ASE Community Foundation
for Black Canadians with Disabilities

Capacity Building Research Project:
Intersection of Race and Disability

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The Intersection of Race and Disability

Recommendations for Expanding the Capacity of Organizations to Support the Social Inclusion of Black and Racialized Persons with Disabilities in Canada

Environmental Scan Final Report

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Our goal with this report is to empower stakeholders with findings for future strategic planning, decision making, and the full inclusion of Black and racialized persons with disabilities.

About ASE Community Foundation for Black Canadians with Disabilities

ASE Community Foundation is a national wayfinding and advocacy organization, rooted in Disability Justice that aims to eradicate anti-Black racism, ableism, and gender-based violence.
We are committed to working collectively across institutions, researchers, service providers, and individuals. We envision identifying gaps, building capacity, and advancing the overall well-being, economic engagement, and full participation of Black Canadians with Disabilities.

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Chair's Foreword

Rooted in the values of resilience, endurance, and overwhelming strength embodied by Black folk with disabilities, the ASE Community aspires to eradicate experiences of multi-layered adversities such as anti-Black racism, ableism, gender-based violence, and other forms of oppression. Our work draws on intersectional frameworks including Black Feminist Theory, Critical Race Theory, Disability Justice (DJ) Framework, and Gender-Based Analysis Plus.

Our goal is to work with organizations and community members to address pervasive structural and policy gaps, whilst enhancing organizations' internal capacity and awareness of ableism, disability, and accessibility through the following 5 key strategic priorities:

1 **ASE Virtual Community Hub:** Work with partners to share resources, research findings, accessibility toolkits, and culturally responsive disability-focused services to our community and allies.

2 **Collaborative and Knowledge Sharing Platforms:** Mobilize and share knowledge through consultations as well as the development and active participation in nationwide networks, forums, community roundtables, town halls, and symposiums.

3 **Education and Awareness:** Increase community awareness of Blackness and disability through educational series including organizational training, social media awareness campaigns, and community education events.

4 **Research and Policy Development:** Conduct research projects and policy reviews to consolidate findings and provide recommendations on best practices that promote the social inclusion of Black Canadians with Disabilities.

5 **Youth Engagement and Leadership Development:** Develop internal youth job and volunteer opportunities, mentorship opportunities, and partnerships with youth and student organizations.

Through our projects such as the ASE Community's **Intersection of Blackness and Disability: Call to Action**, an environmental scan of existing research, policy, and services that prioritize Black Canadians with disabilities, we have identified widespread deficits in research, data, and knowledge the limited resources that specifically address anti-Black racism and ableism.

Furthering the social inclusion of Black and racialized people is a collective, cross-sectoral mission. We are pleased to present this literature review, research report, and engagement strategy from our **Capacity Building Research Project: Intersection of Race and Disability**; an project that brought together leading experts, service providers, researchers, and Black and racialized people with disabilities, to identify gaps and engagement strategies that the Employment and Social Development Canada, Social Development Partnership Program – Disability and the not-for-profit sector can tangibly work collectively to better advance the social inclusion of Black and racialized persons with disabilities. We look forward to sharing our findings and partnering with and learning from Indigenous leaders with disabilities through their ongoing work and critical initiatives.

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Executive Summary

Many equity and inclusion strategies and initiatives have differing participant outcomes, often because of a gap in embedding an intersectional approach of the disability justice framework to its work. The limited understanding of the "invisibility" of the adverse effects of these multiple and layered identities, especially of experiencing racism and anti-Black racism compounded with ableism, further pushes Black and Racialized persons with disabilities (BRpD) to the margins. These significant gaps in services, programs, and policies demonstrate that the intersection of race, gender, and disability is a critical area for research, service, and collective action. An opportunity for a new intersectional approach and engagement strategy for BRpD and to build their organizational capacity. The Capacity Building Research Project: Intersection of Race and Disability consisted of a Canada-wide community environmental scan and research project to:

1 identify organizations and programs supporting Black, racialized, ethno-cultural, refugee/immigrant persons with disabilities, and;

2 understand the needs and barriers faced by Black and racialized persons with disabilities (BRpD) and organizations serving this population, identify gaps and challenges, and inform engagement strategies of guiding principles, best practices, and initiatives, to improve the social inclusion and full participation in Canada.

We found that most organizations engaging in intersectional disability work were led by Black, racialized persons with disabilities or caregivers, with many participants identifying as Black. As well, these organizations were grassroots or newly incorporated non-profits. These findings, therefore, have important implications for addressing the needs of organizations across Canada, with recommendations for future research looking at the intersection of race and disability from a **Disability Justice framework** that embraces ten key principles, including **Intersectionality** (Crenshaw, 1991; Lorde, 1982), **Leadership of the Most Impacted** (Morales, 2018), and **Commitment to Cross Movement Organizing** (Berne, 2018).

This report is a consolidated effect of Employment and Social Development (Social Development Partnerships Program – Disability), the ASE Community researchers and volunteers, BRpD- led and serving community organizations and partners, and the generous "uncompensated" emotional labour and expertise of participants and our own lived experiences. The literature review was limited by the lack of Canadian race-based and disability disaggregated data and intersectional research. However, they did validate and augment the 'anecdotal stories and experiences captured in interviews and focus groups. Voices and experiences, qualitative and narrative methodology and themes' consequent findings informed the engagement strategy's structure and content. The most significant finding is that a new, more intersectional approach to working with racialized and Black people is apparent and must be embraced across all federal departments and ministries.

The Engagement Strategy outlines the key themes of the research findings and the critical strategies required to improve the overall lives of BRpD. The Engagement Strategy and guiding principles will always require a more collective and ongoing approach through a national Black and Racialized persons with disabilities working group or committee. The committee will continue to be informed by the research, professional development, and lessons learned through these engagement initiatives designed and led by BRPD. Our community's daily experiences of racism, ableism, and gender-based violence daily at home, work, and play; however, the unique experiences and harmful impacts of anti-Black racism and ableism command a more tailored and separate approach to research and engagement strategies, as the histories of colonialism, violence, and intergenerational trauma is an unbending tree and a more targeted approach to Black Canadians with disabilities.

Table of
Contents

Introduction

According to the 2017 Canadian Survey of Disability, persons with disabilities represented 22% of the population (Morris et al., 2018). Among persons with disabilities aged 15 and older, 14.3% were racialized with representations from South Asian (4.0%), Chinese (2.9%), Black (2.2%), Filipino (1.3%) and Latin American (1.0%) (Statistics Canada, 2020). It is important to note that these numbers might not reflect an accurate count of racialized persons with disabilities in Canada due to underreporting of disability due to the stigma. Despite the diversity that exists within the disability community in Canada, disabled people are often seen as a monolith and "...are frequently assumed to share the same views, experiences, and priorities, regardless of gender, age, cultural background, sexual orientation, socio-economic status, religion, and other categories of difference." (Goethals et al., 2015) For individuals falling within two or more socially marginalized categories, an intersectional approach recognizes that they face different and multiple forms of exclusion that intersect to shape their lived experiences (Hancock, 2007). An examination of disability in isolation, for example, would ignore the heterogeneity of experiences for disabled people, which could be related to multiple identities for the individual and or imposed upon them by society. This perspective conceals the many intricate differences between and among immigrant, refugee, and racialized populations in terms of how disability is experienced and understood, how social service/care systems respond to these populations terms how disability is experienced and understood, and how social service/care systems respond to these populations.

Over the past few years, there has been an increasing interest in understanding how past and current policies and practices impact those identified as "vulnerable" or "marginalized," which requires an intersectional lens. Most notably, after George Floyd's death, more organizations began to adopt anti-racism strategies to address systemic issues, particularly anti-Black racism, across various sectors. Yet, these discussions overlook the importance and diverse experiences of those with intersecting identities such as race, gender, and disability. As a term, intersectionality is attributed to Kimberlé Crenshaw (1995), who used it to explain that one's multiple identities do not exist in vacuums, but at the intersections of those identities. By recognizing that there are various identities, there is also the recognition that certain individuals face multiple and intersecting forms of structural discrimination. Intersectionality encourages critical reflections by serving as a framework for service providers and decision-makers to move beyond a singular lens in understanding how a person's various identities may overlap with people, systems, and institutions to create complex relationships and interactions between social locations.

This environmental scan was conducted to identify organizational needs and barriers to build organizational capacity in supporting the social inclusion of Black and racialized persons with disabilities in Canada. Additionally, through a Critical Race Theory lens, this report employs an intersectional framework by looking at "...how individuals located perilously at the intersections of race, class, gender, and disability are constituted as non-citizens and (no)bodies by the very social institutions that are designed to protect, nurture, and empower them."(Erevelles & Minear, 2010) This report draws upon Critical Disability Studies and intersectionality, which centers on the lived experiences of Black and racialized people with disabilities who have been historically excluded from these discussions. For this report, disability will refer to both physical and non-physical disabilities. There is variation in the language used, with some people preferring the person-first language of "people with disabilities" while others prefer the identity-first language of "disabled person." However, both are used interchangeably throughout this report while recognizing it is best to ask people their preferences and use that language.

Methodology

The environmental scan aimed to understand the needs and barriers faced by organizations serving Black and racialized persons with disabilities and to identify resources and best practices among organizations serving this population. There were three stages for stakeholder participation: a stakeholder information form, a survey, and virtual focus groups/one-on-one interviews. The study outcomes included:

1 Develop communities of practice where resources, knowledge, and best practices are shared.

2 Center the intersectional lived experiences of Black and racialized persons with disabilities to inform an engagement strategy within Employment and Social Development Canada (SDPP-D).

3 Recommend strategies required to expand organizational capacity and embed intersectional approaches to race and disability.

Environmental Scan Design

The environmental scan was carried out in three phases, including 1) a Canada-wide search for organizations with targeted programs for Black and racialized persons with disabilities, 2) outreach and recruitment based on the comprehensive search, and 3) survey and focus groups. The scan involved three main data-collection instruments. First, the research team developed a database of Canadian organizations that had targeted programs for Black and racialized persons with disabilities. Information was pulled from various sources, including a stakeholder information form, federal funding datasets, and a comprehensive online search. The team outreached to each organization in the database to raise awareness about the project and recruit participants. Finally, participants were given the option to engage in an anonymous survey administered online via Survey Monkey and virtual focus groups/one-on-one interviews.

Database

At the start of the study, researchers constructed a database which compiled lists of organizations across Canada that met the following inclusion criteria: a) disability-focused organizations providing services to Black and racialized disabled people, b) Black-led/serving organizations with programming for disabled people, and c) racialized-led/serving organizations with programming for disabled people. A team of eight volunteer researchers utilized the below comprehensive search strategy to compile a list of 601 community organizations nationwide that were Black, racialized, and/or disability-led and serving.

Table 1

Environmental Scan Search Strategy

Starter Term	Alternative Term
Disability	Special Needs, Special Abilities, Ability Chronic Illness; Episodic disability; HIV; cancer Comorbidity Impairment Disorder Deaf, Hard of Hearing, Hearing Impaired, Blind, Visually Impaired Access, Accessibility Mental Illness, Mental Health Disabilities, Psychiatric Disabilities Neurodiverse, Neuroatypical, Autism, Intellectual Disability, Developmental Disability
Black	Ethno-racial groups within African Caribbean Black diaspora e.g., Nigerian, Jamaican, etc.
Racialized	Multicultural(ism) Ethno-racial (e.g., South Asian etc.) Immigrant; Newcomer; Refugee Religion specific sources e.g., Hindu, Muslim

Additionally, the team pulled federally available data sets based on organizations that received federal grants for disability-related programming. Each list compiled into the database included the contact information of key personnel within each organization, the name of the targeted program, and information about the overall target population, location, leadership demographics (e.g., Black-led, racialized-led), and possible promotional areas (e.g., website, social media, upcoming forums). We also conducted an audit and prioritized outreach to 13 large-scale disability organizations that received significant funding from Federal disability programs and grants to capture the experience and expertise of key stakeholders within the disability sector. As a result, out of 601 community organizations, approximately 83 were identified as having targeted programming for Black and racialized persons with disabilities (see Appendix A).

Outreach & Participant Recruitment

Once compiled, an outreach and recruitment strategy were created to raise awareness of the online survey, focus groups, and one-on-one interviews. Our outreach strategies included community presentations, promotional posters, summary documents, one-on-one personal outreach (calls, emails, and messages), and social media posts. Emails were sent to all organizations in the database, including the project details, information on how to participate, and promotional materials to share within their networks. Additionally, two information sessions were held by researchers over Zoom to discuss the project and answer questions about participation in real-time with past and potential participants. Researchers also set up informative one-on-one meetings with interested individuals who could not attend the information sessions.

