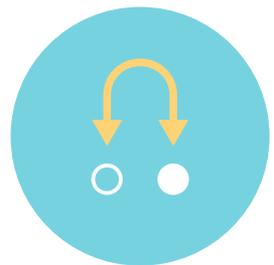


# ACCESSIBILITY KIT



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# About OCASI

OCASI was formed in 1978 to act as a collective voice for immigrant serving agencies and to coordinate responses to shared needs and concerns.

OCASI is a registered charity governed by a volunteer board of directors. Its membership is comprised of more than 200 community-based organizations in the province of Ontario.

## **Mission**

The Mission of OCASI is to achieve equality, access and full participation for immigrants and refugees in every aspect of Canadian life.

## **Address**

110 Eglinton Avenue West, Suite 200  
Toronto, ON M4R 1A3



Expert on Immigrant and  
and Refugee Issues.  
Advocate for the  
Immigrant-serving Sector.

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# The Accessibility Initiative

*The Accessibility Initiative initially came about through a joint partnership with ERDCO- the Ethno-Racial Disability Coalition of Ontario and funded by Citizenship and Immigration Canada.*

The project was representative of the collaboration of both settlement and disability sectors working together to bring greater attention to the needs of newcomers with disabilities. The project activities aim at building community partnerships with leaders in the area of disability, specifically within ethno-racial minority and newcomer communities as well as promote 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.

The initiative has produced several on/offline tools and resources for settlement sector employees, including an online AODA webinar, online training in French and English, fact sheets, handout packages for frontline and management staff and other material on issues facing newcomers with disabilities and how to serve them. These tools and resources have formed the basis of training sessions conducted among settlement service agencies.

Through these trainings, settlement sector practitioners learn more about people with disabilities and their diversities; examine the relationship between disability, race, immigrant/refugee status and other layers of marginalization; explore the relationship between accessibility and the law. Furthermore sector leaders become more aware of the requirement of the AODA and what their organization can realistically do to increase accessibility in their policies, practices and procedures creating an accessible and inclusive environment.

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# Acknowledgments

OCASI wishes to express our gratitude to all the organizations, groups, and individuals that generously contributed their time and energy on this project. Special appreciation goes to the newcomers who took time to share their experience with us.

Special mention goes to all the members of the project advisory group, who devoted time for face-to-face meetings and teleconferences.

## **Advisory Committee Member Organizations**

ARCH Disability Law Centre

Catholic Cross-cultural Services

Centre for Independent Living - Toronto

Learning Disabilities Association of Ontario

London Cross Cultural Learner Centre

Windsor Women Working with Immigrant Women (WWWWW)

We would like to also thank the OCASI Board of Directors for their guidance and leadership. OCASI staff Chavon Niles, Coordinator, Accessibility Initiative and Fanieal Abraha, Project Assistant.

Layout and Design: Marcos Vilela, Coordinator, Web and Graphic Design.

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## ED Message

*Newcomers experience many challenges upon settling in a new country. They must learn a new language, find employment, housing, and navigate the complexity of a new culture and the realities of discrimination. The settlement process is especially challenging for newcomers with disabilities, who are further marginalized due to disability-related barriers in our communities and workplaces.*

Learning how to welcome and accommodate these individuals is an ongoing process. Our broader understanding of disability has led to the enhancement of legislations and programs. Yet when it comes to the unique obstacles facing newcomers with disabilities, service delivery has not been able to effectively address their needs.

We are committed to supporting the settlement sector in Ontario create a welcoming and inclusive space for all. Our goal is to provide tools (such as this kit) to help you support newcomers with disabilities lead interdependent lives. We hope that this resource will continue a discussion that will have a positive impact on the quality of life for newcomers with disabilities in Canada.



Debbie Douglas,  
Executive Director, OCASI

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# How Can This Kit Help Me?

*This kit will familiarize you with the terms, legislations, and basic issues surrounding disability and accommodations. Nine personal stories describing experiences of some newcomers with disabilities and their families are also included.*

The stories provide a space in which we speak with newcomers with disabilities as oppose to speaking for them. By reading their personal narratives, we can engage with their struggles in a more meaningful way.

While the stories do not represent the array of experiences of racialized immigrants with disabilities in Canada, they do provide a glimpse into the lives of these immigrants which is seldom discussed.

We hope that sharing their journey will deepen our understanding of their needs, and provide strategies on how we can work together to address them.

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# Understanding Disability

*According to the medical model of disability, the problem of disability resides within the individual (Oliver, 1990). Bodies that could not be rehabilitated or cured were subsequently excluded from society and placed into institutions and/or mental hospitals (Barnes, 2012) away from those accepted as “normal”.*

*This perspective has become so engrained within our society that it is seldom challenged.*

During the latter half of the twentieth century, people with disabilities from the United Kingdom, United States and Canada along with their allies started to question the ill treatment they were receiving based on bodily differences giving rise to the social model of disability. According to this model, the problem of disability resides within society (Oliver, 1990). The social model provided people with disabilities with the language to speak to their ill treatment. While there is recognition that impairment does exist it becomes exasperated in a disabling capitalist society that does not value bodies that fall outside the socially constructed norm (Dossa, 2009; Hughes & Paterson, 1997). Understanding disability through the social model allows us to have alternative points of view.

We use the social model because it recognizes that people with disabilities face barriers on a daily basis. The barriers can be physical, attitudinal, environmental, technological and organizational. It also recognizes that people with disabilities are not helpless or dependent because of their disabilities; rather, exclusive policies and social

norms lead to their dependency (Dossa, 2009). There are debates within the disability sector and the academy with reference to the social model of disability as the focus has been about social barriers without taking into consideration that emphasis is still placed on the individual to change (Hughes & Paterson, 1997). There needs to be a greater understanding of the materialist society we live in that values able-bodied people.

Moreover, our inability to understand and accommodate the needs of people with disabilities leads to a lack of access to suitable housing, employment, education, transportation and health-care, etc. The quality of life of people with disabilities increases when barriers are removed and they can access the opportunities to live and participate in their communities, access services and goods interdependently, and exercise control over the decisions affecting their lives.

# Deconstructing Language

*There has been debates around using the phrase “disabled people” or “people with disabilities.” The language used to refer to persons with disabilities has played a significant role in the persistence of attitudinal barriers. This has led to negative images and stereotypes about people with disabilities.*

In the United Kingdom there is a preference for using disabled people while in Canada and the United States there is a preference for using persons with disabilities. This is related to the various social movements around the world and how the word disability is taken up.

People with disabilities may identify themselves as a disabled person as a means of claiming back the language and politicizing it. Therefore, it is important to ask people how they would like to be referred to.

While we are conscious of both ways in which the word disability is used, we will be using

people with disabilities in this kit. This is consistent with Canadian legislations and policies around disability. We encourage you to ask people with disabilities how they would like for you to refer to them as. It is also important to recognize that people will identify themselves differently in terms of language based on their social location.

## Person-first approach

In a **person-first approach** you would avoid labeling people as a disability.

### For example:

*“Reza is a person who communicates using sign-language,”* rather than, *“Reza is a mute.”*

The use of stigmatized descriptors also reinforces society’s historically discriminatory attitudes about people with disabilities.

Describing the assistive device a person uses as opposed to the presumed challenge can assist

in identifying and eliminating stereotypes.

### For example:

*“Mala uses a wheelchair,”* as opposed to, *“Mala cannot walk because she is a cripple.”*

Remembering that people with disabilities are your friends, family, neighbours and co-workers and not simply a medical diagnosis, will help guide the way in which discussions unfolds.

