. large fonts, braille, ASL/ISL/LSQ, plain language, etc.

d. How do they ensure all members are reached?

26. What would you like the people who are designing and delivering federally regulated programs to know about working with Indigenous people with disabilities?

Section 5: The Accessible Canada Act

27. Are you familiar with the ACA?

a. Did you know that First Nations are currently exempted?

28. Who should have the power to enforce regulations for First Nation communities?

29. In your opinion, what are the top priority areas for increased accessibility in your community?

30. What would be the most effective way to spread awareness about the ACA in your community?

31. Do you know ASC and the opportunities they have to be involved in the creation of accessibility standards?

a. Would you be interested in engaging/providing feedback to help in the standards development process?

32. What would work best in terms of involving community members in standards development?

33. When thinking about federal legislation, what could be included / how can it be adjusted to ensure that First Nations experiences are properly consulted during the development process?

Section 6: Misc.

34. If you could tell people who do these engagements/consultations/etc. with communities anything, what would you want them to know about engaging with First Nations people/ First Nations PWD?

35. Is there anything else you'd like to share about your experience as an Indigenous person living with a disability?

Appendix H - Focus Group Application Form

Indigenous Disability Canada: Focus Group Form

Name: _____

Age : _____

Gender: _____

Do you identify as having a disability?

Yes No

Are you a caretaker to someone with a disability?

Yes No

Do you have any dietary restrictions or food allergies?

Yes No

If yes, please list what they are: _____

Do you need any accessibility accommodations?

Yes No

If yes, please list what they are: _____

What format would you prefer for your individual interview?

30-minute phone call Written questionnaire

Please provide your contact information:

Phone number: _____

Email: _____

INDIGENOUS DISABILITY CANADA:

PHONE: 1-250-381-7303

EMAIL: RESEARCH2@BCANDS.BC.CA

Appendix I - Focus Group Questions

Focus Group Questions

1. What does "accessibility" mean to you?
2. What does "disability" mean to you?
3. What are the largest physical barriers to accessibility present within your community?
4. In your opinion, are there any physical barriers unique to your community? If so, what are they?
5. How do community members with accessibility needs currently navigate barriers in the built-environment?
6. In your opinion, what changes could be made to improve physical accessibility in your community?
7. What does your community need to advance physical accessibility?
8. What accessibility resources or supports are available to community members with disabilities or caretakers?
9. In your opinion, do the programs and services offered within your community adequately meet the needs of community members with disabilities?
10. What programs or services would you like to see offered within your community that are not already?
11. In your opinion, what are the largest barriers to effective design and delivery of programs and services within your community?
12. In your opinion, what changes could be made to improve the design and delivery of programs and services?

Appendix J - Community Participation Consent

Community Participation Consent

We would be immensely grateful for you to participate in our project entitled *First Nations Accessibility Standards: A Path Forward to Inclusion*, that is being conducted by Indigenous Disability Canada.

Indigenous Disability Canada is a not for profit, national Indigenous led organization.

The department of research at Indigenous Disability Canada may be contacted if you have further questions or concerns. Contact: Haileigh Hay or Zoe Ryde-Kruse at 1-888-815-5511

Purpose and Objectives

The purpose of this work is to gain First Nation perspectives on accessibility barriers. Our goal is to address and inform the development and revision of accessibility standards in two areas relating to First Nations: the built environment and the design and delivery of selected federally regulated programs and services which are funded and available to First Nation communities.

Importance of this Research

This work is important because First Nations people with accessibility needs and their communities face unique challenges in accessibility and cultural relevance. The *Accessible Canada Act* will affect First Nations and engaging with this project provides an opportunity to have the priorities and values of communities incorporated into the standards and regulations.

Participants Selection

You are being asked to participate in this study because we need the insights and perspectives of First Nations people.

What is involved:

If you consent to participate, the activities will include Community Engagement sessions (in-person and/or virtual), interviews, and surveys

To ensure complete and accurate data collection we will take written notes and observations and audio recordings of interviews and engagement sessions. Where permitted, we will also take photos and videos.

