INCLUDED Project
Connecting diverse women with disabilities in North-East Scarborough
Thank You

INCLUDED Project: Connecting Diverse Women with Disabilities in North-East Scarborough would not have been possible without the support of:

**Ontario Trillium Foundation** for providing the funding for this project.

**Malvern Family Resource Centre | Women’s Place | INCLUDED Project**

Malvern Family Resource Centre is a multi-service agency which offers a variety of programs and services to meet the needs of the Malvern community and residents of North-East Scarborough. Women’s Place has a team of professional staff and trained volunteers to provide information, self-help resources, and programs for women.
INCLUDED Project

INCLUDED Project Facilitator: Coly Chau
INCLUDED Creative Arts Facilitator: Amy Smillie

INCLUDED Project Committee Members and Volunteers & Participants
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The INCLUDED project was a one year pilot project aimed at understanding the unique needs and challenges that women with disabilities in the community face and developing best practice to overcome these challenges.

The INCLUDED Project encompassed differently abled women; women with physical, mental, developmental and learning disabilities, or disability as a result of an injury; women with any self-defined/self-identified disability; and deaf women.

The INCLUDED Project included of:
- Needs Assessment (community consultation, focus groups, alternative consultations and surveys)
- Programs (social and creative arts)
- Volunteer and leadership opportunities
- Outreach and collaboration
- Environmental scans and development of a service listing resource
- Reporting of findings and best practices
Land acknowledgement
The INCLUDED Project took place on traditional territory of the Haudenosaunee, the Metis, and most recently, the territory of the Mississaugas of New Credit. This territory is covered by the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee, the Ojibwe and allied nations to peacefully share and care for the lands and resources around the Great Lakes. Today, the land is still home to many Indigenous people from across Turtle Island, and we are grateful to have had the opportunity to work in the community, on this territory.

Understanding the Unique Needs

In order to develop best practices, the INCLUDED Project needed to understand the unique needs of women with disabilities, including: barriers to participating in services; gaps in service for women with disabilities; what services were already being accessed; and the experiences and the risks of abuse and/or domestic violence faced by women with disabilities in North-East Scarborough. The learnings from the Needs Assessment and the best practices developed throughout the project were applied and continue to be applied to Malvern Family Resource Centre and Women’s Place.

The INCLUDED Project utilized a four level comprehensive Needs Assessment:

- Community consultation
- Focus groups
  - Caregivers of women with disabilities
  - Service providers
  - Women with disabilities
- Alternative consultations
  - Online
  - Telephone
  - In-person
- Surveys with women with disabilities

Having the multiple methods of participation in the Needs Assessment allowed individuals to contribute throughout the INCLUDED Project. The project also utilized continuous formal and informal processes of feedback and evaluation from INCLUDED Project participants to continue to understand these unique needs of women with disabilities.

<table>
<thead>
<tr>
<th>Method</th>
<th>Date(s)</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community consultation</td>
<td>Friday, January 27, 2017</td>
<td>45</td>
</tr>
<tr>
<td>Focus group: caregivers of women with disabilities</td>
<td>Thursday, February 9, 2017</td>
<td>7</td>
</tr>
<tr>
<td>Focus group: service providers</td>
<td>Thursday, February 16, 2017</td>
<td>19</td>
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<tr>
<td>Focus group: women with disabilities</td>
<td>Thursday, February 23, 2017</td>
<td>22</td>
</tr>
</tbody>
</table>
Alternative consultations:  
online, telephone, and in-person  
January through May  
34 1

Surveys with women with disabilities  
May through August  
48

The community consultation, focus groups and alternative consultations also created opportunities to:

- Educate and inform the community about the INCLUDED Project
- Involve the community with the INCLUDED Project
- Encourage ongoing involvement

The initial set of questions asked were:

**Issues and challenges**
- What are the issues and challenges women with disabilities in the community currently face?

**Access of services**
- What services are currently being accessed by women with disabilities in the community? What currently works and what does not work?

**Eliminating barriers and gaps**
- How can services for women with disabilities be improved?
- What are the barriers to participation and how should these barriers be addressed?
- What programs and services are currently needed?

**Risks and threats to women with disabilities**
- Statistically, women with disabilities face an increased risk of sexual and domestic violence (gender based violence) – what contributes to this disproportionate statistic and how should this be addressed?
- How do other aspects of identities (e.g.: age, race, culture, etc.) affect women with disabilities in the community?

**Opportunities for the INCLUDED Project**
- What would you like to see the INCLUDED Project accomplish?

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1 Of the 34 participants in the alternative consultation, 16 were women with disabilities, 6 were caregivers of women with disabilities, and 12 were service providers.
• How can the INCLUDED Project best engage women with disabilities, caregivers of women with disabilities, service providers/agencies, volunteers, and the community?
• How should we monitor and measure success of the INCLUDED Project?

