Needs of Muslims with DisAbilities

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RESEARCH TEAM

ATIF AL MANNAN | MOSHERA ZAKARIA
HUMAIRA JALEEL | ASMA MUKHTAR AHMAD

Healthy Muslim Families
Winnipeg, Manitoba

healthymuslimfamilies.ca
info@healthymuslimfamilies.ca

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EXECUTIVE SUMMARY

Introduction:

Data on Muslims with disAbilities is extremely limited. Healthy Muslim Families engaged in a research project to identify and document the challenges and barriers that Muslims with disAbilities face in the community, as well as to bring forward recommendations by community members to enhance services for Muslims with disAbilities.

Methodology:

The research involved a mixed method approach. A quantitative survey was prepared based on literature review and circulated in the community through social media channels and the HMF website. A focus group was called on and qualitative data was collected from community members. The results of the survey were interpreted. Qualitative data was analyzed, coded and summarized into themes. Recommendations from the focus group and consultations with Muslim practitioners are published later in this report. The use of both the methods provided a more complete picture of the current state of Muslims with disAbilities, the gaps in existing services and the additional needs that remain unfulfilled.

Results:

Muslims with disAbilities in Manitoba feel isolated and experience stigma in the local community. Families and caregivers do not feel supported enough by the local community. The Muslim community leadership is not adequately addressing the needs of Muslims with disAbilities within the community. There is a definite need for creating awareness on topics related to disAbility and creating accessibility options at community locations. This research presents forward the recommendations received from the community to fulfill the needs and gaps in services identified to the community members and leaders alike.

Prologue

Allah has created us all equal albeit in different forms and sometimes with different conditions. Most of us will experience a disAbility at some point in our lives due to a temporary illness or simply as we become older. We are all Allah's creations, and as such, we have the right to live and participate with dignity as members of a global community. We share a social responsibility to treat those with additional needs and diverse abilities with respect as members of the Muslim Ummah as taught and exemplified by our beloved prophet (pbuh). In Islam, disAbility is viewed as a test posed by Allah, especially for the family members of those with disAbilities. The ones who pass this test in this world are promised greater rewards in the Hereafter. It is our endeavor to conduct this research realizing our social responsibility as an organization serving Muslims to identify the needs and gaps in services for those with disAbilities and present it to our leaders and community members.

Acknowledgment

Healthy Muslim Families and the research team sincerely thank all the participants and persons with disAbilities and their caregivers. We would like to express our gratitude to all of the contributors of this project for sharing their experiences candidly and in good faith.

Background

To take on more initiatives and to cover the gaps in services for the ever-expanding Muslim population in Manitoba, Healthy Muslim Families decided to undertake this research in 2021 with:

Mission: To strengthen and empower families through education, workshops, services, and support, in line with Islamic values **and**
Vision: Strong families, a foundation for a strong community.

Aims of the research:

Islam believes in a society where we all have a high degree of social responsibility towards each other. HMF aims through this research:

- To understand the specific issues related faced by individuals with disAbilities and their families and caregivers in the local context.
- Information regarding services that are relevant to Muslims with disAbilities is researched and disseminated to leaders and service providers in the community and other stakeholders.
- Look into the development of alternative respite and independent living options that fit the criteria of faith and culture if that is assessed as a need.
- Explore the possible opportunities available for individuals with disAbilities and their families that are unutilized or underutilized.

Introduction

Healthy Muslim Families is a registered non-profit organization focusing on programs that fill gaps in services for the ever-expanding Muslim community in Manitoba. HMF conducted the "The Needs of Muslims with Disabilities in Manitoba " research in Oct-Dec 2021.

Muslims with disabilities, their families, clinicians, and allied professionals participated in a broad discussion to describe the challenges and limitations they experienced within the Muslim community, including Mosques/Islamic Centers, Muslim activities, and service providers.
This research highlights emergent patterns as well as general recommendations by the community, to help Muslims with disAbilities, their families, and caregivers overcome challenges. HMF anticipates that this study will help develop a framework for a community plan to provide better services for individuals with disAbilities in Manitoba.

Methodology

A consultation process was devised and implemented with the HMF Executive director and the Programs director with the research interns to assist in the design of these research tools. The method that was used was as follows:

- A background study was carried out: this included literature reviews from existing data about Muslims with disAbilities.
- Tools for outreach and research were developed. A quantitative questionnaire was developed based on the data from a literature review of studies involving Muslims with disAbilities. The questionnaire created with Google forms was distributed through online platforms (Website, WhatsApp groups, Facebook group, etc.). It included the definition of disability and who was the questionnaire designed for and how to answer. The questionnaire was completely anonymous.
- Second part of the research included a focus group with community members with disAbilities and their caregivers and interviews with practitioners (clinicians, social workers, therapists) from the community serving these people. An outreach brochure was distributed in the community. Consents of participation and confidentiality agreements were completed and collected before the focus group and interviews. Interviews were conducted through telephone or in a written format where they were required to answer a few questions depending on the availability of the practitioner. Care was taken to ensure that identity of the participants in the focus groups was not revealed to anyone outside the research group and participants at any stage.
- The information was gathered and analyzed from both sources. The qualitative data was coded and analyzed for themes.
- The results of the survey and focus group themes, suggestions from the community, and the practitioners are published in this report.

Overall Findings:

The findings of this research are divided into 6 sections. Sections cover the responses received from questionnaires, interviews, and focus groups conducted during Fall 2021 and analysis, recommendations and conclusion.