Inconvenience

We recognize that participation in this work may cause some inconvenience to you and your community. Including time commitments and the hosting of visitors in the community. We greatly appreciate participation and members who engage with us will be compensated for their time.

Compensation

Monetary compensation will be given to participants for their time.

Risks

We understand that involvement in this work may have potential risks to you. Topics encountered in this project may be sensitive or triggering. We will actively work to minimize all risks associated with this study and in the event that participants are negatively affected we will offer support and resources. If you have any concerns about the risks associated with this study, please contact one of our Researchers.

Risk mitigation strategies:

- Trigger warnings for sensitive content
- On-going, informed consent
- Confidentiality
- Resources for support

Benefits

The benefits of your participation include:

- Input on legislation affecting communities
- Identifying accessibility needs, barriers and strengths
- New perspectives on disability and accessibility
- Monetary compensation
- Contributions to knowledge and best practices

Voluntary Participation

Your participation in this work must be completely voluntary. We understand things change and we want to assure you that if you decide to participate, you may:

Withdraw at any time without any consequences or any explanation.

If you do withdraw from the study, your data will be destroyed upon confirmation of your withdrawal.

On-going Consent

To make sure that you continue to consent to participate, we will confirm consent at each stage/activity over the duration of this project. We will remain available for questions or clarification at all times.

Anonymity & Confidentiality

In terms of protecting your anonymity and confidentiality:

We will keep all research documents in a locked file cabinet or stored on our internal encrypted server, and any identifiers will be removed from all files as soon as possible.

We will create and use a “code system” in place of community names if they do not wish to be identified. At the end of the project, all identifying data and “code keys” will be destroyed.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways:

- Final Project Report
- Research Report

Dissemination Methods:

Shared with Accessibility Standards Canada

Reports and data will be shared with participants

Key points /themes/ stats will be disseminated through social media and website

Presentations at IDAM Wellness Gathering 2024

Disposal of Data

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Computer files will be deleted; any paper documents will be shredded.

Contacts

Individuals that may be contacted regarding this study include:

Haileigh Hay, Senior Accessibility Researcher
Phone: (250) 381-7303 (ext. 210)
Email: research2@bcands.ca

Zoë Ryde-Kruse, Accessibility Researcher
Phone: 250-381-7303 (ext. 221)
Email: research1@bcands.ca

Your signature below indicates that you understand the above conditions of participation

in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant:	
Signature:	Date:

Appendix J- Plain Language

Community Participation Consent

This form is about taking part in Indigenous Disability Canada’s research project. We want to include people with all types of disabilities.

We are having a meeting so we can hear your experiences and ideas.

We want to use the stories and ideas you share with us to help make suggestions to the Government of Canada about accessibility laws.

For us to use the ideas you tell us, we need your consent. “Consent” means you telling us it is okay to do something.

Before you join the meeting, please fill out this form. If you need to leave at any time you may do so.

Take a look at each item in the list below, if you are okay with it and you agree, write an X in the “yes” box. If you are not okay with it, write an X in the “no” box. We will not do anything that you say no to.

	Yes	No
I agree to take part in the meeting		
I agree that what I say can be recorded		
I agree that Indigenous Disability Canada can use what I say in their work		

Please fill in the box below to confirm your consent:

Name of Participant:	
Signature:	Date:

Contacts

If you have questions or concerns, please contact:

Haileigh Hay, Senior Accessibility Researcher
Phone: (250) 381-7303 (ext. 210)
Email: research2@bcands.ca

Zoë Ryde-Kruse, Accessibility Researcher
Phone: 250-381-7303 (ext. 221)
Email: research1@bcands.ca

Appendix K - Accessible Canada Act Information

Accessible Canada Act

The *Accessible Canada Act* (ACA) is federal legislation that builds on existing human rights frameworks that supports equality for people with disabilities in Canada, like the *Canadian Human Rights Act*. The ACA takes a proactive and systemic approach for identifying, removing and preventing barriers to accessibility, with the goal to create a barrier-free Canada by 2040.

