**Critical Reflections on the Process of Developing a Resource Manual for Service Providers Working with Immigrants & Refugees with Disabilities**

Kaltrina Kusari, MSW, RSW, PhD Student
Faculty of Social Work, University of Calgary
Kaltrina.kusari@ucalgary.ca

Yahya El-Lahib, RSW, PhD, Assistant Professor
Faculty of Social Work, University of Calgary
yellahib@ucalgary.ca

Natale Spagnuolo, MA, PhD
Contract Instructor, Carleton University
natalie.spagnuolo@gmail.com

**Abstract**

This paper presents critical reflections on the process of developing a resource manual for service providers who work with immigrants/refugees with disabilities. The development of this manual gave us insight into existing programs which address the intersection between immigration and disability, as well as the paradigms that guide services which target immigrants/refugees with disabilities. We approached the manual through a postcolonial disability framework which facilitated a critical examination of the operation of ableist and neocolonial discourses within and through settlement practices. The main findings highlight the "siloed" nature of service delivery for immigrants/refugees with disabilities. Findings also illustrate how relevant provincial strategies do not address the intersection between immigration and disability, but rather focus on using immigration to reach other provincial targets. These findings add to the body of existing, albeit scarce, literature which focuses on the immigration-disability nexus and provide important implications for policymaking and service delivery for a largely hidden population of immigrants in Canada.

**Keywords:** immigration; settlement; service provision; provincial policies; postcolonial theories; critical disability studies;

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Kaltrina Kusari, MSW, RSW, PhD Student
Faculty of Social Work, University of Calgary
Kaltrina.kusari@ucalgary.ca

Yahya El-Lahib, RSW, PhD, Assistant Professor
Faculty of Social Work, University of Calgary
yellahib@ucalgary.ca

Natalie Spagnuolo, PhD Candidate
Critical Disability Studies program, School of Health Policy and Management, York University
natalie.spagnuolo@gmail.com

**Introduction**

In 2016, 65 million people were displaced due to conflict, environmental issues, or breach of human rights. Despite this unprecedented number of displaced peoples, scholarly research and the media continue to portray migrants as a homogeneous group, often without regard to the various complexities inherent in individual experiences (El-Lahib, 2015; Kusari, 2019; Chadha, 2008; Humphries, 2004). Among displaced peoples who face unique challenges are individuals with disabilities, whose freedom of movement and immigration to the Global North has been denied by exclusionary immigration laws (El-Lahib, 2016; Spagnuolo, 2016; Chadha, 2008; Hanes, 2009; Wong, 2016). Disabled people face barriers to immigration and often lack access to appropriate settlement services once they immigrate.

Despite these identified barriers, the intersection of immigration and disability continues to be a key gap in the scholarship of helping professions. Thus, the complex realities that shape their settlement and integration process within host countries remain unpacked. These tensions become more pronounced when global North/South relations are considered. For example, service providers in host countries, including Canada, discuss their lack of preparedness to serve this population. They point to the limited resources available and the way such service gaps further marginalize immigrants/refugees with disabilities (El-Lahib, 2015a, 2015b; El-Lahib & Wehbi, 2012; Grech, 2011; Hanes, 2009; Wong, 2016).

To address these gaps, this paper provides critical reflections on the process of developing a resource manual aimed at informing Canadian service providers about services that

specifically address the needs of immigrants/refugees with disabilities. The manual emerged out of a transdisciplinary study designed to guide helping professionals to better understand the realities of immigrants/refugees with disabilities. In addition to being a concrete resource that service providers can utilize in their everyday practice, developing the resource manual gave us insight into the paradigms that guide services which target immigrants/refugees with disabilities. Thus, in this paper, we provide information about the development of the resource manual and reflect on key insights that emerged for us in this endeavor. Our work was informed by critical disability and postcolonial theories. Together, these theories allowed us to adopt a framework that challenges the dichotomous way of thinking which has characterized practice with this population.

