

CHANGING PUBLIC SERVICES

INTERSECTIONALITY AND THE EXPERIENCES OF WOMEN WITH DISABILITIES

BY JULIANNE M. ACKER-VERNEY



240 Catherine Street
Suite 201
Ottawa ON K1N 6N5

613-422-2188
cps-esp@criaw-icref.ca
cps-esp.ca

Acknowledgements

CRIAW acknowledges its presence and work on Indigenous Territories. We respectfully recognize the legacy of colonization upon Indigenous Peoples.

Author

Julianne Acker-Verney is a woman with disabilities who lives in Halifax, Nova Scotia. Julianne is completing her graduate degree in Women and Gender Studies at Saint Mary's University and Mount Saint Vincent University. Her publications include academic articles, fact sheets, blog posts and community-focused research reports. She was a member of the local CPS Steering Committee and a Researcher on the project.

The contributors to this report include:

Reviewers: Judy White and Andrée Côté

Layout: Wilder Tweedale

Design: Jessica Rousseau (Jessica Rousseau Design)

Project Support: Janine Bertolo, CPS Project Manager

Changing Public Services

Women and Intersectional Analysis (CPS) has been a four-year feminist research project funded by the Canadian Research Institute for the Advancement of Women (CRIA W) and the Social Sciences and Humanities Research Council (SSHRC). A Canadian bilingual network of academics, members of labour unions, community groups and individuals worked together to:

- 1) Track changes to public services and public sector employment in Canada since the 2008 global economic recession
- 2) Develop tools to identify and understand the impacts of these changes on different groups of Canadian women over time
- 3) Learn about changes across municipal, provincial and federal government services
- 4) Determine important areas for more research and action

A feminist approach called intersectionality guided the research and helped researchers find ways of working together to learn about the changes in public services and how they affect different women's lives. This and other fact sheets share the findings of this work.

1. The Changing Public Service Project: Nova Scotia

The national CPS network consists of four regional clusters of researchers (BC's lower mainland, Saskatoon and Regina, Ottawa-Gatineau, and Halifax). Members of the project steering committee in Nova Scotia represent diverse communities and organizations. They first worked on developing the tools and practices used to consult with community members and then hosted small discussion groups to learn about diverse women's diverse experiences with changing public services.

2. Intersectionality and Changing Public Services

“Intersectionality” is a term coined by an American critical race scholar named Kimberlé Crenshaw in the late 1980s but the ideas it reflects can be found beyond cultural, political and geographic borders to include the work of other feminist and indigenous scholars. Intersectionality is an approach to understanding how and why individual circumstances (like being a woman or being indigenous), social systems underlying inequalities (like ableism, sexism and racism) and social institutions (like the education system and government programs) combine, shift and change to shape the experiences of individuals and broader communities. Intersectionality is a tool that guided CPS researchers to ask how and why the experiences of different women, and communities of women, differ depending on factors that include gender, disability, age, race, ethnicity, sexuality and gender identity. An intersectional approach assumes that women's experiences and choices shift and change depending on the complicated and constantly changing relationship between their individual and collective characteristics and the power relationships within social structures. Intersectionality also provides space for us to consider how women can be simultaneously advantaged and disadvantaged depending on the relationships among various identity markers and power structures that underlie social inequalities. For example, a woman with disabilities who describes herself as bisexual may benefit from being with other women with disabilities but also excluded and harmed by homophobic remarks or jokes made by the women.



3. Intersectionality, Women with Disabilities and Public Services

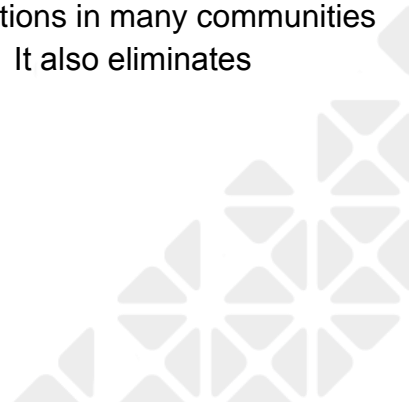
A woman who is blind and reads Braille will have a different experience accessing information on a public pension plan depending on the availability of Braille material. She is able to access the information independently if it is available in Braille rather than depending on someone else to read it to her if only available in text. This can, in turn, influence what she learns about the program, the questions she asks, how she is treated by service providers, her decisions about becoming involved with programs and her success in accessing services. Women with disabilities who participated in the research noted their ongoing need to counter public misconceptions about their ability to think and act independently, manage their own affairs and make decisions.