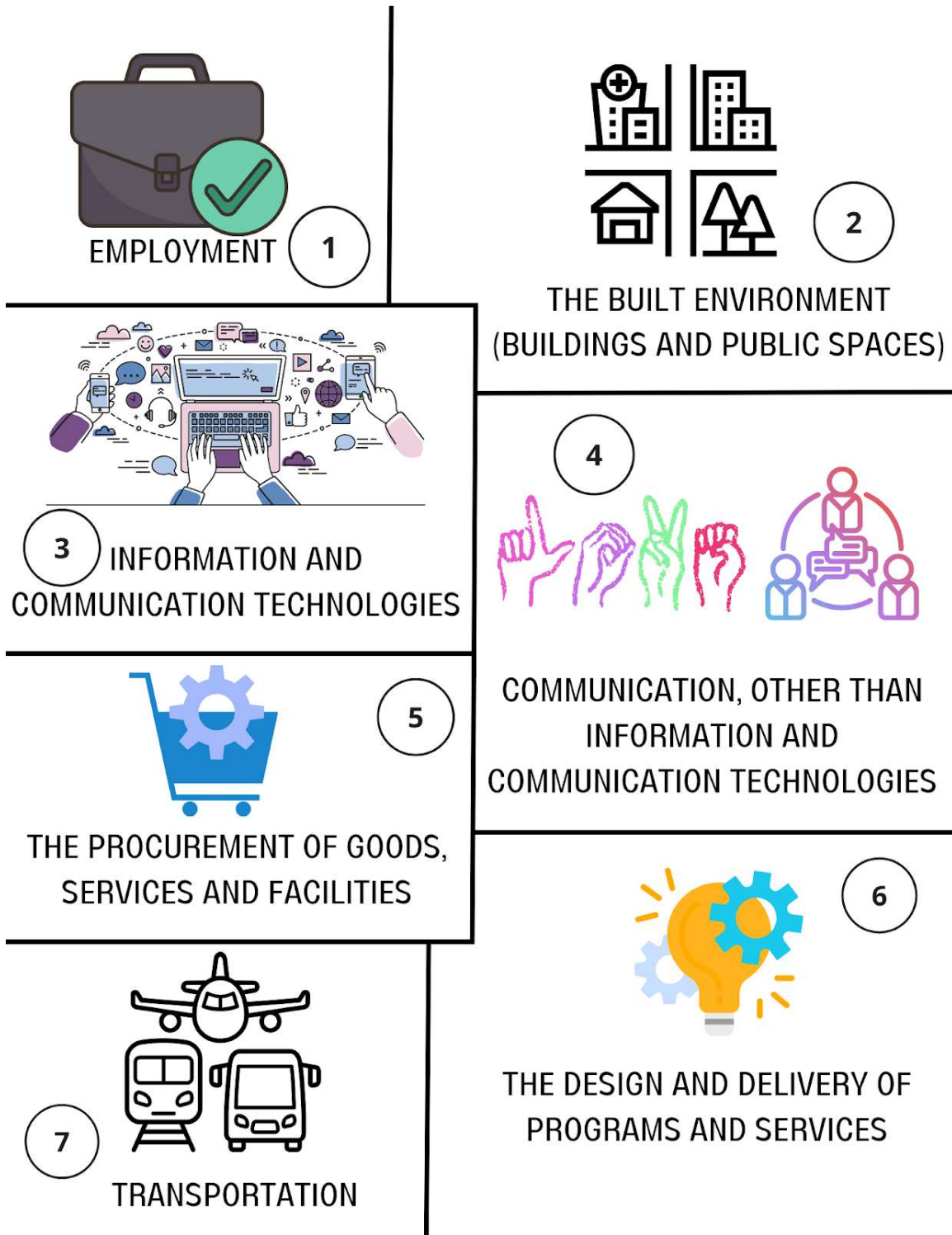
Some quick facts on the ACA:

- the (ACA) came into force in 2019
- First Nations are exempt from regulations made by the *Act* until 2026 to allow for more engagement with communities.
- The ACA also created Accessible Standards Canada (ASC), whose purpose is creating accessibility standards for federally-regulated entities and federal organizations.
- There are 7 key areas of priority for accessibility

The 7 Priority Areas:

- employment
- the built environment (buildings and public spaces)
- information and communication technologies
- communication, other than information and communication technologies
- the procurement of goods, services and facilities
- the design and delivery of programs and services, and
- transportation (airlines, as well as rail, road and marine transportation providers that cross provincial or international borders)

Appendix K – Accessible Canada Act Information – Visual



Appendix L - Built Environment Checklist

Built Environment Analysis		
Indoor vs. Outdoor	Feature & Presence	Notes
Outdoor: Public Space	Roads Paved <input type="checkbox"/> Unpaved <input type="checkbox"/>	
	Sidewalks Present <input type="checkbox"/> Absent <input type="checkbox"/> Paved <input type="checkbox"/>	

Built Environment Analysis

Built Environment Analysis

Outdoor:
**Public
Space**

Crossing Walk
Present
Absent

Outdoor:
**Public
Space**

Walking paths
Present
Absent
Paved

Outdoor:
**Public
Space**

Wayfinding
Present
Absent

Built Environment Analysis

Outdoor:
**Public
Building**

Parking Lot
Present
Absent
Paved

Outdoor:
**Public
Building**

Approach

Outdoor:
**Public
Building**

Entrance

Built Environment Analysis

Indoor: Public Building #1

Wayfinding
Present
Absent

Indoor: Public Building #1

Multi-level Movement
Stairs
Elevator
Other

Indoor: Public Building #1

Flooring
Carpet
Hardwood / Vinyl
Other

Built Environment Analysis

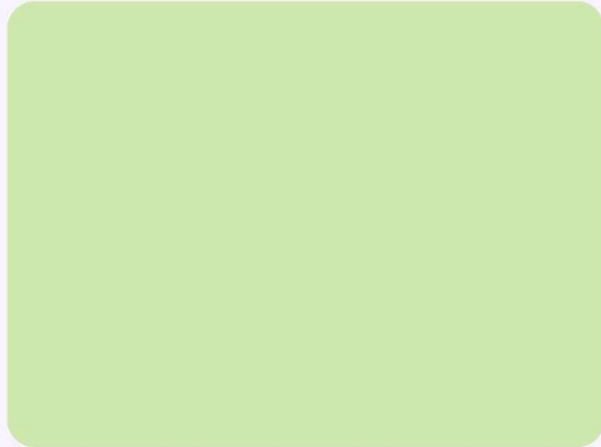
Indoor: Public Building #1

Washroom Accessible



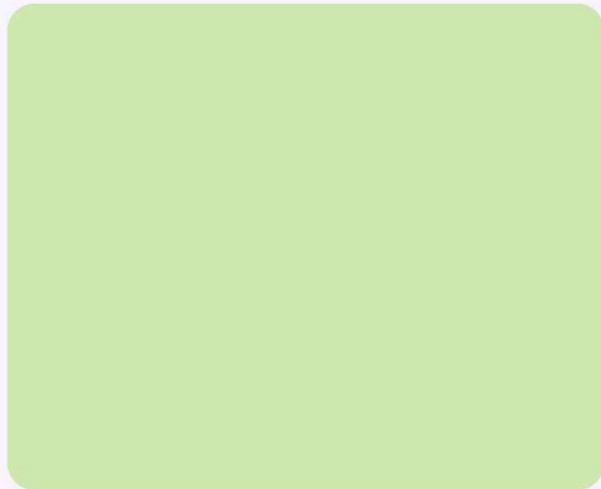
Indoor: Public Building #2

Wayfinding Present
Absent



Indoor: Public Building #2

Multi-level movement Stairs
Elevator