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# Types of Disabilities



## Vision Loss

There are many degrees and types of vision loss. A person can have low vision, be partially sighted, legally blind, or completely blind. Some people with vision loss may use a guide dog or a white cane. It may not always be apparent that a person has vision loss.

Vision loss can be accommodated through auxiliary aids and services such as screen readers, audio recordings, Braille, large print (14-16 points), and accessible elevator controls.



## Hearing Loss

There are many degrees of hearing loss. A person can be deaf, with profound hearing loss; deafened, having become deaf later in life; or hard-of-hearing, being able to hear some sounds.

People with hearing loss first language may be sign language, such as American Sign Language (ASL), Langue des signes Quebécoise (LSQ), Britain Sign Language (BSL) or another form of sign language from their country of origin. Many immigrants with hearing loss speak a non-western sign language. People with hearing loss may also read lips or use assistive devices such as hearing aids to assist them in communicating.

# Types of Disabilities



## Deaf-Blind

A person who is deaf-blind has a combined loss of vision and hearing. The lack of accessible information and technology makes it difficult for people who are Deaf-Blind to be independent, access information, communicate with others, interact with technology, navigate their physical surroundings, and find suitable housing.

Most people who are deaf-blind are accompanied by an intervenor (a professional who helps with communicating and daily living).



## Physical Disabilities

There are many types and degrees of physical disabilities which does not always require a wheelchair. People who have amputations, arthritis, and heart or lung conditions for example, may experience difficulty moving, standing, or sitting.

An inaccessible environment makes it difficult for people with physical disabilities to access goods and services independently. For example, if a building is not physically accessible, a person with a physical disability may not be able to navigate within and/or through it with ease or independently.

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# Types of Disabilities



## Speech or Language Disabilities

People with speech or language disabilities may find it hard to pronounce words, speak without slurring or stuttering, and express themselves clearly orally or through writing. Some people with cerebral palsy, hearing loss, brain injury, or stroke may use a communication board or other communication assistive devices when accessing goods and services.



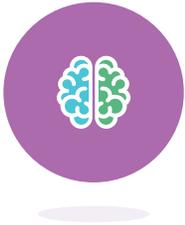
## Mental Health Disabilities

Mental health disabilities are often invisible. Some people with mental health disabilities may have: difficulty concentrating or remembering, low energy, acute mood swings, anxiety, paranoia or hallucinations (hearing voices or seeing things that aren't there).

There are negative stereotypes associated with mental health disabilities. Understanding the stigma can help you support clients when accessing goods and services. Social and organizational accommodations can support people with mental health disabilities.

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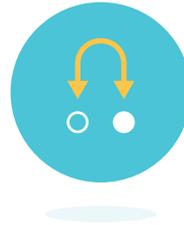
# Types of Disabilities



## Learning Disabilities

Learning disabilities (LDs) are brain-based difficulties that affect one or more ways a person takes in, stores, recalls or uses information. LDs impact how a person learns skills such as, reading, writing, and math. They can also interfere with higher level skills such as organization, time management and social communication skills. Environmental factors or poor quality of education can make them worse.

Negative and stereotypical perceptions about LDs impact a person's ability to access employment, education, housing and other social services. It may benefit some people who have LDs to have information supplied in alternative formats.



## Intellectual or Developmental Disabilities

An intellectual (or developmental) disability is a life-long condition, usually present at birth or originating in the early years of childhood. Individuals may have difficulty understanding abstract concepts or adapting to some of the demands of daily life.

A person with this disability may have difficulty accessing goods and services, education, and employment due to our lack of understanding of the needs of people with this disability.

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# Myths and Facts

## People with disabilities are unhealthy and frail.

**This is a myth and a stereotype.** Disability is not synonymous with weakness. Many people with disabilities are able to live satisfying and self-sufficient lives. Because of the stigma associated with having a disability, society tends to believe that all people with all disabilities are fragile, dependent and a burden on resources.

The diversity found in the broader community is just as real and prevalent within the disability population. One of the biggest critiques from the disability community is our focus on their potential to contribute as oppose to valuing people for who they are first.

## People with disabilities have equal access to education at all levels.

**This is a myth.** People with disabilities are inadequately included and accommodated in the education system.

- 37% of people with disabilities do not have a high school diploma, compared to 25% of people without disabilities.<sup>1</sup>
- 52% of young adults (aged 20 - 29 years) with an intellectual disability are neither working nor attending school, compared with 12% of those without a disability.<sup>2</sup>

All students, including people with disabilities, have a right to an equal quality of education, but this is not always the reality. Ontario's *Education Act*<sup>3</sup> explains how education should be delivered to students with disabilities, including the types of services and programs they are entitled to.

# Myths and Facts

## People with disabilities have the same access to the job market as people without disabilities.

**This is a myth.** The majority of people with disabilities are unemployed. Those who do have jobs are often under-employed and under paid.

- The 2006 Participation Activity Limitation Survey reported that 51% of people with disabilities were employed compared to 75% of people without disabilities among Canadians aged 15 to 64.<sup>4</sup>

The stigma attached to disabilities can pose a challenge for those who are available and want to work but have a disability. Moreover, some employers assume that the cost of accommodating a person with a disability is excessive when often the solutions are inexpensive. For example, a person with vision loss may require screen reading software installed onto the computer so they may complete their work, text only files, or larger font size. The cost to install the screen reading software is under \$500. It is important for us to remove barriers and recognize that people with disabilities are also an asset to the Canadian economy.

## People with disabilities are more susceptible to abuse than those without disabilities.

**This is a fact.** People with disabilities are exposed to financial, sexual, emotional, and physical abuse.

There are many reasons why it may be difficult for people with disabilities to report abuse. These reasons include a dependence on family and caregivers; the threat of support withdrawal; inability to physically leave a situation; or a communication impairment that makes it extremely difficult to report.

The consequences range from physical injury to increased feelings of isolation and powerlessness.

<sup>1</sup> Canadian Council of Learning. (2009). *Strategies for overcoming barriers to training and education among Canadians with disabilities*. Retrieved from <http://bit.ly/1rd017l>

<sup>2</sup> Boys and Girls Club. (2012). *Ready for success educated and engaged*. Retrieved from <http://bit.ly/1rsMONY>

<sup>3</sup> Education Act, R.S.O. 1990, c. E.2

<sup>4</sup> Statistics Canada (2006). *Participation and Activity Limitation Survey 2006: Labour Force Experience of People with Disabilities in Canada*. Retrieved from <http://bit.ly/1wIKGGy>

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# General Tips

*The more comfortable you are interacting with people with disabilities the more comfortable they will be interacting with you. Most of the following tips serve as a reminder to treat people with disabilities with the same respect, sensitivity and consideration you would extend to anyone in your community.*

## 1. Ask Questions

Ask questions if you are not sure about what to do.

## 2. Ask Permission

Always ask how you can support them; people will tell you what they need. If you offer support, wait until you receive permission. If the person declines your assistance, respect their decision and do not proceed to assist. Never touch someone without asking permission unless it's an emergency.

Many people who use assistive devices (e.g. wheelchairs, crutches, canes, communication boards...etc.) view them as an extension of their bodies. You should refrain from touching, using, leaning on, playing with, or moving the devices without permission. You should also not touch or address service animals without permission, as they are working and need to pay attention at all times.

## 3. Be Courteous

Treat people with disabilities just as you do everyone else in the same circumstance. For example if everyone is being addressed by their first name,, then address the person with a disability the same way. If you shake hands with people you meet, offer your hand to everyone you meet. If a person is unable to shake your hand, or is unwilling to do so he/she will tell you.

