

Article

Canadian Disability Policies in a World of Inequalities

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Abstract: Canadian disability-related policies are shaped within a global system of inequalities, including colonialism and neoliberalism. Using a critical theory framework, this article examines the complicated material inequalities experienced by people with disabilities and evident in the intersections of disability, gender, Indigeness, race, and age. The collectively held ideas that give context to disability policies are at odds. Human rights protections are found in the foundational documents of Canadian society and part of its international commitments, yet these commitments often become window-dressing for a pervasive logic that it is better to be dead than disabled, and medical assistance in dying legislation supports this choice. While human rights protections are essential, they are not sufficient for decolonizing inclusion. Constructive actions between Indigenous peoples and settlers may help to find new ways of addressing disability and inclusion in Canada.

Keywords: disability policy; Canada; intersectionality; human rights; Indigenous; colonialism; neoliberalism; capitalism; medical assistance in dying

1. Introduction

Disability policy in Canada is fragmented across many programs and jurisdictions [1]. Indigenous peoples experience even greater complexity as a result of colonial structures and neocolonial practices. Neoliberal federal and provincial government practices have eroded funding and delivery of disability-related care by privatizing services and reducing funding programs, while some jurisdictions implement accessibility legislation [2]. Human rights legislation and commitments frame much of disability policy, but diverse people with disabilities continue to experience significant gaps resulting in on-going exclusions [3]. Medical assistance in dying legislation has increased vulnerability for many women and men with disabilities [4]. Using a “wide-angle lens” introduced by Robert W. Cox, this article examines the norms of colonialism and human rights, key ideas of the value of a disabled life and Indigenous approaches that challenge disability as difference, and material conditions that illustrate some movements toward inclusion with persistent practices of exclusion. This article argues that decolonizing inclusion is essential to address existing inequalities in Canada.

2. Thinking Critically about Canadian Disability Policies

The writings of Robert W. Cox [5,6] brought critical theory to the realm of global political economy and introduced a new way of thinking about relationships between states and societies. His method of understanding historical structures and social forces has broad implications and, with its recent updates [7], combines analysis of discourse, institutionalization and material realities to help explain and theorize about the landscape of disability-related policy in Canada.

Cox’s updated depiction of social forces [7] suggests that we can understand what is happening in terms of state-society relationships at a moment in time by considering the interplay between three sets

of factors: productive and reproductive capabilities, competing ideas, and social facts and institutions. Productive and reproductive capabilities refer to those lived experiences of a situation as well as the natural resources, physical environments, household, and relational resources that enable a situation. Competing ideas refer to the tensions between different collectively held ideas about a situation. Social facts and institutionalization are those norms and assumptions that structure our lives in particular ways. Cox [6] describes institutionalization as a means of perpetuating and stabilizing a particular order, reflecting the power relations existing at the beginning.

While this approach has not been used to examine Canadian disability policies, in trying to locate disability in the global political economy [8], one article argues that disability is an historical structure in the global economy. In particular, it suggests that the ideas of globalization reinforce relations of dependency for people with disabilities, and the resources and effects derived from globalization and international organizations, support these conceptions of disability as dependency [8]. In this article, we use Cox's approach to consider how Canada's approach to disability has historically developed. Using this approach, we ask three sets of questions to assist the analysis. What norms or practices shape how we think and act in relation to disabilities? What are the key ideas related to disabilities and how have they changed over time? What are the material circumstances of diverse people with and without disabilities and how have they changed over time?

This framework also allows us to go beyond the descriptive or institutional accounts of Canadian disability policies found in many disability policy accounts. As Cox argues, this enables us to engage in critical rather than problem-solving theory. Problem-solving theory takes a narrow and focused approach to the matter at hand, seeking to identify and address "particular sources of trouble" [6] (p. 88). Critical theory takes an historical approach identifying the context within which policies are established and implemented. Thus, the focus of study is not the policies, or even the "sources of trouble" for policies per se, but the context within which the policies exist. This enables an analysis of who benefits and who loses over time and thus of the relations of power at work. It helps to identify patterns that may sustain relationships of inequality and offers opportunities to reflect on the opportunities and possibilities for change. In particular we examine how settler-colonial relations have created embedded inequalities, neoliberalism works to promote individual self-investment while justifying cuts to social programs, human rights mechanisms are insufficient to address these, and how together these perpetuate the exclusion of people with disabilities in Canada. It is the examination of these sets of power relations that help us to understand Canadian disability policies in a world of inequalities.