Participants were also recruited through the research team's networks, including recruitment from existing ASE Community Foundation partners, posting on LinkedIn (8000+ combined following) and private messages sent to LinkedIn connections that met the study criteria. Staff also shared project information at ASE Community Foundation initiatives (e.g., partnership meetings, 'Town Hall: Community Stakeholders and Allies', panels with other organizations during Black History Month). Community partners assisted in promoting the project across their social media platforms (e.g., Facebook, Twitter, Instagram, and LinkedIn). Additionally, the team utilized paid promotions on LinkedIn to ensure we reached organizations that met our study criteria and updated the community on the completion of project phases. A webpage was also designed for this project, housing a downloadable two-page summary of the project, information about info sessions, contact information and links to the survey, focus group and interview sign-up.

Given the overwhelming interest of organizations that did not have targeted programming, the research team amended the inclusion criteria to include these organizations to identify challenges they have encountered in implementing targeted programs and what they needed to engage in intersectional disability work.

Survey, Focus Group & One-on-One Interviews

The survey was administered online using Survey Monkey, and responses were anonymous. The following data were collected:

- Respondent demographics
- Demographics about Organization (mandate, populations served, location, size)
- Program Outline and Purpose
- Funding Gaps
- Barriers/Challenges
- Training Needs

Semi-structured interview guides were developed for focus groups and one-one-interviews with partici-pants who had targeted programs and a separate guide for those without targeted programs. The overall research aim informed these guides.

A purposive sampling method was adopted for the survey, focus group and one-on-one interviews. Interested participants could provide their contact information in a Google Form or at the end of the survey. In addition, all participants who expressed interest were contacted via email to review informed consent documents and schedule an interview time.

Four focus groups and four one-on-one interviews were held virtually across Canada between March 2022 to April 2022. Interviews lasted from 60-120 minutes. Interviews were recorded and then transcribed using Rev.com before undergoing analysis. To maintain confidentiality, each participant was assigned a unique identifier (i.e., P01).

Analyzing the Data

From March 2022 to April 2022, 26 individuals completed the survey. Survey data was exported as a csv file, and quantitative data analysis was conducted using Microsoft Excel 2013. All qualitative data sets were analyzed separately in NVivo 10. In addition, the team conducted a thematic analysis of focus group and one-on-one interview responses. Data was coded independently by each team member to identify emerging phenomena. Through a peer-review process, codes were then organized into themes and subthemes.

Findings

Focus Group Findings

Fifteen service providers participated in the focus groups and one on one interviews. Participants ranged in their roles within the organization but were predominately managerial positions from various sectors, including disability, food security, caregiver support, employment, and housing. Organizations that participated also included grassroots, newly incorporated non-profits, and more established non-profits from across Canada including, Alberta, British Columbia, Nunavut, and Ontario. Focus group participants were asked various questions to capture their experiences providing targeted programs for Black and racialized persons with disabilities and understand their needs and barriers faced by organizations serving this population. Additionally, organizations that did not have targeted programs were asked about their needs in order to be supported in delivering targeted programs for Black and racialized persons with disabilities. The following seven overarching themes emerged from the thematic analysis of focus group findings: 1) mentorship and leadership development, 2) pay equity and invisible of labour, 3) social capital and access to sector-wide networks, 4) capacity building, developing organizational infrastructure, 5) access to equitable funding opportunities, 6) education and training opportunities around an intersectional approach, 7) working with Black and racialized persons with disabilities.

Mentorship & Leadership Development

Peer to Peer Mentoring

Many of the participants interviewed identified as Black, Indigenous, or racialized with disabilities. Overwhelmingly, these participants were leading intersectional disability initiatives within established organizations and indicated a need for formal peer-to-peer mentorship opportunities to help with navigating the workplace with intersecting identities. For example, one participant discussed the importance of having a peer who had similar lived experiences as them and who could understand the uniqueness of having intersecting identities of race and disability:

> I need genuine mentorship. Just straight down, genuine mentorship. As a person, I'm tired of hearing, "You should do this. You should do this," from someone who's an able-bodied Black person. And then I'm tired of hearing, "You should do this," from a non-racialized person who has sight loss because I can't absorb it because you are not talking my language. I can do that, but you're not seeing the barriers that I go through.

Another participant spoke to the need for a mentor who reflected their identity and whom they can debrief perceived injustices and microaggressions without fearing repercussions and gain insights in navigating the workplace:

> Again, I came in here, and I was like, oh, there's no one else here, right? Who do I lean on? And if I feel like I have an issue about how somebody is dealing with a client that is racialized or another identity, who do I lean on?

Black, Indigenous, Racialized, and Disability Representation

Participants spoke of the lack of representation in the disability sector, particularly pointed out gaps in representation in leadership positions. Mentorship was discussed not only as a way of offering support but also as building the capacity of Black and racialized persons with disabilities to prepare them for leadership positions:

> Within our African, Caribbean, Black (ACB) communities, we need to develop that mentoring network. So, for example, if we give ourselves a target of 5, 10, 15 years, that we start mentoring (ACB) community members who may be frontline providers who may be current managers so that in five years, they are in leadership positions within the disability justice movement, that they're moving to apply to boards of directors...Again, that mentoring in the next generations for advocacy that we speak with one voice.

Another participant advocated for funders to require a percentage of the make-up of advisory committees to include Black and racialized persons with disabilities. They indicated that inclusion strategies should be intentional and be a part of funder's mandates:

> [I] would like to start to see that change in our advisory committees, for example, we need better representation… but we try not to do check boxes at the same time, but we want to have diverse and intersectional identities represented. But some of that stems from funders not requiring it. Not on our part, we try really hard, but I think across the board that organizations like ours don't have the mandate from the funders.

Pay Equity & Invisible Labour

Several participants discussed the invisible labour they undertake as Black, Indigenous, and racialized persons with disabilities in being consulted on equity, diversity, and inclusion conversations or unpaid mentorship roles falling outside the scope of their role. This type of labour is not recognized, and those who partake seldomly get rewarded. Participants expressed challenges with keeping up with invisible labour while being unsupported by the organization as they are likely to experience burnout. For example, one participant questioned the sustainability of targeted mentorship programs given the lack of representation of Black, Indigenous, and racialized persons within some workplaces, particularly working with persons with disabilities.

> [T]here's often so few of us that are in these spaces that we get burnt out. So, the mentorship, the sustainability of initiatives can be challenging, and the capacity building as well to continue things can be challenging because there are often so few of us that we get burnt out.

Another participant described methods of combatting the exploitation of invisible labour of Black, Indigenous, and racialized persons with disabilities by advocating for not only the hiring of Black and racialized persons with disabilities but ensuring their labour is valued and are compensated:

> I do tend to say, hold on here, let's work on a position. And I always never say it's for myself. I say, I want to make sure we pay everybody that we are going to bring forward, whether it's on a committee on a board, even other jobs that I have done.

Whenever Black and racialized persons with disabilities are consulted, whether as a collaborator or in research, it was said to value the expertise they bring with their lived experience, and it is imperative they are paid for sharing their knowledge:

> [W]hen we're doing something where we're collaborating with individuals who have intersecting identities like that, we try to make sure that we support genuine participation. And so that includes paying people to work with us. Because when we're doing research, we're asking people who have lived experience to tell us their experience and share with us. So, we view them as experts and collaborators and pay them appropriately for their time.

Tokenism

Tokenism was discussed as performative hiring practices, including Black, Indigenous, and racialized persons with disabilities, yet not valuing their lived experience or listening to their voices. Participants described feeling tokenized when they were one of a few Black, Indigenous, or racialized employees within the organization. For example, an Indigenous service provider explained the caution they took before fully becoming engaged in their role as they evaluated the authenticity of the organization:

[W]hen I do start any job being Indigenous and with a disability, I sort of give a bit of a wait period...to see whether they're giving me a job for real or whether it's just a tokenism position. So, I was doing a bit of a wait out session myself to see how they were going...and then they do want to work in this area.

Similarly, another participant questioned how valued their role was within the organization as their experience was based on experiential knowledge rather than academic knowledge:

So, right now my title is person with lived experience. And now I'm talking with researchers, with doctors, and so everybody who does have that title in back of their name. And so, sometimes, a person with lived experience is not seen as an equal.

Service providers with lived experiences expressed not wanting a "seat at the table" if those at the table were not accepting of their identities:

So being accepted as to who you are. I mean, that's the big thing too that if I'm still coming to a table and they say, "[W]e want you there." But if they're not really accepting that I'm Indigenous with a disability...well then why am I at this table?

Emotional Labour

Participants raised concerns about burnout associated with completing paid work on top of unpaid work, such as the emotional labour of navigating predominantly white spaces as a Black, Indigenous, or racialized person while experiencing microaggressions and racial trauma in addition to supporting other Black, Indigenous, or racialized persons. One participant described a precarity in their role in being questioned about the need to champion equity work for Black and racialized persons with disabilities:

I'm the one, when people ask for Black individuals in one space, Black employees, I'm the one who's kind of a little fearful of my job, where it's like, "Okay, what would management think of that?"... I feel a little bit, I wouldn't say paranoid, but because of years of years of years of being told, "Oh, why are you getting all the Black people or racialized people together?"

Social Capital & Access to Sector-wide Networks

Participants discussed the importance of building a network with other organizations serving Black and racialized persons with disabilities to amplify advocacy, collaborate, and share resources. Additionally, participants highlighted that these networks must include major power players due to their political power and social capital:

[Build] almost a circle of champions, a circle of C-suite, so executive champions. And not just executives in the disability justice movement, but corporate executives, because they have so much corporate political power, social political power, and big P political power. And also, big P political champions. And this is right with current government politicians with opposition politicians. Because even when governments change, you want to have the ears and eyes of whoever the revolving seats may be.

Black, Racialized, and Disability Intermediary Organizations

A few of the participants interviewed were working with Black-led intermediary organizations. Intermediary organizations were discussed as integral in assisting the work of grassroots and smaller non-profits organizations in building capacity, providing access to resources, and championing their work:

Not only are you going to be supporting this grassroots organization, but you will be in a position to provide some of the capacity-building training provide some of the logistics in terms of how to run staff...

The intermediary's role was also described as a connector serving to amplify the work and voices of grassroots and smaller non-profits organization:

> [Intermediaries] bring in [other] organizations who are involved in this [work] from the grassroot level and form a community of practice. With one voice, we become an irrepressible advocacy group.

> [They] provide some of the networks and the community of service, connecting different organizations all across the country and form many networks, form many teams.

One participant stated that the intermediary's role is vital as they have "helped a lot of smaller, unknown, but effective Black serving organizations to receive the help they need." Other participants have received more practical support, such as being given access to physical space for programming:

> [T]he agency that we're partnered with [is] a great mentoring agency. So, I know we'll have access to some of their spaces there...So yeah, there's definitely some need out there for some more resources, some more support, so that we can serve the Black community to the best of our ability.

Access to Equitable Funding Opportunities

It is crucial to note that organizations that tended to take on intersectional disability programming were often people with lived experience of being a Black, Indigenous, or racialized person with disabilities or a Black, Indigenous, or racialized caregiver to a person with disabilities. Additionally, these grassroots organizations operated as "side of the desk" work with limited resources and staffing capacity. Many of these grassroots and smaller organizations relied heavily on the unpaid labour of volunteers, including the leaders of said organizations. Participants described feeling stretched in trying to accomplish their mandate due to a lack of access to resources and limited support within the sector. As a result, without structural funding, many grassroots are operating with the leadership's personal fund:

> If you have to go through all these hurdles, create a grassroots program that support the most vulnerable members of community, and you are literally financing the whole process, maybe from your pocket or from a few volunteers, and your measurable social impact is very visible and very palpable, and people are actually seeing it.

One participant described their frustrations completing labour-intensive proposals and receiving rejections, belabouring the inequity in funding opportunities for smaller organizations not having the same growth opportunities:

> And yet, you submit a proposal to support and enhance what you're doing, and you get a rejection. Not because you are not doing the work, not because you don't have the capacity, no, because you are not working with the right category of people. But maybe just because you are not part of the club, or you are not big enough, or you don't have the infrastructure
> the number of staff they need, the question is this: How do you have the infrastructure if you don't have the funding? How do you have the staff to pay if you don't have the funds? You see that? So how do you become big if you don't start small?"

