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## **Disability as a Colonial Construct: The Missing Discourse of Culture in Conceptualizations of Disabled Indigenous Children**

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### **Abstract**

This paper explores the concept of disability through a critical disability lens to understand how Indigenous ontologies are positioned within the dominant discourse of disabled peoples in Canada. This paper draws on the inherent knowledge of Indigenous (predominantly Anishinaabek) communities through an integration of story and relational understandings from Indigenous Elders, knowledge keepers, and community members. 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.

**Keywords:** Indigenous disability, critical disability, intersectionality, Indigenous culture, Anishinaabe worldview, Indigenous wellbeing

### **Author's Statement**

Nanaboozhoo. Songe Winnishe Wabigwanikwe Nindizhinikaaz, Mamamattawa minwaa Tkaronto nindojiba, mukwa nindodem. Anishinaabekwe indow. My English name is Nicole Ineese-Nash, but creation knows me as Strong Beautiful Flower Woman. I am Anishinaabe (Oji-Cree) with lineage from the place where the three rivers meet, known as Mamawmatawa, which is just north of my family's home community of Constance Lake First Nation in Treaty 9 territory (northern Ontario, Canada). I also have European ancestry, of which I know less about. I am writing this paper as a second-generation residential school survivor, as a scholar, and as a community member. I am writing this paper to honour the traditional teachings that have been passed to me through ceremony, through visits with Elders, and from community members who have shared their stories with me. I am sharing these teachings as someone who is coming into the realm of knowing my culture, not as an expert on experiences I have not had. I am sharing what I have come to know, as an able-bodied, cis-gendered, white-passing Anishinaabe woman, in the hope that I might advocate for the disruption of the colonial norms that harm my family and relations across Turtle Island. But I can only speak for myself, and by no means do I wish to speak on behalf of all Anishinaabe, First Nation, or Indigenous peoples. I speak to what I know, so that others may do with this knowledge what they may. I do this because I have been told that it is the path I walk, and I must honour that path each day.

*Introduction*

*[The gift] was meant for everybody. But that's the way all human gifts are.*

–Basil Johnston (2010)

Indigenous peoples<sup>1</sup> with disabilities are often conceived as ‘doubly disadvantaged,’ as their ability to participate in society is significantly marginalized both as a result of disability and race-related discrimination (Durst et al., 2006). Indigenous peoples with disabilities face barriers in accessing support services due to geographic location (Roberts, O'Sullivan, & Howard, 2005), funding issues (Blackstock, 2012), and systemic racism (Browne et al., 2012), in addition to experiencing numerous social conditions which may contribute to ill-health (Czyzewski, 2011). Social determinant models of health often consider Indigenous populations to be at higher risk than non-Indigenous populations of experiencing chronic disease or illness, injury, suicide, and death (Czyzewski, 2011). Indigenous peoples in Canada also experience disability at twice the rate of the national average (Durst et al., 2006). Dominant perspectives in health research equate racial discrimination with societal disablement, perpetuating a discourse of ‘Indigeneity as disability’ wherein Indigenous peoples are disabled regardless of individual capacity. For Indigenous peoples with disabilities, this logic can dichotomize lived experience and hinder the development of identity and community membership (Ineese-Nash, Bomberry, Underwood, & Hache, 2018). This paper argues that the label of disability is a construct that exists as a mechanism of colonialism which does not align with Indigenous perspectives of difference. This paper operates from three core axioms: (1) that disability exists in the context of colonialism through explicit structures of oppression; (2) that interventions fail to recognize cultural diversity and in effect foster

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<sup>1</sup> I use the term ‘Indigenous’ in this paper to refer to nations which have inhabited Turtle Island since before European colonialism. While this term is inclusive of First Nations, Inuit, and Metis nations in North America, as well as pre-colonial communities worldwide, this paper is written with a particular focus on Anishinaabe and First Nations perspectives.

assimilation through rehabilitation; and (3) that Indigenous children with disabilities deserve a system that benefits their whole selves in the context of their web of relations.

