**Early Childhood disability services in Indigenous communities**

JAM, Windsor-Detroit Community Radio, interview with Cameron Wells News radio.

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Host:

Welcome back to Handi-Link sponsored by the Italian-Canadian Handicapable Association. Earlier in our show, we heard from Marina Morrow and Patricia Grey who shared her story of faith healing. ….. with:

Dr. Kathryn Underwood:

Kathryn Underwood

Host:

and

Nicole Ineese-Nash:

Nicole Ineese-Nash.

Host:

We are here at the DRPI Summit on Indigenous Culture and Disability. So, can you tell me a little bit about your backgrounds as it relates to this event?

Nicole Ineese-Nash:

Well my name is Nicole and I am the Project Coordinator for the Inclusive Early Childhood Service System project, which is a project that’s examining families experiences of accessing disability support services for young children in various communities in Ontario. My work is particularly focused on Indigenous families and their experiences particularly on reserve. So that’s why I’m here. I have a particular interest in how Indigeneity and disability intersect, especially in early childhood.

Host:

So, what are some of the barriers related to getting services if you’re both disabled and coming from an Indigenous standpoint?

Dr. Kathryn Underwood:

I think there’s multiple barriers but generally in terms of accessing services in early childhood, the services themselves have an ideology embedded in them so that ideology is generally a medicalized way of thinking about disability. So I think for all families who have young children with disability they’re faced with having to buy into that way of understanding disability if their going to get access and so Indigenous families who don’t culturally align with this notion of disability that’s embedded in disability services, they may either not feel comfortable in those services or choose not to access those services at all. On top of that, there’s a geography related to access to services. So we know from our study that particularly in Indigenous communities in the North do not have access to the same number of services. In urban centres we have far more services we also have more Indigenous service organizations where they can- who have enough staff who can actually think through Indigenous ways of working with and including children with disabilities.

Host:

So, what would you suggest to someone who is looking to break down some of these barriers trying to get equal access?

Nicole Ineese-Nash:

I think there’s also a layer of pathologizing of children’s abilities that happens in the early years of and within our education system that Indigeneity ends up becoming sort of a marker for particular disabilities such as learning disabilities or different ways of learning and that is what then becomes labelled and diagnosed as a disability that requires some sort of intervention. So I think, thinking through what maybe Indigenous communities see as valuable for their children to learn is one way of sort of mitigating a little bit of that diagnoses that happens for children but that also thinking through what different ideologies of ability mean for different communities might help to sort of create a system of services that is less laden with these ideologies of ability. All the institutions that people interact with that (inaudible) institutions generally have value attached to them even though we don’t necessarily see that all the time. So it’s sort of thinking through ways in which those value systems can be opened up for other places to make their own values.

Host:

One thing I have encountered with some of my previous interviews specifically around Indigenous peoples and disability is that a lot of cases you’ll find a low-income family coming from Indigenous background and their child might not have access to proper nutrition or the proper healthcare, which can lead to the risk of creating a disability when one didn’t necessarily need to be there. Any thoughts on this?

Nicole Ineese-Nash:

Yeah, I think when you think about the intersection of disability and Indigeneity we also need to think about the intersections of also some other things and how colonization has sort of played a role in at times creating disablement for children. Many of the families that we talk to are experiencing poverty, addiction, their own mental health issues and that definitely influences the ways in which they’re able to parent their children or support their children in accessing different services. So I definitely think that disability can result from sort of these other processes of intergenerational issues that have occurred that needs to be sort of thought through.

Dr. Kathryn Underwood:

It might also be that impairment can be caused in that way but the experience of actually disability happens in a cultural context and that cultural context is plural for Indigenous peoples in this country. When they access services it’s typically in non-Indigenous spaces but as described here in this circle today, it also happens within Indigenous communities where people are-experience exclusion on the basis of disability.

Host:

Wow. For these people who are being excluded or denied equal rights, equal access in some cases that could lead to depression, which unto itself is a mental health issue, which it’s a form of disability so basically what we’re doing is ending up creating these disabilities for these people. But my own thinking the biggest disability is prejudice and that’s something we impose on ourselves.

Dr. Kathryn Underwood:

We actually were just talking about in addition to depression there’s also issues around attachment. So in infant mental health, people are very interested in attachment- children’s attachment with a caregiver but we were actually- we actually have seen that it’s a mother’s attachment to their child is also impacted when they’re removed from a community in order to get health services. So for example, a child who is born with addiction or with other impairments that may be caused by environmental factors that that parent loses the opportunity to bond and attach to their child too and that is also has a tremendous impact on a child’s lifelong experience as it does for the parent.

Host:

So it comes down to a matter of self-image and their disability. I recently covered a case in which a blind girl in Ethiopia was essentially excluded from her family and if she hadn’t been found and given some support she might have gone through life with this whole perception of ‘I’m from a different background, I’m not worth it as a person because I have this one factoral difference.’ Any thoughts on this?

Nicole Ineese-Nash:

Yeah, I think, I think that happens for Indigenous children too that there is sort of this dichotomy that happens between a positive cultural identity as an Indigenous person and a positive disability identity, and that there isn’t a lot of opportunities for children to learn about this intersection and this middle place of that I am Indigenous, that I am disabled and that both of those things add value to my being. And I think cultural perceptions of disability have- have been that, that adds value to not only that child but also to the community because everybody then learns from that person and that person’s purpose is to teach the rest of us something. I think that is missing from many of our institutions and I think even from Indigenous institutions that’s not necessarily something that is readily available to help support families who have children with disabilities. There isn’t a way to support them to also develop a positive self-identity as someone with a disability in that kind of cultural perspective.

Host:

So, if each of you could send any one message about the ways in which we can promote equal access and promote the worth and the value of any person, regardless of where they come from or what makes them unique, what would you say?

Dr. Kathryn Underwood:

I think one of the things is that we’re very focused on intersectionality as it’s embedded within individuals and of course each of us has a right to identify in multiple ways, no one of us is singular in our identity but I actually think that where we can break down our own colonial practices is through looking at the intersectionality of our social policies and our legislation and our institutions. So we have a very singular way of thinking about problem solving at a large societal level. We have programs for Autism services, programs for speech and language services, programs for occupational therapy and embedded in that we look at children as being only one characteristic, or their families as being only one characteristic and we’re never going to do what our intention is with social policy and social services, which is to act as a community until we recognize that the intersection of those policies happens in the lives of individual people. So when we’re talking about new legislation for accessibility in Canada or for child care, we need to recognize that many, many different kinds of people are going to be access-taking advantage of that kind of legislation and it needs to be written with that in mind.

Nicole Ineese-Nash:

I think, in terms of thinking of accessibility that we need to sort of decolonize what we think about as disability and sort of stop seeing that as a disruption of an individual. That people inherently have values and that their abilities are representative of their internal purposes and how that is interpreted by individuals is a choice. But I think on a grander level we need to sort of shift our culture of thinking about disablement to actually see that as adding value to our communities and to our social policies and to our education system that each person comes through that teaches us something about ourselves and that we can be continuously adapting and be ready for everyone to be accessing the types of services that we’re engaged with.

Host:

I’d like to thank you both for taking the time out to do this.

Nicole Ineese-Nash:

Thank you.

Dr. Kathryn Underwood:

Thank you.

Host:

Of course.