Breakout Workshop B: Women’s Programs – addressing barriers to employment & increasing accessibility for persons with disabilities
Welcome

Lucy Buchanan-Parker
AMSSA
Housekeeping

- Cell phones – turn off ringer / turn on vibrate, take calls outside.
- All meeting documents will be sent out electronically after the meeting
- Recording Sessions
Disability Inclusion in the Settlement Sector

Jana Husseini

*Immigrant Services Society of BC (ISSofBC)*
Disability Inclusion in the Settlement Sector

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Immigrant Services Society of BC (ISSofBC)
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What is Disability?

It is a long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder PWD’s full and effective participation in society on an equal basis with others.

Article 1-United Nations Convention on the Rights of Persons with Disability
Types of Disability

1. Physical Disability
2. Intellectual or learning Disability
3. Hearing Disability
4. Visual Disability
Medical Model of Disability

The Medical Model of Disability places the problem with the individual that only a cure will solve. It denies the individual their value, worth and individuality as they do not meet the accepted ‘norms’ of our society. Also, It sees the disabled person as the problem that needs to be fixed or changed.
Medical Model of Disability

**ISSUE**
An individual with one or more conditions or impairments who has the ‘problem’

- Can’t communicate
- Confined to wheelchair
- Can’t walk
- Depends on a hearing aid
- Can’t understand
- Needs help to do things
- Requires medication
Social Model of Disability

The social model sees ‘disability’ is the result of the interaction between people with disabilities and an environment filled with physical, attitudinal, communication and social barriers. It therefore carries the implication that the physical, attitudinal, communication and social environment must change to enable people with disabilities to participate in society on an equal basis with others.
Social Model of Disability

ISSUE
Disabling environment
Negative attitudes
Barriers
Discrimination

Inaccessible transport
Poverty

Lack of accessible information
Negative perceptions
Too few Sign Language Interpreters
Lack of understanding from others
Poorly designed buildings
<table>
<thead>
<tr>
<th>Medical model</th>
<th>Social model</th>
</tr>
</thead>
<tbody>
<tr>
<td>The individual is the problem.</td>
<td>The barriers are problems created society.</td>
</tr>
<tr>
<td>The individual needs to change.</td>
<td>The barriers need to be removed.</td>
</tr>
<tr>
<td>Disabled people become the victim, client, have no responsibilities and are disempowered.</td>
<td>Disabled people have independence, control and choice.</td>
</tr>
<tr>
<td>Information on impairments is used to categorise people.</td>
<td>Information on access needs is on a need to know basis to ensure inclusion.</td>
</tr>
</tbody>
</table>
Why Social Model?

1. Seeks to change society in order to accommodate people with Disabilities;
2. It does not seek to change persons with disabilities to accommodate society;
3. It supports the view that people with disabilities have a right to be fully participating citizens on an equal basis with others.
Inclusion

Inclusion is where there is recognition of a need to transform the cultures, policies and practices in school to accommodate the differing needs of individual students, and an obligation to remove the barriers that impede that possibility.
Refugees with Disabilities

- Refugees with Disabilities remain one of the most vulnerable groups and socially excluded in any displaced communities.
- The exclusion of Refugees with Disabilities in the resettlement process happens to be an expected outcome due to the environmental and communication barriers in addition to negative attitudes and stereotypes.
- Post arrival to Canada, the resettlement opportunities for Refugees With Disabilities are limited.
Present Challenges to Resettlement

(Refugees with Disabilities - continued)

• Lack of accessible and affordable housing for Refugees with Disabilities
• Lack of access to priority assistive products upon arrival to promote safe living and equitable access (braille)
• Lack of communication and interpretation services (English language and Sign language)
• Lack of cultural awareness-including disability culture
• Fluid transition from the federal resettlement assistance program to provincial supports
• Lack of connections between persons with disabilities and disabled people’s organizations
• Lack of disability support program within the settlement agencies
• Lack of inclusion of disability criteria in the planning, designing, and implementing process in the resettlement programs (including budgeting and monitoring)
Disability Inclusive

Avoid passive, victim words. Use language that respects people with disabilities as active individuals with control over their own lives.

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Use</th>
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</thead>
<tbody>
<tr>
<td>(the) handicapped, (the) disabled</td>
<td>disabled (people)</td>
</tr>
<tr>
<td>afflicted by, suffers from, victim of</td>
<td>has [name of condition or impairment]</td>
</tr>
<tr>
<td>confined to a wheelchair, wheelchair-bound</td>
<td>wheelchair user</td>
</tr>
<tr>
<td>mentally handicapped, mentally defective,</td>
<td>with a learning disability (singular)</td>
</tr>
<tr>
<td>retarded, subnormal</td>
<td>with learning disabilities (plural)</td>
</tr>
<tr>
<td>cripple, invalid</td>
<td>disabled person</td>
</tr>
<tr>
<td>spastic</td>
<td>person with cerebral palsy</td>
</tr>
<tr>
<td>able-bodied</td>
<td>non-disabled</td>
</tr>
<tr>
<td>mental patient, insane, mad</td>
<td>person with a mental health condition</td>
</tr>
<tr>
<td>deaf and dumb; deaf mute</td>
<td>deaf, user of British Sign Language (BSL),</td>
</tr>
<tr>
<td></td>
<td>person with a hearing impairment</td>
</tr>
<tr>
<td>the blind</td>
<td>people with visual impairments; blind</td>
</tr>
<tr>
<td></td>
<td>people; blind and partially sighted</td>
</tr>
<tr>
<td>an epileptic, diabetic, depressive, and so</td>
<td>person with epilepsy, diabetes, depression</td>
</tr>
<tr>
<td>on</td>
<td>or someone who has epilepsy, diabetes,</td>
</tr>
<tr>
<td></td>
<td>depression</td>
</tr>
<tr>
<td>dwarf; midget</td>
<td>someone with restricted growth or short</td>
</tr>
<tr>
<td></td>
<td>stature</td>
</tr>
<tr>
<td>fits, spells, attacks</td>
<td>seizures</td>
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</table>
According to the World Bank Report, Women and girls with disabilities are three times more likely to be the victims of gender-based violence such as rape, assault, and physical abuse. They are the most exploited group who suffer from double discrimination by virtue of their sex as well as their disabilities. The priority is not given to the basic human rights such as sexual and reproductive health care and this doesn't fall into the primary needs of the most settlement programs.
Present Challenges to Resettlement

