IMMIGRANTS, IMMIGRATION AND DISABILITY IN CANADA

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ABSTRACT

This MRP focuses on the obstacles faced by immigrants with disabilities when they try to gain admission into Canada and during the struggle to settle and integrate for those who do gain admission. Some disabled immigrants are considered inadmissible because of what are defined as "excessive burdens" on state economic resources that impose costs on taxpayers and Canadian healthcare services. Further, individual immigrants and their families have traditional values and cultural norms that make it difficult to integrate into mainstream Canadian society, imposing further disability. This study provides a critical analysis of the ways in which Canada's immigration policies have exploited and marginalized immigrants with disabilities in Canadian society. It shows that these exclusionary practices contradict Canada's multiculturalism and the Charter of Rights and Freedoms. This MRP also investigates immigrant settlement issues related to education, work and social relations, and shows how immigrants are forced to rely on friends, co-workers and family ties in order to survive in Canadian society. In addition, it describes how Canada's family reunification policies and legislation have historically imposed exclusion on immigrant families with members who have disabilities, and continue to do so. Overall, this MRP emphasizes how Canadian immigration policies continue to focus narrowly on economic factors and argues in favour of a new immigration policy regime based on human rights, equality rights and the ideal of global citizenship rights.

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INTRODUCTION

This MRP explores the obstacles faced by immigrants with disabilities when they try to enter Canada and the many barriers that restrict their social relations, networks and settlement opportunities once they have gained admission into the country. Because financial considerations have played and continue to play a leading role in presenting barriers to immigrants with disabilities, the fundamental research question in this MRP concerns the extent to which immigrants with disabilities are marginalized through economics-based institutions and exclusionary policies which limit their participation in important areas such as family bonds, education and the workforce. Health status and potential costs associated with immigrants with health conditions or disabilities have historically been crucial factors in the immigration admissions process in Canada. In the past century, multiple versions of Canada's Immigration Act have regulated the entrance of foreigners into the country and Article 38(1) C of the current Immigration and Refugee Protection Act (IRPA) establishes a medically inadmissible class of immigrants (Capurri, 2010). IRPA 38 (1) C states that a foreign national is inadmissible on health grounds if he or she is "likely to be a danger to public health, or is likely to be a danger to public safety, or might reasonably be expected to cause excessive demand on health or social services" (Justice Laws Website, 2017). Clearly, the current version of IRPA continues to contain immigration policies that restrict immigration opportunities for people with disabilities based on economic factors.

In the current version of IRPA, the "excessive demand" clause remains the dominant mechanism for keeping people with disabilities from immigrating to Canada (Weber, 2015). Economic ableism continues to inform policies that impose economic and social disadvantage on immigrants with disabilities while denying their equality rights. Hence, this MRP investigates

how the construction of disability shapes immigration policies and why the marginalization of immigrants with disabilities is not adequately addressed in Canadian legislation. Canada's immigration policies have always been designed to meet the country's economic needs and foster nation building (Richmond, 1969). According to Simmons (2010), "Canada has had a high birth rate and experienced rapid natural population growth from Confederation through to the early 1960s" (p. 66). However, immigrants have become increasingly important for meeting the country's labour force demands and contributing to economic growth and prosperity (Grady, 2009). Canadian governments have admitted relatively large numbers of immigrant workers with the skills required in order to strengthen the national labour force. Under globalization, transnational industries, the Internet and transmigration have forced people from developed and developing nations to work and live together. Despite this, immigrants with disabilities face obstacles to gaining admission into Canada and when they do gain admission. This MRP argues in support of a new immigration policy regime based on equality rights rather than economic factors so that immigrants with disabilities can equally benefit from life in Canada. The project asserts that there is pressing need for a new approach to immigration that emphasizes human rights and implicitly embraces the notion of global citizenship rights.

Immigration discourse in advanced capitalist countries tend to focus on how immigration policy can benefit the members of the receiving countries socially and economically. In this discourse, the self-interest of the receiving country is taken for granted. As an immigrant-receiving country, Canada's self-interest has been articulated largely in the context of how immigration can increase the country's wealth (Bauder, 2008). This goal shapes the way Canada sets its immigration policies and programs, such as migrant worker programs. Immigrants from Southern countries travel to developed nations like Canada in the hope of improving their

economic prospects and quality of life (Simmons, 2010; Bauder, 2008). In general, then, the country's need for labour aligns with the immigrant need for work. In order to improve labour market performance and domestic productivity, and compete in the global economy, Canada has significantly changed its immigration policy many times. However, the nation's immigration policies and practices present barriers to disabled immigrants because disability is considered a limitation to economic productivity and might constitute an excessive cost for the Canadian taxpayer and healthcare sector. This suggests a need to balance economic concerns with the equality rights of immigrants with disabilities.

The history of immigration legislation in Canada indicates that significant reforms have been made to improve accommodations, admission and acceptance of immigrants from around the world. But these reforms have not included immigrants with disabilities regardless of their ability to contribute economically (Hanes, 2009). When immigrants with disabilities apply for permanent residency to Canada, they are treated as non-preferred applicants even if they have job credentials and high skills (EI-Lahib & Wehbi, 2011). As Hanes (2009) points out, "reforms to immigration legislation have put an end to policies and practices stemming from racist, sexist and heterosexist ideals but no similar reforms have been initiated which put an end to policies and practices rooted in ableist ideals" (p. 93). Historically, Canada has constructed an ideal of nation building which focuses on the development of a physically healthy population and selected immigrants based on what Canada needs to benefit its economy (Capurri, 2010). Because some immigrants with disabilities are viewed as less capable of working productively, they are subjected to exclusionary policies and practices at the border and after they have gained entry in the country. Immigrants lucky enough to gain entry face tremendous struggles in reunifying families, developing social networks and achieving successful settlement.

Most developed and developing countries have the family as a basic institution of society and it is a socioeconomic unit consisting of nuclear and extended families. The family members share economic resources, intimacy, labour accommodation, reproduction and child rearing (Mitchell, 2009). The high value placed on family structure, family ties and extended family relationships is very common in Canada and throughout the world. For immigrants, a nation's immigration policy determines whether family members are permitted to enter a country and receive formal and informal rights as well as entitlements and benefits. Exclusionary policies can destroy family unity. For example, an individual with disabilities may not be able to immigrate under a family reunification policy if he or she falls outside given requirements (Mitchell, 2009). Exclusionary immigration policies fail to recognize the high value of the family and dehumanize family members with disabilities. When immigrants with invisible disabilities come to Canada with their families, they may hide disability in order to enter the country and this can limit their access to needed supports and services once they are in the country.

Most immigrant families with disabled family members struggle to maintain family ties if a disabled family member is forced to remain behind in the home country. The denial of equality rights in immigration policy can cause great suffering for the entire family. When immigration policy focuses narrowly on economic motivations and considers a person with disabilities as an economic burden on the social service system, the result is exclusion, marginalization and a denial of equality rights (EI-Lahib & Wehbi, 2011). In western societies, the capitalist system organizes the labour process and commodity production and focuses on economic productivity rather than on human rights and values such as family reunification. As a result, people with disabilities in capitalist countries experience marginalization through institutional and attitudinal barriers that restrict their ability to affirm their value, equality and rights as human beings

(Malhotra, 2006). Because the wider context of capitalism impacts immigration policy, this MRP investigates how Canada's exclusionary immigration policies are based on what could be called 'economic ableism' in the immigration selection process. Economic ableism creates an environment in which persons with mental or physical disabilities are considered defective and assumed to be incapable of contributing to economic growth (Dossa, 2009). It can be argued that applicants for immigration with disabilities are denied entry based on medical reasoning that defines them as unhealthy. However, this 'medical' reasoning can be traced to Canada's narrow focus on capitalism and economic productivity as the basis of immigration policy.

Since the mid-1990s there have been changes to Canada's immigration policy to increase the number of immigrants admitted annually (Kelley & Trebilcock, 2010). However, admission is based on criteria that grant entry to members of preferred categories while excluding those who are deemed to be less desirable. Unequal human, economic and social value is placed on immigrants depending on which category they fit into. In general, those admitted under the family class or the refugee class are considered as not meeting the labour market selection criteria. Some immigrants with disabilities are granted admission on the ground of close family ties or humanitarian considerations (Li, 2003). However, the pressure to exclude such immigrants remains. Former federal Immigration Minister Joe Fontana stated that Canada should admit many more immigrants to increase the country's economic productivity (Canadian Press, 2004). This approach denies the rights of immigrants with disabilities even though provincial, territorial and federal legislation of the past few decades has tried to reduce discrimination based on gender, race, religion, ethnicity, sexual orientation and disability.

Indeed, all Canadian provincial, territorial and federal human rights legislation states that no one can be discriminated against based on race, ethnicity, religion, gender, sexual orientation

or disability (Hanes, 2009). However, this legislation does not apply to people with disabilities who live outside Canada or to those who want to immigrate to Canada. In 2005, the Supreme Court of Canada decided to consider disability through a human rights lens that acknowledges the exclusion of people with disabilities in the immigration selection process (El-Lahib & Wehbi, 2011). Despite this, immigrants with disabilities remain marginalized and their equality and citizenship rights are limited. Discriminatory institutional and social structural barriers represent the biggest challenges that persons with disabilities must overcome in the struggle for equal rights, inclusion and social justice. This MRP links Canada's exclusionary immigration policies to capitalism's profit imperative and power relations within our capitalist society that oppress disabled individuals (El-Labib &Wehbi, 2011). However, it also indicates that public attitudes and dominant ideologies impact disabled persons for better or worse (Balafouti, 2001). Efforts to create more inclusive public viewpoints and increase social awareness about disability issues have the potential to support positive change. The United Nations Convention on the Rights of People with Disabilities (UNCRPD) is an important document that calls for social justice for persons with disabilities (Meekosha & Soldatic, 2011). In Canada, the Charter of Rights and Freedoms makes it unconstitutional to discriminate against people based on disability. Thus, while discriminatory social barriers oppress persons with disabilities, there are opportunities to achieve progress in the fight for equal rights, inclusion and social justice.

Public attitudes toward disability are crucial in the struggle for disability rights because the view of people with disabilities as defective or not fully human has supported discrimination. The ideas of the eugenics movement were popular and shaped public consciousness until the 1972s in the United States, Canada and many European nations. Eugenics understood some disabilities as genetic deficiencies and imposed institutionalization and sterilization on disabled

people who fell into the categories of mental or moral "defectives" (Baynton, 2016; Grekul et al., 2004). The dehumanizing assumptions of eugenics have combined with capitalism's focus on profit to shape Canadian immigration policies, programs and practices which have intensified marginalization and exclusion among people with disabilities. Historically, Canadian immigration policies have been influenced by eugenics ideas and serve colonial, racist, sexist and ableist agendas intended to meet economic needs (El-Lahib, 2016). However, this MRP asserts the need to change public attitudes and create immigration policy that establishes the rights of immigrants with disabilities when they seek entry into Canada and that enhances their educational, employment and settlement opportunities after they have gained entry.