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# General Tips

## 4. Communicate Clearly

Find a good way to communicate. A good start is to listen carefully.

Ask the person how you can best relay information to them (e.g. through paper and pen, orally, with the assistance of an interpreter, etc.) taking into consideration their cultural background, language needs the information you have of them, and their disability. If needed and possible, communicate in a quiet environment where there is little distraction. Provide one piece of information at a time in a respectful manner and make sure the person understands what is being discussed.

If you don't understand, ask the person to repeat the information. If you still can't understand what's being said, don't pretend; ask again. Always speak directly to the person with the disability and not their interpreter or support worker.

## 5. Be Patient and Polite

Stay calm and be supportive. Supporting people with different needs means that some will take longer to complete tasks, navigate surroundings, or communicate. Time to adjust to changes in the environment or routine may be required, so give the person the time they need. Don't interrupt or finish their sentences.

## 6. Be Respectful

Treat a person with a disability as you would like to be treated: as an individual who is capable of making their own decisions. Don't make assumptions about what they can and cannot do. Respect their privacy. Avoid patting a person on the head, talking down to them in a patronizing manner, or addressing them as inferior.

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# Barriers

*Barriers to accessibility are obstacles that make it difficult for people with disabilities to do the things most of us take for granted. For example, going shopping, working, or taking public transit independently.*

When we think of barriers to accessibility, most of us think of physical barriers — like a person who uses a wheelchair being unable to enter a building because there is no ramp. However, there are many kinds of barriers that limit a person’s ability to navigate the public

sphere. Some of them are visible (e.g., a building without a ramp, or no curb cuts in the road) and others are invisible (e.g. assuming someone cannot fulfill the duties of a job because they have a disability). Below are some examples of barriers to accessibility.

## Attitudinal barriers

Attitudinal barriers are those that discriminate against people with disabilities.

### Examples:

- Thinking that people with disabilities are inferior.
- Assuming that a person with a speech impairment can’t understand you or communicate with you.

## Information or communications barriers

Information or communications barriers happen when a person can’t easily understand information.

### Examples:

- Print is too small to read for a person with vision loss.
- Websites that can’t be accessed by people who are not able to use a mouse.
- Signs that are unclear or not easily understood.
- Language that is too complex.

---

# Barriers

## Technology barriers

Technology barriers occur when a technology can't be modified to support various assistive devices.

**Examples:**

- Websites that don't support screen-reading software, text alternative, re-size text, etc.

## Organizational barriers

Organizational barriers are an organization's policies, practices or procedures that discriminate against people with disabilities.

**Examples:**

- A hiring process that excludes people with disabilities.

## Architectural and physical barriers

Architectural and physical barriers are features of buildings or spaces that limit access for people with disabilities.

**Examples:**

- Hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker.
- Counters that are too high for a person of short stature.
- Poor lighting for people with low vision.
- Doorknobs that are difficult for people with arthritis to grasp.
- Narrow parking spaces for a driver who uses a wheelchair.
- Telephones that are not equipped with telecommunications devices for people who are deaf, deafened or hard of hearing.

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# The Law

*All Canadians are entitled to the same rights. There are a number of legislative and legal tools at our disposal in pursuing equal opportunity for immigrants with disabilities, on an international, national and provincial/territorial level. The principles that underpin them all are **participation, inclusion, non-discrimination, and accessibility** for people with disabilities.*

*These are not just guidelines to improve access; they are legally binding.*

## United Nations (UN)

The United Nations Conventions on the Rights of Persons with Disabilities gives universal recognition to the dignity of persons with disabilities. The convention can be used to advocate for community development work and policy reforms that aim to remove barriers to inclusion for people with disabilities.

*“To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”*

[www.un.org/disabilities](http://www.un.org/disabilities)

## Canadian Charter of Rights and Freedoms

The Canadian Charter of Rights and Freedoms of 1982 includes a specific mention of physical or mental disability as a prohibited ground of discrimination. The Charter makes it illegal for governments in Canada to discriminate against persons with disabilities in their laws and programs.

*“Section 15(1) recognizes that every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability.”*

[www.laws-lois.justice.gc.ca](http://www.laws-lois.justice.gc.ca)

## The Canadian Human Rights Act

The Canadian Human Rights Act states that physical and mental disabilities are prohibited grounds of discrimination. Under the Human Rights Act, federally regulated employers are bound by law to prevent discrimination and to provide access and support to individuals with disabilities.

*“To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”*

[www.un.org/disabilities](http://www.un.org/disabilities)

## Ontario Human Rights Code

There are federal and provincial/territorial laws that prohibit discrimination.

This ensures equal opportunity and accommodation of the needs for persons with disabilities. Provincial Human Rights legislation, such as Ontario’s Human Rights Code (OHRC), guarantee freedom from discrimination because of disability in the areas of employment, housing and with respect to services, goods and facilities.

*“...equal rights and opportunities without discrimination in areas such as jobs, housing and services. The Code’s goal is to prevent discrimination and harassment because of race, sex, disability and age... All other Ontario laws must agree with the Code. ”*

[www.ohrc.on.ca/en/ontario-human-rights-code](http://www.ohrc.on.ca/en/ontario-human-rights-code)

## Duty to Accommodate

*Society has a duty to remove and prevent further barriers that inhibit a person with a disability from fully participating in their communities and daily life.*

For both the Ontario Human Rights Code (OHRC) and the Canadian Human Rights Act the law includes the duty to accommodate. The duty to accommodate means that employers and unions in Canada are required to make every reasonable effort, short of undue hardship, to accommodate an employee who comes under a protected ground of discrimination within human

rights legislation. The OHRC allows for only three factors to be considered in looking at undue hardship: cost, outside sources of funding, and health and safety requirements. If an employer’s lack of accommodation does not fall within one of these three categories it cannot be exempt under the claim of undue hardship.

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# Accessibility for Ontarians with Disabilities Act (AODA)

## Accessibility for Ontarians with Disabilities Act (AODA)

*In 2005 the government of Ontario enacted the AODA. It is a powerful tool in advocating for the rights of people with disabilities in Ontario.*

It lays out mandatory province-wide standards on accessibility in all areas of daily life for both public and private sectors.

*“Recognizing the history of discrimination against persons with disabilities in Ontario... This Act applies to every person or organization in the public and private sectors of the Province of Ontario, including the Legislative Assembly of Ontario.”*

[www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)

## The AODA Standards

*The AODA standards were developed to identify, prevent and remove barriers to accessibility for people with disabilities. They have specified timelines for fulfillment and are enforced through inspections, compliance orders and administrative penalties.*

This act reinforces the OHRC’s definition of disability to include physical, mental health, developmental and learning disabilities both visible and non-visible. The AODA specifically addresses the issue of conflict in laws, stating that the law providing the highest level of accessibility supersedes any other existing law.

## What Are The Accessibility Standards?

### 1. Customer Service

Ontario businesses must adjust their policies, practices, and procedures in order to provide better customer service to people with disabilities when accessing goods and services. This includes training of staff and volunteers in accessibility issues. People with disabilities are to be allowed to use service animals or support people when required to access their goods and services.

### 2. Employment

Policies and practices must be adjusted to make accessibility a part of recruiting, hiring, and supporting employees with disabilities throughout their employment life cycle. In larger organizations, employers are to create a written process for developing and documenting individual accommodation plans for employees with disabilities. They are to provide individualized emergency response information to keep employees with disabilities safe in the workplace.

### 3. Information and Communications

This standard outlines requirements for organizations to provide accessible formats and communications supports.