1. QUESTIONNAIRE:

The questionnaire yielded the following data:

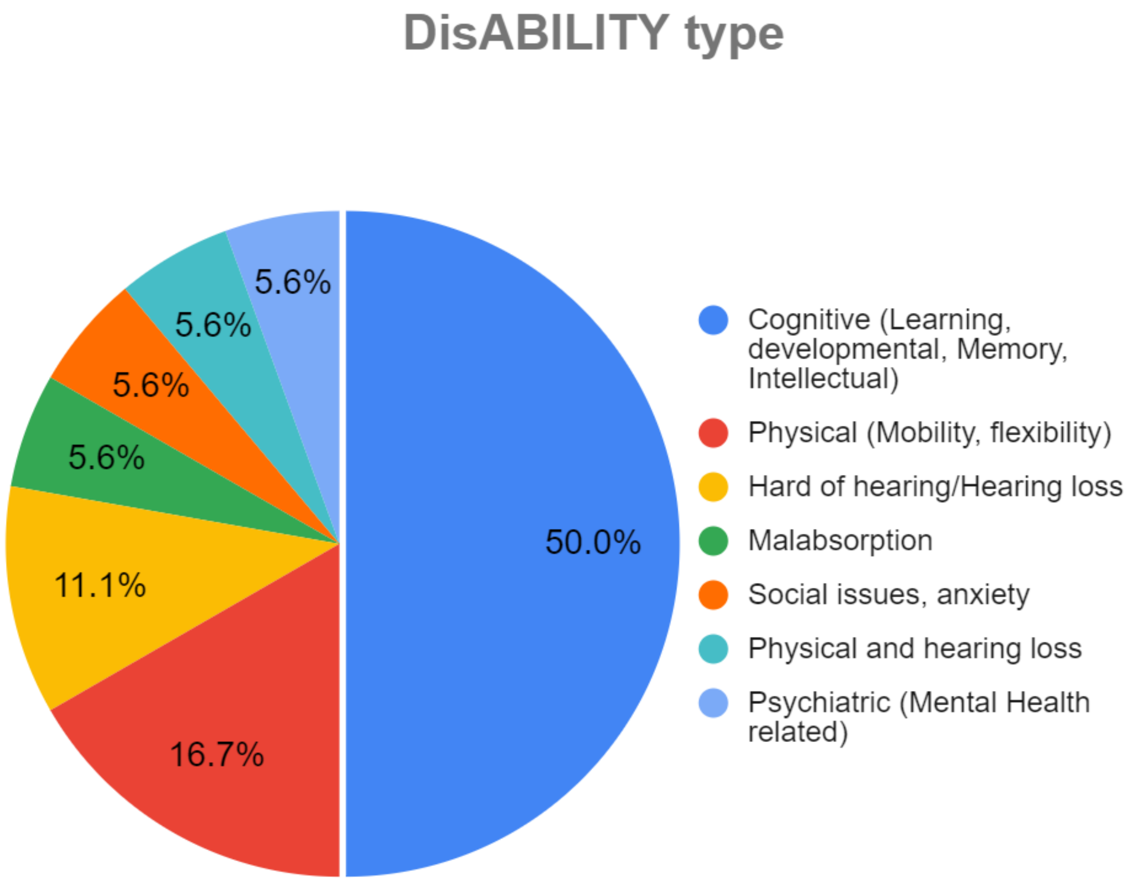
Identity of participants:

44.4% of the participants were those with disAbilities and 49% were family members and caregivers in the community and only 6% were someone who knew or worked with a person with disAbility. Almost 80% of the persons with disAbilities received help and assistance from their family members in activities of daily living. This highlights the importance of a supportive family for these individuals.

More than half (54%) of the caregivers felt that their mental wellbeing was impacted significantly because of caring for a person with disAbility and that they felt burnt out. Almost 30% felt less affected but affected nonetheless and only 16% felt that their well-being was not affected by caring for the person with disAbility at all. This explains the need for programming for self-care for caregivers and family members

DisAbility types and impacts

When asked about the types of disAbilities and their impacts, all the participants opted for descriptions of their conditions and the obstacles they experience. Please see the pie chart below.



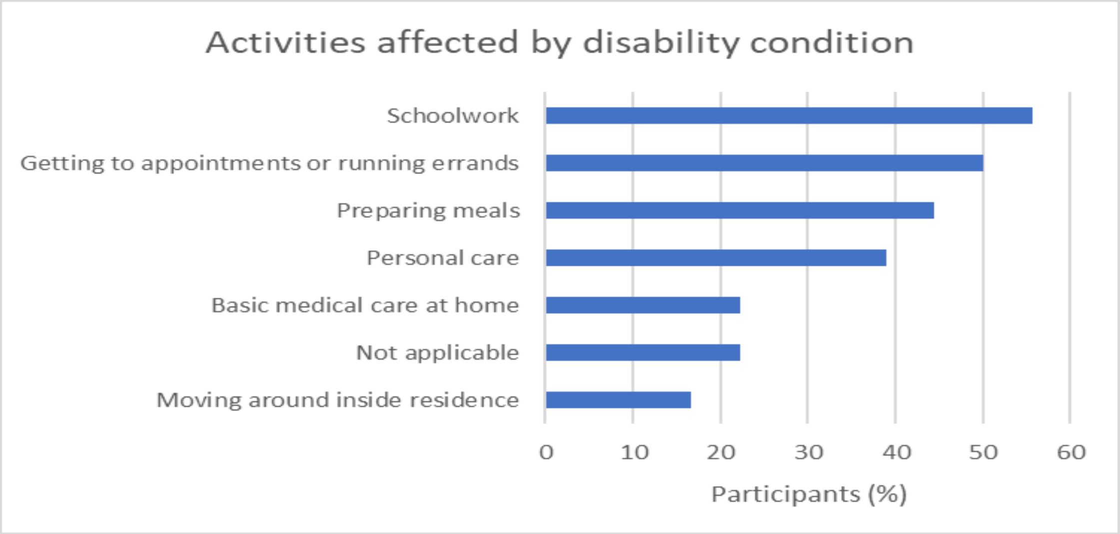
According to the disAbility types listed above, people had difficulty in:

- Moving around/going to work/climbing stairs,
- Activities of Daily Living (eating, bathing, toilet, dressing)
- Remember things
- Understand what people say
- Finding the way to express what they need
- Feeling comfortable with people
- Hear someone calling them
- See someone in front of you
- Executive functioning and decision making

Almost half of our participants had cognitive and intellectual impairments. This was followed by physical impairments (16%) and hearing impairments (11%), the rest varied across the spectrum of disabilities as shown in the figure above.