## Background

Existing literature suggests that immigrants/refugees with disabilities have historically been subjects of exclusionary immigration policies which constructed them as an "inadmissible" social group (El-Lahib, 2015; El-Lahib, 2016; Chadha, 2008; Hanes, 2009; Spagnuolo, 2016, 2016b, 2018; Wong, 2016). Historically, people with disabilities have been excluded from immigration opportunities because of ableist legislation which determines admissibility based on selection criteria such as dominant health discourses, education, and employment (El-Lahib, 2015, 2016; Chadha, 2008; Hanes, 2009; Spagnuolo, 2016, 2016b, 2018; Wong, 2016). These restrictions of cross-border mobility for people with disabilities remain a contemporary global phenomenon. For example, the discriminatory nature of Canadian immigration has been discussed by several authors, who point out the need to challenge exclusionary practices (El-Lahib & Wehbi, 2012; El-Lahib 2015, 2016; Chadha, 2008; Ethno-Racial People with Disabilities Coalition, 2014; Spagnuolo, 2016; Spagnuolo, Graham, and Hussan, 2018). Specifically, the excessive medical demand clause restricts entry to any applicant deemed to pose a burden on health and social service systems (Government of Canada, 2001). A discourse which only emphasizes the needs of people with disabilities and their assumed "burdensome" nature "devalues Canadians with disabilities and does nothing to recognize the contribution persons with disabilities and their families can and do make to the Canadian society" (Council for Canadians with Disabilities, 2013, Immigration section, para. 6).

Further, social services within settlement sectors have been constructed in ways that assume immigrants/refugees as a homogenous group, thus impacting resource allocation and lack of preparedness among frontline workers (Albrecht, Develiger, & Van Hov, 2009; El-Lahib, 2015; Islam, 2008). Helping professionals have done little to resist and question ableist practices. For example, some studies argue that social workers and settlement service providers are not well equipped to work with immigrants with disabilities (El-Lahib, 2015; Groce, 2005; Hanes, 2009; Meekosha, 2011; Soldatic et al., 2015). A study by the Ontario Council of Agencies Serving Immigrants (OCASI) and the Ethno-Racial People with Disabilities Coalition of Ontario (ERDCO) found that newcomers with disabilities face additional barriers to settlement services in Canada as a result of, "[c]hallenges in the interaction with settlement workers, due to a lack of understanding of disability issues in general and a lack of capacity and resources to service them" (Settlement at Work, 2012, General Findings section, para. 1). Furthermore, a study conducted by one of the authors of this paper (El-Lahib, 2015; 2016) found that the pre-application, application, and settlement stages of immigration in Canada are shaped by dominant discourses of opportunity which reflect and reinforce ableism, racism, and colonialism. Findings from this and other studies suggest that experiences of marginalization and exclusion are highly impacted by intersecting identity markers such as disability, race, ethnicity, gender, and citizenship status (Dossa, 2009; Meekosha, 2011). As such, current gaps in knowledge hinder service provision and there is a need for training among Canadian service providers working with immigrants/refugees with disabilities.

Building upon this literature, and to initiate further conversations on transnational and colonial processes in relation to disability in Canada, we designed a study to respond to this lack of preparedness among service providers (Spagnuolo, El-Lahib, & Kusari, 2019). A crucial aspect of this study was the development of a resource manual which aimed to inform service providers about current immigration policies and services as they apply to immigrants/refugees with disabilities. The resource manual 1) identifies existing Canadian services that address the intersection between immigration and disability, 2) summarizes provincial immigration and disability strategies/frameworks and highlights the ideologies guiding them, and 3) offers academic resources which explore critical disability theories as a way of informing service providers about methods and strategies of resistance.

While serving as a tool for service providers, the manual also seeks to highlight the dichotomous reality of immigration and disability as fields of practice while also aiming to facilitate collaboration among agencies which are already working on addressing the intersection between these fields. In what follows, we document the process of identifying agencies which provide services for immigrants/refugees with disabilities and discuss how we involved service providers in the development of the resource manual. Throughout, we use a critical disability lens grounded in postcolonial theories to critically examine the operation of colonial and ableist discourses within and through settlement policies and practices.

**Theoretical Framework**

Many of the authors cited above (El-Lahib, 2016, 2016b; Meekosha, 2011; Soldatic et al., 2015; Spagnuolo, 2016;) point to the colonial underpinnings of immigration policies and the lack of critical engagement with disability. As such, our reflections were guided by a postcolonial disability framework, which helped in interrogating the complexities that occur when disability intersects with sites of marginalization based on one's citizenship and immigration status. To this end, we adopted the definition of disability used by Goodley, Hughes and Davis (2012), which states that "disability is *the* space from which we think through a host of political, theoretical, and practical issues that are relevant to all" (emphasis in original text, p. 3).