This should be done as quickly as possible and at no additional cost when a person with a disability asks for them. It applies to print, in-person and online materials. This standard is rigorous, and also applies to educational or training institutions, as well as libraries.

### 4. Transportation

The goal of this standard is to help transportation providers, municipalities, universities, colleges, hospitals and school boards make their services and vehicles accessible to people with disabilities. Accessible transportation services will assist people with disabilities in being able to live, work, and participate in their communities. The requirements of this standard are comprehensive and address specific institutions and modes of transport.

### 5. Built Environment

This standard focuses on removing barriers in both buildings and public spaces. For service-related issues, this standard addresses accessible parking, service counter height, door and hall widths, fixed queuing lines, and accessible waiting areas. Standards that apply to public spaces would look at issues such as access to recreational trails and beaches, rest stops, playgrounds, sidewalks, and pedestrian signals.

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# What Can You Do?

## Outreach

*From the onset of the service process, immigrants and refugees with disabilities may find it difficult to physically get to your agency. You may consider offering home visits. An effective outreach strategy would be required to communicate this option to isolated immigrants with disabilities, especially in rural communities.*

### Focus on 4 simple objectives:

(1) Reach them → (2) Be understood by them → (3) Interest them → (4) Prompt them to respond.

## Plan an Outreach Strategy

*Remembering the '3M's of Outreach: Market, Message and Method' can help you to plan effective outreach for isolated and marginalized communities.*

### Market: Who do you want to reach?

During this first step in outreach planning you have to identify and get to know your "market" or who you want to reach. Particular attention needs to be paid to diversity (e.g., culture, country of origin, ethnicity, class, ability, age, gender, sexual orientation, etc).

### Message: What do you have to offer and how will you offer it?

Outline how people will benefit from using your services and what they will get back from participating.

Ensure that your communication addresses priority issues of concerns for immigrants and refugees with disabilities. Clearly state the supports that are available for them when using your services. You should be able to answer these questions:

- Can they bring a support person, an attendant, interpreter or assistant who can support them in their own language?
- Is the agency physically accessible (outside and inside) and welcoming to people with disabilities?
- Are staff trained on how to support people with disabilities?
- Distribute promotional materials at relevant ethnic stores and in immigrant neighbourhoods, places of worship, and ethno-specific immigrant service organizations.
- Health and social service origination that serve immigrants and refugees; organizations that serve person with disabilities. .
- Place ads in ethnic/immigrant newspapers, radio, and community television programs in different languages.

## Method: How will you get your message out to people with disabilities?

Try to reach people where they might be located, keeping in mind the obstacles that may keep them from using your services.

You can:

Make sure you can follow up on your outreach plans. Provide support beyond translation. Prepare alternative formats for resources, and ensure that you have staff/volunteers who are aware of the issues impacting immigrants with disabilities from accessing your services.

## Safe and welcoming environments

*You can help to put those seeking services at ease by not making assumptions about what a person can and cannot do.*

Remember that some disabilities are not visible, or present without consistency which is often the case with mental health disabilities.

A culture of acceptance and trust will help you learn more about your client’s experiences and needs. It may be difficult for them to disclose

information about their disability due to the stigma associated with having a disability, fear of deportation, cultural background and understanding of the disability, etc. Ensure that clear and multiple channels for feedback (e.g. a feedback box, email to send feedback to, or specific person to speak to) exist.

## Partnerships and networking

*Connect with people with disabilities, disability services and advocacy groups in your local communities.*

Establish connections with disability services and advocacy groups to raise their awareness about immigrants with disabilities and learn more about the services they provide.

Recognize your shared common goals and experiences and work together to strategically create a greater capacity for support, inform policy and promote action.

## Advocacy and reform

*As agencies, you can continue to advocate with immigrants with disabilities through policy, procedure and protocol reform.*

There may be things that are beyond your influence as an organization. However, bringing these issues to the attention of policy-makers in your communities will establish a greater understanding of the community of support, enable a more integrated response to immigrants with disabilities, and contribute

to a more focused vision for future reform. Organizational advocacy may influence things such as the funding formula for settlement services, short wait lists for services, and to provide more effective, robust, and humane support to Ontarians and Canadians with disabilities.

## Support self-advocacy

*Self-advocacy is about providing immigrants with disabilities with relevant information to shape their own lives.*

As a partner in their journey, work with them to identify supports and services that need to be in place for their goals to be realized. You can support newcomers with disabilities by helping

them understand their rights in Canada, to ensure they know they are entitled to the best quality of life possible under the law.

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# Untold Stories

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# Cecile in Toronto, ON

*Two years ago, Cecile, a 33-year-old francophone single parent with a physical disability arrived in Toronto, Ontario as a refugee from the Democratic Republic of Congo.*

Cecile explains that she struggled to find helpful services during her first year in Canada, stating that "...it was not easy because I stay home... for one year." A new friend from her neighbourhood was taking Language Instruction for Newcomers to Canada (LINC) classes and suggested Cecile attends as well. The onsite childcare made it easier for her to go to class, as there was someone there to take care of her son.

Cecile used a door-to-door accessible transit service to get to and from her classes. She reveals that while she appreciated the transit service for class, it was often late – sometimes over an hour delayed. She felt isolated and underserved, yet was reluctant to express her needs and issues for fear of losing the services or being perceived as ungrateful. Newcomers such as Cecile may also feel uncomfortable expressing their needs and expectations due to their personal experiences in their country of origin, cultural upbringing, and fear of being deported.

Recently, Cecile's family doctor recommended she go to the Community Care Access Centre (CCAC). CCAC will help her care for her son and find opportunities for a new wheelchair. While she was happy to find out about these

accessible services, Cecile was frustrated that there was no specific support person to give her information about services for newcomers with disabilities.

Cecile is experiencing a great deal of anxiety about all of the changes and challenges in her life and is having difficulty moving forward. She has almost completed her English classes. When she finishes, she hopes to attend college but reveals her apprehension about school and her English proficiency: "I am shy to talk." She feels that a driver's licence will make it easier for her to attend school and increase her independence. However, the accident that resulted in her impairment has instilled a fear of cars. In addition, as a single parent with a physical disability it is difficult for Cecile to complete daily activities. She could use help looking after her son. She worries about going out alone with him and being perceived as a bad parent because she is disabled.

There is a significant need for greater coordination of services between organizations that work with individuals with disabilities and those that serve immigrants. This would support immigrants with disabilities, such as Cecile, in having their needs met beyond settlement.



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# Ali from London, ON

*Originally a self-employed market vendor from Iraq, 49 year old Ali and his wife, Manar, spent five years as refugees in Egypt. Ali came to Canada through the Government-Assisted Refugee Program and settled in London, Ontario two and a half years ago.*

Refugees are often disproportionately affected by infectious disease mainly because of the conditions at refugee camps. They also experience physical and psychological conditions, either pre-existing or acquired while they fled their homeland and made their way to a camp. The condition of the refugee camp continues to impact Ali's current quality of life in Canada.

Ali has diabetes, vision loss, and kidney disease that requires dialysis and fluctuating blood pressure that causes dizziness. Ali also has a hole in his heart and walks with an assistive device. After arriving in Canada, Ali had hoped that his health would improve; that he would be able to work again and start a family with his wife. Instead, Ali's health continues to deteriorate while he experiences multiple related health issues.

Ali requires doctor and hospital visits up to three times a week. His brother has been able to support him by driving him to and from the hospital. For many newcomers with disabilities, access to transportation can be a major barrier. Accessible transportation services allow people with disabilities to participate, work in their communities, and access amenities that impact their livelihood.