CHAPTER ONE: POLICY, HISTORY AND METHODOLOGY

Disability and the Focus of Admission Policy

Canada's immigration policy has undergone significant changes over time. In 1902, the Canadian medical inspection service was created as a control mechanism to prevent the entrance of foreign immigrants who were defined as undesirable, unhealthy and unproductive (Chadha, 2008). The exclusion of immigrants with diseases and disabilities was based on the perception of disabled persons as being unproductive while productive immigrants were viewed as allowing Canada to advance economically (Langmore, 2003). Immigrants with diseases or disabilities have been understood as posing an economic burden on Canada since Confederation (Capurri, 2010). Capitalism has played a strong role in creating this view of disabled immigrants. Foucault notes that as capitalism developed in the eighteenth century western societies identified the human body as a source of utility, employability and profitability (Foucault in Turner, 1996). In a capitalist system focused on profitability, disabled people's sometimes restricted labor power undermines their value as human beings. Thus, immigration policies that have discriminated against immigrants with disabilities reflect the western capitalism system (Chadha, 2008).

Medical models of human health have shaped the history of Canadian immigration policy. The Immigration Act of 1869 had an exclusionary clause for paupers and disabled people and sought to attract healthy immigrants from Great Britain and Western Europe (Capurri, 2010). After the election in 1896, Laurier's Liberal government expanded immigration but still excluded immigrants with infectious diseases or disabilities (Avery, 1995). Following the US model, Canada began to use medical inspections to select able-bodied immigrants who could contribute to economic growth. Many could not. Rejection on medical grounds represented over 40% of total rejections until 1916 and between 1902 and 1939 a total of roughly 10,800

immigrants were deported for medical reasons (Robert, 1998). The Immigration Act of 1906 continued to deal with "undesirable" immigrants through strict laws and deportation. Prohibited immigrants included the insane, epileptic, deaf, dumb, blind, inferior, those affected with "loathsome, contagious diseases," paupers, destitute persons and those convicted of crimes of "moral turpitude" such as prostitution (Kelley & Trebilcock, 2010). A Board of Inquiry was responsible for determining admissibility and included an immigration agent, medical officer or an officer named by the Minister (Kelley & Trebilcock, 2010). One can observe the medical model of disability shaping admissions.

The 1906 Act supported the removal of any immigrant who entered a public charitable institution, jail or hospital within two years and inadmissible individuals could be deported without judgment (Chadha, 2008). The legislation of 1910 established an undesirable class which included prostitutes and people in insane asylums. Immigrants with eye ailments, contagious diseases, nervous disorders, physical deformities, skin conditions and general health problems were ordered to return to their home countries (Kelley & Trebilcock, 2010). In 1913, East Indian immigrants were not allowed to enter to Canada because of racially discriminatory immigration policy. Between 1920-1930, more than 1700 individuals on average, were deported every year (Kelley & Trebilcock, 2010). Deportation continued to be regarded as a means of reducing social service costs, which were a low priority of government spending. Also, eugenics-based beliefs supported the inadmissibility of those who might 'contaminate' Canada. Low scores on intelligence tests were viewed as proving immigrants' genetic defectiveness and the impact of linguistic and cultural differences on intelligence scores was ignored (Kelley & Trebilcock, 2010). The Immigration Act of 1927 focused on public health and placed contagious disease, physical defectiveness, and psychopathy in the prohibited class; indeed, no social benefits were

paid to mentally defective persons (Hanes, 2009). The rejection of immigrants with disabilities had become a firmly established tradition.

From 1915 to 1945, Canada continued to follow a policy of accepting immigrants who were most capable of settling land and working hard. Racism also informed immigration policy. British and American immigrants were considered most desirable, followed by Northern Europeans and then Central Europeans, with Jewish and non-white immigrants at the bottom of the unwelcome category (Li, 2003). The Immigration Act of 1952 gave special power to designated immigrant officers to determine immigrant admissibility, but this represented an arbitrary form of authority that did not last long (Li, 2003). Non-discriminatory immigration policy was introduced in the 1960s, but Canada remained retained selective criteria for immigrant admission, thus contradicting explicit principles of inclusion, equality and social justice (Waddell, 1998). Despite these contradictions, immigration policy moved away from race as a basis for admission and emphasized educational and occupational skills as the grounds for admission in Canada. In 1962, rules favoring British, French and American immigrants were eliminated in favour of immigrants with educational, professional and technical qualifications. Ability to contribute economically was valued most highly.

Canada's economy was strong from the early 1960s to the mid-1970s and this period also saw the rise of a socio-political commitment to equality and non-discrimination. Sponsored immigration under the family unification program became an important aspect of immigration (Nakhaie, 2006). In 1962, section 31(c) of the Immigration Act stated that any Canadian could sponsor his or her parent, grandparent, spouse or unmarried child under the age of twenty-one (Kelley & Trebilcock, 2010). However, section 31(d) stated that Canadians from preferred nations could sponsor children over the age twenty-one, married children, siblings and their

families, and unmarried, orphaned nieces and nephews under the age twenty-one. Clearly,

section 31(d) discriminated based on nationality and many people with disabilities also remained

excluded (Kelley & Trebilcock, 2010). However, immigration rules after the early 1960s

increasingly valued skilled trades people and professionals.

From Racism to Economic Discrimination

Immigration admission policies that discriminated on the basis of race or country of

origin were largely eliminated by 1962 and replaced by criteria preferring skill, education, and

training. Good physical and mental health were also viewed as desirable (Hanes, 2009). In 1967,

a points system of assessment was created for all applicants irrespective of racial background,

but disabled immigrants were still disqualified from admissibility (Nakhaie, 2006). The points

system applied only to the 'economic class' of immigrants while 'family class' applications were

processed on the basis of close family relationships with citizens and permanent residents (Li,

2003). 'Refugee class' claimants were assessed on humanitarian grounds (Li, 2003). In 1974, a

government Green Paper on immigration supported more inclusive laws pertaining to refugees,

family reunification, sponsorship of family members and the development of services for new

immigrants, but immigrants with disabilities remained excluded (Hanes, 2009). The Green Paper

argued that immigration should be tied primarily to labour market needs and promoted policies

that would encourage immigrants to live in areas of Canada where labour was required (Kelley

& Trebilcock, 2010).

The Immigration Act of 1976 changed discriminatory language regarding people with

disabilities but continued to exclude these immigrants based on the "excessive demand" clause

(Hanes, 2009). Immigration policy aimed to facilitate family reunions, fulfill Canada's

international refugee obligations, and upholding humanitarian values with respect to displaced

and persecuted persons (Kelley &Trebilcock, 2010). But most of all it sought to foster a strong economy. People with disabilities and their family members were still in the inadmissible class and faced limited opportunities for admission (Hanes, 2009). Sponsorship of disabled family members represented a way to gain admission but sponsoring immigrants had to prove their ability to provide lodging, care and financial support for dependents for up to ten years (Kelley &Trebilcock, 2010). Sponsorship helps some disabled immigrants gain admission, but inadequate financial and social support leads to many challenges when living in Canada. The federal government does not keep track of sponsors nor accept any obligation to assist with economic or social needs (Li, 2003).

In general, disabled immigrants admitted under the family class or the refugee class are deemed as not having met the labour market selection criteria but they are granted admission on the grounds of close family ties and humanitarian considerations (Li, 2003). For this reason, family class immigrants and refugees are viewed as unsolicited immigrants lacking human capital or investment capital to meet labour market demands (Li, 2003). The language of immigration policy is informed by economic considerations and lacks a solid focus on human rights as the basis of admissions. The Immigration and Refugee Protection Act of 2002 is currently applicable and enables immigration officers to detain immigrants and refugees who potentially pose a danger to the public on any ground (usually security or medical/health grounds). Extensive security and medical screening processes have become necessary before immigrants can enter Canada. Moreover, the current Act continues Canada's long tradition of denying admission to some disabled immigrants, especially those who cannot afford sponsorship. Canada's immigration policy is grounded in a form of economic discrimination and clearly denies the equality rights of immigrants with disabilities.

Historical Perspective on Immigration

One of the factors that make disability rights a social priority is the large numbers of people who have disabilities. Statistics Canada estimates that 14.3 percent of the Canadian population identifies as persons with disabilities (Statistics Canada, 2007). From a global perspective, approximately one-tenth of the population, more than a half billion people, live with disability (Sisneros et al., 2008). Further, Jaeger and Bowmen (2005) emphasize that "people with disabilities are not unified by national origin, skin colour, or language" (p. 6). Disabilities can be visible or invisible, mental or physical, seriously debilitating or relatively minor, temporary or permanent. Jaeger and Bowmen (2005) indicate that "in some cases, medical or technological advances can even eliminate a disability" (p. 6). The meaning of disability differs depending on culture and societal context but, most of the time, individuals with disabilities, their families and communities are vulnerable to social stigmatization and some degree of exclusion. The way in which disability is defined plays a major role in shaping public attitudes and social practices regarding people with disabilities.

At the most general level, there are individual and social models for defining disability and public acceptance of one or the other strongly shapes the experiences of people with disabilities. The individual model defines disability as reflecting a moral deficit for which the individual is responsible and has close connections to social Darwinism, eugenics and the medical model of disability (Oliver, 1996). These models or perspectives locate the problem within the person with a disability and ignore society's role in transforming impairments into disabilities. The social model of disability (SMD) exposes the false assumptions at the basis of these models and shows how society both creates and perpetuates disability. The SMD reveals that disability is socially constructed and locates the problem within the context of the

institutions, social structures, values and support mechanisms that exist within environments and societies (Oliver, 1996).

Many different and contradicting social and family viewpoints exist with regard to disability. People with disabilities often rely upon family members for care. In many immigrant communities, however, sending a disabled family member out into the workforce is considered a sign of neglect and abuse by the family. The role of the family is to provide and care for this individual. Others emphasize work as a sign of autonomy and independence. Groce (2005) states that "Even if the family of an individual with a disability understands the importance of fostering self-sufficiency, they must often endure the criticism and oversight of the surrounding ethnic community, where making individuals with a disability work outside the home is considered cruel" (p.10). A lack of wealth and resources can make it difficult for families to care for people with disabilities without social assistance. Disability is a stressful issue for many families around the world due to financial strain, especially in the global South where social assistance tends to be less accessible than it is in wealthier nations.

