Count Us In!

Inclusion and Homeless Women in Downtown East Toronto

June 2006

Project Partners:

Ontario Prevention Clearinghouse, Ontario Women's Health Network, Toronto Christian Resource Centre and Toronto Public Health

Dedication

This report is dedicated to the Inclusion Researchers, who ensured the project's relevance to women who are homeless and marginally housed in Downtown East Toronto. This report is also dedicated to the 58 homeless and marginally housed women who participated in the focus groups and shared their experiences and insights.

Contents

Executive Summary

"Women are waiting for a breakthrough." – Inclusion Researcher

It is well known that adequate living conditions and social inclusion are key determinants of health. The World Health Organization[1] and Health Canada[2] have repeatedly emphasized that inadequate living conditions are primary threats to our health. They are associated with shorter life spans as well as a wide range of illnesses, including heart disease, diabetes, cancers, respiratory illnesses and more.[3] Homelessness and social exclusion have a serious impact on women's physical, mental and emotional health.

The purpose of this project, called *Count Us In!*, was to investigate how health and social services in Toronto, and in the province of Ontario, can be made more inclusive, and in turn, promote the health and well-being of marginalized groups. Homeless and underhoused women who live in Downtown East Toronto led the research and were actively engaged in all stages of the project, from collecting and analysing the data to developing the final recommendations. They facilitated 11 focus groups with 58 women who are homeless or underhoused. [4] The researchers collected feedback on the health and social services that women use as well as the participants' ideas about how policies and services could be improved. *Count Us In!* aims to influence how governments and service providers plan, deliver and fund services for populations that are marginalized. As one participant said, this is an opportunity for the service providers to "step back and take a good look at what is needed."

This report summarizes what the women said. It describes many of the barriers they face, and then highlights their solutions for making services more inclusive. Key recommendations include:

- Training health and social service providers to listen to and respect the people they serve.
- Making information and resources readily available and accessible to women of diverse backgrounds.
- Creating safe spaces where discrimination is challenged and actively resisted.
- Setting up more detox centres and harm reduction programs for women.

- Opening more shelters for women and families.
- Making health and social services accountable to the people they serve.
- Changing policies that are detrimental to women's health and introducing policies that will give women more options – for example, build safe and affordable housing, provide more transitional supports for people who are moving from shelters to long-term housing, raise social assistance rates, and reverse the clawback on the National Child Benefit Supplement.

Count Us In! highlights the importance of marginalized women being actively involved in every part of the process, to ensure that their voices are heard, that they are "at the table," and that the appropriate actions are taken to meet their needs.

1. Introduction

What Is *Count Us In?*

Count Us In! investigated how health and social services in Toronto, and in the province of Ontario, can be made more inclusive and better promote the health and well-being of marginalized groups. Homeless and underhoused women who live in Downtown East Toronto led the research and were actively engaged in all stages of the project. They facilitated 11 focus groups with women who are homeless or underhoused, to collect feedback on the health and social services that women use as well as the participants' ideas about how policies and services could be improved. *Count Us In!* aims to influence how governments and service providers plan, deliver and fund services for populations who are marginalized.

The Ontario Women's Health Network (OWHN), Ontario Prevention Clearinghouse (OPC), Asset Mapping Research Project (AMRP) of the Toronto Christian Resource Centre, and Toronto Public Health organized this research project. *Count Us In!* unites the framework of inclusion (developed by OPC), with the experience of listening to women (gained by OWHN through conducting focus groups), and the methodology of training people

who are homeless as researchers (pioneered by AMRP). The partners bring expertise and commitment to conducting participatory research, working with people who are homeless, and advocating for inclusive health policies and programs.

Count Us In! was funded by the Wellesley Institute.[5]

Our Way of Working

Count Us In! used participatory research,[6] which is conducted *by* and *for* people who are marginalized, to transform the conditions that are at the root of their poverty and exclusion. Participatory research blurs the line between the 'researcher' and the 'researched.' Rather than having one expert studying relatively passive objects, everyone is an active participant.

Count Us In! used a particular kind of participatory research called Inclusion Research. The purpose of Inclusion Research is to investigate how best to promote the health of marginalized groups. It asks: What are the systemic barriers that impede women from connecting to the services they need? What changes need to be made for health and social policies, programs and services to be more inclusive? And it models a way of working that includes marginalized groups in every part of the process. Women who are homeless or marginally housed – the Inclusion Researchers – were involved in designing the study, collecting and analyzing the information, and disseminating the results (see Appendix A: Methodology and B: Focus Group Guide).

Inclusion Research develops the skills and capacities of the Inclusion Researchers and allows them to express and take action on their shared concerns. By including homeless women in this way, the project leads to more relevant policy recommendations.

Definition of Inclusion

A society where everyone belongs creates both the feeling and the reality of belonging and helps each of us reach our full potential.

The *feeling* of belonging comes through caring, cooperation and trust.

The *reality* of belonging comes through equity and fairness, social and economic justice, and cultural as well as spiritual respect.

The feeling and reality of belonging are good for the health of individuals, families and communities.[7]

Why This Report Matters

Women in the focus groups shared some of their stories about how they became homeless. These were consistent with the systemic root causes, such as experiences of violence and childhood abuse, job loss, lack of affordable housing and discrimination, which have been well documented in other reports and studies, and are described in the *Count Us In! Literature Review*. Women who live on the margins understand better than anyone the systemic barriers that lead to marginalization and can articulate solutions. *Count Us In!* recognizes that the women who use health and social services want to play a role in addressing the barriers they face and in shaping the programs and policies that affect them.