Grounded in this definition, our framework uses critical disability studies to problematize dominant disability theories and discourses which mostly rely on the medical model. Despite their commitment to social justice, social workers are often critiqued for their reliance on medical models of disability. They direct their attention to diagnosis, treatment, cure, and recovery while neglecting the potential of people with disabilities (Hughes, 2017; Shakespeare, 2006). Several authors within postcolonial and critical disability studies (Chatika, 2012; El-Lahib, 2015, 2016; Ghai, 2012; Goodley, Hughes, and Davis, 2012; Grech, 2011; Meekosha, 2011) have questioned the assumed universality of disability theories and practice models. Many of these studies have shown that protective legislation, such as national laws, have limited application and often overtly exclude this group, thus allowing for differential treatment based on citizenship status.

Along these lines, within disability studies there is an over-emphasis on Global North contexts, meaning that the transnational nature of immigration is rarely considered. Negligence

of the Global North/South power imbalance means that current models discriminate against displaced people with disabilities along axes of citizenship and (dis)ability. Considering that the recent migration trends have demonstrated that immigration to Canada is not isolated from global migration trends, the postcolonial thinking adopted in this paper helps to contextualize Canada's immigration policies within an increasingly globalized world. In addition, it connects practices in Canada with those which have historically impacted the lives of immigrants/refugees with disabilities worldwide.

We chose a postcolonial framework because postcolonialism holds that displacement is one of the key impacts of colonialism and can help to question the assumed universality of Global North theories and their presumed relevance and application to non-Western realities (Loomba, 2015). In addition to contextualizing the experiences of immigrants with disabilities in Canada, postcolonialism recognizes that Canada is a colonial nation and displacement experiences are not unique to migrants, but also apply to Indigenous peoples (Gyepi-Garbrah, Walker, & Garcea, 2014). While a full exploration of Canada as a colonial nation is beyond the scope of this paper, it is necessary to recognize the role of migration on Canada's colonial past. With regard to immigrants/refugees with disabilities, postcolonial theories suggest that colonial practices continue to contribute to socio-economic and political destabilization in Global South countries (Chataika, 2012), which in turn lead to displacement and shape constructions of disability. For example, the amount of aid that Global North development agencies give to the Global South is often dependent upon these countries opening their markets to multinational investments and signing free-trade agreements (Ravetti, Sarr & Swanson, 2018). This sort of economic liberalization, however, often overlaps with conflict and uprisings due to high rates of unemployment and poverty (Hyndman, 2003), ultimately resulting in emigration. Nonetheless, Global North countries deny migration to Global South citizens and insist that providing aid will help people to find solutions in their own country. In doing so the Global North constructs those who live within imposed Global South borders as the outsider 'Others' who are seen to present challenges and threats to dominant society.

A postcolonial framework was also important for the current study because it recognizes that the use of Othering discourses shapes the realities of migrants and people with disabilities (Chataika, 2012). Global North helping professionals and researchers who practice in Global South countries reinforce the colonial divide by acting as experts and relying on their whiteness

to maintain racial hierarchies (Quijano, 2000; Said, 1978). In doing so, they do not only hinder the development of local solutions but also uphold the assumed Global North superiority and contribute to the desire of Global South citizens to migrate in search of better opportunities (El-Lahib, 2015, 2018; Kusari, 2018; Kusari, 2019). Thus, colonial remnants continue to construct immigrants from the Global South, and especially those with disabilities, as an inferior, potentially inadmissible social group. One way of resisting these colonial practices is to identify how they shape the services that immigrants/refugees with disabilities have access to in Canada.