Many Anishinaabe teachings are predicated on a concept known as Mino Bimaadiziwin, or the ‘The Good Path.’ Mino Bimaadiziwin is a life-long pursuit of honouring oneself, one’s relations, and all of creation. Supporting a child in a good way means helping that child to know and follow their rightful path, through understanding cultural teachings and respecting all life. Fostering development from an Anishinaabe perspective is done in a manner that bolsters self-esteem, positive identity, and self-determination. Indigenous peoples in Canada are routinely confronted with intrusions on their ways of being, which undermines Indigenous sovereignty (Coulthard, 2010). Interventions for Indigenous children, even when culturally grounded, can oftentimes perpetuate ‘at-risk’ discourses, which may lead families into mainstream support services modelled on Eurocentric ideals of normative development (Miskimmin, 2008). From an Indigenous perspective, intervening in the development of a child may not be a primary objective (Ball & Lewis, 2014). Rather, supporting the child to develop their capacities in relation to their culture and spiritual gifts may be more aligned with traditional child rearing (Gerlach, 2008).

### *Defining Disability*

*"Traditionally, disability was not seen as such" –Melissa Tantaquidgeon Zobel (in Sernier, 2013, p. 213)*

Indigenous communities globally have varying understandings and interpretations of the experience of disability (Lovern & Locust, 2013). Many Indigenous languages of Turtle Island (North America) have no word describing the concept of disability. This may be due to the nature of these languages, which are largely verb- and context-based (Gross, 2016). Traditionally in

Anishinaabe culture, people are named through ceremony to reflect the gifts that they carry or responsibilities they hold within community (Willmott, 2016). These names often reflect the capacities of individuals in relation to the spiritual realm (Wyatt, 2009). In this way, children learn from a young age their role within the community as described by what they can do, what their unique gift is, or what teachings they bring to the collective (Johnston, 2018). When describing a child, there is not often a discussion about what the child is lacking, or what they cannot do, because of the understanding that all children are gifts to the community (Greenwood, 2006). Some Indigenous communities have adapted language structures to communicate the concept of disability (see Opai, 2018), though many communities feel that the concept of disability conflicts with Indigenous worldviews (Lovern, 2008).

Disability is perhaps most broadly understood as a social phenomenon experienced by individuals with impairments which hinder their full participation in society (Oliver, 2017). The United Nations General Assembly considers disability to be “an evolving concept [that] results from the interaction between persons with impairments and attitudinal and environmental barriers” (United Nations General Assembly, 2007). Many disability scholars concur with these relational models of disability, which see disability as a social experience not residing in the individual, but rather within the culture of our society (Goodley, 2016; Oliver, 2017). Disability is therefore heightened through other forms of discrimination, such as racism, classism, and sexism (Annamma, Ferri, & Connor, 2018; Goodley, 2017). For some Indigenous communities, disability may have historically been a welcome characteristic (Lovern, 2008). However, within the context of settler-colonialism, disability becomes one of many factors which depress Indigenous futurity and self-determination.

*Indigeneity in the settler-colonial context*

Indigenous peoples represent a unique population in Canada, with various intersectional identities and lived experiences (Greenwood, Leeuw, & Fraser, 2007). Indigenous populations are culturally and geographically diverse, living in rural, remote, and urban environments across the country (King, Smith, & Gracey, 2009). Although Indigenous peoples represent a rather small portion of the national population (approximately 4.9% according to census data), they are overrepresented in nearly all social institutions, such as child welfare (Sullivan & Charles, 2012), correctional facilities (LaPrairie, 2002), shelters (Baskin, 2007), and special education services (Gill, 2012). This is not to say that Indigenous peoples are inherently predisposed to encountering challenges to living without intervention, but that colonial history has created a model for the pathologization of Indigenous ways of being which fosters institutional dependency.