Capacity Building – Developing Organizational Infrastructure

Many Black, racialized, and disability-led and serving grassroots organizations interviewed were either working towards incorporation or were newly incorporated. Yet, despite the critical work being undertaken on the ground with underserved populations, they were described as invisible in the mainstream. A majority of the challenges that came up for participants were the lack of funding and resources to support developing the organization's infrastructure and capacity to continue the work of serving Black and racialized persons with disabilities:

> Because if you talk about social impact, then the organizations that are really, really impacting the community are not big...They are not visible, that they are underground with limited support. They may not even have a crispy-looking website because they cannot afford it. They may not even have a social media presence because nobody would do that or handle that for them. They may not even have a domain name attached to their email...because they can't even pay for it...Yet they are working within the community day and night...and nobody knows their name or recognizes their impact because they are not big.

Participants from grassroots organizations also identified challenges in spreading their workload between meeting program goals and building their infrastructure (e.g., advisory board, terms of reference, bylaws) to achieve legitimacy for funding and ensure sustainability, not only for the organization but also for the organization's leadership:

> [H]aving a good advisory board or council or board of directors to help keep you grounded, so you don't feel alone in your leadership...You don't want to be a fly by night organization. We want to be sustainable. We want to be respected. We want to have impact. And so having these structures in place that help you stay on that.

Participants highlighted that without funding, they would not be able to undertake key pieces of building the capacity of their organization:

> Our strategic plan...we don't even be thinking about that stuff. We're not even anywhere near there yet we are working on our three-to-five-year strategic plan, but that's also because we got funding. So that is helpful with that funding. Now we're able to source out agencies, Black agencies that can help on this journey, which is really great to take us to that next level.

Core Funding – Overhead Costs

Grassroots and smaller organizations require core funding to cover essential organizational administrative or overhead costs. Core funding allowed the organization to maintain operating costs ensuring the longevity of programming offered in the community. One organization located in a Northern rural community reported that competitive wages and professional development opportunities were necessary for attracting and retaining staff to run programming:

> We have so many things that we are presently doing, right? So, in order to cement these things in the community, core funding is very important. And that includes providing that money to pay the person and as an extra to educate them to better do their jobs and to feel that they have a future. And for example, for small organizations, even when you are successful, and you do have core funding, and you have someone who is a coordinator or your managing director, there is still the issue of retention. Because the small organization is competing with the better paying municipal, territorial and federal government.

Funding Barriers

Although grassroots organizations provide needed programming, many struggle to "survive" due to inadequate infrastructure required to meet outside expectations, such as funding to sustain themselves. Participants described barriers they have experienced applying for funding to expand their capacity to run targeted programs for Black and racialized persons with disabilities. The barriers discussed were structural in nature and built into the application process. Restrictions regarding having a recognized charitable or non-profit status acted as deterrents for grassroots organizations that did not have access to trustees.

> So, one of the challenges we encountered was we're asking for resources...but then we have all these restrictions and, "Oh no, you have to recognized, you have to be a part of a recognized entity, recognized group."

Grant and Proposal Writing

The grant and proposal writing process presents a barrier for many grassroots organizations due to the sheer amount of labour that needs to be placed into the process, which presents a difficult feat as the organization's capacity is stretched to provide support to those multiply marginalized and underrepresented. One participant expressed challenges in completing proposals for funding due to limited staff capacity for grant writing:

> ...[It] requires a lot of time, a lot of resources, a lot of efforts, and somebody must have to leave their job to come and do this, and that person will definitely need to be compensated. So that's the problem, and that's how we've been trying to deal with it.

Additionally, given the limited staffing capacity and the unpaid labour that goes into writing proposals for grassroots organizations, concerns were raised over the equity of the grants process as, quite often, larger organizations were more likely to be able to afford dedicated staff for grant writing:

> [I]t takes 15,000, 20,000 dollars to craft a powerful proposal. How can you pay that kind of money? Where do you get it, if you're a Black-led organization or a Black-serving organization?

One participant suggested a more equitable strategy for awarding grants is to reduce the burden by looking at social impact and interviewing the leadership of organizations on the ground doing intersectional disability work:

> take a critical look on the funding strategy, and how the funds are distributed. You have to look at the social impact, measurable social impact... You may have to interview some of the leadership of this organization that you have found to be doing the work to find out what are they doing and how can they be helped.

Funder Expectations/Requirements

Participants from more established non-profits that did not have targeted programs for Black and racialized persons with disabilities indicated that funding encouraged a one size fits all model where generalized support with the assumption that every disabled person utilizing the program will have similar experiences and will gain similar outcomes. One participant reported that funder requirements might lead to service users with diverse and intersecting identities falling between the cracks:

> One of the barriers that I see our clients face is program barriers that have been put up by our funders. I have a huge issue when we have programs for people with disabilities because it basically states that anybody with a disability needs the same level or types of support, and it's just not true. So, what I'm finding for a number of our clients is depending on their needs, their level of support from a service provider is quite unique. But that's not recognized by our funder.

Funder reporting requirements also present barriers to organizations that depend on current funding to continue their work. For example, one service provider described additional barriers passed down to program participants in employment programs for the organization to continue receiving funding:

> It's even worse in that, if you are part of the program and you're successful in getting a job, in order for us to maintain our funding, you have to provide pay stubs to us to show proof that you are still working. And we have a number of people who don't want to, but what happens then is we don't get funding.

Education and Training Opportunities Around Intersectional Approach

When asked about the type of training service providers needed to work with Black and racialized persons with disabilities, study participants overwhelmingly recommended some form of Equity, Diversity, and Inclusion (EDI) and anti-oppression training, including cultural safety/humility, intersectionality, addressing anti-Black racism, and disability training. In addition, training should acknowledge nuances in race and culture to understand that, for example, Black communities are not a monolith.

> So cultural sensitivity and education within the plethora and the plurality of who we are and for them to understand that, okay, it's not that you have one person who represents all Black people living with disabilities.

> I do believe that they need anti-Black racism training, anti-oppression training, and they need humility training. So, humility is a different type of training from cultural sensitivity because cultural sensitivity deals with more knowledge about the different quirks of different cultures and races, et cetera. But humility teaches you, well, once you know this, well, how to act appropriately, right? Or how to take correction when the person does something to put you in check, basically, because you've crossed a line.

Additionally, one participant reiterated that training should be undertaken by every service provider who works with Black and racialized persons with disabilities, regardless of whether one identifies as being Black or racialized:

> They need cultural competence training. And even if the person is black and they are going to engage a group that is from a different country from where they're from, they might just need cultural competence training.

Notably, one participant suggested that training must be grounded in the "African, Caribbean and Black people in the disability justice movement in Canada":

> I mean when we start foundationally, people knowing our history within this disability justice movement, and then you start with, okay, so we know some of the history, what are some of the cultural concepts taken from an ACB perspective for the disability justice movement. And then what does it mean to be [a] disability confident workplace. But what does that mean in the context of African, Caribbean, Black peoples living with disabilities? And what are some of the toolkits that you can have at your disposal?

Some organizations have hired disability consultants to ensure their space is physically accessible. However, participants also indicated that disability training needed to go beyond Accessibility for Ontarians with Disabilities (AODA) and encourage greater accessibility in the workplace in terms of work flexibility and how productivity is understood. Significantly, this type of training was to be done by both staff and the Board of Directors:

> ...this is around places for staff to have some time if they need to. Working people who may have issues around...so they can work more productively or proactively...And my board and some staff have received Beyond AODA Disability Training.

Working with Black and Racialized Persons with Disabilities

We asked service providers about challenges they have experienced in meeting the needs of Black and racialized persons with disabilities, and a few participants discussed the lack of demographic data available to them. However, organizations stated that they relied on data to develop evidence-based advocacy around policy change:

> Some of the barriers that we experience are disaggregated data. I mean, we do research, we want to do evidence-based policy reform, and there's not good, disaggregated data around disability out there in Canada.

Another participant spoke about the challenges in seeking funding to implement targeted programs for Black and racialized persons with disabilities without having these data available:

> We have a big lack of information on I guess the demographics of our community to even allow us to pursue that kind of funding.

Additionally, data collection within programs typically gathered and reported back to funders data on participant outcomes which did not collect demographic data:

> We have some programs that all they look at is outcomes, that's it. So, I have nothing, and I don't have the budget to develop an internal collection system. So, I have nothing on the demographics on those individuals only if they've gotten jobs

Disability Stigmatization

Some participants discussed how difficult it was gathering service user data based on disability stigma where participants might opt to identify as such. Additionally, some service users might not be getting supports due to stigma around self-identifying as disabled:

> There is definitely a lot of stigma with self-identifying as well as a Black person with a disability. For example, our [program name], in order to be admitted into the program, you do have to self-identify, you don't have to specify what kind of disability you have, but there is some stigma there. So sometimes they don't want to disclose that information.

> I don't want to belabor them, but really around the episodic experiences of disability for people living with HIV, again, there's a disconnect. I think sometimes a lot of folks in our community don't necessarily self-identify as living with a disability and others do.

> Well, no. No. I think just one of the biggest things is self-identification and acceptance. So we might have people who come to talk about the issues that are happening, but they're not identifying themselves as the problem person who has an issue with mental health or whatever.

Culturally Relevant Supports

Some participants discussed organizations perpetuating racism as a barrier to service users who might avoid utilizing services to prevent harm and exclusion:

> [W]hen you refer some of these participants to go to those services that are directly for people with disabilities, they don't want to go because it's not coming from a place of cultural awareness or they're experiencing that racism or discrimination.

Participants also discussed being culturally responsive in removing barriers for service users. For example, one participant outlined the cultural differences in how disability in understood in some communities:

> We don't look at you as a sick person. Sickness means a lot of stuff to different people for an African person. There are things we don't call sickness. We regard them as a challenge that requires maybe community support, community support. That means you are not regarded as a helpless person. You are not hopeless. You are not helpless. So, this is the African cultural context that will bring them to our services.

> I also feel that there's a need as Black people when providing services to black people, specifically around mental health, I think there's a need for a different level of attention to detail because of how Black people interpret mental health. Okay. Let's say, for example, if I spoke to my white colleague about mental health, what she would describe as a breakdown is at a lower level than a black person would describe. It's as if the black person would need so many more things to happiness to them, right, in order to say, "I actually have a disability." Or, "I'm actually having a breakdown or a problem, et cetera, et cetera." You have to be cognizant of that. I also think that you have to be sensitive in understanding that sometimes the person is not accepting of their disability, right? Their view of their disability because of years of socialization might make them not realize, or actually not accept that they do have the disability. You have to be really sensitive where that's concerned.

Furthermore, participants indicated given the above barriers that it was to provide individualized holistic supports to Black and racialized persons with disabilities:

> What we've done over the years is to look at every case, look at a special case before we determine the approach, instead having a one-size-fits-all strategy, because each individual we deal with has a different or unique challenge, or unique problem. So our approach is to find how we can bring in the cultural context and use that to help this individual live and thrive in an environment that that person is familiar with.

> So the idea of just trying to shove everyone through the same process often affects the Black community negatively. Because we have our own special, personalized ways of doing things. We have our own challenges, which are orchestrated by our story. It could be historical facts. It could also be the war, the trauma, the lack of stability for so many refugee from Sub-Saharan Africa. So, you got to factor all these things in. And I see that some of these things are not even being taken to consideration."

Survey Findings

Demographic data were gathered from 26 unique participants—47% of participants who completed the survey identified as Black, and 40% identified as White. In addition, 40% of participants indicated they were a person with a disability. While most participants stated that they were working full-time, one participant shared that in addition to full-time work, they took on a part-time role while operating a grassroots organization with a targeted program for Black and racialized persons with disabilities.

A total of 21 organizations participated in the environmental scan survey, with representation from Alberta, British Columbia, Newfoundland and Labrador, Nova Scotia, and Ontario. More than half of the organizations were from the employment sector, and nearly half offered family/caregiver support. In addition, 62% of organizations who participated indicated they had non-profit status, and 38% also identified as grassroots. Notably, 48% were operating nationwide. Finally, over half the organizations identified were smaller, with the number of employees ranging from less than ten (29%) to 50 to 99 (14%). However, most responses indicated an organizational size of 20 to 49 employees (33%).