“When you get older I get, ‘you’re just a silly old woman’. That’s the attitude I get a lot at my age.”

“For someone like me who isn’t in university, I’ve sat at tables with people... with their mouths open because (a university student) across the table was able to afford all these assistive devices and was able to keep her life rolling because she didn’t really notice her ‘disability’... because she had all kinds of equipment... There are people... not in the workplace...who are not in university, where public services are not really assisting.”

They noted how intersecting factors of age, community of residence, and attachments to employment- and educational-related programs influence the disability supports and services they can access. For instance, post-secondary students can receive financial support to purchase technical aids while retired seniors are not supported in this way.

A lack of accessible and affordable public transportation options in many communities influences women’s choices and feelings of independence. It also eliminates



opportunities for employment and education; access to health care and other services; and, participation in many social activities.

“A big thing for me is transportation... There are so many areas in Nova Scotia that are not accessible and don’t have accessible transportation... I can’t afford to move somewhere else where there is transportation so I constantly have to rely on others.”

“This city (Halifax) is completely inaccessible if you don’t have a car or someone who can drive you. You have to get the right bus on the right day and they keep changing the routes.”

4. Intersectionality and the Social Model of Disability

The CPS research teamⁱ understands ‘disability’ as a socially produced experience. This approach is commonly referred to as the social model of disability. It recognizes that physical space, public policies, attitudes and generally accepted expectations of “normal” can create disadvantages for people depending on their disabilities. The social model of disability opposes the medical model of disability, which locates the ‘problem’ within the individual.ⁱⁱ For example, the proponents of the social model understand that an office building with only stairs creates a barrier to people who use wheelchairs rather than focus on medical understandings of why they use a wheelchair.

However, the emphasis of the social model is on persons with disabilities generally, and does not necessarily take gender and identity into account. In response to this, feminist disability scholars, like Rosemarie Garland-Thomson, apply a feminist intersectional lens to ideas about the social experience of disability.ⁱⁱⁱ Using the theory of intersectionality contributes to our understanding of the experiences of persons with disabilities because it challenges the social model’s view of everyone (women and men) experiencing disability the same way all the time. For example, a woman who uses a cane sometimes and a wheelchair other times may have little difficulty accessing a dental clinic with only stairs when using her cane. Her experience will be very different if she returns to the same office while using a wheelchair and there is no ramp, accessible washrooms or appropriate supports to assist her to transfer from her wheelchair to the dentist’s chair. Our understanding of a woman’s choices, decisions and outcomes

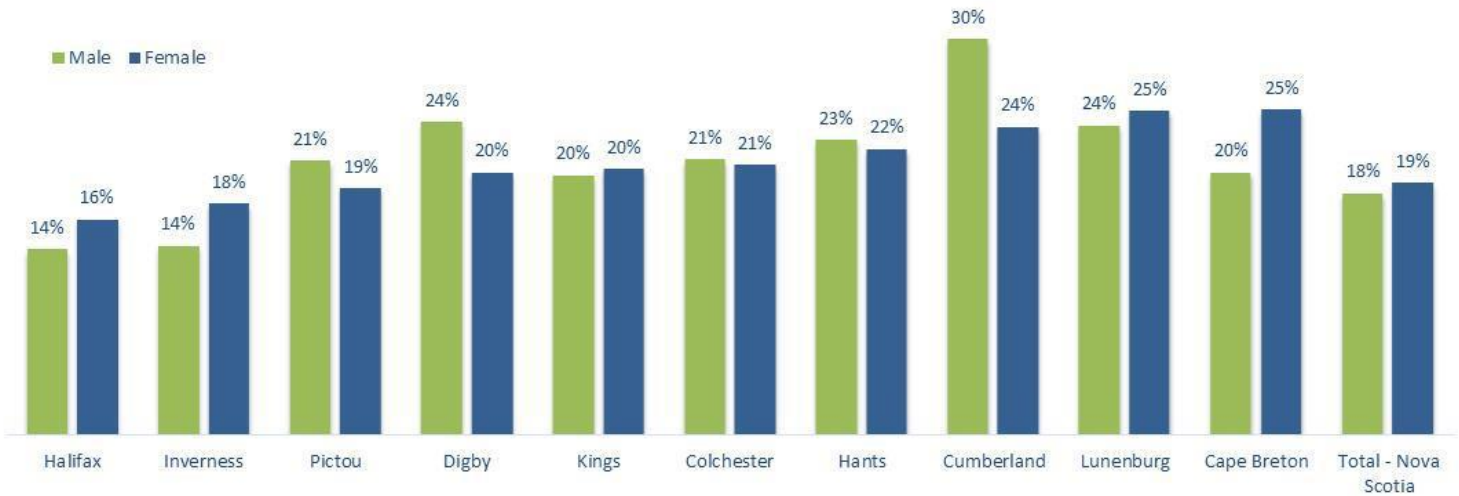
deepens when we question how gender, ability, employment status and other factors influence her experiences. Consider that women with disabilities in Nova Scotia are less likely to be employed than men with disabilities or women and men without disabilities.^{iv} Many women also live in communities without affordable and accessible public transportation, and lack convenient and affordable child care options. The social model emphasizes the socially-created barriers experienced by persons with disabilities while intersectionality gives us a way to ask about, and understand, how individual and communities of women's experiences and choices are shaped by factors including whether she walks or rolls to the dentist's office door on any given day and it highlights the ways that factors including gender, disability and accessibility of supports makes a difference in the experience.