Prior to European contact, Indigenous communities lived from and with the land, in relational ways that valued reciprocity, longevity, and sustainability (Simpson, 2008). Anishinaabe peoples in particular were known to be geographically fluid and adaptive to changes in their environment, reflecting their values to honour the land and allow for replenishment (Sinclair, 2013). Within these collective societies, prosperity and communal strength were of utmost importance to a nation's survival (Simpson, 2013). It is believed that because of the interconnected nature of the universe, what befalls one member of the community inherently affects all. Overcoming challenges as a community was valued as a way of preserving cultural knowledge for subsequent generations (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2012). In this way, developing mechanisms for including all members in most aspects of community life was welcomed as a way to foster a stronger nation (Lovern & Locust, 2013).

Colonial control through legislation and policy destroyed many of the communal ways in which Indigenous peoples lived. The Indian Act in particular disregarded Anishinaabe governance systems, which were clan-based and matrilineal in nature (Bohaker, 2010). Because settlers believed their patriarchal governance models to be superior to the ‘primitive’ structures of Indigenous communities, these structures were systematically imposed on Indigenous peoples (Parisi & Corntassel, 2007). Further, colonial policy makers sought to control Indigenous populations, who were scattered across the areas which were deemed to be valuable for settlement (Leslie, 2002). The reserve system was thus put into effect in order to regulate Indigenous migration under the pretense that land would be allotted for Indigenous communities to use as deemed appropriate (Henderson, 2018). However, these systems often displaced Indigenous peoples from their traditional homelands, forcing them to live in unfamiliar terrain alongside other nations which may not have shared their culture (Blackstock & Trocmé, 2005). The continued displacement of Indigenous peoples, and disruptions to traditional ways of community organization, has contributed to the erasure of Indigenous peoples from mainstream discourses in Canadian society, continuing the genocidal and assimilistic practices that founded this nation (Alfred, 2009).

#### *Evolution of colonial intervention*

Seeking to further control the Indigenous population, and to assimilate it into the new nation-state of Canada, the colonial government developed further mechanisms to intervene in the lives of Indigenous peoples (Alfred, 2009). Conditions of treaty signing included the designation of land as surrendered to the Crown in exchange for goods and services, which involved mandatory education for Indigenous children (Battiste & Barman, 1995). Indian residential schools and day



schools served as the primary intervention strategy to halt the generational growth of Indigenous culture and nationhood (Bombay, Matheson, & Anisman, 2014). These schools pathologized Indigeneity, which was likened to a disease and ostensibly cured by killing all traces of this identity through Eurocentric industrial education (Churchill, 2004; Woolford & Gacek, 2016). Indian residential schools and day schools are widely understood to have contributed to the cultural genocide of Indigenous peoples in Canada, which continues to have a lasting impact on Indigenous peoples today (Churchill, 2004; Niezen, 2017; Truth and Reconciliation Commission of Canada, 2015).

Residential school education, although effective, was not enough to completely sever the strong familial ties that children held in their communities. As children returned home for summers and holidays, they would ‘regress’ to the cultural ways of their families, which created challenges to erasing Indigenous identity (McKenzie, Varcoe, Browne, & Day, 2016). Further interventions were needed to achieve the colonial project of total assimilation (Cannon, 2007). After the Second World War, the residential school system began to wane and was replaced with the forced removal of children from their communities into permanent placements in non-Indigenous households through child welfare policy (Sinclair, 2007). This tactic, now known as the Sixties Scoop (Johnston, 1983), was based on the assumption that Indigenous communities were unsafe for children and that Indigenous parents were unfit to raise them (McKenzie et al., 2016). Both the residential school system and the Sixties Scoop were used as interventions to pathologize Indigenous communities in order to maintain processes of land possession and weaken Indigenous nationhood (McKenzie et al., 2016).

The assimilistic interventions in the raising of Indigenous children did not end with residential schooling or the Sixties Scoop (McKenzie et al., 2016). Rather, the removal of

Indigenous children from their families and communities continues to be endorsed through colonial policies (Sinclair, 2016). Indigenous children currently represent over half of all children in foster care in Canada, but only eight percent of the childhood population (Haight, Waubanasum, Glesener, & Marsalis, 2018). It is estimated that more children are in care today than at the height of the residential school system (Fee, 2012). It is evident that the colonial interventions in the rearing of Indigenous children continue, as they are a means to end our cultural futurity.

