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Métis Perspectives on the Convention on the Rights of Persons with Disabilities

Prepared by the Métis National Council, January 2025

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Introduction

The Métis emerged as a distinct Indigenous people and Nation in the historic Northwest during the late 18th century. The historic Métis Nation Homeland encompasses the Prairie Provinces of Manitoba, Saskatchewan and Alberta and extends into contiguous parts of Ontario, British Columbia, the Northwest Territories, and the northern United States. In 1870 the Métis Provisional Government of Louis Riel negotiated the entry of the Red River Settlement into Confederation as the Province of Manitoba. The Métis Nation is represented at the national and international levels by the Métis National Council which receives its mandate and direction from its Governing Members, the democratically elected governments of the Métis Nation.

The Métis National Council's role is to advance policy, coordinate, research, and articulate perspectives that serve the needs of Métis Nation citizens. As such, the Métis National Council is a conduit for Governing Members and operates nationally and internationally. In addition, as democratically elected representative organizations, MNC Governing Members deliver services and programs to Métis citizens in their respective jurisdictions.

Métis Perspectives on Health and Disabilities

As with many other aspects of human understanding, there is a strong relation between disability, or health conditioning, and culture. What some cultures consider detrimental health conditions, Indigenous cultures celebrate. In this sense, we posit that disabilities and societal inclusion are correlated within the framework of Métis cultural understanding. The Métis people have a distinct relationship with the concept of disability, "one that is mediated both by Indigenous community understandings of human existence and by Canadian articulations of human difference" (Ades & Flores, 2023).

In western contexts, physical and neurological disabilities (e.g., autism) are often perceived as deficits to be cured or treated. In contrast, a strength-based approach informed by Métis ways of knowing, being, and doing offers a culturally supportive perspective on disability support. This paper explores Canada's progress in the implementation of the Convention (CPRD) and provides Métis-specific considerations for addressing physical and neurological disabilities, grounded in Métis cultural values and practices.

This paper is divided into two sections: 1) an exploration of Métis perspectives in disability, data collection and research; and 2) an examination of the provincial and federal government support to address disabilities, within which the Métis National Council operates as a National Indigenous Organization (NIO). The paper also reviews Canada's responsibilities under Articles 31 and 33 and provides recommendations for service delivery options.

Part I: Métis Perspectives in Disability Data Collection, Research and Monitoring

Although Métis are one of three constitutionally recognized Indigenous peoples in Canada and are distinct from First Nations and Inuit, they experienced the full impact of colonial policies including forced removal of children to residential schools and forced adoption policies as part of historical pattern of assimilation and cultural genocide. Métis people continue to experience jurisdictional gaps that create a hierarchy of rights. In terms of health support, Métis people are excluded from national Indigenous programs that allow other Indigenous communities access to health benefits, prescription drugs, medical equipment, and more.

Faced with this policy approach, historically Métis people have relied in cultural norms and environmental knowledge to understand, define and treat disabilities. “Indigenous perspectives paired with academic literature illustrate the dichotomous viewpoints that position Indigenous peoples, most often children, as ‘disabled’ within mainstream institutions, regardless of individual designation. Such positioning suggests that the label of disability is a colonial construct that conflicts with Indigenous perspectives of community membership and perpetuates assimilation practices which maintain colonial harm” (Ineese-Nash et al., 2018). While Métis specific perspectives may differ from this worldview, nonetheless, the need for an alternate lens to view disabilities is direly needed.

Statistics and Limitations

The Aboriginal Peoples Survey, *Indigenous people with disabilities in Canada: First Nations people living off reserve, Métis and Inuit aged 15 years and older* (2019), reported that 30% of Métis had one or more disabilities that limited them in their daily activities (physical or neurological). The rates of disability among First Nations people living off reserve and Métis were higher than for non-Indigenous people and were similarly higher among women than men.

A key limitation of Métis disability research in Canada is that research studies have been conducted from the perspective of chronic illness rather disability. Further, disability support programs for Métis people are often tied to employment outcomes. Support assessments and workplace accommodations may be conducted by undertrained frontline staff, who may not fully understand the broad spectrum of conditions encompassed by disability and their impact on social participation.

It is widely recognized in academia and the public policy sector that the Canadian census is subject to important limitations. Census Canada uses long forms for Indigenous people, but only at a rate of 25% and randomized. Recently, Statistics Canada developed a series of questions designed to ascertain if self-identified Metis respondents are citizens of Metis governments in the Metis Homeland. Eventually, this approach will lead to develop a better understanding of the Metis health status beyond the chronic illness approach.

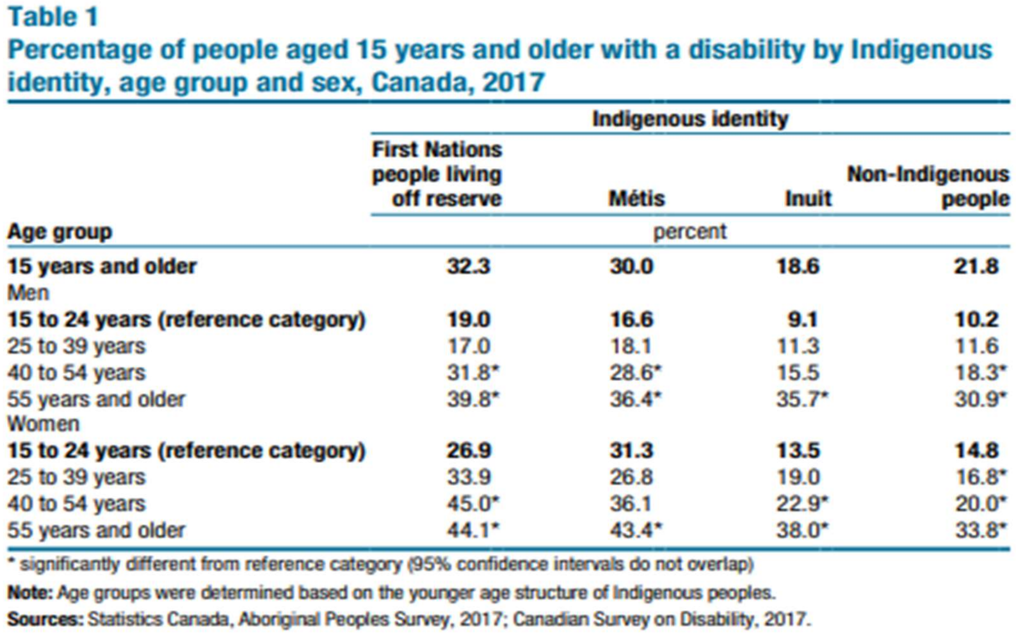


Table 1
Percentage of people aged 15 years and older with a disability by Indigenous identity, age group and sex, Canada, 2017