To date, much of the research done in the area of women's health has neglected the social determinants of health.[8] *Count Us In!* recognizes that poverty, housing and social exclusion are primary determinants of health. Homeless women have a higher rate of emergency and chronic health impacts due to living circumstances, poverty and lack of access to preventative services. Inclusion Research is a way to stress the importance of the determinants of health and promote inclusion (the feeling and reality of belonging).

This report is different because it is not merely a research report. Inclusion Research is about research to action and this report provides an agenda for action!

Grounded in health promotion,[9] inclusion,[10] women's health research[11] and asset-based community development,[12] this report captures the voices of the homeless women who participated, recognizes the importance of those voices, and recognizes the effectiveness of actively involving women who are homeless in finding solutions and developing relevant policy solutions.

2. What the Women Said…

Their Experiences

In the interviews and focus groups, women were asked to talk about what contributes to their health and well-being, their experiences with health, social and community services, and how these services can be improved to be more inclusive *(See Appendix B: Focus Group Guide)*. Their experiences fit within the following themes:

- Health and social services
- Substance abuse
- Work and money
- Education
- Safety and security
- Family, friends and community
- Discrimination
- Transitional supports

It is important to note that gender matters in each of these areas. Throughout the following sections, you will see that women spoke specifically about their experiences and the barriers that they face as women. This was an important issue throughout the focus groups, particularly the lack of services that are suitable for women.

Health and social services

Women described health and social services that are often inaccessible and do not fit with women's needs. Participants repeatedly described service providers treating them with a lack of respect – not listening, being rude and inattentive, and treating clients as though they "aren't human."

> ***"You are looked down upon… not treated with any dignity. Your concerns are not well heard because of …where you are from."***

> ***"They make you go to this program and after one week, you have to live month to month since they reduce your cheque when you are working part-time."***

> ***"The workers [at social assistance offices] don't treat you like a person. They treat you like the money is coming out of their own pockets or something."***

> ***"They treat you like you aren't human, they have no feelings. They should be on the other side of the fence [put themselves in our shoes]."***

> ***"[At] welfare offices, you don't have a face; you are a number. There are a few good ones, but they don't generally treat you like a person. It is like they're better than you or something. They have an attitude, a nasty attitude and…they talk to you like you're nothing."***

> ***"The workers at the food banks are outright rude… [For example,] for you to get food, you need a referral, but if you do not have a referral and you are desperate, they tell you to pick some expired food at your own risk."***

> ***"The Health Bus is favourable because it is accessible and anybody can walk into it."***

Women also repeatedly mentioned the importance of having access to showers and good hygiene, both for the women's own sense of well-being and so that they would not be looked down on.

> **"Hygiene, having daily showers, volunteer work, learning about one's culture, self-image and access to feminine products (e.g.. tampons) at shelters…promote good health as women."**

Finally, women described the need for more facilities and services that are specifically geared to women.

> ***"Some places are only for men, especially some drop-ins where men can use washroom, get shampoo."***

Substance abuse

A number of participants spoke about how drug dependency can have a negative impact on their health and well-being – make them depressed, hurt their self-image, lead to sex work, and make it hard to pay the rent. When women are struggling with addictions, they often need to develop a whole new group of friends and supports.

> ***"It is very difficult to be on the street and not do drugs or prostitution. Many people in the street do drugs and if you don't do drugs with them, you get no friends."***

> ***"Makes you very depressed when you are using drugs."***

Work and money

The women said that having a job and an income are key to their sense of belonging, feeling good about themselves and participating in society.

> ***"Getting a job made me feel human and changed my world."***

> ***"Having a job is like an ice breaker, it allows you to break through the ice and begin living."***

> ***"You seem to be given more services when you are working or have an income."***

"Everybody needs money to survive. Some people get so depressed that they cannot afford housing etc. that they drink and do drugs. Then they have to borrow money in order to pay their bills. It is a vicious circle."

"It drives people nuts when they have no money and cannot take care of themselves."

Education

Women acknowledged that education and learning can contribute to the feeling and reality of belonging and can be good for their self-esteem, but that there are barriers that make it difficult for adults to get an education, such as the prohibitive costs and high interest rates on OSAP loans.

"Sometimes when you do not have an education, you feel stupid and your self-esteem is affected."

"If there was free access to education, more of us would go to school."

At the same time, women noted that education is not a cure for the barriers and problems that they face.

"Education is a great tool, but you also need life experience."

"Having a good education is not that important. I have one and it has not really done anything for me."

Safety and security

Women want a sense of safety and security, both at home and in the neighbourhoods where they live. When women are afraid to go out at night, their sense of isolation increases. When women don't feel safe and secure where they live, they don't get enough sleep, which in turn affects their emotional health and immune system. Women who live in areas that they

believe are unsafe look at residents from other neighbourhoods and wonder why they have more services available to them.

> ***"Here in downtown you are hunting or hunted."***

Several participants commented that public libraries provide accessible safe spaces.

> ***"Everybody finds the library a good resource with lots available and it's a good place to rest and come out of the cold."***

Family, friends and community

A number of women spoke about their feelings of isolation and loneliness. Having family, friends and a sense of community provide social supports that are critical to women's health and well-being. Women spoke of the importance of connecting with their community and having people they know and trust to talk to, help them make tough decisions, and provide emotional support.