Families from the global South who reside in Canada often have a dream of reunification with their disabled family members in Canada because Canada's health care and social service systems offer better support and choice for these families. However, the Canadian immigration system continues to erect barriers to admission for family members who are mentally or physically disabled and it is hard to appeal for review to the Board of Immigration. Lack of transparency surrounding the immigration process also limits immigrants' ability to communicate with immigration officials. As a result, families are exposed to transitional stress and environmental stress which can, ironically, create and/or exacerbate mental health disturbances. Bauder (2008) emphasizes that immigrant families having children with disabilities

experience multiple strains and hardships. It is clear that a more transparent immigration based on equality and human rights would greatly reduce this problem.

Since 1869, British North America immigration legislation has sought to control people with a disability, referring to them as a "defective" class with impairments such as deafness, inability to speak, mental illnesses, or intellectual and physical disabilities (Weber, 2015). Under provincial legislation, agents of the chief officer or collectors of the port were required to identify all arriving passengers with the listed conditions and those with visible disabilities were subjected to heightened scrutiny and could be turned away. However, rejection was not absolute and individuals with disabilities could be permitted entry if their families could support them (Weber, 2015). This would prevent them from imposing excessive costs. The central task of immigration policies and medical inspections was to uncover "defects," which could include any divergence from what was considered a physically, morally and mentally "normal" person (Weber, 2015). For almost three decades after Confederation, Canada's immigration legislation aggressively excluded people with disabilities through laws which were controlled by Britain's House of Parliament since, prior to 1947, all immigrants coming to Canada were British subjects (Hanes, 2009). Canadian Immigration Acts of 1869, 1906, 1910, 1927 and 1947 manifested inflexibility, social neglect, indifference, and forms of institutional social control that stigmatized immigrants with disabilities at all levels of the admissions process (Knoll, 1987; Hanes, 2009). As a developing country with a growing economy, Canadian immigration policies sought bachelor migrant workers, particularly non-white people from Third World countries. Chinese and East Indian single male migrants were viewed as particularly desirable because they did not have family ties and were ripe for exploitation in Canada's growing capitalist economy (Mitchell, 2009).

Since Confederation, Canadian immigration policies have been dominated by a medical paradigm. The medicalized perspective situates disability within the individual. Immigration authority conceptualized the person with a disability as failing to meet the normal standard of ability, mobility and health. People with disabilities are defined as abnormal, weak, helpless and needing medical intervention (Sherry, 2008). This medical model of disability has been the dominant paradigm in Canada's immigration system until today and continues to frame immigration policies. Canada permits immigration only if a citizen or permanent residence holder has non-disabled, unmarried sons or daughters. Preference goes to spouses and dependents under the age of 21.Immigration policy does not consider parents and grandparents to be immediate family members despite their role as essential child care providers and supporters (Sherry, 2009). Hence, families have to apply for sponsorship to bring their family members to Canada and they have to prove in immigration proceedings that their family members are medically fit and will not impose a financial burden on Canada (Sherry, 2009).

Canadian immigration legislation from the mid 19th century to the present has defined immigrants with disabilities as non-desirable. As Hanes (2009) notes, "In terms of Canadian immigration legislation, people with disabilities have and continue to be viewed as helpless, victims, as burdens on one's family, as an extraordinary cost to the state and, depending on the impairment, people with disabilities have been considered possible threats to public safety and or public health" (p. 122). However, public debates have led to some progressive changes in the treatment of disabled immigrant applicants when applying for residential visas and work permits. The Immigration and Refugee Board now rejects the view of disability as a moral failing, has de-medicalized the conception of disability and poses new questions on how immigration and disability have been historically constructed in the country on a discriminatory and exclusionary

basis (Hanes, 2009). These advances raise the possibility of progressive change that recognizes and affirms the equality rights of immigrants with disabilities.

Research Methodology and Theoretical Framework

This study investigates how Canadian immigration legislation excludes people from the global South with disabilities by constructing them as imposing "excessive demands" on Canada's healthcare and social service systems. To meet this goal, it utilizes a critical theoretical methodology and different disability theories that expose the oppressive colonial and capitalist assumptions that have constructed people with disabilities as an economic burden. Critical questions are raised: Why does the state not consider disabled families or disabled individuals as potential contributors to the state economy or community as a whole? Why has the state based its immigration policies on economic factors rather than on human rights? In order to conduct a more in-depth analysis, this MRP utilizes critical social theory as a research methodology to understand the foundations of Canada's immigration policies and to support the implementation of a new foundation based on disabled immigrants' right to equality and inclusion.

This research project belongs primarily to the political and sociological area of CDS. Critical social theory represents a valuable methodology within the context of this MRP because it exposes the ideological assumptions at the root of social practices and has the capacity to introduce new insights and perspectives into an area of study (Calhoun, 1998). Critical social theory can reveal the multiple disabling factors within Canada's immigration policies and system. This research project draws upon CDS literature, peer-reviewed journal articles, and government reports and publications to provide different frameworks of analysis for examining issues such as Canada's immigration policies, North-South power relations, human rights and the impact of the international context of Canada.

The impact of Canadian immigration policies on immigrants with disabilities is a complex, multi-dimensional topic that incorporates issues such as ideology, politics, economics, healthcare, medicine and influential scientific bodies of thought such as eugenics. Critical social theory represents an ideal research paradigm for understanding a complex subject of study such as this one because it emphasizes the multi-layered nature of social reality and provides a critical approach for understanding social phenomena that can be observed and interpreted in very different ways. Critical social theory embraces phenomenological experiences, reflective judgments and practical action (Calhoun, 1998). Hence, it can help to understand the linkages between ideology, observation and the creation of practical social policy. In addition, this study analyzes structural theories that help to explain the lack of citizenship rights for disabled immigrants by exposing structural causes of discrimination. Structural theories offer causal explanations for understanding how immigration policies and institutional barriers within Canada exclude disabled families, destroy their social bonds, undermine their educational and employment opportunities, and deny their equality and citizenship rights.

CHAPTER TWO: LITERATURE REVIEW

Multiculturalism and Disability

The implementation of official multiculturalism in 1971 was supposed to constitute a break with Canada's past of white domination (Hick,2007). As Mansur (2009) notes, "The politics of Canadian multiculturalism is based on the notion that all cultures represented within an immigrant society are more or less equal and deserve equal respect and treatment in politics and law" (p. 197). However, in our present multicultural society people with disabilities continue to experience a wide range of social, cultural and economic disadvantages, especially those from minority and immigrant communities. Immigrants with disabilities face overlapping forms of societal and cultural stigmatization that place them on the margins of society where they struggle to exist outside the dominant cultural paradigm (Gilson & Depoy, 2000).

In 1960, Canadian immigration policy changed and sought to attract skilled immigrants to grow the economy. This goal entailed the growth of a multicultural ideology and policies that accepted immigrant cultures and community life as part of the wider social matrix (Gilson & Depoy, 2000). Indeed, El-Lahib (2016) states, "Immigration is rooted in multiculturism, which has been recognized as a fundamental Canadian characteristic where the government is committed to recognizing and ensuring the acceptance of all Canadians regardless of their race, ethnicities, cultures, religion, and countries of origins" (p. 759). Note that El-Lahib (2016) does not mention disability as a characteristic of Canadians that is to be accepted as part of the multicultural norm. Observing Canadian immigration policy and practices through a disability lens, it is evident that they continue to support an ableist ideology that assumes people with disabilities cannot meet labour market needs and are therefore likely to impose a financial burden on Canada (El-Lahib, 2016). The policy of multiculturalism should reinforce Charter protected

equality rights to guarantee inclusion for diverse ethnic groups and people with disabilities. Multiculturalism and the Charter promote equal participation in the life of society, particularly for those who have been systematically excluded on the basis of race, ethnicity, gender, age, disability, and socio-economic status (Capeheart & Milovanovic, 2007).

Although Canadian multiculturalism supports diversity there are complexities of difference and mechanisms of oppression that continue to operate in our society in an exclusionary way (Sisnerors et al., 2008). For example, minority communities may be granted superficial forms of cultural freedom but denied access to serious political or economic power. Moreover, members of some social groups - such as people with disabilities - remain vulnerable to blatant discrimination and exclusion. Many people with disabilities are placed on social margins and face many barriers in the struggle for equality, education, and employment. As an ideal, multiculturism promises social and economic justice for everyone, but in actual practice, many disabled people do not receive fair and equal treatment. Multiculturalism acknowledges the heterogeneity of differences but social power and domination remains in the hands of the ruling white elite. Indeed, it can be argued that the policy of multiculturalism conceals socio-economic class inequalities and the many structural power hierarchies that reinforce the existing social order (Sisnerors et al., 2008). People with disabilities face many barriers to inclusion in our society but immigrants with disabilities who belong to a minority social group face even greater obstacles to equality and inclusion (EL-Lehib & Wehbi, 2011).

From the earliest beginnings of the nation, Canada's founders have believed that building a strong nation requires the Canadian government to implement a policy that citizens should be white, middle class, heterosexual, married and monogamous. Experts from all sectors of society have supported this view. For example, in 1922 Dr. Gordon Bates called for a strong white

nation during his medical campaign for the prevention of diseases (Mawani, 2002). In 1935, sixty-five Chinese immigrants who were mentally disabled were deported in order to maintain the health and purity of Canada's white society (Menzies, 2002). Immigration policies were based on social eugenics and a Eurocentric xenophobic ideology (Mawani, 2002).

The government tried to exclude non-whites from entering Canada, and immigrant women and families were discouraged from migrating to the country in order to deter the creation of permanent minority communities. As noted previously, hard-working immigrant bachelors were deemed acceptable as they provided a source of cheap labour that could be exploited by Canadian capitalists. To control and limit Chinese migration, the Canadian government levied a head tax of up to $500 per migrant in 1903. In 1923, the Immigration Act commenced a twenty-two year period of unconditional prohibition against Chinese immigration (Menzies, 2002). For many years the Chinese Exclusion Act prohibited Asians from entering Canada and the US (Baynton, 2016). Clearly, Canada has a past tradition of white domination that is anything but multicultural and elements of this tradition still shape the present. Most disabled people encounter oppression, power, and domination at the hands of the able-bodied community. Immigrants with disabilities are often denied entry and those who are admitted to Canada do not have a voice for equal rights and remain excluded from many resources such as technological devices and inclusive educational programs (Brown, 2010). Some argue that western cultures are not distinctively better or more advanced than other cultures (Mansur, 2009). This view may fail to recognize the advances that have been made in the West in the areas of equality and diversity, but disabled immigrants still face marginalization and exclusion.