Age group	First Nations people living off reserve (Indigenous identity)	Métis (Indigenous identity)	Inuit (Indigenous identity)	Non-Indigenous people
	percent			
15 years and older	**32.3**	**30.0**	**18.6**	**21.8**
Men				
15 to 24 years (reference category)	**19.0**	**16.6**	**9.1**	**10.2**
25 to 39 years	17.0	18.1	11.3	11.6
40 to 54 years	31.8*	28.6*	15.5	18.3*
55 years and older	39.8*	36.4*	35.7*	30.9*
Women				
15 to 24 years (reference category)	**26.9**	**31.3**	**13.5**	**14.8**
25 to 39 years	33.9	26.8	19.0	16.8*
40 to 54 years	45.0*	36.1	22.9*	20.0*
55 years and older	44.1*	43.4*	38.0*	33.8*

* significantly different from reference category (95% confidence intervals do not overlap)

Note: Age groups were determined based on the younger age structure of Indigenous peoples.

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

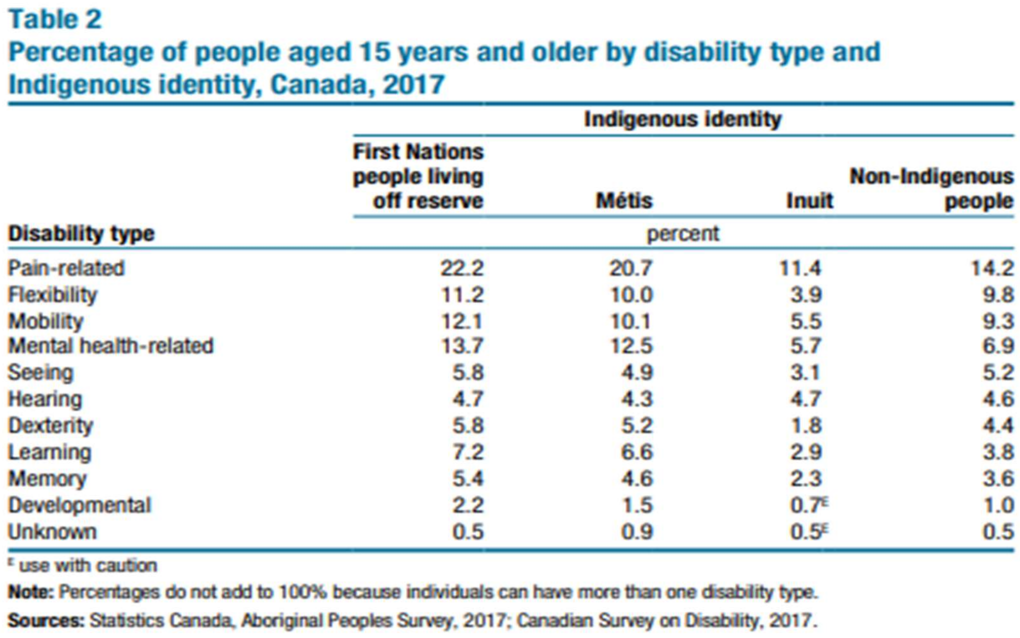


Table 2
Percentage of people aged 15 years and older by disability type and Indigenous identity, Canada, 2017

Disability type	First Nations people living off reserve (Indigenous identity)	Métis (Indigenous identity)	Inuit (Indigenous identity)	Non-Indigenous people
	percent			
Pain-related	22.2	20.7	11.4	14.2
Flexibility	11.2	10.0	3.9	9.8
Mobility	12.1	10.1	5.5	9.3
Mental health-related	13.7	12.5	5.7	6.9
Seeing	5.8	4.9	3.1	5.2
Hearing	4.7	4.3	4.7	4.6
Dexterity	5.8	5.2	1.8	4.4
Learning	7.2	6.6	2.9	3.8
Memory	5.4	4.6	2.3	3.6
Developmental	2.2	1.5	0.7^{E}	1.0
Unknown	0.5	0.9	0.5^{E}	0.5

^{E} use with caution

Note: Percentages do not add to 100% because individuals can have more than one disability type.

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

Other western-centric indicators are also included in the much larger Indigenous Peoples Survey (IPS) (2022), which is used by Canada to gather data on the social and economic conditions of First Nation people living off-reserve, Métis and Inuit and was created to respond to Articles 31 and 33 of the Convention as part of Canada's specific obligations for data collection, implementation and monitoring. Of the over 80 specific questions in this survey related to education, employment, health and access to services, no question specifically references or addresses cultural safety, relevance, or appropriate services. This approach to

Indigenous statistics not only solidifies the cultural and social marginalization for communities like the Métis, but also “entrenches the privileged positions and viewpoints of the settler majority” (Walter & Andersen, p. 85).

As part of a broader reconciliatory requirement for meaningful engagement with the Métis Nation, implementation and monitoring must also consider the lasting legacies of colonial research trauma to Indigenous People in Canada, the reliability of data collected through western research lenses, and more imperatively, while not a Métis -specific approach, consideration for the principles of Ownership, Control, Access and Possession (First Nations Information Governance Centre) related to Métis data.

Distinctions-Based Research

In a 2023 review of Métis-specific health literature (Barbic et al., 2023), researchers conducted a comprehensive search and identified only 28 peer-reviewed articles published in the last decade that focused specifically on Métis peoples. Themes included well-being and spirituality, mental health and substance use, health conditions and risk factors, access to adequate health resources, and experiences in health care. Importantly, there was no literature that explored the perspectives of Métis people with disabilities (pp. 886-888).