> ***"Being homeless affects me so much because there is nobody to turn to."***

> ***"Some people work the street because they are lonely and are looking for compassion and understanding…from anyone, even a complete stranger."***

> ***"I am known by the people around, and this gives me a sense of belonging. Even the guy at the corner store knows me… when I walk in and he greets me before I even say something, and in a friendly manner, I feel recognized."***

Discrimination

Women experience discrimination based on their income, skin colour, gender, religion, culture, disability and sexual orientation. Participants also spoke about how where they live can have an impact on how they feel about themselves and what services are available to them. Women want to be able to access services and be treated with respect regardless of these factors.

"It should not affect your health but for many people, it [race/racism] does."

"Not being Caucasian affects me. I can't get a job easily…Because of my black hair and olive skin, I am considered "other."

"Hatred of any kind will affect your well-being, whether it be physical (fighting), emotional (self-esteem problems), or educational."

"Because of [the recent] shootings [in Toronto], prejudice [against people of colour] is growing and getting a job seems impossible."

"Sometimes the area that you live in can be stigmatized. It is like a black [sic] cloud over an entire population."

"It seems that when women are assertive, violence against them is on the rise."

Women want to be free to make their own decisions, practise their religion/faith, and express themselves.

"Women should be able to say what they want, when they want, without fear of persecution or prejudice."

Transitional supports

Criteria for who is eligible to use certain programs and services, such as Ontario Works and Ontario Disability Support Program, need to be more flexible. When women are trying to move out of the welfare system, there are few transitional supports, such as income, employment and drug cards. Women may be afraid to make the transition and may feel too embarrassed to get help.

Solutions

As noted, the women who participated in the focus groups were clear about both the barriers to inclusion and the solutions that would make an immediate difference in their lives. The following solutions are organized by theme and include the voices of the women, their experiences and examples.

Women want services providers to:

- Respect the people they serve. This means listening and responding to women's needs, taking the time to get to know them as individuals, being non-judgemental and showing empathy.

  "Take the time to talk to a person. I have been sent home so many times and they think that because I have mental health issues, there is nothing wrong with me."

  "When I had gone in earlier that day I was feeling suicidal, and they just sent me away without even listening."

- Not make assumptions about women being straight.

  "Everyone, especially doctors, assume you're straight. It is hard when you have to correct them."

- Provide women with timely and relevant information and resources.

  "Make women more aware of the services that are available to them."

- Improve staff training and ensure that healthcare and social service providers are accountable to the people they are supposed to serve.

  "The workers at the agencies should be evaluated by the users of the services."

"Staff should be educated in today's problems; we are not facing the same things that women were facing 10 years ago."

Solutions to substance abuse

- Offer programs that reflect and are rooted in culturally specific traditions.

"Addiction affects woman's health and whole life. Alcohol is her substance of choice. She goes to Sweat Lodge for illnesses, as it makes a positive impact on her and her friends. Elders and counsellors give her and other Aboriginal women direction and guidance."

- Set up more detox centres for women.

"[There is] only one detox with 6 beds for women in the whole city [of Toronto] – it's insane, while men have many detoxes."

- Support harm reduction programs that are accessible to women.

- Train service providers to be non-judgemental.

Solutions to address the need for work and educational opportunities

- Offer more employment and training programs specifically for women.

- Develop special training for people with mental health and addiction histories.

"I think that there should be special training for people who have mental disabilities [sic]. Such as the ACET [Assistant Cook Extended Training] program at George Brown College."

- Eliminate the age barriers to training programs.

> ***"Get rid of the age barriers. A woman in her 40s may want a new choice."***

Solutions to homelessness

- Use tax dollars to reduce poverty and eliminate homelessness.

> ***"The women think it would be helpful to garnish taxpayer's wages [sic] in an effort to eliminate homelessness."***

The challenge is to clearly articulate the issues and solutions and to find the partners in social and health services, government, and the community to make the changes needed. As a first step in this process and based on the voices of the women who participated in the focus groups, we have developed the *Count Us In!* Charter for Offering Services to Women, which provides a road map for making health and social services more inclusive of women who are homeless and marginally housed. The Charter is practical, can be easily implemented, and addresses how women want to be treated when they use services.

3. Charter for Offering Services to Women

As women, we believe that services must be offered in the following way to create the feeling and reality of belonging, by addressing inequity and social injustice, and helping each of us reach our full potential:

1. Respect our rights and freedoms as women.
2. Support our needs as women.
3. Show us respect and treat us with dignity.
4. Recognize our rightful place as equals, with all of our human, political, social and economic rights.

5. Create safe spaces where discrimination is challenged and actively resisted.

6. Take the time needed to hear and understand us.

7. Strive to offer us helpful and timely assistance.

8. Involve us in your decisions as you plan and implement programs.

9. Ensure that your organization's staff and the materials you distribute recognize and reflect the diversity of the communities you serve.

10. Make your organization a place where each of us feels safe, welcome and free to be who we are.

Count Us In! project partners intend to seek new funding partners to develop a manual of training curriculum for health and social service providers on offering inclusive services to women.

4. Policy Action Agenda

Many of the solutions offered by the women require significant policy change at the municipal, provincial and federal levels, to support the health and inclusion of women who are homeless or marginally housed. While the number of homeless people in Toronto is growing, there are adequate funds and resources available to address the social determinants of health and ensure decent living standards for everyone.

Listed below you will find the policy agenda that the participants recommended, followed by the names of organizations that are active campaigning for these policy changes.