When asked if they got assistance with the following tasks, participants' replies varied depending on the type and extent of the disAbility, as shown below in the table as well as the Clustered Bar:

Activities	Participants (%)
Schoolwork	55.6
Getting to appointments or running errands	50
Preparing meals	44.4
Personal care	38.9
Basic medical care at home	22.2
Not applicable	22.2
Moving around inside residence	16.7



Majority of the participants being caregivers of persons with cognitive impairments experienced difficulties completing schoolwork. This can be understood better in relation to the pandemic and the frequent lockdowns. The next most burdensome activity for the participants was getting to appointments, preparing meals, and self-care in that order. This can be explained again by the fact that the majority of the participants having cognitive and neurological impairments

When questioned about the services they found beneficial, participants had a wide range of responses, with the highest percentage saying they considered "Speech Therapy" services to be the most beneficial, as shown in the table below:

Services found useful	**Participants (%)**
Medical services (Hospital/walk-in clinic/ Family doctor)	38.9
Speech therapy	55.6
Counseling services from a psychologist, psychiatrist, psychotherapist, or social worker	38.9
Support group services, drop-in center, or telephone information	27.8
Occupational therapist	44.4
Not applicable	16.7
Other:	5.6

Speech therapy and occupational therapy are received by majority of the children with cognitive impairment and neurological differences. The correlation can be appreciated in this regard. Over one-third of the participants also found counselling useful.

Community engagement

Participants opted for the following difficulties when attending workshops or events:

Issues faced that prevented engagement in community workshops and courses	Respondents (%)
Might have been interested but I was not sure about going	44%
Didn't know of any events taking place.	39%
Workshops/courses were not adapted to the needs of their condition	33%
Nothing prevented them from being engaged in the community workshops/courses	22%
Their condition	17%
Did not attend due to fear of COVID-19	17%
Accessibility to the venue. e.g; Inadequate transportation, “too far from where I live",	17%
I am not interested in taking part in any activities.,	6%
Accessibility within the venue "e.g; stairs, automatic doors",	6%
Do not have access to the Internet or technology.	6%

The answers in this section might have been affected due to the pandemic situation that existed for 18 months at the time of the study. The majority of the participants were not sure of going to any events due to the frequent lockdowns and restrictions and more than one-third were not aware of any events happening.

Social Networks

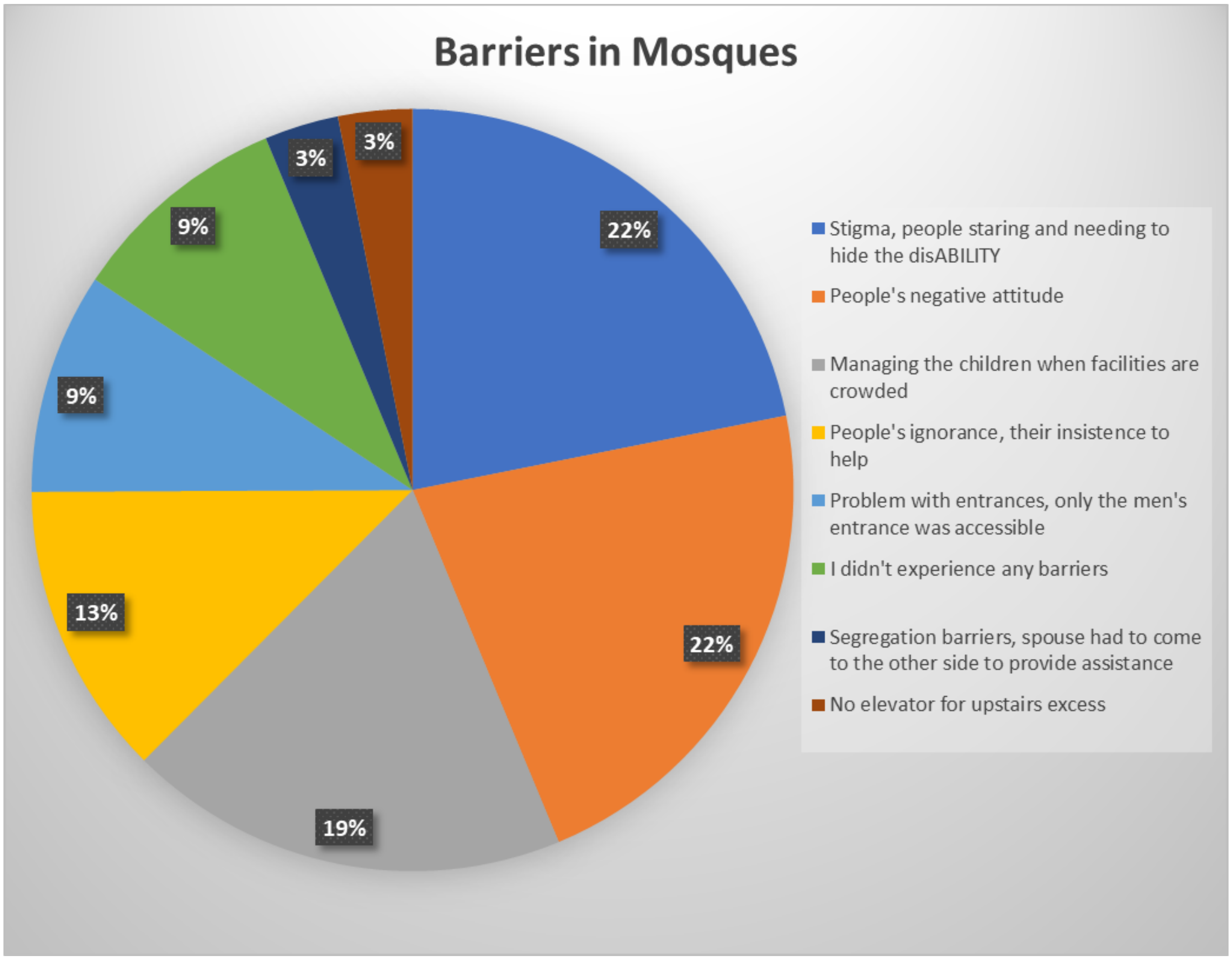
When asked, participants had different answers, but the largest percentage, about one third of the total participants, agreed that they have few friends and yet many opportunities to socialize. While the lowest percentage was 5.6% who have a vast network of contacts and numerous opportunities to socialize. The other participants ranged in their answers in between these two extremes. Please see the table below