## Developing the Resource Manual

*Research and Design*

The resource manual maps out federal associations which advocate for the rights of immigrants/refugees with disabilities, provincial immigration and disability strategies, as well as provincial services which address the needs of this population. Recognizing that service providers already face time constraints due to neoliberal measures, this manual is an online document with hyperlinks to strategies, programs/services, and academic resources. The collected information is categorized by province to ensure ease of access for service providers. The initial research stage included an overview of provincial immigration and disability strategies. Based on the assumption that service providers are already familiar with the immigration and disability strategies of their respective provinces, the manual does not provide a detailed overview of each provincial strategy. Rather, it focuses on whether these strategies address the needs of immigrants/refugees with disabilities.

The second stage of research was conducted online between December 2015 and April 2016 and focused on identifying agencies which offer programs/services for immigrants/ refugees with disabilities. We took several steps to ensure that we identified as many of these services as possible. First, we accessed the Canadian Immigration and Citizenship (CIC) search engine *"Immigrant services in your area"* to identify agencies which offer services for immigrants/refugees with disabilities. We scanned all 1223 of the agencies featured on the CIC website and visited the websites of those whose services were not specialized (i.e. language training; employment, etc.) to check whether any of their services catered to immigrants/refugees with disabilities.

Second, we used the Google search engine to find immigration and disability associations/councils in each province. We used keywords such as *disability/ immigrant association*, *disability/immigrant council, disability organizations, immigrant services, etc*. We targeted associations/councils because they provide insight into the work of multiple member agencies. Subsequently, we explored the website of each member agency to determine whether any of their services addressed the needs of immigrants/refugees with disabilities. For the disability agencies, we paid specific attention to any mention of immigrants, refugees, and newcomers whereas for immigration/settlement agencies we looked for mentions of disability, impairment, accessibility issues, healthcare, etc.

Third, we used the Google search engine to identify other agencies which might not be members of associations, but which offer services for immigrants/refugees with disabilities. To do so, we used keywords such as *disability services, disability agencies, newcomer/refugee/immigrant services,* etc. Each agency's website was explored to see if their programs mentioned immigrants/refugees with disabilities. Recognizing the dearth of such programs, we decided to include those programs which somewhat address and/or could potentially address those needs. For example, we included an agency in Ontario which serves racialized individuals with HIV/AIDS because such a program could be useful for immigrants/refugees with HIV/AIDS.

Lastly, recognizing that some agencies might not have a virtual presence and/or might not regularly update their websites, we also asked service providers who attended the training offered as part of this study and those who attended the conferences where the team presented, to share information about programs that were not mentioned in the resource manual. It is worth noting here that we consider this manual as a living document, and as such, it has been updated twice since it was developed to maintain accuracy and capture new and emerging services in the field. We continue to receive information from service providers and engage with community partners to ensure that new programs are part of this manual.

For each agency which offers programs that address the needs of immigrants/refugees with disabilities, the manual includes a short description of its mission, information about programs relevant to this manual, and the agency's contact information. Contact information can facilitate connection among service providers who access the manual. Moreover, to bridge the gap between service providers and the academy, this manual includes academic resources on

disability and immigration theory and practice. These resources focus on the Canadian context so that the information provided is comprehensible for those outside the fields of disability and migration studies. For ease of access, the references are divided into the following categories: the intersection of immigration and disability in Canada; disability theory and practice models; perspectives of immigrants with disabilities; and the role of front-line workers. As a knowledge translation approach, these resources were referred to and discussed during the training to help participants engage with and apply research findings to their own practice. These resources are meant to build on the knowledge that service providers already have about the systemic factors that shape the experiences of immigrants/refugees with disabilities and will also be updated regularly.

## Reflections on Key Learnings

In the process of developing the manual, we gained insight into the numbers and nature of existing services for immigrants/refuges with disabilities. However, it is important to note that our approach to gathering information about existing services was not intended to follow a particular methodological approach, but rather focused on capturing what these services do and how they advertise their work. As such, we do not claim this manual to be comprehensive or representative; rather our intentions in this paper are to demonstrate the needs for a more systemic approach to researching these issues and services if we are to advance critical and postcolonial disability agendas within and through the ways we deliver services in these sectors. Thus, we share below some of our reflections and key learnings that came out of this process.