Additional Research:
An anonymous survey was further conducted with women with disabilities, to build on the initial findings from the community consultation, focus groups, and alternative consultations. The 42 question survey focused on better understanding:

- Demographics
- Access of services
- Employment
- Housing and living accommodations
- Safety and independence
Issues and challenges

Some of the major issues and challenges identified by women with disabilities in the community were (in order of highest number of responses):

- **Employment** (e.g.: discrimination from employers; lack of accommodation and inclusion; lack of jobs that match qualifications; difficulty maintaining stable jobs; safety; transportation to get to job)
- **Physical barriers** (e.g.: inaccessible venues; lack of ramps and wheelchair accessibility; many disability and mental health services are outside of Scarborough; inaccessible washrooms; weather conditions; long commutes and multiple access routes needed to access services)
- **Isolation and lack of social supports** (e.g.: lack of social networks and support groups; lack of funding and expensive costs prevent people from accessing programs and receiving social supports; lack of programs after high school/before becoming a senior; long waitlists for programs)
- **Communication and information** (e.g.: not knowing what programs and services are available in the city or community; language barriers – language that is too complex; challenges with reading and writing; access to technology and technological aids)
- **Transportation** (e.g.: difficulty with Wheel trans, including with bookings, inflexibility, lack of privacy and independence, poor service, limited eligibility and strict penalties; anxiety accessing the TTC; safety with the TTC, including waiting for the TTC alone at night; limited access to subway stations)
- **Stigma and discrimination** (e.g.: preconceived notions of disabilities; judgment and bias)
- **Housing** (e.g.: long waitlists for housing; long waitlists for homecare; lack of safe housing; challenges to living independently)
- **Safety and Independence** (e.g.: in the home; abuse and domestic violence; vulnerability; housing)
- Other issues and challenges included: health, family, legal, finances and poverty, supports for newcomer women with disabilities, representation and visibility.
Some of the major issues and challenges identified by caregivers of women with disabilities were (in order of highest number of responses):

- **Support and respite** (e.g.: lack of support for caregivers; frustration; dismissal of caregiver needs)
- **Communication and information** (e.g.: not knowing about what is available)
- **Lack of funding and financial costs**

Some of the major issues and challenges identified by service providers were (in order of highest number of responses):

- **Integration of women with disabilities** (e.g.: into the broader community; creation of community)
- **Lack of funding**
- **High expectations placed on service providers**

**Access of services**

A range of services were mentioned throughout the Needs Assessment, ranging from: transportation services; services within North-East Scarborough; fitness and recreational activities; supports for independent living; women’s programs; support and counselling; employment services; day programs; food and meal programs; various organizations; and City of Toronto and government services.

Some participants identified the following factors as contributing to them accessing services or allowing them to be satisfied with services (in order of highest number of responses):

- Presentation of information (e.g.: plain language; translated information; word of mouth; emails; internet searches; outreach; television)
- Flexible timing for services (e.g.: drop-in formats; evening and weekend hours)
- Provision of information and referrals (e.g.: from health practitioners and workers)
- Integration of women with disabilities (e.g.: integration into the broader community; creation of community; connecting with others)
- Provision of attendant care, transportation (transit fare), and child care
- Different locations for programming
- Recognizing all forms of disabilities and different abilities
Some participants identified the following factors as preventing them from accessing services or causing them to be dissatisfied with services (in order of highest number of responses):

- Lack of information/poor presentation of information (e.g.: current outreach techniques are not effective; overwhelming information and unable to process it; assumptions that individuals can read or write)
- Technological barriers to access information (e.g.: computers or internet)
- Inaccessible venues or transportation to get to services (e.g.: lack of wheelchair/walker accessibility; lack of automatic doors; lack of services in Scarborough; difficulty navigating Wheel trans and TTC; expensive TTC fare)
- Lack of funding and expensive costs of programs (e.g.: unable to access services or programs; lack of funding resulting in cancellation of programs)
- Lack of training of staff (e.g.: need for diversity, anti-racism and anti-oppression training; lack of awareness around disabilities; lack of respect; lack of training around trauma and violence that people with disabilities face; lack of sensitivity from service providers; service providers asking intrusive questions)
- Long waitlists for services, programs and appointments
- Difficulty accessing housing (e.g.: inaccessible units, unaffordable housing)
- Intimidation of new spaces
- Overwhelmed caregivers and overwhelmed service providers
- Lack of attendant care, transportation (e.g.: transit fares), child care
- Lack of services for newcomers and refugees
- Difficult forms and registration processes
- Lack of long-term services and programs

Eliminating barriers and gaps
Some participants mentioned that to improving services, it would mean (in order of highest number of responses):

- **Addressing physical barriers** (e.g.: improving physical building and wheelchair access; provision of attendant care; provision of assistive devices; providing services in other language or translations; more services and programs in Scarborough)
● **More training of staff** (e.g.: more disability awareness training; training to improve care, patience and empathy)

● **Creating inclusive and safe environments** (e.g.: confidentiality; staffing; spaces that won’t keep people away and at home; safety around disclosing abuse; better monitoring and feedback policies)

● **Increasing funding and improving affordability of services** (e.g.: shorten waitlist)

● **Improving outreach** from service providers (e.g.: utilizing multiple methods)
  For employment services, ensuring that work for people with disabilities is suited to their capacities and experience, and not just low skill work)

● **Addressing stigma and discrimination**, around disabilities and in general

### Risks and threats to women with disabilities

Some participants identified the following as causes for increased risks of sexual and domestic violence amongst women with disabilities (in order of highest number of responses):

- **Vulnerability** (e.g.: physical; isolation; age; dependence; fear; financial; language and communication barriers)

- **Lack of independence** (e.g.: financial dependence; dependence on support from family and agencies; imbalances of power; women with physical disabilities may not be able to quickly move into safer spaces)

- **Lack of education and awareness** around sexual and domestic violence

- **Lack of voice or processes** for voicing concerns (e.g.: no avenue for complaint without repercussions)

