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Inclusive Resettlement? Integration Pathways of Resettled Refugees With Disabilities in Germany and Canada

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The purpose of this article is to explore the existing intersectional knowledge on integration and resettlement of refugees with disabilities in two of the top five resettlement countries in the world, Germany and Canada. There is limited research on the intersection of migration and disability, especially in the context of refugee resettlement. Reflecting the dominant pathways of migration in each country, what little research there is focuses on asylum seekers in Germany, and immigrants in Canada. The review describes settlement programs in each country. We draw from the global literature around forced migration and disability, as well as disability and migration more broadly in each country, to enhance the limited existing research and conduct an intersectional analysis at the level of systems, discourses and subjective narratives. Findings highlight three dominant themes that weave across all three levels: being a "burden" on society, being invisible, and agency and resistance. Finally, drawing from the theoretical stance of Disability Studies, critical, and holistic integration theories we discuss how this intersectional analysis highlights the importance of reshaping the policies, discourse and definition of integration, and the consequences this can have on research, service delivery, and evaluation of integration and resettlement.

Keywords: resettlement, disability, inclusion, integration, Canada, Germany, CRPD

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INTRODUCTION

The UNHCR identifies resettlement as one of three durable solutions to forced migration. Resettled refugees move from an asylum country to another state, one that has agreed to admit them and ultimately grant them permanent residence. Resettlement is intended to create long-term prospects for individuals and at the same time relieve pressure from states, hosting the vast majority of refugees.[1] Under UNHCR guidelines, for resettlement to occur there must be a special need for protection based on various humanitarian criteria (UNHCR 2020a). In the past, however, policies and processes have excluded refugees with disabilities unless these disabilities present as an acute medical emergency (Crock et al., 2017). Nevertheless, complex health needs, including disabilities, can be a factor in determining who has a chance of resettlement. Resettlement countries have medical

[1]Relocation programs within the EU (Greece, Italy) as well as humanitarian admission programs (e.g., Turkey) also pursue the goal of relieving the burden of so-called safe third countries.

need quotas, which means that having a disability may actually create a pathway for a family's resettlement, a pathway that might otherwise not be available. Similarly, for those who are not resettled but rather arrive on their own seeking asylum, disabilities have, in some cases at least, been used successfully to justify a right to stay, in recognition of the increased risk refugee camps present for refugees living with disabilities (Grotheer and Schroeder 2019).

The World Health Organization estimates that 15% of the world´s population is living with disability. War and regions of political conflict, climate change and natural disasters as well as poverty and unsafe living and working conditions might make this percentage even higher among refugees. Isolated empirical studies[2] point in this direction, although the overall data situation is insufficient for evidence-based conclusions (Pisani and Grech 2015). Data is also limited in terms of international comparative studies on the integration pathways of resettled refugees with disabilities in both refugee and forced migration research and in disability studies (Westphal and Wansing 2019). We argue that this lack of knowledge demands methodologically sound and ethical research on the intersection of forced migration and disability that can draw from the strengths and knowledge of critical scholarship in both fields. We further propose re-examining common concepts of integration as it is applied in migration research (Esser 2004) in light of these intersecting challenges, and ensuring that models of refugee integration are linked to broader discourses on inclusion and participation. A more holistic orientation to integration, one that takes into account individual and social factors, is necessary to broaden our knowledge of *the integration and inclusion pathways* of resettled refugees with disabilities. The purpose of this article is thus to explore the existing intersectional knowledge on the resettlement of refugees with disabilities in two high income countries that have received large numbers of refugees but very different migration and integration policies, Germany and Canada (Pritchard et al., 2020).

Refugee resettlement is well-established in Canada; the current refugee resettlement policies were introduced into legislation with the Immigration Act of 1976 although new categories of resettlement have emerged since then (Hyndman et al., 2017; Cameron and Labman 2020). Between 2015 and 2020, Canada resettled 158,480 refugees (IRCC 2021). This number is low relative to the average number of permanent residents coming to Canada through other pathways. For example, in 2019 the number of permanent residents entering Canada was 341,180, whereas the number of resettled refugees was 30,087 (IRCC 2020a). However, this was the highest number of resettled refugees by any country, representing approximately 28% of the refugees resettled globally that year. Resettlement is more recent in Germany, which only started permanent resettlement in 2012. In May 2019 Germany implemented the pilot program "NesT" (restart in a team), intending to host 500 resettled refugees in 2018/2019 in state-civil society partnership (UNHCR 2019). Although the absolute numbers are small, the exponential increase in resettlement numbers in Germany, with a commitment to allow 10,200 admissions from 2018 to 2019, point to the growing importance of resettlement programs (Baraulina and Bitterwolf 2018; Resettlement.de 2018). The Resettlement Programs in both Canada and Germany keep a quota of 5% of admissions for medical need. There are no quotas for the other protection criteria. Nonetheless, no official statistics in either Germany or Canada are available on who is entering with which physical health conditions at the national level. Persons with disabilities are included in this quota, but not every person with a disability or illness enters *via* this quota since not all disabilities result in physical health conditions (UNHCR 2011; Crock et al., 2017). The quota therefore says little about the actual number of individuals with disabilities or complex health conditions in any given state.

THEORETICAL BACKGROUND: INCLUSION, INTEGRATION AND INTERSECTIONALITY

Drawing from the theoretical stance of analytical frameworks on social exclusion, Disability Studies, and critical, holistic integration theories we concretize our understanding of the essential terminology and underlying concepts of this article: inclusion and integration. In a second step we connect these with a critical intersectional lens.

Inclusion

Inclusion/exclusion is an orienting concept for social policy and planning in both Europe and Canada. Exclusion at its most fundamental level could be defined as the "breakdown of the relationship between society and the individual" (Bhalla and Lapeyre 1997: 414) and is witnessed in social inequality, injustice, and marginalization (Atkinson and Davoudi 2000). In Europe, exclusion has often been considered through the lens of poverty and unemployment, a focus that is echoed in the argument that social policy agendas promoting inclusion were necessary to protect Europe's economic stability and growth (Atkinson and Davoudi, 2000). However, an inclusion/exclusion discourse is also described in terms of *social* deprivation rather than material inequality, where social inclusion refers full participation in society (Gingrich, 2003). This is further expanded by Bhalla and Lapeyre (1997), who suggest a third category of access to social services in addition to access to the labour market and access to full social participation.