## Immigration Strategies

The first insight to emerge from the resource manual related to the nature of provincial immigration strategies. Most provinces (AB, BC, MB, NS, PEI, QB, SK, ON) and territories (YK, NWT) state that immigration is a key pillar of provincial economic development and can serve to attract a skilled workforce and professionals. For example, the Jobs, Skills, Training and Labour department is responsible for Alberta's immigration policy, federal/provincial immigration relations, and the coordination of immigration initiatives and programs (Government of Alberta, 2016). Similarly, British Columbia's immigration strategy is overseen

by the Minister of Jobs, Tourism, and Skills Training and the Minister Responsible for Labour (Government of British Columbia, 2016). The fact that immigration is housed under labour departments is a testament to these provinces' desire to attract immigrants who can fill existing labour shortages.

Linking immigration with economic growth is not problematic in itself but becomes so when contextualized within dominant neoliberal discourses of productivity. Such discourses perpetuate ableism which portrays people with disabilities as unproductive and dependent, thus continuing to shape the marginalization experiences of this population (El-Lahib & Wehbi, 2012; Yeo, 2017). Consequently, immigration policies are more restrictive for people with disabilities, who are presumed to be economically burdensome. Such policies are particularly detrimental for refugees, who in addition to disability are also escaping life-threatening environments.

Disability activists and scholars have identified the assumption that disabled people are incapable of adding economic value as a mechanism which has historically worked to exploit immigrants with disabilities (El-Lahib & Wehbi, 2012; El-Lahib, 2016). Spagnuolo (2016b) reports that immigrants who were diagnosed as 'feebleminded' and detained at the Toronto Asylum were then used as a source of unpaid labour by the institution, despite being eligible for deportation. Similarly, the indentured labour of immigrant women who worked as domestic servants was transformed into a migrant labour system. These workers were readily dismissed from the country once they were diagnosed with a disability. The context of their diagnosis – which included employer abuse – reveals that attempts to meet labour market needs through migration closely involve the category of disability (Spagnuolo, 2018).

El-Lahib (2016) hints at the colonial underpinning of immigration policies. Canada has normalized immigration practices which allow Global South citizens access to the Global North countries only when the latter can benefit from them. Indeed, upon reviewing the 1885 Canadian Commission on Chinese Immigration, Wong (2016) concludes that "when the comfort of white Canadians is detrimentally affected, the immigration of racialized peoples is no longer considered sound policy" (p. 22). He identifies myths of the Canadian nation which were grounded in "eugenicist fears of 'overpopulation' of 'undesirables'" (p. 4). Normalization of such discourses is detrimental partly because it is often internalized by immigrants with disabilities and "when coupled with the lack of opportunities to contribute that actually exist,

leads to asylum seekers and refugees devaluing their role and contribution to their local communities" (Quinn, 2013, p. 67).

The colonial and ableist nature of current immigration strategies is problematic because it justifies the lack of attention that provincial immigration and settlement strategies give to immigrants/refugees with disabilities. Indeed, most provincial immigration websites highlight immigration services which facilitate the integration of immigrants into the workforce. For example, government settlement services in Manitoba focus on labor market integration, education, language assessment and training (Government of Manitoba, 2016). Similarly, the Nova Scotia immigration website offers information on arrival, employment, and pursuing an education in Nova Scotia – all of them targeting skilled workers and professionals (Government of Nova Scotia, 2016). Lack of other services marginalizes immigrants with disabilities by not allowing them to meet their unique settlement and integration needs.

Further, various immigration strategies, such as those in Alberta and Ontario, while highlighting the benefits of increased diversity due to immigration, mostly present a homogeneous understanding of culture. They merely focus on the establishment of cultural centers and celebration of ethnic holidays. This approach points to the government's attempt to depoliticize diversity as a way of maintaining the status quo of able-bodiedness. That is, by overtly celebrating cultural diversity, the government excuses itself from addressing the diversity which exists within each culture, thus silencing the multiplicity of immigrant and refugee experiences in Canada.

In fact, these sentiments were also echoed by service providers who participated in the training program offered as part of this study. Some of them expressed "shock" that people with disabilities are constructed based on ableist assumptions that favor certain body norms. Participants also troubled the discrepancy between the projection of immigration policies given by Immigration, Refugee and Citizenship Canada (IRCC) and the experiences of people with disabilities, their families, and frontline workers within the settlement sector. For a thorough methodological and theoretical discussion of the study which revolved around this training, please refer to Spagnuolo et al. (2019).