- Provide subsidized housing that is affordable, accessible and safe, with the appropriate supports to help us keep our homes.

"It's a miracle to have a home."

"I live in a subsidized cooperative house. I am mentally healthy all the time because I don't have to live in fear. Is being at peace within oneself, is feeling healthy."

"Another woman lives in subsidized housing that is wheelchair accessible. She feels fortunate to have people care about her. Community connections saved her life. The team who treats her gives her a sense of belonging. She has people to talk to regularly. They work on her extreme paranoia and make her feel safe."

- Build more shelters for couples and families.

- Raise the Ontario Works and Ontario Disability Support Program rates – they are too low to maintain good health.

"It is very hard for a woman being on social assistance and living off of a limited income."

"I just manage; I can't afford to improvise so I just survive."

- Reverse the clawback of the National Child Benefit Supplement.

"I feel that they shouldn't take any of the baby bonus off. It is the children's money. When you get child support, it is taken off the woman's taxes…"

- Make services more accessible to women who are homeless by providing childcare and reducing barriers to public transportation. If transit tickets and passes were made available, as they are during Cold Alerts, women would be able to travel to doctors' appointments and other events.

"People can't afford and need help to get bus fare. There are lots of services they can't access. TTC can donate tickets if people advocate for it."

- Provide more transitional supports for people who are moving from shelters to long-term housing.

> ***"Staff should realize that going from shelter to housing is a big leap, and that we may need help."***
>
> ***"...When you are in a shelter they pick your food and make sure that your daily needs are being met."***
>
> ***"Getting into housing [can] make for more depression because of increased isolation, and as a result the women go back to the shelter."***

- Provide more food share programs.

The following organizations are actively campaigning for these policy changes:

Ontario Coalition Again Poverty
Raise the Rates Campaign
Tel: 416-925-6939
Email: ocap@tao.ca
http://ocap.ca/rtr/diet/clinics

Health Providers Against Poverty
Dr. Gary Bloch
St. Michael's Hospital
Email: gary.bloch@utoronto.ca

Campaign 2000
Campaign against child poverty
Tel: 416-595-9230, Ext. 244
Email: elizabethab@fsatoronto.com
http://www.campaign2000.ca

Ontario Coalition for Better Childcare
Tel: 416-538-0628
Email: info@childcareontario.org
http://www.childcareontario.org

Toronto Disaster Relief Committee
1% Solution
Tel: 416-599-8372
Email: tdrc@tdrc.net
http://www.tdrc.net

Acknowledgements

Count Us In! Working Group Members:

- Farida Athumani, Inclusion Researcher
- Krissa Fay, Ontario Prevention Clearinghouse
- Michael Fay, Independent Consultant
- Tekla Hendrickson, Ontario Women's Health Network
- Adonica Huggins, Toronto Christian Resource Centre
- Marcia Jarman, Inclusion Researcher
- Kathy Kunsmann, Inclusion Researcher
- Barbara Miles, Independent Consultant
- Ramin Shokat Pourtorab, Toronto Christian Resource Centre
- Catherine Turl, Toronto Public Health

The Working Group thanks our supporters for their generous contributions:

- Dr. Suzanne Jackson, Centre for Health Promotion, University of Toronto, who assisted us in analyzing the data and presenting the findings for this report.
- *Count Us In!* Advisory Committee for their expertise, time and support of the project (see Appendix E: Advisory Committee Members).
- Wellesley Institute whose commitment to community-based research was demonstrated countless times during the project.
- Service agencies in Downtown East Toronto that assisted us in recruiting participants and allowed us to use their space for the focus groups (see Appendix F).

Notes

[1] See, for example, World Health Organization, *Ottawa Charter for Health Promotion*, Geneva, Switzerland: World Health Organization European Office, 1986 or World Health Organization, *Belfast Declaration*, Copenhagen: World Health Organization, 2003.

[2] Health Canada, *Taking Action on Population Health: A Position Paper for Health Promotion and Programs Branch Staff*, Ottawa: Health Canada, 1998 or Health Canada, *Healthy Development of Children and Youth: the Role of the Determinants of Health*, Health Canada, 1999.

[3] See, for example, Dennis Raphael, "Addressing health inequalities in Canada," *Leadership in Health Services*, 2002:15(3):1-8; D Raphael, S Anstice, K Raine, "The social determinants of the incidence and management of Type 2 Diabetes Mellitus: Are we prepared to rethink our questions and redirect our research activities?" *Leadership in Health Services*, 2003:16:10-20; and D Raphael, ES Farrell, "Beyond medicine and lifestyle: addressing the societal determinants of cardiovascular disease in North America," *Leadership in Health Services*, 2002;15:1-5.

[4] The participants included women who live on the street, in shelters, in rooming houses or in other transitional housing. Locations covered in Downtown East Toronto are St. James Town, Cabbagetown, Church/Wellesley, Upper Jarvis, Regent Park, Moss Park, and St. Lawrence. Due to financial and time constraints, the project was conducted only in English and therefore does not adequately represent the voices of women who do not speak English, for example newcomers, refugees, women without citizenship status. Furthermore, while effort was made to recruit women from diverse backgrounds and experiences, this report does not claim to represent all women who are homeless and marginalized in Downtown East Toronto.

[5] The views expressed in this report do not necessarily reflect the views of the Wellesley Institute, formerly the Wellesley Central Health Corporation.