- **Dismissal of abuse or fear of dismissal**

- **Lack of respite care** (e.g.: caregiver stress)

- **Long waitlists** for counselling

- **Barriers to accessing safe spaces and lack of safe spaces**

- **Cyclical patterns of abuse and violence** (e.g.: difficulty breaking patterns of abuse and violence from caregivers, parents/family, spouses/partners; patterns of abuse and violence passed down and perpetuated by victims and survivors)

Some participants identified the following ways to address the increased risk of sexual and domestic violence amongst women with disabilities (in order of highest number of responses):
• Increasing **awareness** about sexual and domestic violence
• Providing **opportunities** for women to learn to defend themselves
• Creating **safer spaces** (e.g.: public, private, community)
• Improving **independence** of women with disabilities (e.g.: through financial, legal, physical, employment, housing, etc.)
• Advocacy (e.g.: for: women with disabilities; improving services; basic income and financial supports; housing)

“**Women with disabilities already face barriers, and they are further marginalized when they identify or belong to another minority group.**”

- Service provider from the online consultation

Some participants identified the following other layers/intersections of identities that could further affect the unique needs (in order of highest number of responses):

• **Age** (e.g.: aging out of programs – too old for youth programs and too young for senior programs; discrimination; poverty; declining health and physical challenges)
• **Race and ethnic group** (e.g.: racism; discrimination; poverty)
• **Language** (e.g.: barriers in communication)
• **Low income and poverty** (e.g.: not being able to afford services and programs)
• **Immigration status** (e.g.: non-status individuals; access to services)
• **Education level**
• **LGBTQ2S+** (Lesbian, Gay, Bisexual, Transgender, Queer, Two Spirit) (e.g.: discrimination; isolation)

**Opportunities for the INCLUDED Project:**

Some participants identified the following as opportunities for the INCLUDED Project (in order of highest number of responses):

• Advocacy to improve services for women with disabilities
• Networking and bringing together isolated women
• More training on inclusion for service providers
• Collaborating with other service providers
• Creating Service Listing or resources
• Providing support to caregivers
• Identifying gaps and barriers
• Providing recommendations and best practices
• Making it more safe for women within the community
Some participants identified the following ways for the INCLUDED Project to engage with the community (in order of highest number of responses):

- More outreach and increase awareness (e.g.: telephone; word of mouth; social media; flyers; through Ontario Works/Ontario Disability Support Program (ODSP) offices; through service providers, workers, healthcare professionals, etc.)

Some participants identified the following as methods of measuring the success and impact of the INCLUDED Project (in order of highest number of responses):

- Counting number of participants in INCLUDED Project
- Using continuous feedback and evaluation
- Lessen stigma and educate community
- Capturing and sharing the experiences of INCLUDED Project participant
- Engaging and collaborating with stakeholders to move forward with recommendations

**Disclosures and gaps**

The data from the Needs Assessment is not a complete reflection of the unique needs that diverse women with different disabilities in the community face. Instead, it provides some context and insight into some of these unique needs.

The INCLUDED Project faced challenges reaching out to women with disabilities, caregivers of women with disabilities, and service providers; as well as challenges in getting survey responses from women with disabilities.

These challenges included (but were not limited to): communication barriers; language barriers; concerns over privacy; lack of time or timing issues; difficulty accessing certain groups within the community; capacity of the INCLUDED Committee and Project Facilitator; various reasons that prevented individuals from contributing; etc.

The INCLUDED Project also understood the diverse and unique identities of individuals, and allowed participants to select one or more options for the survey. The project was also respectful and mindful to the reasons why women may have chosen not to complete parts of or the entire survey. For this reason, the INCLUDED survey allowed individuals to select “prefer not to answer” or skip sections.

As a result of various challenges throughout the needs assessment: the data collected reveal a lack of consensus amongst women with disabilities in the community, reflective of the diversity in the participants and in their needs; and, the participation rate and amount of data collected was lower than the initial project goals.
**Additional Resources:**

**Demographics**

**Age:** 6.7% were under the age of 25; 28.9% were between the ages of 25-34; 28.9% were between the ages of 35-54; 31.1% were 55+; and 4.5% selected prefer not to respond.

**Immigration and citizenship status:** 84.8% were Canadian citizens, 10.9% were permanent residents; and 4.3% selected prefer not to respond. The survey was unable to collect data from women who identified as refugees, refugee claimants, non-status, visa, or Indigenous (First Nation, Metis or Inuit) women (see challenges under Disclosures and gaps on page 5).

**Ethnic and religious background:** The survey found women with disabilities identified with a variety and various combinations of ethnic (e.g.: Black, White, Asian, Latina, West Indian, European, etc.) and religious (e.g.: Christian, Hindu, Muslim, Jewish, etc.) backgrounds.

**Identified disabilities:** 45.6% identified with having physical disabilities; 43.5% with mental or emotional disabilities; 15.2% with learning disabilities; 13% with disabilities as a result of injury or trauma; 4.3% with developmental disabilities; and 10.9%;
selected prefer not to respond. Some women identified with having more than one disability.

**Nature of the disability:** 72.1% identified with chronic or long-term disabilities; 11.6% identified with recurring or episodic disabilities; 2.3% identified with short-term disabilities; and 14% selected prefer not to respond.

**Preferred language:** All respondents selected English as their preferred language. The survey did not receive requests for translations or alternative formats (e.g.: audio format, braille, etc.).