3. Canada in the World—And Disability

In its century and a half as a settler-colonial nation, Canada has developed a capitalist, market-oriented economy using natural resources, including oil and gas, and relying largely on exports. Although a modest player among other nations, Canada is part the Group of Seven industrialized nations, the Organization for Economic Cooperation and Development, and the United Nations. Canada is in the top ten countries in the Human Development Index [9] and rates high in terms of quality of life. While often described as "progressive" in terms of social and health policies, including its health care system, disparities, built into these systems as a result of the colonial actions, result in substantial inequalities for Indigenous people and others [10,11]. While Canada has been frequently identified as a liberal welfare state, neoliberal policies, especially in the late 1900s and early 2000s, eroded much of the welfare state and increased inequalities in income, housing, and food security [12]. These policies have come in part because of larger forces at work, including globalization [13,14].

While disability is most often invisible in these portrayals of Canada, the place of Canada in the world as well as in history is built upon assumptions and practices related to disability intertwined with its settler-colonial practices. Much of the analysis of disability policy in Canada takes a problem-solving approach to disability and thus takes for granted these broader systems focusing on particular policies or areas, sources of trouble, and how to remedy these problems [15–19].

The federal nature of the country is identified by disability policy scholars as one example of a “source of trouble” and leads to an uneven patchwork of disability-related policies [20]. Many areas related to disability, including education and income support, are under provincial jurisdiction. For non-Indigenous Canadians the level of access as well as the amount of funding available for disability-related supports depends on in which of 10 provinces or three territories you reside. For Indigenous people, access and funding depend on whether there is a treaty between their particular nations and the federal government or a recognized land claim and whether a person resides on or off a First Nations community. At least 14 different jurisdictions (10 provinces, federal government, three territories, and Indigenous governments) govern disability policies, making it a complex and unequal landscape [1]. While federalism shapes who makes disability policy and how it is delivered, identifying a unified or single government level to address disability policy will not necessarily remedy the diverse inequalities among people with disabilities, or between people with and without disabilities.

Another “source of trouble” is the diversity of disabled people in Canada as a result of gender, age, impairment, class, race, and Indigenousness. This diversity can be a challenge for policy makers and advocates who want to ensure that the experiences of all people with disabilities are addressed [21–24] and requires an intersectional policy analysis [25]. Since the goal of most policies is to reach broad rather than particular audiences this diversity becomes hidden and the needs of particular groups are unmet. We know there are significant gaps that reflect systematic inequalities—with people with intellectual disabilities and Indigenous people with disabilities among the poorest [26], women with disabilities and people with intellectual disabilities experiencing the greatest violence in their lives [27,28], and Indigenous children with disabilities overrepresented in the child welfare system [29].

In the face of this complexity, and using intersectional analysis [30], this article argues Canadian disability policy is shaped by deeply rooted historical threads requiring responses to the resulting inequalities. To illustrate this, we begin with Cox’s last component, considering the norms and practices that shape disability.

3.1. What Norms or Practices Shape How We Think and Act in Relation to Disabilities?

While numerous norms and practices shape experiences of disability, including the education system [31], the immigration system [32], and the state’s role in responding to poverty [26], this article focuses on two norms. Indigenous–settler relations are at the heart of many inequalities in Canada and thus shape how we understand and respond to disability. Human rights also provide a normative framework seeking to redress inequalities and create more universal practices toward equality and inclusion. Each offers insight in how disability policy shapes inclusion and exclusion.

