

Improving Accessibility for First Nations in British Columbia

Community-Informed Recommendations

Accessibility and First Nations

Accessibility is about ensuring that all people, including those with disabilities, can fully participate in society without facing exclusion.

Accessibility is deeply interconnected with broader systemic and structural issues, including colonialism, racism, and the social determinants of health.

Barriers to accessibility are not only physical, but also organizational, attitudinal, financial, and cultural, often compounding in ways that uniquely impact First Nations people living with disabilities and chronic conditions.

About this brief

This evidence brief was developed as a tool to support action on accessibility for First Nations in British Columbia. It

draws from a community-led research project, *A Journey Towards Accessibility*, which engaged First Nations individuals, families, and communities across the province to explore what accessibility means from their perspectives. The project was led by the First Nations Health Authority (FNHA), in partnership with the Rick Hansen Foundation and the design firm DIALOG, and funded by Accessibility Standards Canada. Grounded in these findings, the brief translates participant insights into actionable, community-informed recommendations.

Who are the recommendations for?

These recommendations are for anyone involved in shaping, delivering, or influencing accessibility in Canada, including policymakers, service providers, program leads, community organizations, and institutions. Accessibility is not one-size-fits-all. Every service, standard, and interaction can be strengthened by recognizing and respecting the wholistic perspectives, cultural values, and lived realities of First Nations communities.

These recommendations are a starting point for reflection, dialogue, and meaningful action. They are designed to be adaptable, encouraging organizations and teams to examine their own structures, policies, and practices through a First Nations lens.

Acknowledgements

We gratefully acknowledge the project participants, including accessibility professionals and First Nations people with lived experience of disability, whose voices guided the development of this work.

To learn more about the study please visit the report [A Journey Towards Accessibility](#). If you have questions about this brief, please contact: rke@fnha.ca.

Recommendation 1:

Shift from a medical model of disability to a social model of accessibility

Accessibility is about creating environments that are relational, culturally grounded, and responsive to the diverse realities of people's lives. This shift requires adopting a wholistic social model of accessibility that:

- Leads with strengths-based perspectives (seeing abilities rather than deficits).
- Embeds traditional knowledge, language, and cultural practices into accessibility planning.
- Fosters safety through empathy, compassion, flexibility and relational accountability.
- Ensures visibility and representation of First Nations people with disabilities in leadership and decision-making.
- Recognizes intersectionality; understanding how privilege, trauma, identity and life circumstances shape each person's unique experience of accessibility.

Ways to take action

- Review policies to reflect a social model of accessibility, emphasizing systemic and environmental barriers rather than individual deficits.
- Ensure inclusive language is used across communications, signage, and service delivery. Use inclusive, non-ableist language and promote universal design.
- Conduct intersectional accessibility audits that consider how overlapping identities (e.g., Indigeneity, gender, age, sexual orientation, disability) affect access and inclusion to services.
- Identify and reduce invisible barriers to accessing supports, such as time and energy demands, emotional labor, financial strain, and cognitive load that is required for individuals to request or navigate accessibility.
- Involve First Nations people with disabilities in leadership, governance, and advisory roles.
- Seek and develop First Nations-led solutions that reflect wholistic understandings of accessibility and wellness.
- Integrate cultural knowledge and practices into accessibility planning, such as ceremony, land-based activities, and traditional healing.
- Create accountability mechanisms that track progress toward culturally safe accessibility improvements and goals (e.g., community-led advisory circles, or participatory evaluations).

Recommendation 2:

Align policy and regulatory frameworks to address systemic barriers

Accessibility frameworks must be reimagined to also address the systemic and structural barriers that disproportionately impact First Nations people with disabilities. This calls for a shift in how accessibility is defined and governed, recognizing the unique and compounded challenges faced by First Nations people with disabilities navigating systems that are often misaligned with their cultural values, histories, and lived realities.

This recommendation focuses on strengthening the policies and standards that shape accessibility systems, ensuring they account for culture, rights, and broader determinants of access. Creating system-level alignment lays the foundation for organizations to remove barriers proactively rather than placing the burden on individuals.