The Accessibility for Ontarians with Disabilities Act explains that people with disabilities are to be treated with respect, dignity, and equality when accessing goods and services. Health care providers are expected to deliver culturally competent care and effective communication when serving people from different cultural backgrounds.

Community service providers have supported Ali and Manar's settlement and accommodated their disability-related needs. Nonetheless, increased cultural awareness coupled with appropriate services will only lead to better settlement experiences for them.

The Language Instruction for Newcomers to Canada (LINC) program is aware of Ali's increasing dizziness and mobility issues and have been able to support him and his wife gain the English skills needed by providing LINC Home Study. This is a program for newcomers to Canada who wish to improve their listening, speaking, reading and writing skills in English but may be unable to access in-person classes. The LINC program has also improved the couple's English language skills alleviating some of their difficulties accessing goods and services. However, medical terminology

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can be difficult to understand and accessing interpreters with specialized vocabulary and flexible availability has a huge impact on their ability to manage their health.

Manar commented that when they try to describe a symptom or talk to the doctors about Ali's health, the doctor or the nurse says that they "can't hear me or Ali because they think we don't understand anything about his disease."

While in the hospital Manar and Ali were made to feel uneasy because of the way they talk. They suspect it might be because "when we talk maybe [health care providers] think we are angry." Much of what we communicate is non-verbal. Cues such as eye contact, physical proximity, tone, and tenor, convey different meanings in different cultures. For instance, in some cultures maintaining eye contact communicates respect and attentiveness, while in others it is disrespectful of authority. In Ali's case, the tone of their conversation was interpreted as angry, while in their country of origin it is the generally accepted communication style.

Understanding these types of cultural norms can go a long way to improving communication between service providers and immigrants. Health care providers might feel more equipped to serve different populations by receiving mandatory training of cultural awareness and humility.



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## Bal in London, ON

*Bal, a Nepalese adult in his mid-30s, came to Canada as a government-assisted refugee with his wife, four young children, and his brother. Bal has epilepsy which is a recognized disability according to the Ontario Human Rights Code. He also described his wife and brother as having speech impairments.*

Bal worked as a farm labourer before he came to Canada and was hoping to find a similar job after immigrating so he could build a better life for him and his family. Bal and his family were supported by an agency under the Refugee Assistance Program (RAP). Through RAP, the family was referred to a range of support services that helped them secure housing and school for their children. Interpreter services have been very helpful to him in gaining access to the services needed. Bal is a recipient of the Ontario Disability Support Program, continues to access settlement services, and attends Language Instruction for Newcomers to Canada (LINC) classes. The Canadian Hearing Society also provides home visits with American Sign Language (ASL) interpreters to teach ASL to his wife and brother. These services are especially beneficial in providing alternative ways of communicating needs.

Bal reveals that he is feeling discouraged because of the challenges he continues to experience. He believed that learning English would lead to gainful employment, yet he is unemployed. In addition, three of his children have been taken away by the Children's Aid Society (CAS). He says that, "When they were

taken away, we thought that they will be away only for a couple of days...then later we found out that they were not going to come back." This has been very hard for his wife to understand.

For Bal, the situation has caused him a great deal of stress; it has impacted his ability to cope. Bal explains that, "sometimes I feel that if my children are back I would be okay." He continues to explain, "I am on medicine because I have epilepsy and I feel that my mind doesn't work sometimes," however, he feels obligated to help his family. One of the general barriers to inclusion that newcomers experience is stress. When you combine Bal's stress due to the settlement process and the loss of his children, it's not surprising that it has exasperated his mental anguish.

While many supports and interventions have been in place to assist Bal and his family, he was unaware of services that might be available to help with the challenges related to his children. Due to an information and communication barrier, knowledge of additional services may not have been provided orally and in plain language for Bal to fully understand and make

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use of. In addition, the cultural differences and the reasons behind the children being taken away may not have been clearly articulated to Bal and his wife leading to further feelings of isolation and stress.

Bal noted that it would be helpful if cultural interpreters were available more often at school and for meetings. It is important to recognize that interpreters may not have adequate understanding or sensitivity training relating to disability issues, specifically when supporting newcomers with disabilities. The interpreter may use inappropriate language when discussing disability-related matters and/or have a cultural bias toward the newcomer with disabilities. This can impact the quality of the interpretation, thereby affecting the appropriateness of referrals to available services in a timely manner.



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# Basia in Toronto, ON

*Basia is in her late 20s. She was born to a deaf family in Poland and has been deaf since birth. Her first language is Polish Sign Language (PSL). She came to Canada for a six-month visit to research teaching models for Deaf education, hoping to improve her opportunities for gainful and meaningful employment in her country of origin. After meeting her future husband on Deaf Day at Canada's Wonderland, she decided to stay in Canada. She has now been in Toronto for five years.*

For Basia's Permanent Residence (PR) application to be processed, she had to prove to Citizenship and Immigration Canada that her relationship with her husband was valid. This was challenging for Basia without a PSL interpreter. In addition, Basia was repeatedly told that her application was invalid, that she had sent the wrong form, or to send something in she had thought had already been sent in. Explaining her situation, she said "I never really understood what was happening in those early stages... I don't have the right information so I was getting conflicting information and again that was costing us time."

The only disability services that Basia could find required her to have a Social Insurance Number (SIN). As a non-resident, she was not eligible to get a SIN. Without disability services, Basia was unable to navigate the immigration process and spent four and half years trying to complete her PR application.

During the time she spent completing her PR application, Basia and her husband began their family. As a visitor, Basia was not eligible for health care. Their first child was born at home

with the aid of a volunteer midwife referred to her through a charitable organization. Eventually, her mother-in-law connected her to a religious advocacy centre for Deaf people. The agency was able to provide services particularly aimed at newcomers. With an American Sign Language (ASL) interpreter to mediate communications, the process moved forward quickly. She received her PR card within the year, allowing her access to government healthcare and disability services.

Basia worked diligently to learn ASL to avoid having to have multiple layers of interpreters (PSL to ASL to spoken word). She received support from a charitable organization that provided the sign-language interpreter. This was integral to Basia's ability to navigate the system and locate further resources such as prenatal services, parenting, and life-skills classes. She explains that her instructor "understood the ESOL deaf community. I just suddenly felt like all the lights were going on." Being able to communicate in sign language has made a tremendous difference in her general quality of life and hope for the future.

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Basia planned to find a job and pursue further education in order to secure a career in Canada. A community network in Toronto helped her prepare a resume and apply for jobs, but she was unsuccessful in obtaining a job. Without an income, she had to abandon her plan to further her education. While Basia wanted to work, the opportunities did not present itself. Whether this is because potential employees felt she would be a burden is unknown. The Employment Regulation in the Accessibility for Ontarians with Disabilities Act reminds us that people with disabilities, such as Basia, are an untapped resource. As employers, it is important to understand the array of needs of people with disabilities and be aware of how your policies, practices and procedures may discriminate against people with disabilities. With accommodations in place, people with disabilities will be able to contribute to the workforce at an increase rate. In addition, employers should let job applicants know that recruitment and hiring processes will be modified to accommodate their needs, if requested.

Newcomers with disabilities face many compounded issues, as Basia's story demonstrates. It is important to have knowledgeable advocates from both the disability and settlement sectors to support newcomers in navigating services and understanding their rights early in the settlement process.