Targeted Programs for Black and Racialized Persons with Disabilities

66% of responses indicated that their organizations had targeted programs. Of those who had targeted programs, 80% indicated that the program has been in place for about one to three years. However, 40% of these targeted programs were not funded. Of those that were funded, respondents indicated they received funding through sponsorships (20%), donations (20%), or were provincially funded (30%). When asked about the rationale behind developing targeted programs, respondents outlined lived experience, needs assessment, and anecdotal evidence was indicated as factors that informed the development of the program.

Figure 1

What informed the decision in developing the program? Please select all that apply: (n=10)
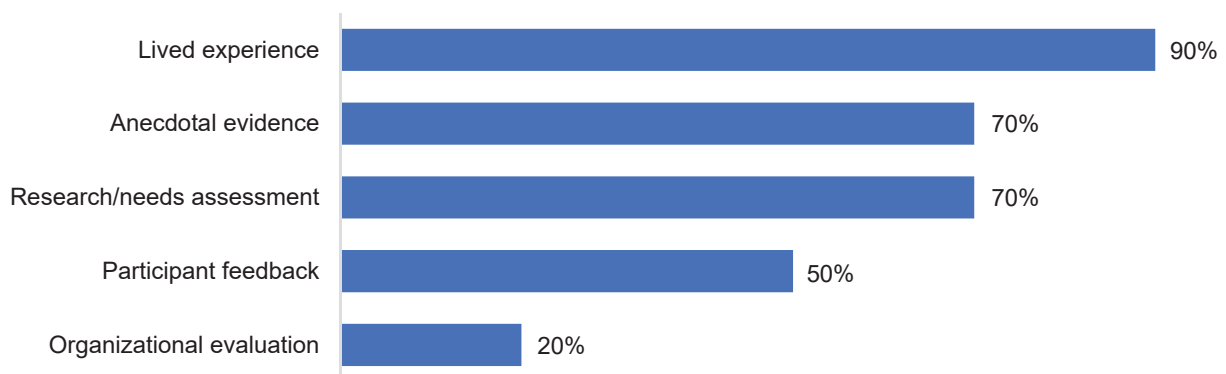
Participants were asked about the qualifications needed to lead targeted programs, and overwhelmingly respondents indicated that it was important to have lived intersectional experiences of race and disability. One respondent also outlined the importance of having "[k]nowledge of the needs of families supporting someone with a disability understanding the added layers of challenge brought on by race and ethnicity."

60% of respondents indicated that the targeted program included Black or racialized persons with disabilities in the decision-making process either in the program's design, development, facilitation, or evaluation. For example, one respondent stated, "[w]e have the lived experience of being Black and disabled, we have consulted and worked with other Black disabled people in the community and done needs assessment through exit interviews and online surveys."

Barriers & Challenges

When asked about barriers these organizations have faced in implementing and sustaining these targeted programs, respondents indicated several challenges relating to funding, organizational and staffing capacity, and access to influential spaces. Most notably, over half the participants (60%) found applying for and accessing long-term funding as a 'Significant Barrier' in addition to finding funding resources.

Figure 2

Barriers and Challenges in Implementing Programs/Initiatives focused on Black and Racialized Persons with Disabilities (n=10)
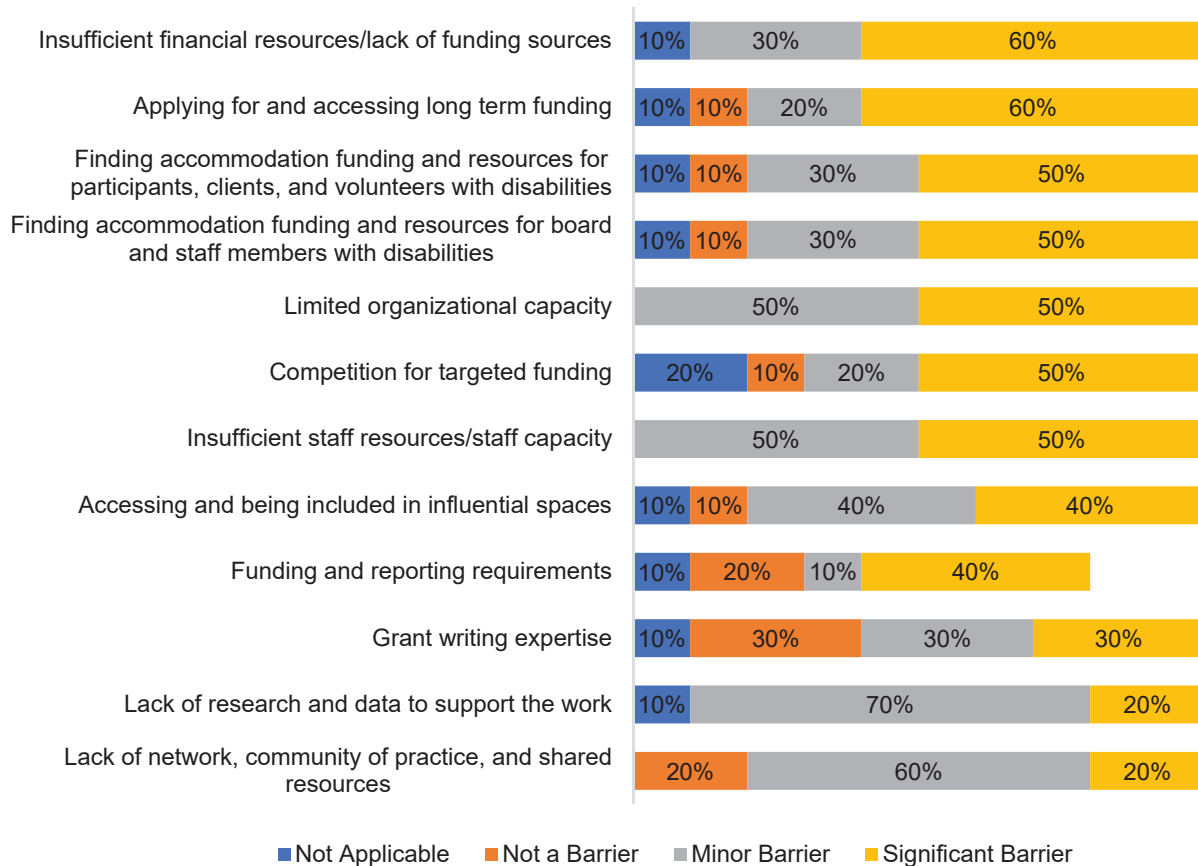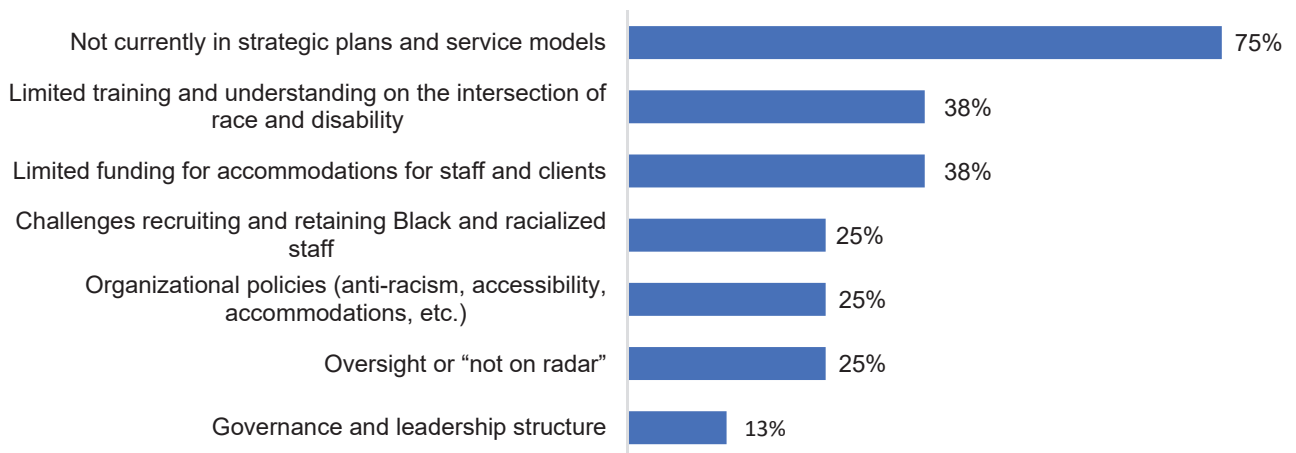

One participant highlighted the importance of long-term funding, particularly for Black-led initiatives, and outlined that without core funding opportunities, this population will be chronically underserved:

> From our practice experience, Blacks in Canada and Black-led organization will be decimated if nothing is done to provide a sustainable capacity building and funding supports to them. The impact of this inevitable demise will render the entire population of Black Canadian underserved and isolated from social services designed to support all Canadians.

For organizations without targeted programming, many respondents indicated that disability programming offered is generalized, and service providers have utilized an intersectional lens to the work. Many who responded reported that having specifically targeted programs for Black and racialized persons with disabilities were not currently included in their strategic plans or service models (75%). Other respondents also highlighted other challenges, such as limited training regarding the intersection of race and disability (38%) as well as limited funding to accommodate staff and clients with disabilities (38%).

Figure 3

What are some potential reasons as to why your organization does not currently have programs/initiatives that have a specific focus on serving Black and racialized persons with disabilities? Please select all that apply: (n=8)

Category	Percentage
Not currently in strategic plans and service models	75%
Limited training and understanding on the intersection of race and disability	38%
Limited funding for accommodations for staff and clients	38%
Challenges recruiting and retaining Black and racialized staff	25%
Organizational policies (anti-racism, accessibility, accommodations, etc.)	25%
Oversight or "not on radar"	25%
Governance and leadership structure	13%

Supporting Targeted Programs for Black and Racialized Persons with Disabilities

When respondents were asked about future opportunities for supporting programs and initiatives which focus on the social inclusion and self-determination of Black and racialized persons with disabilities, many have recommended training about the intersection of race and disability for service providers to understand the unique challenges of Black and racialized persons with disabilities:

> More training for all staff to have a stronger understanding of the intersectional needs of Black/racialized job seekers with disabilities. Better knowledge of resources and an understanding of how these needs and resources may vary across different communities across Canada.

Many responses also outlined reducing barriers to funding to support these programs. This includes making the grant applications more accessible and inclusive of persons with disabilities and reforming funding models to include channels of supporting specialized and local programs aimed at filling gaps in underserved populations:

> Funding has the been the biggest barrier. Grant applications require an incredible amount of paperwork, in general they are ableist and often times demeaning in that they require Black people to justify their need for support over and over again. This has been a major challenge for the two neurodivergent people running the initiative. The majority of our events have been funded through mutual aid/community fundraising which has greatly limited the scope of what we can offer.

> [R]ecognition from funders that their funding models do not support specialized programmes. Their expectations for results do not allow for flexibility for the complexity of people with disabilities. There is no appreciation for the journey, just the destination.

> Federal funding works on such a national level, that local initiatives and issues are lost. Organizations are forced into a funding model that does not work and much time is spent trying to advocate for the needs of our clients with the funder as they have no knowledge of local, or client need. They are too far removed, and many have no background in social service work.

Discussion

In society, quite often, disability is viewed as a 'single issue' identity despite the diversity among disabled people. The neoliberal state operates under a similar assumption that people with disabilities share a homogenous experience, thereby erasing the experiences of Black, Indigenous, and racialized persons with disabilities. Many of the disability services found through the environmental scan offered generalized supports focused on employment and skills training, awareness, advocacy and support, housing, and health and mental health, among others. In addition, a growing number of organizations across Canada had an intersectional disability approach, many of which were ethnocultural-based organizations being led by Black, Indigenous, racialized, and disabled people. Many organizations that developed and implemented programs came about because of an identified gap based on their own lived experiences. These organizations were smaller non-profits and grassroots organizations which were led by Black and racialized persons with disabilities or caregivers of disabilities. For larger or mainstream organizations, as one service provider raised, the events after the murder of George Floyd have started an open conversation among many organizations to reflect on the ant-racism work, particularly tackling anti-Black racism internally.

The Intersection of Race and Disability

While conducting this scan, the researchers have noted nuances in how race is understood across Canada. Some provinces utilize multiculturalism when discussing racial differences, particularly regarding the experiences of immigrants and refugees with disabilities. Many organizations categorize race-based identities into ethnocultural identities. Additionally, when referring to disability, some organizations acknowledged service users' avoidance of services labelled as disability services. These services generally used disability euphemisms (special needs, differently-abled, -ability) to avoid any barriers to access for users who might avoid disability services. The research team considered this when searching for organizations across Canada.