[6] See, for example, Linda Reutter et al, "Partnerships and participation in conducting poverty-related health research," *Primary Health Care Research and Development*, 2005.

[7] Michael Fay, *Count Me In!* Ontario Prevention Clearinghouse, 2005.

[8] Toba Bryant, "Towards a New Paradigm for Research on Urban Women's Health," *Women's Health and Urban Life*, 2005.

[9] Health Promotion 101 http://www.ohprs.ca/hp101/main.htm.

[10] Michael Fay, *Count Me In!* Ontario Prevention Clearinghouse, 2005.

[11] Penelope Ironstone-Catterall, *Feminist Research Methodology and Women's Health: A Review of Literature*, National Network on Environments and Women's Health, 1998.

[12] Asset-Based Community Development Institute, http://www.northwestern.edu/ipr/abcd.html.

Appendix A

Methodology

Count Us In! used participatory action research informed by feminist research principles. This qualitative research methodology encouraged community engagement and capacity building.

Eight homeless and underhoused women were hired as Inclusion Researchers and were paid honoraria for their training and research time. A total of 58 homeless and underhoused women from Downtown East Toronto (Yonge Street to the Don River and Bloor Street to the Lakeshore) participated in 11 focus groups. Approximately 4 to 6 women participated in each session.

Homeless and underhoused women were recruited to be Inclusion Researchers and focus group participants, using the following criteria (in order of priority):

- women who are homeless and live on the street or are "couch surfers"
- women who live in shelters
- women who live in transitional housing
- women who live in subsidized housing
- women who live in rooming houses or other market rent housing but are underhoused

Inclusion Researchers were trained in how to facilitate a focus group and take notes to record the proceedings. This training, combined with the focus group questions and guide, which were developed by the Working Group, ensured that a consistent approach was used at the different focus groups.

Once the training was completed, the following steps were taken:

- Literature review – A review of the literature on health and homelessness was prepared.
- Focus groups – 11 focus groups were conducted. At each, one Inclusion Researcher acted as facilitator, one Inclusion Researcher took notes, and one member of the *Count Us In!* Working Group recorded the proceedings using a laptop computer.

- Community mapping – The Inclusion Researchers created a map of all the health and social services in Downtown East Toronto that were identified by the women in the focus groups.
- Compiling demographics – Information about the demographics of the focus group participants was compiled, using a tool which was developed by the Asset Mapping Research Project and adapted for this project. Information was collected about the age, race/ethnicity, country of origin, living situation and first language of the participants.
- Data analysis – The participatory process of analyzing the data took place over two full days, and involved the Inclusion Researchers and members of the Working Group. The process followed steps commonly used in qualitative analysis of coding, creating themes, and looking for sub-themes as well as relationships between data.
    - Prior to the first group meeting, the Inclusion Researchers typed up the notes that were taken at each focus group, printed them in large type, cut the sentences into strips and glued them onto cards. In the process of doing this, the researchers discussed and became very familiar with the information.
    - On Day 1, the group reflected on and discussed their overall impressions of the focus groups. The strips that had previously been prepared were divided into two sets – notes from six of the focus groups went on one table and six on the other. The teams at each table grouped together the statements that raised the same issue, to identify themes. The groups then shared these with each other. The larger group looked at all of the titles and the relationships between them, and created a model, or picture, to represent the relationship between the issues raised by the women, the social determinants of health, and health and social services. The process used on Day 1 is known as the "long table method."

› On Day 2, working from notes typed on Day 1, the Inclusion Researchers and Working Group members identified the key points that the women had made about inclusion, and selected quotes that exemplified each of these ideas. Based on this information, the group discussed what kinds of actions were required and what the recommendations were. These results formed the basis of this report.

Feminist research principles informed the *Count Us In!* methodology.

Feminist research:

- places value on women's lived experiences.
- uses a critical analysis of gender.
- is reflexive (conscious of the ways in which power, biases and assumptions affect how data is collected, interpreted and presented).
- acknowledges women as experts on their own lives and experiences, and does not privilege the knowing of the professional researcher.
- focuses on social change, as does participatory action research.
- often involves speaking and listening to women and sharing the research with the participants.
- generates knowledge that benefits the community – it does not belong to the researcher.
- allows/encourages multiple perspectives.
- values qualitative methods which reflect the participants' own experiences and understandings of them.

Appendix B

Count Us In! Focus Group Guide

Start the focus group by introducing the concept of inclusion and how it relates to our health and sense of well-being.

Definition of Inclusion (Michael Fay, Count Me In! Ontario Prevention Clearinghouse, 2005):

> A society where everyone belongs creates both the feeling and the reality of belonging and helps each of us reach our full potential.
>
> The feeling of belonging comes through caring, cooperation, and trust.
>
> The reality of belonging comes through equity and fairness, social and economic justice, and cultural as well as spiritual respect.
>
> Belonging makes us feel good. It makes us healthy. It makes us want to reach out to others. Belonging makes our communities healthy, too.

Question # 1	Prompts on Gender	Prompts on Social Determinants
What would you say are the things that contribute to your good health and well-being?	What is important to your health and well-being as a woman?	How does education impact on your health?
What makes you feel healthy?	What makes you healthy as a woman?	Income?
	How does being a woman impact on your health and well-being?	Employment or unemployment?
		Social supports like friends and family?
		Culture, race, ethnicity, immigration status?
		Healthcare (e.g. doctors, nurses, hospitals, clinics, medications, treatments)?
		Addiction?
		Prostitution?