**Highest level of education attained (including outside of Canada):** 58.7% have completed post-secondary (including college, trade/technical/vocational training, associate degree or bachelor’s degree); 17.4% have high school diploma or the equivalent; 13% have post-graduate education (including master, professional, or doctorate level); 6.5% have some high school education, with no diploma; and 4.3% selected prefer not to respond.
Sexual orientation: 70.5% identified as straight/heterosexual; 13.6% of the respondents identified as belonging to the LGBTQ2S+ community; and 15.9% selected prefer not to respond.

Marital status: 53.3% were single; 24.4% were married or in common-law relationships; 6.7% have been divorced or separated; 6.7% have been widowed; 4.4% were in relationships; and 4.4% selected prefer not to respond.

Dependents (including children, dependent adults or elderly parents): 71.1% did not have any dependents; 26.7% did have dependents; and 2.2% selected prefer not to respond.

Some of the challenges faced with women who have dependents include: financial challenges; spouses/partners/children who also have disabilities; and unable to live and care for child because of the disability.

Household income, before tax: 37.8% selected prefer not to respond; 31.1% had incomes less than $20,000; 11.1% had incomes between $35,000 and $49,999; 8.9% had incomes between $75,000 and 99,999; 4.4% had incomes between $20,000 and $34,999; 4.4% had incomes between $50,000 and 74,999; and 2.2% had incomes over $100,000.

Sources of income: 37% received Ontario Disability Support Program (ODSP); 26.1% received employment income; 21.7% received Old Age Security (OAS) Pension; 8.7% had no sources of income; 6.6% received work pension; 4.4% stated they received support from family; 2.2% received Canada Pension Plan; and 6.5% selected prefer not to respond. Some participants selected more than one option.

Income supports: 59.1% had not accessed any income supports; 22.7% had accessed food banks; 13.6% had accessed furniture banks; 4.5% had accessed clothing banks; and 11.4% selected prefer not to respond. Some participants selected more than one option.

Some of the challenges that women who had accessed income supports include: long wait times; lack of food from food banks; lack of food banks in the area; expired food from food banks; and not enough funding and food to eat healthily.
Accessing services

Services that are currently or previously accessed within the community: 43.2% accessed leisure and recreational programs; 38.6% accessed health and wellness services; 27.3% accessed arts and cultural programs; 22.7% accessed employment and training services; 20.5% accessed transportation services; 15.9% accessed financial services; 13.6% accessed no services; 13.6% accessed housing services; 13.6% accessed legal services; 11.4% accessed family supports; 9.1% accessed sexual and reproductive health services; 4.5% accessed ethnic and cultural services; and 6.8% selected prefer not to respond. Some participants selected more than one option.

Barriers to participating or seeking services: 47.7% attributed to costs of services and programs; 43.2% attributed to barriers around date and time; 40.9% attributed to anxiety; 36.4% attributed to eligibility requirements; 36.4% attributed to cost of transportation; 34.1% attributed to long waitlists; 34.1% attributed to duration of travel time; 29.5% attributed to location (e.g.: accessing services and programs outside of Scarborough); a combined 25% attributed transportation as barriers, including inaccessible modes of transportation; 15.9% attributed inaccessible venues; 13.6% do not experience any barriers to accessing services; 11.4% attributed to fear of discrimination; 11.4% attributed to lack of appropriate services and programs; 9.1% attributed to lack of accessible information or communication; 6.8% attributed to lack of attendant care; 6.8% attributed to safety issues around transportation; 4.5% attributed to lack of accessible technology; and 2.3% attributed to lack of childcare; and 9.1% selected prefer not to respond. Some participants selected more than one option.
Provisions that determine decision to seek or attend service: 52.3% stated provisions of transit fare or transportation; 34.1% stated provision of meals or refreshments; 29.5% stated their decisions were unaffected by provisions; 9.1% stated provision of childcare; and 9.1% selected prefer not to respond. Some participants selected more than one option.

Modes of transportation to access services: 71.7% used public transportation; 37% walked or wheeled; 28.3% used private transportation; 4.3% used other modes of transportation; and 4.3% selected prefer not to respond. Some participants selected more than one option.

Accessing information and communication: 66.7% accessed information online and through websites; 48.9% accessed information through word of mouth; 42.2% relied on information from community centres; 31.1% accessed information via social media (e.g.: Facebook, Twitter, Instagram, etc.); 28.9% accessed information through radio and television; 28.9% accessed information through the library; 28.9% relied on telephone calls; 20% accessed information through newspapers; 15.6% relied on caseworkers and workers to relay information; 11.1% relied on places on faith based organizations (religion or spirituality); 2.2% relied on TTY Telephones; and 6.7%
selected prefer not to respond. Some participants selected more than one option.

**Challenges in accessing information:** 46.3% did not have any challenges; 36.6% stated lack of outreach and promotion from service providers; 14.6% stated access to technology; 4.8% stated lack of alternative formats or accessible information; and 7.3% selected prefer not to respond. Some participants selected more than one option.

**Services currently needed in the community** (in order of recurrences): support groups for women with disabilities; more social and recreational programs for women with disabilities; employment services and training; employment services for people over the age of 30; better transportation for women with disabilities; legal support for women with disabilities; parenting supports for women with disabilities; financial aid (literacy); LGBTQ2S+ services; more free arts and cultural programs; and gardening and cooking programs to offset food costs.