Historically, the association of race with a disability was detrimental to racialized and Black people to justify the brutality of slavery but is also presently negative (Erevelles & Minear, 2010). Canada's universal health coverage is often seen as its commitment to social equity and social justice, which can distort discussions around racial inequalities and health status as visible minorities face numerous problems that place them at greater risk for adverse health outcomes. For example, while visible minorities only account for 22% of the population, of the 6.2 million Canadians with disabilities aged 15 years and older, 14.3% are a member of a group designated as a racialized (Morris et al., 2018). Studies assessing racial disparities in access to healthcare show that Indigenous people in Canada consistently have less access to family doctors than the non-Indigenous population, even with universal health coverage (Siddiqi, et al., 2016).

Historical consequences of systemic racism and discrimination have negatively impacted and prevented certain people from fully participating in all parts of Canadian society. Black African- Caribbean Canadians (Black) of various backgrounds face systemic barriers that prevent Black individuals and families the opportunity to fully participate in all aspects of society. This experience of anti-Black racism is a systemic barrier to successful and positive outcomes for the Black community. For example, in the Greater Toronto Area (GTA), which is home to more than half of Canada's total Black population, a disproportionate number of Black individuals experience unemployment, incarceration, poor health, and violence (The Black Experience Project, 2017).

Over the last few decades, there has been growing recognition of the persistence of racial inequalities in health, such as chronic illnesses and associated health behaviours. Research has established discrimination and racial disparities as a determinant of health as racism underpins the racial differences that make it harder to prevent and manage disability (Miles, 2019; Phelan & Link, 2015; Williams & Mohammed, 2013). For example, studies from the United States have shown that compared to White people, racialized people have worse health statuses (Siddiqi, et al., 2016). This is remarkably similar in Canada, as a recent study demonstrated that Black and Indigenous people were at higher risk than white people for several risk factors related to chronic illnesses such as obesity and hypertension. In comparison, Asian populations were at lower risk (Ramraj et al., 2016).

Results from the first Canadian study looking at the associations between race, experiences of discrimination, chronic conditions, and their risk factors affirm previous findings that Black people in Canada are most likely to experience discrimination followed by Indigenous peoples. It was also found that experiencing discrimination is associated with almost double the odds of having a chronic condition (Siddiqi, et al., 2016). However, it was also noted that Asian people were not statistically different from White people, which the author highlight stipulates the need to change the "visible minority" category in Canada as discrimination is experienced differently among different racial groupings (Siddiqi, et al., 2016). This is important as it points to a need to critically position ethnicity/culture as a key factor in accessing health services and support. Another study comparing racial inequities in health between the United States and Canada concludes that the relationship between race and health is contingent on the societal context, as racial groups in these two countries differed considerably (Ramraj et al., 2016). Even within South-Asian populations in Canada, findings reveal a difference in mental health outcomes between South Asian Canadian-born versus South- Asian immigrant populations. These studies demonstrate the importance of exercising caution in understanding visible minority populations in Canada as a monolithic entity; instead, we need to view them as multiple populations with unique challenges and needs.

Research findings show that visible minorities encounter a disproportionate burden of difficulties in accessing health care services (Clarke, 2016; Harrington, et al., 2013). Even though the entire Canadian population faces challenges in health care access, this is magnified for immigrants and those with more than one chronic condition (Harrington, et al., 2013). Such a disadvantage and discrimination make these individuals especially vulnerable to the point that they face double discrimination in accessing Canadian health and social care. Immigrants have reported facing geographic, socio-cultural, and economic barriers when attempting to access health care services in their community (Asanin & Wilson, 2008). This is even direr when considering the onset of the Coronavirus 2019 (COVID-19) pandemic as rates are three times higher in areas with more racialized people, hospitalization and ICU rates are four times higher, and mortality rates are doubled (Public Health Ontario, n.d.).

Disability and Employment/Income

It is widely accepted that disabled people face significant barriers in obtaining meaningful employment with lower levels of labour force participation and higher levels of underemployment compared to Canadians without disabilities (Prince, 2014). Additionally, based on our findings, the work being done is usually undertaken by volunteers who identified as Black or racialized with disabilities, including the leadership of grassroots organizations with targeted programs. Although critical, the work is undervalued. Canadian grassroots organizations have often been excluded from accessing grants due to restrictions around charitable or non-profit status. As discussed, most of the grassroots and small non-profit organizations with targeted programs that participated in this study were led by Black and racialized persons with disabilities or caregivers. These organizations described feeling stretched in their capacity due to the lack of access to funding. Some of these organizations relied on unpaid labour of volunteers and leadership. As some participants indicated, leadership often had to provide funding out of their own pockets to keep programs running. When we think about the critical work on the ground these organizations engage in and also who is delivering these programs for Black and racialized persons with disabilities, and how stretched they are due to lack of funding, many are also from marginalized communities.

The employment rate (full-time and part-time employment) among working-age Canadians with disabilities is 59% compared to 80% for those without disabilities (Statistics Canada, 2018). The employment rate is also much lower for people with disability compared to recent immigrants (Prince, 2014; Turcotte, 2014). To further underscore the disparity and challenges that disabled people face regarding employment when their levels of education are higher compared to their peers who are not disabled, the gap is striking. While higher levels of education are generally associated with higher levels of employment, this changes when comparing people with disabilities to people without disabilities, as less-skilled Canadians without a high school degree are more likely to be employed (Prince, 2014; Morris, 2018).

Barriers to employment for people with disabilities at multiple levels, including physical, systemic, and attitudinal barriers. Physical barriers include lack of transportation, as well as lack of accessible buildings (Banks et al, 2013; Bezyak et al, 2020). Policies that systematically create limitations for an individual lack workplace accommodation. For example, a study highlighted that these barriers exist because of the fragmented way agencies that specialize in navigating employment services work. As a result, employers are left unsure of how to recruit qualified people with disabilities. Attitudinal barriers are very concerning as they can stigmatize individuals with disabilities. Findings from a study in Calgary and Regina, report the large magnitude of workplace and employer discrimination in successfully getting and retaining employment (Shier et al, 2009). Another study noted that the widespread unemployment and underemployment of individuals with disabilities is due to the discriminatory and stereotypical beliefs employers have about work-related abilities of people with disabilities (Bonaccio et al., 2020). As a result, research points to a need for specific and targeted approaches to support the employment of people with disabilities. The lack of limited employment opportunities for disabled people is a large stressor and heavily interacts with other aspects of their life.

In consultations done by the government of Canada to promote equality of opportunity and increase the inclusion and participation of Canadians with disabilities, respondents spoke to the interconnectedness of barriers, specifically the inter-relatedness between barriers to transportation, education and employment (Government of Canada, 2020). It should be noted that only about half (52%) of the participants identified as having a disability.

Within Canada, British Columbia and Newfoundland and Labrador focus on the larger strategy of social inclusion and individual development, which employment is a part of, while in comparison, Ontario and Quebec focus solely on disability strategies related to work (Dinan et al., 2021). Consequently, recommendations for policy and decision-makers focus on a need to address barriers to employment for disabled people in a more holistic manner through cross-sectoral collaboration.

Racialization of Poverty and Disability Poverty Cycle

While it is clear that poverty outcomes are dependent on many other aspects of identity like gender and class, here we focus on and highlight the relationship between race and disability in shaping poverty outcomes. However, we do acknowledge that other various identity markers mediate these outcomes. According to the 2017 Canadian Survey on Disability, disabled Canadians have lower incomes than those without disabilities and one-third of working-age adults with more severe disabilities live in poverty. Their poverty rate only increases if they live alone and have more severe disabilities (Statistics Canada, 2018). Further, among those who reported having a disability in 2014, one-in-four is in low income compared to 9% of those without disability (Wall, 2017). However, this is not a unidirectional relationship as being poor also increases the chances of having a disability, with a reduction in access to needed services. People with low income, are not employed or have limited educational qualifications experience an increased risk of disability (Disability, poverty, and development, 2002; Yeo, 2001).

Furthermore, according to the Homeless Hub, people with disabilities are already highly vulnerable to poverty, with 23% of people with disabilities living in poverty, which is even more apparent for those facing multiple discrimination (Homeless Hub, 2017). Refugees and refugee claimants have also been identified as particularly vulnerable to poverty after settling in Canada (Homeless Hub, 2017). This correlates with a finding from another study which concluded that discrimination affects the access to employment for Black Canadians, and with such barriers to employment, they would understandably experience high poverty rates (Public Health Agency of Canada, 2020).

It is therefore evident that economic inequality is compounded when race is considered as minority communities face higher rates of poverty. This brings to light the interconnected and diverse effects of structures of inequality working together to determine access to resources, affecting the quality of life. Hence it is important to recognize the dynamic relationship presented here.

Who Identifies as Disabled? – Disability Stigmatization

Throughout the process of designing and conducting the environmental scan, our definition of disability included Physical/Mobility, Episodic Disabilities (e.g., Cancer, HIV/AIDs, multiple sclerosis, Crohn's), Chronic Illnesses (e.g., Sickle cell, lupus, heart disease, diabetes, etc.), Neurodivergent or Intellectual and Developmental Disability (Downs' Syndrome, Autism, ADHD, etc.), Learning Disability (e.g., Dyslexia, Dyscalculia, etc.), Deaf, Hard of Hearing, Hearing impairment, Blind, Visual Impairment, Head Injuries, Acquired Brain Injury, Traumatic Brain Injury, Mental Illness, Psychological, Psychiatric. Our search criteria also included disability euphemisms such as "special needs," "different ability," etc. In speaking with a few organizations during our outreach strategy, many have indicated that they did not want to stop people from utilizing their services due to disability stigmatization. Many service providers providing services to disabled people take a strengths-based approach, avoid highlighting disability, and focus on "ability." Several service providers have indicated that some people with disabilities might not identify as such due to stigmatization. Even some service providers with disabilities stated that they might hide their disability, especially to avoid potential career setbacks if one was to associate disability with them.

Health-related stigma is denoted by the social exclusion of individuals who are identified with a specific health problem. Stigma would be the driver of health inequity, deterring those affected from seeking information or services for their care and well-being (Parker, 2012). Like racial discrimination, stigma can be a significant barrier to accessing care and managing illnesses and, as a result, is identified as a social determinant of health (Heijnders, 2006). A qualitative study exploring the experiences of Black Canadian mothers raising a child with Sickle Cell disease demonstrated how community stigma plays a significant role in isolating and subjugating affected families. The stigma against Sickle Cell disease "…interacts with processes of internalized racial oppression to magnify feelings of powerlessness, inferiority, and fear…" for these families (Burnes et al., 2008). Among Canadian Chinese Hepatitis B virus (HBV), stigma is associated with a decreased likelihood of screening for the infection. Research has shown that HIV stigma prevents individuals globally from accessing essential HIV services (Li et al., 2012). This is important to highlight that race, disability, and health intersect and thus affect help-seeking behaviour, thus underscoring the need for responsive programming to spread awareness and reduce stigma.

Mentorship and Leadership Development

Several service providers who participated spoke about mentorship as a necessity for Black, Indigenous, and racialized persons with disabilities in helping to navigate the workplace. The literature on mentorship has generally indicated that formal mentorship programs yielded positive outcomes for Black, Indigenous, racialized populations, and disabled populations. For example, one study that focused on employment outcomes suggested that disabled people faced improvements in employment when participating in formal mentoring with gains in job-seeking self-efficacy, career adaptability, and assertiveness in job hunting compared to those who didn't work with a mentor (O'Mally & Antonelli, 2016). In addition, enhancing and supporting racial identities has been shown in the literature as a buffer against the effects of racism and discrimination and promoting resilience to cope with discrimination and oppression (Stevenson & Arrington, 2009). For example, Black social workers who had Black supervisors were shown to have positive outcomes with more autonomy and positive interactions, formal or informal visible supports, and support and understanding from their administrators (Conner et al., 2022).

While the literature speaks to mentorship experiences among disabled, Black, and racialized people separately, very few studies looked at the intersection of disability and race. Disability mentorship in the literature tended to focus on disability employment initiatives rather than on the experiences of disabled people already in the workforce. Additional research is needed to examine mentorship initiatives for disabled employees in the workplace. Given the benefits of mentorship cited above for disabled, Black, and racialized populations, it could be inferred that mentorship opportunities for those at the intersection of race and disability would also lead to positive outcomes. However, more research is needed in this area.