Several authors have criticized social inclusion/exclusion literature for lack of clarity in definitions and inconsistencies or vagueness in the underlying conceptual frameworks (e.g., Bhalla and Lapeyre 1997; Gingrich, 2003; Gingrich and Lightman, 2015). As noted above, social inclusion/exclusion literature and policies can focus on only one or several aspects

[2]The report "Hidden victims of the Syrian crisis: disabled, injured and older refugees" that in 2014 was jointly published by HelpAge International and Handicap International states that 30 percent of the 3,202 surveyed refugees in their study have specific needs "one in five refugees is affected by physical, sensory or intellectual impairment; one in seven is affected by chronic disease; and one in 20 suffers from injury, with nearly 80 per cent of these injuries resulting directly from the conflict." (ipid: 4).

of exclusion and there is a lack of agreement about what to include. Moreover, social exclusion can be conceptualized, studied and addressed in terms of at least three dimensions: a focus on groups who face barriers to full participation in society in specific contexts, such as ethnic minorities or people who have experienced long-term unemployment; a focus on conditions that are identified as preventing full participation, such as poverty or social isolation; and/or a focus on processes that exclude groups or individuals from full participation in society (Kabeer 2000). The approach to inclusion/exclusion taken in this chapter is to consider multiple sites of exclusion but the focus is on social and service exclusions, and the prioritization of processes that generate experiences of inclusion/exclusion for specific groups, in this case people living with disabilities who have experienced forced migration.

Integration

Social inclusion of immigrants and refugees has typically been studied under the term "integration". Integration, broadly speaking, does refer to inclusion, but although extensively used, integration is an even more widely contested term in international refugee research (Castles et al., 2002). A major concern has been that, historically, models of integration with regard to (forced) migration were focused on the economic sphere, similar to the inclusion/exclusion literature of the time (Bennet 2018), and assessments of economic integration continue to play a central role in many theories and evaluations of successful social integration of newcomers reflecting the dominant concerns of policy makers in settlement countries (Hyndman and Hynie 2016; Kaida et al., 2020). Schneider and Crul (2010) argue that the term "integration" shifts focus to participation in social institutions and, in the European context, this has specifically meant participation in educational systems and the labour market on the part of newcomers, with little assessment of how these institutions adapt to facilitate participation. Efforts have been made to expand the understanding of integration. The European Union, for example, defines integration as a two-way process, where both newcomers and established residents change to accommodate one another (Commission of the European Communities 2005). This principle underlies the common agenda for integration in the EU, but the incorporation of this two-way relationship remains elusive, with integration evaluation and theorizing still largely focusing on changes among refugees alone, rather than on societies and institutions into which they settle (Strang and Ager 2010; Phillimore 2020).

A second concern is that the term *integration* is used for different purposes by different actors; one must ask "integration for whom?" For the host state, integration can mean participation in society in ways that least disrupt existing structures (Farrugia 2009; Sen 2018). This framing also typically assumes that newcomers adopt the language, values and behaviors of a homogenous settlement culture, which itself remains unchanged (Schneider and Crul 2010; Grzymala-Kazlowska and Phillimore 2018). But this view of integration may be at odds with how refugees themselves see integration (Farrugia 2009; Sen 2018). While integration from the perspective of the host state may be defined in terms of employment, for example, for refugee newcomers it may be determined by the ability to provide care for family members, access to meaningful employment commensurate with their training and education (as opposed to merely any employment, cf. Bridekirk et al., 2020), or providing pathways to family reunification. Belonging and processes of adaptation can be assumed to be multi-layered and context-dependent, sometimes contradictory, and dependent on individual and social factors (e.g., family ties, religion). It also fails to account for the diversity of communities that refugees come from and integrate into (Grzymala-Kazlowska and Phillimore 2018) and may be particularly unsuited for addressing the intersectional nature of integration for refugees with diverse abilities. Thus, increasingly, integration theorists are calling for a more intersectional lens in refugee research.

The term and concept of integration has also been used in reference to disability, with similar concerns regarding the focus of the term. It has been suggested that integration in the context of disability has also focused on changes made by people living with disabilities to participate in society (e.g., schools) rather than addressing the need for changes in social institutions to ensure that those with disabilities are able to exercise their rights to access (e.g., Jahnukainen 2015; Heimlich 2016). In Germany only with the ratification of the UN- Convention on the Rights of Persons with Disabilities (CRPD) in the year 2009 has an understanding of inclusion and diversity prevailed that establishes the equal participation of all regardless of disability, gender, migration, age and others in all aspects of social life as a human right.

Inclusion in (Critical) Disability Studies

Disability studies emerged in close connection with the disability movement in the Anglo- American sphere in the 1970s and made its way to Germany in the 2000s. While in Canada it is an established discipline and field of study, the establishment in the German university landscape has proven to be extremely challenging (Meekosha and Shuttleworth 2009; Hirschberg and Köbsell 2016; Waldschmidt, 2020) (Critical) disability studies enforced the shift away from medical, individual and pathology understandings of disability. In Germany the distinction between Critical Disability Studies (CDS) and–Disability studies is usually not made while in Anglo-American publications CDS is seen as a maturing of the discipline and a means of marking the difference from the traditional rehabilitation and special education field that has adapted to term disability studies without referring to the basic theoretical assumptions and practical implications that originally came with the new discipline (Meekosha and Shuttleworth 2009). Disability studies are informed by postmodernist and poststructuralist critical social theory and emphasize the social construction of disability as well as a social, cultural or human rights model of disability (Waldschmidt, 2020). For example, Degener (2016) argues for a model of disability on the basis of the CRPD, with its social and human rights-based approach. This approach challenges binary notions of dis/ability, arguing that these must be replaced with a continuum, in recognition of how one's abilities are shaped by social context and attitudes and that disability is an integral part

of human diversity. Inclusion as demanded in the CRPD means that society and its institutions need to adapt their structures to be accessible for all humans and provide possibilities to fully participate in societies. As Hirschberg and Köbsell state, this is a "change of perspective [that] requires that people do not have to adapt to the system or the education system of the first labor market" (2016: 564), rather systems and institutions need to adapt to a diverse population and hence be able to fulfill individual rights to participation.

Connecting Inclusion, Integration and an Intersectionality Approach

The rise of the intersectionality paradigm in the social sciences has prompted a scientific discourse around the intersection of migration and disability. Intersectionality analyzes the interweavings or intersections of different social categories and power relations such as heterosexism, racism, classism and ableism (Winker and Degele 2009). An intersectional perspective leads to increased awareness that categories of identity are negotiated in spaces and structures of hegemonic power (Crenshaw 2013). Social categories have a situational and processual character and are constructed in and through interactions. At the same time, social categories are defined through norms, laws and discourses, which have an important influence on constructions of identity of the individual person (Otto and Kaufmann 2018). An intersectional perspective argues that categories of social inequality cannot be considered separately from one another, since they determine the experiences of individuals in their interrelationships and intersections along multiple socially constructed dimensions of power. Moreover, as Wansing and Westphal (2014) have argued, intersectionality cannot be reduced to the perspective of multiple discriminations, but rather must also focus on processes of intersectional compensation. The framework has been adopted in (Critical) Disability studies and provided an important stimulus for theoretical and political alliances between CDS and other emancipatory discourses such as queer theory, feminism and critical race theory. However, as Meekosha and Shuttleworth (2009) stated:

"The question remains as to whether intersectionality will become a useful tool for CDS and whether it will contribute to in fact overcoming much of the marginalization and discrimination of disabled people. Perhaps even more concerning is whether intersectionality scholars remain attached to conventional mantra of race, gender, sexuality and class and continue to exclude other groups, such as disability and age" (62).