5. The Social Experiences of Women with Disabilities in Nova Scotia

According to 2012 data, almost one in every five (19%) Nova Scotians has a disability, the highest percentage of all provinces and territories in Canada^v and higher than the national average (14%).^{vi} This is partly due to the high percentage of older Nova Scotians and the large number of them who have disabilities.^{vii} Nova Scotian women with disabilities slightly outnumber men by approximately 9,000. This is, in part, due to the tendency of women to live longer than men.^{viii} The percentage of women and men with disabilities varies among counties in Nova Scotia as shown in the table below.^{ix}



Prevalence of Disability by Sex Nova Scotia by County, 2012²

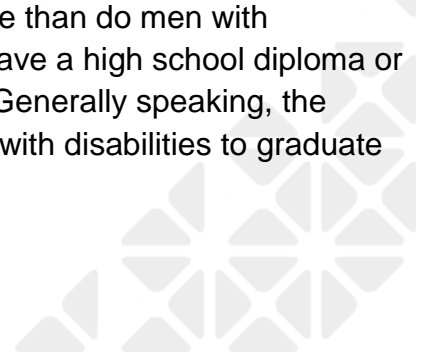


Source: Nova Scotia Disabled Persons Commission, Fact Sheet 4: Persons with disabilities in Nova Scotia, Prevalence of disability by county.

<http://disability.novascotia.ca/sites/default/files/Prevalence%20by%20County%20Factsheet%20%234.pdf>

The table shows that counties with the highest percentage of men with disabilities include Cumberland with (30%) and Digby with (24%). Meanwhile, counties with the highest percentage of women with disabilities are Cape Breton and Lunenburg each with (25%). Factors influencing the number of women and men with disabilities in individual counties include age breakdown of the general population and types of jobs prevalent in the community (working on a fish processing line, as a child care worker, office worker, etc.).

National statistics gathered during the 2011 census show that, as a population, persons with disabilities report lower levels of income than persons without disabilities across the life span with the greatest gap occurring during the employment years.^x Also, regardless of age, women with disabilities report lower levels of income than do men with disabilities.^{xi} Canadians with disabilities are less likely to have a high school diploma or university degree compared to those without disabilities.^{xii} Generally speaking, the percentage of women with disabilities are as likely as men with disabilities to graduate high school or from a university.^{xiii}



Statistics only tell part of any story and often combine women and men with disabilities together statistically rather than look at circumstances and choices shaped by gender and other factors.

In addition, statistics often fail to differentiate by type of disability. As the broad overview implies, analysis of data at the provincial level is limited. Still, the statistics point to important differences in the experiences of women with disabilities compared to other groups. An intersectional analysis of the data reveals that differences based on gender, ability and age are sometimes offered but information about how these factors intersect with other dimensions of identity including ethnicity and sexual preferences are missing.

6. What did we learn from our conversation with women with disabilities?

A total of 12 women who identified as having one or more disabilities joined in the small group discussions. Most of these women lived within Halifax and surrounding communities.^{xiv} One group wholly consisted of women with disabilities from the Women with Disabilities Network who self-selected to come together to talk about their experiences with, and thoughts about, public services in Winter, 2016. The women talked about many aspects of programs and services, including their experiences with transportation and especially the access-a-bus programs. They also highlighted their experiences and frustration with housing, education and accessing health care and counselling services. In addition to points discussed elsewhere on this fact sheet, some particularly noteworthy themes are included here:

The need for disability-related awareness and education among people providing public services.

The women often spoke about their need to educate the people providing services to them including bus drivers, teachers and disability-related support people. They understood this as an important role they can play in changing and challenging dominant misconceptions in wider society by helping public service providers better understand and accommodate a range of people and their needs.

