

Safe Haven Workshop

Enhancing Accessibility
in Alberta's Women's Shelters



Making Safety **Barrier-free**



Alberta Committee of Citizens with Disabilities



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Safe Haven Workshop

Enhancing Accessibility in Alberta's Women's Shelters

Making Safety Barrier-free

Acknowledgements

Many women with disabilities, caregivers, and shelter workers from across the province took part in focus groups and interviews, providing us with the insight and information we needed to undertake this project. For reasons of confidentiality we have chosen not to identify them by name. Our sincere appreciation to them for making the time and effort to join us in collecting the vital information that is contained in this document.

Service providers and disability organization representatives participated in our workshops. These individuals shared their first-hand experiences, helping us to illuminate many barriers to accessibility in women's shelters.

Writers, coordinators, designers, advisors, and administrative assistants worked on researching, developing, organizing, and disseminating the many facets of this project. Their insight and sensitivity to the subject matter was critical in the presentation of the information, and their dedication and ability to work as a team ensured this project's completion.

We would like to acknowledge contributions made by the Alberta Committee of Citizens with Disabilities' Board of Directors – Donalda Erickson, Margot Brunner-Campbell, Doreen Gyorkos, Earle Snider, Dave Storey, and Maryetta Thielen. Without their support and guidance this project would not have been possible.

Finally, we want to thank the women with disabilities who met with us and shared their often painful memories about experiencing violence and abuse. Their narratives gave life to our research and their courage inspires ACCD in its commitment to help create a safer, more accessible society.

This workshop is dedicated to the employees of Alberta's women's shelters. Your tireless work and commitment play a vital role in ending violence and abuse against women. The value of your contribution is inestimable.

Safe Haven Workshop: Enhancing Accessibility in Alberta's Women's Shelters

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**EDUCATION
FUND**

Safe Haven ^{Workshop}

Enhancing Accessibility in Alberta's Women's Shelters

SECTION 1 Facilitator's Guide

SECTION 2 Participant's Booklet

SECTION 3 PowerPoint

SECTION 4 Functional Needs Approach Modules

SECTION 5 Functional Needs Approach Checklist

SECTION 6 Contacts and Resources

Safe Haven

Enhancing Accessibility
in Alberta's Women's Shelters

Facilitator's Guide



Alberta Committee of Citizens with Disabilities



Table of Contents

for the Facilitator's Guide

Background	1
About the Safe Haven workshop	2
Workshop Objectives	2
Workshop Structure	3
Workshop Contents	3
Reviewing Materials	4
Equipment and Supplies	4
Using the PowerPoint Presentation	5
Materials for Distribution	5
Workshop Accommodations	5
Preparing the Room	6
Maximizing Participation	6
Sharing Experiences	6
Workshop Support Materials	6



Background

ACCD first became aware of, and then involved with, the issue of violence against women with disabilities in the late 1990s. At that time, we received phone calls, heard first-hand reports, and made observations regarding the vulnerability of women with disabilities.

With support from Status of Women Canada, ACCD undertook a research project to examine the systems, programs, and policies that protect or respond to the needs of women with disabilities who are threatened by or experiencing abuse. As part of this research, we learned that, while women with disabilities are more likely to experience abuse than able-bodied women, they are less likely to seek support from women's shelters.

Why are women with disabilities under-represented at women's shelters? Some of the barriers to accessing shelter services are practical,

measurable limitations such as insufficient access to transportation, an inability to enter a building by wheelchair, or a lack of alternatives to print materials. However, the women we spoke to when conducting our research said that **attitudinal barriers** and a **lack of understanding** were the most significant obstacles they encountered when accessing shelter services.

This workshop aims to address these concerns by raising awareness among women's shelters' staff members and management regarding the unique situations faced by women with disabilities who seek their services. Workers need to understand why women with disabilities are vulnerable, how they can adapt their approaches to meet the needs of these women, and how to support them in appropriate and respectful ways.



Together, We Hold The Power



About the *Safe Haven* workshop

Women with disabilities are vulnerable to abuse both because they are women and because they encounter significant difficulties when they seek help to end the violence in their lives. Women's shelter staff members have been trained to support women who are escaping violence, but they have not always been trained to accurately assess and address the particular needs of women with disabilities.

This workshop aims to improve women with disabilities' access to women's shelters by doing the following:

- Inviting shelter workers to examine their own assumptions about people with disabilities
- Introducing shelter workers to the functional needs approach (FNA) to assessing the needs of women with disabilities who seek their support
- Emphasizing the importance of community partnerships to help shelters support women with disabilities

This facilitator's guide provides you with the following:

- Tips for preparing to host the workshop
- Strategies for hosting a successful workshop
- Background information on ACCD
- Workshop support materials, including sample activities

If you have any questions prior to delivering the workshop, please contact ACCD for information or advice. Contact information is included on the last page of this guide.

Note: If possible, the facilitator of the workshop should be a woman with a disability.

Workshop Objectives

Learners can expect to leave the workshop with the following:

- An increased understanding of the social conditions that enhance vulnerability
- An increased understanding of the barriers that women with disabilities encounter when they seek support
- A functional needs approach (FNA) guide that describes practical strategies for assessing and meeting the needs of women with disabilities
- A contact list of community partners who can help support women with disabilities in shelters

Workshop Structure

The workshop has six components:

General Awareness	3.5 hours
Communication	1 hour
Transportation & Mobility	1 hour
Functional Independence	1 hour
Medical Need	1 hour
Supervision	1 hour

If a shelter chooses to offer the entire workshop, approximately one and a half days will be required to cover the material. Due to time constraints, many shelters will request a half-day, or even a one-hour, session. In these cases, we recommend using the general awareness component, or a part of it, because it provides a basic overview of the particular experiences of women with disabilities.

Note: The suggested timeframes are tentative. Sometimes it may take quite a bit longer to host a session, especially if the participants have stories to share. Try to keep participants on track, but remember that it is better to take longer than anticipated and cover topics fully than to rush participants through the material.

Workshop Contents

The workshop contents include the following:

1. This facilitator's guide

The guide includes background information, sample exercises, and instructional tips and strategies.

2. A PowerPoint presentation

The PowerPoint presentation slides are used to guide participants through the workshop material. The *Notes Pages*, which can be found at the bottom of each of the slides, contain the facilitator's script, directions for the activities, proposed time allotments for each section, etc. (*Note:* If you are unfamiliar with how to access the *Notes Pages*, the section below on using PowerPoint provides you with directions.)

3. Videos

The workshop uses three videos: *All Ways Welcome* (optional), *Charting New Waters*, and *A Credo for Support*. Please contact ACCD (details on last page) for assistance in obtaining these videos.

4. A participant booklet

The booklet includes an agenda, activities, and an evaluation form.

5. A functional needs approach (FNA) guide and Community Resources Contact List

The FNA guide can be used by shelters to increase accessibility and to develop best practices for measuring accessibility needs at a shelter. A community resources contact list accompanies the FNA guide.

Reviewing Materials

Prior to delivering the workshop, take the time to do the following:

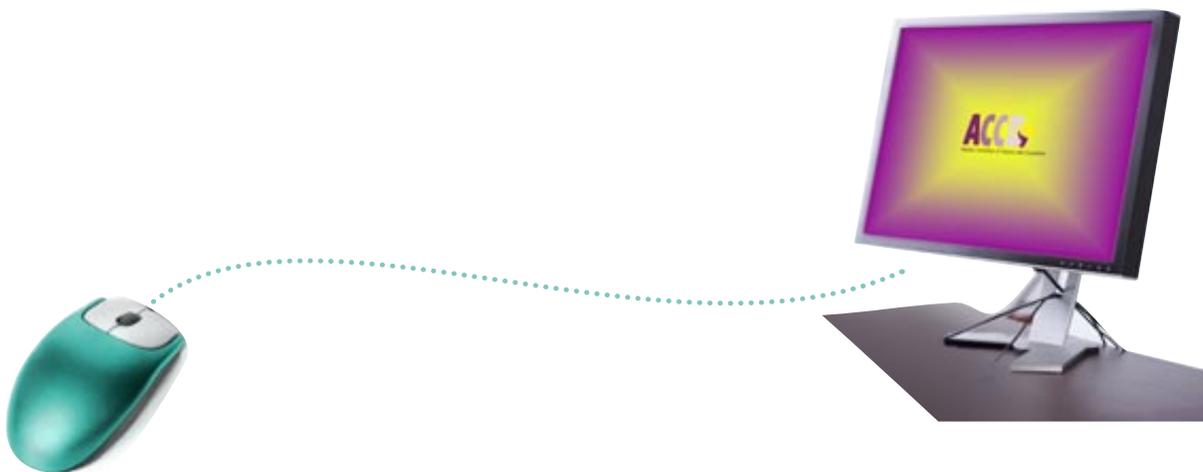
- Review this facilitator's guide carefully
- Practice using the PowerPoint presentation and become familiar with the script and the supporting materials in the *Notes Pages*
- Review the participant's booklet, in particular the self-awareness assessment (*Note: You may want to complete the assessment yourself in order to better understand the myths and stereotypes that might affect your own interactions with and assumptions about people with disabilities.*)

Equipment and Supplies

This workshop requires the following equipment and supplies:

- Laptop or computer, with PowerPoint
- LCD projector and screen for presenting PowerPoint slides
- VCR and television
- *All Ways Welcome* video* (optional)
- *Charting New Waters** video
- *Credo for Support** video
- Whiteboard (or flip chart and stand)
- Felt pens
- Materials in alternate formats, depending on the needs of the group
- Name tents or name tags
- A sign-in sheet

*If you need assistance obtaining the videos, please contact ACCD. Our contact details are provided on the last page of this guide.