Increasingly, there is discussion around the extent to which the two difference categories of disability and migration intersect and which "specific forms of discrimination and power constellations [they] produce" (Walgenbach 2016, 650) in both theory and in practical contexts. Nonetheless, there continues to be a lack of empirical evidence with intersectional perspectives on forced migration and disability (Westphal and Wansing 2019; Korntheuer 2020) and the invisibility of refugees with disabilities is a concern in both German national and international literature (Pearce 2015; Yeo 2015; Crock et al., 2017). Köbsell (2019) details how refugees with disabilities have not yet become visible in the international discourse or aid systems. Grotheer and Schroeder (2019) also illustrate the lack of knowledge and focus on this intersection by means of inquiries to the German Bundestag and current publications in the area of refugee research. Large scale longitudinal studies on integration pathways of refugees (SOEP/ReGES) in Germany incorporate gender, but do not include disability in their design (Brücker et al., 2018; Will et al., 2018).

There is awareness of this "blind spot" in migration research and disability studies, however and a new field of research and practice has begun to form. Even though the data have so far been undifferentiated and patchy (Amirpur 2016; Wansing and Westphal 2019), a significant increase in publications over the past 5 years with regard to forced migration is becoming apparent (Kleist 2019). In Germany, for example, the professional associations for people with disabilities published a joint position paper in 2019, with the goal of improving social participation of people with disabilities and migration and refugee backgrounds (Fachverbände für Menschen mit Behinderung, 2019). Similarly, the Canadian Council for Refugees held a workshop in 2013 acknowledging the intersection of forced migration and disability and focusing on exploring their experiences, needs and available supports (Canadian Council for Refugees, 2013). There are, however, calls for clarification of the practical relevance of the theoretical concept of intersectionality that echo some of the critiques that have been raised around the concept of inclusion (Rathgeb 2015). The manner in which social systems and structures work to exclude individuals needs to consider how dis/ability, gender, age, religion, education and other aspects can create vulnerabilities, unique exclusions, or pathways of resistance for refugee newcomers as they strive to achieve their own personal integration goals (Fang and Gunderson 2015). This requires a closer examination of how different settlement processes and local structures can create environments that exclude resettled refugees living with disabilities and how these are experienced by resettled refugees themselves, consistent with the process approach to social inclusion (e.g., Kabeer 2000), and emphasizing access to services as an essential element of inclusion for resettled refugees with disabilities.

Applying an intersectional and critical lens on integration we aim to reconstruct main topics and categories in the literature that can contribute to our understanding of inclusion at the intersection of forced migration and disability. The basic analytic framework is thus an examination of the interactions and overlaps between different categories and levels of social inequality and critical questioning of power relations. Intersectional analysis aims at social change through the critique of privilege and discrimination in a capitalistically structured society that is oriented towards economic profit and thus one that defines integration and human worth in economic terms (Winker and Degele 2009).

We apply the intersectional analysis grid from Winker and Degele (2009) that defines three levels of locating social inequality: 1) the level of social structures, including organizations and institutions; 2) the symbolic level, which

comprises collective images in the form of social norms, discourses, ideologies and stereotypes; and 3) the subjective level of identity constructions in the sense of individual affiliations, orientations and lifestyles. Whereas the first level aligns with concepts inclusion in terms of economic, social and service access and participation, the second aligns with Gingrich's (2003) positioning of ideology as a central organizing element in the processes and construction of exclusion/inclusion. Finally, the last level of analysis aligns with research into notions of belonging, with their emphasis on identity construction and social and emotional attachments (Lähdesmäki et al., 2016; George and Selimos 2019). In the context of resettlement of refugees living with disabilities, this can be reframed as structural and institutional barriers to integration; ideologies, discourses and stereotypes that can exclude or oppress them, and how they themselves construct their own identities in light of various intersections of social locations, experiences and resettlement settings. The second axis of the analytical grid is formed by the categories of social difference. Here Winker and Degele (2009) propose class, "race", gender and body. However, they emphasize that this axis needs to be left open as these dimensions of difference are defined by those who are describing their experiences.

STRUCTURES, DISCOURSES AND SUBJECTIVE EXPERIENCES OF RESETTLEMENT PATHWAYS IN GERMANY AND CANADA

Empirical evidence on the integration trajectories of resettled refugees with disabilities is scarce. One focus of our review consisted of the few available empirical studies in the German and Canadian contexts. To broaden our database for comparison and contrasting results, articles on related subjects such as integration trajectories of migrants and asylum seekers with disabilities in the broader North American and European context were included as well. Results of applied research, available in the form of reports published by the government and NGOs in Germany and Canada were another important source of data, as well as position papers by these stakeholders. Articles and analyses of the policy context were a main source for the analysis of the structural level.

In the case of Germany, most literature addresses the integration pathways and experiences of asylum seekers with some examples for those with disabilities (Grotheer and Schroeder 2019; Steiner n.d.; Köbsell 2019). There is also a needs analysis by the German Institute for Human Rights (Schwalgin and Wank 2017) and the participation report of the Federal Government (Bundesministerium für Arbeit und Soziales 2016), which reveals some first insights at the interface of disability and forced migration. Both the CRPD monitoring agency (Leisering 2018) and the professional associations for people with disabilities (Fachverbä nde f ü r Menschen mit Behinderung, 2019) have also published position papers with concrete recommendations for action. Thus, there is research in Germany that has begun to examine these questions but it is still limited and mostly at the level of defining and addressing needs.

In the case of Canada, the literature on disability and migration typically combines those who have arrived to Canada through different migration pathways. There was one dissertation that focused solely on refugees and disability (Osei Poku 2018). As noted above, the Canadian Council for Refugees held a workshop on this topic in 2013 but the findings have not been published and the proceedings mostly note the lack of services for newcomers with disabilities more generally (Canadian Council for Refugees 2013). The growing discourse and literature around disability and immigration, such as the work of Yahya El-Lahib and Nazilla Khanlou (e.g., El-Lahib 2017; Khanlou et al., 2017), does not focus on differences between refugee and immigrant newcomers, seeing many of the challenges they face as similar.