An important aspect of the debate over multiculturalism and disability concerns the issue of social exclusion based on health problems. People who have infectious diseases such as

tuberculosis, AIDS or leprosy are marginalized and excluded from society, and immigrants with such conditions are inadmissible in the immigration process (Baynton, 2016 & Chadha, 2008). The notion of multiculturalism addresses cultural diversity and differences, including the differences between racial or ethnic groups, but does not incorporate health differences. Worldwide demographic trends clearly demonstrate the need for further progress in the areas of diversity and inclusion. In many countries around the world, people from different cultural backgrounds increasingly live and work together (Malik, 2013). With regard to the specific issue of immigrant settlement in Canada, minority families that have a disabled or unhealthy family member face societal exclusion at many levels. For instance, disabled family members are not allowed to join in some activity programs because of age limits, which exclude people over the age of twenty-one from participating in some programs for people with disabilities (Toronto City Fun Guide, 2016). In Ontario, some disabled people and their families have to find private programs, which are expensive and thus exclude some people. Disabled people's organizations in Ontario have been struggling to improve accommodations with respect to transit, education and workplace accessibility (Brown, 2010). The continuing lack of equal treatment and benefits exposes the shortcomings of multiculturalism and the ongoing existence of exclusionary social barriers (Anastasiou et al., 2016). Immigrants who arrive in Canada with disabilities or health conditions are likely to be turned away and denied admission into the country despite the existence of official multiculturalism.

Definitions of disability strongly influence disability policies. Shakespeare (2006) asserts that disability involves "a complex interaction of biological, psychological, cultural and sociopolitical factors which cannot be extracted except with imprecision" (p. 38). In other words, many overlapping factors can combine to construct disability. Once it is recognized that

disability is a social construct, it can also be acknowledged that society has the power to minimize the impacts of impairments on people's lives. The strength of the SMD is that it shows how problems do not inhere within the bodies or minds of disabled people (Sherry, 2008). It follows from this that society can improve equality and accommodations for people with disabilities. Multiculturalism encourages minority groups to retain their cultural roles and the conceptual frameworks that shape communication in community networks and support systems (Groce & Zola, 1993). But one area where multiculturalism fails in Canada involves family reunification. Immigrant families have real fears regarding how and when they will reunite. Because immigration files can be backlogged for many years, immigrants can experience excessively long waits before family members - especially members with disabilities - can be reunited (Toronto Star, 2017). Canada presents itself on the world stage as a multicultural country and a land of opportunities for immigrants. But the country's immigration policies and admissions processes still stigmatize immigrants with disabilities as non-productive members of a society. If multiculturism is to achieve its promise, disability advocates and service providers must pressure Canadian governments to support the reunification of immigrant families and to recognize the equality rights of immigrants with disabilities.

Disability, Stratification and Inequality

Class, ideology and power reinforce each other in perpetuating the hegemonic status of dominant social groups and the oppression and submission of underprivileged groups. Mitchell (2009), for example, argues that the "dominant class in any society is advantageously placed to exact obedience or compliance from the subordinate class. This implies a relationship not only between class and ideology, but also between power and ideology" (p. 33). In Canada, the mutually reinforcing influences of power, class and ideology can be observed in the formulation

of immigration policies that actively seek economically productive immigrants who can provide profits to the dominant capitalist while state power identifies immigrants with disabilities as defective and a threat to or burden on the nation. Canadian immigration policies have been shaped by a eugenics ideology that is substantially white supremacist and promotes prejudice against all those who do not meet the standards of health and normalcy expected by the ruling class. As a result, immigrants who are deaf, blind, epileptic, missing limbs and intellectually and/or psychiatrically disabled have been refused entry (Bayton, 2016). In the global South, most families with disabilities live with segregation, face oppression, exploitation, and violence. In a system of overlapping oppression, women with disabilities face even greater marginalization at economic, social and political levels (Dossa, 2009). In response to the oppression imposed on people with disabilities around the world, the United Nations introduced the United Nations Convention for the Rights of Persons with Disabilities in 2007.

The UNCRPD called for a comprehensive global effort to protect the rights of people with disabilities and enforce their social inclusion and full participation in society (Rimmerman, 2013). People with disabilities in the global South often face severe inequality, stigmatization, and disadvantage that is associated with structural and institutional barriers (Ingstad & Eide, 2011). Indeed, the dehumanization of people with disabilities in the South is one reason why people from around the world seek to immigrate to Canada. When immigrants with disabilities from around the world arrive in Canada they face structural barriers that might be less severe than those in some countries but still impose stigmatization and rejection. Structural theories of social stratification argue that existing systems of stratification are universal, functional and necessary for social order (Sisneros et al., 2008). The theories focus on class and individual inequality and indicate that groups with political power and privilege claim that inequality at

both individual and group levels is justified by inequalities of merit (Sisneros et al., 2008). The issue of the many types and degrees of inequality that exist in societies is a huge one that goes beyond the scope of this MRP. But individual and group inequality is readily observable in Canadian immigration policies that favor highly skilled and business immigrants and impose barriers on immigrants with health conditions and/or disabilities. Sisneros et al. (2008) reflect a social Darwinist perspective when they assert that power, privilege and resources are limited and must be won by those with talent in a competitive struggle. Such a competition exists within Canadian immigration policy's points system, which is structured to favour individuals with skills in certain categories. In this system, individuals have to prove their educational credentials and demonstrate how their employment experience or employability is relevant to Canada (Nakhaie, 2006). Of course, the points system discriminates against people with disabilities who may lack education or job experience and can render them ineligible for immigration to Canada. Structural theory emphasizes that inequality is based not only on specific mechanisms that establish and maintain inequality but also exists within the context of broad social structures (Sisneros et al., 2008). In Canada, those broad social structures appear to be largely economic and capitalistic in nature, and strongly related to the potential financial costs or benefits associated with different categories of immigrants.

Stratification and inequality in Canada's immigration system has been associated with the categorizing of immigrant classes. Since Confederation in 1867, Canadian immigration laws have discriminated against immigrants categorized on the basis of mental and physical disabilities. Immigration legislation described mentally disabled people as "lunatics," "the insane," "idiots" and "feebleminded" and people located in these categories were not welcomed to Canada. Race has been another category of exclusion. The Immigration Act of 1886, the 1902

Amendments, and the 1906 Immigration Act were racially prejudiced (Chadha, 2008). Mentally defective and non-white people have been defined as social afflictions and condemned as inadmissible classes in state immigration policies. For example, during the years 1902-1919, 12,559 disabled immigrants were refused admission to Canada (Chadha, 2008).

In general, individuals with disabilities have been socially classified as outsiders by Canadian immigration policy, but that policy has manifested a type of equality in the sense that it has also discriminated against ethnic minorities, women, women of colour, the elderly and people with health conditions. A factor common to almost all exclusionary social classifications is the presence of discriminatory attitudes that reflect the biases of dominant ideology. The policy of inadmissibility for health reasons has deemed immigrants with health conditions as undesirable at various times in Canada's history (Jaeger & Bowman, 2005). But this immigration policy has been informed by a capitalist ideology that defines human worth in terms of the individuals' productive capacity (or lack of) and has continuously excluded many immigrants with health conditions and disabilities from gaining entry into Canada. In the stratification of human worth established by capitalist ideology, these people are at the bottom of the hierarchy.

In the later part of the 19th century and early part of the 20th century, eugenics was popular in many countries such as Canada and the US and contributed strongly to the stratifications and hierarchies that defined and located social groups. Eugenics ideology defined members of lower classes as less socially desirable and promote a higher level of procreation among members of the upper classes because they were considered to have higher quality genes that would improve humanity moving forward into the future (Brown & Brown, 2003; Baynton, 2016). The effects of the eugenics movement was to negatively stigmatize all those who did not belong to the more privileged classes. Eugenics ideology claimed that intelligence was based on

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heredity, and it followed logically that preventing "feebleminded" people from having children would reduce the "feebleminded problem" in society (Brown & Brown, 2003). Due to the existence of eugenics ideology in the US and Canada, thousands of people with psychiatric and intellectual disabilities were segregated in various institutions, often under horrific conditions (Baynton, 2016). In Canada, thousands were involuntarily sterilized under provincial laws, primarily in Alberta (2822 people) and to a lesser extent in BC (approximately a few hundred people) (McLaren, 1990). Although eugenics ideology no longer exists at an overt level, Leung (2012) argues that elements of eugenics continue to influence our society in the form of "newgenics" such as genetic screening for conditions such as Down Syndrome. As a result, eugenics continues to impact current attitudes toward people with disabilities. Generally, eugenics-based beliefs support stratification and inequality. The socio-economic status of many immigrant families, especially families having members with disabilities, is low. These families face many barriers in gaining entry into Canada, and those who do gain entry experience barriers in the crucial areas of education and employment. Hick (2007) indicates that immigrant families struggle with a new language, have trouble accessing educational programs, experience difficulties finding suitable and affordable housing, have to deal with racism, exclusion and discrimination, and must learn to negotiate complicated healthcare and social service systems. Clearly, many of the barriers they face are not rooted in genetic inferiority but in social stratifications and inequalities that present countless barriers to successful social integration.

Positioning at the lower levels of the socioeconomic hierarchy is associated with significant risks. People with disabilities and low socio-economic status experience increased chances of illness and dying at an early age. Sherry (2008) notes that because of their low socio-economic status and poor living conditions, disabled people are estimated to have 20-25% lower

life expectancies than their able-bodied counterparts. Contrary to the eugenics view that people

with disabilities are genetically flawed, the vast majority of disabilities do not exist at birth.

Some studies estimate that only 15% of people with disabilities are born with their blindness,

deafness or cerebral palsy (Sherry, 2008). There are many people with disabilities who belong to

lower socio-economic groups and living in this social location can create a vicious circle and

exacerbate health conditions. For example, living in poverty increases the risk of developing

mental illness while having a mental disability can increase the risk of living poverty (Sherry,

2008). In Canada's highly stratified society, many immigrant families with members having

mental disabilities live in poverty and experience a high rate of unemployment, which magnifies

their health problems (Khanlou et al., 2017).

Religious and spiritual beliefs can also support social stratification and inequality. In the

global South and many developing parts of the world, it is believed that disability can be caused

by supernatural agents. Disability is understood as a punishment from God or a curse of the devil

for disabled persons' sins or those of their parents or ancestors (Rupnow, 2005). Some groups

believe that mothers of disabled children must have done something wrong during pregnancy,

such as creating an imbalance of metaphysical forces by eating foods that violate a cultural taboo

(Rupnow, 2005). Such beliefs reinforce social exclusion as others seek to distance themselves

from those who are supposedly bedeviled by evil spirits. Even belief systems that do not

understand disability as divine punishment or a product of witchcraft contain elements that

resemble superstitious belief systems. In modern societies, for example, some families believe

that disability is caused by an imbalance of hormones in the body, but it is not a great stretch to

surmise that this bodily imbalance could be caused by an imbalance of metaphysical forces. The

belief that supernatural powers cause disability is found in various forms throughout Latin

America and South East Asia and resembles the individual and medical models of disability by placing the burden of responsibility for disability on affected individuals and their families (Groce & Zola, 1993).

