FACTSHEET

DISABILITY AS A COLONIAL CONSTRUCT: FIVE UNDERSTANDINGS

In Disability as a Colonial Construct: The Missing Discourse of Culture in Conceptualizations of Disabled Indigenous Children (2020), **Nicole Ineese-Nash** explores how dominant Canadian ideas about disability often clash with Indigenous worldviews, demonstrating that disability labels, especially when applied to Indigenous children, are shaped by colonial systems and can conflict with Indigenous understandings of belonging and community.

This Factsheet summarizes five understandings of 'disability' as a colonial construct:

1. Understandings of disability in Canada are shaped by colonial worldviews.

'Disability' – as it is commonly understood in Canada – is a colonial construct. Western institutions define disability through biomedical and deficit-focused frameworks. These systems assess and classify individuals using biomedical standards of 'normal' ability, framing differences as deficits that require rehabilitation. This approach contrasts sharply with Indigenous worldviews, which understand children through their strengths, gifts, and roles within the community, rather than through perceived impairment.

2. Colonial policies have historically pathologized Indigenous peoples.

Disability discourse connects to a long history of colonial intervention, including:

- The Indian Act, which disrupted Indigenous community structures, creating institutional controls that later shaped how Indigenous families and children were surveilled and pathologized.
- Residential schools, which explicitly framed Indigeneity as a deficiency to be corrected.
- The Sixties Scoop, which removed Indigenous children under assumptions of familial inadequacy.
- Brutal and dehumanizing eugenics policies, which included the coerced sterilization of Indigenous peoples.

Violent, racist, and dehumanizing systems of colonialism and oppression constructed Indigeneity as 'deficient,' pathologizing Indigenous identity itself. For disabled Indigenous children, these legacies continue, as evidenced by their overrepresentation in child welfare, institutional settings, and special education.

3. Indigenous children are labelled as ‘disabled’ by mainstream institutions.

Mainstream institutions frequently position Indigenous peoples, especially children, as ‘disabled’ regardless of individual designation or capacity. This occurs because dominant discourses and assessment practices carry cultural biases that disadvantage Indigenous children and equate Indigeneity with disablement. In practice, this disablement occurs when culturally-biased assessments interpret Indigenous children’s communication and learning styles as deficits, leading to misclassification based on Western norms. As a result, Indigenous children are disproportionately designated with social-emotional or language-related disabilities, reflecting systems that are not designed to meet their unique needs rather than children’s inherent impairments.

4. Indigenous teachings view all children as gifts that strengthen communities.

Using stories such as *The Gift of the Stars* (a story in which children are described as stars falling gently from the sky, arriving as sacred gifts who bring happiness), Nicole explains that Anishinaabek teachings understand children as sacred, bringing strengths, purpose, and teachings to their families and communities. Differences are not understood as ‘problems’ to be corrected. Instead, each child’s unique gifts contribute to the wellbeing of the collective. This worldview challenges deficit-based approaches that dominate mainstream disability services today.

5. Decolonizing ‘disability’ requires transforming systems of support.

Decolonizing disability means changing how systems support Indigenous children. Current services are a patchwork of medical and assimilation-based programs shaped by narrow, normative ideas of development. To transform these systems, supports need to be holistic and culturally grounded, and they must recognize Indigenous families, Elders, traditional healers, and knowledge holders as experts. This work also requires naming and removing the colonial structures that create disablement, and ensuring supports align with Indigenous self-determination instead of assimilation. Re-imagining “circles of care” (a coordinated, culturally-grounded approach that integrates multiple services to support Indigenous children and families in a holistic way) so that cultural, spiritual, and developmental needs are connected is key. Overall, the focus should shift from ‘fixing’ deficits to supporting Indigenous children’s wholeness, identity, and relational wellbeing.

Although Nicole focuses on Indigenous children, her critique of biomedical, deficit-based systems and her call for holistic, relational approaches suggests that decolonizing disability can strengthen systems of care for *all* children and youth living with disabilities by challenging narrow norms and expanding culturally-grounded, developmentally-appropriate forms of support.

Ineese-Nash, N. (2020). Disability as a colonial construct: The missing discourse of culture in conceptualizations of disabled Indigenous children. *Canadian Journal of Disability Studies*, *9*(3), 28-51.