A likely reason research focuses on asylum seekers in Germany, and immigrants in Canada, is because of their respective migration policies. In the German context, resettled refugees make up a very small proportion of newcomers and resettlement is a new program (Baraulina and Bitterwolf 2018). As a result, there has been little opportunity for exploring the experiences of resettled refugees with disabilities in Germany. In Canada, the majority of newcomers arrive as immigrants rather than refugees, so here too resettled refugees make up a minority of newcomers (Pritchard et al., 2020). However, there is value in distinguishing refugees from other migrants in terms of their entitlements, visibility and relative vulnerability, which can make navigating settlement with disabilities a very different experience.

Structures for Resettled Refugees With Disabilities

In the following paragraphs we will provide a short introduction to the general systems of resettlement in Germany and Canada and specify the structures for resettled refugees with disabilities in both contexts. Segregation of specialized support systems emerges as a central structural aspect in the literature in both national contexts.

Germany

In Germany there is a trend towards an active refugee reception policy, which is being further developed and coordinated within the framework of the EU-wide resettlement strategy (Welfens et al., 2019). The refugees admitted by Germany in 2019 represent around a fifth of the total resettled refugees (19,877) to Europe (UNHCR 2020b). For 2020, 5,500 places should have been reserved, which have not yet been fully allocated due to Covid-19 related cessation of entries and exits.[3]

[3]The differences result from various UNHCR and national statistics censuses and from departures not or not yet carried out, e.g. due to illness or other reasons. In addition, some people are transferred to the municipalities immediately after arrival.

In the German context, a distinction must be made between resettlement (RST), federal and state humanitarian reception programs (HAP) and privately funded reception programs (private sponsorship, e.g., NesT) (Grote et al., 2016). Often, persons who have entered the country through these programs are presented in research as one single RST group, although selection and departure, the actors involved and the selection criteria as well as entry and arrival, residence permits and integration services sometimes differ considerably (ibid.). In contrast to the permanent right of residence in the RST, the HAP assumes a temporary stay, i.e. return after the end of the dangerous situation, such as a civil war. Nevertheless, there is an option for permanent residency. According to statistics from the Federal Office for Migration and Refugees (BAMF 2020) 5,922 visas were issued for resettlement and HAP and, 4,889 entries were made for humanitarian reasons in 2020.

Since 2015, the national RST program has had its own regulations on residence, which provides largely equal status to refugees recognized under the Geneva Convention. Persons entering *via* the HAP and RST receive a notification of admission and official residence title prior to their entry. However, they must also apply for a residence title at the local Foreigners' Authority in the municipalities they settle into. In some cases a passport or a valid passport substitute is demanded by the authorities, even though RST policies assume that it is unreasonable to do so. This can delay the issue of valid identity and residence documents for months or years (Lutter and Deery 2018).

Before arrival in Germany, a health check is carried out as part of the selection procedure, in particular to check for communicable diseases and general health; invisible disabilities may not be sufficiently recognized during these examinations (Schwalgin and Wank 2017). Fitness to travel is checked within 48 h of departure and, if necessary, medical staff will provide assistance during the flight. On arrival in Germany, both at the airport and in the central reception facility (EAE), medical staff are available around the clock (Grote et al., 2016).

After arrival in the central first reception centre in Germany resettled refugees receive (interpreted) information briefings and take part in a 30 h course entitled "Guide for Germany", which explains their rights, access, and duties and provides initial German language skills. After 14 days, the newcomers are transferred to the municipalities they settle into (BAMF 2018). Hardship cases such as the seriously ill, which presumably includes refugees with severe and multiple disabilities, are often brought directly to the municipality instead of the central reception site. A disability is usually identified by the information provided by the person or by visual inspection after arrival and is then to be considered for accommodation and further support (ibid.). The Institute for Human Rights, as the monitoring body of the CRPD (Leisering 2018), criticizes the fact that people with disabilities who have fled to Germany are not yet identified as such. However, serious illnesses and (visible) impairments are recorded before departure for resettlement, and can become a criterion for selection (5% medical needs, see 3.2).

The organization of transfer, arrival and initial integration support can differ considerably between federal states and local municipalities. In some cases, residence preferences in connection with family ties are taken into account (BAMF 2018). It is unclear whether and in what way the identified disabilities are taken into account in the distribution to the municipalities. Ideally, people with hearing or visual impairments would be allocated to the municipalities that offer and actually hold integration and language courses for people with special needs (ibid.). Special integration courses for people with cognitive impairment and/or mental health problems and sensory impairments are available but have not been offered consistently in recent years. However, 1,500 people with sensory impairments took part in a total of 183 integration courses between the beginning of 2005 and July 2019. Course providers are mostly institutions specialized in the target group, such as institutions for the blind etc. Since these courses might not be available locally, travel and accommodation costs to attend elsewhere can be covered by the BAMF on application (Baier et al., 2019).

After arrival in the municipalities, tasks such as application for a residence permit at the Foreigners' Authority, registering children in day-care centres and schools, setting up a bank account, applying for a health insurance card and social services should ideally be done with the support of local actors or migration counselling. Both the BAMF and municipal residence titles include entitlement to social benefits, to participation in the labour market, access to day-care centres and schools, health care, counselling and support from the nationwide migration advisory centres, and to participation in integration and language courses. In contrast to asylum seekers and other protection seekers, people in the RST program theoretically have a direct and comprehensive entitlement to benefits under the Social Code and thus to comprehensive health care, including access to assistive devices, as well as integration and participation benefits (e.g., Social Code Book IX). In practice, reports show that in some cases social services are denied for months until a residence permit is issued by the local migration authorities. One of the reasons for this is that the exchange of information between the various actors (social workers, authorities, civil society etc.) is inconsistent (cf. European Migration Network 2016).

Receiving municipalities and communities know little about the needs associated with disabilities of people settled through HAP. Hence, especially in the case of medical concerns, the response is often inadequate (Grote et al., 2016). Refugees with disabilities live for months or years in collective accommodation, social or private housing without adequate identification and support (ibid.). In the meantime, minimum standards for initial and collective accommodation for the protection of refugees with disabilities have been available since 2018 (BMFSFJ 2018).

Even if the RST refugees are informed about the care systems and their rights in Germany before and after entry, it is doubtful whether access to care and support services is fully possible without further intensive orientation and accompaniment on site. Intersecting structural and individual factors such as the absence of a driving license, inadequate public transport connections, housing barriers, lack of childcare, insufficient language skills, no familiarity with the system, fears and shame, restrict accessibility (Westphal et al., 2019).