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# Mary and Tariq in London, ON

*Tariq is an adult in his early 30s living with Down syndrome. Tariq does not speak very much English and so Mary his sister shares his story. Mary told the interviewer that Tariq can take showers, dress himself and sometimes help with household chores such as vacuuming and clearing the dishes after meals, however, she concluded that "He cannot live by himself."*

Tariq, his parents, sister Mary, and nephew were refugees originally from Iraq. They lived in refugee camps in Lebanon for 15 years and in Jordan for 4 years before the Canadian government offered them resettlement. They were resettled in London, Ontario because they had a cousin who settled there. Tariq completed Grade 3 and a year of vocational school in Iraq. As refugees in Lebanon, school was expensive so he did not continue on with his education.

After arriving in Canada 4 years ago, the family immediately accessed services through a settlement agency in London, ON. Through the Resettlement Assistance Program (RAP), they were provided with temporary housing and immediate life-skills training for 3 weeks at a reception centre as government assisted refugees. We were told that, "The Resettlement Assistance Program helps refugees and protected persons resettle in Canada by providing them with financial assistance to cover the costs of accommodations, essential clothing, household effects and other living expense." During this time their needs were assessed and Tariq was appropriately referred to an agency that

provided him with Language Instruction for Newcomers to Canada (LINC) program for newcomers with disabilities. He attended these classes for a year and a half and also received tutoring support at home. Since Tariq is over 18 years of age, he cannot attend public school and it has been difficult to find a full-time day program. However, long waiting lists are common across Ontario for adults with developmental disabilities such as Tariq. His family is feeling the crunch of the waiting list more than others as he has been on the list for almost two years. Currently Mary worries, "...now he does nothing, he just sitting home.... my mom is sitting with him at home, she can't do anything like she can't learn English or attending any program".

Tariq was offered a job skills workshop that looked promising. His mother wanted to accompany him for the first few visits to aid in the transition; however, the agency would not accommodate the request. Unfortunately, after attending alone, the agency requested he be picked up after a half-hour because he was perceived as being uncooperative.

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According to the Customer Service standard in the Accessibility for Ontarians with Disabilities Act, a person with a disability has the right to bring a support person when accessing goods or services. In this case, Tariq's mother should have been allowed to assist her son in transitioning. Tariq may have been sent home for seeming to be uncooperative, when language and cultural barriers may have also been at the root of the problem. It can be difficult to communicate the extent of adversity faced by newcomers with disabilities without understanding the disability, life experiences, how disability is viewed in the family, and cultural background.

Hoping to give her mother some free time, Mary investigated weekend respite services. Mary's mother was uncomfortable accessing these services because of traditional values. "...we are from Arabic country... she can't leave her son. She refused." The perception of disability in other parts of the world is not the same as it is constructed in the Global North. It is important for us to also understand that for many families from the Global South, the family or the community may work to support the person with the disability while they may not have access to the same services from the government. In contrast, Canada may provide an array of services and programs for people with disabilities that immigrant families may not be aware of.

Moreover, many people who have an intellectual disability are eligible for funding from the Ontario Government such as: Ontario Disability Support Program (ODSP), Special Services at Home, Passport Funding, etc. However Tariq and his mother may struggle with finding care because of an information and communication barrier. In addition, cultural differences and understanding of these support programs may make some families hesitant. A coordinated response from settlement and disability services to shared needs and concerns could help to mitigate these compounding factors.



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# Mohamed and Fatima in Toronto, ON

*Mohamed and Fatima are in their early 30s, have been married for over 10 years and are both blind. They were born in Iran; however, Mohamed was an Afghan refugee. As a refugee in Iran, he was told that people who are blind could not study and so he did not begin elementary school until the age of 14.*

While he did eventually obtain his high-school diploma, the government prevented him from attending university because he was a refugee. Fatima, a native Iranian, had no issues completing high-school. However, university was cost prohibitive for her. They both were employed in a factory. Mohamed left for Syria and was accepted as a conventional refugee after 4 months. He promptly brought his wife and daughter to Syria.

A local church organization in Canada sponsored Mohamed and Fatima two years ago. Mohamed stated that, “We wanted to come to a first world country.” They came to Canada believing that there were endless possibilities for people with disabilities to fully participate in the social, political, and economic aspects of life. However, Mohamed’s first shock came when he was wrongly informed by his peers that vision loss was not a “disability in Canada.”

Newcomers require timely, useful and accurate information to make informed settlement decisions and understand how to maneuver the nuances of life in Canada. This includes

information about laws, their rights and responsibilities, and how to access community resources. In Mohamed and Fatima’s case, they were left alone to find services. Mohamed describes their difficult experiences, noting that “we [had] to take the bus, we [had] to take the subway with a six-year-old daughter and two blind people.”

The services they received from a community settlement agency were with regards to filling forms work and none of the documents were available in alternative formats such as Braille. Moreover, they continued to be referred back to the church that sponsored them for support. While the church was helpful they were not equipped to provide the level of support this family required.

Fatima and Mohamed now both attend an English as a Second Language (ESL) program to advance their communication skills in English. However, they have not been able to get their learning materials in alternate formats to support their learning. By the time the alternative packages are prepared, the class

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has moved forward and the Braille translated materials are irrelevant. They often find themselves just sitting and listening in class.

A Canadian National Institute for the Blind (CNIB) assessment prescribed several assistive devices using Braille technology for the couple. Because they have been sponsored by a church, Mohamed and Fatima are ineligible for the Ontario Disability Support Program (ODSP). Without financial support from ODSP, these devices are cost prohibitive. In addition, they recently found out from acquaintances about programs they missed out on due to specific time-frame eligibility, such as housing, child care, and extracurricular activities for their daughter.

From the onset of their settlement experience, Mohamed and Fatima have encountered serious information and communication barriers creating undue hardship. It's not clear why they were not informed about programs they were eligible

for, or about any resources available in Braille or their native language; perhaps it was due to an uninformed volunteer or settlement sector employee. For their ESL classes and other settlement services, it is a requirement under the Accessibility for Ontarians with Disabilities Act that alternative formats are provided upon request within a reasonable timeframe which did not appear to happen in case.



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## Sita in Brampton, ON

*Sita is a 22-year-old woman who came to Canada from Nepal with her parents and younger siblings 4 years ago. Sita cannot see long distances, read small/fine print, and see fine details. She was enrolled in Bachelor of Business Administration (BBA) in Nepal and continued to study remotely to complete her BBA after she arrived in Canada.*

She began searching for disability services in Canada after completing the final exam in September, 2013. Sita and her family relied on friends, family, and internet research to learn about services and programs that could support her. Through their cultural network, she enrolled in English as a Second Language classes, found a volunteer position at a restaurant to gain Canadian experience, connected with a disability settlement counsellor to assist her with Ontario Disability Support Program (ODSP) application, and was recommended to register with the local Canadian National Institute for the Blind (CNIB) office.