As a country, Canada exists in the context of troubled colonial and neo-colonial relations between Indigenous peoples who have been on these lands since time immemorial and those settlers, immigrants, and others who have arrived more recently. While treaties govern some of the relationships, there are more than 150 years of unfulfilled or retracted commitments, systematic attempts to eliminate Indigenous languages and ways of knowing and being, and exploitation of the lands and their resources without the prior and informed consent of Indigenous peoples [33–35]. Part of the on-going presence of colonialism in Canada is evident in the intergenerational trauma experienced as a result of Indigenous children forced to attend residential schools, often far from their families, and unable to speak their Indigenous languages [33]. More recently governments have taken Indigenous children from their parents and placed them with non-Indigenous families in Canada and the United States in what is called “the sixties scoop.” A similar disproportionate presence of Indigenous children in child welfare exists today in what is being called “the millennial scoop” [29].

As part of the settler-colonial state presence, disability has been established as a marker of difference, setting people with impairments or disabilities apart from those without disabilities, as evident in Canada’s report on the United Nations Convention on the Rights of Persons with Disabilities (CRPD) [1]. This is widely practiced, with for example social assistance rates available at higher levels for those with impairments or for those who meet the disability eligibility test able

to claim particular benefits [16]. Colonization also introduced the medical model of disability to Indigenous peoples and continues to be the standard by which Indigenous peoples claim and receive care [36]. Using the medical model rather than supporting community-based disability supports, the primary health provider for Indigenous peoples, the First Nations and Inuit Health Branch, reinforces a medicalized approach to disability [37]. This approach to disability with its focus on differences is in contrast with many Indigenous approaches which focus on inclusion (discussed below) [38].

Despite some significant changes at work in Indigenous–settler relations, few may also affect approaches to disability. The on-going legacy of residential schools in Canada, the work of the Truth and Reconciliation Commission (TRC) [33], the Supreme Court decisions about aboriginal rights, and the commitment by the federal government to nation-to-nation negotiations may herald possibilities for significant change in the power relations in Canada. Education systems and churches are addressing the TRC calls to action and reconciliation in their curriculum and activities. Indigenous scholars, broadcasters, and leaders are called upon to speak about how Canada does and does not work for Indigenous peoples. These are creating greater appreciation for Indigenous approaches. Yet none of these specifically address disability, nor the Indigenous approaches to inclusion and/or disability.

The TRC calls on all levels of government to implement one Indigenous approach, Jordan's Principle [33]. Jordan's Principle is based in Indigenous values of childhood and inclusion and has received wide support in the medical, academic, and policy communities. Jordan's Principle is a child-first approach to policy that asserts that regardless of the jurisdictions involved in delivering services, governments must provide the services first and figure out who pays what later [39]. In January 2016, the Canadian Human Rights Tribunal (CHRT) determined that the approach taken by the federal government to Jordan's Principle was narrow and discriminatory and ordered the federal government to implement Jordan's Principle [40]. While this decision, which was initiated by a complaint in 2007, has taken over a decade to be settled [41,42], the final decision will change the landscape of disability policy for Indigenous children. What is most important in Jordan's Principle is not the content—that governments will pay the costs of care first and sort out the jurisdictions later—but the fact that it is an Indigenous initiative using the Canadian courts system and winning [39]. To enact reconciliation and work toward decolonizing Canadian society will take significant movement from settlers in Canada and by governments. Jordan's principle offers a concrete illustration of an initiative that reaches across the Indigenous–settler divide to address significant inequalities.

A second norm shaping disability policy is human rights. Canada has long prized democracy, law making, and human rights. The human rights codes at each level of government set the standard for what is and is not acceptable treatment, as do foundational documents of Canadian society such as the Canadian Charter of Rights and Freedoms [43]. These also shape other systems such as education, transport, or housing. Canada signals its commitments with its ratification of international human rights treaties, including the CRPD. As Lui [44] argues, Canada's commitments come in part as a way to address the diversity of the Canadian population and resulting tensions and assert an aspirational identity or what Canada should look like. These international agreements also act as a measuring stick by which Canadians can assess their government's actions and hold them accountable. As such, these agreements illustrate one of the normative frameworks that structure the lives of Canadians.