*Eugenics and the less-than-human*

Indigenous children in Canada have been institutionalized as a means to rehabilitate them into productive members of the nation-state (McKenzie et al., 2016). Those deemed to be beyond the reach of assimilation, such as those with developmental differences and disabilities, have been institutionalized in a similar fashion (Strong-Boag, 2007). From the beginning of the 1990s until as recently as 2009, individuals with intellectual impairments and mental illness were seen as a threat to civil society and therefore confined to institutions and asylums (Jongbloed, 2003; Lemay, 2009). Numerous accounts from both former residents and staff members illustrate the abusive and neglectful practices that characterized institutionalization (Sobsey, 2006). Premised on eugenics movements, the institutionalization of disabled peoples hindered participation in society based on the understanding that these individuals were less than human, and therefore a threat to the continuation of the human race (Reaume, 2012).

Eugenics ideologies formed the basis of the racial violence inflicted on Indigenous, Black, and intersectional disabled peoples in the development of Canada as a colony (Levine, 2010). Settler-colonialism operates to erase Indigenous claims to land and sovereignty, and in so doing,

positions the colonizer as the benevolent rightful inheritor of territory (Tuck & Yang, 2012). This heteropatriarchal white-centred process seeks to make itself invisible, without origin and without end (Arvin, Tuck, & Morrill, 2013). Eugenics forms the ideological underpinning of the colonial project, as subjugation of peoples necessitates a hierarchical framework (Arvin, Tuck, & Morrill, 2013). In the context of North America, eugenics typifies the Black-Indigenous-settler triad, in which Indigeneity is replaced by whiteness through the labour of Black bodies (Tuck & Yang, 2012); Indigenous peoples are considered less-than-human, in so much that their bodies are not worth enslaving and valued only when they are dead (Deloria, 1969).

White eugenics is a place of intersection in considering the lives of disabled Indigenous peoples. Eugenics is operationalized to justify genocide in the name of achieving a “master race” (McLaren, 1990, p. 1) free of the genetic inadequacies that plague non-whites and non-elites (Strange & Stephen, 2010). For Indigenous and disabled peoples alike, eugenics movements attempted to end regenerative capacities through forced and coerced sterilization (Grekul, Krahn, & Odynak, 2004; Stote, 2012). From the early 1900s, Canadian provinces maintained eugenics-based policies that targeted marginalized populations, such as Indigenous, disabled, and Black communities, through medically enforced sterilization procedures during or after childbirth, with limited or no understanding of long-term consequences (Stote, 2015). Many women were coerced into signing their consent to the receipt of these procedures, with the threat of their children being removed from their custody (Stote, 2015). Both groups were also used as scientific subjects, exposed to biological warfare and unethical scientific experimentation without consent (Fenn, 2000; Lux, 1998; Grodin & Glantz, 1994). In this way, Western medical science has been both a cause of, and response to, disability and difference (Grodin & Glantz, 1994). The convergence of these experiences is not coincidental; rather it is symptomatic of the structures and processes

enacted to subjugate the less-than-human in the advancement of white colonial patriarchy (Arvin, Tuck, & Morrill, 2013). These are the structures of colonialism, wherein disability and difference are regarded as hindrances to progress. Eugenics ideologies continue to operate within the health and education systems, impeding bodily autonomy and self-determination for disabled and Indigenous peoples alike.

*Contemporary intervention systems*

The intervention system in Canada currently positions disability as a medical condition which requires intervention to restore normative functioning (Underwood, Frankel, Spalding, & Brophy, 2018). Most intervention services are offered within specific realms of development, be they cognitive, physical, or emotional domains (Underwood, 2012). These systems assess and categorize individuals along diagnostic continuums in order to provide relative supports for one area of functioning. The nature in which individuals are assessed, pathologized, and rehabilitated is through the framework of bio-medical understandings of normative presentations of ability (Underwood, 2012). Disability is a naturally occurring phenomenon that exists across cultures (Lovern & Locust, 2013), yet there is little to no consideration of cultural variance in both the understanding and presentation of disability within these systems.