While exclusionary policies can prevent immigrants with disabilities from gaining entry into Canada, stratification and inequality profoundly impact those who do gain entry in the contexts of education, work and training programs. Education can play a positive role in disabled people's socialization by supporting their intellectual, cultural and recreational development. Education and social participation nurture disabled people's creativity, promote integration into wider society and create opportunities to build leadership qualities and a higher quality of life. However, there is a huge lack of education and training programs for people with disabilities in our society, which prevents many disabled people from obtaining secure employment positions. Unable to develop their knowledge and skills, they are excluded from the workplace and remain at the bottom of the social hierarchy. Lack of education also inhibits the development of social relationships and networks (Brown & Brown, 2003). Immigrants with disabilities face further challenges as they face stress related to linguistic differences, changing personal and familial values, different role expectations and lowered socio-economic conditions (Brown & Brown, 2003). Indeed, the fear of being sent back to their home countries can make immigrants with disabilities reluctant to fight for their equality rights, which leaves them resigned to inequality and low status in our stratified society.

During the past twenty years, many countries in the developing world or global South have created community-based rehabilitation programs for people with disabilities but these programs have enhanced rather than reduced inequality (Anastasious et al., 2016). According to Anastasious et al. (2016), this is because the programs persist with a medical approach which has

been applied within community settings. Community-based rehabilitation focuses on medical and technological supports while completely ignoring the crucial social and political supports that can improve the lives of people with disabilities (Lang, 1999). Similarly, the developed nation of the North have created a segregated and institutionalized system that seeks to remedy impairments. In the past two decades in Ontario, a large number of children and adults who have disabilities have been deprived of many social and educational training programs (Anastasious et al., 2016). Social support programs and education services for immigrants with disabilities come with economic costs. As a result, immigration policies in western countries such as Canada, Australia, and the US oppose the admission of immigrants with disabilities, who they consider a burden on the state. A large portion of immigrant children and adults with disabilities continue to face inequality and marginalization within the Ontario education system. For example, a significant number of minority disabled children continue to be educated in segregated schools in the province (Brown, 2010). Barriers existing at borders, within schools and at the level of dominant social and political power mean that immigrants with disabilities are denied equal opportunities for social participation and remain at the lower levels of the social hierarchy.

The SMD represents a powerful theoretical tool for deconstructing the connections between disability, stratification, and inequality. By focusing on the social construction of disability, the SMD shows that changes in the environmental context and a shift from the personal to the political can promote equality and inclusion for people with disabilities (Oliver, 1996). It is important to note that promoting inclusive social and educational policies does not deny the diversity of disabled people's needs and abilities in education and the workplace. To include disabled people in mainstream education, training and employment opportunities, our society requires inclusive concepts of health and normality. However, a denial of differences

associated with disability could potentially oppose the interests of people with disabilities by undermining efforts to meet the unique - different - needs of these people (Aspis, 2001).

In the countries of the South, the lack of investment in educational programs for children with disabilities is one of the factors causing immigrant families to immigrate to developed countries to achieve better futures for their children. In the South and the North, many disabled people continue to experience disability as a social restriction that limits their mobility and positions them at the bottom of the social hierarchy. The stigmatization and marginalization imposed on people with disabilities occur as a consequence of attitudinal, ideological, material and structural barriers connected with the lack of willingness to invest in meeting the needs of disabled persons in the areas of healthcare, education and the job market. Until such time as disability issues are understood from a human rights perspective, rather than from an economic perspective, it seems likely that people with disabilities, especially immigrants, will be subjected to inequality, stratification and a lack of opportunity to participate in the benefits of society.

Citizenship, Rights and Disability

Citizenship involves a set of practices of judicial, political, economical and cultural obligations and responsibilities that enable a person to be a legally recognized member of a society or state. The concept of citizenship emphasizes social rights and social arrangements and involves the resources that benefit all members of the state (Rummery, 2002). In addition, citizenship is also a formal status bestowed on those who are full members of a community. The attainment of citizenship status in a state such as Canada means that the individual has access to social rights and equality of opportunity as well as responsibility and accountability to the state. Due to the inequitable distribution of opportunities and wealth, some view Canada as failing to deliver social justice (Rummery, 2002). Income inequality in Canada represents a serious

problem for many people with disabilities who cannot afford private sector insurance plans and lack work-based social insurance such as worker's compensation (Prince, 2016). Over the past few decades, the welfare state in Canada has been undermined, resulting in a lack of support services. Further, the Canada and Quebec pension plans do not offer adequate economic assistance to disabled people (Prince, 2016). The decline of the welfare state has been associated with the rise of neoliberalism, reductions in government programs and an emphasis on the free market economy (Prince, 2016). These developments have undermined the rights and opportunities of people with disabilities, especially immigrants.

Social rights in Canada for people with disabilities involves the granting of citizenship rights, income support, education, healthcare and access to employment opportunities. As Prince (2016) points out, "The rights of the disabled and the right to welfare are forms of social rights… for full equality, acceptance and belonging" (p. 12). In Ontario, people with disabilities live with significant social exclusion and stigmatization, and they face institutional discrimination in both public and private organizations. People with impairments are socially excluded in every realm of social life. They are marginalized and denied the basic civil rights that non-disabled people take for granted (Thomas, 1999). Immigrants with disabilities face unique challenges due to a lack of citizenship rights. In *Chester v. Canada* (Minister of Citizenship of Immigration), 2002, the plaintiff, an immigrant with a disability, claimed that 19(1) a of the Immigration Act violated section 15(1) of the Charter of Rights and Freedoms. The plaintiff lacked Canadian citizenship and was denied entry into the country. The government claimed that the disabled immigrant was not discriminated against and focused its case on potential excessive economic demand imposed by a non-citizen (Capurri, 2010). This case shows that immigrants with disabilities who lack the rights that come with formal citizenship can be denied access to important services.

The combination of a lack of employment and a lack of welfare benefits means that many people with disabilities struggle to survive. Based on his work experience with a disabled youth population, the author of this MRP confirms that after obtaining a high school diploma, many young disabled people are forced to live at home due to lack of employment opportunities. This limits their community participation, socialization, social relations and ability to gain job experience. The marginalization of disabled young adults occurs because the Government of Ontario ignores their disability rights. Due to insufficient socialization, economic oppression, and cultural barriers, disabled youth and adults face social inequality that is not imposed on able-bodied youth or adults. Historically, many individuals with intellectual disabilities in Ontario lived in institutions but deinstitutionalisation and the shift to independent living has left many people with disabilities homeless. The author of the present study has observed how the resulting sense of dislocation makes it difficult for people with disabilities to access available services, programs, and employment opportunities. Currently, disabled people are more likely to be unemployed than non-disabled people. They are out of work longer than other unemployed workers and, when they do find work, it is more often low pay and low status work with poor working conditions (Oliver, 1996). Thus, many disabled people and their families are forced into depending on welfare benefits in order to survive (Oliver, 1996). In addition, in Ontario, the present disability benefits system does not cover all impairment related costs and effectively discourages many of those who struggle for autonomy and financial independence (Thomas, 1999). Current welfare provisions that deny disabled people the opportunity to live independently represent a denial of their equality rights and social rights.

In a world of nation states, immigration issues are entwined with issues of national sovereignty. Governments have the authority to control the people who pass through their

borders. Citizens in free societies believe that citizenship status gives them certain rights, entitlements and privileges which their governments must meet (Briggs, 2009). This is why it is important for immigrants with disabilities to gain entry into Canada and to become citizens. Governments present barriers to entrance but ignore the fact that immigrant families with disabled members play an active role in developing the nation's economic growth. In a Canadian economic perspective, immigrant families migrate for better opportunities and make valuable contributions to the economy even if a disabled family member is less capable of working. As we have seen, Canada has relied heavily upon immigrant labour to meet the demands of its labour market (Hagan, 2006). Since the late 1960s, immigrants from the global South have come to Canada as unskilled workers, skilled workers and caregivers based on Canada's intentional expansionary immigration policy (Hagan, 2006). Government immigration policies around admission should focus on the collective contributions of the immigrant community as a whole rather than on the expenses associated with a small minority of immigrants with disabilities.

Immigration theorists claim that the movement of Third World immigrants to developed nations reflects the imperatives of global capitalism. Countries receiving immigrants have a large and growing demand for cheap labour to which the global South immigrants have responded (Simmons, 2010). Many immigrants from the global South come to Canada to build their careers and life. Entering and gaining citizenship in developed countries provides access to government benefits such as income support, free education, subsidized housing and transport, and medical care (Simmons, 2010). Of course, as they gain education and enter the workforce the immigrants who benefit from these supports give back to the system. Therefore, economic analysis of the impact of immigration must account not only for the costs of immigration but also for the benefits to Canada's economic growth. Although Canada offers welfare and economic support

systems for its citizens, many social policies do not meet the needs of persons with disabilities. These people face a lack of workplace accommodations, lower wages, and barriers to finding suitable employment. The reality of immigrating to Canada can be somewhat different from the idealized image. Immigration policy reflects racist, sexist and colonialist attitudes, and also fails to meet the needs of persons with disabilities (El-Lahib & Wehbi, 2011). Global capitalism creates the need for immigration and the free movement of peoples, but globalization has not yet developed and implemented global citizenship rights and support programs to meet the needs of people with disabilities.

Some writers argue for a new human rights regime that associate rights with the individual, not with citizenship. Such a regime could reduce the marginalization imposed on immigrants with disabilities. Carens (1987) argues that the modern liberal state should take initiatives to protect the rights of all those living within its borders:

> The state is obliged to protect the rights of citizen and non-citizen equally because it enjoys a de facto monopoly over the enforcement of rights within its territory. Individuals have the right to enter into a voluntary exchange with other individuals. They possess rights as individuals, not as citizens (p. 253).

This quotation directly relates to a recently published *Toronto Star* newspaper article which explains that a family was denied a visa in Canada because the son had a developmental disability (Keung, 2017). If rights belonged to individuals rather than citizens this discriminatory situation would not arise. Carens' (1987) idea that rights should be linked to the individual rather than the citizen could be extended to include immigrants who are just arriving on Canadian soil, and these rights would include immigrants with disabilities. It seems apparent that Carens' (1987) argument could be elaborated to include a concept of global citizenship rights that would

protect the rights of all people no matter where they happen to be traveling. Just as capitalism needs global labour, it would seem that global labour needs global citizenship rights.

In today's globalized world, immigrants' rights are not protected by receiving countries or sending countries. Most global South countries have government policies regarding the movement of people that are ad-hoc in nature and mostly relate to temporary labour migration (Torpey, 1998). The sending countries from which people leave lack a comprehensive policy for citizenship rights when people are living and working in receiving countries (Torpey, 1998). Indeed, most sending countries have private agencies to deal with overseas contracts of labourers and the transnational community. These private agencies deal with the migration process but show little interest in migrant security, rights, and protections (Torpey, 1998). Sending countries do not develop policies regarding the way in which receiving countries regulate immigrants' rights, health care, and social integration. At the same time, receiving countries are anxious about illegal immigrants and control their borders to protect national sovereignty and security (Torpey, 1998). Neither sender nor receiver places much emphasis on the rights of immigrants and the primary focus of receivers, such as Canada, is the potential financial contributions that can be made by anyone arriving on their land. In the area of neoliberalism, globalization and the spread of capitalism, the group that receives the least amount of attention is the group that most needs attention: immigrants with disabilities.