The CRPD, and the advocacy efforts to monitor and implement it holistically within Canada [45], suggest particular areas where Canada needs to focus its attention to ensure greater equality for women, men, girls, and boys with disabilities. For example, in monitoring the CRPD in the provinces of Ontario and Quebec, participants recognized that while they may have the right to live independently, this right was severely constrained by the availability of accessible and affordable housing, and these constraints were experienced differently by those with low income, mobility barriers, and people with mental health disabilities [45]. The concluding comments of the treaty body reviewing Canada's first report on the CRPD outlined numerous areas for action including addressing violence against women and

girls with disabilities within a broader gender-based violence strategy and providing access to schools for Indigenous children so as to reduce their overrepresentation in welfare services [3].

The CRPD, as well as Canadian human rights legislation [1], will not be effectively implemented in Canada without the monitoring and advocacy efforts of people with disabilities. Most of the major human rights successes came because individuals or groups of people with disabilities claimed their rights by engaging with the courts or human rights tribunals and illustrated how their experiences failed to be addressed by Canadian policies and practices. And it is through this type of advocacy that transformative inclusion may begin. For example, when the Council of Canadians with Disabilities persistently and at great human and financial cost, took on VIA Rail's purchase of inaccessible rail cars and won a Supreme Court victory, they changed transportation access for all Canadians. But human rights by themselves are not always effective in making transformative change. Despite employment equity and other employment-related rights, the unemployment rates of people with disabilities in Canada continue to be high [43]. As a normative approach, human rights are necessary but not sufficient to bring about change in Canada and require advocacy and political engagement by people with disabilities. This echoes recognition that the CRPD came about and will be realized with the activism of people with disabilities around the world [46].

3.2. *What Are the Key Ideas Related to Disabilities and How Have They Changed over Time?*

Despite human rights protections from discrimination, disability remains something to avoided or eliminated [43]. This is most clearly seen in the public discussions in 2015–2016 around medical assistance in dying (MAID) legislation. The highest court in the land, the Supreme Court of Canada ruled unanimously in *Carter v. Canada* [47] that physician-assisted dying would be allowed and granted the federal government one year to implement legislation to enable this. The Court said the legislation (which was adopted in June 2016) will have to ensure that “a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition” can have access to MAID. Members of the disability advocacy community have joined together to ensure that people with disabilities will not become coerced to end their lives and to portray living with disabilities as something that is possible and can be done with dignity [48]. Despite their efforts, much of the media and public response still suggest that it is better to be dead than live with disabilities [49]. The CRPD committee commenting on Canada's report also recognized MAID as an area of concern for the equality of people with disability in Canada and recommended that people who seek an assisted death also have access to palliative care, disability support, and home care [3].

These ideas about disability reflect broader neoliberal thinking, including what some have called neoliberal-ableism [2,50], which promotes inclusion and diversity while cutting social programs and failing to address the material effects of these cuts on those who rely on these programs. In addition, as Wendy Brown argues, neoliberalism applies its logic for the individual as self-investing and being “responsible for our success or failure, condemned for dependency or expectations of entitlements” [51] (p. 10). This, in turn, leads to a willingness to sacrifice one's self to death when a citizen perceives or is told they are no longer productive or when the costs of dependency are perceived as too high [4]. In this terrain of ideas, human rights often become window dressing for the pervasive logic of neoliberal-ableism and sacrificial citizens.

Disability policy is also constrained by colonial structures and assumptions about Indigenous peoples and their approach to disability. Traditional Indigenous approaches to disabilities range from those that include people with disabilities as another valued community member to those who see disability as a gift from the Creator or as an affliction from an ancestor or spiritual powers [38]. Contact with settlers and colonization introduced perspectives of disability linked to the global Northern views of individual self and the medical model of disability with its ‘label and fix’ focus [52]. Colonial systems of governance together with the medical model of disability forced many Indigenous families

and communities to make choices that set access to services against remaining in families, cultures and communities [39]. These choices were and are often forced on families by systems that do not recognize Indigenous values and relationships that are part of a family's life. They also result in an overrepresentation of Indigenous children in child welfare systems across Canada [29]. Addressing disability confronts the tension between human rights which seeks to have disability recognized and valued as a human experience, and many Indigenous approaches which reject the difference that comes from naming people as disabled [46].