Indigenous children are particularly over-represented in special education and disability support programs (Durst, 2006). These children are predominantly designated as having social-emotional and language-related disabilities (Wright, Hiebert-Murphy, & Gosek, 2005). Although Indigenous children may benefit from supports early in life (Nguyen, 2011), the ways these children are assessed and pathologized are problematic (LeFrancois, 2013). Many developmental assessments have been criticized for cultural biases that disproportionately disadvantage

Indigenous and immigrant populations (Ball, 2008; Fong, 2004). The prevalence of behavioural and educational supports required for Indigenous children suggests that the environments in which these structures are required are not designed to meet the unique needs of Indigenous children (Greenwood, Leeuw, & Fraser, 2007). When supports are offered, there is often immense labour by the families to maintain multiple relationships with service providers and to coordinate treatment schedules (Ineese-Nash et al., 2017). While this is onerous for any family, interacting with institutions that have historically caused, and presently cause, harm to Indigenous communities can be triggering and disempowering (Durst, 2001).

Many Indigenous families seek out interventions for their children, but are faced with numerous barriers to receiving service (Durst, 2006; Ineese-Nash et al., 2017). Long wait lists, difficult diagnostic processes, and limited numbers of practitioners in some regions lead to poor access to intervention for many families (Underwood et al., 2018). Indigenous families on reserve may face additional challenges to accessing disability supports due to underfunding and ambiguous government responsibility (Blackstock, 2016). Families of children who require consistent intervention are often pressured to relocate to urban settings where services are more accessible, but receive little support to do so (Durst et al., 2006). Indigenous peoples with disabilities in urban settings are also prone to experiencing racism and disability-related discrimination while also being isolated from their communities and cultures (Durst, Bluehardt, Morin, & Rezansoff, 2001).

### *Indigenous perspectives of human origin*

Centralizing Indigenous worldviews is fundamental to supporting Indigenous self-determination with respect to health and wellbeing (Corntassel, 2012). Attempts to integrate Indigenous healing

practices have been exemplified in many health-related services (Lavallee & Poole, 2010; Muise, 2018), but have yet to be centralized in mainstream disability support systems. Although few examples exist of targeted support services for disabled Indigenous children (see Chapman, 2012), the systems of intervention continue to be assimilistic and ableist in nature (Cohen & Avanzino, 2010). Indigenous children are considered to be gifts to communities that come from the spirit world to bring the community strength (Greenwood, 2006). Within the context of settler-colonialism and cultural genocide, Indigenous children also represent the resurgence and futurity of their communities (Greenwood, 2005; Simpson, 2014).

### *The gift of the stars*

Anishinaabe peoples hold sacred beliefs about the origins of their people which contextualize the understandings of individual capacities (Sugarhead, 2017). Indigenous storytelling is a sacred traditional method of intergenerational knowledge sharing (Iseke, 2013). It is through our stories that our culture, knowledge, and worldviews are maintained (Battiste, 2011). The following is an excerpt from Basil Johnston's (2010) storytelling work in which he recounts the Anishinaabe story of the Gift of the Stars (Annangoog Meegiwaewinan), about the origins of children in the physical world. It is transcribed here in its entirety to honour the knowledge embedded in the story and to allow for a holistic interpretation of its message.

Southwind was five years old when his grandmother took him out into the dark to look at the stars. At first this was exciting. But soon looking up into the sky gave Southwind a sore neck. As well, he grew tired of looking at stars. "What are stars, grandmother?" he asked. "Babies," his grandmother answered. Southwind looked back up. The stars looked like sparks. But babies they must be. Had his grandmother not said so? So many babies. They

filled the entire sky. A star fell. Southwind gasped. "Oh! Grandma! The baby is going to get hurt!" "Don't fret grandson. The baby won't get hurt. It will fall gently as a feather into someone's arms. Someone's going to receive a wonderful gift tonight. It will make them happy," Southwind's grandmother explained. "What kind of gift?"