Métis-specific health research is limited across Canada, with notable gaps in the volume, subject matter, and diversity in the demographics. Further, at the federal level, many pan-Indigenous federal funding programs administered to national Indigenous organizations fail to consider and allow for the cultural distinctness of Métis identity, context and needs. As a result, National Program Evaluations often fail to adequately capture culturally distinct needs and perspectives. Walter and Anderson (2016) accurately state, “While colonized Indigenous people share many attributes, such as our collective histories, our minority status, and our economic and political marginalization, we are not the same” (p. 84). There is a need for more research that is deeply engaged with communities to better understand the experiences of Métis people living with disabilities and disability service needs.

In the following examples, while not an exhaustive list, we highlight some of the ways Métis perspectives have been excluded from Canada’s response to the Conventions of the CPRD and make recommendations for consideration.

Children with Disabilities – Article 7

Early Intervention Services

Early intervention services (birth to five years of age) have a significant impact on a child’s ability to learn new skills and improve cognitive, language, or motor development. In a national review of early intervention systems, the benefits of early intervention services on health and development have been well established with varying levels of evidence of effectiveness, namely early identification, screening, prevention models, and early treatment options (Tollan et al., 2023). To ensure a child’s success, it is critical that the transition between early childhood care and school-based services maintains a continuity of service delivery.

However, these services are modelled on western ideals of normative development, and, from a Métis perspective, also need to support the child to develop their capacities in relation to their culture. While the following services are not exclusively for early intervention, they offer examples of critical support to Métis individuals with disabilities throughout their lifetime.

Métis-led services across the homeland, in both rural and urban centres, may include:
- Speech-language pathology utilizing Michif language.
- Physical and occupational therapy rooted in cultural teachings (e.g., berry picking, weaving, or beading for fine-motor skills).
- Sensory considerations for ceremony or gatherings (e.g., lower lighting, headphones, quiet spaces, fidget activities).
- Land, traditional arts, and music-based therapy.

Respect for the Home and Family – Article 23

Notwithstanding the provision of disability interventions and supports to prevent the separation of Métis children from their families, following Ineese-Nash and colleagues (2017), there is also often undue consideration for the immense invisible labour of the families to maintain multiple relationships with service providers, coordinate treatment schedules and balance the distress of interacting with institutions that have caused Indigenous people in Canada considerable harm.

Although keeping children with disabilities in their homes and with their families is a general issue regardless of cultural identity, it must be noted that First Nations and Inuit have access to supports under Jordan's principle and the Inuit Child First Initiative while Métis do not have access to either. There are instances where children have been taken into care to receive services, or for a protective reason, and where parents are no longer able, or sometimes willing, to provide care due to the high needs of their child.

Bill C-92 explicitly addresses the rights of children with disabilities in its provisions and lays an important foundation to move forward (DuMoulin Boskovich LLP, 2022). Section 9(3)(a) of the Act stipulates that the rights and distinct needs of a child with a disability must be considered to promote their participation in family and community activities to the same extent as other children. This provision is part of the principle of substantive equality, which is a key interpretive principle of the Act. The Act ensures the protection of rights for children with disabilities in several ways:

1. Equal participation: The Act promotes equal participation of children with disabilities in family and community activities, recognizing their unique needs.
2. Non-discrimination: Children with disabilities, along with their family members and Indigenous governing bodies, must be able to exercise their rights under Bill C-92 without discrimination.
3. Consideration in decision-making: The views and preferences of children, including those with disabilities, must be considered in decisions that affect them.
4. Holistic approach: The Act emphasizes cultural continuity and the best interests of the Indigenous child, which would include considerations for children with disabilities within their cultural context.
5. Priority on preventive care: By prioritizing preventive care to support the child's family, the Act indirectly benefits children with disabilities who may require additional support.

By incorporating these provisions, Bill C-92 aims to ensure that the rights of children with disabilities are protected within the broader framework of Indigenous child and family services. However, this will only occur if the provincial and territorial governments, or Indigenous Governing Bodies who have drawn jurisdiction, implement policies and service delivery supports that address these needs.

Education – Article 24

Early Childhood Educators

Canada's early learning and child care (ELCC) system must urgently address the shortage of early childhood educators (ECEs) by improving recruitment, retention, and training efforts. This includes offering funding incentives to attract ECEs and developing Métis-specific curricula. Additionally, it is critical to enhance ECE wages, benefits, and working conditions, as well as expand professional development opportunities to reduce burnout and turnover. These improvements are especially critical for children with disabilities, ensuring they receive culturally relevant care and support. While this section is providing special attention to early-intervention services, it is critical that all educators are equipped with the necessary tools and training to effectively support Métis students with disabilities.

Currently, Canada’s child care policies are rooted in outdated, colonial, and deficit-based models of disability and support needs, which focus on integration rather than meaningful inclusion. This approach often labels children with support needs as having behavioral problems, limiting their sense of belonging, and impacting their transition to school. Such policies fail to promote an inclusive, strengths-based approach that fosters the full participation of children with disabilities.

Existing policies also overlook the needs of children with complex medical conditions, leaving ECEs and other care professionals without the necessary support and resources to care for these children effectively. Hidden or invisible disabilities, such as Autism Spectrum Disorder or chronic illnesses, often go unrecognized in an early child care setting due to their non-apparent nature. Many ECE training programs do not adequately equip them to recognize and respond to these conditions effectively. This lack of understanding may lead to missed opportunities for early intervention, which can be critical for improving long-term outcomes.

Métis families with children who have diverse needs face inconsistent support due to factors such as inadequate funding, insufficient staff training in specialized child care, and differing interpretations of integrated versus inclusive care. Assessment backlogs and high diagnostic costs exacerbate these challenges, highlighting the need for more flexible and accessible assessment systems. Additionally, ELCC-funded child care centers may selectively admit children, potentially excluding those with support needs, especially if a support worker is not available.