Using the PowerPoint Presentation

You will use the PowerPoint presentation slides to guide participants through the workshop materials. Please review the following information before using the PowerPoint presentation:

1. Each slide in the PowerPoint presentation is accompanied by a *Notes Page* that contains the facilitator's script, directions for the activities, proposed time allotments for each section, etc. To view the *Notes Pages* select the *View* tab at the top of the screen and then choose *Notes Page* to view the script. The *Notes Pages* can be printed off and used to guide your delivery of the session.
2. Ideally, you will be able to display the slides using a computer, an LCD projector, and a screen. If you do not have a laptop with the presentation on it, you can save the PowerPoint slides on a data stick (USB stick) and then download the presentation onto a computer at the venue. (*Note:* If you are using a computer that is not your own, it is important to spend some time prior to the workshop becoming familiar with the computer you'll be using.)
3. If you do not have access to a laptop, projector, and screen, the presentation can be printed onto overheads and presented using an overhead projector.
4. While the vast majority of the facilitator materials are contained in the *Notes Pages*, some supplementary information is included in this facilitator's guide. At appropriate times, the *Notes Pages* will direct you to the Workshop Support Materials section of this guide (below).

Materials for Distribution

Each participant will need a copy of the following print materials:

- Participant's booklet (possibly in alternate format)
- The Functional Needs Approach (FNA) guide and the Contacts and Resources list
- Your business card or contact information
- *Words with Dignity** booklet (optional)

* As of April 6, 2009, this publication can be downloaded from the Human Resources and Social Development Canada website at www.hrsdc.gc.ca/en/disability_issues/reports/way_with_words/index.shtml

Workshop Accommodations

Before delivering the workshop, check to see if any of the participants have disabilities that need accommodating. Determine the needs of participants with disabilities by speaking to them directly, or by consulting the workshop contact person to ensure that **all necessary accommodations** are in place prior to the start of the session. For example, participant booklets may need to be supplied in alternate formats for blind or visually impaired participants or tables may need to be arranged to provide adequate space for wheelchair users. Workshop hosts need to know that accommodations may involve some cost.

Preparing the Room

Give yourself plenty of time before the session starts to prepare the room and the workshop materials for the group. You should arrive 45 minutes to an hour ahead of time. Use the time before participants arrive to prepare the following:

- Double-check that the room is accessible for all participants
- Set up the PowerPoint presentation and check that the web video link on slide three is working
- Cue the three videos as directed in the corresponding *Notes Pages* of the PowerPoint presentation (*All Ways Welcome*, if it is being used; *Charting New Waters*; and *Credo for Support*)
- Ensure that the tables and chairs have been arranged in a way that encourages group interaction
- Distribute the participant booklets and name tents or name tags
- Distribute copies of the *Words with Dignity* publication (optional)
- Write your name and the session name on the whiteboard/flip chart
- Set out the sign-in sheet if you are using one

Maximizing Participation

Participants will benefit more fully from the workshop if they actively participate in the activities. Facilitators can do several things to help increase participation:

- Set up the room so participants can see each other and can easily move in and out of small-group activities. A semi-circle or U-shaped table arrangement often works best.
- Participants should join at their own pace. Having participants choose for themselves whether or not they will take part in an activity is important.
- Utilize the participants' experiences as much as possible. Ask open-ended questions and encourage those present to share their stories. Encourage participants to respect one another's stories through confidentiality.

Sharing Experiences

Although sample scenarios are provided in the Workshop Support Materials section of this facilitator's guide (below) and in the Notes Pages of the PowerPoint presentation, we encourage you to use personal stories to support the presentation whenever possible. Participants will likely be interested in your experiences. Encourage them to share their stories, too. Adult learners learn from one another. Take the time to let them tell their stories.

Workshop Support Materials

In this final section of the facilitator's guide, you will find background information on ACCD and the consumer movement, suggested scenarios for specific activities, and an answer key to the self-awareness checklist exercise. This information is organized according to its corresponding PowerPoint slide.

Supporting Material for Slide Two:

Welcome, Housekeeping, and Introductions

Prior to the arrival of course participants, you can prepare the room by doing the following:

- Setting presentation to first slide and leave it on display as participants enter the room
- Placing a workshop agenda, letter of welcome, and participant's booklet at each place.
- Having a bottle/glass of water on hand
- If participants are likely to be unfamiliar with the venue, check to see where washrooms, etc. are located
- Setting out the sign-in sheet

You may want to ask participants to respond to one or more of the following questions when they introduce themselves. You can write questions on the white board or flipchart, or put them on the back of name tents or name tags.

1. Where do you work and how long have you been there?
2. What do you see as the most challenging aspect of your work?
3. What do you see as the most rewarding aspect of your work?
4. Do you think your shelter is accessible? Why or why not?
5. What can you tell us about the shelter you work at?

Supporting Material for Slide Three:

About ACCD

*The following information is intended to enhance your understanding of ACCD and its roots in the consumer movement. While the idea of consumerism may not make its way into your presentation in any detail, it will be helpful for you to be familiar with the terminology and with ACCD's commitment to being an organization **of** people with disabilities. A briefer version of this information is included in the participant's booklet.*

The term *consumer-driven* has a long history, but it is generally agreed that it has its roots in the independent living movement of the 1970s. At this time, supports for persons with disabilities were most often provided by publicly funded organizations led by individuals who had the well-intended, but often misguided, aim of "helping" persons with disabilities by creating programs and services "for" them.

As persons with disabilities, we are the "consumers" of these services, and we felt that our informed involvement was needed to ensure these programs could meet their intended goals. Soon, we shook off the role of passive recipient, seeking a more active voice in shaping the programs and services that were meant to meet our needs. Across North America, persons with disabilities began to participate actively in decision-making processes, arguing that we who live with disabilities know them best and are the best equipped to articulate and define our own needs.

In 1998, ACCD reiterated its commitment to being a *consumer-driven* organization with the creation of our Mission Statement. In 2002, we revisited our Mission Statement. The term *consumer-driven* no longer seemed to capture our carefully planned, well thought out approach to consumerism. We adopted the term *consumer-directed* as a more apt reflection of our philosophy.

ACCD is a *consumer-directed* organization because we are led by a board of elected volunteers with disabilities. This organizational structure ensures that we, as persons with disabilities, are the policy- and decision-makers of our organization.

As a *consumer-directed* organization, ACCD affirms the right of persons with disabilities to make choices and strives to create opportunities for decision making. Our board of directors, members, volunteers, and staff, review options, make choices, acknowledge mistakes, and make our own decisions.

ACCD is a *consumer-directed* organization because it fosters independence. In the 1980 brief submitted to the Special Parliamentary Committee on the Disabled and Handicapped, ACCD stated, "The heart and soul of the consumer movement is the individual citizen who is determined to take charge of his or her own lifestyle and decision making." ACCD programs and services continue to champion this philosophy through a commitment to public education, research, and enhancing community.

ACCD is a *consumer-directed* organization because we recognize that we must be held accountable for our actions and the decisions we make as we address issues relevant to persons with disabilities. Through careful research, information sharing, and working closely with a variety of decision makers, we are able to offer a confident and effective voice for the disability community. We are prepared to recognize our own limitations and to model the tenets of accountability to other organizations, government departments, and individuals who are committed to serving the disability community.

ACCD is a *consumer-directed* organization because we respond honestly and openly to all individuals and organizations. Through our advocacy, referral, and public education services we impart our firm belief that our unique individual and collective experiences as persons with disabilities are an important contribution to a rich and diverse society.

Supporting Material for Slide Four:

Why We Are Here

While you may not have the time to share this story with participants, it provides insights into ACCD's commitment to the issue of violence against women with disabilities.

Early in 1999, the Alberta Committee of Citizens with Disabilities (ACCD) received a phone call from a Social Services worker asking if we could assist a woman with a disability who was being abused in her home. The worker had received the request from the abused woman's neighbour after the neighbour began to suspect the woman was being repeatedly abused by her caregivers. The police had been called and had visited the abused woman's residence, but the woman remained in her home and the abuse continued. The Social Services worker said she contacted ACCD because she received these types of calls "all the time," and that she didn't know where to turn for assistance.