Canada

In Canada, resettlement pathways have been a focus of research for decades, but mostly as qualitative and/or cross-sectional studies (Hynie et al., 2019). Resettled refugees coming through government sponsorship (Government Assisted Refugees or GARs) are selected by UNHCR for resettlement. Approximately half of resettled refugees currently come through a form of community sponsorship (Privately Sponsored Refugees or PSRs) in which refugees can be named by their sponsors, provided that they meet the UNHCR and Canadian government requirements for resettlement (Labman 2016). In 2013, the federal government introduced a new blended pathway (Blended Visa Office Referred or BVOR), where the private sponsors provide settlement support and share financial support with the government. Although the program has grown considerably since 2013, it remains relatively small compared to the other two, with only a few thousand resettled per year (IRCC 2021). Canada has a small program called Joint Assistance Sponsorship (JAS) for those with "exceptional" needs that is similar to the BVOR program but provides support for longer and is now rarely used (IRCC 2020b). In 2015, in response to the conflict in Syria, the newly elected Canadian government resettled 40,000 refugees from Syria between November 2015 and January 2016. The rate has since slowed, with 158,480 refugees resettled into Canada between 2015 and 2020 (IRCC 2021). In 2021, Syrians continue to represent the largest group of resettled refugees in Canada.

GARs receive financial support through the Resettlement Assistance Program (RAP) for 12 months, and settlement support from agencies that are contracted by the government to provide specific resettlement programs for refugee newcomers. PSRs receive the equivalent financial and settlement support from their sponsors, who are faith groups or community organizations, or groups of five or more Canadian citizens (2 or more in the province of Quebec) (IRCC 2020c). GARs settle in over 35 medium to large cities across Canada that provide Resettlement Assistance Program services, intensive support offered during their first four to 6 weeks of resettlement. PSRs and BVORs are settled in the community that their sponsors reside in, and as a result are distributed more widely across Canada. During the Syrian resettlement initiative, there were over 360 communities welcoming refugees of Syrian origin, with many PSRs settling in very small communities (IRCC 2020c).

For GARs, RAP workers meet them at the airport in their final destination and bring them to a temporary accommodation. GARs typically stay in the residence, ideally for approximately 2 weeks, while the RAP worker helps them find permanent accommodation. RAP counsellors provide life skills and financial orientation for living in Canada, and refer them to other settlement programs while they are in temporary accommodation (IRCC 2020d).

GARs receive a minimum of 1 year of financial support through RAP. In addition to RAP, intensive settlement support is offered to GARs after the orientation from RAP is completed. This support is normally expected to last 12–18 months but, in some specialized programs in Canada, lasts up to 4 years for those with complex health needs. For example, in six provinces they provide Client Support Services (CSS), an intensive holistic wrap-around client-centered program with mobile services. In this program, caseworkers work with newcomer families to assess their needs and help them identify resources to meet these needs, assist with completion of documents and navigating services including health, mental health and interpretation services, organize group workshops and provide additional life skills and orientation support (IRCC 2020d). CSS programs also build community capacity to meet refugee newcomer needs by creating awareness and building relationships with service providing agencies and community members. At the end of the specialized settlement support, resettled refugees normally transition to regular settlement services, which are less intensive and not mobile (i.e., newcomers must go to the agency for support rather than agency workers coming to them or accompanying them to other services).

The nature of support provided by private sponsors is intended to be similar but there is an assumption that private sponsorship is more intensive and personalized. In fact, research suggests that the support varies, depending on the capacity, knowledge and motivation of the sponsors (Agrawal 2019). PSRs are settled into a permanent home by the sponsors and the housing may be arranged in advance. In many cases, sponsors and newcomers form social relationships that may last for many years, although in others they are minimal or last only the length of the sponsorship (Macklin et al., 2020). A government evaluation of sponsorship programs found that over a quarter of sponsorship agreement holders in their sample reported at least one sponsorship breakdown in the past 5 years (IRCC 2016).

Resettled refugees can access free language classes until they acquire citizenship, classes that are free to all newcomers, not just refugees (IRCC 2020d). They are eligible for employment on arrival but their support from RAP, or their sponsors, is curtailed if they earn additional income in excess of 50% of their monthly allowance (IRCC 2020b).

In Canada, resettled refugees are eligible for provincial health insurance on arrival in most provinces, or after 3 month in those provinces that have a 3 month wait for all newcomers (although refugees have been exempt from the 3 month wait in Ontario in recent years). All resettled refugees also have 1 year of interim federal health insurance (IFHP). The IFHP covers basic health care until provincial coverage starts, and covers the costs of supplemental health care such as dental, pharmaceutical or eye care in a manner that is similar to what is covered for other Canadian residents receiving social assistance (Government of Canada 2017).

Medical assessments are conducted immediately prior to departure for Canada to identify health issues and to help receiving sites to prepare for arrival of those with complex needs. Currently, Canada destines those refugee newcomers with serious or complex health issues to a small number of cities that have the medical capacity (e.g., London and Toronto in Ontario). Certain sites also have special programs for those with complex health needs (such as the PATH program

in Saskatoon, Saskatchewan). In these specialized settings, receiving agencies are better prepared to address disabilities or complex care needs (UNHCR 2018b). Many sites have special case workers who participate in the greeting and immediate orientation when people with disabilities or complex needs are expected, to ensure that health services are arranged as early as possible. In other sites, a more detailed health assessment is done within the first day or two of arrival to ensure that health needs are addressed.

During that first year of settlement, costs of allied health care, including coverage for assistive devices, is paid for by IFHP rather than provincial health care services. However, health care providers are not required to accept IFHP. Thus, the services that refugee newcomers need, such as assistive devices, may not be accessible to them because they may not be able to find a provider who accepts IFHP. However, relative to Germany, there is less publicly available literature that assesses the ability of resettled refugees to access needed services related to accessibility and disability.

Segregation of Specialized Support Systems

What emerges from the review in both contexts is the segregation of systems of settlement support from those of specialized support for individuals with disabilities. Resettled refugees, asylum seekers and other migrants share the same experience of falling between support systems that fail to recognize intersectional challenges in the areas of disability and migration. The consequence of this is often a lack of access to essential social determinants of health and basic human rights. The siloing of the services in disability assistance and migration integration, the lack of transparency, restrictive legal and bureaucratic structures and information deficits as well as a lack of accessibility of accommodation and services (e.g. lack of language skills) are named as central obstacles to the social participation of refugees with disabilities (Köbsell 2019; El-Lahib 2017; Osei Poku 2018; Steiner n. d, 5). Barriers to access due to information deficits, communication problems and a lack of cultural sensitivity at the intersection of migration and disability also affect refugees and lead to a lower participation in rehabilitation services (Bundesministerium für Arbeit und Soziales 2016; Westphal et al., 2019). These obstacles are particularly evident in the field of disability assistance in Germany, as the survey of Caritas (2021) counselling services shows. In their study, 72% of the counsellors in the field of disability assistance stated that they were unaware of the legal frameworks and bureaucratic processes at the intersection with forced migration (Steiner n. d., 36).