Culturally Responsive Approaches

As outlined in our findings, it is becoming increasingly evident that specific and unique needs and experiences of Black and racialized disability communities must be prioritized when developing programming. In addition, social determinants of health are connected with cultural knowledge, values and practices (Kirmayer & Jarvis, 2019). Therefore, to have an effective approach to an intervention, it must acknowledge and integrate race and culture (Kirmayer & Jarvis, 2019; McGough et al., 2022). Generally, the body of research to date in this area suggests that culturally responsive approaches to disability programs are essential for ethnic minority groups and Indigenous people (Ehrlich et al., 2016; Kendall & Barnett, 2015). For example, where self-management interventions are becoming the gold standard for chronic disease management, it is less applicable and effective for ethnic minorities who experience significant barriers to employing these principles due to socially determined factors (Ehrlich et al., 2016).

Researchers comparing the prevalence of mental health outcomes for South Asian immigrant populations versus Canadian-born populations recommend that mental health programming consider these differences when tailoring mental health services to be responsive to the unique needs of South Asian populations in Canada (Islam et al., 2014). Immigrants, especially older immigrants, rely on ethnoculturally-specific social agencies that are not funded or created to have services that address any disabilities (Sadavoy et al., 2004). However, in a series of interviews with 32 participants to understand the impact of COVID-19 on the mental health and well-being of racialized working-age adults living in the Greater Toronto Area, individuals discussed a mistrust and detachment from mainstream systems where these supports are usually offered (Sanford et al., 2022).

Therefore, Black and racialized populations are forced to choose between the two: having access to the support they need or having access to culturally relevant services that don't address their disability needs. Participants consistently mentioned the lack of availability and access to culturally appropriate services for mental health support, highlighting a great need for culturally relevant services (Sanford et al., 2022). Many participants also highlighted a challenge in finding service providers who understood their cultural context and discussed the importance of addressing this gap to ensure equitable access for racialized groups. These findings are corroborated by another study where immigrants and refugees in Alberta have been reported to experience challenges in accessing and utilizing mainstream healthcare services due to distrust and lack of familiarity with the system (Salami et al., 2019). Suggestions were made to invest in collaboration between the immigrant-serving agencies and the mainstream health system (Salami et al., 2019). Further, data from a study of mental health service utilization of Ethiopians in Toronto suggests that Ethiopians were more likely to consult traditional healers than health care professionals for mental health problems stressing the importance of culturally safe approaches and environments for racialized and Black populations in Canada (Fenta et al., 2006).

Conclusion

Although further research examining the unique experiences specifically of Black and racialized community members with disabilities is needed, this report on the organizational experiences, barriers, and best practices is key to cultivating new and intersectional understandings of race and disability. With racism, anti-Black racism, and ableism deeply rooted in our society, it is imperative that we continue to center the voices of Black and racialized people with disabilities, service providers, and leaders in the not-for-profit sector and continue collectively designing innovative ways to engage these communities, dismantle systemic barriers, and foster true social inclusion across the nation.

Limitations

The majority of targeted programs spoken to were Black organizations. Despite extensive outreach efforts, we were not able to hear the voices of other diverse disability-serving organizations. We acknowledge that many of these organizations are smaller and, as the findings suggest, have limited staff capacity, which might have been a barrier to participation. At the same time, the initial goal of the project was to capture the experiences of Black and racialized persons with disabilities. The researchers acknowledge gaps in Indigenous experiences, and Indigenous-led organizations should lead further investigation to capture the nuances of ableism, colonialism and anti-Indigeneity within the disability serving sector.

Engagement Strategy and Recommendations

The ASE Community Foundation for Black Canadians with disabilities is honoured to work with community partners across all provinces and territories to elevate the voices and lived experiences of Black and racialized people with disabilities (BRpD). We embrace the Disability Justice Framework and have embedded the 10 principles throughout this project as an intentional act of resistance and collective action. This approach is essential when engaging Indigenous, Black, and racialized people with disabilities as the principal drivers of research, policy, and inclusion strategies (Berne, 2018).

Our communities and lived experiences have been on the peripheral, "not even on the radar" of the inclusion and equity movements; specifically, **not fitting into** the traditionally siloed strategies and initiatives that support entrepreneurship, employment, and capacity building; such as the significant investments to well-established disability-focused organizations to build employment and career-building opportunities and new initiatives to advance Black Entrepreneurship.

The Government of Canada, specifically Employment and Social Development Canada is engaging communities across Canada to develop a national inclusion strategy (Employment and Social Development Canada, 2021) where our communities' voices and needs are validated. The **Capacity Building Research Project: The Intersection of Race and Disability** environmental scan captured the challenges faced by organizations serving Black and Racialized people with disabilities in relation to their intersectional identities, the systemic barriers created by inequitable funding practices, and daily experiences of systemic racism, anti-Black racism, and ableism. The project reviewed extant literature, engaged critical agents of change and Black, racialized, and ethnocultural disability-focused organizations; analyzed and identified the needs, gaps, barriers, themes, opportunities, and best practices outlined in the extant literature and participant discussions. The findings from this project were used to inform the engagement strategy presented here, where we have developed key initiatives, guiding principles, and critical next steps.

All engagement strategies identified in this report build on the United Nations Declaration of the Rights of People with Disabilities "**Nothing for us, without us.**" Our work further embraces BRpD experiences by firstly respecting their self-determination, centring the "invisible" talents and lived experiences, and valuing the wealth of expertise of BRpD across the diverse communities. These engagement strategies are informed by those voices and lived realities.

Section A:
Professional and Organizational Capacity Building Strategies

Strategy 1:
Mentorship, Leadership, and Development

> *"What I need is, I need genuine mentorship. Just straight down, genuine mentorship. As a person, I'm tired of hearing, 'You should do this. You should do this,' from someone who's an able-bodied Black person. And then I'm tired of hearing, "You should do this," from a non-racialized person ... I can do that, but you're not seeing the barriers that I go through."*

There is an overwhelming and critical need for authentic, culturally relevant, and accessible mentorship and developmental initiatives, programs, and forums led by organizations serving Black/racialized and/or people with disabilities. Centring the spirit of "by us, for us", these opportunities will nurture and cultivate the ability of Black and racialized people with disabilities to advance their individual careers, as well as overall organizational capacity. There must be a flexible process where the:

1 Board of Directors, leaders, and staff gain social capital and skills on standard organizational processes

2 Program participants and volunteers access programs that prioritize professional skills development; support with navigating structural and employment barriers, and elevate their access to "good jobs" and participation as leaders in Boards and committees

3 Mentorship strategies and the following fundamental components are diligently implemented:

   a) **Professional Development Model** that promotes confidence and self-efficacy of BRpD to navigate institutional ableism; racism; anti-Black racism; gender-based violence; and many other intersectional identities of people with disabilities.

   b) **Mentorship Network and Program** that provides culturally-relevant mentors, coaches, and partnership organizations; and also invites disability allies as coaches, champions, and sponsors.

   c) **Equitable Pay and Compensation Framework** for all BRpD organizations that acknowledges disability and accessibility barriers to participation and values "hidden costs" of emotional labour.

As a result, BRpD organizations will partner to form a network that trains and supports future disability activists, leaders, educators, and staff across their communities.

> *"...start mentoring African, Caribbean, and Black community members who may be frontline providers who may be current managers so that in five years, they are in leadership positions within the disability justice movement, that they're moving to apply to boards of directors."*

Strategy 2 :
Not on the Radar: Keys to the "Club"

"Because if you talk about social impact, then the organizations that are really, really impacting the community are not big...They are not visible, that they are underground with limited support. ...Yet they are working within the community day and night...and nobody knows their name or recognizes their impact because they are not big. "

Black and Racialized people with Disabilities (BRpD) have multiple intersectional identities and do not "fit neatly" into mainstream "inclusive spaces" that are ultimately exclusionary. Being "invisible" and "excluded" from the well-established and funded "clubs" is an overarching theme expressed by the grassroots organizations interviewed. Through new and broadened networks, and other interdependent strategies, these organizations can finally begin to build "social capital" and gain access to the wealth of capacity-building expertise and knowledge hidden within these well-established and traditional networks. To inform the development of a BRpD national network, the strategy must include:

1 **An environmental audit** that identifies national and regional disability committees, networks, forums, and "tables"; creates opportunities to expand the BRpD representation; and facilitates the enhancement of professional skills, partnerships, and social capital.

2 **BRpD led national partnerships and "communities of practices"** that include Black and racialized communities. The success and impact of these communities of practice are contingent on the other engagement strategies.

3 **Financial and policy advisors** who guide BRpD-led organizations to develop these critical networks and partnerships projects.

"BRpD- organizations] bring in [other] organizations who are involved in this [work] from the grass-root level and form a community of practice. With one voice, we become an irrepressible advocacy group.'

Strategy 3 :
Pay Equity and Fair Compensation Models

> *"...So, the mentorship, the sustainability of initiatives can be challenging, and the capacity building to continue things can be challenging because there are often so few of us that we get burnt out."*

Grass-root organizations and Black and racialized participants with disabilities identified the urgent need for more responsive Pay Equity and Compensation Models. They spoke candidly about two critical themes that affect their professional and organizational capacity.

Theme One:
Systemic, institutional, and societal barriers to procuring equitable compensation and stable employment with benefits: the detrimental reliance on tokenism, volunteer and contract-only roles, and the prevalent devaluation of BRpD emotional labour

Theme Two:
Black and racialized led and focused organizations have been historically underfunded (Pereira, 2020) subjecting BRpD organizations to a more profound disadvantage across the board. This funding deficit makes them more vulnerable and reliant on passionate BRpD volunteers and precarious contract staff positions, which further perpetuates compensation inequities and "burnout". The reality of "burnout" exacerbates disability health challenges, further threatening the sustainability and growth of these community organizations, staff, and vulnerable communities.

> *"...student members of this committee are [must be] fairly compensated and provided opportunities to meaningfully engage throughout the entire planning and design process for any physical spaces, and in any plans, procedures or policies developed as part of these standards. (Recommendation 17, Establish an accessibility advisory committee)"* (Ontario Government, 2022)

An Equitable Compensation Strategy that prioritizes and recognizes pay equity for emotional labour is foundational to addressing human resource challenges, building capacity and securing meaningful careers. This is particularly important to BRpD who are also mentoring, representing, and advancing these communities.

A formal environmental scan and/or research project, as well as a bold implementation plan, must integrate the following initiatives as mandatory criteria:

1   **Traditionally funded organizations must commit to pay equity and report on employment equity.** Employment equity includes hiring BRpD into full-time, permanent positions with benefits and equitable pay, rather than into powerless "token" and "super-token" positions as is the current practice.

2   **Flexible and equitable funding criteria that prioritize the hiring of BRpD staff.** This specifically includes the elimination of monthly reporting requirements and funding restrictions that mandate paying fee-per-service business consultants for capacity-building projects; instead of expertise from within the community.

3   **Design of a pay equity framework and compensation model** that includes best practices for job evaluations; fair labour market wages; and innovative criteria that value emotional labour and lived experiences. Honorariums for BRpD volunteers, key informants, subject experts, mentors, and participants across national and regional committees, conferences, and forums must be mandatory.

> *"…[It] requires a lot of time, a lot of resources, a lot of effort, and somebody must have to leave their job to come and do this, and that person will definitely need to be compensated. So that's the problem, and that's how we've been trying to deal with it."*

Strategy 4 :
Infrastructure for Capacity Development

> *"Because if you talk about social impact, then the organizations that are really, really impacting the community are not big...They are not visible, they are underground with limited support. They may not even have a crispy-looking website because they cannot afford it...Yet they are working within the community day and night...and nobody knows their name or recognizes their impact because they are not big."*

BRpH organizational staff and leaders describe feeling stretched in trying to accomplish their mandate due to a lack of access to resources and limited support within the sector. This includes figuratively and literally working from the side of their desks and kitchen tables. According to Gouthro, these grassroots organizations are formed based on gaps and injustices to achieve social change from within communities rather than seeking leadership from an established entity (Gouthro, 2012). A national strategic approach, cultivating the knowledge, talents, and lived experiences of BRpD and other Black- and racialized-led organizations, will advance their social capital, leadership skills, and organizational capacity, thereby enhancing transformative social and economic impact. The following formal infrastructure is essential:

1 **National BRpD Steering Committee** to design, implement and evaluate strategies and initiatives

2 **BRpD Capacity Building Toolkit** that consolidates and shares BRpD organizations' lessons learned, best practices, mentorship programs, professional training, templates, and additional resources.