To us at ACCD, the implications of this call were shocking and frightening. The safeguards and precautions that we assumed were in place for persons in highly vulnerable situations were either ineffective or non-existent. A woman with a disability was in a dangerous situation and, apparently, neither a concerned neighbour, the police, nor Social Services could do anything to assist her. Moreover, according to the caller from Social Services, situations such as this were not uncommon. When reflecting on this call, Bev Matthiessen, executive director of ACCD, said, "In Canada, we tend to think we live in a society where people will be taken care of. But clearly this is not always the case and many people with disabilities suffer.... We are working hard to have women with disabilities live independently, but I worry that we may be putting them in vulnerable situations."

Shortly after receiving this phone call from Social Services, ACCD met with Status of Women Canada to propose a project that would examine the issue of violence against women with disabilities, specifically the safety needs of women with disabilities who live independently in Alberta.

Note: This anecdote is in no way meant to be critical of the work being done by government ministries and organizations providing social supports. We are grateful that someone took the time to contact ACCD and alert us to the abuse that is occurring against women with disabilities.

Supporting Material for Slide Six:

Equal but Different

While ACCD encourages facilitators to draw on their own experiences when presenting scenarios for discussion, we recognize that this may not always be possible. The following scenarios describe situations that will encourage participants to consider the idea of “equal but different.”

Note: If possible, choose at least one scenario that involves cultural differences.

1. A woman with a child who is autistic seeks refuge at a shelter to escape a violent relationship. Because the shelter has reached its capacity, it is an active and noisy place. The mother has difficulty finding a quiet room where her child can play and have the peace needed to stay calm. Shelter staff cannot understand why the woman stays in her room with her child or why she leaves shortly after arriving.
 - a. Did this family have equal access to the shelter?
 - b. What barriers might hinder the mother from receiving equal service?
 - c. What accommodations could be provided to ensure equal service, if any?
 - d. Do you feel your shelter would be adequately accessible for her? Why or why not?
 - e. What partnerships could you make with community organizations to support her stay at the shelter?

2. A First Nations woman who uses a wheelchair comes to a shelter. She is accompanied by her caregiver. When she needs to have a bath, she and the caregiver are in the bathroom for over an hour. The bathroom has a regular-sized tub and shower. The amount of time they are in the bathroom lead to long waiting times for other residents who want to use the bathroom. The residents and the staff are feeling frustrated.
 - a. What role might culture play in the services she receives?
 - b. What partnerships could you make with community organizations to support her stay at the shelter?
 - c. Does this woman have equal access to the bathroom?
 - d. What barriers might hinder her from receiving equal service?
 - e. What accommodations could be provided to ensure equal service, if any?
 - f. Do you feel your shelter would be adequately accessible for her? Why or why not?

Supporting Material for Slide Nine:

Self-awareness Checklist

This answer key provides you with basic information for the self-awareness checklist that is included in the participant's booklet.

1. People with disabilities prefer to socialize with other people with disabilities.

False

People choose friends based on compatibility, not on level of ability.

2. Persons with disabilities are inspirational, courageous, and brave for being able to overcome their disability.

False

People with disabilities are simply living their lives when they go to work, go grocery shopping, pay their bills, or compete in athletic events.

3. When all the architectural barriers are removed, persons with disabilities will be completely equal members of society.

False

Attitudinal barriers often prove to be the most difficult barriers for people with disabilities to overcome. Only when everyone realizes that we are all equal, valued, and worthy will persons with disabilities enjoy the same opportunities as their able-bodied counterparts.

4. Persons with disabilities are suffering and should be extended charity and kindness.

False

People with disabilities do not want to be pitied. They want the same rights and responsibilities as other citizens. Charity and kindness may be well-intentioned, but do not empower individuals to make decisions to improve their situations.

5. Persons with disabilities need others to make decisions for them.

False

People with disabilities know their situations best, so they should make the decisions that affect their lives. This myth affects the way that social programs and disability services are designed.

6. A person may have a disability but not be handicapped.

True

People with disabilities are only handicapped when environmental barriers or other people's attitudes interfere with or prevent activities that would otherwise be open to them.

7. Disabilities are defined as noticeable sensory or physical limitations.

False

Disabilities may be visible or invisible. A disability is any restriction or loss of a person's functional ability resulting from an impairment (i.e., injury, disease, or other disorder that interferes with the body's structure or function). A disability may affect physical, sensory, or mental performance.

8. Disability transit systems run on similar schedules to regular public transit systems.

False

Disability transit systems add a great deal of time to a transit user's day. Pick-up and drop-off times have to be coordinated to accommodate multiple transit users. Passengers often have to be picked up far earlier than they need to be or are picked up later than planned for.

9. A person with a speech impairment usually has intellectual impairments as well.

False

People with speech impairments have the same range of cognitive ability as other people. Often, people whose verbal communication is difficult to understand have a motor (or mobility) impairment that makes it difficult to pronounce words. This has no connection, however, to their ability to understand, reason, or solve problems of an intellectual nature.

10. All people with mobility limitations require the same type of support.

False

The range of support needed by individuals with disabilities is as broad as the range of mobility impairments themselves. Some people may need help opening doors or carrying things. Others may benefit from chairs with higher or lower seats. The assistance required depends on individual need; even two people with the same disability may require different accommodations.

11. Sometimes people are afraid of a person with a developmental disability.

True

In these instances, fear is usually the result of a lack of knowledge or a false understanding of the nature of developmental disabilities.

Contact Information

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Email: accd@accd.net

Web: www.accd.net

Safe Haven

Enhancing Accessibility
in Alberta's Women's Shelters

Participant's Booklet



Alberta Committee of Citizens with Disabilities



Letter of Welcome

Dear workshop participant,

Thank you for participating in ACCD's *Safe Haven* workshop. We appreciate and respect your commitment to people who are vulnerable in our society. With this workshop, ACCD hopes to support two distinct groups: women's shelters in Alberta and the women with disabilities who seek shelter services.

ACCD is aware of the crisis being faced by women's shelters in Alberta, with human resources (both volunteers and staff) and financial resources stretched to the limit. These limitations add to the already stressful work of addressing the needs of women who are escaping violence and abuse.

Through this project, ACCD hopes to alleviate some of that stress by supporting women's shelters in accommodating women with disabilities who seek their services. We will do this in three ways:

- By assisting you in conducting an accessibility assessment of your shelter and interpreting your findings with shelter management.
- By delivering this workshop, with the aim of increasing awareness of the unique situations faced by the women with disabilities who access your services. (ACCD can be contracted to deliver the workshop for you, or we can provide materials, advice, and expertise to an in-house facilitator.)
- By providing you with a functional needs approach (FNA) guide and a contacts and resources list to aid you in increasing your shelter's accessibility.

ACCD's logo includes the motto: "Together, we hold the power." Through this workshop, and your support, we believe that we hold the power to create a safer society for all women—including women with disabilities—in Alberta.

Sincerely,

The ACCD Board of Directors

P.S. If you're interested in other ACCD projects on violence against women with disabilities, visit our website at www.accd.net and click on the "Publications" icon.

Safe Haven Agenda

General Awareness Module

Time	Topics
40 minutes	Welcome, Introductions About ACCD
20 minutes	Taking action Equal, but different Activity
30 minutes	Nature of problem Activity: <i>Charting New Waters</i> (video)
Break	
40 minutes	Person first, disability second Activity: Self-awareness checklist Activity: <i>All Ways Welcome</i> (video) Activity: Taking Action
20 minutes	Words with dignity Activity: <i>Credo for Support</i> (video) Activity: Taking Action
Break	
20 minutes	Embrace diversity Activity: Taking Action
20 minutes	Introduction to Functional Needs Approach
10 minutes	Summary & Questions

About ACCD

History

Since 1973, ACCD has been Alberta's only provincial, cross-disability organization of Albertans living with physical, mental, sensory, learning, or development disabilities. There are approximately 436,000 Albertans who have a disability (Statistics Canada, 2006). We remain a grassroots, consumer-directed organization dedicated to improving the quality of life of people with disabilities.

ACCD is a leader in the disability movement. Our programs and services play a key role in assisting people with disabilities to participate fully in the community and to be equal partners in society. All over Alberta, people with disabilities are making their voices heard in increasing numbers. ACCD is proud to be a part of this consumer-directed movement.

Mission

The Alberta Committee of Citizens with Disabilities is a consumer-directed organization that actively promotes full participation in society for Albertans with disabilities.

Guiding Principles

All of ACCD's endeavours are guided by the principles of accessibility, equity, and full-participation.



Alberta Committee of Citizens with Disabilities

Consumer Driven, Consumer Directed

What do these terms mean to ACCD?

The term *consumer-driven* has a long history, but it is generally agreed that it has its roots in the independent living movement of the 1970s. At that time, supports for persons with disabilities were most often provided by publicly funded organizations led by individuals who had the well-intended, but often misguided, aim of “helping” persons with disabilities by creating programs and services “for” them.