Canadian immigration policies define who belongs and who does not, and make distinctions to exclude social groups identified as outsiders - or as posing excessive demands (Hanes, 2009). Of course, most disabled immigrants are positioned as outsiders by immigration policy and their identity categorizations can be ambiguous. They can be described as 'refugees' or as 'illegal immigrants' and acquiring certain benefits depends on the category into which they

are placed. Those that manage to fit the required categories and gain entry into Canada face many additional obstacles. Hagan (2006) notes that labour market policies and discriminatory hiring practices can prevent disabled immigrants and their families from successfully integrating into their new home country. It is important to examine how disabled immigrants work and live in Canada as many of these people live in poverty and face barriers to successful integration at the political, economic, cultural and social levels.

CHAPTER THREE: DISABILITY, IMMIGRATION AND SOCIAL RELATIONS

The Social Construction of Disability

Social relationships and networks are crucial to the well-being of people with disabilities - and all people - but can be especially problematic for those immigrants with disabilities who gain entry into Canada. The International Classification of Functioning Disability and Health (ICFDH) defines disability as the result of the "interactions" between a particular disease or disorder with both environmental and personal factors (Halfon et al., 2012). The ICFDH definition also identifies disability as inclusive of impairments in body structure and functioning, restrictions on individual activities or tasks, and limitations to the individual's participation within society (Halfon et al., 2012). In accordance with the ICFDH framework, the United Nations defines people with disabilities as individuals who have long-term physical, mental, intellectual or sensory impairments and who experience various barriers that may hinder their full participation in society on an equal basis with others (UN General Assembly, 2007, Article 1). The UN and the World Health Organization (WHO) emphasize that disability can be ameliorated not only through surgery (medical interventions) or buildings ramps and modified vehicles (physical environment accommodations) but also through changes in social networks, the development of social bonds, the implementation of enabling social policy, and inclusive cultural values and institutional practices (Manderson, 2004). This view accords with the SMD's emphasis on the social construction of disability and, conversely, the role that society can play in empowering and including people with disabilities. However, Canada's immigration policies impose barriers on the ability of immigrants with disabilities to maintain existing social and family relations, and to establish the new social relations and networks that are crucial to their well-being and their ability to integrate successfully into Canadian society.

Social Relations and Networks

Many immigrant families with a disabled family member experience social inequalities, social disadvantage, stigma and extra costs of living. All these disadvantages can contribute to economic hardship and family stress, particularly when added to the challenge of integrating into a new society. Social networks and positive social relations represent a vital source of support for immigrant families trying to integrate into their new communities. Social relations and networks enable immigrants to establish contact with other group members, strengthen relationships with the community and share resources (Gierveld et al., 2015). However, many immigrant families with disabled family members experience difficulties in establishing and maintaining social contacts. Immigrants in general, have a higher level of loneliness than native-born Canadians, but disabled immigrants who lack social relationships suffer high degrees of loneliness and isolation (Gierveld et al., 2015).

Family relationships and social networks are important elements for supporting the well-being of disabled immigrants. They give people with disabilities opportunities for community engagement and social participation. Feelings of connectedness and belonging result from relationships, social networks, and social acquaintance.Positive social relations and networks provide emotional support and practical support in the form of access to information about the material resources that disabled immigrants need in their daily lives. Positive relationships within the community build self-esteem and self-sufficiency for all disabled people, thereby enhancing their well-being (Rieser, 2001). But they are especially valuable for immigrants with disabilities and their families when they arrive in Canada and must overcome many obstacles while trying to integrate into local neighbourhoods and mainstream Canadian society. Social networks within immigrants' cultural communities can enable immigrant families to meet people with similar

backgrounds and interests, and maintain their own cultural traditions while also adapting to a Canadian cultural environment that can be quite different from the home culture.

Social networks support the emotional and spiritual well-being of immigrants but also provide many practical supports. Walker et al. (1977) define a social network as a "set of personal contacts through which individuals maintain social identity and receive emotional support, material aid, services, information and new social contacts" (p. 77). In Canada, the population is becoming increasingly diverse and immigrants with disabilities need to have equitable social and health services access (Khanlau et al., 2017). Immigration studies estimate that by 2018 Canada will be home to 60,000 refugee families from the Middle East, Nepal, Ecuador, Burundi, and Ethiopia (Khanlau et al., 2017). These immigrant families typically leave behind strong social networks in their home country but they migrate to Canada in search of better economic opportunities and better social services for their disabled and non-disabled family members (Khanlau et al., 2017). Most immigrant families face struggles because the new system and services in the host country are not familiar with them. This is particularly the case for families with members who have complex disabilities. For example, studies show that immigrant parents with children who have Autism Spectrum Disorder face strong barriers to accessing the resources their children need (Khanlau et al., 2017). Social networks can help people with disabilities in practical tasks such as understanding language, following rules and communicating with officials.

Social networks in the form of family relations and friendships also play an important role in the lives of immigrants. Migration to Canada is a life course transition for many immigrants who leave behind family, friends and communities. While migration can undermine relationships with members of one's kin network back home, it also offers the potential to create

new and diverse social contacts. Developing friendships in a new country, especially friendships outside the circle of one's own ethnic group, may be challenging, especially if one lacks the language of the receiving country or remains uncomfortable with the new culture. The intersectionalities of immigrant status, language and culture can act as barriers that exclude immigrants from the mainstream community as a whole (Giverveld et al., 2015). This is even more the case with immigrants with disabilities. Indeed, immigrants with disabilities face many of the same obstacles and challenges as able-bodied immigrants, but to a magnified extent.

Immigrants for whom English is not a first language have less contact with the native population and the lack of communication skills can lead to strong feelings of loneliness for the disabled immigrant. Sometimes their lack of a sense of belonging produces negative feelings that cause frustration in their social network relationships (Sotnik & Jezewski, 2005). Immigrating to Canada does not necessarily lead to becoming embedded in kin or non-kin social networks or in the social fabric of the local community. Achieving a sense of social belonging requires active initiative, but it can be difficult for immigrants with disabilities to manage practical challenges such as traveling to places where people meet to socialize. Disabled immigrants who experience unsupportive environments in their own neighbourhoods and communities may become discouraged and isolated, and then avoid involvement in social relations and activities. Indeed, immigrants with disabilities who face challenges in adapting to the dominant host culture are at greater risk of experiencing loneliness and isolation (Sotnik & Jezewski, 2005). Challenges can arise when the nature of social relations differs strongly in the home and host countries.

Home Care vs. Social Care

In developed nations such as Canada, the state plays a significant role in the lives of people with disabilities but in the developing world, disability has historically been managed at

the household level. This accords with a socio-economic model of personhood in which family relations are prioritized and disability is managed within the household where mothers and other household family members are the primary caregivers for disabled individuals (Rattray, 2012). In the global South, people with disabilities often face broad social discrimination and are mostly avoided by able-bodied individuals because of superstitious beliefs that disabled people manifest bad spirits or may be contagious. Confinement of disabled persons within the home is one way for families with disabled members to deal with this form of stigmatization.

Moreover, the systems of government in the global South often lack public funds to support people with disabilities (Dossa, 2009). Hence, in general, it is family bonds rather than government or social mechanisms that give support to individuals with disabilities in the South. In contrast, in highly industrialized countries such as Canada, many disabled people live in government-supported shelters, group homes or independent living institutions. This creates a set of social relationships for people with disabilities that differ greatly from the family relations of the South. In Canada, many people with disabilities have various social support and network options because they can form relationships with co-workers, hostel mates or neighbours in the local community. They can also form social relationships through institutional programs that are arranged by local organizations. People with disabilities immigrating from the global South can face adjustment challenges when they face social relationship opportunities that differ strongly from those of their home countries, which are largely confined to home and family.

In the global South, eighty percent of people with disabilities live in poor conditions with minimal supports and this can be attributed to a lack of both financial and social capital (Manderson, 2004). Due to the extreme forms of stigmatization that exist in many developing countries, persons with disabilities are often considered a burden. They are isolated from others

in their communities and unable to attend school or find work. They are also among the poorest of the poor and are rarely valued on the basis of their ability to contribute to economic production (Manderson, 2004). Poor families can rarely manage the cost of long-term care for persons with disabilities and these families must also care for children and elderly family members. Indeed, those with disabilities may be subjected to ill-treatment in the home (Manderson, 2004). Poverty and the lack of social support networks in their home countries motivate many immigrant families to move countries such as Canada, Australia and the US that provide better services and supports. In many middle and low-income countries of the global South, societal health conditions, a lack of social supports and limited social capital can produce and exacerbate impairments. Families lacking support and opportunities in their home countries are likely to seek the opportunities that developed countries offer (Graefe et al., 2006). Single mothers and women, in particular, are likely to emigrate to the West. For example, many single mothers and women from the Philippines emigrate to Canada and the US because they have strong social networks and connections to the Philippino communities in these western countries, which greatly eases the immigration and transition process (Graefe et al., 2006).

Social Capital and Well-Being

Social capital is important for the well-being of all people but especially vital for disabled immigrants and their families. Nakhaiie et al. (2013) state that "social capital is the sum of the resources, actual or virtual, that acquire to an individual or a group by virtue of possessing a durable network of… relationships of mutual acquaintance and recognition" (p. 420). Social capital helps with job acquisition and social mobility, which in turn improve health, happiness and the ability to meet the needs of family members with disabilities. In Ontario, most disabled immigrants experience limited access to social capital resources and therefore have restricted

social networks. Of course, a lack of social capital and networks contributes to loneliness and isolation. Fear of disclosure can exacerbate this isolation. Disabled immigrants may avoid friends and social relationships because they do not want to reveal their impairments. Havercamp et al. (2004) state that in the US 24% of adults with developmental disabilities indicate that they have no one to talk with about personal things and often feel lonely. Further, people with disabilities tend to have infrequent contact with members of their social networks (Amado et al., 2013). Based on his work experience with people with disabilities, the author of the present research project confirms that many individuals with disabilities have poor social networks and low levels of social participation, especially adolescents with Autism Spectrum Disorder. These individuals are less likely to have contact with friends than people with learning disabilities, speech impairments or intellectual disabilities. Individuals with disabilities who lack social networks are limited to social interactions with parents and siblings.