3 **Employment and Social Development Canada Public Virtual Platform** where all federal disability resources, funding, forums, listservs, conferences, round tables, working groups, national committees, and networks are transparent and accessible.
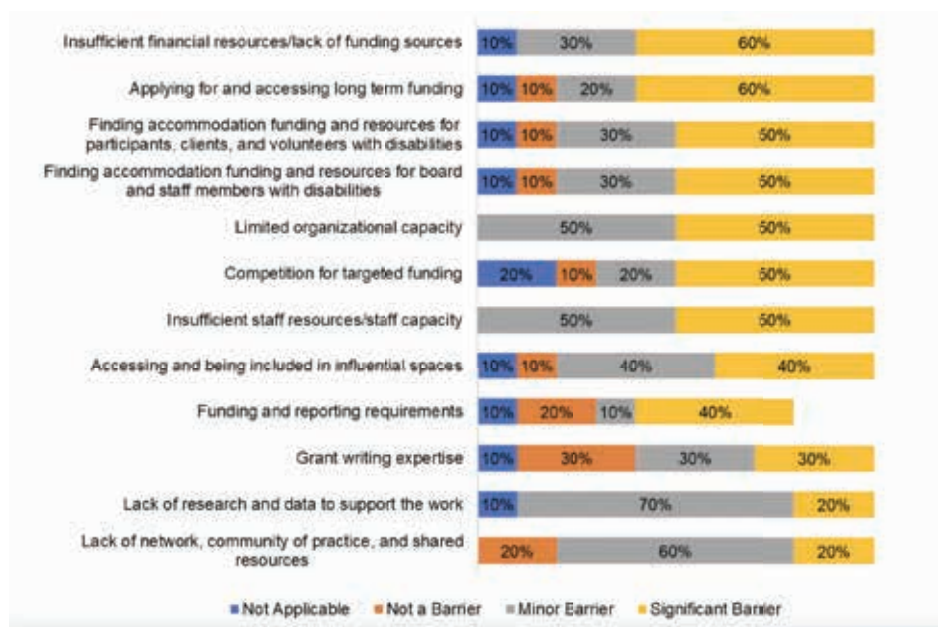
> *"We want to be sustainable. We want to be respected. We want to have an impact. And so having these structures in place that help you stay on that."*
>
> *"Black agencies can help on this journey, which is great to take us to that next level."*

Strategy 5 :
Equitable Funding: Access, Process, and Criteria

"And yet, you submit a proposal to support and enhance what you're doing, and you get a rejection. Not because you are not doing the work, not because you don't have the capacity... the infrastructure or the number of staff they need, the question is this: How do you have the infrastructure if you don't have the funding? How do you have the staff to pay if you don't have the funds? You see that? So how do you become big if you don't start small?"

Grassroot and small community organizations with these critical intersectional disability frameworks and programs are often people and caregivers with the lived experience of being a Black, Indigenous, or racialized persons with disabilities. Usually, these grassroots organizations work with limited resources and staffing capacity; many of them rely heavily on the unpaid labour of volunteers and leaders. Due to barriers within funding criteria and lack of access to resources, many organizations are left without structural funding and are unfortunately forced to resort to using personal funds from leadership and volunteers.

Without core funding (for overhead and accessibility costs), capacity-building funding (for developing organizational Infrastructure), and flexible grant structures and criteria, these organizations cannot be successful in building the capacity and sustainability of their organization.

Similar to the Supporting Black Canadians Community Initiative Fund, a bold and comprehensive funding strategy designed by and for BRpD organizations, is compulsory for dismantling the systemic ableism and racism that impedes the full participation of Black and racialized people with disabilities. Given the overarching injustices faced specifically by Black people with disabilities, it is imperative that this funding strategy delineates specific funding for Black people with disabilities, aligned with the Supporting Black Canadians Community Initiative Fund (SBCCI).

This strategy must have a holistic approach that includes two themes :

Theme One:
Targeted and restricted funding designated for BRpD-led and focused organizations

Theme Two:
New funding frameworks for all funding available for disability-, Black-, and racialized-led organizations

Theme One:
Targeted and restricted funding designated for BRpD-led and focused organizations

"If you have to go through all these hurdles, create a grassroots program that supports the most vulnerable members of the community, and you are literally financing the whole process, maybe from your pocket or from a few volunteers, and your measurable social impact is very visible and very palpable, and people are actually seeing it. [the measurable impact but do not fit into funder criterias]"

1 Core Funding - Overhead and Accessibility Costs

Grassroots and smaller organizations require core funding for operational sustainability; including administrative, accommodations, and overhead costs such as rent, information technology, and full-time core positions with benefits. This funding stabilizes BRpD organizations to then undertake capacity-building initiatives such as comprehensive strategic plans. One organization located in a Northern rural community reported that competitive wages and professional development opportunities were necessary for attracting and retaining staff to run programming.

2 Capacity Building Funding – Developing Organizational Infrastructure

With stable core operational funding, these organizations can impactfully build the capacity of their leaders, expand their organizational infrastructure, and meet their societal-changing mandates. Capacity-building resources must support the ongoing evolution of governance (eg. recruitment and development of working boards to governance boards); incorporation and internal policy development; build accountability and transparency; financial and compliance management including working with trustees and registering for charitable status.

"[H]aving a good advisory board or council or board of directors to help keep you grounded, so you don't feel alone in your leadership...You don't want to be a fly-by-night organization. We want to be sustainable. We want to be respected. We want to have an impact. And so having these structures in place that help you stay on that."

3 Adopting Flexible Grant Structures and Criteria

Grants and initiatives must be deliberately designed to remove funding barriers experienced by BRpD organizations. This includes seamless accommodation practices; alternative submission methods; accessible and bias-free language; inclusion of not-for-profits at the different stages of incorporation and charitable status registration; and less extensive labour-intensive applications requiring evidence-based data and additional supporting documentation.

These organizations, primarily led by volunteers with disabilities, require more flexible processes and longer project durations as a built-in accommodation. This aims to both address and remove identified challenges that they face, balancing their workload between personal obligations, meeting program goals, building their infrastructure, and achieving legitimacy and visibility.

Theme Two:
New funding Framework; implementation of best practices around grant criteria, supporting categories, and equity-driven initiatives

> *"…want to have diverse and intersectional identities represented. But some of that stems from funders not requiring it. Not on our part, we try hard, but I think across the board that organizations like ours don't have the mandate from the funders."*

1 Development of an intersectional **"priority funding" policy,** similar to Procurement Canada's Supplier Diversity Action Plan, to strategically outreach and prioritize BRpD's access to federal funding, increase committee representation opportunities and understand how to capitalize on new strategies such as the Federal Data and Measurement Disability strategy

2 **Bold criteria and/or funding framework that addresses systemic inequities** and fully compensates for the emotional labour and lived experiences of BRpD.

3 **New funding category and criteria to establish paid honoraria** for BRpD, which is additional to the current maximum operational budget allocated.

4 **Introduction of accommodation grants and a simplified application process to support:**

  a) BRpD's individual accessibility needs while working and volunteering within these grassroots organizations, networks, and committees

  b) Participants engaged in other funding projects, contracts, and subsidized employment programs

5 **Paid Placements or a Subsidy Program that prioritizes BRpD and grassroots organizations' funding applications.**

6 **Program reporting criteria, accountability, and outcomes which include demographic data on staff and participants**

One of the barriers that I see our clients face is program barriers that have been put up by our funders. I have a huge issue when we have programs for people with disabilities because it basically states that anybody with a disability needs the same level or types of support, and it's just not true.

Section B:
National Strategies and Initiatives

Strategy 6 :
Public Education and Awareness Campaigns

"I mean when we start foundationally, people knowing our history within this disability justice movement, and then you start with, okay, so we know some of the history, what are some of the cultural concepts taken from an [African, Caribbean, and Black] ACB perspective for the disability justice movement. And then what does it mean to be [a] disability-confident workplace. But what does that mean in the context of African, Caribbean, Black peoples living with disabilities? And what are some of the toolkits that you can have at your disposal?"

There has never been a better time to launch a nationwide Education and Awareness campaign on the intersectionality of race and disability. The momentum created by international movements including the United Nations' "Nothing about us, without us" disability framework, the Black Lives Matter movement, and Canada's visionary Federal Accessibility Act has laid the groundwork for a similar campaign related to BRpD in Canada.

Critically shifting cultural attitudes, behaviours, and practices that perpetuate ableism, racism, and anti-Black racism must align with well-resourced capacity-building strategies to advance the social inclusion and full participation of Black and racialized people with disabilities in society.

Using a "For us, by us" approach, Black and racialized people with disabilities will be at the forefront of changing the narrative through a campaign that includes an:

1 **Outreach and Awareness Campaign** that educates the public, increases accessibility literacy and addresses disability stigma within cultural and racialized communities. This campaign can be done through various activities and events including social media education campaigns, forums, conferences, and town halls. These initiatives will require community and business partnerships across remote, rural, urban, and virtual communities throughout Canada

2 **Disability Justice Education Program** that offers organizational training on accessibility, racism, anti-Black racism, cultural safety, cultural sensitivity, intersectionality, and the experiences of people with these identities. This program would prioritize developing this intersectional approach within cultural-, racialized-, and disability-focused and -led organizations. Public advisors, grant reviewers and committee members, policy advisors and staff, and senior advisors, managers, and decision-makers will all be encouraged to actively participate in this program.

"So cultural sensitivity and education within the plethora and the plurality of who we are and for them to understand that, okay, it's not that you have one person who represents all Black people living with disabilities.

"I do believe that they need anti-Black racism training, anti-oppression training, and they need humility training. So, humility is a different type of training from cultural sensitivity because control sensitivity deals with more knowledge about the different quirks of different cultures and races, et cetera. But humility teaches you, well, once you know this, well, how to act appropriately, right? Or how to take correction when the person does something to put you in check, basically, because you've crossed a line."

Strategy 7 :
Research, Strategy, Policy, and Guiding Principles

Through a critical research analysis and narrative methodology, this project has amplified the gaps in research and failure to acknowledge the intersectional experiences and needs of Black and racialized people with disabilities. The current disability literature, principles, and programs, informed by the "disability rights" framework, negate the self-determination, voices, and research expertise of BRpD. The UN's "Nothing about us, without us" approach aligns with key principles of disability justice, centering BRpD in the movement for full participation and social inclusion in Canada.

Research strategies must engage BRpD as the lead researchers and paid informants through Community Based Research and Peer Research models that move away from the 'extractive' model of social research. This approach empowers people to effect positive change by participating in research on their own communities and using their lived experience and contextual understanding of a social or geographical community to help generate information about their peers for research purposes (Institute for Community Studies. (n.d.)).

This project identified the unique experiences of colonialism and historical trauma of Black people and the need for separate research projects and initiatives tailored to Black people with disabilities.

To further mobilize these engagement strategies and inform targeted initiatives, and realize the full potential of BRpD, the following critical research must be conducted:

1 A comprehensive environmental audit and research project examining the lived experiences and knowledge of 1) Black people with disabilities, including immigrants and refugees and; 2) Racialized and Ethnocultural minorities with disabilities, including immigrants and refugees. Areas of research must critically explore the gaps and challenges under the following themes:

    a)   Underemployment of college and university graduates

    b)   Unemployment and barriers

    c)   Entrepreneurship and small business ownership

    d)   Accessibility literacy, accommodations, and disability resources

2 A study exploring how different racial, cultural, and faith-based communities access disability resources, financial resources, and government and community programs. This includes looking at how the community understands and "accepts" the western definition of disability and accommodations.

3 A participatory study identifying and consolidating culturally relevant and safe mentorship, coaching, and leadership development strategies. This includes attention to approaches that embrace self-determination and foster confidence in BRpD talents and abilities, particularly within education institutions, work environments, boards of directors, national networks and partnership coalitions, and social communities.

4 An extensive literature review and community consultations around pay equity and compensation initiatives for emotional labour and lived experiences.

5 A partnership-based research project exploring the intersectional effects of gender-based violence, ableism, and racism, from a cultural- and trauma-informed lens

6 An environmental scan of previously funded disability program audits, reports, and research examining the effectiveness of programs from the perspective of Black and racialized people with disabilities.