Other



Built Environment Analysis

Indoor: Public
Building #2

Flooring

- Carpet
- Hardwood / Vinyl
- Other



Indoor: Public
Building #2

Washroom

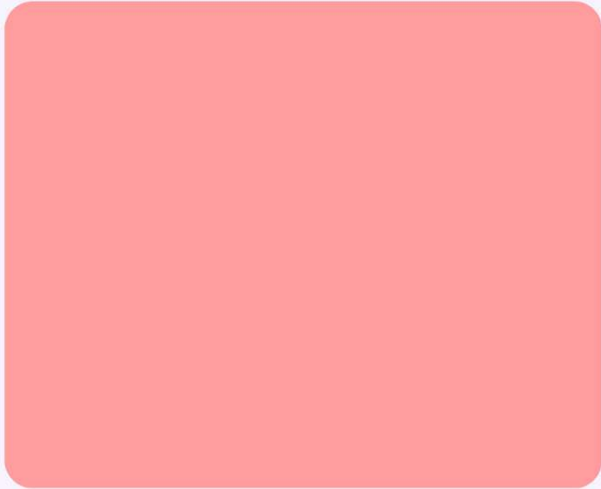
- Accessible



Indoor: Public
Building #3

Wayfinding

- Present
- Absent



Built Environment Analysis

Indoor: Public Building #3

Multi-level Movement

- Stairs
- Elevator
- Other

Large empty red box for notes.

Indoor: Public Building #3

Flooring

- Carpet
- Hardwood / Vinyl
- Other

Large empty red box for notes.

Indoor: Public Building #3

Washroom

- Accessible

Large empty red box for notes.

Built Environment Analysis

Indoor: Public Building #4

Wayfinding

- Present
- Absent

Indoor: Public Building #4

Multi-level movement

- Stairs
- Elevator
- Other

Indoor: Public Building #4

Flooring

- Carpet
- Hardwood / Vinyl
- Other

Built Environment Analysis

Indoor: Public Building #4

Washroom Accessible



Indoor: Public Building #5

Wayfinding Present
Absent



Indoor: Public Building #5

Multi-level movement Stairs
Elevator
Other



Built Environment Analysis

Indoor: Public Building #5

Flooring

- Carpet
- Hardwood / Vinyl
- Other

Indoor: Public Building #5

Washroom

- Accessible

Overall adaptability of public spaces

Built Environment Analysis

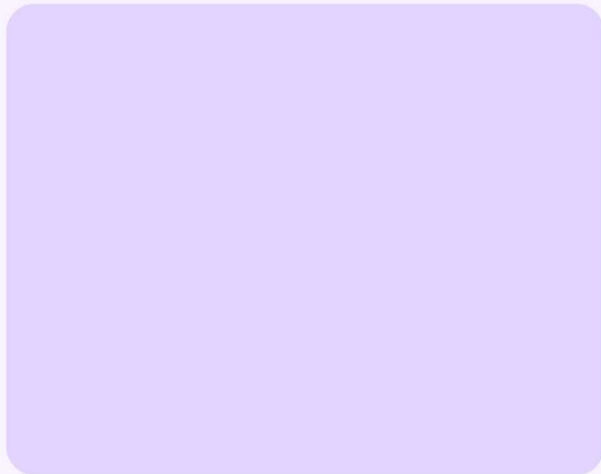
Outdoor:
Housing

Approach



Outdoor:
Housing

Entrance



Outdoor:
Housing

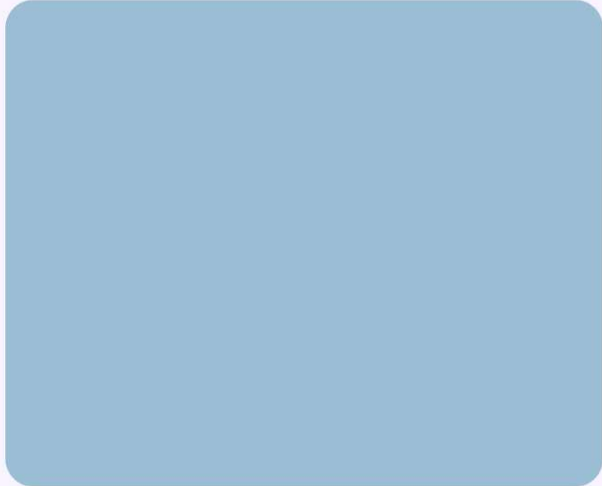
Usable space



Built Environment Analysis

Indoor:
Housing

**Multi-level
movement**



Indoor:
Housing

Flooring
Carpet
Hardwood / Vinyl
Other



Indoor:
Housing

**Washroom
Accessible**



Built Environment Analysis

Indoor:
Housing

Adaptability

Additional Notes