The biggest challenge of relying on friends and family for critical information is that it can create unnecessary confusion and delay in meeting the needs of newcomers with disabilities. It is imperative that knowledge of programs and services be delivered in a timely manner and in ways that are accessible. A concerted approach at the initial point of contact (at the airport) would increase the chances of resolving and preventing barriers. The Customer Service regulation in the Accessibility for Ontarians with Disabilities Act

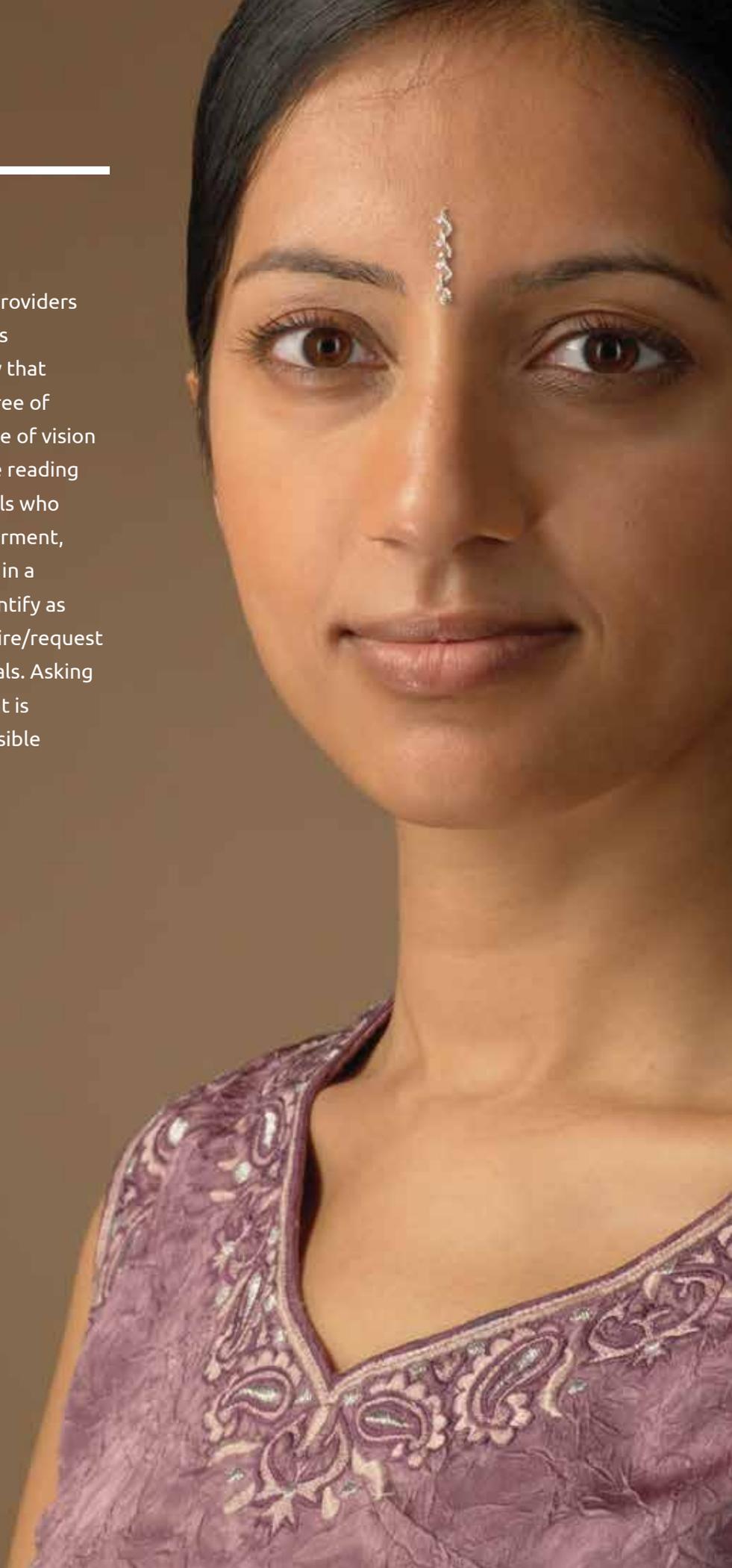
(AODA) outlines how people with disabilities are to be supported as consumers of goods and services, and the need to communicate with them in ways that take into consideration their specific needs. Organizations should think about how people with disabilities might be excluded and ensure that their existing policies, practices, and procedures are consistent with the four principles underlying the AODA: independence, dignity, integration, and equal opportunity.

Sita is anxious to continue her education, but is uncertain of how to maneuver the education system and where to seek information on what area to study. Due to the volume of information available, Sita would benefit from the assistance of a settlement worker to find and review the relevant information online. She would also benefit from a career counsellor to advise her on the job market and ensure she chooses an academic program that will support her career goals.

The information and communications regulations in the AODA outlines requirements for organizations to create, provide, and receive information in ways that are accessible

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for people with disabilities. Service providers unfamiliar with supporting customers with visual impairments should know that accommodations vary given the degree of functional vision present and the type of vision loss. In Sita's case, she is comfortable reading materials in large print. For individuals who disclose that they have a visual impairment, this could mean 14-point to 16-point in a standard font. Some people who identify as having a visual impairment may require/request electronic formats of printed materials. Asking a person with a disability what format is preferred is a best practise for accessible customer service.



# Peter - A Settlement Worker in Toronto, ON

*Shortly after he turned two, Peter contracted spinal meningitis that resulted in deafness. He attended the Robarts School for the Deaf in London, Ontario. Peter received a Bachelor of Arts in Communication Arts at Gauledet University in Washington DC, a liberal arts university for people who are deaf. He continued with graduate school at Western Mariland College where he completed a Master's degree in Deaf Education. After teaching literacy for a year at the Canadian Hearing Society in Thunder Bay, Ontario, Peter spent five years volunteering as a teacher-trainer at a deaf school in Nigeria.*

Peter works in a non-profit organization located in the Greater Toronto Area providing a variety of services for the Deaf community. While the agency has been operating since the 1970s, the settlement support program only began in 2009. The settlement service is funded by Citizenship and Immigration Canada (CIC).

The position at organization was a perfect fit for Peter because of his experience working abroad; he elaborates: "I had seen a lot of cultural diversity... as a deaf person of course, I also knew a lot about barriers... so I can imagine someone coming from another country and being deaf, that those barriers would be double."

As a settlement worker who specializes in supporting people with disabilities, Peter facilitates a broad range of services. These include housing, employment, financial issues, overall information about Canadian laws and institutions, and advocacy for clients to be able to access other community services.

Peter finds that the most common barriers his clients experience are related to their communication skills. In addition, a generally low literacy rate and lack of English as a Second Language or French as a Second Language skills for immigrants contribute to their struggles in Canada. Peter helps his clients with visual sources of information such as websites and brochures.

Peter has a good working knowledge of the Ontario Human Rights Code (OHRC), the Canadian Human Rights Act (CHRA) and the Accessibility for Ontarians with Disabilities Act (AODA). He makes an effort to clarify the "duty to accommodate" and what "undue hardship" includes for providers from both large and small organizations. In cases where accommodation causes an organization "undue hardship" Peter provides interpreters through his organization or secures them from other agencies and funding sources.