These collectively held views of disability—to be avoided including by death and as a marker of difference—support the norms and practices illustrated above and become evident in the material conditions and experiences that people with disabilities face.

3.3. What Are the Material Circumstances of Diverse People with Disabilities and How Have They Changed over Time?

No matter what indicator is used women, men, boys and girls with disabilities in Canada are at the ends of the scale—high rates of poverty, low levels of income, high numbers of children out of school, high level of extra costs related to living with disabilities, and high levels of violence directed towards them [53]. This suggests the unequal material conditions based on disability are complicated by gender, Indigenousness, race, and age. Over time, some of these indicators, including education and employment, have improved, yet the overall picture for people with disabilities in Canada continues to be one of exclusion.

At least four different possibilities illustrate the material conditions of people with disabilities in Canada—exclusion, integration, inclusive equality, and decolonizing inclusion. As Wilson et al. [54] argue, if disability policies are successful we should see people with disabilities better integrated into Canadian society. “The extent to which activities and their social contexts resemble those of non-disabled persons measures the similarity of the experience of daily life of disabled and non-disabled persons” [54] (p. 108). Integration in this perspective uses the measure of people without disabilities as the norm and has as the policy goal having people with disabilities achieve the same standards as people without disabilities. In contrast, exclusion happens when people with disabilities do not have access to the same opportunities and experiences as people without disabilities and may lead to varying forms of discrimination [55]. The CRPD expert committee argues that being the same as people without disabilities is not the goal; rather the goal is inclusion [56]. Policies need to recognize the substantive and systematic inequalities experienced by people with disabilities in order to ensure inclusion, or what they call inclusive equality [55]. Inclusive equality has four dimensions: a redistributive dimension to address disadvantages stemming from disability; a recognition dimension addressing stigma, stereotypes and violence; a participative dimension to ensure full recognition of humanity through inclusion in societies; and an accommodating dimension to address differences result from disability [55]. To participate in society may require accommodations as preconditions including accessibility of built environments or communications, individualized support services, and respect or support for legal capacity [56]. Thus, policies that aim for inclusive equality offer redress for disability disadvantages, recognize the stigma associated with disabilities, ensure full participation in all its unique manifestations, and provide necessary accommodations. While inclusive equality offers a comprehensive vision of equality, it begins from a global Northern approach to disability that both individualizes and universalizes rights [46]. This continues to set the ways in which human rights are actualized in the global North as a standard.

Indigenous ways of knowing in relation to disability challenge us to think more carefully about both integration and inclusive equality and suggest that the policy aim should be a decolonizing inclusion. While concepts of disability and impairment were and are not part of many Indigenous languages [36,52], the practices of marking difference based on bodily impairments and assuming a devalued body together with the medical model of disability came as part of colonial systems and practices. These definitions of disability as bodily difference have become embedded in the

CRPD in Article 1: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” This in turn excludes those who have become impaired or disabled through colonization [46] among other processes. What might a decolonizing inclusion look like? It would recognize and use approaches that value Indigenous ways of knowing, such as the Breath of Life theory put forward by Cindy Blackstock [57] or strengths-based knowledge [58]. It would ask how colonization affects or creates experiences of disability [59] and involve Indigenous communities in policy development and assessment [60,61]. It would recognize the diversity of Indigenous experiences and ask how and where Indigenous and non-Indigenous peoples’ experiences intersect and are different [52]. Finally, it would recognize that new ways of talking about disability may be necessary [36,52].

Using this, we ask in what ways, then, are disability policies and the material experiences of impairment and disability in Canada experiences of exclusion, integration, inclusive equality and/or decolonizing inclusion?