Black-Focused Research Strategies

1 Community-based research project analyzing how different communities within the Black community identify with various disabilities, obtain accessibility literacy and understand stigmas related to disability.

2 Mixed-methods study on the experiences of Black students and youth with disabilities navigating anti-Black racism and ableism in school

3 Environmental scan of culturally relevant and safe methodologies of engaging with Black persons with disabilities, including the role of elders and traditional healers in disability-focused work

4 Research project that builds off of extensive community-based research projects that also highlights the voices of Black people with disabilities in relation to COVID-19, such as the Black Health Matters COVID-19 Project (Timothy, 2020)

Final Thoughts and Acknowledgments

We acknowledge that Turtle Island is the traditional territory and home of many nations and is home to many diverse First Nations, Inuit, and Métis people. The ASE Community is located in Toronto and Ajax, covered by Treaty 13 with the Mississauga of the Credit as well as the traditional territory of the Anishinaabe Mississauga, adjacent to The Mississauga of Scugog Island First Nation and in the territory covered by the Williams Treaty.

We also acknowledge all Treaty peoples – including all settlers, migrants, and those of us who came here involuntarily, particularly as a result of the Trans-Atlantic Slave Trade. We also pay tribute to our ancestors of African origin and descent. This personal land acknowledgement is a small act of reconciliation, honouring the land and Indigenous heritage, which dates back over 10,000 years.

Through the leadership and guidance of Employment and Social Development Canada, Social Development Partnerships Program - Disability team, Black and racialized persons with disabilities finally have a platform for influencing change and directing their full participation in Canadian society.

The Capacity Building Research Project: The Intersection of Race and Disability was the beginning of a critical shift in the narrative within disability research, organizations, and communities. Through a literature review, surveys, focus groups, and one-on-one interviews, we not only captured the needs of community organizations serving and supporting Black and racialized persons with disabilities, but we have collectively "opened up Pandora's box" making our communities visible and elevating the wisdom embodied in our lived experiences.

We are incredibly grateful for all the organizations, staff, leaders, and volunteers who enthusiastically became central to our journey, unapologetically identifying these gaps and informing these engagement strategies. Through the voices of Black and racialized people with disabilities, we have identified a starting point, built partnerships, and launched a call to action.

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Note on Terminology

Ableism: Ableism is discrimination and social prejudice against people with disabilities and/or people who are perceived to be disabled. Ableism characterizes people as defined by their disabilities and inferior to the non-disabled. (Linton, 1998)

Anti-Black Racism: Anti-Black racism is prejudice, attitudes, beliefs, stereotyping and discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement and its legacy. Anti-Black racism is deeply entrenched in Canadian institutions, policies and practices, to the extent that anti-Black racism is either functionally normalized or rendered invisible to the larger White society. Anti-Black racism is manifest in the current social, economic, and political marginalization of African Canadians, which includes unequal opportunities, lower socio-economic status, higher unemployment, significant poverty rates and overrepresentation in the criminal justice system. (Government of Ontario, 2017)

Anti-racism: The policy or practice of opposing racism and promoting racial tolerance, equity, and acceptance.

Capacity building: The process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world. (United Nations,

Champion: To support, defend, or advocate for a person, belief, right, or principle enthusiastically, specifically brings them to "tables", introduces them to their networks, and is the "cheerleader". (Cambridge Dictionary, n.d.)

Coaching: Professional development coaching is a series of guided conversations that enable the "coachee" to discover and implement professional and personal solutions and goals to move towards the coachee's goals. Coaching takes heed of the coachee's strengths, weaknesses, future goals, and opportunities for improvement. (UHR, 2019)

Culturally relevant vs culturally appropriate:

> **Definition #1:** "Culturally relevant" refers to the act of intentionally developing services, resources, and programs that address and respond in real-time to the multifaceted and dynamic cultural identities of participants; addressing social hierarchies, inequities, and differing access needs. This compares to "Culturally Appropriate", which is a term that assumes static "dos and donts" of developing initiatives for people of certain cultures and doesn't address the variety of experiences within one culture due to the intersection with other cultural identities such as race, location, gender, social class, etc.

> **Definition #2:** "Culturally relevant" refers to the act of intentionally developing services, resources, and programs that address and respond in real-time to the multifaceted and dynamic cultural identities of participants; addressing social hierarchies, inequities, and differing access needs. This compares to "Culturally Appropriate" which is the act of a majority group (or member of a majority group) adopting cultural elements (eg. customs, visual markers, practices, ideas) of a marginalized cultural group in an exploitative, disrespectful, and/or stereotypical way.

Disability: Any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society. This definition is based on the social model of disability. (Accessible Canada Act, 2018)

Emotional Labour (colloquial definition): Emotional labour colloquially refers to the emotional work expected of marginalized individuals to explain, reference, and present their ongoing marginalization, trauma, and lived experiences. Emotional labour is also often labour accompanied by inadequate or complete lack of financial compensation.

Intersectionality: Intersectionality is an analytical framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege. Intersectionality identifies multiple factors of advantage and disadvantage. Intersectionality understands that people's identities and social positions are uniquely shaped by several factors at the same time, creating unique experiences and perspectives (for example, race, age, gender, sexuality, income, education; citizenship status; living in a rural/remote vs. urban community). (Runyan, 2018)

Mutual Mentorship: Mutual mentorship is when someone offers offer advice and support to another and vice versa through formal or informal discussions on building skill sets and developing qualities and confidence for career advancement

Racism: Racism is a belief that one group is superior to others performed through any individual action, or institutional practice which treats people differently because of their socially constructed race. This distinction is often used to justify discrimination. There are three types of racism: Institutional, Systemic, and Individual. (Canadian Race Relations Foundation, 2019)

Social Capital: A set of resources available to individuals and communities as a result of social networks. (Turcotte, 2015)

Professional Sponsorship: A relationship between a protégé and a person who has authority or influence they can use to help them in their career development or advancement. Sponsors actively advocate for one's success and ensures that sponsees" are "on the radar"; that critical decision-makers are aware of their presence. This can include providing and/or putting forth a sponsees' name for new opportunities, nominating them for boards or projects, and advocating for your advancement within a space to senior leaders or decision-makers. (BetterUp, n.d.), (Together Platform, n.d.)

Appendix A

Table 2

List of Organizations with Targeted Programs for Black and Racialized Persons with Disabilities

Organization Name	Black/Racialized-Led	Province
Access Alliance	Racialized-led	Ontario
Across Boundaries	Black-led	Manitoba
Affiliation of Multicultural Societies and Service Agencies of BC	Other	Ontario
Access Alliance	Racialized-led	Ontario
African and Caribbean Council on HIV/AIDS in Ontario	Black-led	Ontario
African Caribbean & Blackness Resource Center		Ontario
Africans in Partnership Against Aids	Black-Led	Ontario
Afro Canadian Positive Network of BC	Black-Led	Alberta
AIDS Committee of Durham Region		Ontario
Akoma Family Centre/Holdings		Nationwide
Alberta Network of Immigrant Women (ANIW)	Black-Led	Alberta
Alliance for South Asian AIDS Prevention	Racialized-led	Ontario
Archway Community Services	Other	Alberta
ATI Foundation - Uplifting Canadian Tamils with Disabilities	Racialized-Led	Nationwide
Autism Ontario	Other	Ontario
Bilal Community and Family Centre (BCFC)	Black-led	Alberta
Black Coalition for Aids Prevention	Black-Led	Ontario
Black Creek Community Health Centre	Black-Led	Nationwide
Black Health Alliance	Black-Led	Nova Scotia
Black Health Matters (BHM)	Black-Led	Ontario
Black Youth Helpline Black History Society of Nunavut	Racialized-Led	Ontario Nunavut
British Columbia Aboriginal Network on Disability Society	Indigenous-led	British Columbia
Calgary Immigrant Womens Association (CIWA)	Racialized-Led	Alberta
Canadian Association of Muslims with Disabilities	Racialized-Led	Ontario
Canadian Multicultural Disability Centre	Black-Led	British Columbia

Organization Name	Black/Racialized-Led	Province
Canadian Multicultural Disability Centre	Black-Led	British Columbia
Canadian National Institute for the Blind	Other	Ontario
Caribbean African Canadian Social Services (CAFCAN)	Black-Led	Ontario
Centre for Addiction and Mental Health (CAMH)	Other	British Columbia
Community Family Life Services	Racialized-Led	Ontario
Community Health Workers Network of Canada		Ontario
DEEN Support Services	Racialized-Led	Ontario
Disability Justice Network of Ontario	Black-Led	Ontario
Disability Without Poverty	Racialized-Led	Ontario
Ethno Racial People with Disabilities Coalition of Ontario (ERDCO)	Racialized-Led	Ontario
Fabiola's Addiction and Mental Health Awareness & Support Foundation (FAMHAS)	Black-Led	Ontario
FCJ Refugee Centre	Racialized-Led	Ontario
Harriet Tubman Community Organization	Black-Led	Ontario
Hashtag With Love	Other	Ontario
Health Association of African Canadians (HAAC)	Black-Led	Manitoba
Hong Fook	Racialized-led	Ontario
Kingdom Acts Foundation	Black-led	Ontario
Kujenga Wellness Project/ Ifarada Institute	Black-Led	Ontario
Learning Disabilities Association of Toronto District	Other	Ontario
M.O.S.A.I.C. (Multilingual Orientation Service Association for Immigrant Communities)	Other	Ontario
Madison Community Services	Other	Ontario
Malvern Family Resource Centre	Other	Ontario
Manitoba Possible	Other	Alberta
Mon Sheong	Racialized-led	Ontario
Moyo Health & Community Services	Racialized-Led	Ontario
Multicultural Health Brokers Co-op	Other	Ontario

Organization Name	Black/Racialized-Led	Province
Nunavummi Disabilities Makinnasuaqtiit Society	Indigenous-led	Nunavut
Ontario Council of Agencies Serving Immigrants (OCASI)	Black-Led	Ontario
Parkdale Queen West Community Health Center	Black-Led	Ontario
Praxis Spinal Cord Institute		British Columbia
Prosthetics for Foreign Donations	Black-Led	Ontario
Punjabi Community Health Services	Racialized-Led	Ontario
Realize	Black-Led	Ontario
Regent Park Community Health Center	Black-Led	Ontario
Sawubona Africentric Circle of Support	Black-Led	Ontario
Scadding Court Community Center	Black-Led	Ontario
Scarborough Women's Centre	Other	Nova Scotia
Sickle Cell Association of Ontario	Black-Led	Ontario
SMILE Canada	Racialized-Led	Ontario
Sojourn House	Other	Ontario
Somali Canadian Society of Calgary (SCSC)	Black-Led	Alberta
Somali Immigrant Aid Organization	Other	Nova Scotia
Somerset West Community Health Centre	Racialized-led	Ontario
South Asian Autism Awareness Centre	Black-Led	Manitoba
Strides Toronto	Other	Nationwide
Taibu Community Health Centre	Black-Led	Ontario
Teegatha ' Oh Zheh	Indigenous-led	Yukon
The Center for Wellness and Prevention for African Canadians of Alberta (CBEP)	Black-Led	Ontario
The Olive Branch of Hope	Black-Led	Ontario
Tropicana Community Services	Black-Led	Ontario
Umbrella Multicultural Health Co-Op	Racialized-Led	British Columbia
Vancouver & Lower Mainland Multicultural Family Support Services Society (VLMFSS)		British Columbia

Organization Name	Black/Racialized-Led	Province
Vasantham Tamil Wellness Center	Racialized-Led	Ontario
Walnut Foundation	Black-Led	Ontario
Women's Health in Women's Hands Community Health Centre	Black-led	Winnipeg
WoodGreen	Other	Manitoba
Yee Hong	Racialized-led	Ontario
Youth Alliance for Intersectional Justice	Black-led	British Columbia

Appendix B

Table 3

List of Organizations with Targeted Programs for Black and Racialized Persons with Disabilities who Participated in Survey and Focus Groups. Note: Some organizations chose to not identify their organizations during the survey or focus groups. organizations and participants who attended the one-on-one interviews and provided input through other individual methods were also not included in the lists to protect the confidentiality and promote safety.

Organization Name	Province
Africa Centre	Alberta
Praxis Spinal Cord Institute	British Columbia
CNIB	Nationwide
Realize Canada	Nationwide
Sawubona Africentric Circle of Support	Ontario
Hashtag with Love	Ontario
Kingdom Acts Foundation	Ontario