As persons with disabilities, we are the *consumers* of these services, and we felt that our informed involvement was needed to ensure these programs could meet their intended goals. Soon, we shook off the role of passive recipient, seeking a more active voice in shaping the programs and services that were meant to meet our needs. Across North America, persons with disabilities began to participate actively in decision-making processes, arguing that we who live with disabilities know them the best and are the best equipped to articulate and define our own needs.

In 1998, ACCD reiterated its commitment to being a *consumer-driven* organization with the creation of our Mission Statement. In 2002, we revisited our Mission Statement. The term *consumer-driven* no longer seemed to capture our carefully planned, well thought out approach to consumerism, so we adopted the term *consumer-directed* as a more apt reflection of our philosophy.

ACCD is a *consumer-directed* organization because we are led by a board of elected volunteers with disabilities. This organizational structure ensures that we, as persons with disabilities, are the policy- and decision-makers of our organization.



Together, We Hold The Power

A Statistical Perspective

Violence Against Women with Disabilities

In Alberta, **215,540** women have a disability.

Statistics Canada, 2006

83% of women with disabilities will be sexually assaulted in their lifetime.

Stimpson and Best, 1991

39% of women with disabilities have been abused by their partners/spouses.

Statistics Canada, 1994

More than half of the perpetrators in violence against persons with disabilities are paid caregivers, family members, or other persons with disabilities.

Sobsey, 1991

40% to 70% of women with developmental and/or learning disabilities will be victims of sexual abuse before they are eighteen years old.

Roehrer Institute, 1992

Women with disabilities in Canada “face both the **threat and the reality of all the forms of violence** confronting non-disabled women, but their disability compounds, alters, and increases their vulnerability.”

Canadian Panel, 1993

“Many of the factors that increase vulnerability [. . .] are not caused by the disability itself, but rather, they are a result of **society’s responses** to persons with disabilities.”

Sobsey, 1991

“For people with disabilities, challenges result not only from the disability but also from the accompanying **marginalization, discrimination, disregard, and neglect**... they face in society.”

Roehrer Institute, 1995

Taking Action

By the end of today's session, you will have a handful of concrete strategies for addressing the unique situations of women with disabilities who seek support at women's shelters. You can use this *Taking Action* page to record simple, precise, concrete actions for enhancing services for women with disabilities.

Strategy One:

Taking Action: What can I do to achieve this strategy in my workplace?

1. _____
2. _____
3. _____

Strategy Two:

Taking Action: What can I do to achieve this strategy in my workplace?

1. _____
2. _____
3. _____

Strategy Three:

Taking Action: What can I do to achieve this strategy in my workplace?

1. _____
2. _____
3. _____

Note: We suggest separating this sheet from your booklet, so you can refer to it easily and regularly.



Equal, But Different

Sometimes, a person needs to be treated *differently* in order to have *equal* access to a service, program—even a building. *Equal* treatment does not mean the same thing as *special* treatment. The following terms help us to understand the idea of “equal, but different.”

Accessible: Easy to approach, enter, operate, participate in, or use safely, independently and with dignity

Accommodation: Specific conditions, tools, or technologies that help a person with a disability perform to the best of her ability

Barrier: An obstacle that makes it difficult or impossible to perform a task

Scenarios

After listening to the scenario described by the workshop facilitator, respond to these questions:

What *barriers* might hinder the woman with a disability from receiving equal service?

What *accommodations* could you provide to ensure equal service?

Do you feel your shelter would be adequately *accessible* for her? Why or why not?



Vulnerability

A woman with a disability who has been abused is confronted with the same issues that affect all women who have been abused. However, some women with disabilities may be more vulnerable to abuse for the following reasons:

1. Women with disabilities tend to be isolated, both physically and socially, and as a result may not be aware of the services and resources available to them.
2. Women with disabilities may not be able to physically access buildings that provide support services.
3. Stereotypes that encourage women with disabilities to be compliant, passive, and grateful for any help they receive make them more likely to accept their situations, no matter how bad they become.
4. Dependence on caregivers creates a *culture of compliance* that makes women with disabilities more susceptible to abuse.
5. Women with disabilities are vulnerable to violence because they feel they will jeopardize the delivery of much-needed services if they complain.
6. Women with disabilities have difficulty seeking help or escaping abusive situations because family members, friends, service providers, and/or caregivers equate disability with lack of intelligence.
7. Women with disabilities have difficulty seeking help or escaping abusive situations because family members, friends, service providers, and/or caregivers assume that no one would want to sexually abuse a woman with a disability.
8. There are few accessible transition houses or women's shelters, especially in smaller towns or rural areas.



Self-awareness Checklist

As we consider the unique situations of women with disabilities who may access women’s shelter services, let’s take a minute to reflect on our own awareness of disability issues. What are your attitudes, thoughts, and opinions regarding disabilities? Do you feel comfortable when you encounter and interact with people with disabilities?

The following checklist is meant to encourage you to think about the ways that individual and societal perceptions and attitudes influence how a person with a disability experiences his or her world.

Agree Disagree

1. People with disabilities prefer to socialize with other people with disabilities. _____
2. People with disabilities are inspirational, courageous, and brave for being able to overcome their disability. _____
3. When all the architectural barriers are removed, people with disabilities will be equal members of society. _____
4. People with disabilities are suffering and should be extended charity and kindness. _____
5. People with disabilities need others to make decisions for them. _____
6. A person may have a disability but not be handicapped. _____
7. Disabilities are defined as noticeable sensory or physical limitations. _____
8. Disability transit systems run on similar schedules to regular public transit systems. _____
9. A person with a speech impairment usually has intellectual impairments as well. _____
10. All people with mobility limitations require the same type of support. _____
11. Sometimes people are afraid of a person with a developmental disability. _____



Words with Dignity

Language is a powerful and important tool for shaping ideas, perceptions, and, ultimately, public attitudes. Words are a mirror of society's attitudes and perceptions. Although the development of appropriate terminology is still in progress, the terms below are currently in use.

Instead Of...	Please Use...
Handicap, handicapped	Disability, or person with a disability emphasizes the person, not the disability
The blind, the visually impaired	Person who is blind, person who has a visual impairment
Birth defect, congenital defect, deformity	Person born with a disability, person who has a congenital disability
Victim of/afflicted with/suffers from a stroke, polio, muscular dystrophy, etc.	Person who has multiple sclerosis, person with a spinal cord injury, etc.
Wheelchair-bound or confined to a wheelchair	Person who uses a wheelchair, a wheelchair user
Cripple, crippled, lame, gimp, invalid, physically challenged	Person with a disability, person with reduced mobility, person with a spinal cord injury, etc.
Deaf-mute, Deaf and dumb	Person who is Deaf
The hearing impaired, the hard of hearing	Person who has a hearing impairment
The epileptic	Person who has epilepsy
Handicapped parking, handicapped washrooms, etc.	Accessible parking, accessible washrooms, etc.
Crazy, insane, lunatic, maniac, mental, mental case, neurotic, psycho, psychotic	Person with a mental health disability, person who has schizophrenia, person who has depression, etc.
The learning disabled, the dyslexics	Person with a learning disability
Mentally retarded, defective, idiot, imbecile, moron, retarded, mongoloid	Person with an intellectual disability, person with a developmental disability
Normal, healthy (when used as the opposite of disabled)	Non-disabled, able-bodied

Source: *A way with words and images*. (2004) Office for Disability Issues. Government of Canada.

Activity

Functional Needs Approach

Before using the functional needs approach to assess the needs of women with disabilities accessing a women's shelter, let us use it to assess a more general situation.

Compare the situations of the two women described below. If these women found themselves in a crisis situation, how would their needs differ?

Scenario One

Sara has had MS for 15 years. She experiences high levels of fatigue and her legs often feel numb. She walks without support, but on "bad days" she sometimes stumbles when she walks. She works a reduced work week and has been with the same employer for ten years. She is a mid-level manager and considered a valuable asset to her office. Her workplace needs are willingly accommodated. Together with her husband, she is raising a young daughter and is actively involved as a volunteer in her community.

Scenario Two

Madge has had MS for 15 years. She uses a scooter to get around, but can (with some difficulty) get up from her scooter to shift into a more comfortable chair if necessary. She has not worked since the onset of her condition and relies on her husband for financial support. She has a personal care attendant to help with toileting, bathing, and personal hygiene needs. She is hesitant to take part in activities outside her home as she often finds she is too tired the next day to care for herself.

Discussion

Even though both women have had MS for 15 years, their needs would differ in a crisis situation. How?



Functional Needs Approach (FNA)

ACCD agrees with recent research that suggests we can best meet an individual's needs in a crisis situation by using a functional needs approach (FNA). In a more traditional approach, emergency personnel would label a disability, make judgements about need based on that disability, and then take action. The FNA avoids labels and responds to actual need. It is inclusive and serves a large range of people, who may or may not identify themselves as having a disability. Most FNA models consider communication, transportation, independence, medical, and supervisory needs.