While Canadians with disabilities increasingly live in communities, physical exclusion in institutional settings is still a significant part of the Canadian disability landscape. These modern-day institutions include psychiatric facilities, centres for those with intellectual disabilities (including settings that are historic institutions), and long-term care homes. From the late 1800s until the 2000s, often-large complexes located in small towns housed many women, men, girls, and boys with disabilities because their parents found or were told they were unable to provide them care. While in these institutions, many faced sexual abuse, sterilization, and violence [62]. Indigenous boys and girls were disproportionately represented among those who were sterilized [63], and many other Indigenous children were sent to residential schools where they experienced sexual and physical abuse. Governments have only in the last decade recognized, apologized, and provided compensation to those who lived in these institutions. As Wilton [64] argues, those who lived in psychiatric institutions and were part of the de-institutionalization process of the 1980s now face more responsibility with less control over their lives. He suggests that neoliberal practices restructured the mental health and income assistance systems and eroded their funding with the result of a “return to a more traditional emphasis on professional control, justified in part through appeals to the need for increased public safety” [64] (p. 383).

Even when in communities, it is difficult for women and men with disabilities to find housing that meets their needs and income levels. Building codes are locally governed and vary across jurisdiction. Accessibility standards apply primarily to new construction and public spaces. For example, in the province of Ontario, despite adopting legislation to enhance the inclusion of people with disabilities in 2005, building codes were only changed in 2015 [65]. Access for those in First Nations communities competes for very limited funding from the Band Councils and is subject to federal government regulations. Accessibility legislation exists in only three provinces (Ontario, Manitoba, and Nova Scotia), and the federal government signaled its intent to introduce accessibility legislation in June 2018. Over the past decades, the federal government has cut funding to support the development of affordable housing and many provinces do not provide adequate support for this area [66]. As a result, there is a significant gap in adequate, accessible, and affordable housing in Canada that has significant effects on the ability of people with disabilities to live independently and in the community [3].

Children with disabilities across the world are disproportionately among the children out of school [67]. While all of the Canadian provinces assert they have inclusive education policies [31], many boys and girls with disabilities still experience barriers to education, and approximately 4000 are excluded from the school system because they cannot get the supports they require [68]. These barriers begin before children with disabilities even get to school with a patchwork childcare system of for-profit and not-for-profit childcare that has significant barriers to inclusion [69]. Barriers to education increase as students age, with an increasing number of youth with disabilities leaving school between 15 and 19 years old [68].

Inclusive education is even more challenging for Indigenous boys and girls with disabilities who have to negotiate additional barriers that reflect colonial legacies. In particular, the jurisdictional complexities in the provision of disability-related and health services for Indigenous children have resulted in inequalities for Indigenous children with disabilities compared with other children with and without disabilities. While these disparities in provision of supports may prevent children like Jordan River Anderson from getting home from the hospital [70], they also shape the ability of Indigenous children with disabilities to access education. “Because of a cap on federal funding for a special needs assistant that Dewey needs in school, he is only able to attend school for two-and-a-half hours a day, according to Ms. Sumner-Pruden. In addition to not being able to access required education services, any needed physiotherapy, occupational therapy, or speech therapy services are provided by Dewey’s mother, rather than a professional” [70] (p. 11). This gap is echoed in the CRPD review of Canada’s report, which recognized that providing access to schools for Indigenous children with disabilities will limit their overrepresentation in the child welfare system [3].

Indigenous children with disabilities and their families face a gap between Indigenous values and approaches to both disability and childhood and what government and policy makers define as disability [39] that translates into unequal treatment. This colonial gap also relies upon reproductive relationships between Indigenous parents (most often mothers) and their children to sustain these children in the face of the disparate funding and service provisions. It also relies on the commodification of care—paying for the services of professional care providers while not recognizing the value of the mother’s care [39].

Non-Indigenous parents of children with disabilities also provide significant, unpaid care to their children. Advocacy by these parents has increased tax benefits for families of children with disabilities as well as created the possibilities of creating a registered disability savings fund for their children to use once their parents can no longer provide care [71].

