

Tools for an Inclusive Ontario

Meeting 4 Provincial Advisory Group

January 26, 2004

Agenda

1. Welcome – 10:30 am
2. Review of Meeting Notes, October 8, 2003
3. Discussion: 4th Draft of Working Definition of Inclusion

An inclusive society promotes human and social development by creating both the feeling and reality of belonging.

The feeling of belonging emerges through caring, cooperation, and trust. People build the feeling of belonging together. The reality of belonging emerges through equality and fairness, social and economic equity, and cultural and spiritual respect. People build the reality of belonging by engaging with their society to ensure it.

The domains of inclusion flow from the determinants of health and include income, employment, education, community, environment, and equality. The factors that influence the domains of inclusion vary from sector to sector in a diverse population. For example, the factors for racialized communities are language barriers, ethnoracial differences, racism, immigration status, concentration of populations in large urban centres, and settlement/adjustment.

4. Demonstration Site Reports
 - a) Access Alliance Multicultural Community Health Centre
 - b) Peterborough Family Resource Centre
 - c) Francoscénie
 - d) Thunder Bay Friendship Centre

6. Discussion: The Tools
 - OPC/AOHC posters and brochure

Discussion: The Tools

- Brochure concept– What is Inclusion? 2) Brochure concept– What does Inclusion mean to your organization? 3) Binder concept – The Inclusion Resource

Meeting Notes

January 26, 2004 (Major Winter Storm Day)

Present: Ginette Goulet, Sam Dunn, Maureen McDonald, Dianne Patychuk, Michael Fay, Betty Burcher, Catherine Turl

Regrets: Barb Lilico, Laurie Thompson, Pedro Barata, Maria Herrera, Michelle

1. Minutes Previous Meeting: Accepted

2. Updates:

Pedro will be stepping aside -- he is no longer on the Laidlaw committee. Donna and Maureen will represent Laidlaw.

Michael gave some history on the Ontario Inclusion Learning network and their four learning events. There will be an all-day event on March 23, 2004; we will be part of a presentation at that event.

Michael gave a presentation to the OPHA Board this past week; very well received. They are considering changing their Access & Equity Committee into an Inclusion Committee.

Toronto Public Health (Carol Timmings) has said that our inclusion framework could be used to analyze the child health strategy.

Ginette and Michael had a conversation with CAMH re school culture project. Little interest on CAMH's part to share instrument they used in school re health and mental health outcomes or in partnering with us to do a community based project.

3. Definition of Inclusion:

Process recording of discussion:

- Definition work is very important.
- Most stakeholders are quite enthusiastic.
- Testing process is underway.
- Caring and cooperation come from the school inclusion project.
- "Cultural and spiritual respect" is a new concept compared to previous work.
- "Engaging their society" Remove "with" to shake up the concept (Ginette)
- Includes leadership concept then (Dianne)
- Need to have a statement that indicates leaders have a responsibility to engage (Ginette)
- Needs to be another piece of literature that speaks to agency's struggle to be inclusive (Michael)
- Domain is the perfect word in French – keep it (Ginette)
- Groups based on the following were mentioned: Geographic, rather than urban/rural; racialized communities; marginalized communities; age; gender; sexuality; ability – these need to be fleshed out.
- "Interlocking systems of oppression" (Dianne & Sam)
- Add section re defining sector and fleshing out (7 or more) (Michael)
- Caution: a homogeneous society does not guarantee inclusion (Ginette)
- The meaning of different dimensions vary from setting to setting; people are excluded on multiple levels (Sam)
- The language of documents from the city is new to many parts of the province; people don't get it (Ginette)
- This is an evolving process – need to unlearn before we can learn and move on (Maureen)
- Domains come from the PSA campaign (Michael)

- Last part of the indicators should have advocacy strategies for being inclusive (Ginette)
- Think of strategies for being inclusive in a broad sense that includes research models and other approaches (Sam)
- Francoscience are working to develop a vibrant community; a vibrant community is an inclusive one (Ginette)
- Promotes is an action verb which actually does something; also a word recognized and used by the health community (Michael)
- Domain has an air of empire building and science eg CERIS – those centers have been criticized as being academic and elitist (Sam)
- Domain has boundaries around it – components? Composites? (Ginette)
- Discussion : determinants of inclusion → elements of inclusion (general agreement)
- “ The factors that influence the elements of inclusion vary within and between groups in a diverse society. For example, the factors for racialized communities

4. LWG Updates:

Process recording of reports:

Sam: AACHC

- Great experience around how people grapple with inclusion on the ground
- 8 key informant interviews
- How would they define inclusion? What does it mean ? How do you see children being excluded?
- Also held focus groups (2);
- First group wanted to know more about the end product than the product than the process of defining term etc. Issues: language; literacy; faith/culture experiences
- Second group included some of the same people with Michael and Betty; message that “we need to get a clear idea of this concept” got through; tools should stand alone – tools don’t change the world, people do; tools need to be accessible for communities.
- Several diverse agencies at the table
- Racialized communities should not be limited to immigrants and newcomers. There is power in play. Race is a key player in their access to programs and services. It wasn’t just your status as a newcomer/immigrant that was impacting on access - also your colour, ethnicity etc and includes children who are born here to newcomer parents.
- Idea of forming Toronto Inclusion Network was well received (Michael)
- Can we translate the document into different languages? Even just the first definition sheet. Will need to focus group test the translations.
- We will try to find money for this. Sam to take back to his group for discussion. Sam to estimate cost.
- Ginette will send to key informant re language,
- Recommendation that definition translation needs to be sample tested, especially key words – how do they go across language and culture?
- Danger in being tokenistic if translate into just one language – AACHC LWG will ask where this is going. AACHC may be able to translate and test in Somali and Chinese (Sam)

- Is there a rebound effect? Does the translation shift the meaning of the English version? Is there something in the translation that gets at an idea not captured in English? (Ginette)
- Is there something in the non-English translation that contributes something new/different to the definition/concept? Or is there something in the English concept that doesn't get into the other language? (Sam/Michael)
- Ginette will do translation into French and will give feedback by March 1st
- Sam will try to do the same with a couple of key informants (translate into 1-2 languages) to give feedback
- Need to be clear about why we did 1-2 languages and not others. Need to be clear about where we are right now, and that we need to engage with more communities (Sam)
- These tools need to be useful and relevant. May be re-created (Dianne)
- It's the key words here that are important. Michael will sort out Ojibway/Cree. Tool will be tested in the same way. We will complete the toolkit and will test out in English and French. Our project recommendation will be that it be translated in many different languages. (Michael)

5. Posters: Maureen

- Images work strongly. Are now set and will not change.
- Will be released on Community Health Day April 28th.
- Thought to launch in a CHC. Perhaps AACHC ?
- General comments:
 - In French, dissonance re words. Less is more.
 - "Inclusion (education) contributes to health – yours, ours, everybody's"
 - "Equality" should be "equity"
 - Education, employment and community improve health.
 - Environment, equity and income impacts on health.
 - Colours not well liked (blue, grey).

6. Toolkit: Betty

- Used indicators from AACHC to fit into grid/matrix.
- Issue of accountability high – accountable to your own claims of inclusion
- Distinguish between feeling and reality
- Chapters describe flow: what is inclusion; briefing notes; history of project; elements of inclusion; etc .
- Need to do some work to identify factors for elements
- There will be a flavour from the sites about the indicators that can be used
- Perhaps not specific site identification or feedback
- Have we missed key groups? (age, gender, ability etc)

Comments:

- Suggest 4 quadrants: inclusive/exclusive/high/low (Ginette)
- Outcome might be an inclusion barometer that helps to "measure" inclusion within an organization (Dianne)
- Links back to accountability/audit or report card (Sam)

- Need to capture measurement/barometer/quadrant idea in an image rather than/I addition to narrative (Michael)
- If we're looking for outcome measure, there's not a lot in there. Can measure energy/effort and can measure outcomes/results (Dianne)
- Need to frame opposite statements : best/worst. Bench marks: what are the measuring points along the way? (Michael)
- It's easier to identify areas of exclusion than inclusion (Betty)
- Figure out what the general barometer is and then try to give an example; people will figure out there own indicators (Michael)
- "actions" may be better than "advocacy" (Sam)
- "advocacy" might mean broader, more collaborative actions (Dianne)
- Health Canada likes "influencing healthy public policy" rather than "advocacy" (Maureen)

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Additional Note
February 10, 2004

Briefing Note 11
DRAFT Definition, Dimensions, Elements, and Factors Related to Inclusion

The Provincial Advisory Group held four meetings in 2003/04 to define inclusion and consider inclusion indicators. As well, Demonstration Sites reviewed their work. The results are as follows:

What Is the **Definition** of an Inclusive Society?

An inclusive society promotes human and social development by creating both the feeling and reality of belonging.

What are the **Dimensions** of Inclusion?

The feeling of belonging emerges through caring, cooperation, and trust. People build the feeling of belonging together.

The reality of belonging emerges through equality and fairness, social and economic equity, and cultural and spiritual respect. People build the reality of belonging by engaging their society to ensure it.

What Are the **Elements** of Inclusion?

The elements of inclusion flow from the determinants of health, including income, employment, education, community, environment, and equity.

What are the **Factors** that Influence These Elements?

The factors that influence the elements of inclusion vary within and between groups in a diverse society. The basis of groups includes gender, age, sexuality, geography, ability, faith, status, and racialization. As an example, the factors for racialized communities are language barriers, ethnoracial differences, racism, immigration status, concentration of populations in large urban centres, and settlement/adjustment.

What are **Indicators** of Inclusion?

Indicators measure the Dimensions, Elements, and Factors of Inclusion.

Indicators must be meaningful to the individuals, families, and communities seeking inclusion; identify policies and practices of agencies, organizations, and governments which promote inclusion; and indicate strategies for being inclusive.

The Provincial Advisory Group requests that you review the Definition, Dimensions, Elements, Factors, and Indicators of Inclusion. Are they precise? Accurate? Comprehensive? Please contact the Project Coordinator with your comments.