An FNA is not concerned with developing a "cookie cutter approach" to addressing the needs of people with disabilities. It does not assume that all people with disabilities have the same requirements; it is a flexible accessibility framework that makes it possible to meet individual need. Many emergency service agencies (fire, ambulance, etc.) use an FNA to address the most immediate concerns of people with disabilities whom they serve.

A flexible framework is useful because it considers a wide range of needs. When you use a functional needs approach to assessing a woman's situation, you will focus on her ability to do the following:

- Make herself understood when **communicating** with others
- **Move** from place to place

You will also discover how you can best support her in terms of the following:

- Her reliance on medication or equipment to be **independent**
- Managing her **medical** requirements (e.g., medication, equipment, supplies, etc.)
- Her need for **supervision**



Thank you and Acknowledgements

Thank you for taking part in this workshop. We hope that the session was useful and that you feel better equipped to support the women with disabilities who access your services.

ACCD would like to thank the Human Rights, Citizenship and Multiculturalism Education Fund for funding this project.



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Evaluation/Feedback Form

Thank you for participating in the *Safe Haven* workshop. Please take a few minutes to let us know about your experience today.

Facilitator's Name: _____ Delivery Date: _____

Name of Shelter: _____

Circle the number that describes your response to each statement.

1 Strongly Disagree	2 Moderately Disagree	3 Moderately Agree	4 Agree	5 Strongly Agree
-------------------------------	------------------------------------	---------------------------------	-------------------	----------------------------

The information presented has helped me understand my role in responding to women with disabilities.	1	2	3	4	5
The exercises reinforced my understanding of the information presented.	1	2	3	4	5
Enough time was provided for each segment of the workshop.	1	2	3	4	5
The presentation was clear and well organized.	1	2	3	4	5
The videos enhanced the material in the workshop.	1	2	3	4	5
This workshop has raised my awareness about and added to my confidence in my interactions with people with disabilities.	1	2	3	4	5
The <i>Taking Action</i> activity has provided me with practical tips for improving my interactions with women with disabilities who access shelter services.	1	2	3	4	5
I will use the FNA template and the contacts and resources list to improve the services for women with disabilities who access my shelter.	1	2	3	4	5

Please use a blank sheet of paper for additional comments.

Safe Haven

Enhancing Accessibility
in Alberta's Women's Shelters

PowerPoint Slides



Alberta Committee of Citizens with Disabilities



PowerPoint Slides

The PowerPoint document for these slides are on the supplied disc.



1



2



3



4



Taking Action

*We must be the change we wish to see
in the world.*

Ghandi

Disability: Any limitation that significantly affects a person's mobility, agility, sight, hearing, verbal communication or intellectual functioning. It also includes limitations arising from the difficulties in the psychological, emotional or mental health domain. (Roeher Institute, 1992)



5

Equal, but Different

Do women with disabilities need to be treated differently than women without disabilities?

Sometimes

Does this imply *special* treatment?

We don't think so.



6

Nature of Problem

In times of crisis, "people with disabilities are at the greatest risk and have the greatest need."

Emergency Management Alberta, 2007



7

Person First, Disability Second

People are pretty much alike. It's only that our differences are more susceptible to definition than our similarities.

Linda Ellerbee



8

Activity



- Turn to the self-awareness checklist in your participant booklet.
- Take a few minutes to complete the checklist.

- Turn back to the Taking Action sheet.

9

Words with Dignity



- Language is a powerful tool in shaping ideas, perceptions, and attitudes
- If the words we use to describe persons with disabilities are negative, they reflect and reinforce negative attitudes
- Negative attitudes are often the most difficult barrier faced by people with disabilities

10



The Power of Words

Melanie is a disabled person.

Melanie is a person with a disability.



11

Snowflakes and Fingerprints

- People with the same disability will not necessarily have the same experiences
- Women with disabilities know their situations best



12

Activity

- Read the two scenarios
- How might the needs of the two women differ?

- Turn back to the Taking Action sheet.



13

Functional Needs Approach

The functional needs approach (FNA) to assessing a woman's situation *does not* focus on types of disabilities; it *does* focus on types of needs.

Some of the most common types of disabilities include:

- Hearing impairments
- Visual impairments
- Physical limitations
- Can you think of others?



14

Functional Needs Approach

When assessing need, you will focus on a woman's ability to:

- Make herself understood when **communicating**
- **Move** from place to place (i.e., transportation)

You will also discover how you can best support her in terms of:

- Her ability to function independently
- Managing her **medical** requirements
- Her need for **supervision**



15

Communication



When a woman with a disability seeks your services, she may need certain supports or accommodations in order to be understood when she communicates with you or others.

16

Communication



What types of communication needs might she have?

What are some possible solutions to ensuring the communication needs of a woman who has a disability are met?

17

Communication Needs

Activity

- Read the scenario related to communication needs in your booklet
- Discuss pertinent communication factors, solutions, and recommendations.
- Use the Communication Needs checklist to guide your discussion.



18

Transportation

When a woman with a disability seeks your services, she may need certain supports or accommodations in order to get to the shelter or to move within the shelter itself.



19

Transportation



What types of transportation needs might she have?

What are some possible solutions to ensuring the transportation needs of a woman with a disability are met?

20

Transportation



Activity

- Read the scenario related to transportation needs in your booklet
- Discuss pertinent communication factors, solutions, and recommendations
- Use the Transportation Needs checklist to guide your discussion

21

Functional Independence



When a woman with a disability seeks your services, she may need certain medication or equipment in order to function independently.

22



Functional Independence

What types of medication or equipment might she rely on?

What are some possible solutions to ensuring she can function as independently as possible?



23

Functional Independence



Activity

- Read the scenario related to functional independence in your booklet
- Discuss pertinent factors, solutions, and recommendations.
- Use the Functional Independence checklist to guide your discussion.

24

Medical Need



When a woman with a disability seeks your services, she may need assistance with managing her medical needs.

25

Medical Need

What medical needs might she have?

What are some possible solutions to ensuring she can manage her medical needs?



26

Medical Need



Activity

- Read the scenario related to medical need in your booklet
- Discuss pertinent factors, solutions, and recommendations.
- Use the Medical Need checklist to guide your discussion.

27

Supervisory Need



When a woman with a disability seeks your services, she may need supervision.

28

Supervisory Need

What supervisory needs might she have?

What are some possible solutions to ensuring her supervisory needs are met?



29

Supervisory Need



Activity

- Read the scenario related to supervisory need in your booklet
- Discuss pertinent factors, solutions, and recommendations.
- Use the Supervisory Need checklist to guide your discussion.

30

Taking Action Revisited

1. Put the person first, and the disability second
2. Choose words carefully
3. Embrace diversity, using a functional needs approach to serving women with disabilities
4. Create an inclusion policy



31

How wonderful it is that nobody need wait a single minute before starting to improve the world.

Anne Frank



32



Together. We Hold the Power!

33



Functional Needs Approach Modules

The following agendas and handouts correspond with slides 16 to 30 in the *Safe Haven* PowerPoint presentation. These pages can be incorporated into the participant's booklet as needed.



Alberta Committee of Citizens with Disabilities



Safe Haven Agenda

Communication, Transportation & Independence

Time	Topics
10 minutes	Welcome Introductions (if necessary)
45 minutes	Communication Needs Activity: Case Study
45 minutes	Transportation and Mobility Needs Activity: Case Study
Break	
45 minutes	Functional Independence Activity: Case Study
10 minutes	Summary & Questions



Communication Needs

When a woman with a disability seeks support at your shelter, a functional needs approach will help you assess her ability to be understood when **communicating** with others. It will also help you determine the strategies **you** can use to effectively communicate with her.

Types of Communication Needs

A woman who accesses shelter services...

- May communicate in sign language and need an interpreter
- May require hearing aids or other electronic devices for communication
- May not be able to hear verbal announcements (deaf or hard of hearing) so may require information in alternative formats
- May not be able to see directional signage (blind/visually impaired) so may require information in alternative formats
- May need to have you repeat directions several times before she understands or remembers what to do



Communication Needs

Case Study

A woman named Tammy seeks support at your shelter. In her initial conversation, she acknowledges that she has an acquired brain injury and that she has trouble remembering directions and following conversations. To understand what is being said to her, she often asks workers and fellow residents to repeat themselves several times. She creates cue cards and uses other strategies to remind herself of what to do and how to do it. She hears people talking about her, feels unwelcome, and has been snapped at for asking the same question a number of times. She is unable to organize herself for her daily activities without help. This behaviour marginalizes her without support.