“I think it really comes down to education and people in positions of power putting their foot down and saying, ‘No, this is going to change, this isn’t acceptable.’ ”

“It’s incumbent upon us, those with disabilities, to educate the wider public because we can get the message across. I’ve seen the success.”

They commented on the positive impact that leaders who are disability-aware can make within organizations and programs.

The need for accessible and affordable housing

Women talked about the difficulty they had in finding housing that meets their physical needs, is affordable to them, is serviced by public transportation and provides a sense of community. The women expressed frustration with the apparent lack of improvement in the availability of affordable housing stock in Nova Scotia despite political promises.

Comments point to their desire for programs such as co-operative housing or other public services to fill needs often left unmet by inadequate or inappropriate public services, forcing them to call on the otherwise stretched resources of family and community. They reflect intersectional experiences not reflected in current or future policy directions for health care, housing and other public services.

“Affordable housing has always been a big challenge provincially and municipally. We always hear, ‘we’re going to improve, we’re going to provide more accessible housing.’ Affordable housing now is housing that is often run down and... has negative connotations.”

“I find with accessible housing, in terms of physical accessibility, usually the most affordable housing is the least accessible... the ones I have looked at have stairs which doesn’t work for me.”

“I live in an apartment building and I don’t know my neighbours more than to say, ‘hello’. We keep to ourselves... I’ve known people who lived in co-op housing and I was green with envy. I thought, ‘this is great!’.”



“When I hear about seniors staying in their homes longer, there seems to be an expectation that there is going to be friends and family to support those seniors... What is the long-term thinking? If you have a good deal of the population, and the elderly population, that is single, who’s going to provide the support to these people who are going to stay home?”

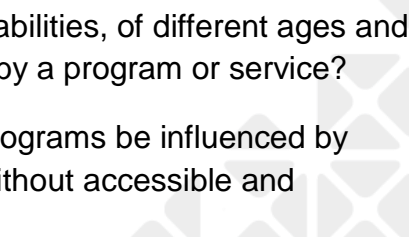
“It’s like way back when I lost my vision, I would call someone up and say, ‘Would you pick up a loaf of bread or some milk?’ This would be on Monday and they would say, ‘yeah, I can bring it to you on Saturday.’ ”

“If anything happens to me, I have good friends but most of them are working. They have families, they have grandchildren and here I am.”

Many public programs and services do not reflect the complicated lives of women with disabilities. The women drew from many examples to illustrate that their lived experiences, preferences and realities are not compatible with directions in public policy and services. In particular, women noted the reality that many of us are single and live alone. The women expressed frustration with the apparent lack of improvement in the availability of affordable housing and private rental units in Nova Scotia despite commitments from the Nova Scotia provincial government.

7. Using Intersectionality to Inform the Design and Delivery of Public Services

An intersectional approach to thinking about, planning and providing services would transform the lives of women with disabilities. Questions prompted by the use of an intersectional lens provide space for the expression of diverse experiences that include multiple disabilities in combination with other factors such as immigration status, racial identity, etc. The following suggestions include:

1. How might women with different and multiple disabilities, of different ages and in different living arrangements be better served by a program or service?
 2. How might women’s experiences of accessing programs be influenced by other factors that include living in a community without accessible and affordable housing or transportation?
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3. How would a women's access to programs and services be shaped by being a single parent of a child with disabilities while also having limited access to employment or having an employer who is not willing to provide accommodation for her work-life needs?
4. How is a woman's access to supports influenced by a lack of cultural sensitivity to her traditions and family obligations and further influenced by English (or French) being her second language?

Planning, implementing and evaluating changes to public services must include input from diverse women with disabilities to ensure their relevance, appropriateness and true accessibility. Helpful resources regarding the use of intersectionality are offered elsewhere on this fact sheet but here are some ideas emerging from the CPS research:

1. **Ask people who know, not people who think they know.** It is rare that women with disabilities are specifically consulted and recognized as being holders of valuable skills, knowledge and expertise. Women with disabilities have experiences, preferences and needs that are unique to us as individuals and as women, the 'one size fits all' approach of planning based on the 'idea that all persons with disabilities are the same' is sure to exclude and disempower many women. Ensuring that program delivery has been directly informed by women of various ages, with different disabilities from different cultural and socioeconomic backgrounds will result in more appropriate decisions and successful programs.
2. **Recognize, embrace and prepare for diversity.** Policy and programming intended to be accessible and inclusive to women with disabilities must be informed by voices that reflect our true diversity. Planning for consultation with diverse women with disabilities requires planning at the early stages. Leaders and members of Disabled Persons Organizations (DPOs) can provide wonderful guidance on designing a consultative process with a budget, time line and outcome measures that encourage, support and reflect the voices of diverse women with disabilities.^{xv}
3. **Develop informed and effective communication plans.** A lot of resources can be put toward the development of communication plans and strategies aimed at advertising for focus groups, getting the word out about service changes, etc. Yet, women with disabilities can be unaware of opportunities to participate in consultations and can find it difficult to access information about services available to them. Using a variety of methods including print media, radio, social media and contacting local Disabled Persons' Organizations (DPOs) is more