Opportunities of networking	Respondents (%)
I have a small network of friends and have plenty of opportunities to socialize	33.3%
I have a large network of connections and have plenty of opportunities to socialize	27.8%
I would like more opportunities to socialize with other people with disabilities	16.7%
I have a large network of friends but would like more opportunities to socialize	11.1%
I have a large network of connections and have plenty of opportunities to socialize	5.6%
I have a small network of friends but would like more opportunities to socialize	5.6%

This shows that majority of caregivers and individuals with disAbilities have found small group of support circles within the local community but there is still a perceived need for more engagement as seen from the recommendations that emerged from the focus group. (See the Focus group section.)

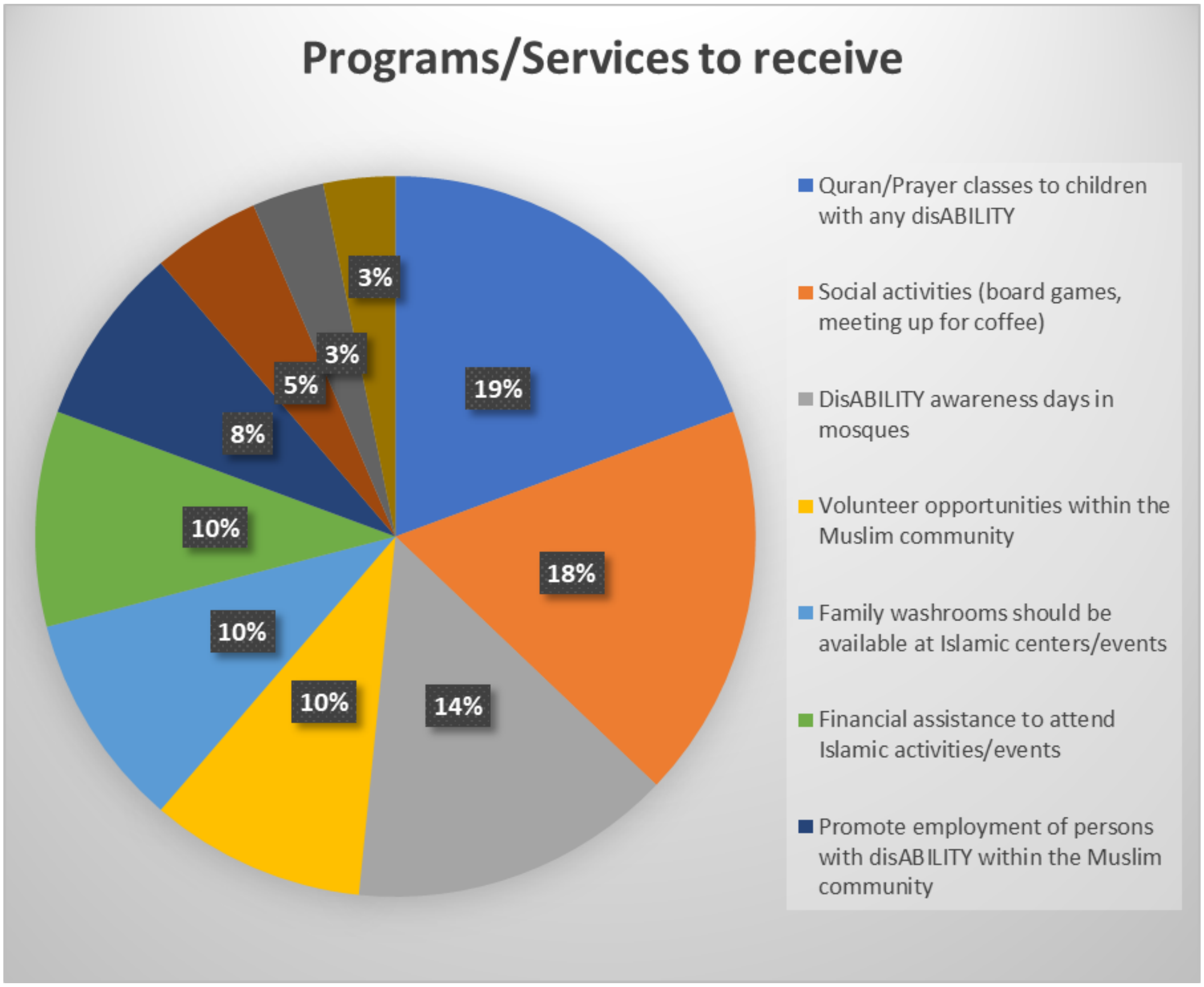
Accessibility in Mosques/Islamic events

Barriers in mosques: The participants were questioned about the challenges they experienced when visiting mosques and places of worship, as well as engaging in faith-based activities, and the majority of the responses were separated into two broad groups. One group felt that people perceived them a certain way and that they needed to disguise their disability, whereas the other group perceived people's conduct negatively. These were the major factors keeping them from returning to mosques. It was less about the accessibility of the mosques and events for the majority of the participants and more about negative attitudes and stigma associated with disAbility.