Currently, ECE certification does not require training in culturally relevant disability care. Although there are online resources and professional development opportunities available, ECEs often cannot participate in these programs during work hours, forcing them to attend training on their own time and often without compensation.

Additionally, the lack of diversity among ELCC professionals, including Métis and those with disabilities, restricts the availability of skilled professionals who reflect the communities they serve. A more diverse and inclusive ELCC workforce is essential for ensuring that families and children feel represented and safe in child care settings.

In the *Discussion Guide on Canada-Wide Early Learning and Childcare: Feedback for Federal Secretariat on Early Learning and Child Care*, Métis Nation Governing Members identified the following points of importance regarding access to the care needed:

- ELCC must provide high-quality, culturally relevant, and no-fee child care with comprehensive wraparound supports specifically designed for Métis families.
- Cultural design elements should be integrated in child care setting, including outdoor play spaces for land-based learning for children with diverse abilities.
- ECE training curricula should be enhanced to include disability-specific training (including Individualized Education Programs), as well as trauma-informed and resiliency practices.
- Increase funding for Specialized Child Development (SCD) and Autism Spectrum Disorder (ASD) services and programs.

Health – Article 25

Several initiatives are currently addressing health disparities among Indigenous peoples across Canada, including those living with short- and long-term physical and neurological disabilities. As of 2024, the Government of Canada continues to respond to the Truth and Reconciliation Commission's Calls to Action 18 to 24. These efforts are aligned with federal initiatives designed to support people living with disabilities. For example, Bill C-81, the Accessible Canada Act, aims to create a barrier-free Canada by January 1, 2040, by identifying, removing and preventing barriers within federal jurisdiction.

It is important that Métis people with disabilities have access to distinctions-based care under co-developed health legislation. In 2021, the Minister of Indigenous Services launched an engagement process that was supposed to lead to the introduction of a draft bill in winter 2024. This legislation is intended to support Indigenous groups to directly contribute to the transformation of health service delivery through the development, provision, and improvement of services to increase Indigenous-led health services, although there is no update at this time.

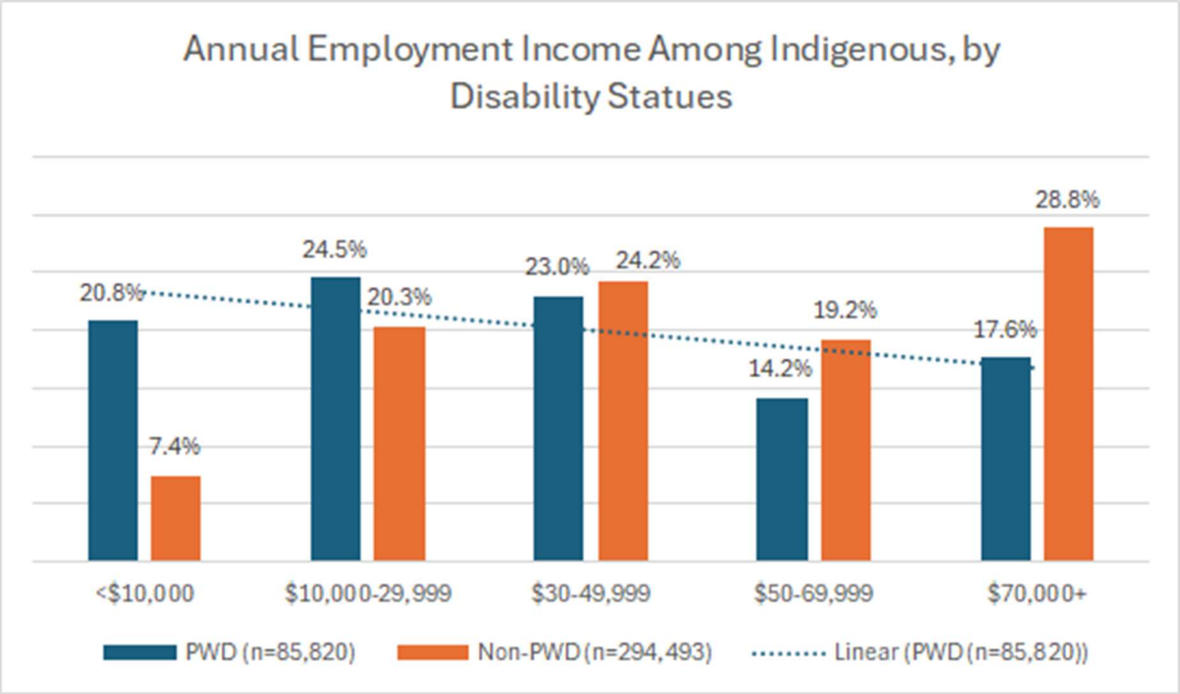
It should be noted that further consideration is also needed for a trauma-informed perspective to this work, and in particular, the unique needs of Métis veterans. Higher rates of disability, combined with the historical neglect of Métis veterans' needs, highlight the ongoing struggles faced by this community in accessing appropriate support and recognition for their service and sacrifices (Métis National Council, 2024). Culturally informed disability interventions are yet to be fulsomely or holistically addressed in the suite of health services and interventions for veterans with disabilities administered by Canada.

Work and Employment - Article 27

As part of a broad Indigenous workforce development approach, in 1999, the Canadian Government began investing in Indigenous labour market development. Persons with disabilities were included as national target groups. The latest of these strategies, Indigenous Skills Employment and Training Program (ISETP) dispensed with target groups and created flexibility where under ISETP the target population can vary based on the specific priorities of each Indigenous contribution recipient and the communities they serve. Yet, deemphasizing persons with disabilities comes at a high price for Indigenous communities and the Canadian labour force.

According to the 2017 findings, there are 3.7million individuals with disabilities aged 25-64 within the Canadian labour market, representing one-in-five workers, or 20.1% of the labour force. Identifying and providing adequate support for this segment of the labour force is imperative to respond to decreasing labour productivity in Canada and ensure that individuals with disabilities find avenues for full contribution to the Canadian economy.