likely to reach women who are Deaf, blind, have low literacy skills or for whom English is a second language.

4. **Build public engagement processes around flexibility and choice.** For various reasons, many women with disabilities miss the communication and media publicity about opportunities to participate in local discussions about program and policy changes. Some women commented that community consultations conducted by the current provincial government employs restrictive scheduling of dates, times and places for public sessions. As a result, there is very little lead time for a woman with children and for women with disabilities to make arrangements to attend. Successful communication consultation processes and plans are more likely if informed by members and representatives of Disabled Persons' Organizations who have experience engaging with the audience you are trying to reach.

5. **Collaborations with DPOs can help everyone.** Disable Persons Organizations are an often overlooked resource. DPOs are diverse in terms of membership, mandate, vision and governance among many other factors. Some DPOs provide services to persons with multiple and diverse disabilities (e.g., Independent Living Nova Scotia) while others focus their efforts on specific disabilities (e.g., Society for Deaf and Hard of Hearing Nova Scotians, Canadian Mental Health Association). Some are provincial organizations (e.g., NS League for Equal Opportunities) while others more narrowly define their service area and type (e.g., West Nova Inclusive Employment Society).^{xvi} While the names of DPOs rarely include reference to gender, an intersectional approach prompts us to understand that the experiences of women and men represented by DPOs differ. Collaboration between policy and program professionals and DPOs to consult with women with disabilities provides an opportunity for all involved to gain a deeper understanding of gender-related experiences to support better program-related decisions.^{xvii}



References

- ⁱ CPS is a collaborative project. The team working directly with the research data includes: Julianne Acker-Verney, Michelle Cohen, Tammy Findlay, Mary-Dan Johnston, Kalina McCaul, Janet McClain, and Jennifer O'Keefe. Kristel Vom Scheidt provided valuable assistance with project start-up and community outreach.
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- ⁱⁱⁱ For example, see Garland-Thomson, Rosemarie. (2005) Feminist disability studies. *Journal of Women in Culture and Society*, 30(2), 1557-1587.
- ^{iv} Nova Scotia Disabled Persons Commission. Fact sheet 5, Labour force status and disability, http://disability.novascotia.ca/sites/default/files/Labour%20Force%20Status%20Factsheet%20%235_0.pdf
- ^v Nova Scotia Disabled Persons Commission. (n.d.) Fact Sheet 1, *Prevalence of Disability in Nova Scotia*, <http://disability.novascotia.ca/sites/default/files/Factsheet%20%231%20-%20Prevalence%20of%20Disability.pdf>
- ^{vi} Statistics Canada. (2012). *Disability in Canada: Initial findings from the Canadian survey on Disability*, <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2013002-eng.htm>
- ^{vii} Nova Scotia Disabled Persons Commission. (n.d.) Fact sheet 1, *Prevalence of disability in Nova Scotia*, <http://disability.novascotia.ca/sites/default/files/Factsheet%20%231%20-%20Prevalence%20of%20Disability.pdf>
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- ^x Statistics Canada. (2012). *A profile of persons with disabilities among Canadians aged 15 years or older*, <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2015001-eng.htm#a4>
- ^{xi} Ibid.
- ^{xii} Ibid.
- ^{xiii} Ibid.
- ^{xiv} Please see the Changing Public Services Summary Report for more information about participants.
- ^{xv} See Acker-Verney, J. M. (2016). *Embedding intersectionality and reflexivity in inclusion: Doing accessible and inclusive research with persons with disabilities*, *Third World Thematics, A TWQ Journal*, (October), 1-14, and FemNorthNet & DAWN Canada (2014).
- ^{xvi} For an extensive list of programs and services for persons with disabilities in Nova Scotia, please see <http://disability.novascotia.ca/content/links>
- ^{xvii} A more complete listing of organizations, programs and services for persons with disabilities in Nova Scotia can be found on the Nova Scotia Disabled Persons Website: www.disability.novascotia.ca