[1]These are based on the Public Health Agency of Canada's 12 determinants of health. The 'social' determinants were selected from this list, whereas physical environment, early childhood development, biology and genetics, and personal health practices (e.g. smoking, eating habits) were left out.

Question # 2	Prompts on Gender	Prompts on Social Determinants
Think of a time when you had a good experience with a health, social or community service. What made you feel good about this experience? Do you think it helped your health and well-being?	Going to the doctor? Going to the welfare office? Going to a drop-in centre?	Do you use the library? What was good about the service? Do you have a sense of belonging there?
What specifically made you feel that you belonged?	How does being a woman affect your feelings of belonging within the health and social services you use?	Social assistance? (e.g. OW, ODSP)
How did you feel about the experience?		Employment?
		Support services? Group discussions? CA (Cocaine Anonymous) NA (Narcotics Anonymous) AA (Alcoholics Anonymous) OA (Overeaters Anonymous) Mental health services Gerstein Centre? Health Bus? Street Patrol? Give Me Shelter? Operation "Go Home" Out of the Cold Program?
		Culturally specific?
		Housing connections?
		Emergency? Hospitals? Walk-in clinics? Podiatrist? Disability services?

Question # 3	Prompts on Gender	Prompts on Social Determinants
How could these services be changed or improved to increase your sense of belonging?	What services do you need as a woman?	Do you have any recommendations for how educational programs could be improved?
What changes would you recommend?	What would you like to change?	Social assistance programs?
	Do you need to be more assertive?	Do you have difficulty accessing healthcare? Do you have any recommendations for how to make healthcare more accessible?
		Training?
		Housing?
		Support services?

Question # 4
Is there anything you would like to add to today's discussion?

Appendix C

Training for Inclusion Researchers

Objectives of Training

- The training activities prepare the Inclusion Researchers to feel as comfortable as possible in their role as researchers and to perform their tasks effectively.
- The training uses the strategy of the Asset Mapping Research Project to help improve the lives of homeless people and make those who desire work more employable.

Training Components

- Introduction to research project, concept of inclusion, and what it means to be an Inclusion Researcher.
- Review of training components and schedule.
- Ground rules, expectations, supports and agreements (including payment).
- Conflict and complaint resolution.
- Discussion about the significance that issues of power and privilege have to the research.
- Terms of reference (including confidentiality and consent) and voting to select two Inclusion Researchers to represent the researchers.
- Discussion of ethics review process.
- Conducting a literature review.
- Introduction to the social determinants of health.
- Discussion about Ontario Works and Ontario Disability Support Program regulations (eligibility, benefits and penalties) regarding paid work.
- Financial literacy.
- Learning about housing resources.
- Planning, outreach, recruitment and community development.
- Conducting an interview and facilitating a focus group.
- How to take notes and meeting minutes.
- Collecting and analyzing data.

- Public speaking and forum presentations (including dress code).
- Designing promotional materials in plain language.
- Mapping assets of the community's capacities.
- Develop focus group questions.
- Data entry (for those who have completed, or almost completed, the International Computer Driving Licence course).
- Writing a research report.
- Disseminating what was learned.
- Wrap up.

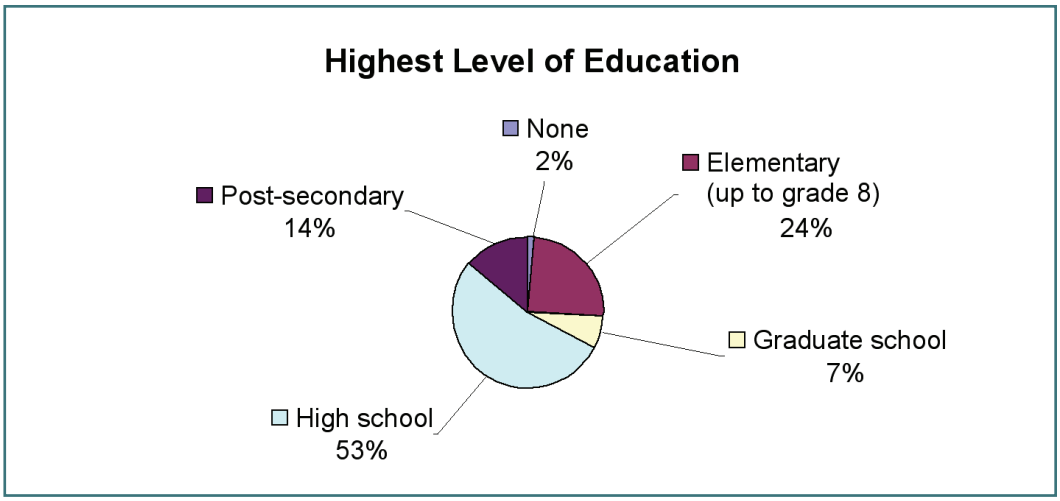
Evaluation

- Opportunity for Inclusion Researchers to review and critique the whole project.