### Disability Strategies

Most provincial disability strategies (AB, BC, MB, NB, PEI, QB, SK, NWT, YK) fail to address the intersection between immigration and disability. Even those strategies which

highlight particularly vulnerable populations do not mention immigrants with disabilities. In fact, provinces which put efforts towards linking their disability strategies with other fields do not recognize immigration as a sector that relates to disability. For example, the Ontarians with Disabilities Act refers to acts which pertain to specific groups of people with disabilities *(i.e.* Blind Persons' Rights Act) but does not include the Immigration act. Unfortunately, this is also the case for other provinces (BC, NB, SK) which despite involving multiple government sectors in drafting their disability strategies do not recognize immigrants as a related group of people with disabilities.

The negligence of the intersection between immigration and disability evidences how disability strategies prevent immigrants from accessing disability services. For example, several provincial disability strategies (AB, MB, ON, SK) limit certain services to Canadian citizens and permanent residents (and sometimes refugee claimants). Additionally, in New Brunswick and Quebec disability services are not accessible by immigrants who have not resided in the province for at least three months. Considering that the initial phase of settlement is among the most difficult, such restrictions limit chances of meaningful integration experiences. This systemic exclusion system creates a second-class citizen by preventing immigrants/refugees with disabilities from accessing services.

As such, a large majority of individuals who come to Canada with temporary permits (students, temporary foreign workers, etc.) cannot access disability services. This despite provincial immigration strategies which aim to increase the number of temporary foreign workers (TFW). Ironically, those provinces (AB, BC, ON) where temporary immigrants cannot access disability services are also the ones which have historically had the largest number of TFWs (Government of Canada, 2017). Such regulations suggest how, as mentioned in the literature (Albrecht, Develiger, & Van Hov, 2009; Islam, 2008), policies prioritize social service funding in a way that excludes immigrants with disabilities. However, this exclusion is often disguised. For example, Manitoba and Saskatchewan have Offices of Disability Issues which advise ministries on creating inclusive policies. While these offices offer a good example of how to ensure that the rights of people with disabilities are respected by all policies, they still marginalize immigrants with disabilities through silencing and rendering them invisible in public discourses (El-Lahib, 2015).

Nonetheless, there are provinces which can serve as good examples of addressing the intersection between disability, immigration, and social service provision. Noteworthy mentions are Newfoundland and Labrador (NFLD), as well as Nova Scotia, whose framework will be further discussed in the recommendations section. A detailed description of these strategies/frameworks is beyond the scope of this paper, yet it is important to highlight them within a postcolonial disability framework which aims to move away from "Othering" discourses and recognizes the multiplicity of voices regarding any given social process (Loomba, 2015). Our framework guided us to not only identify the ableist and exclusionary nature of immigration and disability strategies, but also helped us notice the existing efforts towards addressing this intersection. Indeed, positive models of disability strategies can provide important knowledge upon which to build future initiatives.

**Federal and Provincial Programs**

We identified four federal associations which work with immigrants or people with disabilities, but only the Council of Canadians with Disabilities (CCD) has worked at the intersection between these fields. For the past 20 years, the CCD has advocated for a more open Canadian immigration policy for persons with disabilities and lobbied for the Government of Canada to move away from an immigration system which portrays individuals with disabilities as a burden. Although the work that CCD has done is valuable, it is not enough to address the needs of the increasing number of immigrants/refugees who come to Canada.

Our research suggests that provincial programs which address the intersection between immigration and disability are extremely scarce. Moreover, the small number of identified programs is limited in scope and concentrated in Ontario. Most programs focus on the health aspect of disability, without regard to the multiplicity of disabilities that shape the realities of immigrants/refugees with disabilities. Further, agencies which have a disability-focus do not even mention immigrants with disabilities as a specific group and those agencies which do so barely address their needs. In an attempt to expose the scarcity of services in Canada, below we provide an overview of programs which somewhat address the specific needs of immigrants/refugees with disabilities.