**Employment**

**Employment status:** 24.4% were retired; 22.2% were volunteering or interning; 17.8% were unemployed or underemployed; 17.8% were currently engaged in part-time employment; 13.3% were not working or on leave; 11.1% were employed full-time; 11.1% were homemakers; 8.9% were currently receiving education or training; 2.2% were self-employed; and 6.7% selected prefer not to respond. Some participants selected more than one option.
Currently seeking employment: 48.9% were not seeking employment; 40% were seeking employment; and 11.1% selected prefer not to respond.

Challenges in employment: 46.7% stated finding employment that matches your education, skill set or interest; 33.3% stated a lack of accommodations in the workplace (including physical, technological, informational, safety, etc.); 31.1% stated that they have face or have faced discrimination from the employer (including disability, age, race, gender, etc.); 31.1% felt a lack of job opportunities; 28.9% stated they have not faced any challenges; 22.2% stated a lack of training provided; 20% stated they are able to work but unable to maintain employment; 20% stated a lack of awareness or compliance of legal rights in the workplace; 15.6% stated transportation barriers; 4.4% stated language and communication barriers in the workplace; 2.2% stated lack of childcare; and 8.9% selected prefer not to respond. Some participants selected more than one option.

Accessing employment services: 29.5% of respondents have sought employment services specifically for people with disabilities; 29.5% attended job fairs; 29.5% have not looked for employment services; 18.2% have accessed career consultations; 18.2% have accessed general employment services, not specific to people with disabilities; 15.9% have participated in training programs; 2.3% have participated in sub-minimum wage training; and 11.4% selected prefer not to respond. Some participants selected more than one option.
Improving employment services: 44.1% found these services helpful; 38.2% did not find their experiences helpful; and 17.6% selected prefer not to respond.

To improve employment services, respondents suggested (in order of recurrence): increasing direct personalized assistance; increasing awareness of services available; job matching that takes into consideration transportation barriers; more hiring opportunities at job fairs; more consideration of anxiety that women with disabilities may experience; increasing amount of interview support; advocacy and support on maintaining well-being in employment and workplaces.

Housing

Type of housing: 69.8% lived in regular market/private market housing (rent or owned); 9.3% lived in social housing (e.g.: subsidized, metro, government housing, rent geared to income); 2.3% lived in cooperative housing; 2.3% were couch surfing (e.g.: temporarily staying with friends or family); 2.3% were accessing transitional housing programs; and 14% selected prefer not to respond. Some participants selected more than one option.

65.9% stated they lived with others (including family, friends, spouse, a partner, friends, roommates); 24.4% lived independently; 4.9% lived in supported living; and 4.8% selected prefer not to answer.

Challenges in accessing housing: 39.5% stated long waitlists; 32.6% did not face any challenges; 30.2% stated cost of housing; 23.3% stated providing first and last month rent; 20.9% stated safety concerns; 18.6% stated discrimination (including of disability, being on Ontario Disability Support Program (ODSP), being on social assistance or ethnic background, etc.); 14% stated location; 11.6% stated inaccessible units; 9.3% stated bad credit; and 16.3% selected prefer not to respond. Some participants selected more than one option.

Housing supports: 78.6% of respondents do not access housing supports; 2.4% access housing support services (including housing workers); 2.4% access direct funding for attendant care; 2.4% access self-supported living units/ 24 hour attendant care;
2.4% access transitional housing programs; and 11.9% selected prefer not to respond. Some participants selected more than one option.

**Improving housing services:** 31.8% of respondents stated that they did not find housing services helpful; 9.1% stated they found housing services helpful; and 59.1% did not respond.

To improve housing services, respondents suggested (in order of recurrence): advocacy to reduce wait lists, lower housing costs, and increase income; knowing about eligibility for services.

**Safety and Independence**

**Factors that prevent women with disabilities from feeling safe or independent in public:** 41.9% stated they do feel safe and independent in public; 34.9% stated lack of sensitivity from the community/public; 25.6% stated public transportation; 23.3% stated lack of sensitivity from professionals (including service providers); 9.3% stated a lack of privacy; 4.7% stated lack of privacy; 2.3% stated being alone and not being able to communicate; 2.3% stated being targeted/followed on streets, in stores, etc.; 2.3% stated anxiety and discrimination from microaggressions; 2.3% stated vulnerability; and 9.3% selected prefer not to respond. Some participants selected more than one option.

**Factors that prevent women with disabilities from feeling safe or independent in private:** 47.6% stated they do feel safe and independent in private; 23.8% stated financial independence; 14.3% stated physical independence; 14.3% stated reliance on others or caregivers; 11.7% stated lack of housing options; and 14.63% selected prefer not to answer. Some participants selected more than one option.
Factors that cause social isolation amongst women with disabilities: 34.1% stated it is hard to make friends; 31.8% stated they do not feel socially isolated; 29.5% stated discrimination and stigma around disability; 22.7% stated lack of people to communicate with; 22.7% stated lack of representation in the community; 18.2% stated lack of family support; 11.4% stated lack of accessible community programs; 9.1% stated feeling ignored in public; 2.3% stated not being able to communicate in words; and 15.9% selected prefer not to answer. Some participants selected more than one option.