Ways to take action

- Co-develop accessibility legislation and standards with First Nations governments, organizations, Knowledge Holders, and people with lived or living experience of disability to ensure cultural and contextual relevance.
- Embed cultural safety and anti-racism principles across all policies, regulations, and service standards that shape First Nations people's access to safe, inclusive, and responsive services.
- Support and apply community-led research to inform accessibility policy and practice from First Nations perspectives.
- Embed Indigenous oversight into accessibility-related initiatives by involving First Nations partners in monitoring, evaluation, and decision-making processes.
- Support and sustain cultural infrastructure, including roles for traditional healers, Elders, and cultural navigators, to support inclusive, culturally grounded services for all First Nations people.
- Create culturally safe, low-barrier systems for reporting accessibility challenges. Reduce the burden on individuals by enabling simple, respectful ways to share needs or barriers (e.g., verbal check-ins, liaison roles, anonymous feedback, or community-led reviews).
- Identify and speak up about policy and funding gaps that contribute to inconsistent access to culturally safe services, and advocate for coordinated solutions across systems (e.g., when federal medical travel benefits don't align with provincial health services, leading to delays or confusion for First Nations clients).

Recommendation 3:

Promote cultural safety and humility by mandating training and education

Cultural safety and humility must be embedded into the everyday practices of organizations, systems, and society. This requires a shift in how people understand and relate to First Nations communities, histories, and worldviews.

This recommendation emphasizes that cultural safety and humility are not one-time trainings but lifelong practices that require ongoing learning, reflection, and relationship-building. Mandating this education helps address the systemic and interpersonal barriers that continue to impact First Nations people with disabilities, and ensures that organizations adopt culturally grounded, accountable approaches to accessibility.

Ways to take action

- Mandate ongoing cultural safety and humility training for all staff, especially those in accessibility leadership, service delivery, and policy roles.
- Integrate Indigenous-led education into onboarding, professional development, and organizational learning strategies (e.g., San'yas Indigenous Cultural Safety Training, OCAP® principles, FNHA's 7 Directives).
- Support Indigenous educators, Knowledge Holders, and facilitators through fair compensation and long-term partnerships.
- Create space for experiential learning and relationship-building that centers First Nations voices and supports learning from their lived experiences (e.g., book clubs, film screenings, sharing circles).
- Embed cultural safety principles into organizational values, performance expectations, and accountability frameworks (e.g., include cultural safety in staff evaluations, strategic plans, and annual reporting metrics).
- Encourage continual reflection on power, privilege, positionality, and implicit bias as part of accessibility and inclusion work, including how disability is understood and responded to within systems.
- Use strengths-based narratives in education that highlight First Nations leadership, resilience, and lived experiences (e.g., focus on community strengths rather than deficits).

Recommendation 4:

Address existing environmental barriers

Accessibility must account for how people experience and move through the built environment, including infrastructure, transportation, and access to trauma-informed care. For many First Nations people, buildings that resemble residential schools, inaccessible transportation, or rigid service models can retraumatize and exclude.

Addressing these barriers requires consideration of how services are delivered and experienced, how spaces are designed, and how communities are supported to lead their own solutions. A wholistic approach to accessibility includes flexible, community-led services that reflect local needs and uphold Indigenous relationships to land, place, and built environments.

Ways to take action

- Conduct accessibility audits of community infrastructure in partnership with First Nations to identify and prioritize upgrades.
- Include First Nations people with disabilities in infrastructure planning committees or advisory roles to ensure lived experience informs design.
- Develop trauma-informed design guidelines for public buildings and service spaces in collaboration with First Nations, ensuring they do not replicate institutional or harmful aesthetics.
- Integrate Indigenous healing spaces and cultural elements into the design of health and community facilities (e.g., smudging rooms, land-based spaces).
- Fund and implement community transportation programs, regional hubs, or mobile services that connect people to health care, education, and cultural services, especially in rural and remote areas (e.g., mobile health units, community shuttles, coordinated ridesharing).
- Invest in digital infrastructure and assistive technologies that improve access to virtual care, education, and community connection, with training and support for local use.
- Advocate for and pilot flexible funding models that support community-led accessibility solutions based on local priorities (e.g., small grants for Indigenous-designed programs or services).