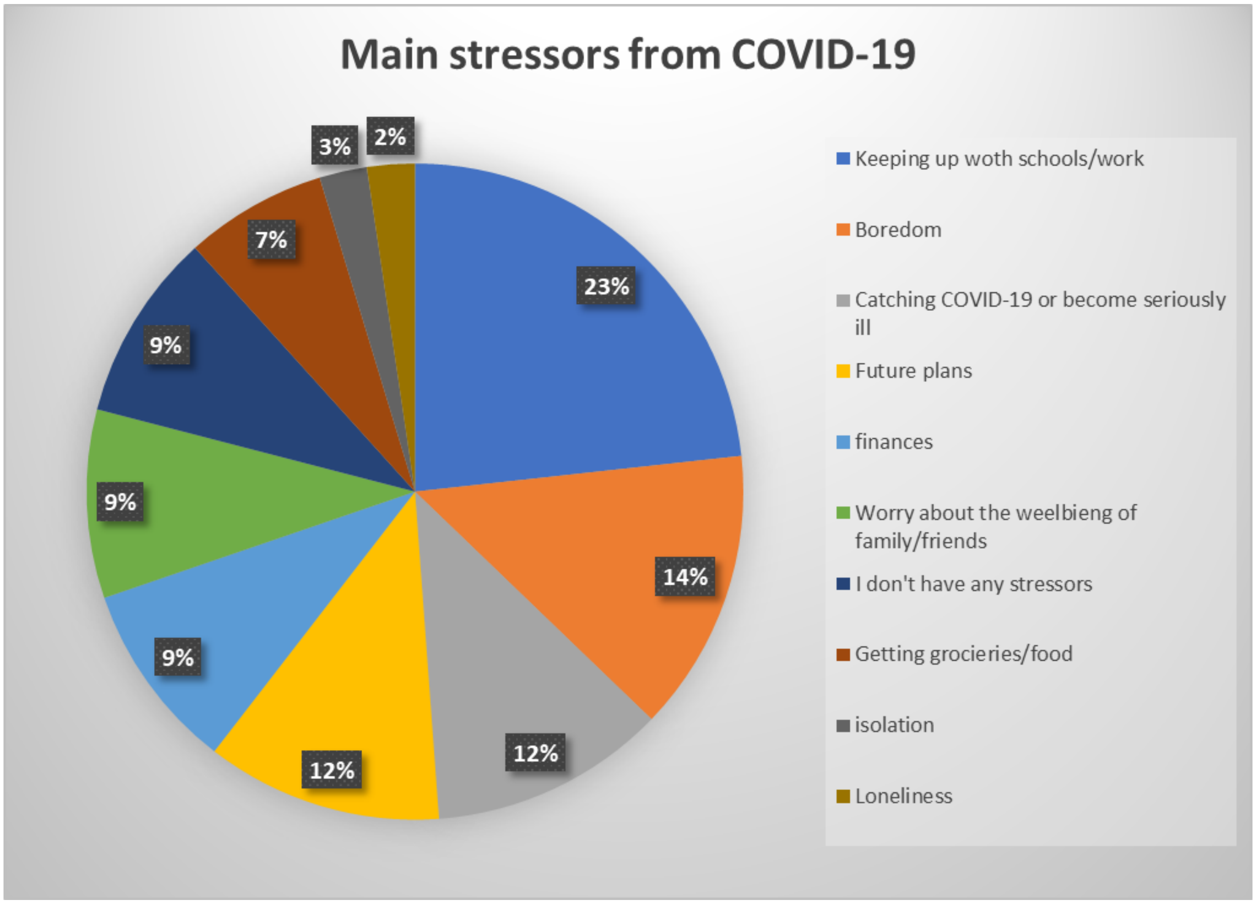
Services & Assistance

Programs and services: When asked which services or programs they would want to receive, the clear majority of the participants opted for Quran and Islamic lessons for children with disAbilities, (66%). This can be correlated to the fact that majority of the participants were caregivers of children with cognitive and neurological impairment. These children often cannot keep up with Islamic studies inherently due to their impairment but additionally due to the unavailability of direct support in the form of in-person classes. The participants also suggested other services like social activities, volunteer opportunities, financial assistance to attend activities, and employment promotion of individuals with disAbilities.



COVID-19

COVID-19 stressors: When asked, the participants also reported some stressors related to COVID-19, with the majority (55.6%) agreeing that the main stressors for them were to follow up with school or work, and the lowest percentage (5.6%) indicating that their main stressor is the loneliness and isolation.
This again correlates with the fact that the majority of the participants in our survey were caregivers of persons with neurological impairments.



2. FOCUS GROUPS

A focus group was held with individuals with disAbilities, their families, caregivers and some inclusion support staff and social workers supporting people with disAbilities to examine the challenges they experience in Muslim communities. They described their issues and offered some solutions. The themes which emerged included:

Stigma and discrimination:

- One participant stated that he participated in community programs on campus at his university and in the community and felt the stigma.