We could not identify any services which are developed while specifically thinking about immigrants/refugees with disabilities in most provinces and territories (AB, NFLD, NWT, NV, PEI, QC, SK, YK,). For example, the websites of the Association for New Canadians in NFLD,

the Association for Newcomers in Prince Edward Island, and Saskatchewan's Association of Immigrant Settlement and Integration Agencies do not feature programs for immigrants with disabilities. In Manitoba, the Society of Manitobans with Disabilities recognizes that immigrants/refugees with disabilities have specific needs, but its Ethno-Cultural Program merely connects immigrants with disabilities to the services in the disability sector.

Alberta provides a good example of how the silo mentality which characterizes the immigration and disability sectors contributes to the marginalization of immigrants/refugees with disabilities. Precisely, although many of the 19 agencies which belong to the Alberta Association of Immigrant Serving Agencies (AAISA) focus on creating healthy communities and promoting diversity, none of them mention immigrants with disabilities as valued individuals of Albertan communities. Similarly, of approximately 50 workshops offered by the Alberta Council of Disability Services, only two somewhat address the needs of immigrants. Lack of collaboration between sectors reinforces dichotomous ways of thinking which limit an individual to certain aspects of his/her identity – one is treated either as an immigrant or as someone with disabilities, but never as an individual who exists at the intersection of these and many other identity and social categories.

This way of thinking is detrimental to the pursuit of social justice because it assumes a homogenous identity (Dossa, 2009) and limits the scope of programs offered for immigrants with disabilities. For example, launched in 2015, the *Newcomer Community Wellness Project* in Nova Scotia is a three-year initiative that aims to "provide equitable and culturally competent mental health services to immigrants and to help communities increase their ability to respond to issues of mental health, wellness and addictions" (Immigrant Services Association of Nova Scotia, 2014, p. 5). In BC, the Affiliation of Multicultural Society and Services recognizes that newcomers with disabilities face unique barriers and offers an *Info Sheet* which explores these challenges. While the development of info sheets and referral programs is a step in the right direction, a postcolonial disability lens suggests that although the systemic barriers have been identified, there is lack of critical engagement with the elements giving rise to these barriers in the first place.

Even in Ontario, the province with the most identified (seven) services for immigrants/refugees with disabilities, there is a lack of initiatives which challenge systemic barriers. Among others, Silent Voice Canada has a Settlement Program which provides essential

services to support deaf newcomers in the Greater Toronto Area. The Black Coalition for AIDS prevention addresses the health needs of racialized peoples, including immigrants/refugees with disabilities. The Brampton Multicultural Community Center (BMCC) in Ontario offers the Mind Your Health Program (MYHP) to "raise awareness, reduce stigma and promote mental health and well-being of individuals and families from diverse backgrounds" (BMCC, 2013).

The existence of these programs acknowledges the unique experiences of immigrants with disabilities and highlights the need for specialized services. Nonetheless, these programs still place the burden of integration on the individual immigrant and/or their families. For example, the efforts of MYHP to raise awareness about self-care entail that the individual is responsible for adopting coping mechanisms for mental health issues, without consideration of how systemic factors, such as restrictive immigration policies, contribute to these issues. By solely focusing on the individual, therefore, these programs fail to challenge the lack of attention that provincial governments have placed on immigrants with disabilities.

Notable exceptions to this individual-centered approach are initiatives brought forward by Access Alliance and a collaboration between ERDCO and OCASI. These initiatives resulted in training programs which aim to equip front line workers with the necessary skills for anti-oppressive practice within the settlement sector. Specifically, Access Alliance offers the Multicultural Health and Community Services programs which provides services for immigrants with disabilities while addressing system inequities. The agency acknowledges and addresses the systemic nature of oppression based on race, ethnicity, class, gender, immigration status, and ability, among others.

In addition, ERDCO and OCASI have partnered to create the Accessibility Initiative, a training program for service providers working with immigrants with disabilities. The project aims at "building community partnerships with leaders in the area of disability, specifically within ethno-racial minority and newcomer communities" and promotes "an understanding of the Accessibility for Ontarians with Disability Act (AODA) as it relates to supporting the social, cultural, economic and political integration of newcomers with disabilities (OCASI, 2011, p. 5). In fact, the training program offered as part of the current study built upon these programs and we come out of this process with certain recommendations that need to be considered if Canada is to stay true to its image as a multicultural and inclusive society.