Appendix D

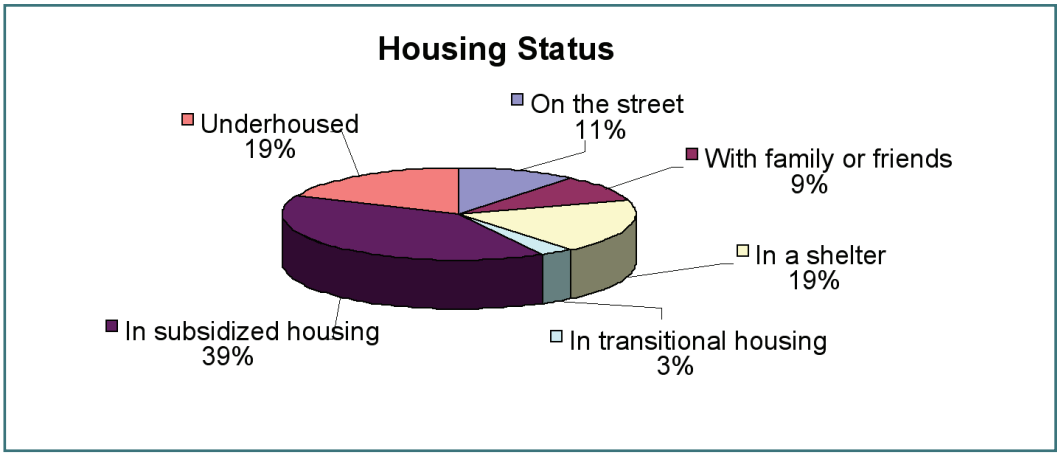
Demographics of Participants

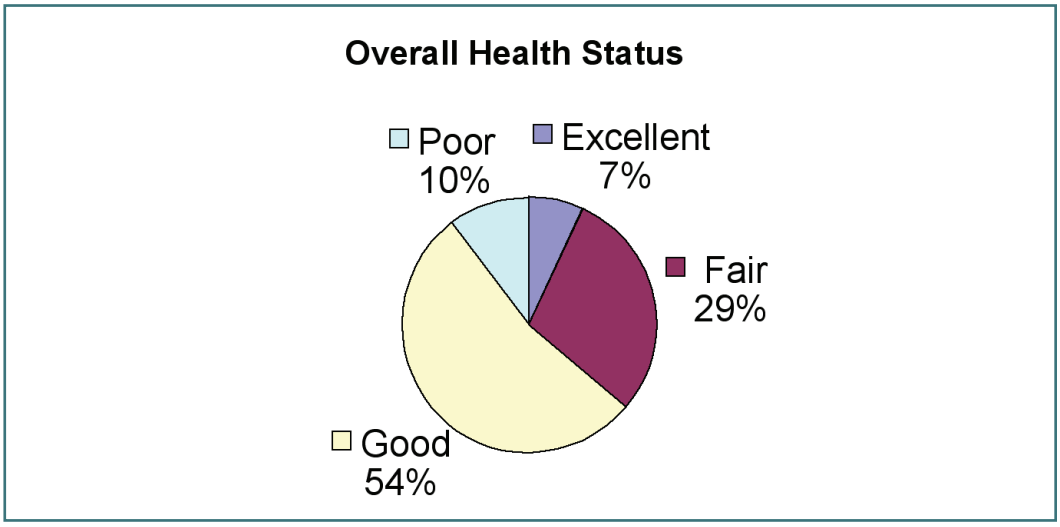
Age	# of Participants
16-29	15
30-49	34
50-64	9
Total	**58**