Hegemonic linguistic power structures frame experiences of trying to access services in both Germany and Canada. In Germany, speaking German is required to access services; as noted above, institutions are not offering services adapted to the language needs of migrants and refugees. Similar challenges are noted in Canada, where language ability shapes refugees' experiences of various service sectors, including health care. Specialist health services and many social services typically do not offer interpretation unless the services are specifically for immigrants (Hynie et al., 2016; Osei Poku 2018).

Disabilities can also impede language learning. Among the four refugee women in Osei Poku's (2018) study, two faced barriers to accessing language classes that were directly due to their disabilities. In one case, a woman with mobility impairment could not attend classes at all; in another, a woman who had a visual disability struggled with learning English because of her visual impairment. This echoes challenges reported in Germany, above, where there are special courses for integration support for individuals with hearing or vision disabilities, but these are not widely or regularly offered (Baier et al., 2019). In Osei Poku's Canadian study, these challenges also intersected with women's educational levels, such that those women with lower literacy found the additional challenges particularly overwhelming. Thus, in both countries, even programs in place to help refugee newcomers overcome barriers to accessing services related to disability can themselves be inaccessible to many with disabilities because the systems (settlement support and disability-related support) do not recognize the intersection of these needs.

Resettled refugees frequently report difficulties in accessing housing. In the German BAMF study, some families lived for years in collective housing (Baraulina and Bitterwolf 2016); the majority of respondents were still living in the refugee shelter system 1.5 years after arrival. In the Canadian context, refugees are normally settled into their first permanent home within a few weeks of arrival. However, those with family members who are living with a disability and who thus have specific needs can find themselves in inadequate housing, and in years-long waiting lists for appropriate accommodations (Hynie et al., 2016). Housing that is affordable is often located in areas with limited public transportation, creating a disabling environment for those who are unable to drive. In Hansen, Wilten and Newbold (2017), immigrant women with visual impairments equated disability with restrictions on mobility, emphasizing the functional aspects of disability and disabling contexts. Ironically, these women noted that Canada was more supportive of their independence and mobility in terms of attitudes, but structural factors such as the costs of taxis and lack of accessible or affordable transportation resulted in gaps between the theory and the enactment of this independence.

Interestingly, in Canada, resettled refugees can have better access to specialized health care services than other migrants. As Osei Poku (2018) noted in her interviews with women refugees living with disabilities in Saskatchewan, settlement services were available from arrival and were supportive, not only for accessing basic settlement needs but also for navigating services for accessibility, such as Arabic sign language interpreters. As noted by El-Lahib (2020), for other immigrants living with disabilities, however, knowing how and where to ask for what kind of support was challenging and increased their feelings of vulnerability. This struggle to access information suggests that the individualized settlement programs offered to resettled refugees in Canada can play a significant role in overcoming barriers but also that intensive individualized effort is required to do so.

Thus, at the structural level, existing systems in both Germany and Canada fail to recognize the unique needs of refugees with disabilities, creating increased and accumulating vulnerabilities. Ironically, in Canada, the structural vulnerability of voluntary

migrants may be greater than that of refugees to the extent that the government resettlement programs recognize the need to address chronic health and disability with recently arrived refugees. However, the health and social systems that this settlement system interacts with continue to overlook the needs of those newcomers with disabilities.

Discourses: Integration Capacity vs Inclusion According to the UN CRPD

When selecting refugees for resettlement, both Canada and Germany assess the criterion of the integration potential of the persons proposed. The concept of individual protection is problematic and increases inequalities between different groups of protection seekers when vulnerability intersects with integration capacity. Integration capacity is a criterion that is applied in the "strategic use of resettlement" (SUR), which is linked to the need for protection. The SUR is problematic if it becomes the central concept of strategic migration management (Schneider 2020). There are also the issues of fair selection and prioritisation in the distribution of placement (Welfens et al., 2019). In the past, policies and processes have excluded refugees with disabilities when the impairment is not an acute medical emergency. A medicalized understanding of disability and discriminatory selection procedures are pointed out by Crock et al. (2017) as important barriers to resettlement:

"In the small number of developed countries that participate in programmes to admit refugees, resettlement policies and procedures can exclude those considered a potential 'burden,' which has adversely affected some refugees with disabilities." (238).

However, positive influences of the UN CRPD can be seen in the adaptation of the Resettlement Handbook and the development of a special resettlement assessment tool for persons with disabilities (UNHCR 2018a; Crock et al., 2017, 241).

In Germany, the examination and selection of resettled refugees take place in individual interviews by officials of the BAMF and the German security authorities on site or *via* remote interviews. Integration ability is based not only on educational and professional experience, age and language skills, but above all on social and family ties to Germany. After selection or entry into Germany, refugees in the RST program receive privileged access to family reunification by waiving the requirement to provide proof of independent subsistence, sufficient accommodation, and German language skills. However, the subsequent immigration of spouses, minor children, and parents to join their unaccompanied children must be applied for within 3 months of presentation of a valid residence permit (Baraulina and Bitterwolf 2018, 9). In some cases, specific selection criteria and other factors, such as the ability to rebuild in the country of origin or the priority of persons for whom there is a declaration of commitment to secure their maintenance, also apply to refugees *via* HAP (Grote et al., 2016, 25).

Integration capacity is also an issue in the selection of refugees in the Canadian context. In 2015, the Canadian government noted that requirements for selection for resettlement included that the person "must normally show potential to become successfully established and must meet admissibility criteria related to medical condition and security screening." (CIC 2015). There is an expectation that those who are resettled must demonstrate the ability to establish themselves within a 3–5 years time frame, but this is waived for those who are resettled under urgent settlement procedures or for their family members, or those who are deemed "vulnerable". Resettled refugees have 1 year following arrival in which to request resettlement of members of their nuclear family. Urgent resettlement is limited to 100 cases and normally only 5% of those admitted will have complex medical needs, although there is no formal limit (UNHCR 2018b).

Quotas, limits and discussion of integration capacity feed into the stigmatization of refugees. Refugees in Canada are already constructed as a burden in anti-refugee discourse (e.g., Hynie 2018a; 2018b). Ableism that constructs migrants with disabilities as a burden and anti-refugee discourses may mutually reinforce one another. The implications of ableism for resettled refugees in Canada, who enter under a humanitarian migration policy and thus are able to migrate precisely because they do not conform to these ideals, may be particularly stigmatizing. These discourses can reinforce vulnerabilities through the precarity newcomers feel when they do not yet have citizenship. Although they are permanent residents, El-Lahib (2020) found that newcomers (both immigrants and refugees) were reluctant to press for their rights because they feared that being perceived as a burden or making trouble might draw negative attention to themselves that could interfere with their own access to citizenship, or that of their relatives.