- *What barriers might hinder Tammy from receiving equal service?*
- *What accommodations, if any, could be provided to ensure equal service?*
- *Do you feel your shelter would be adequately accessible for her? Why or why not?*
- *What could be done to improve the situation for Tammy, if anything?*
- *What agencies or individuals in your community can support you in providing Tammy with equal access to services?*

Transportation and Mobility Needs

When a woman with a disability seeks support at your shelter, a functional needs approach will help you assess her ability to move to and from or within the shelter.

Types of Transportation and Mobility Needs

A woman who accesses shelter services...

- May use a wheelchair or another mobility aid and require adapted transportation to get to the shelter
- May use a wheelchair or another mobility aid that needs to be accommodated when she enters, leaves, and moves around the shelter (e.g., ramps, wide hallways, etc.)
- May require ventilators or other such equipment and so require specialized transportation
- May not have access to a vehicle
- May be accompanied by a guide or service dog



Transportation Needs

Case Study

Space at the shelter is very limited, when you receive a call from Sakhi, who tells you that she is being emotionally and physically abused by her partner. She also tells you that she has lived in Canada for only two years and that English is not her first language. She explains that the night before, her husband hit her. She was frightened, but she was not able to get away from him because she uses a wheelchair. She says that she blocked the door to the bedroom with her wheelchair in case he tried to get in to hurt her. She asks you where the shelter is located and for assistance in getting there.

- *What types of questions do you need to ask Sakhi about her transportation needs?*
- *What other factors, including cultural considerations, will affect your interactions with her?*
- *Will you be able to help her?*
- *What agencies or individuals in your community can support you in providing Sakhi with equal access to services?*

Functional Independence

When a woman with a disability seeks support at your shelter, a functional needs approach will help you assess the factors that affect her *functional independence*. Some women with a disability can *function independently* as long as they have the necessary medications or equipment. However, if they do not have the necessary medications or equipment, the range of consequences is vast. They may suffer a great deal of pain, be unable to move from one place to another, or even be at risk of dying.

Factors Affecting Functional Independence

A woman who accesses shelter services...

- May have asthma and need your assistance in obtaining or replacing her inhaler
- May need assistance in obtaining or replacing medication for migraine headaches
- May need assistance in obtaining or replacing medication for arthritic pain
- May need assistance in maintaining or obtaining medication to stabilize a psychiatric condition
- May need assistance with recovering a wheelchair from her home or with repairing her wheelchair
- May need assistance with obtaining catheter or ostomy supplies
- May rely on a guide or service dog for independence



Functional Independence

Case Study

Mary seeks assistance from your shelter. She has a visual disability and is accompanied by her guide dog when she arrives. You introduce yourself, and ask her to follow you down the hall to meet in your office. A colleague who will be assisting in the interview with Mary is already waiting in your office.

You offer Mary coffee and a snack. After some small talk to put Mary at ease, you invite her to talk about her situation. At one point, your colleague interrupts to ask a question. Mary looks a bit confused when your colleague asks a question, but she answers it. Mary explains that she is being sexually abused by her husband, but that there is emotional abuse too. She says, "He doesn't like to help me read the mail and will accuse me of treating him like a slave if I ask him to read things to me. He is also very jealous of my guide dog. If I want to go somewhere with my husband, he makes me leave the dog at home, which leaves me totally dependent on him."

After further discussion, the interview is almost over. Your colleague starts to tidy up coffee cups and the snack area and offers the guide dog some left over doughnut just as Mary is preparing to leave the room.

- *What have you learned about Mary that will be relevant to your interactions with her?*
- *What is the relationship between Mary's independence and her guide dog?*
- *What could be done differently to improve this situation for Mary?*
- *What agencies or individuals in your community can support you in providing Mary with equal access to services?*

Safe Haven Agenda

Medical Needs & Supervision

Time	Topics
10 minutes	Welcome Introductions (if necessary)
45 minutes	Medical Needs Activity: Case Study
45 minutes	Supervision Needs Activity: Case Study
10 minutes	Summary & Questions



Medical Needs

When a woman with a disability seeks support at your shelter, a functional needs assessment will help you discover how you can best support her in managing her medical requirements.

Note: Unlike the functional independence component of an FNA, medical need has to do with *managing* medications, not just *obtaining* or *replacing* them.

Types of Medical Need

A woman who accesses shelter services...

- May need assistance managing her diabetes through ongoing observation and ongoing treatment
- May need assistance managing migraine headaches by adapting the environment to address the symptoms of the migraines
- May require assistance in managing medication (e.g., taking the proper dosage at the proper time)
- May require assistance in managing/monitoring a respirator
- May require assistance with catheter care, IV care, or oxygen therapy

Medical Needs

Case Study

Elise, who is at times disabled with migraine headaches, accesses your shelter. She stays in her darkened room most of the time. She feels nauseous and generally unwell because of her migraine. She does not meet for scheduled appointments, does not take part in any activities, and stays tucked away in her dark room. When a roommate arrives, she leaves the shelter because she finds the noise and lights too painful and because she cannot focus enough to follow up with tasks or talk to others.

- *How could Elise's situation have been assessed at the outset, or in an ongoing way, to assist this resident?*
- *What barriers might hinder her from receiving equal service?*
- *What accommodations, if any, could be provided to ensure equal service?*
- *Do you feel your shelter would be adequately accessible for her? Why or why not?*
- *What could be done to make her experience at the shelter more positive?*
- *What partnerships could you make with community organizations to support her stay at the shelter?*

Supervisory Needs

When a woman with a disability seeks support at your shelter, a functional needs approach will help you discover how you can best support her need for supervision.

Types of Supervisory Needs

A woman who accesses shelter services...

- May require supervision due to the stress of her move to the shelter. She may have difficulty in coping outside of her usual routine and find it difficult to function in a new environment
- May require supervision if she has a psychiatric condition, such as schizophrenia or dementia
- May require supervision to ensure she takes her medication
- May need supervision if she is just learning to use crutches
- May need supervision with bathing and toileting routines, especially if the bathroom is not accessible

Supervisory Needs

Case Study

When Anita, an elderly woman, accesses your shelter, she is, understandably, anxious and distressed. When you meet with her, you learn that she is living with her son who is abusive. Over the next few days, her anxiety appears to be escalating. Staff and other residents notice that she is doing strange things, like wearing one sock and two different shoes to go for a walk. She puts her freshly poured coffee in the cupboard, and she burns herself getting into a tub with water that is too hot. The other residents start to avoid her and make fun of her. She begins to stay in her room where she can be heard crying. She feels deep shame and fear and is very alone. She has undiagnosed dementia.

- *What are her supervisory needs? How could you discover these needs?*
- *What barriers might hinder her from receiving equal service?*
- *What partnerships could you make with community organizations to support her stay at the shelter?*
- *What accommodations, if any, could be provided to ensure equal service?*
- *What could be done to make her experience at the shelter more positive?*

Safe Haven

Enhancing Accessibility
in Alberta's Women's Shelters

Functional Needs Approach Checklist



Alberta Committee of Citizens with Disabilities



About the Functional Needs Approach (FNA) Model

In recent years, emergency planning agencies across Canada have become interested in a functional needs approach (FNA) to serving persons with disabilities during crisis situations. A report submitted to Emergency Management Alberta notes, “[a]lthough municipal, provincial, and federal emergency planning agencies have made significant gains in emergency preparedness, the specific functional needs of persons with disabilities do not appear to have been effectively incorporated into the [. . .] response and recovery components of emergency planning” (*Emergency Planning for Persons with Disabilities*, 2007).

An FNA is not concerned with developing a “cookie cutter approach” to addressing the needs of people with disabilities. It does not assume that all people with disabilities have the same requirements; it is a flexible framework that makes it possible to meet individual need.

Like emergency service agencies (fire, ambulance, etc.), women’s shelters serve individuals who are in crisis situations. So the advantages of using the functional needs approach also apply to women with disabilities who seek support from a shelter.



About the FNA Guides

The following guides are intended to provide shelter management and workers with a tool they can use to serve women with disabilities in a sensitive and aware manner.

To use a functional needs approach successfully, you must do the following:

- **Never make assumptions** about the person you are meeting with or interviewing
- **Ask questions** in order to determine individual need
- **Remember** that two people with the same disability may have entirely different needs
- **Keep in mind** that not all disabilities will be visible to you

Note: Many of the strategies suggested in the following guides are effective when addressing the needs of able-bodied persons too. That is the goal of the FNA—to serve a “larger range of people” including those who “do not identify themselves as having a disability.” By avoiding labels and addressing real need, the FNA allows for a more effective response to the women who access your services.



Using the FNA Checklists

During the pilot delivery of this workshop, it became clear that accessible women's shelters are created by workers who treat residents with respect, compassion, and genuine concern. An accessible women's shelter relies on the partnerships that shelter workers develop in the community to support all of the women they serve.

Brenda Bannerman, the facilitator of the pilot workshops, commented on the importance of kindness and compassion on the part of shelter staff. She said, "If a worker is not genuinely invested in her work, she can alienate the women she is serving even if she does use these checklists. Many others, however, will use the checklists to guide their interactions and allow the women they are serving to take the lead. In these situations, the client will come away feeling cared for and understood, knowing that staff will strive to meet her needs."