Barriers in accessing supports to feel safe: 29.5% stated lack of sensitivity from others; 27.3% stated that they do feel safe; 25% stated discrimination and stigma around disability; 22.7% stated financial security; 20.5% stated lack of access to supports outside of the home; 18.2% stated fear (including of abuser, community repercussions, isolation, law enforcement, etc.); 13.6% stated dismissal of safety concerns; 6.8% stated lack of caregiver respite care; 2.3% stated technological barriers and issues with confidentiality; and 18.2% selected prefer not to answer. Some participants selected more than one option.

Accessing services for improving safety or living independently: 56.8% stated they have not accessed services or supports; 20.5% stated they have accessed service and supports; and 23.3% selected prefer not to answer.
Improving services or supports for improving safety or living independently: 25% stated they found services helpful; 25% stated they did not find services helpful; and 50% selected prefer not to respond.

To improve services or supports for improving safety or independent living, respondents suggested: increasing funding; more outreach to let people know about available services; support groups; more understanding from the community about disabilities; and more programs.

Image: INCLUDED Creative Arts Week 6 Artist: MP

INCLUDED Creative Arts

“I can express my feelings without criticism.” - Project Participant

The INCLUDED Creative Arts program, an art therapy program, was a series of weekly sessions open to diverse women of all ages, backgrounds, and life histories. Its intentions were to provide a supportive, compassionate space for women living with disabilities to express themselves.

The INCLUDED Creative Arts program ran on Wednesdays for 12 weeks, on a drop-in basis. The INCLUDED Creative Arts program engaged 22 unique women. The INCLUDED Creative Arts Program provided transit fares and refreshments to participants.

Image: INCLUDED Creative Arts, Week 8, Artist: FA
The INCLUDED Creative Arts program was recovery-oriented and designed to accommodate client needs and provide stress relief in the forms of:

- Bodily energy release (e.g.: painting without limits on paper)
- Emotional support via companionship
- Temporary distraction from negative life events and circumstances (to focus on the positive)

The INCLUDED Creative Arts program used various art mediums like paints, pencils, pastels, and markers. Participants were invited on a weekly basis to engage in therapeutic art activities (known as “directives”) intended to promote helpful discussion topics, and provide a tangible outlet for emotion. Group members encountered various opportunities to practice their art-making skills in a respectful, low pressure environment, learnt new methods of managing their anxiety/stress levels, and expanded their imaginations.

“Working together – things do not [always] look like what they are supposed to be, but we laugh and talk about them.” - Project Participant

Format of weekly sessions:

- Sign-in, refreshments
- Greetings, recap
- Primary Art Activity Introduction, art-making
- Discussion Topics and sharing period
- Administration and announcements (including feedback and evaluation)

Examples of art activities:

- Painting to a Group Music Playlist
- “What is Your Idea of a Perfect World?”
- “What Keeps the ‘Light’ in Your Life?”
- “What Makes a Good Friend/Why is Friendship Important?”
- Mask Making, Discussing Identities

Image: INCLUDED Creative Arts, Week 4
Over the weeks, some group members’ pieces became more colourful and vibrant, where before they used mostly faint pencil outlines. Very beautiful masks were created, showcasing participant creative ability. The "Thinking About the Future" activity provoked responses both idealistic and practical (dreams and attainable goal setting). From beginning to end, The INCLUDED Creative Arts group's message emphasized the Journey of Self Discovery, rather than the created product (although the results in that regard speak for themselves). The women successfully developed inner strength through Art and building community.

“We get the opportunity to express ourselves using colours and other decorative materials. We have the fullest freedom to express ourselves.” - Project Participant

INCLUDED Socials

“Coming together with people with disabilities to socialize, learn and share resources. It's educational, it helps end stigma and makes me feel better about myself.” - Project Participant

The INCLUDED Socials were a biweekly social program to establish community and social supports amongst women with disabilities, and to connect participants to resources in the community.

The INCLUDED Socials ran on alternating Thursdays and Saturdays, on a drop-in basis. The INCLUDED Socials engaged over 35 unique women. 18 INCLUDED Socials and 1 full
day INCLUDED Social field trip took place. The INCLUDED Socials provided transit fares and refreshments to participants.

“This program is a valuable resource in the community, it is especially helpful in an environment where there are only women.”

- Project Participant

The INCLUDED Socials aimed to plan activities, bring in speakers, and address the needs that had been mentioned throughout the Needs Assessment, outreach, and continuous feedback and evaluation processes. During the eight months, the INCLUDED Socials evolved to become shaped by peer suggestions and planning: including sharing of news and information from participants; presentations and discussions led by participants; and activity planning based on interests from the participants.

“The atmosphere is truly inclusive, we are made to feel an important part of the group.” - Project Participant
The activities at the INCLUDED Socials included:

- Sharing news, information, and community events (topics ranged from women and disability issues; social media; new and relevant policies and legislations)
- Participating in art and creative expression activities (writing and sharing poetry; scrapbooking for yourself; button-making for the INCLUDED Summit)
- Emphasizing self-care and wellness (creating self-care charts; letter writing to future self; activities on self and community care)
- Learning from guest speaker presentations (City of Toronto Emergency Management Office; Housing and Income Supports; March of Dimes; Registered Disability Savings Plan)
- Engaging in the community (connecting with Enable ACCESS, as well as Action for Neighbourhood Change’s community garden and transit advocacy group)
- Attending community events (Malvern Family Resource Centre Community Walkathon and Barbeque; Junior Carnival and Family Day in Malvern)
- Participating in peer-led activities (practicing gratitude and meditation; presentation on 7 effective habits; movie screening and discussion)
- Field trip (Tangled Arts + Disability Gallery in downtown Toronto)
- Building community and peer support (getting to know each other; establishing friendships outside of the INCLUDED Project)