(Women with Disabilities continued)

- Lack of a systemic adoption of women with disability inclusion by different key players in the settlement sector
- Lack of data collected on the number of women with disability
- Lack of support programs provided on women with disability awareness for both WWD and service providers
- Lack of information about Canadian laws and their rights as women PWDs
- Lack of English language skills
Next Steps?

► Refugees with disabilities need more opportunities to be involved in decision making roles and leadership development
► To develop committees and advisory groups to recognize the rights of refugees with disabilities to have safe inclusive resettlement operations during their post arrivals to Canada
► To implement necessary strategies including policies and programs through consultations with right holders and employers to secure safe and full access for refugees men and women with disabilities to the labor market.
► To allocate the necessary budgets within the settlement programs to insure the inclusion of refugees women and girls with disabilities refugees with disabilities in the Canadian society.
Thank you
Q&A Session

Lucy Buchanan-Parker
AMSSA
TBC

Mariam Bouchoutrouch

Pacific Immigrant Resource Society (PIRS)
Barriers to Employment For Women

Pacific Immigrant Resources Society (PIRS)
Mariam Bouchoutrouch
Our vision is a society that values the diverse contributions of immigrants and refugees and promotes the enrichment of their lives.

Our mission is to empower immigrant and refugee women and children to fully participate in Canadian life through neighbourhood-based programs.
Who we serve

- 45% of women we serve have been in Canada more than 5 years
- 50% of participants brought children into PIRS childcare programs. In refugee focused programs 75% of participants brought children
- 50% of women reported that the fact that our program was women-only program was key to being able to attend.
- 46% of women served this year had a college or university degree
- 54% of women had high school or less education (11% no formal education)
- 16% came to Canada as refugees
- 6% from Syria, 11% from Afghanistan
Challenges & Barriers

- Primary caregiver role - prioritize raising their children over their own employment goals
- Limited spaces, limited childminding and long waitlists
- Eligibility rules - limit who can participate
- Canadian experience and racism
- Language, literacy and cultural differences
- Recognition of education and experience
- Childcare is expensive and difficult to get
PIRS Programs

- Multi-Level English Classes for Immigrant Women
- Trauma Informed Community English for Refugee Women
- Multicultural Family Literacy Storytime
- Early Years Refugee Program & StrongStart
- Building Bridges

- Leadership Education and Development (LEAD)
- Moving Forward
- Entry to Hospitality Careers for Women
- Childcare
- ESL Parenting
Leadership Education and Development (LEAD)

- Focus on community engagement and orientation to leadership
- Assertiveness - expressing yourself, responding to stereotyping, goal setting, reflecting on immigrant experience
- How Canadian society works - government & legal system, financial literacy
- Self-care - health orientation, looking after mental health
- Developing volunteering ethos & identifying opportunities
Building Bridges - Facilitation Skills Development

- Focused on group facilitation skills and working in the social service sector
- Cross-cultural communication skills, leadership & interpersonal development
- Community practicum - 20-hour community placement, facilitated by PIRS
- Community & individual capacity building
- Peer support network
- Ongoing coaching, mentoring
Moving Forward

- Focus on everyday English, settlement, employment with guest speakers playing an integral piece
- Enhance community connections
- Support to identify personal and employment goals
- Mentorship through OSW (acts as role model)
- Develop presentation skills
- Support neighbourhood-based program
- Create awareness of community services, Canadian agencies, institutions and systems
Entry to Hospitality Careers for Women

- Partnered with Vancouver Community College
- Occupational training that embeds English language training, Canadian workplace intercultural skills, essential skills with employer set learning and competencies
- Target Syrian & other refugee women
- Significant barriers including literacy and childcare needs
- Aligned with specific participant needs
Promising Practices

- Flexibility so that women can take care of children while learning
- Childcare was very important to their ability to access programs
- Women only environment
- Skills-based training
- Opportunities to gain Canadian experience
- Social connections and supports
Thank you
Mariam Bouchoutrouch
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Q&A Session

Lucy Buchanan-Parker

AMSSA
Key Insights and Wrap-Up

• What will you take back to your organization today from today’s presentations?
• Do you think some of what was presented today can be applied to programming at your organizations?
• What was a key learning from today’s session?