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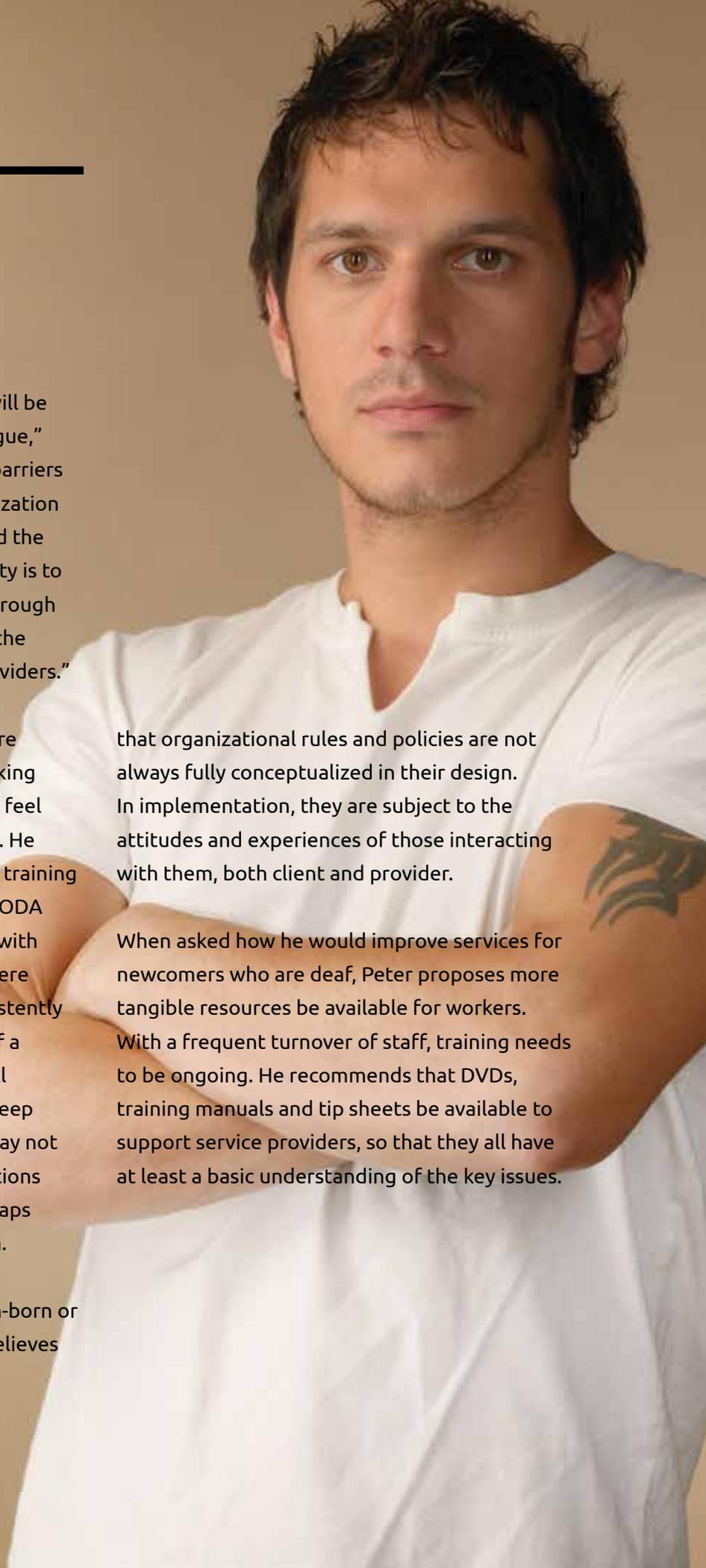
“Service providers may avoid booking interpreters because they think there will be a cost associated and clients will not argue,” he observes. When encountering such barriers Peter would remind or inform an organization of their obligations under the OHRC and the AODA, explaining that, “My responsibility is to remove barriers that are cost related through advocacy... I do this through educating the public, as well as clients and service providers.”

Peter estimates that “95% of services are not accessible” and fears that those lacking in experience with people who are deaf feel intimidated and will avoid serving them. He emphasizes the need for education and training around the law. In Peter’s opinion the AODA is bringing positive changes for people with disabilities, although it is slow. While there may be laws in place, they are not consistently enforced. This will only become more of a problem as the AODA’s timelines for full implementation in 2025 continues to creep closer. He suggest that organizations may not have considered the impact the regulations might have on their organizations, perhaps assuming that they won’t apply to them.

People who are deaf, whether Canadian-born or not, face systemic barriers that Peter believes are “rooted in attitude.” He suggests

that organizational rules and policies are not always fully conceptualized in their design. In implementation, they are subject to the attitudes and experiences of those interacting with them, both client and provider.

When asked how he would improve services for newcomers who are deaf, Peter proposes more tangible resources be available for workers. With a frequent turnover of staff, training needs to be ongoing. He recommends that DVDs, training manuals and tip sheets be available to support service providers, so that they all have at least a basic understanding of the key issues.



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# Tracy - A Disability Settlement Counsellor in Mississauga, ON

*Tracy is a Disability Settlement Counsellor who also identifies as a person with a disability. Tracy has been negotiating the social service system her entire life, both through her personal experiences and for two decades as a professional settlement sector employee.*

Even though she is qualified to support people with disabilities, most of her clients do not identify as being disabled. She estimates that “10% of new immigrants come with some kind of health problem or develop health issues in the first 5 years.” However, she believes that due to their sociocultural understanding of disability they may wait to apply for support services until they have obtained citizenship.

Tracy also explains that due to the structure of the system, newcomers with disabilities are not referred to her until settlement agencies have attempted to procure services which have been refused. Without a comprehensive understanding of how disability supports work or an understanding of disability-related needs beyond paperwork for financial assistance and basic medical support, it’s not surprising they run into issues. She suggests that service providers develop a better understanding of the needs of newcomers with disabilities, and a wider knowledge-base of resources available to them.

As a person with a disability Tracy has experienced some of the systemic barriers people with disabilities experience. Tracy advises that settlement sector employees should take a wholistic approach to serving newcomers with disabilities and their families. This approach includes a thorough needs assessment by organizations. It is critical for them to assess priorities and project needs into the future, regarding how to make services more accessible to clients with disabilities. They also need a plan for how to link the client to more specialized services, with an in-depth understanding of how the outcome of each step is intertwined.

For all newcomers, with or without disabilities, there are language and cultural barriers to accessing services. Moreover, asking for services may be difficult for newcomers that have traditionally looked to their community, family and friends for support rather than the government. In addition, they may receive the wrong or incorrect information from their networks. They can also feel alienated by the bureaucracy, as Tracy describes:

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“For some services you’re dealing with a moving target in terms of who’s looking after your file and whose the person you’re supposed to be asking questions to and ‘no, this person is no longer working here’...’but that person’s the only person who knows me well enough to make the decision that I need right now’...”

The slow pace of bureaucracy can become extremely frustrating. What may seem to be a simple request may require months of communication and multiple steps to complete.

Tracy finds ways to support her clients, noting that, “If the straight ahead or prescribed system doesn’t work or isn’t appropriate... We do a piecemeal thing.” For instance, if a client is not eligible for Ontario Disability Support Program, Tracy can locate individual programs to provide drug benefits, housing, and home-care separately. This knowledge of the system is critical. Having someone like Tracy to navigate the network and monitor progress ensures her clients can gain access to supports.

Tracy feels it is also important to coach newcomers in learning how to self-advocate. She provides practical communication tips for interacting with government and other service providers, such as following up verbal conversations with a written note. The note would summarize their understanding, ask for clarification/confirmation, and request a response, since no response would imply

consent. This paper trail can be a valuable tool for her clients as a form of documentation.

“A top-down understanding of disability” at Citizenship and Immigration Canada (CIC) is what Tracy believes could improve the system. She describes a problematic funding scheme that inherently prevents newcomers with disabilities from having their needs met. She recognizes that while CIC describes success qualitatively, they fund based on quantity of clients served.

This organizational contradiction results in a no-win situation for both employees and newcomers with disabilities. A settlement worker may feel vulnerable about their employment by feeling as though they have to choose between adequately supporting their clients and meeting the demands put forth by their employer given the set benchmark for numbers. This is just one example of how systemic barriers prevent newcomers with disabilities from being served.

Tracy suggest that a new funding formula be created and greater education be provided for settlement workers that goes beyond the customer service standard. This may in turn better support the integration of newcomers with disabilities. This involves understanding the full scope of available programs, how to support clients with disabilities, and how to support their self-advocacy.

# ACCESSIBILITY KIT

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