Employment remains elusive for many people with disabilities, especially for women and people with intellectual disabilities. In general, women with disabilities are employed less than women without disabilities and men with disabilities. When they work, it is most often part-time work, and their incomes are lower than women without disabilities as well as men with disabilities. Specifically, fewer than half (49 percent) of working-age women and men with disabilities in Canada are employed [72]. This is a significantly lower employment rate than among those without disabilities, which in 2011 was 79 percent [73]. Significantly more women with disabilities work part-time than women without disabilities and have a lower employment income than women without disabilities and men with or without disabilities [73]. Not surprisingly, given this, there are significant gendered differences in income, particularly as women and men with disabilities age. While the employment picture is less clear for people with intellectual disabilities, Turcotte [73] suggests that the probability of employment is ten percentage points lower for those with mental or psychological disabilities than those with other types of impairments. Using 2006 data, Crawford [74] notes that only 25 percent of people with intellectual disabilities were employed.

In the context of this employment picture, a large number of people with disabilities in Canada live in poverty, and many rely on government transfers, including social assistance, for their income. In their recent multi-year project on poverty and disability, the Council of Canadians with Disabilities [26] (p. 58) noted that for working-age people with disabilities, “A much higher share of total income than that of their non-disabled counterparts is from transfers overall (65.2% vs. 28.6%) and, in particular, from social assistance (35.3% vs. 6.3%) and the C/QPP (Canada/Quebec Pension Plan) (8.9% vs. 1.3%). Conversely, a much lower share is from salaries and wages (23.7% vs. 59.9%)”. These disparities in income are shaped by gender and age with a larger proportion of senior women with disabilities living in poverty than senior men with disabilities or seniors without disabilities. They also vary by province, with the income levels generally higher in wealthier provinces like Alberta and lowest in poorer provinces like New Brunswick. Living arrangements also complicate the picture for people with disabilities. A high proportion (43.6%) of people with disabilities who live in low income also

live alone. Eighty-three percent of disabled female lone parents rely on government transfers for their income [26]. In general, people with disabilities who live with others are better off financially than those who do not [75]. This suggests that employment policies for people with disabilities are not working effectively to ensure them employment. But this data also suggests that policies are also doing a poor job of ensuring people with disabilities any income. The CRPD review of Canada's report echoes these concerns [3].

By looking broadly at the productive and reproductive situations of women, men, boys and girls with disabilities in Canada we see significant inequalities—compared with those without disabilities, as well as among people with disabilities based in gender, age and Indigenousness. While there have been some movements towards inclusive equality, Canadian social and disability policies have been unable to bridge these gaps. Canada's disability-related policies respond to these gaps in income, education and supports with modest goals—to ensure that people with disabilities and their families have some income, get some access to education, and, perhaps, have a job. This leaves significant experiences of exclusion for many people with disabilities, and disproportionate experiences of inequality among Indigenous people with disabilities.

4. Where Next?

Considering disability policies by themselves is inadequate for understanding experiences of exclusion and inclusion related to disability in Canada. By using the historical methods of Robert W. Cox, we can look at the interplay between productive and reproductive capabilities, competing ideas, and social facts and institutionalization. With this “wide-angle” lens, we can see that the material circumstances of women, men, girls, and boys with disabilities in Canada reflect underlying power relations based in disability, gender, and Indigenousness (among others); despite human rights protections, the competing ideas around disabilities reinforce neoliberal-ableism as well as a sacrificial citizenship by people with disabilities who see themselves as not productive; and human rights commitments and monitoring do not necessarily result in changes in these underlying power relations. In addition, we recognize that human rights commitments themselves reflect colonial assumptions and therefore will have difficulty in providing guidance for a decolonizing inclusion.

If the purpose of critical theory is to provide an opportunity to reflect upon the possibilities for change, where does this rather bleak picture of disability policy in Canada direct our attention? I see much room for constructive action between Indigenous peoples and settlers to find new ways of addressing disability and inclusion in Canada. This requires humility and decolonization from settler populations. It also requires methods that value both Indigenous and non-Indigenous ways of knowing. As a recent report on learning across Indigenous and Western ways of knowing suggests [76] (p.v), “Reconciliation within contemporary Canadian society requires investments in Nation/Inuit/Métis-specific knowledge systems. In many cases, reconciliation will require mutual learning from, between, and across Indigenous and Western knowledge systems, without privileging Western knowledge, or appropriating Indigenous knowledge.” Working toward decolonizing inclusion offers an important next step for human rights and disability policies.

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