Indigenous peoples experience lower income rates than non-Indigenous Canadians. For Indigenous peoples with disabilities, this reality is more compromising. Indigenous peoples are “three times more likely as their non-PWD counterparts to make less than $10,000 a year” (Indigenous Affairs Directorate & Contreras, p.11)

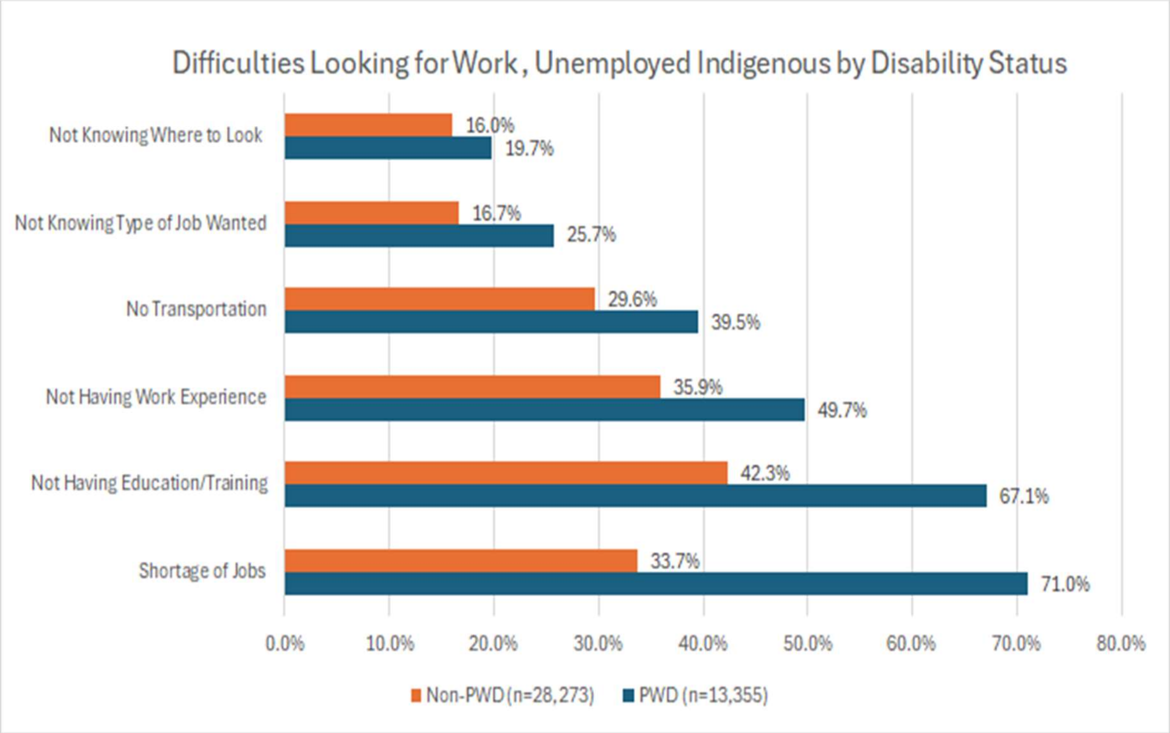


Source: Aboriginal Peoples Survey, 2017

There is a gender gap in the experiences of people with disabilities in the labour market. “Women account for a disproportionate 63.2% of all core working-age Indigenous PWDs. They are slightly more likely to have a severe or very severe condition than males. Despite this, core working-age Indigenous women with disabilities have slightly stronger labour market outcomes than their male counterparts, with higher employment (54.7% vs. 53.0%), lower unemployment (12.0% vs. 13.8%), and comparable workforce withdrawal rates (33.3% vs. 33.2%)” (Indigenous Affairs Directorate & Contreras, p.12).

As pointed elsewhere, while initially Indigenous Peoples with Disabilities was a target group for which Indigenous labour market agreement holders had to report, delisting priority groups has a negative effect on identification, access, and accommodation to individuals with disabilities who seek to enter the labour market, or who seek to advance within it.

Recognizing and affirming the supports required by Métis people to successfully enter the labour market requires trained staff to identify disabilities within the context of significant societal stigma that penalize people for their disabilities. The lack of effort to train specialized labour market counsellors to identify and offer proper advice has been noted as a significant gap in the efforts of the federal government to address labour market entry gaps for persons with disabilities.



Source: Aboriginal Peoples Survey, 2017

The graph above glimpse at the difficulties faced by Indigenous peoples with disabilities wishing to enter the labour force. It shows that without a concerted effort by the federal government to support the training of counsellor capable of identifying and supporting the accommodation needs of this segment of the working population, access to the labour market will continue to be restricted.

Recommendations: Culturally Informed Approaches to the CPRD Articles

Notwithstanding the need to follow the order of the provisions contained in the CPRD, the following broader cultural perspectives, interventions and considerations represent key gaps in Canada's response across many Articles in the Convention, most notably, Children with Disabilities (7), Living Independently (19), Respect for the Home and Family (23), Education (24), Health (25) and Work and Employment (27).

Access to Elders and Knowledge Keepers

For the Métis, Elders and Knowledge Keepers play an essential role in transmitting knowledge, values, and culture in a holistic approach. They positively influence individual and collective attitudes, fostering resilience, hope, motivation, strength, and a sense of belonging. Additionally, they uphold traditional practices, such as the preservation of traditional foods and medicinal plants, which may offer physical and mental benefits for those living with disabilities. Access to Elders and Knowledge Keepers is critical for maintaining mental, spiritual, and physical well-being, and should be provided in a way that respects and aligns with the community values and needs.

Access to Elders, Knowledge Keepers, and traditional medicine also responds to Action 22 of the Truth and Reconciliation Commission of Canada (TRC) 2015 report; “We call upon those who can effect change within the Canadian healthcare system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders, where requested by Aboriginal patients.” Access to Elders and Knowledge Keepers is vitally important to Métis persons with disabilities.