"Some woman is going to get a baby that will make her happy," Southwind's grandmother said. Southwind looked back up into the sky. Not a word did he say. His mind was too small, too young to understand how stars and babies and gifts

could be the same thing. To help Southwind understand, his grandmother told him, "One time you were a little star and you came down as a baby to your mother and to your father and to all of us. You made us all very happy. If ever a star falls near you, take it. Take it home! Look after it. It is a great gift that will make you happy."

"Will I get a baby, grandmother?" Southwind asked. "No," Southwind's grandmother said. "Only girls get babies. Boys get different kinds of gifts. You'll get a gift." In that moment Southwind wanted a star to fall nearby so that he could take it up, bring it home and look after it. But none ever fell nearby. Always they fell far away. Always they were gifts for somebody else but not for him. For five years Southwind watched stars with his grandmother. Then he stopped going with his grandmother. Looking at stars was boring. Three more years went by. His grandmother fell ill. One night Southwind went out to the knoll where his grandmother used to watch the stars. Before Southwind got to the crest of the little hill, a star fell and it fell just the other side of the hill, where there was a pond. Southwind ran up the knoll and then down the other side to the edge of the pond. But there was nothing in the pond, nothing but white flowers that he'd never before seen. There was no gift. He turned to go back home. "Take me. Take me home. I am medicine. I will make

your grandmother well!" a voice said. The little voice came from the middle of the pond. But there was no one there. Again and again the voice called, "Take me! Take me home with you." At last Southwind entered the water, waded out to the middle of the pond. In front of him was the white flower that called out. "Take me! Take me home! I am medicine. I am your gift." Southwind was about to yank the flower from its stalk when it screamed, "No! All of me! All of me!" But it was not an easy thing to lift the flower from its bed. To do this Southwind had to go underwater many times to dig the long root of the flower from its muddy bed. When he finally dug the flower out, Southwind took it home. With the flower Southwind's father made a medicine. They gave it to the old sick woman. The medicine made her better. Some months later Southwind and his grandmother were standing on the knoll studying the stars. He said to her, "No'okomiss, the flower gift that I received; it was really meant for you, wasn't it?" "In a way it is. But it was meant for everybody. But that's the way all human gifts are."

In seeing children as gifts from the sky world, Indigenous communities hold children in very high regard (Greenwood, 2006). When a child comes into being on earth, it is a gift for the entire community. If a child presents as disabled, there is an understanding that there is something to be learned from that experience to strengthen the community as a whole.

### *Community Structure*

Indigenous communities have changed in structure and organization as a result of colonial influence (Alfred, 2009). Prior to the regulation of Indigenous peoples in Canada, Indigenous nations operated within complex diplomatic structures that honoured the sacredness of all living things (Simpson, 2008). Social order was maintained through the recognition of each individual's



gifts as a resource to the collective (Bell, 2013). Each individual held a position within the community in relation to their familial lineage, clan membership, and spiritual calling (Bohaker, 2010). In the recognition that each individual is a descendant of Nanaboozhoo (or Nanabush), the original being (another creation story that will not be told here), there was an understanding that everyone in the community is kin, and therefore there was an orientation towards inclusion (Simpson, 2013). This is not to say that disability-based discrimination did not occur in traditional Indigenous communities, but that the structure of these nations was based on relationship and respect as the starting point (Simpson, 2008).

Childhood from an Anishinaabe perspective is understood as “the good life” (Best Start Resource Centre, 2010, p. 9), characterized by learning, listening, and being in relation to family and ancestors (Ball & Lewis, 2014). It is a time when families envelop the child in cultural practices through story, song, and ceremony (Best Start Resource Centre, 2010). Grandparents play a pivotal role in the raising of Indigenous children, and as Johnston’s (2010) story illustrates, are fundamental to the development of children’s gifts. These relationships are also reciprocal. As adults move into elderhood, their purpose becomes to impart knowledge to subsequent generations (Simpson, 2001). Indigenous Elders are our teachers, scientists, storytellers, and cultural guides who are respected as expert knowledge holders in our communities. Colonization has also severed the intergenerational relationships between Indigenous Elders and children, which has resulted in the loss of language and culture over time (King, Smith, & Gracey, 2009).