The impact of the INCLUDED Socials is evident through participants stating that they:

- Engaged in new experiences
- Learned new things about the community, each other and themselves
- Participated in activities as a group that can be scary when done alone (e.g.: attending the Junior Carnival in Malvern or commuting downtown for the INCLUDED Field Trip)
- Engaged outside of the INCLUDED Socials
- Feel safe in the INCLUDED Socials space
- Have taken on leadership and ownership of the INCLUDED Socials

Committee and Volunteer Engagement

The INCLUDED Project would not have been possible without the work and dedication of the INCLUDED Committee and Project volunteers. Over 350 volunteer hours were contributed to the project by over 25 volunteers throughout the project (not including placement student hours).
The INCLUDED Project committee and volunteer engagement provided opportunities for women with disabilities and other community members to connect with each other and take on leadership roles.

**The INCLUDED Committee contributed to:**
- Monthly committee meetings
- Needs assessment (e.g.: developing questions, event planning, developing strategies, facilitation, on-site support, compilation and assessment of data)
- Service listing (e.g.: conducting environmental scans and compiling information for the Service Listing)
- INCLUDED Socials and INCLUDED Creative Arts Programs (e.g.: planning and feedback on programming)
- INCLUDED Summit (e.g.: planning, speaker coordination, on-site support, etc.)
- Outreach and promotion (e.g.: emails, phone calls, social media, etc.)
- Broader leadership in Accessibility (e.g.: attending the Government of Canada and City of Toronto accessibility consultations)

**The INCLUDED Project Volunteers provided:**
- On-site support for the community consultation and focus group
- On-site support for the INCLUDED Socials and INCLUDED Creative Arts Programs
- On-site support for the INCLUDED Summit
- Supporting project initiatives and the INCLUDED Project Facilitator
- Contributed to the creation of community and safe spaces for INCLUDED participants

"The INCLUDED Project means inclusiveness for all, no boundaries, all are welcomed." - Project Volunteer
Outreach and Collaboration

The INCLUDED Project relied on outreach in the community and collaboration with service providers or networks to ensure success.

The INCLUDED Project connected with over 150 unique individuals, 150 organizations, attended over 20 meetings and events, and distributed over 3500 outreach and promotional materials.

With assistance from Malvern Family Resource Centre’s Volunteer and Outreach Coordinator, the INCLUDED Project developed various outreach materials for the INCLUDED Project including with Clear Print Guidelines: brochures, flyers, postcards, bookmarks, posters, etc.

The INCLUDED Project reached out to various organizations from North-East Scarborough, within the Greater Toronto Area, and even province-wide organizations (e.g.: service providers, community agencies, city services, disability related agencies, etc.).

These connections with organizations, created opportunities to:

- Share information about the INCLUDED Project
- Provide information and resources to INCLUDED Project participants (e.g.: through guest speakers at the INCLUDED Socials; sharing of programs, activities, and events in the community to INCLUDED participants by emails)
- Receive feedback on the INCLUDED Project
- Collect information and data for the Needs Assessment
- Develop the Service Listing for INCLUDED participants and for use by the community
- Create training opportunities for the INCLUDED Project, Malvern Family Resource Centre and Women’s Place

The INCLUDED Project also attended events in the community to reach out to women with disabilities (including the Malvern Community Speaks, Malvern Eats, Scarborough Advisory Committee for Community Services (SACCS), Malvern Meet & Greet, Women’s Place International Women’s Day 2017, 42 Division Community Picnic, Scarborough Addiction Services Partnership (SASP), City of Toronto Multi-year Accessibility Plan, Seniors Communities Symposium, etc.).
The INCLUDED Project understood the need in addressing representation of project participants (amplifying their voices and visibility); and the sustainability of the INCLUDED Project (the long-term effects beyond the project) within Women’s Place, Malvern Family Resource Centre and within North-East Scarborough.

The INCLUDED Project aimed to:
- Develop self-advocacy and amplify the voice and needs of women with disabilities
- Share project materials, resources and findings with the community
- Increase engagement and ensure long-term involvement of women with disabilities within the broader community

Throughout the INCLUDED Project participants have become increasingly engaged in Women’s Place and Malvern Family Resource Centre programs and events, including: Women’s Place International Women’s Day 2017; and participating in meetings with Prime Minister Justin Trudeau in March, and with The Honorable Maryam Monsef, Minister of Status of Women of Canada in August at Malvern Family Resource Centre.

Project participants have been engaged in the Enable ACCESS project, a peer-led project for women with disabilities in North-East Scarborough, to further advocate for their needs through developing trainings on best practices for service providers to build community capacity; gain skills and become leaders; and to foster safe and inclusive communities.

Project participants also been involved in advocating for services and programs they need beyond the INCLUDED Project. Representation and sustainability of the INCLUDED Project and its participants is necessary in creating a vibrant and inclusive community.
The INCLUDED Project had the opportunity to learn and adopt practices within the project, Women’s Place and also within Malvern Family Resource Centre. These Best Practices were developed from the Needs Assessment, from formal and informal feedback and evaluations, and have been documented throughout the project. We encourage the community, service providers and groups to strive to understand the needs; adopt best practices so they become the norm rather than exception; to utilize existing resources developed by organizations and groups\(^2\); and to work collaboratively with others in improving accessibility for women with disabilities in North-East Scarborough.