Community Support

People living with disabilities require a range of support, and community plays a central role in fostering social inclusion, advocacy, access to services, and overall mental, spiritual, and emotional well-being. Community is especially important for the Métis, as informal caregivers may support individuals and families in the absence of formal support structures. However, parents, Elders, extended family, and community members are often not included in federal considerations of a disability support system which focuses funding on privatized programming and fragmented access to disability related health, education and private services (Underwood et al, 2018). This need is further compounded by limited access to providers, insufficient funding, overburdened service providers, and a lack of personnel trained to deliver culturally relevant care that meets the unique needs of Métis people with disabilities.

Traditional Medicines

Traditional medicines are grounded in a holistic approach that extends beyond western practices and includes traditional knowledge, medicinal remedies, and healing practices. However, most advancements in this area occur within Indigenous-specific health and wellness centres, which remain limited in number and accessibility. The literary intersection of traditional medicines and people living with disabilities is limited and offers significant potential for scholarly development.

In 2024 (Survey Series on First Nations People, Métis and Inuit), 70% of Métis reported that it was very or somewhat important to have health care services that support Indigenous traditional medicines, healing, and wellness practices. However, this was undermined by unfair treatment, racism, discrimination, and a lack of understanding and knowledge from health care professionals. Further, while social accountability training is common across Medical Schools in Canada, the data on how effectively these programs are incorporating Métis perspectives in medical education remains largely unclear and absent in the literature.

In addition to the Truth and Reconciliation Commission Call to Action 22, access to traditional medicines responds to Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP); “Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals.” Access to these medicines must also exist in infrastructures outside of the health care system such as schools, community centres, workplaces and assisted living environments.

Nutrition and Food Access

Inadequate nutrition significantly impacts health outcomes, leading to increased rates of illness and chronic diseases. Diets consisting primarily of inexpensive, nutritionally deficient foods may provide a sense of fullness but can impede growth and contribute to various health issues, including diabetes, anemia, cardiovascular diseases, obesity, and asthma, both in the short and long term. Food insecurity, often exacerbated by high food costs, poses additional challenges for children, resulting in health disparities related to undernutrition that hinder both physical and mental development. Children from food-insecure households are particularly vulnerable to physical developmental delays. Additionally, cognitive development (encompassing language comprehension and memory) can be adversely affected by nutrient deficiencies, particularly those associated with diets high in sugar and low in iron, which are common among food-insecure populations (Anisef et al., 2017).

Proper nutrition, inclusive of culturally relevant food, as well as access to opportunities to harvest this food within community is critical to children’s physical and cognitive development while strengthening their cultural connections. Consuming traditional foods for youth and adults alike provides a socially, spiritually and culturally appropriate option, while directly contributing to Métis children’s health outcomes.

Additional Considerations

Discrimination in Service Access

There are many contributing factors to the disparities in health outcomes between Indigenous and non-Indigenous people, notably:

- The lasting impacts of colonialism and limited access to wholistic healthcare
- Colonial policies that have displaced Indigenous communities to rural and remote areas with few resources
- Discrimination in the availability and delivery of healthcare services

Indigenous people with disabilities encounter the negative impacts of both disability-related discrimination and racism when accessing healthcare services. The Indigenous Peoples Survey (2024) highlights that most Indigenous people experiencing unfair treatment, racism or discrimination felt that their concerns and values were not taken into consideration in their interactions with health care professionals.

Approximately 18% of Métis reported that they experienced some form of unfair treatment, racism, or discrimination from a health care professional, with Métis women nearly twice as likely to report this compared to men. More specifically, among those who experienced unfair treatment, racism or discrimination in the 12 months preceding the survey, 65% of Métis reported that their health concerns were minimized or dismissed.

Geographic Accessibility

Métis people with disabilities have the right to accessibility across physical environments, transportation, information, and access to facilities and services, whether in urban, rural, or remote areas. This is especially critical for children, as access to early-intervention services plays a key role in early diagnosis and treatment. As noted, there are additional challenges in the availability of service providers with cultural knowledge, and in Canada, a Métis diaspora that is spread across large geographic distances

In rural and remote regions, health facilities and specialists may be limited, forcing families to leave their communities to access disability services. Even in urban areas where services are more readily available, cultural indifferences and complexities with accessing Métis specific services, remain. Approximately 16% of Métis individuals travelled outside their community to access health care services in the 12 months prior to the survey (Statistics Canada, 2024).

Further, it is well-established in the literature, that as a result of living in these remote and Northern locations, Indigenous people are often disproportionately diagnosed with chronic and late-stage diseases due to the many travel hardships they face accessing diagnostic services, which further affects individuals with disabilities that cannot access appropriate transportation (Reading & Wien, 2009). Beyond limited access to health care, access to affordable specialized equipment, services, and programming are essential to the well-being and success of individuals with disabilities.

Part II: Provincial and Federal Government Considerations

Government Support

Financial support for individuals living with disabilities must be reflective of the unique accessibility barriers that they face. A standardized approach to funding fails to account for the intersecting factors that influence accessibility. Métis individuals and families do not receive the same level of support as their First Nations and Inuit counterparts, as Jordan’s Principle and Inuit Child First Initiative specifically provide funding for First Nations and Inuit children, respectively.

Indigenous Services Canada offers a High-Cost Special Education Program for eligible First Nations students with learning disabilities to access quality programs and services that are culturally sensitive. Although this federal initiative is intended to support First Nations living on reserve, some Métis students may apply but are encouraged to access funding through their respective Métis Nation.

Therefore, the responsibility falls on provincial Métis governments to support their citizens without adequate and reliable capacity funding. While these governments may assist individuals and families in accessing information on disability supports, they may not provide these services directly. Even when funding is available, it may be insufficient to cover all disability-related expenses and part of time-limited short-term programming.

Government support is addressed in the Truth and Reconciliation Commission Call to Action 20, which states “In order to address the jurisdictional issues concerning Aboriginal people not living on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit and off-reserve Aboriginal peoples.”

In 2016, Indigenous peoples worldwide collaborated with the United Nations to establish the Expert Meeting on Indigenous Persons with Disabilities. One of the key recommendations from the meeting was the urgent need for disability research led by Indigenous communities, employing culturally inclusive methodologies.