Her words remind us that women with disabilities know their situations best. For the most part, they will provide information without having to be asked. When this is not the case, Ms. Bannerman says, "gentle kindness and compassion" should guide your assessment.

These checklists are meant to provide you with a template for reviewing your interactions with the women you meet. They are not meant to make the interview process feel rigid or contrived. Ms. Bannerman describes her own experience with the FNA saying, "During an interview you build rapport and ask the basics. Later, I can review the form and tick off the information the client has disclosed in the course of the discussion. Sometimes, I do an assessment and the person does not even know it has happened. I can always go back and ask questions after this if needed."

As you review and use these checklists, we encourage you to put the person first, use words with dignity, and embrace diversity. These cornerstones will ensure the effectiveness of the functional needs approach.



Communication

When a woman with a disability accesses shelter services, an FNA will help you to do the following:

- Assess what **she needs** in order to be understood when **communicating** with others
- Determine the strategies **you can** use to effectively **communicate** with her

Note: These communication strategies are relevant for all women who seek your services—those with disabilities and those without.

“When first working with a woman with a disability, you may make some mistakes. It is better to make mistakes than not to try. However, an honest and open desire to communicate, and being honest with yourself about how you are feeling, will be your best ally.”

Connie Chapman, *Charting New Waters*, 1996

Communication Needs Checklist

Establishing Safety	Yes	No
Did I approach the woman from the front?		
Did I introduce myself as I approached?		
Did I introduce other workers whom she might be communicating with?		
Did I sit or stand at her level for the interview/discussion?		
Did I explain what she could expect from the interview?		
Did I invite her to bring a support person to the interview?		
Did I ask her what she needed in order to be comfortable during the interview? (E.g., frequent breaks, lights off, time or space to move around or change position, glass of water, child care, etc.)		
Did I ask her if she needed any accommodations/support in order to communicate comfortably with me and with others at the shelter? (E.g., sign language interpreters, translator, speak more slowly, speak so she can see my lips, amplifier device, paper and pencil, community advocates, print materials in alternate format, TTY phone, etc.)		



Building Rapport	Yes	No
Was I compassionate, warm, respectful, and caring in my approach?		
Did I try to build our rapport by using open body language? (E. g., uncrossed arms and legs, etc.)		
Did I ask her or find out from her family or support person what forms of communication she prefers to use?		
Did I speak clearly and keep my face visible?		
Did I use plain language and explain terms that she might not be familiar with?		
Did I let her know that I am committed to her situation and that I will do my best to understand her, even if this means delaying the interview until an attendant, interpreter, etc. can be found?		
Did I ask her how we could communicate most effectively? (E.g., reduced noise in the room, full view of my face, simple terminology, etc.)		

Meeting with/Interviewing	Yes	No
Was I patient with her, letting her take the time needed to tell her story or respond to questions?		
Did I let her finish her own sentences and refrain from interrupting, even if this meant taking extra time?		
Did I respect her methods of communication?		
Did I address, look at, and speak directly to her, even if she was accompanied by an interpreter, attendant, or other support person?		
Did I use the various tools available to us to enable her to participate fully in the interview?		
Did I refrain from expressing sympathy for her disability?		
Did I use a normal tone of voice, speaking distinctly but naturally (not too loud)?		
Did I rephrase, rather than repeat, information or questions that she had trouble understanding?		
Was I open to different ways of doing things? (E.g., relocating to a different/quieter room if suggested, using note paper to communicate, etc.)		
Did I provide an interpreter or translator if needed?		

Transportation and Mobility

When a woman with a disability accesses shelter services, an FNA will help you with the following:

- Assess what **she needs** in order to **move** safely and independently from place to place within the shelter
- Assess what **she needs** in order to **arrive at and leave** the shelter as safely and as independently as possible
- Determine the strategies **you can** use to assist in her **transportation needs**

When assessing transportation needs, keep in mind the following:

- Women with transportation needs may be living a particularly isolated life
- Transportation needs affect a variety of women, including those with physical and sensory disabilities or mental health issues, the elderly, those with addictions, and low-income earners

Transportation and Mobility Checklist

Establishing Safety/Assessing Need	Yes	No
When she called the shelter, did I ask if she needed assistance in order to safely leave her home and to access the shelter?		
Did I ask her what she needed in order to move comfortably and independently within the shelter?		

Building Rapport/Respectful Interactions	Yes	No
If she uses a wheelchair or scooter, did I seat myself at eye level when speaking with her?		
Did I explain the accessibility limitations of the shelter and make accommodations for supporting her as much as possible?		
Was I respectful of her physical space when assisting her to move within the shelter?		
Did I offer assistance with coat, bag, belongings, equipment, etc.?		
Was I patient with her, letting her take the time needed to move from one space to another or to use items within the shelter? (E.g., toaster, shower, etc.)		
Did I ask first before assuming she would want me to push her wheelchair?		

Accessibility/Accommodations	Yes	No
Was I open to different ways of doing things in terms of her transportation needs? (E.g., assisting in her getting accessible transportation to the shelter, using an accessible room as a meeting space even though it is not usually used in this capacity, etc.)		
Did I make sure the room that we were going to meet in would meet her mobility needs? (E.g., no barriers such as a raised threshold, doors that are wide enough for a wheelchair, close to an accessible washroom, etc.)		
Did I ensure that accessible parking was available to her?		
Did I let her know that we would be able to provide support to help her navigate within the shelter?		
If she was accompanied by a caregiver/attendant, did I make the caregiver feel welcome?		
Did I let her know that I am committed to her situation and that I will do my best to support her transportation and mobility needs, even if resources are limited? (E.g., partnering with accessible transportation agencies, etc.)		



Functional Independence

When a woman with a disability accesses shelter services, an FNA will help you do the following:

- Understand what she needs in order to be as **independent** as possible
- Determine what she needs to **participate fully and comfortably** in the shelter's routine
- Determine the strategies **you** can use to assist her in maintaining her **independence**

When assessing functional independence, keep the following points in mind:

- Never interrupt a medication routine during a time of crisis
- Some women rely on medications or equipment to function independently. Once they have these supplies, they may not require further accommodations.

Functional Independence Checklist

Establishing Safety/Assessing Need	Yes	No
Did I ask if she had any medical needs that the shelter should be aware of? (E.g., inhaler, medicine for migraine headaches or arthritic pain, catheter care, prescription medicines, wound care, Depends for incontinence, etc.)		
Did I let her know that the shelter works in partnership with agencies that can assist with the repair of mobility aids and other assistive devices? (E.g., hearing aids, wheelchairs, etc.)		
Did I ask her if there is anyone who assists her with any of her daily living activities?		
Was I welcoming of her guide or service dog?		
Did I assure her that her medication routine would not be interrupted at the shelter? (I.e., that we work in partnership with community nurses and personal care agencies that support her routine)		
Did I let her know that the shelter would assist her in obtaining medical equipment as needed? (E.g., catheter and ostomy supplies)		

Building Rapport/Respectful Interactions	Yes	No
Did I let her know that I am committed to her situation and that I will do my best to support her medical and equipment needs, even if this means developing new partnerships in the community?		
Did I refrain from making assumptions about her medication needs?		

Accessibility/Accommodations	Yes	No
Did I let her know that the shelter works with a variety of community partners to ensure that prescriptions can be filled or replaced? (E.g., doctor's offices, hospitals, pharmacies, etc.)		
Did I explain the shelter's policies on storing medications?		

Medical Need

When a woman with a disability accesses shelter services, an FNA will help you do the following:

- Assess what her **medical needs** are
- Determine the strategies **you** can use to assist her in **managing** her **medical needs**

The following must be kept in mind when assessing medical need:

- ALWAYS ensure the woman you are assisting is the judge of her own needs. Women with disabilities know their situations best
- The exception is women whose conditions have not been diagnosed or whose decision making is affected by their condition, for example, psychiatric disorders

Medical Need Checklist

Establishing Safety/Assessing Need	Yes	No
Did I ask if she would need assistance with managing her medical needs?		
Did I ask her if she would be accompanied by a caregiver or support person?		
Did I assure her that her medication routine would not be interrupted at the shelter? (I.e., that we work in partnership with community nurses, psychiatrists, community support workers, and others who can support her routine)		
Did I ask if she had been seeing a counsellor, doctor, or other health professional prior to coming to the shelter?		
Building Rapport/Respectful Interactions	Yes	No
Did I let her know that I am committed to her situation and that I will do my best to support her in managing her medical needs, even if this means developing new partnerships in the community?		
Did I refrain from making assumptions about her medical needs?		
Accessibility/Accommodations	Yes	No
Did I let her know that the shelter works with a variety of community partners who will assist her in managing her medical needs? (E.g., community nurses, mental health associations, MS society, etc.)		
Did I explain the shelter's policies on storing medications?		