> “In a country like Canada, where people with disabilities are supposed to be treated equally, the Muslim community has developed a negative attitude toward individuals with disAbilities”

- “Because of our disAbility, no one wants to engage with our children,” said one mother with a child with a cognitive disAbility. “Muslim groups should hold seminars to teach parents how to cope with children with disabilities in diverse contexts”, according to another participant.

> “I feel that they are still on this topic or the mindset they bought from back home (that) With disability is a shame. It's something like that which is so unfortunate that we brought this mindset with us to a country like Canada where they see disability as basically a different way humans live.”

> “So basically, I believe working on the workshops with a family especially with newcomer families to educate the mothers, parents about the disability issues, how to deal with kids who have disabilities either with the family or in school. I think that would be the most important thing that your organization should work on in the Muslim community.”

The necessity of community support across the board:

It is time-consuming to function as a caregiver along with fulfilling other responsibilities in their families.

- There is a perceived need for self-care for caregivers, particularly mothers, to avoid burnout; the absence of and need for greater community support systems; raising awareness, and brainstorming solutions together - all moms, parents, teachers, and caregivers as a joint effort.

> “...For the community, first of all, we need to support the mothers and that we all are with them. The second thing(is) our community needs so many programs, especially with the mothers. Who are(is) suffering from (an) autistic kid, they need their own time so we as a community need to arrange the programs for the kids for one hour or two hours at least once or twice a week or where all mothers can get together and can have their own time.”

- One of the participants expressed her difficulties as a caregiver at a school, “It takes time to acclimate to the child and gain caregiver skills to assist a child with a disability, several elements have to come together to put the child up for success and help them adjust to their particular peculiarities in the community”.

- Some of the participants require assistance to do the activities indicated above. In addition, some of them need support with impulse control, repetitive behavior, and social interactions. Here are some themes mentioned by caregivers and family members of people with disabilities:

    - It took time for the caregivers to get accustomed to their roles at the outset. It was a learning curve for the caregiver and the person with disAbility to get accustomed to each other’s roles. One participant in the focus group who cared for children with disAbilities in the school system mentioned, “It's a community effort to support a kid with a disability, a lot of things have to come together to set that kid up for success and help them adapt to the community with their unique differences.”

Awareness of existing programs

- Specific programs and workshops are necessary to enhance awareness and improve the utilization of current resources. Few participants claimed that the system has all the resources, but the Muslim community has failed to integrate and utilize these resources in the best way possible.
- Muslim groups should concentrate their efforts on promoting and communicating about disAbility services.

> “The services for the people with disabilities are all available. The thing is, does the Muslim community or Muslim Families with disabilities, are they aware of the services? I know those who have kids who are not aware of these services. So, I think there is a gap here between the services that exist and (whether) families know about it or not.”

Inadequate services:

- Certain services and therapists via Specialized Services for Children and Youth through the Manitoba government have a long waitlist, sometimes exceeding a year. One of the participants was told that she will be assigned a behavior therapist for her son with autism spectrum disorder by Nov 2023.
- One of the participants in the focus group mentioned the following

> “I had a hard time adjusting to the congenital anomaly diagnosis as a caregiver. Disappointed in the healthcare system here. Disappointed by the delayed appointments and the inability of the healthcare providers to explain options. It was not the same in the UK.”

This shows that the level of stress of having a family member with additional needs is escalated with additional factors like immigration, and acculturative stress that newcomer families face.

Supports from the community:

- Some participants suggested that a support worker be appointed and stationed in the mosques to look after children with additional needs especially during events or congregational prayers till parents finish their prayer because the children's safety becomes a risk.
- Participants expressed the need for establishing Muslim support circles. They suggested that families need to be invited to meetings with a trained counselor/therapist where they can share their concerns and challenges and learn skills to promote a growth mindset in their children so that they can achieve a lot despite the challenges, and are able to address the cultural stigma in a better way.
- If applicable, a participant recommends that volunteers assist elderly Muslims with grocery shopping. Or with their transportation, if they want to go somewhere and can't use the public transportation

> "People with disAbilities … if someone helps them with the groceries. Some older Muslims don't have support, so if we can (have) a place or platform where Muslims add if they want a little help for the groceries or drop someone somewhere that would be helpful."

- Adding programs for children with disabilities in mosques so that they can have the chance to interact with one another.

Autonomy:

- Raise awareness within Muslim communities about the autonomy of people with disAbilities and how they should be viewed as competent and should be helped only when they ask. Muslims with disAbilities can function independently with proper support and accessibility in place.

> “As a person with (a) disability and fully independent I think in mosques if a person asks for help that’s ok, but it’s not every single time I can’t carry the chair!! I think our communities should understand and give autonomy to a person with (a) disability if they asked for help. That's fine but other than that, if no one asked, they probably are capable of doing things by themselves.”

Accessibility:

Participants expressed the need for different accessibility options

- Having the Holy Quran translated into English that is easy to understand be placed in all mosques.
- In addition, it was proposed that chairs be placed near shoe racks inside the mosques and community centers so that people with physical disAbilities and the elderly can utilize them.
- There is a need for Arabic teachers and Arabic-speaking volunteers to teach the children Arabic and Quran through in-person lessons at mosques and community centers. Online lessons are ineffective for the majority of children with cognitive and neurological differences and those with learning disabilities.

> “My son has autism and I tried to get private Arabic lessons through a Pakistani tutor but he’s having a problem focusing on the screen. He's better when he learns one on one. It’s a challenge getting him to read every day and attend online classes”

- There is a shortage of accessible play equipment in gardens and mosques, preventing children with disAbilities from playing on their own and with other children. So, it was suggested to propose ideas and work with the municipality to create such play structures in public parks or gardens.

