



Policy Brief No. 14
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Learning from the Yellowknife Evacuation of 2023
Climate Change, Childhood, and Northern Communities



Introduction

In August of 2023, the people of the City of Yellowknife, N'Dilo, Dettah and Ingraham Trail in the Northwest Territories were placed in the unprecedented position of evacuating due to nearby wildfires from a city that is a critical hub in northern Canada. The fires that reached Yellowknife were intensified by record-breaking heatwaves exacerbated by climate change. Catastrophic events that threaten the safety of people across Canada have been on the rise in recent years, including the devastating fires in Lytton, BC in 2021, as well as Hurricane Fiona on the east coast in 2022, ongoing health issues related to pollution, wildfire smoke, and other effects on plant and animal well-being that contribute to the depletion food sources and increased allergens and toxins (Earth.org). The evacuation efforts were massive, involving airlifts and road convoys to transport thousands of people to safety.

The Canadian military played a central role in coordinating and executing the evacuation operation, ensuring that residents were relocated efficiently but with a focus on the immediate safety of residents, not the longer-term effects of the evacuation. The event highlighted the growing challenges posed by climate change and the increasing frequency of extreme weather events impacting communities worldwide. As a research team, we have been interviewing families about their experiences of raising disabled children in communities across Canada. We had been interviewing families in Yellowknife since 2018, which meant that we had access to information from before, during and after the evacuations. This policy brief is informed by those stories.

There is a growing recognition that disabled and other vulnerable people must be considered with more intention in climate change research and policy. Every year we see more effects of climate change, and the effects on disabled children are being felt. Extreme heat, wildfire smoke, seasonal changes to plant pollen and growth are some of the direct environmental effects from climate change that can impact health in the environment where someone lives (Lindsay, et al., 2023).

The Inclusive Early Childhood Service System Project (IECSS)

This policy brief was prepared by Catriona Kollar, Project Coordinator at Inclusive Early Childhood Service System project (IECSS), Renee Sanderson, Executive Director at the Yellowknife Women's Society, Denise McKee, Chief Executive Officer at NWT Disabilities Council, and Kathryn Underwood, Professor, Toronto Metropolitan University and Project Director for IECSS.

The IECSS project is a multi-year partnership that focuses on disabled children and childhoods in the context of family, community and society.

IECSS is funded by SSHRC/CRSH Toronto Metropolitan University, and our partners. To learn more about IECSS, our partners, a full list of our team, and to see other publications from IECSS please visit our website:

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We heard from families that the effects of the evacuation were felt more intensely because it happened so soon after the COVID-19 outbreak. This “piling up” of emergencies has a disproportionate impact on disabled people (Lindsay, et al., 2023), and this impact is greatest for the most vulnerable including those with limited access to housing, precarious citizenship or custodial status, and those who are most impacted by colonialism and racism. Our research has identified extremely high rates of exclusion from early years services for disabled children in non-emergency times (van Rhijn, et al. 2021). Logically, these exclusions are exacerbated by emergency situations.

There is need for robust emergency planning to address the mental health impacts of climate disasters both during and after an evacuation, or other emergency measures. This could include respite, and other types of support, to address the mental health impacts for families returning to the community. This means that early childhood education and care programs, schools, family support programs and health care must all be prepared to provide support during and after emergencies. This support needs to be physically (built environment, and geographically), financially, and structurally accessible (Engelman, A., Craig, L., & Iles, A. (2022).

Disabled people’s experiences are a valuable source of information about access across services and to understand vulnerability and inform policy that aims for community level resilience. Our research suggests that disabled children and their families hold experiences that are well suited to thinking about inter-connected oppressions but also how different service systems support and interfere with each other. For example, health care services may be critical for disabled children, but they are not designed to ensure participation in early care and education programs.

Disabled people are often left out or have delayed access to structural social systems that will impact climate change. For example, transit, green energy, and green assistive devices and technology are not typically included in climate action planning. The United Nations has noted that disabled people are “experts in resilience and innovation – they constantly had to find solutions to thrive in a world that was not designed for them” (UN, p. 6). However, this need for resilience on the part of disabled people should not be accepted as natural. Disability justice requires that disabled people are understood as valuable, deserving and rights bearing members of all communities.

“Recommendations for governments and non-profits include planning cities that reduce climate risks; creating educational, employment, health care, and housing policies that improve the socioeconomic conditions of disabled people; and supporting adaptive measures and technological access for disabled people. Such structural conditions are rarely integrated into climate and disaster adaptation planning” (Engleman, et al. 2022, p. 1502)

Relationships First

The experiences of families in Yellowknife tells us that there is a need to build a relationship first system, where disabled children and their families have someone to reach out to as they make decisions and make connections in community. As the Yellowknife Women's Society documented, and responded to during the evacuation, there is a great deal of risk when populations are evacuated. With little support, the most vulnerable citizens ended up without housing, support, or care (Yellowknife Women's Society, 2023).