The United Nations Declaration on the Rights of Indigenous Peoples, Article 21.2 declares that “states shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and special conditions. Particular attention shall be paid to the rights and special needs of Indigenous elders, women, youth, children and persons with disabilities.”

Further, the Convention Article 6 specifically calls for Canada to provide Indigenous women with disabilities access to the supports available to claim their rights under the Convention (2022). Notwithstanding these calls, Canada has not provided sufficient funding and attention to the Métis Nation to enact these measures. As an example, one of the primary issues for disabled Indigenous women is related to jurisdiction (Adese & Flores, 2023). Ongoing power struggles between service organizations, municipalities, provinces, and the federal government with respect to who bears responsibility for providing access to necessary support structures continue to harm Indigenous women living with disabilities across all areas - education, employment, and health care. Navigating these different organizations and entities in effort to secure assistance puts Métis women at further disadvantage. Demas explains, “many of the concerns that Aboriginal people in Canada have - poor housing conditions, lack of adequate medical care, and substance abuse. When you add disability and being female to this, you have a situation of extreme disadvantage” (2018).

Disability Inclusion Action Plan

The Government of Canada’s Disability Inclusion Action Plan (DIAP, 2022) is guided by the principles outlines in the Accessible Canada Act and is a step forward in developing a comprehensive understanding of disabilities experienced by Métis people. The DIAP aims to improve social and economic inclusion, reduce poverty, achieve a barrier-free Canada by 2040, and establish a consistent approach to disability inclusion across federal programs.

The DIAP includes four pillars:

1. Financial Security – to address the immediate and long-term financial security needs of persons with disabilities and address systemic inequities.
2. Employment – to take a holistic perspective on barriers faced by persons with disabilities in the labour market – although as noted, the task of supporting this effort falls largely on untrained and inexperienced frontline staff.
3. Accessible and Inclusive Communities – to address barriers preventing persons with disabilities from fully participating in their communities and economies.

4. Modern Approach to disabilities – this area seeks to address challenges faced by persons with disabilities in having their concerns considered in policy development.

While the goals of the federal government initiative are important, they must be preceded by an understanding of what is considered a disability within a culturally relevant context, and within the framework of an anti-colonial exercise. Further, the implementation aspect of this federal plan needs to ensure that Indigenous counsellors are developed and trained in understanding not only the normative of the new policy approach, but the cultural imperatives under which this normative approach is enshrined.

In the DIAP it is mentioned that almost one in three Indigenous people have a disability, which is higher than their non-Indigenous counterparts at one in five (p. 7). In 2021, the Government launched an engagement process to seek input on the DIAP, noting engagement with Indigenous organizations. In addition, the Government provided funding to support National Indigenous Organizations to engage communities on the DIAP and Disability Benefit. The Métis National Council received $50,000 in 2024 to further meaningful engagement with Governing Members and citizens across the homeland, however, this funding amount is not aligned with reasonable expenditures to accomplish this task.

Although the DIAP is an overarching document, its lack of specificity leads to a pan-Indigenous approach, rather than one that recognizes the distinct needs of different Indigenous groups. Métis people are often grouped within broad pan-Indigenous statistics, which risks marginalizing their unique needs and results in inadequate engagement and support. First Nations, Inuit, and Métis people each require tailored supports that account for their geographical, jurisdictional, and political landscapes across Canada. While the DIAP has the potential to positively impact over 22% of Canadians (6.2 million people) that identify as having a disability, more work is needed to develop distinctions-based approaches that address Métis-specific disability support.

Disability Benefit Act

The passing of Bill C-22 in Canadian Parliament, also known as the Canada Disability Benefit Act, received Royal Assent in 2022. The Act will address the financial and social barriers for working-age individuals living with disabilities, while also recognizing additional barriers due to gender, Indigenous status, or other intersecting identities. These proposed regulations, when finalized, will set out how the Canada Disability Benefit will be administered and delivered.

Employment and Social Development Canada (ESDC) engaged the Métis National Council in summer 2024 to gain feedback on the Canada Disability Benefit regulations to ensure the perspectives of Métis persons with disabilities are captured. As announced in Budget 2024, the Government is committed to begin payment of the Canada Disability Benefit in July 2025.

National Autism Strategy

In September 2024, the Government of Canada launched the Canadian Autism Strategy, Framework for Autism in Canada, and the National Autism Network. Additionally, the Federal Framework for Autism Spectrum Disorder Act was passed in March 2023. The Act outlines a commitment for the Minister of Health to bring forth a framework to guide efforts and provide much needed support to people on the autism spectrum, their families, and caregivers.

The National Autism Strategy aims to address three key themes for inquiry: Social Inclusion, Evidence-Based Supports, and Economic Inclusion. The federal government is committed to work with Indigenous representative organizations to address key considerations leading to a better understanding of the autism, understand the complexities involved in working with autistic individuals and how a national strategy could address access to equitable support, including economic inclusion.

The Public Health Agency of Canada (PHAC) has engaged stakeholders through a variety of forums, including Indigenous-led consultations with National Indigenous Organizations. Focusing on autism in Indigenous communities, as mandated by the Act, these engagements aim to identify Indigenous-specific priorities. The Métis National Council received $50,000 as part of this engagement in 2024 to further meaningful engagement with Government Members and citizens across the homeland.

PHAC contracted the Canadian Academy of Health Sciences to conduct an assessment on pan-Canadian autism. The Stakeholder Engagement Report (2022) highlights that the assessment included consultations with First Nations, Métis, and Inuit peoples to gather perspectives on autism within these communities. However, it was noted that the consultation process involved in-depth interviews with autistic First Nations individuals and their services providers, with no representation from Métis and Inuit communities. Furthermore, the Indigenous Advisory Committee overseeing the engagement for the Framework and Strategy includes five experts, only one of which is Métis.

It is important to recognize that while Jordan’s Principle and Inuit Child First Initiative support First Nations and Inuit children, respectively, there is no similar federal program specifically for Métis children. As a result, Métis children must rely on provincial healthcare systems or Métis governments for access to services and support.