**Recommendations and Conclusion**

Our recommendations target provincial strategies and the social service sector. We focus our recommendations on the provincial level because, upon reflecting on the knowledge gained through developing this manual, we feel torn between calling for a national disability strategy and maintaining provincial control over such strategies. On the one hand, a national strategy has the potential to navigate the tensions between the various sectors and remedy the gaps caused by legislation and jurisdictions within and between provinces. On the other hand, such a call might render provinces unable to meet the growing demands of services, especially in a neoliberal time. As mentioned earlier, each province uses its immigration policies to not only regulate immigration but also address other provincial needs (i.e. economic needs; population growth). Considering the varying needs of each province and their approaches to immigration, it is best to address the intersection between immigration and disability within the provincial context.
To this end, provincial disability and immigration strategies cannot be thought of as mutually exclusive. Rather, those in charge of drafting strategies must adopt a transdisciplinary approach which embraces collaboration among sectors. To this end, Nova Scotia's approach to its disability services provides a helpful framework which can serve as an example for other provinces. Rather than creating a stand-alone disability strategy, Nova Scotia developed a Disability Framework which ensures:

> that any policy, program or service developed by government will be accessible and inclusive of people with disabilities...the Disability Framework will bring together ten existing strategies and initiatives that are either underway or in development, each affecting the lives of people with disabilities in Nova Scotia. (Government of Nova Scotia, 2016)

Yet, the framework fails to include immigration in the group of ten strategies which are consulted as part of this initiative. As such, while the Disability Framework provides a helpful example of a transdisciplinary approach, other provinces can build upon it to accentuate the relationship between immigration and disability.

Furthermore, there is a need to examine and resist colonial practices that continue to be lived out through immigration strategies which are built upon dominant discourses that depict people with disabilities as incapable of contributing to society (El-Lahib, 2017; Meekosha, 2011). For example, although a parliamentary committee recommended a full repeal of the Excessive Demand Clause in 2017, the Immigration, Refugee and Citizenship Canada decided to

triple the threshold of what's considered an excessive demand instead of approving the repeal. Although this is a step in the right direction, people with disabilities continue to be viewed as a liability (see Spagnuolo, Graham, and Hussan, 2018). As such, front-line workers, as well as disability and immigration activists, must continue to place pressure on the Government of Canada until the full repeal of this discriminatory policy.

Besides the structural changes which can happen through changing legislation, there is also a need for collaboration among services providers in the immigration/settlement, and disability sectors. We planted the seeds for potential collaborations of this kind through our training program in Ontario, which brought together 28 services providers from these fields. Training participants stated that the information they were exposed to made them question the hidden agendas perpetuated through their work. Some highlighted the need for social workers to play a more pro-active role in addressing the intersection between disability and immigration because the record number of displaced peoples necessitates increased attention to this population.

Service providers in both fields should have access to training programs which inform them about the challenges that immigrants with disabilities face, as well as equip them with the skills that they need to support this population. Importantly, instead of offering separate training programs for service providers in the settlement and disability sectors, these programs should bring them together. Additionally, such programs need to be specific to each province, thus the content and structure of these programs must largely rely on research coming out of each province.

The development of province-specific training programs also helps to challenge the neoliberal approach of one-size-fits-all and instead develop new programs which are grounded in local realities. Seeing that we are calling for specific programs, we cannot propose their content. However, it is important that instead of merely focusing on the health aspects of immigrants/refugees with disabilities, upcoming services must also address other aspects of disability, such as the stigma, access to resources, and lack of resources more generally. For example, settlement agencies must recognize that immigrants/refugees with disabilities often face stigma within their own ethnic communities, as well as the Canadian society at large, and offer the kind of support which allows these individuals to find spaces where they belong.

Further, disability agencies need to be aware of how disability is constructed in non-Western cultures, and how these constructions impact whether immigrants/refugees will access services. As we write these recommendations and reflect on the contradictions that we tried to remedy through the development of the resource manual, we are confronted with the reality that addressing the marginalization of immigrants/refugees with disabilities requires transdisciplinary approaches that take multiple fronts. Whether it is program development or advocacy for changes in immigration policies, both frontline workers and policymakers must recognize the multiplicity of experiences that characterize the realities of immigrants with disabilities and contextualize these experiences within an increasingly globalized world.

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