Subjective Experiences and Newcomer Voices

On the third, the subjective level of our intersectional analysis, we would like to point to the identity constructions of refugees with disabilities by including their voices, albeit from other authors, citing some quotations from the collected literature. Categorizations, which refer to both disability and flight, are addressed by those affected, showing their stigmatizing effects as well as the dependency on the recognition of rights associated with being categorized as a refugee or a person with disability. However, narratives of resistance against these very categorizations can also be identified (cf. George and Selimos 2019).

Categorizations as Stigma and as Key to Access Support Systems

The analysis of services for refugees with disabilities points to the importance of identification and diagnoses in order to plan for appropriate supports and accommodations on settlement. But a key issue in the narratives of forced migrants is the negotiation of identity that resists these classifications. Participants in qualitative research on forced migration and disability respond strongly to the stigma associated with the intersectional identity of being a refugee with a disability. Al Musa (Al Mūsā and Krämer, 2017) describes how he, as a refugee, feels transformed

into a public object of entertainment and disgust when the suffering of disabled refugee population is broadcasted in the media:

And the whole world looks at us until people are disgusted by the sight of our cut off limbs on the screen. (7).[4]

Otto and Kaufmann (2018) describe how young unaccompanied minors in Malta resist the category of "refugee", which combines structural (legal) and normative attributes they don´t want to identify with:

I never wanted to be a refugee. And even now I am not really a refugee because my status is not refugee. [. . .] Always it will tell people that you are not equal to them. (73)[5]

Resources are available to refugee newcomers with disabilities because they have been identified as refugees and/or as having disabilities. But these identities are a source of othering and stigma that creates additional barriers and challenges, and thus newcomers actively resist these labels (Ludwig 2016; Hynie 2018b). A similar contradiction occurs in Otto and Kaufmann's (2018) qualitative study of unaccompanied minors that includes one case of a young man living with disability. The youths are simultaneously addressed as being vulnerable as minors, and as strong young healthy men. These conflicting identities lead to a double bind: they must be strong, but strength also endangers their legal status.

A second challenge that emerges from these contradictory constructions of identity is homogenized ideas of refugees that create unrealistic expectations and demands. For example, in Otto and Kaufmann's (2018) study, the employees of a youth shelter seemed unable to take individual dis/abilities into account in institutional structures, as Ali, whose mobility is impaired due to a hand injury describes: "*I cannot wipe the floor and then they cut my pocket money*" (71)[6]. The failure to see Ali's individuality, which in his case includes an injury that impedes his ability to complete certain tasks, results in unrealistic expectations and penalties for failing to meet them. Ali also experiences both solidarity with and dependency on the other unaccompanied youth, but at the same time in these interactions he is defined as his embodied disability: "*And here I am always only called, the hand and not my name*" (71)[7]. Thus, not having his disability recognized by the staff results in inequality and hardship, but having it acknowledged by his peers results in feelings of othering and exclusion. Feeling "Othered" and discriminated against can occur both by virtue of being a person with a disability or a refugee but also intersect with other categories. Indications of the interaction of further social categories such as class, gender and race/ethnicity for inclusive and exclusive pathways in different life stages and contexts are emerging in an ongoing study on migration and disability. For the participants in this study, opportunities to develop resilience and resistance against discrimination in care services, housing and work conditions depend on their financial situation, education level and social, family networks (Westphal et al., 2019; Westphal and Boga).

A countervailing form of exclusion for refugees living with disabilities is that of being invisible, as evidenced in the lack of accommodation to their needs by systems that are meant to serve them. Thus, divided and segregated support systems on a structural level are replicated in feelings of non-recognition, invisibility and discrimination on a subjective level. Resettled refugees and other groups of migrants also refer to how the lack of institutional adaptation intersects with culture and language and delays in access, compounded by being referred from one institution to the next, since nobody seems to feel in charge. An Iranian family in Amirpur's (2016) study describes how they feel their son was disabled and excluded from regular and integrative kindergarten as he corresponded neither to the ideas of development-related nor linguistic and culture-related normative concepts in these institutions. Similarly, research in Canada with immigrant families has found that children of racialized and newcomer families face delays in diagnosis for behavioural, developmental and cognitive issues. In this research, delays were due to communication and knowledge challenges but also because of cultural differences and norms (Khanlou et al., 2017).

These studies show that identities are constructed in relation to different social structures that focus on different dimensions of identity, but spaces for self-identification with non-binary and fluid concepts of intersecting dis/ability, refugeehood and gender are limited.

Agency Through Resistance and Narratives of Hope

Agency frequently emerges as an important theme in refugee voices. Yared, a resettled refugee in the US with a vision impairment states:

[. . .] You're always down. You feel deflated. You never think you're a human, you're just a . . . you live a vegetative life you know? You can't aspire for a future. But we survived, and it was not easy . . . [Survival] depends on someone's kindness as I've told you. For years I couldn't run my own life. That's the dark side . . . it's painful. (Elder 2015, 16)

In his case, the dependence he feels is tied with feeling like a burden. But frequently, refugees spoke of resistance, hope and mutual support.

Refugee resilience can act as a counter discourse to deficit-oriented perspectives. Several studies have identified how refugee newcomers have resisted oppressive identities and concrete barriers in accessing needed supports. Refugees with disabilities are not passive objects of disabling environments and essentialized discourses. Thus Ali, the unaccompanied minor described above, presents himself as an attractive and desirable young man who cruises the island of Malta with his friends. In this way he strategically distances himself from ascriptions of vulnerability and refugeehood (Otto and Kaufmann 2018).

Growing strong by overcoming hardship is another narrative, which can be seen in a study of resettled refugees with disability in the US. Elder (2015) quotes one participant, Monu, as saying:

I am independent. I´m not being beaten. I´m not getting hurt. You know I feel so much better, so much lighter. I have worries, but not like that (Elder 2015, 4).

[4]Own translation from German.
[5]Own translation from German.
[6]Own translation from German.
[7]Own translation from German.

Elder's study also demonstrates self-organisation and community activities for refugees with disabilities as a means for becoming visible as active agents and community leaders in various cases as in the statement below:

Well, you know my whole thing was I was planning to get deaf refugees together to teach them. So I started to get them together. I went to their homes, knocked on their doors, and brought them to the [refugee language] school with me. (21).

In Baraulina and Bitterwolf's (2016) study, narratives of hope for the future build on the contrasting of life before and after resettlement and are shaped by the conditions of permanent settlement:

Here [in Germany] the most important thing for us is that we got out of that hell, there [in the first receiving state] you had no right to go to school or work. One did not have an identity card. So here you can live with good chances and the children can go to school. You can live much better as a human being (Baraulina and Bitterwolf 2018, 11).[8].