Additionally, the National Autism Network is designed to connect autism organizations and stakeholders across Canada to implement the Strategy and Framework. The review committee overseeing this network is intended to ensure broad representation, recognizing the intersection of age, gender, ability, and geography. However, no Indigenous representatives were identified within this intersection. This underscores the urgent need for more Indigenous disability organizations across Canada to represent Métis, First Nations, and Inuit communities, and to be actively involved in national networks to ensure Métis voices are heard and their needs are addressed on a national level.

Conclusion

Creating accessible spaces services that include culturally distinct perspectives are needed in Canada’s response to the Articles of the CPRD. This paper considers an intersectional approach to Canada’s specific obligations around statistics, data collection, national implementation and monitoring, and strongly advocates for a distinctions-based approach to disability research for the Métis Nation coupled with sufficient, long term, sustainable capacity funding. Despite interventions undertaken by Canada, this paper notes the limited number of Métis-specific perspectives in existing disability research, literature, resources, and the absence of perspectives in disability service provision and supports that encompass a Métis view of health and wellbeing. In summary, this paper underscores the need to discuss how services and policies can be improved to better serve the Métis Nation in Canada.

References

Adese, J & Flores, J. (2023). “We’re alone in the struggle, we really are”: A Report on Accessibility, Disability, and Housing for Métis Women and 2SLGBTQQIA+ People. *Les Femmes Michif Optimsewak.* https://metiswomen.org/wpcontent/uploads/2024/12/Housing-Report-Accessibility-1.Final_.pdf

Anisef, P., Robson, K., Maier, R., Brown, R. S. (2017). Food Insecurity and Educational Outcomes: A Focus on TDSB Students. Toronto: Higher Education Quality Council of Ontario, at p 15.

Ball, J., & Lewis, M. (2014). First Nations elders’ and parents’ views on supporting their children’s language development. *Canadian Journal of Speech-Language Pathology & Audiology*, 38(2), 224-237.

DuMoulin Boskovich LLP. (n.d.). *Introduction to Bill C-92*. DuMoulin Boskovich LLP. Retrieved January 24, 2025, from https://www.dubo.com/blog/introduction-to-bill-c-92

Gmitroski, K. L., Hastings, K. G., & Legault, G. (2023). Métis health in Canada: a scoping review of Métis-specific health literature. *CMAJ Open*, *11*(5), E884–E892.

Bomberry, Y., Hache, A., Ineese-Nash, N., & Underwood, K. (2017). Raising a Child with Early Childhood Dis-ability Supports Shakonehya:ra's ne shakoyen'okon:'a G’chi-gshkewesiwad binoonhyag ᑲᒥᓂᑯᓯᑦ ᑭᑫᑕᓯ·ᐃᓇ ᐊ·ᐊᔕᔥ ᑲᒥᓂᑯᓯᑦ ᑲ·ᐃᔕᑭᑫᑕᑲ : Ga-Miinigoowozid Gikendaagoosowin Awaazigish, Ga-Miinigoowozid Ga-Izhichigetan. *Indigenous Policy Journal*, 28(3),1–14.

Canadian Academy of Health Sciences. (2022). Autism in Canada: Considerations for future public policy development stakeholder engagement report.

Demas, Doreen. “Triple Jeopardy: Native Women with Disabilities.” Hansen, Nancy, Roy Hanes, and Diane Driedger, eds. *Untold stories: A Canadian disability history reader*. Toronto: Canadian Scholars, 2018.

Employment and Social Development Canada. (n.d.). *Accessible Canada Act: Summary*. Government of Canada.

First Nations Information Governance Centre. (n.d.). *The First Nations Principles of OCAP.* Retrieved from https://fnigc.ca/ocap-training/

Indigenous Affairs Directorate & Contreras, G. (2023). *Indigenous persons with disabilities in Canada’s labour market: Literature review and profile.* Employment and Social Development Canada.

Indigenous Services Canada. (2021) *Indigenous health: Supporting the health and well-being of Indigenous peoples*. Government of Canada.

Ineese-Nash, N., Bomberry, Y., Underwood, K., & Hache, A. (2018). Raising a Child within Early Childhood Dis-ability Support Systems Shakonehya: ra's ne shakoyen'okon:'a G'chi-gshkewesiwad binoonhyag ᑲᒥᓂᑯᓯᑦ ᑭᑫᑕᓱᐧᐃᓇ ᐊᐧᐊᔓᔥ ᑲᒥᓂᑯᓯᑦ ᑲᐧᐃᔓᑭᑫᑕᑲ: Ga-Miinigoowozid Gikendaagoosowin Awaazigish, Ga-Miinigoowozid Ga-Izhichigetan. *Indigenous Policy Journal*, 28(3), 1-14.

Reading, C., & Wien, F. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health.* The National Collaborating Centre for Aboriginal Health.

Métis National Council. (2024). *Métis Veterans National Reconciliation Policy Paper.*

National Centre for Truth and Reconciliation. (2015). *Truth and reconciliation commission of Canada: Calls to action*.

Statistics Canada. (2019). *Aboriginal Peoples Survey; Canadian Survey on Disability.* Ottawa, Ontario: Statistics Canada.

Statistics Canada. (2022). Indigenous Peoples Survey. https://www23.statcan.gc.ca/imdb/p3Instr.plFunction=assembleInstr&lang=en&Item_Id=1389872#qb1398691

Statistics Canada. (2024). *Survey Series on First Nations People, Métis and Inuit.* Ottawa, Ontario: Statistics Canada.

Tollan K., Jezrawi R., Underwood K. & Janus M. (2023). *A Review on Early Intervention Systems.* Curr Dev Disord Rep, *10*(2):147-153.

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

United Nations Department of Economic and Social Affairs. (2019). *Convention on the rights of persons with disabilities (CRPD)*. United Nations.

Underwood, K, Frankel, E., Spalding, K., & Brophy, K. (2018). Is the right to early intervention being honoured? A study of family experiences with early childhood services. *Canadian Journal of Children's Rights*, 5(1), 56-70.

Walter, M. & Andersen, C. (2016). Indigenous statistics: A quantitative research methodology Routledge.