### *Discussion*

Social institutions need to reconsider the frameworks in which they operate that pathologize, segregate, and assimilate Indigenous children. Disability support services are currently a

patchwork of medical, educational, and privatized programs which hold various beliefs about normative development and treatment (Underwood et al., 2018). Parents, Elders, traditional healers, and communities are not seen as part of that system. Reimagining disability support requires radical changes to policy, practice, and ideology. It requires a significant shift in paradigm to deconstruct our notions of ability in the context of settler-colonialism. It requires decolonization of these systems altogether.

Decolonizing disability requires both an acute awareness of colonial processes that contribute to and cause disablement (Hollinsworth, 2013), as well as a deliberate attempt to remove these structures from our social organizations (Tuck & Yang, 2012). These conversations about Indigeneity, colonialism, and disability cannot be separated from discussions of land ownership and political control. The accumulation of barriers to the fruition of Indigenous children with or without disabilities is a purposeful tactic to maintain white supremacy and colonial authority in Canada (Blackstock, 2011). Indigenous children are the inheritors of our lands, knowledge systems, and cultural practices, which continue to defy imperial orders on stolen territory.

Supporting Indigenous children with disabilities requires a holistic approach which fosters development in all domains of being and recognizes the expertise and cultural values of Indigenous communities. Circles of Care is an approach to service delivery adopted by many organizations supporting Indigenous peoples which seeks to integrate multiple services to provide culturally appropriate support (Skye, 2013). Indigenous children in Toronto, for example, may be able to access traditional healers and psychotherapy at the same location (Skye, 2013); however, these programs may still operate from fundamentally different perspectives. Forming a circle of care for Indigenous children with disabilities requires a more coordinated approach to service provision. Supporting a child's spiritual development through relationship to traditional knowledge holders

may bolster positive self-identity, but if these understandings of the child are not translated to other professionals working with the child, conflicting messages may persist. It is also important to note that accessing these services can be regarded as high-risk for families who have experienced child apprehension, as in many cases disability-related services are organized in partnership with child protection agencies that continue to apprehend Indigenous children at an alarming rate (Blackstock, 2011).

The Truth and Reconciliation Commission of Canada's Call to Action 12 calls "upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate early childhood education programs for Aboriginal families" (Truth and Reconciliation Commission, 2015, p. 2). While early intervention is not seen as early childhood education, and vice-versa, there is a need to consider the cultural appropriateness of the environments in which Indigenous children spend time. If Indigenous children are twice as likely to be identified as requiring additional support to participate in mainstream education and care programs, we should consider how these programs may be better designed to accommodate diverse learners. Rather than providing a one-size-fits-all approach which reinforces assimilation, interventions must adopt culturally safe practices that recognize cultural diversity (Gill, 2012). Indigenous children with disabilities are often excluded from participating in culturally appropriate development, which hinders the preservation of Indigenous knowledge (United Nations Inter-Agency Support Group, 2014). There is therefore a need to reconfigure circles of care in the provision of services for Indigenous children to account for their intersectional identities.

*Conclusion*

Disability exists in juxtaposition to capitalistic mechanisms of colonization, which seek to commodify minds and bodies in the name of progress (Soldatic, 2015). Progress from an Indigenous perspective is not something with monetary value. Rather Indigenous peoples seek to live in ways that are harmonious with the land, water, animals, and each other. Who is able, who is valued, and who is disregarded is determined by societal perceptions which are culturally based (McDonald, Keys, & Balcazar, 2007). Within the settler-colonial project of Canada, Indigenous peoples have always stood in the way of development, in that their existence negates settler claims to ownership (Tuck & Yang, 2012). Disabled bodies, minds, and spirits also defy the white-centric agenda of eugenics in negating the manifestation of the master race (Stubblefield, 2007). Though, as the story goes, we are all perfect gifts from creation; it is only a matter of one's social positioning.

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