Similarly, El-Lahib (2020) found that for immigrants and refugees in Canada who were living with disabilities, the concept of migration as an opportunity was the major theme. However, El-Lahib warns that contrasting the country of origin with the country of settlement as opportunity supports the minimizing of experiences of exclusion and racism. One of the participants in El-Lahib's study, Lotfi, an immigrant with disabilities who worked as an activist to support other migrants with disabilities, portrays both the agency of newcomers with disabilities but also the manner in which their experiences are dismissed:

After I settled, I tried to help a newcomer who had a disability who needed basic accommodation to live. He was living in a shelter, in an inaccessible shelter, and he used to use a scooter, leave the scooter outside and crawl on the stairs step-by-step to go to the shelter that is on the second floor and going back again. So I felt, I have to help this person, so I took him into a disability organization in person, with his broken English, with my better English . . . I heard the most racist answer that shook me up . . . I still remember it, when I said this person is in need, and I demonstrated everything and . . . the answer was: "well, you know, we have a lot of Canadian disabled people here right now who don't have access to accessible housing, he should be lucky that he is in Canada." (9)

DISCUSSION: NEW CONCEPTUAL FRAMEWORKS FOR INCLUSIVE RESETTLEMENT

In this article, we consider the intersection of refugee resettlement and disability in terms of social structures, symbolic discourses and subjective identity in two countries of resettlement, Germany and Canada. Three key themes emerge across and intertwine these levels: that of being a burden, of being invisible, and agency and resistance. In the second axis of analysis, gender, age and education emerged as differences that intersected with disability and forced migration, but the limited amount of research in the area constrained our ability to fully explore these and other dimensions such as class or religion. Following Wansing and Westphal`s (2014) argument, intersectional decompensation must be considered as well as multiple discrimination. Research in the Canadian context indicates that individualized support structures for newcomers within the migration category of *resettled refugees* provide better access to specialized health care services than those for other groups of migrants (Osei Poku 2018).

The stigma of being identified as a burden echoes throughout the levels of analysis and is amplified by invisibility in available services. Immigration policies recognize disability as a condition for resettlement (but only in limited numbers), but also as a condition for exclusion, because of the implied burden on society that individuals with disabilities are assumed to bring (El-Lahib 2020). At the same time, information about the number resettled with complex illnesses or disabilities, or guidelines for decisions about settlement for these individuals and their families, are not widely available. This may be a conscious decision to protect people's privacy but also serves to keep refugees with disabilities invisible, and further feeds into a discourse of burden.

Systems of settlement and social services interact to both stigmatize and minimize the identities and experiences of refugees with disabilities. The lack of accommodation in settlement services and in the rehabilitation sector to the needs of refugees living with disabilities is apparent in the literature reviewed. This results in missing or inaccessible services to address refugee newcomers' settlement needs across important social determinants of health and well-being including housing, education, language learning and health care. Refugees with disabilities then face ongoing challenges to inclusion and participation in the broader society, i.e., integration. It also forces individuals to repeatedly request accommodation or depend on others for assistance, further contributing to a discourse of refugees as a burden and to refugee newcomers' subjective experiences of stigma.

Most research so far fails to recognize, and be transparent and reflexive about, the ways colonial hegemonic power structures shape science, the current research agenda and our own research projects. The social and academic construction of refugees with disabilities as a burden needs to be problematized as a result of possibly mostly White and able-bodied research. Participatory and inclusive research approaches in Disability studies and forced migration studies should be considered in their important contributions to diversify perspectives and foster reflexive approaches on insider-outsider status in research (Korntheuer et al., 2021; Oda et al., in press).

In several of the studies reviewed, refugees with disabilities spoke of resisting stigmatizing identities, discrimination and invisibility. They emphasized their many other identities, they actively challenged discriminatory policies and demanded inclusion, and they came together to support one another and/or create change. Even within these subjective narratives of identity and resistance, dependency on the solidarity of others to overcome systemic exclusions and discrimination is still

[8]Own translation from German.

entwined with the essential theme of being a burden to others, but the emphasis here is on agency and self-determination in opposition to this portrayal (Elder 2015; Dawson 2019).

The themes highlight the shortcomings in dominant (economic) integration policies, research and discourse. Critical integration theories demand a shift away from changes in individual newcomers to the broader social system, pointing to the role that the host society plays in shaping integration pathways. For example, Phillimore (2020) argues for attention to what opportunities exist in the settlement society for refugee integration. Hynie, Korn, and Tao (2016) in their Holistic Integration Model draw attention to the need to assess how social institutions and communities adapt to newcomers, and the changes required by the larger community and institutions to make integration possible. By identifying how gaps in service provision shape integration pathways and fail to recognize needs of those forced migrants living disabilities, this intersectional analysis calls for refocusing on the role of structures and systems in shaping integration pathways in refugee resettlement, and for research agendas that ask "integration for whom"?

Theories of refugee integration can also benefit from the framing of inclusion in (Critical) Disability studies and how it has evolved. Disability studies draw attention to the disabling conditions in society, social structures, attitudes, discrimination, and multiple barriers that restrict people's participation in society (Hirschberg and Köbsell 2016). It is these disabling conditions that render some individuals as "burdens". Dawson (2019) proposes a social model of refugeehood that parallels the social model of disability. Dawson's concept of refugeehood draws from the idea that dis/integrating and dis/abling moments are in the environment of refugees, not in the individual. Disability studies also argue that people living with disabilities must be recognized as right bearers and experts in their own life situation (Hirschberg and Köbsell 2016). Similarly, resettled refugees must be recognized as having the right to full participation in society, and to define that participation in their own terms. Moreover, states have an obligation to ensure that diverse refugee newcomers can enact these rights.

Pace the quota for the small number of "medically vulnerable" refugees who are resettled, states' focus on integration capacity among resettled refugees belies their humanitarian commitments to resettle the most vulnerable. Integration continues to be framed as the individual's capacity to adapt to a homogenous receiving society, while the lack of institutional adaptation and disabling, disintegrating conditions in the receiving society are largely unnoticed, except in the narratives and resistance of those excluded. Importantly, the invisibility of research into these intersections perpetuates these conditions. More research applying a rich intersectional lens to the integration goals and focusing on the agency of resettled refugees with disabilities will be an important step towards genuine inclusion.

AUTHOR CONTRIBUTIONS

AK, MH, EL, MK, and MW contributed to conception and design of the study. MK and SF organized the database. MH and AK wrote the first draft of the manuscript. AK, MH, MK, and MW wrote sections of the manuscript. All authors contributed to manuscript revision, read, and approved the submitted version.

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