Supervision Need

When a woman with a disability accesses shelter services, an FNA will help you do the following:

- Assess her **supervisory** needs
- Determine the strategies **you can** use to assist her in managing her **supervisory needs**

When assessing supervisory need, keep the following in mind:

- Not all women with psychiatric disorders have been diagnosed, so they may not be aware of their own needs. If you suspect psychiatric assessment is needed, contact your community partner immediately
- Even if a woman knows she needs supervision, she may not disclose her need if she is afraid she will be turned away from the shelter or if she feels she will be “labelled” because of her need

If our disabilities are presenting needs that are beyond your capabilities, [. . .] ensure that the help we need is forthcoming and that we are not simply asked to leave the shelter for the convenience of the staff and other residents.
 Shirley Masuda, *Meeting Our Needs*, 1992

Supervisory Need Checklist

Establishing Safety/Assessing Need	Yes	No
Did I ask if she would need supervisory assistance? (E.g., prone to seizures, living with dementia, etc.)		
Did I ask her if she would be accompanied by a caregiver or support person?		
Did I assure her that her medication routine would not be interrupted at the shelter?(I.e., that we work in partnership with community nurses, psychiatrists, doctors, and others who can support her routine)		
Did I ask if she had been seeing a counsellor or being supported by an agency prior to coming to the shelter?		
Building Rapport/Respectful Interactions	Yes	No
Did I speak with her as an intellectual equal and refrain from making assumptions or judgements about her intellectual capability?		
Did I let her know that I am committed to her situation and that I will do my best to support her supervisory needs, even if this means developing new partnerships in the community?		
Accessibility/Accommodations	Yes	No
If necessary, did I assure her that the shelter would provide support in understanding daily routines and by providing assistance when it is time to leave the shelter?		
Did I let her know that the shelter works with a variety of community partners who will help in supporting her supervisory needs? (E.g., community nurses, mental health associations, MS society, etc.)		
Did I explain the shelter’s policies on storing medications?		

Contacts and Resources



Alberta Committee of Citizens with Disabilities



Contacts & Resources

Alberta Adult Health Benefit Plan

EDMONTON & AREA: 780-427-6848

TOLL FREE ACROSS ALBERTA: 1-877-469-5437

<http://employment.alberta.ca/FCH/2085.html>

EMAIL: aahb@gov.ab.ca

The Alberta Child Health Benefit Plan helps low-income Albertans manage their health care bills by providing free eyeglasses, prescriptions, and dental visits.

Alberta Aids to Daily Living (AADL)

EDMONTON & AREA: 780-427-0731

TOLL FREE ACROSS ALBERTA: 310-0000 then dial 780-427-0731

<http://www.seniors.gov.ab.ca/AADL/index.asp>

AADL provides financial assistance to Albertans with long-term disabilities, chronic illness, or terminal illness in an effort to help them maintain their independence at home, in lodges, or in group homes.

Alberta Child Health Benefit Plan

EDMONTON & AREA: 780-427-6848

TOLL FREE ACROSS ALBERTA: 1-877-469-5437

<http://employment.alberta.ca/FCH/2076.html>

EMAIL: achb@gov.ab.ca

The Alberta Child Health Benefit Plan helps low-income Albertans manage their children's health care bills by providing free eyeglasses, prescriptions, and dental visits.

Alberta Food Bank Network Association

EDMONTON & AREA: 780-488-9719

TOLL FREE ACROSS ALBERTA: 1-866-251-2326

<http://www.afbna.ca/foodbanks/>

EMAIL: contact@afbna.ca

The Alberta Food Bank Network Association provides a list of food banks throughout the province.

Assured Income for the Severely Handicapped (AISH)

EDMONTON & AREA: 780-644-1364

TOLL FREE ACROSS ALBERTA: 1-866-477-8589

<http://www.seniors.gov.ab.ca/AISH/index.asp>

Adults with a permanent disability that severely limits their ability to earn a living can apply to AISH for financial and health-related assistance.

Child Care Subsidy Program & Extended Hours Child Subsidy

Application forms and information regarding Child Care Subsidy Program are available online:

<http://www.child.alberta.ca/home/706.cfm>

For more information regarding Extended Hours Child Care Subsidy visit

<http://www.child.alberta.ca/home/720.cfm>

The Child Care Subsidy Program helps eligible low- and middle-income families with the cost of licensed or approved out-of-school child care. Families who work or attend classes during the evening or on weekends can also apply for the Extended Hours Child Care Subsidy.

Canada Pension Plan (CPP) Disability Benefits

SERVICE IN ENGLISH: 1-800-277-9914

SERVICE IN FRENCH: 1800-277-9915

TTY DEVICE: 1-800-255-4786

<http://www.servicecanada.gc.ca/eng/sc/cpp/disability/disabilitypension.shtml>

Canadians who have contributed to CPP, but who are unable to work on a regular basis because of a disability, are eligible for CPP disability benefits.

Child Support Services

EDMONTON & AREA: 780-415-6400

CALGARY: 403-297-6060

TOLL FREE ACROSS ALBERTA: 310-0000 (ask for the Child Support Services office nearest you)

<http://employment.alberta.ca/FCH/2072.html>

Email: childsupport.services@gov.ab.ca

Child Support Services are available to single parents and parents in mixed families.

Health Link Alberta

ACROSS ALBERTA: 1-866-408-5465

<http://www.healthlinkalberta.ca/default.htm>

Health Link Alberta is open 24 hours a day, seven days a week. Highly trained nurses provide information regarding symptoms, individual health concerns, and health related programs and services in the province of Alberta.

Income Support

EDMONTON & AREA: 780-644-5135

TOLL FREE ACROSS ALBERTA: 1-866-644-5135

<http://employment.alberta.ca/FCH/689.html>

EMAIL: iscc@gov.ab.ca

If a person or family cannot meet basic needs such as clothing, food, or shelter, financial assistance is available from Income Support.

Kin Child Care Funding Program

TOLL FREE PARENT INFORMATION LINE: 1-866-714-5437

<http://www.child.alberta.ca/home/718.cfm>

The Kin Child Care Funding Program helps low- and middle-income families pay non-custodial relatives to care for their children.

Legal Aid Alberta (LAA)

PROVINCIAL OFFICE (EDMONTON): 780-644-4971

To find a Legal Aid Alberta office near you visit <http://www.legalaid.ab.ca/contact/Pages/default.aspx>

Legal Aid Alberta is available to low-income Albertans who need representation or advice regarding family, criminal, or civil law.

Residential Access Modification Program (RAMP)

EDMONTON & AREA: 780-427-5760

TOLL FREE ACROSS ALBERTA: 1-877-427-5760

EMAIL: RAMP@gov.ab.ca

<http://www.seniors.gov.ab.ca/AADL/RAMP/default.asp#01>

RAMP is a program available to people who use wheelchairs who wish to make their homes more accessible.

Salvation Army Store Locator for the Prairie and Northern Territories Division

TOLL FREE ACROSS CANADA: 1-800-725-2769

EMAIL: info_pra@can.salvationarmy.org

<http://ab.salvationarmy.ca/locations.htm>

The store locator provides phone numbers and addresses of Salvation Army outlets throughout the Prairie and Northern Territory Division. Salvation Army stores sell affordable household items and clothing.

Supports for Albertans Fleeing Abuse

EDMONTON & AREA: 780-644-5135

TOLL FREE ACROSS ALBERTA: 1-866-644-5135

<http://employment.alberta.ca/hre/is/reg/pdf/NCN1126.pdf>

Supports for Albertans Fleeing Abuse is available 24 hours a day, seven days a week to help Albertans who are fleeing abusive situations. People who meet the eligibility criteria can use this service to help them get to safety, start up a new household, or start a new life.

The Direct Tenant Subsidy Program

EDMONTON & AREA: 780-422-0122

CALGARY: 403-297-7453

TOLL FREE ACROSS ALBERTA: 310-0000

http://www.housing.alberta.ca/direct_to_tenant_rent_supplement_program.cfm

This program provides a subsidy paid directly to a tenant to help with high rental costs.

Victims of Crime – Financial Benefits Program

EDMONTON & AREA: 780-427-7217

TOLL FREE ACROSS ALBERTA: 310-0000

http://www.solgps.alberta.ca/programs_and_services/victim_services/help_for_victims/Pages/default.aspx#whattodo

This program helps victims of crime in a variety of ways, including obtaining financial restitution, and writing victim impact statements.

Other Resources

Name: _____

Phone: _____

Email: _____

Web: _____



Making Safety **Barrier-free**



Alberta Committee of Citizens with Disabilities

106 - 10423 178 Street, Edmonton, Alberta, Canada T5S 1R5

PHONE: 780-488-9088

TOLL FREE: 1-800-387-2514

TDD/TTY: 780-488-9090

FAX: 780-488-3757

EMAIL: accd@accd.net

WEB: www.accd.net