> “Not only in the Muslim communities but also in the parks, there are no accessibility chairs and no such playground structures and no programs for kids with disability, no suitable slides or other things he can use to play with other kids. Sometimes he got to the park and sat and watched the kids and it's heart-breaking (for me). Even if something happened like that in mosques it would be great.”

Medical needs and options:

- Participants suggested that clinicians often are inclined to certain treatment options when no treatment exists like in cases with autism, which in turn leads to inadequate outcomes when the therapy changes from physician to physician, so one has to perform their own research from time to time. Other patients are more concerned with how the doctor treats them than with how qualified they are. The way the doctors treat them matters to them more than the doctor’s skill level.

> “For autism, there are different types of treatments, for example, ABA, relationship development Intervention (RDI), so there are both but opposite treatments. Some people propose one over the other, and it’s confusing so it comes to researching yourself and going ahead”

> “What makes me comfortable receiving service is the expertise of care providers....to be professional you’ve to be professional in the way you treat patients. I’ve dealt with doctors who are super friendly and nice and it’s the most important to me.... However other doctors are even so expert but he barely speaks to me... which makes me leave him eventually and makes me uncomfortable receiving service from him”

Challenges during the pandemic:

- Adapting to the pandemic restrictions was challenging for some participants. They had to stop behavior therapy sessions since the consultant switched to virtual meetings, which was not ideal for the child's condition. Children with Autism and ADHD are sometimes unable to focus on devices.

> “I was doing a private class for my son and because of Covid 19, she said she wants to make workshops for him, but that’s was a challenge because he couldn’t sit in front of the laptop and he wasn’t able to focus, so we had to end the services and now again we had to return these services but she has a waiting time”

- Certain kindergartens and schools had great difficulty in maintaining social distancing and sanitation measures due to COVID-19 (e.g. kids running around and touching objects and their faces, not keeping masks on due to sensory needs, staff unable to touch the kids with disabilities to physically redirect them, etc. was prohibited).

Single mothers needing more support than others

One of the participants expressed strong support for single mothers raising kids with additional needs

> “In our community, there are many single mothers with additional support kids. They also need to get strong and be brave with all of our support.”

3. PRACTITIONERS INPUT:

To gather as much information as possible on how to provide better services to Muslims with disabilities, some Muslim practitioners including doctors and therapists were contacted. They shared their ideas and perspectives on how to enhance the services already provided in Winnipeg. Their thoughts and recommendations (italicized) are as follows:

- When questioned about their overall experience with their patients with disAbilities, including how they differ from patients without disAbilities, they expressed those patients with disAbilities have different requirements than those without disAbilities. As a result, they typically require additional treatments, such as frequent outpatient visits.
- They also said if the condition is neurodevelopmental or intellectual, verbal treatment alone and typical psychotherapy techniques, such as Cognitive Behavioral Therapy, are less likely to be effective (depending on how severe the disAbility is).

They mentioned that caregiver families’ involvement is crucial in supporting these individuals. More issues are at stakes, such as fundamental life skills including interacting with others, community participation, and obtaining appropriate school or job placements. The involvement of other care providers in the form of multidisciplinary care is paramount in these cases. These patients are at the risk of facing more social stigma, rejection, and isolation than their non-disabled counterparts.

- When asked how they accommodate the families of people with disAbilities as caregivers, practitioners stated that family members frequently have to cope with concerns such as frustration and misunderstanding of their family member who has the condition. For example, a child with Autism can be labeled as unfriendly and one with ADHD can be labeled as a “bad” child. On the contrary, a shift in the family dynamic is also common when over-attention is placed on the disAbled family member at the expense of able-bodied family members.
- Therefore, more time spent at the outset helps to reduce caregiver worry. The practitioner provided the caregivers with information from several websites and access centers, such as Children Disability Services, Manitoba Possible, and various options for obtaining respite.
- Regarding accommodations, the practitioner routinely could only provide verbal counseling to caregivers unless the accommodation request was made well in advance and the clinic arranged for those accommodations, for example, they couldn't give services to a deaf person unless there was someone in the session who used sign language.
- Some practitioners have not encountered significant difficulty in providing services or resources, except in areas where school funding is insufficient or schools are unable to deliver these services to children in the school setting, for example, availability of educational assistants in classrooms, availability of Occupational Therapist/Physiotherapist, and Psychologists, or for providing learning evaluations, or a lack of funding for support staff on school buses.

- *Practitioners advised raising our community's sensitivity to Muslims with disAbilities, dealing with them with patience, compassion, and acceptance, rather than pity.*
- *Having some khutbahs on the topic, referring to stories in our faith that teach patience, acceptance, and compassion.*
- *Establishing a buddy system, a big brother/big sister system, in which volunteers in our community are partnered with and spend time with someone in our community who has a disAbility.*
- *Having a yearly event where we invite organizations that deal with people with disAbilities to give a talk/presentation, featuring some people with disabilities in our community.*

- *Offering programs in which people with disAbilities can participate, which could be religious, sport-related, or vocational in nature.*
- *Support groups for caregivers and patients. Seasonal camps for various conditions, such as epilepsy, Multiple Sclerosis, or disabled Muslim patients, are examples. There is currently no such thing.*
- *Appoint a person such as a social worker, or agency via Muslim organizations to assist patients and caregivers in navigating the complicated medical system, similar to Jordan's Principle, which is already in place for indigenous populations. (Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need when they need them.)*

- Practitioners hope that Muslims with disAbilities will be better integrated and embraced into our community so that they and their families will not feel ashamed. They want them to feel included as a part of our ummah (community).
- Also, they hope more accommodations and activities for persons with disAbilities to be built and established at community cultural and religious events. which, unfortunately, is presently nonexistent.