Social networks represent a form of social capital that is of great importance for well-being and the attainment of socio-economic opportunities. Social networks are instrumental in obtaining information, reducing transaction costs and motivating persons with disabilities (Nakhaiie et al., 2013). Access to social capital varies across social groups but disabled immigrants and their families tend to have social capital deficits. Immigrants who leave behind social networks in their home countries and lack social networks in their new home countries have trouble finding jobs and achieving social mobility (Nakhaiie et al., 2013). Structural barriers, individual educational deficiencies, and low motivation can all contribute to poor social networks. However, the dominant institutional and cultural values of the host society can also restrict the social networks of visible minorities. Because Canadian culture is dominated by white Anglo-Saxons, French and European peoples, immigrants from other parts of the world

face obstacles in accumulating social capital (Nakhaie, 2006). The homogeneity of ethnic friendship networks place immigrants - especially those with disabilities - at a disadvantage because these limited networks cannot provide access to suitable employment positions and needed resources (Nakhaie, 2006). Moreover, immigrant families are often unable to access needed supports due to language barriers, low income, and transportation limitations. Poor acculturation can also inhibit access to social services, forcing immigrant families to live in hardship across Ontario (Khanlau et al., 2017). Access to social programs, education and employment is crucial for successful integration and well-being. However, many immigrant families experience barriers to participating in social programs and the labour market, and organizational and attitudinal barriers in education deny equal opportunities to disabled immigrant children and adults (Thomas, 1999).

Social Exclusion and Neoliberalism

While immigrants with strong social networks in the receiving country tend to have realistic expectations about life in their new home countries, many families that immigrate to a developed country are disappointed by the lack of social supports, training programs, and job opportunities. Multiple social and economic strains imposed on them result in social exclusion in many realms of social life. The combination of migrant statuses (such as undocumented or illegal immigration status) and racialized domestic policies denies immigrant families access to healthcare and other social services, leaving them socially and economically excluded (Khanlou, et al., 2017). Immigrant families also struggle with interpersonal communication barriers, lack of familiarity with the host country's cultural traditions (Khanlou et al., 2017). Of course, immigrant families with disabled family members suffer the most from these forms of exclusion. Some immigrants eventually adjust to Canadian society and take advantage of employment

opportunities. Nakhaie (2006) states that "Canada's immigrants need approximately ten to fifteen years to catch up on employment opportunities. The length of time for adjustment tends to be higher for visible minorities, as their visibility tends to limit their transition into Canadian society, particularly into the labour market" (p. 23). However, there are also many immigrants who never achieve successful integration and whose lives and health deteriorate over time (Khanlou et al., 2017). Some immigrants arrive with disabilities and others develop them once they enter Canada, and both of these groups are vulnerable to a lack of progress in forming social bonds and networks.

Many factors contribute to social exclusion, including broad historical changes such as the rise of neoliberalism. Rimmerman (2013) notes that social exclusion is a complex concept that refers to disadvantage based on social, economic or political factors. Social exclusion disproportionately impacts immigrants and, in 2011, immigrants constituted around 22% of Canada's population (Statistics, 2013). The exclusion of immigrants goes beyond material deprivation and includes a lack of opportunities to participate in wider society and culture. That said, poverty is a huge part of social exclusion. In Canada, 30% of the families having children with disabilities live in poverty (Khanlou et al., 2017). Insufficient social capital, inequality, and stigmatization impose economic hardship on immigrant families, but the rise of neoliberal ideology and policies has also had a negative impact. Neoliberalism has resulted in reduced government spending on the support programs that are needed by society's most vulnerable groups (Dominelli, 2005). Job insecurity, overwork, lack of support programs and high-stress levels cause most immigrant families to live below the poverty line. Immigrant families with disabled children are forced to rely on inadequate social networks to survive (Dominelli, 2005).

This situation of social exclusion persists even though the Ontario government is committed to creating a society in which all are included.

Neoliberalism has resulted in cutbacks in government spending in healthcare and social programs but the cutbacks in education and training programs also undermine the opportunities of immigrants. Research studies find that individuals with disabilities who complete post-secondary education earn significantly less, have a harder time securing stable employment, and participate less in the workforce than their able-bodied counterparts (Zarifa et al., 2015). However, in Ontario, 89.3% of graduates with disabilities work part-time or full-time compared to only 50% of immigrants with disabilities (Zarifa et al., 2015). Thus, the negative impacts of disability are amplified in the lives of immigrants. Students with disabilities are more likely to attend colleges level than universities (Zarifa et al., 2015). However, immigrant students with disabilities face additional barriers because the Canadian educational system does not recognize foreign credentials, which prevents disabled immigrants from participating in some educational programs (Zarifa et al., 2015). Immigrants with disabilities also experience social exclusion in the employment market. This stems in part from the fact that policies to increase employment opportunities focus on the characteristics of a disabled individual rather than on structural barriers in the workplace (Morris, 2001). Further, Ontario's Disability Discrimination Act favours the interests of employers, which leaves disabled employees with minimal workplace accommodations (Puttee, 2002). In Ontario, many disabled people are limited to segregated or precarious employment positions due to lack of employer support and low levels of government funding (Puttee, 2002).

CHAPTER FOUR: DISABILITY AND SETTLEMENT

Settlement and Education

Once immigrants with disabilities gain entry into Canada they face challenges related not only to social relations and networks but also related to educational and employment opportunities. Statistics Canada predicts that by 2017 the immigrant population of Canada will constitute 21%-26% of the total population, with the majority coming from China, South and South East Asia and African countries (Statistics Canada, 2005). Canadian social policies pay little attention to immigrant settlement issues, especially the issues impacting immigrants with disabilities, instead focusing on employability (Prince, 2002). Social policies supporting people with disabilities tend to lack accountability mechanisms. Provincial disability policies formally assert that disabled citizens are entitled to equal social participation (Prince, 2002). Governments acknowledge the need for better support programs and service delivery, but fail to develop inclusive educational and social programs (Marku, 2015). In Ontario, the administrative units within ministries that are responsible for disability issues do not explicitly include educational and employment programs for immigrants with disabilities, which complicates their ability to settle when they arrive in Canada.

Education is highly provincialized and the federal government has a limited role. Under Ontario's education policies, immigrants with disabilities struggle for equality and face many forms of marginalization and discrimination. One of the problems is that immigrant families are excluded from the decision-making process and cannot promote inclusive educational programs to support skill and career development (Balafouti, 2001). Provincial educational policy includes a special education system for students with learning difficulties or developmental disabilities such as ASD. The inclusion and integration movement that started during the 1980s was based

on the idea that disabled pupils should be placed in regular classrooms and educated alongside

their peers (Marku, 2015). Schools needed to be physically and socially prepared to serve

students with or without disabilities and many schools have made the shift towards inclusion.

However, the inclusion system does not include a comprehensive standard for immigrant

children with disabilities so many of these children continue to struggle (Marku, 2015). Many

immigrant parents worry about how special education curricula and inclusive programs impact

their children's socialization and integration processes. Immigrant families claim that cultural

differences lead to conflict between school authorities and immigrant families. Moreover, they

assert that disabled people's voices are absent from important decision-making processes in the

educational system (Balafouti, 2001).

Settlement and Employment

Educational and vocational services are supposed to assist immigrants with disabilities in

the development of knowledge, skills and attitudes which are necessary for them to find

employment and settle in their new home countries (Ochs & Rossler, 2001). Educational and

vocational training allows disabled immigrants to gain self-confidence and career-related skills

that support successful settlement. However, research finds that immigrants with disabilities

have lower levels of career maturity than their able-bodied peers (Ochs & Rossler,2001). Young

people with disabilities have higher unemployment and underemployment rates and lower post-

secondary enrollment and completion rates than their able-bodied peers (Ochs & Rossler,2001).

Due to low confidence and physical inability, many disabled immigrants are unable to achieve

educational and vocational goals (Balafouti, 2001). Many young immigrants with disabilities try

to enter the workforce but the lack of educational and vocational support programs limits the

ability of disabled immigrants to achieve career goals. Balafouti (2001) asserts that social power

contributes to this situation, stating that disability "is a political issue and it is fundamentally about unequal social relations and conditions and the ways in which power is exercised" (p. 112). In Ontario, policymakers pay minimal attention to the needs of immigrants with disabilities. Immigrants with disabilities demand equal rights and opportunities, but they face many barriers to receiving workplace education and participating in the labour force (Zwicker et al., 2012). This situation continues to exist despite legislation to protect people with disabilities.

In 1998, Canada's federal and provincial social service ministers agreed on granting people with disabilities equal access to education, training and support programs, which would increase the employment opportunities of disabled people (Zwicker et al., 2012). At the national level, federal legislation has contributed to the equality rights of Canadians with disabilities. The Canadian Charter of Rights and Freedoms protects against discrimination based on mental and physical disability (Lee, 2003). The Canadian Human Rights Act prohibits employers and service providers from discriminating against people based on disability (Prince, 2002). The Employment Equality Act requires employers to remove barriers to employment impacting people with disabilities (Prince, 2002). Moreover, Canada is a signatory to the UN Convention on the Rights of Persons with Disabilities (UNCPRD), which protects the rights and dignity of persons with disabilities. All of these legal protections mean that education, training programs, and labour markets should be inclusive and accessible. Indeed, the federal government has developed accessibility legislation to "eliminate systematic barriers and deliver equality of opportunity" (Zwicker et al., 2012). However, these goals have not been achieved.

Based on the author's work experience as a social service provider, immigrant persons with disabilities often have poor health, minimal educational achievements and job credentials, few economic opportunities, and high rates of poverty. In everyday life situations, disabled

immigrants experience social service barriers and face many obstacles to participation in educational and training programs. If they are admitted to a program, they may be segregated and isolated from the rest of the participants. In Canada, the disabled person labour force participation rate is only 34.5% (Zwicker et al., 2012). Thus, although inclusive education and job training programs are available to immigrants with disabilities, the settlement and social integration process is still complicated by structural barriers and problems such as the bullying imposed on disabled people due to their disabilities. Moreover, disability does make demands on caregivers. Approximately 90% of people with developmental disabilities need some type of support with everyday activities such as housework, appointments, personal finance, chores, meal preparation and personal care (Zwicker et al., 2012). It is not always easy to find or pay for caregivers willing to provide these services, which further complicates settlement. The changing employment market has also created barriers to labour market participation. Due to lack of technical knowledge and competitiveness in the new economy, disabled immigrants are forced to accept more part-time and lower paying jobs and are more likely to become trapped in longer periods of unemployment (Zwicker et al., 2012). One report indicates that almost 10% of university graduates have a disability but many of them have difficulties getting into the workforce (CUSC, 2009).