**Understand and address accessibility**

- **Recognize all disabilities, abilities, and identities of women with disabilities; do not make assumptions on the needs of individuals or groups** (e.g.: visible and invisible disabilities; assumptions on ability to read or write; assumptions and preconceived notions of disabilities; etc.)
- **Understand that accessibility barriers** (what prevents individuals from seeking services) include physical barriers and non-physical barriers (such as: financial, organizational, outreach, information and communication, technology, attitudes, organizational and structural, transportation, safety, independence, etc.)
- **Address physical barriers** (e.g.: having wide spaces for wheelchair, scooter or mobility devices; good lighting; automatic door openers; barrier free washrooms with safety features; large print and braille signage; providing services in different locations; safe and accompanied waiting areas; etc.)
- **Address non-physical barriers** (e.g.: ensuring financial accessibility of services by providing free or subsidized services when possible; providing flexible timing for services such as drop-in formats, evening and weekend hours; providing transportation fares, food and refreshments, childcare, attendant care etc.; having staff and volunteers to provide information or support if needed; welcoming support people or service animals; etc.)

**Adopt practices as an organization**

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\(^2\) The INCLUDED Project found the following resources helpful for the project: Ontario Council of Agencies Serving Immigrant Accessibility Initiative Accessibility Kit, Springtide Resources’ AODA e-learning: Improving Access to Violence Against Women Services for Women with Disabilities, and the Canadian National Institute for the Blind’s Clear Print Accessibility Guidelines.
• **Ask questions and do not make assumptions** about the needs of individuals or groups; be respectful and sensitive; and get consent to provide services and support (except in cases of emergencies)

• **Continuous staff and volunteer trainings** to increase awareness, sensitivity and capacity to provide services

• **Commit to addressing the physical and nonphysical barriers** within the organization (e.g.: explicitly, implicitly, internally and externally)

• **Streamlining and simplifying procedures** within the organization to improve accessibility (registration systems and forms; formal and informal feedback and complaint mechanisms; etc.)

• **Seek or allocate funding for improving accessibility**

• **Representation in staff, management, committees and boards** to create environments reflective of the experiences of women with disabilities; and providing accommodations within the organization

• **Provide honorariums** for recognition for work that is done

**Improve outreach, information and communication**

• **Present information and materials in plain language**, with visuals if possible,

• **Increase outreach** and develop new strategies to reach out to women with disabilities

• **Adopt the Canadian National Institute for the Blind’s Clear Print Accessibility Guidelines** for outreach and promotional materials: high-contrast colours for text and backgrounds (e.g.: black on white); large font size (e.g.: between 12 and 18 points); avoid complicated fonts (e.g.: choosing Arial and Verdana); choose heavy fonts and avoid italics or uppercase; do not crowd text; print on matte or non-glossy finish; etc. (Source: [www.cnib.ca/accessibility](http://www.cnib.ca/accessibility))

• **Utilize various methods of communication** and for contact (e.g.: online, e-mail, e-Newsletters, in-person word of mouth, sharing with other agencies/
organizations/ groups, radio and television, social media, telephone calls, newspapers, TTY, etc.)

- **Accommodate for alternate formats** if possible (e.g.: large print, braille, audio formats, content that can be used by screen readers, etc.)

- Use inclusive language: understand that different people identify with their disabilities differently, so may choose to use different language (e.g.: “people with disabilities”, “differently abled”, etc.); address ableist language (e.g.: language that excludes individuals, language that stigmatizes people with disabilities, etc.); and include language that is inclusive of all women (e.g.: women of different backgrounds, LGBTQ2S+ women, etc.)

- **Information sharing and communication for community events:** verbalize or read out any content, describe images, provide descriptions at community events (e.g.: share verbally location of washrooms, emergency exits, and options for individuals to leave and return at any time; describe symbols and visuals; read out acronyms; etc.); provide handouts, materials, and agendas in advance or printed on-site; have note takers and American Sign Language (ASL) interpreters at community events and for service with disabled-deaf clients

**Create inclusive and safe environments**

- Understand that new spaces or experiences can be scary or overwhelming for individuals (e.g.: creating spaces and adopting; etc.)

- **Establish a culture of trust** (e.g.: believing the needs and challenges of clients when expressed; respecting and validating experiences and identities; believing survivors; accepting all aspects of identities; etc.)

- **Establish confidentiality** within the spaces, amongst participants and the organization

- **Check-in with clients** (e.g.: follow-ups; gather feedback and complaints through formal and informal mechanisms, and making improvements; etc.)

- **Facilitate learning spaces** that allow for individual and community growth and improvement

**Collaboration with other service providers, organizations and groups**

- Knowledge and information sharing (e.g.: existing research and data; trainings; resources; networks; referral of services)

- **Work collaboratively and develop partnerships** to address gaps and to build capacity towards shared goals

**Ensuring sustainability**

- **Provide information and referrals** to increase capacity and independence of women with disabilities in the area

- **Help clients develop self-advocacy skills** in voicing their needs and concerns
- **Increase representation and integration** for long-term community involvement
- **Share experiences, findings, and encourage adoption of best practices** with other organizations, and within the greater community
- **Advocacy** through education and encouraging broader changes (e.g.: for improving services and funding; improve incomes, housing, employment, supports, transportation, and etc. for women with disabilities; to end stigma and discrimination; etc.)