> “I notice a difference between Muslim caregivers and non-Muslim caregivers. I think Islam is a saving grace when assisting Muslim families dealing with disAbled loved one. Our faith urges us to be patient, to see difficulties as a test to help us become better people and closer to our Creator, and that suffering in this life will alleviate suffering in the next. Having a disAbled family member is not supposed to be viewed as a punishment, thus turning to religion for guidance can eventually lead to a resilient mentality”

4. RECOMMENDATIONS FROM THE COMMUNITY:

The following recommendations are suggested to assist Healthy Muslim Families and Muslim community leaders in creating an action plan that will better integrate Muslims with disAbilities:

1. Awareness in the Muslim community

- Muslim support groups should hold seminars to teach parents how to cope with children with disAbilities in diverse contexts.
- Establishing a buddy system, a big brother/big sister system, in which volunteers in our community are partnered with and spend time with someone with a disAbility or the elderly so that they feel less isolated, lonely, or rejected.
- Having a yearly event where we invite organizations that deal with people with disabilities to give a talk/presentation, featuring some people with disAbilities in our community who have overcome challenges.
- Promote Muslim circles by asking families to be invited to meetings with a trained adviser/counselor/therapist where they could share their views and ideas, develop skills to promote a growth mindset in their children with disAbilities to believe that they can achieve a lot in life despite the challenges and battle the cultural stigma.
- Information sessions to enhance awareness and improve the utilization of the existing resources.
- Raise awareness within Muslim communities about the use of first-person language and autonomy of people with disAbilities. Promoting the concept that individuals with disAbilities can function independently.
- Raising our community's sensitivity to Muslims with disabilities, dealing with them with patience, compassion, and acceptance, rather than pity.
- Having periodic khutbahs/sermons on the disAbility related topics, referring to stories in our faith that teach patience, acceptance, and compassion.
- Promoting disAbility awareness days through mosques and Muslim organizations.

2. Develop programs and services for Muslims with disAbilities

- Muslim organizations and support should concentrate their efforts on promoting regular dialogue between community members and disAbility services.
- Compiling a list of resources accessible to caregivers and sharing with caregivers and families. Many caregivers are unaware of the resources that are currently available in Muslim communities.
- Creating awareness about the concept of self-care for caregivers, particularly mothers, to avoid burnout, the need for greater community support systems, and brainstorming solutions together.
- Quran/prayer classes for children with disAbilities.
- Single mothers need more support than others. Self-care days for moms where family and friends can help with caring for their children.
- Accommodating children with disAbilities in Mosques so that they can have the chance to interact with one another and other kids.
- Volunteers to assist elderly Muslims with grocery shopping. Or with their transportation, if they want to go somewhere and have limitations.
- Having social activities with proper accommodations (e.g, Board games, meeting up for a coffee) for single parents and the elderly and families with needs.
- Holding an annual event involving community organizations to talk about issues relating to persons with disAbilities and the progress made in the Muslim community.
- Develop community programs to support sport-related, hobby-based, and or vocational activities for individuals and youth with disAbilities.
- Vocational rehabilitation of young adults with disAbilities in the community to help them get financially independent.

3. Accessibility in the community:

- Chairs be placed near shoe racks so that Muslims with disabilities and the elderly can utilize them.
- Having the Holy Quran translated into English that is easy to understand in mosques.

- Install elevators inside Mosques if applicable so that worshipers who are unable to utilize the stairs can access the top floors.
- Family washrooms should be available in Islamic centers/events.
- Accessible play equipment in gardens and mosques,

4. Additional Services:

- Arabic teachers and Arabic-speaking volunteers teach the children Arabic and Quran through in-person lessons at mosques/communities with reasonable accommodations for the specific needs of the children with disAbilities.
- Support workers/volunteers be stationed in the mosques to look after children with disAbilities till their parents finish their prayers. This is certainly possible during Jumu’ah and Eid prayers.
- Creating volunteer groups in the community and encouraging kids to take part to help those with needs.

5. Practitioners advise:

- Other care providers' involvement is becoming increasingly vital. Complex needs require multidisciplinary care.
- Appoint a person/ social worker/ agency via Muslim organizations to assist patients and caregivers in navigating the complicated medical system, similar to Jordan's Principle, which is already in place for indigenous populations.
- More time spent at the start helps to reduce caregiver worry. Caregivers and practitioners to focus on patient education since the beginning.
- Need to create awareness and develop advocacy skills amongst parents to demand school funding or mobilize support in areas where parents struggle to find support. Some examples are having an EA for their child during classroom hours, Occupational Therapy/Physiotherapy beyond what the schools provide, Psychologists, or learning evaluations, or for the presence of EAs on school buses to accompany children with disAbilities.
- Support groups for caregivers and patients with specific medical needs. Seasonal camps for various conditions, such as epilepsy, Multiple Sclerosis, or disAbled Muslim patients.

5. CONCLUSION

To conclude, Muslims with disAbilities in Manitoba often feel isolated, and families caring for individuals with serious disAbilities receive little help from the Muslim community. Persons with disAbilities are often left out from participating in spiritual and social activities. To close these barriers, Muslim leaders, organizations, and community members must acknowledge that Muslims with disAbilities exist in their communities and need proper support and accommodations. They need to come together to fulfill their social responsibility of ensuring a fair and equitable integration of these individuals in all aspects of community life. If we strengthen our community from within, realizing the social responsibility we have towards each other, it will become easy to seek better support from outside the community and advocate for our needs.

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Healthy
Muslim
Families

healthymuslimfamilies.ca
info@healthymuslimfamilies.ca
Winnipeg, Manitoba