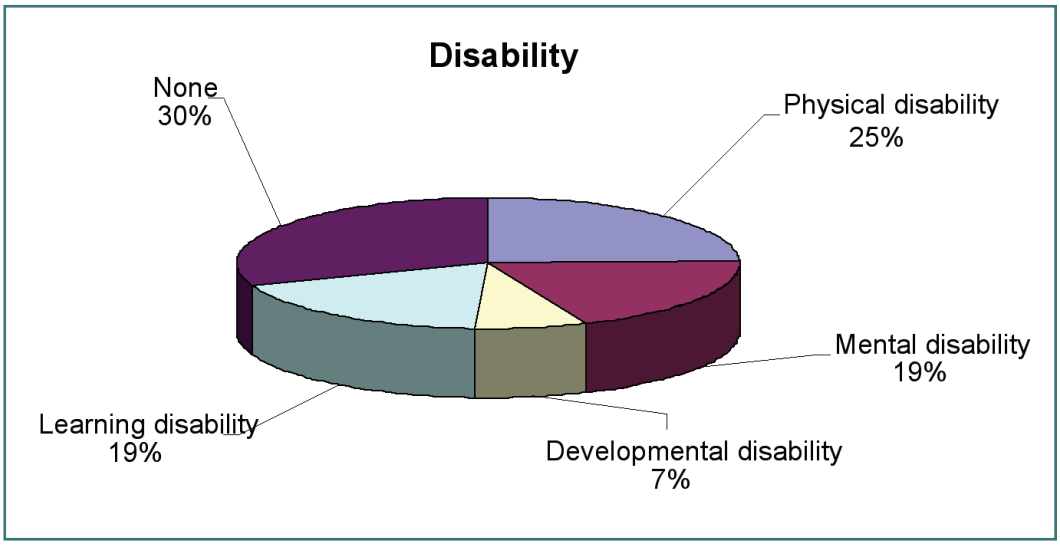


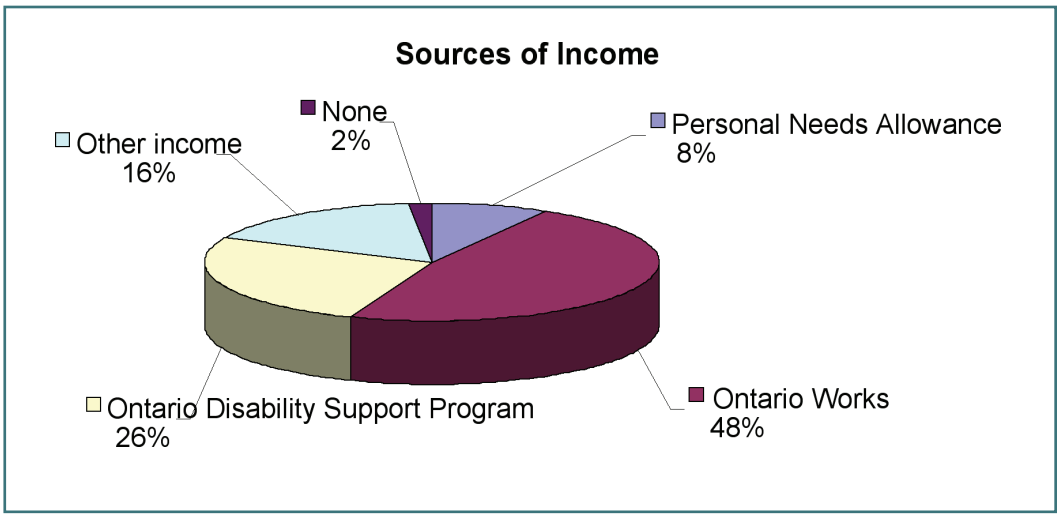
Ethno-Racial Identity	# of Participants
Member of visible minority/person of colour	10
Aboriginal	13
Caucasian	29
Not specified	3
Other	3
Total	**58**

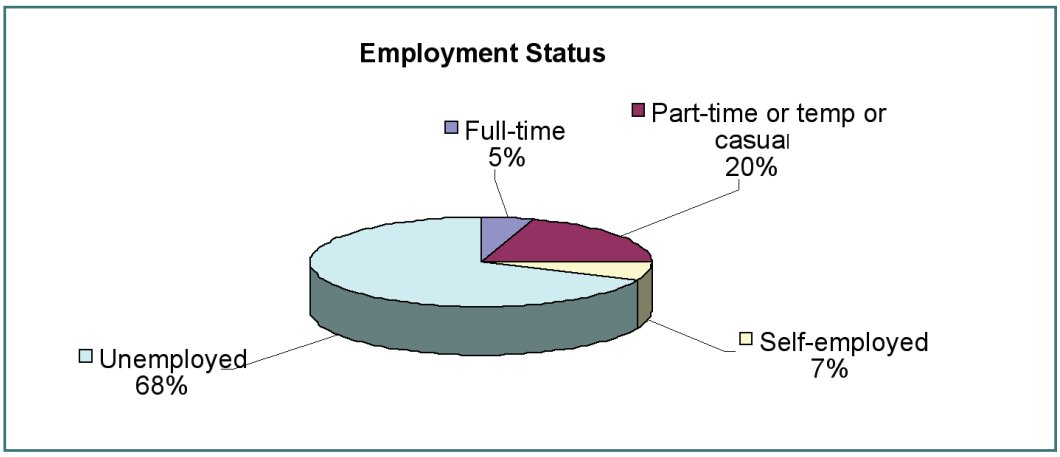
Length of Time in Canada	# of Participants
Born in Canada	20
Five years or more	30
Less than five years (newcomer)	8
Total	**58**


Housing Status
On the street
11%
Underhoused
19%
With family or friends
9%
In a shelter
19%
In subsidized housing
39%
In transitional housing
3%


Overall Health Status
Poor
10%
Excellent
7%
Fair
29%
Good
54%


Disability
None
30%
Physical disability
25%
Mental disability
19%
Learning disability
19%
Developmental disability
7%


Sources of Income
None
2%
Personal Needs Allowance
8%
Other income
16%
Ontario Works
48%
Ontario Disability Support Program
26%


Employment Status
Full-time
5%
Part-time or temp or casual
20%
Self-employed
7%
Unemployed
68%

Appendix E

Advisory Committee Members

Thank you, on behalf of the *Count Us In!* Working Group, to members of the Advisory Committee for their expertise, passion and in-kind contributions to this project.

Alice Broughton	**Sherbourne Health Centre**
Alice Gorman	**Toronto Public Health**
Suzanne Jackson	**Centre for Health Promotion, University of Toronto**
Marcia Jarman	**Inclusion Researcher**
Maria Lee	**South Riverdale Community Health Centre**
Bev Lepischak	**Supporting Our Youth (SOY), Sherbourne Health Centre**
Kim Nichols	**Inclusion Researcher**
Angela Robertson	**Sistering**
Subha Sankaran	**Ontario Prevention Clearinghouse**
Lisa Wyndels	**Neighbourhood Legal Services**

Appendix F

Partner Agencies

Thank you, on behalf of the *Count Us In!* Working Group, to the following agencies for helping us recruit women to be Inclusion Researchers and focus groups participants, and for providing us with the space to conduct the focus groups.

416 Drop-In
Adelaide Resource Centre for Women
All Saints Church Community Centre
Evergreen Centre for Street Youth
Fred Victor Centre
Toronto Friendship Centre
Homes First Society
Native Women's Resource Centre of Toronto
Progress Place
519 Community Centre
Toronto Christian Resource Centre

For more information about Count Us In!, please contact:
Ontario Women's Health Network
180 Dundas Street West, Suite 1900
Toronto, Ontario M5G 1Z8
Tel: 416-408-4840
Email: owhn@opc.on.ca
Web: http://www.owhn.on.ca