The struggles immigrants with disabilities face in trying to find jobs can be linked to immigrants' general lack of social capital. Educational credentials represent a form of such capital. According to human capital theory, higher levels of education enable individuals to increase their productivity, marketability and skill acquisition in preparation for the workforce (Zarifa et al., 2015). Many individuals with disabilities gain education and the skills necessary to fill positions in the workforce, but their credentials are often overlooked because many

employers do not consider disabled skills as meeting the same standard as the skills of able-bodied people (Zarifa et al., 2015). Research finds that immigrants with disabilities face inaccessible workplaces, inadequate support, inappropriate expectations and hiring discrimination (Zarifa et al., 2015). Further, they often feel marginalized socially and physically, isolated and ignored by their colleagues in the workplace. Moreover, employers and co-workers impose stereotypes on immigrants with disabilities, which in turn leads to harassment in the workplace (Robert & Harlan, 2006). Many people with disabilities do not disclose their disabilities for fear of being judged, embarrassed and harassed in the workplace. Of course, this limits their ability to request the accommodations they need to function effectively, and a lack of success in the employment market strongly inhibits the immigration settlement process.

Labour market outcomes for workers with disabilities are typically less favorable in comparison to workers without disabilities. Even when they possess educational credentials, immigrants with disabilities still experience many labour market difficulties, particularly in securing full-time employment. Zarifa et al. (2015) indicate that these individuals are more likely to be employed part-time or be unemployed. Further, a substantial proportion of individuals with disabilities often involuntarily but permanently leave the workforce at around 48 years of age - long before most people think of retiring (Sweet et al., 2011). Forced out of work at this young age, many have not fully advanced their careers, nor have they been employed long enough to be eligible for full retirement benefits (Sweet et al., 2011). Some employers offer targeted training for disabled workers to work properly, develop partnership programs and provide continuing support for employment (Sweet et al., 2011). But others try to force disabled workers into prematurely leaving their positions in order to reduce employers costs and avoid the hassle of implementing accommodations.

Most of the job positions occupied by workers with disabilities are at the low end of the pay and responsibility scales. People with disabilities are highly concentrated in manual, sales and administrative occupations. Sixteen percent of disabled people with mild and moderate disabilities work in industrial construction or equipment operations and 20% are customer service representatives (Turcotte, 2014). Disabled women are overly concentrated in routine clerical or personal service work and many of these women work from home due to lack of accessible transportation facilities and/or inflexible working hours. Most of these positions are low paid and socially isolated (Turcotte, 2014). In general, around 60% of disabled people of working age are not in the paid labour market and their periods of unemployment are much longer than those of able-bodied people, particularly for people born with an impairment (Jolly, 2000). People with disabilities also earn significantly less than their able-bodied counterparts, with approximately 50% of disabled people having incomes below the official poverty line (Barnes & Mercer, 2005). Disabled people often work in precarious positions and experience discriminatory labour practices such as unfair evaluation, denial of promotions, and being the first people laid off (MacDonald, 2004). All of the negative workplace conditions experienced by Canadians with disabilities are magnified in the lives of immigrants with disabilities and make it very difficult for them to settle and integrate into Canada.

In the 1960s, the dominant view of individuals with impairments was that their lives were personal tragedies (Barnes & Mercer, 2005). The focus on individual responsibility for functional limitations effectively legitimated the many inequalities and exclusions experienced by disabled people. Despite the growing influence of the social model of disability, the ongoing impact of the individual/personal tragedy model of disability creates institutional barriers and discrimination when immigrants with disabilities try to find jobs. Unable to access social

services, they mostly rely on medical and rehabilitative treatments from families and friends. Many immigrant families have difficulties obtaining welfare benefits and their economic hardship causes health problems such as coronary heart disease, diabetes, and hypertension (Sherry, 2008). Of course, these health conditions cause further barriers to finding employment and integrating into Canadian society with its capitalist economy.

Many employers believe that disabled people are unable to conform to the demands of the capitalist labour market and its work discipline (Oliver, 1990). After the Second World War, the Canadian government accepted a social obligation to support the employment of disabled people, but government policies soon forced disabled people back into the margins (Thorton & Lunt, 1995). It is surprising how little progress has been made since that time. Many immigrants and Canadian-born disabled people have difficulties in gaining skills and finding employment, and feel they lack equality with non-disabled people. Acknowledging this inequality, the federal government has implemented policies to address systematic employment discrimination among designated groups (Mullings, 2010). And yet, discrimination based on disability remains a problem in provincial and federal employment policy (Burkhauser et al., 2012). For this reason, disabled activist groups continue to challenge the failure of the government's Employment Equity programs (Lee, 2003). They argue that federal Employment Equity programs and the Canadian Human Rights Acts should protect disabled people from discrimination, but federal policies remain ableist (Mullings, 2010).

The Employment Equity Act outlines specific mechanisms to reduce the victimization and marginalization of disabled groups in federal employment positions but there is a lack of rules and enforcement mechanisms regarding how employers recruit, hire and provide benefits to disabled people (Mullings, 2010). Employers deny that systemic discrimination exists but there

is still a lack of policies to prevent discrimination against disabled people (Mullings, 2010). This lack of policies represents another factor undermining the ability of immigrants with disabilities to settle in Canada. The Canadian Human Rights Commission (CHRC) and Canadian Human Rights Tribunal (CHRT) are the institutions that ensure people with disabilities or visible minorities are treated in nondiscriminatory ways in the workplace. Despite these institutions, disabled individuals continue to experience exclusion, marginalization and unfair treatment in the employment market. The CHRC and CHRT do not adequately address employment equity concerns, specifically those related to disability issues (Agocs, 2004). This is demonstrated by the wide employment and income gaps characterizing immigrants with disabilities (Statistics Canada, 2003). Lack of success in the workplace complicates settlement and integration into wider society. Many immigrant families want their disabled children to integrate into mainstream society and participate in community activities but the children are deterred by stigmatization and bullying. Lack of high pay in the job market forces immigrants into public housing, but obtaining affordable public housing is a difficult and lengthy process that many immigrants have trouble navigating. Moreover, existing integration and inclusion programs are not sustainable and have limited enrollments due to lack of government funding (Biklen & Knoll, 1987). Clearly, a wide range of discriminatory structures, institutions, and factors prevent immigrants - especially immigrants with disabilities - from gaining the education and job skills needed to enter the workforce and successfully settle in Canadian society.

CONCLUSION

People with disabilities living in the global South seek to immigrate to countries like Canada to improve their economic and living conditions. Due to stigmatization and a narrow focus on economic costs, however, Canadian immigration policy has restricted immigrants with disabilities from gaining admission into the country. Those who do gain entry into Canada face intersecting ideological, political, economic and cultural barriers that exclude them from healthcare, social networks and the educational and employment opportunities they need to settle successfully. This MRP has shown that, historically, a liberal restructuring of immigration policy has gradually taken place over time, making progress in the areas of racial and ethnic discrimination. But equality rights have not been fully extended to immigrants with disabilities when they try to gain admission into Canada or once they have gained admission and struggle to establish social relations and integrate into our society. Through the current immigration policy lens, immigrants with disabilities can be viewed as threats to public safety or health. Moreover, Canadian immigration policies regarding immigrants with disabilities remain discriminatory, unconstitutional and out of alignment with Canada's Charter of Rights and Freedoms as well as the country's democratic and multicultural values. The obstacles faced by many immigrant families with disabled members show that Canada's immigration policy is discriminatory and does not meet the equality rights provisions of the Charter. At present, the Charter has not succeeded in upholding the equality rights of immigrants with disabilities. Canada has agreed to follow the UNCRPD values, rights and principles (Rimmerman, 2013). But these principles have also failed to change the discriminatory economic basis of Canada's immigration policy.

This MRP began by analyzing Canada's immigration policies, explaining how these policies have become less racist over time but reflect a continuous thread of discrimination

against immigrants with disabilities that have prevented them from gaining admission into the country and denied them opportunity if they do gain entry. Chapter One provided a general background on how immigration legislation has been used to meet Canada's labour force demands by restricting the admission of some classes of immigrants, particularly disabled immigrants. This chapter also offered a historical perspective on immigration and disability, describing how the individual and medical models of disability have been reflected in immigration legislation that stigmatizes and excludes immigrants with disabilities. Chapter Two also clarified the paper's research methodology, which is based on Critical Social Theory and Structural Theory due to the ability of these theoretical frameworks to expose the social construction of disability.

Chapter Two presented a literature review on the topic of Canada's immigration system which described how Canada's immigration laws contradict official multiculturalism, impose cultural stigmatization and structural inequality, and deny the human rights of immigrants with disabilities. This chapter explored how disabled immigrants have been prevented from gaining admission into Canada and excluded from educational and employment opportunities when they do gain admission. Chapter Three explored the crucial issues of social capital, relations and networks, revealing how immigrant families share resources through social networks but often lack the social capital needed to successfully integrate into Canadian society. Chapter Four examined disability within the context of immigrant settlement issues. It clarified how dominant Canadian educational policies and employment practices exclude immigrants with disabilities, often leaving them in conditions of poverty and marginalization.

It is evident that the time has come for a new, rights-based immigration policy regime in Canada. This MRP has demonstrated that throughout the history of Canadian immigration

policy, immigrants with disabilities have been viewed as imposing an "excessive burden" on Canada. Immigrants with disabilities have faced multiple discriminatory barriers at the border and once they have gained entry into Canada. But exclusionary immigration policies are anti-democratic, unconstitutional and represent a human rights violation. Article 15 (1) of the Canadian Charter of Rights and Freedoms states:

> 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, age, and mental or physical disability (www.charter of rights.ca).

The problem with prohibiting immigrants with disabilities from entering Canada or from having equal opportunities in Canada is that it devalues their humanity and denies their human rights as protected by the Charter. The equality rights enshrined in the Charter of Rights and Freedoms provide the basis for a new, inclusionary and rights-based approach to immigration policy.

The large historical and ongoing role played by the "excessive demand" clause of Canadian immigration policy means that immigrants with disabilities have been and still are valued exclusively in economic terms. This MRP has shown that this approach to immigration policy reflects the historical domination of Eurocentric elites across the economic, political and ideological domains in Canada (Mawani,2002). However, this domination is increasingly being reduced by growing diversity in Canada's population and by the power of the Charter to shape Canadian society and policies. The discriminatory power of traditional elites must be replaced by the power of human rights. Immigrants with disabilities face high social and economic vulnerability; they lack educational and employment opportunities, and face the ongoing prevalence of racism, stigmatization and marginalization. As a result, the immigration debate

must now turn away from its narrow focus on economic factors and "excessive demands" and create a new focus on human rights and social justice.

Canadian democracy, multiculturalism and the Charter of Rights and Freedoms provide a solid legal and institutional basis for positive change in the area of immigrant rights. Moreover, Canadians are compassionate people and public perceptions of persons with disabilities are now much more inclusive than in the past. The conditions are in place to create a new immigration policy regime based on human rights, equality rights and the growing call for global citizenship rights during the era of globalization. Disability advocates have the opportunity to fight for social justice and create immigration policies that ensure immigrants with disabilities and their families experience equality and inclusion when they seek to gain admission into Canada and when they struggle to settle successfully after entering Canada.

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