Relationships can be both informal and formalized within service systems but should be a central feature of supporting disabled children and their families. At intake, in childcare, family support, early intervention and healthcare services, families should be asked about their support networks, and offered contact information and follow up for this type of care. Family support in all sectors should ensure that people do not lose contact with community, or with the supports that are important for mental health, access to healthcare, and connections to community. Ensuring that no one is left without care requires coordinated effort, investment and prioritizing of those who are most vulnerable.

Recommendation: Relationships need to be maintained between families, children and with those working in support services. Not-for-profit sector needs to be funded appropriately so they can fulfill this role. There is a general need for low-cost services.

Accessibility

Currently, accessibility regulations only apply to some services, buildings and applications. These are designed with the expectation that people can find and attend the most accessible spaces. However, in times of change, including during forced evacuation, it is not possible to shop for the most accessible services. During the wildfire evacuation we heard that transportation, including driving through intense traffic, and flying were not always accessible. Accessibility to travel during evacuations included physical accessibility and many disabled children experienced distress when they had to travel long distances and were away from routines for extended periods of time. If accessibility was more widespread, then as people are relocated, they would not have as much disruption, which is particularly important for disabled children. The need for accessibility during the Yellowknife evacuations was documented by McKee (2023), who called for more accessible planning for future emergencies.

Temporary accommodation was a problem for many families. Hotels were not good for families who have multiple children with different sleep, eating and toileting needs. It was also difficult to find accessible play spaces, although we did hear about several ad hoc play groups and spaces set up by host cities and volunteers. Routines are very important for children and for their families, and this needs to be considered in advance of emergencies. Further, the disruptions were felt long after the evacuation. While some families were able to rely on their networks in bigger cities where they were evacuated to, many were isolated.

We have identified that many early childhood disability-focused services are privately funded, especially through workplace insurance. Several participants noted that their access to health care and early intervention services were funded through employers, and in Yellowknife that was usually government or mining jobs. These families were able to use time in bigger cities to attend medical and specialist appointments, to engage in social activities with family and friends, and to use the time to have a break from work to spend with their children. However, those who did not have this access prior to the evacuation, and those who did not have social networks in the cities where they were evacuated, had a different experience. These families lost access to services, were in housing that was not designed for them, and could not have a break from caregiving responsibilities. When families returned home, they needed additional support, and those working in other sectors had less access. In emergencies, inequity in access is exacerbated. There is also a need for adequate financial assistance during and after emergency measures to address the disparity in access to support, services, travel, and accommodations for families.

Recommendation: Accessibility guidelines must be implemented for all emergency planning. These guidelines should consider the wide range of accessibility requirements to be implemented at scale.

Services disruptions and inequities

Service disruptions in the early years can be significant, given that many of these programs

or activities are age-limited. Children aged out of services while evacuated. School transitions require more attention for some children, and the delayed start to the school year, and the disruptions for staff meant a very difficult transition for some children.

Childcare, healthcare and personal support are all social service systems that are under pressure from workforce issues, such as low pay, lack of staff, and high turnover. In addition, the cost of services, especially those that are paid for by families and/or through workplace benefits, is a barrier to access. In addition, there is a large bureaucracy attached to services for disabled people, that requires documentation and diagnosis of disability. In the context of scarcity of resources (both funding and staffing), disabled children and their families report that they are in a continuous cycle of advocating for access and services. During the evacuation, this concern was exacerbated by disruptions to waitlists, staffing, meetings and connections that led to access, and relationships with agencies and education and care programs. Furthermore, after the evacuation many families experienced loss or damage of assistive devices and mental health crises with no assistance. The literature indicates that these disruptions are critical and notes the following:

- Critical need for rehabilitation clinicians and other service providers to support people with disabilities in preparing for climate-related emergencies, advocating for inclusive climate policies at all levels of government, and partnering with local organizations to enhance service access and resilience (Lindsay, et al. 2023).
- Critical need for addressing structural barriers to health equity

in climate policies to ensure that those with disabilities have access to necessary resources and support during climate-related health emergencies (Golembeski, et al. 2023).

- Need to integrate disability justice into climate and disaster preparedness policies by recognizing diversity – acknowledging the range of disabilities and intersectional identities (racism, and other forms of oppression) so that policies can address varied needs and situations experienced by people with disabilities (Engleman, et al. 2022).

Overall decisions that are made at the time of a crisis, or before a crisis, need to attend to the future. For many families, childcare and early years disability services are not available because of inequity. These services are designed in such a way that families who have education, connections and who are treated with respect are able to gain access. One mother repeatedly told us that she is nice.

Recommendation: Address the inequity in access to services that is built into social service, education, care and health systems. Recognize existing inequity in emergency planning, including for disabled people.

Recent commentators and disabled people's civic organizations have identified the value that disabled people's experiences hold in emergency planning. Looking to Indigenous leadership on climate justice we recognize the need to reflect on Indigenous Knowledge systems to address the health of the planet. This involves understanding the interconnectedness of different forms of injustice, and based on what we have learned from community members, it means that the experiences of disabled children and their families offer important evidence of the need for more accessible systems that are responsive to all children and to all people in communities affected by climate change.

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