



SERVICE ACCESSIBILITY: TRIED AND PROVEN PRACTICES



*Réseau québécois d'action
pour la santé des femmes*

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RQASF – ORGANIZATION PROFILE

Founded in 1997, the Réseau québécois d'action pour la santé des femmes (RQASF) is a Québec-wide not-for-profit organization. Headquartered in Montréal, it brings together members from the 17 regions of Québec (women's groups and health centres, labour and professional organizations, Québec-wide and regional associations, individuals, etc.). Through its members, the RQASF represents roughly 300,000 women.

As a health prevention and promotion organization, the RQASF strives to better the physical and mental health of women, young and old, including marginalized women. Employing a holistic approach, it focuses on factors likely to impact on women's health, particularly their living conditions and social environment. To promote and defend women's health interests, its priorities are action research, public education, training, and collective action.

Over the years, the RQASF has become an information hub on the holistic approach to health, and a key player in the field of women's health. Today, it is highly respected by its partners, the public, media, and numerous other bodies.

To find out more

www.rqasf.qc.ca

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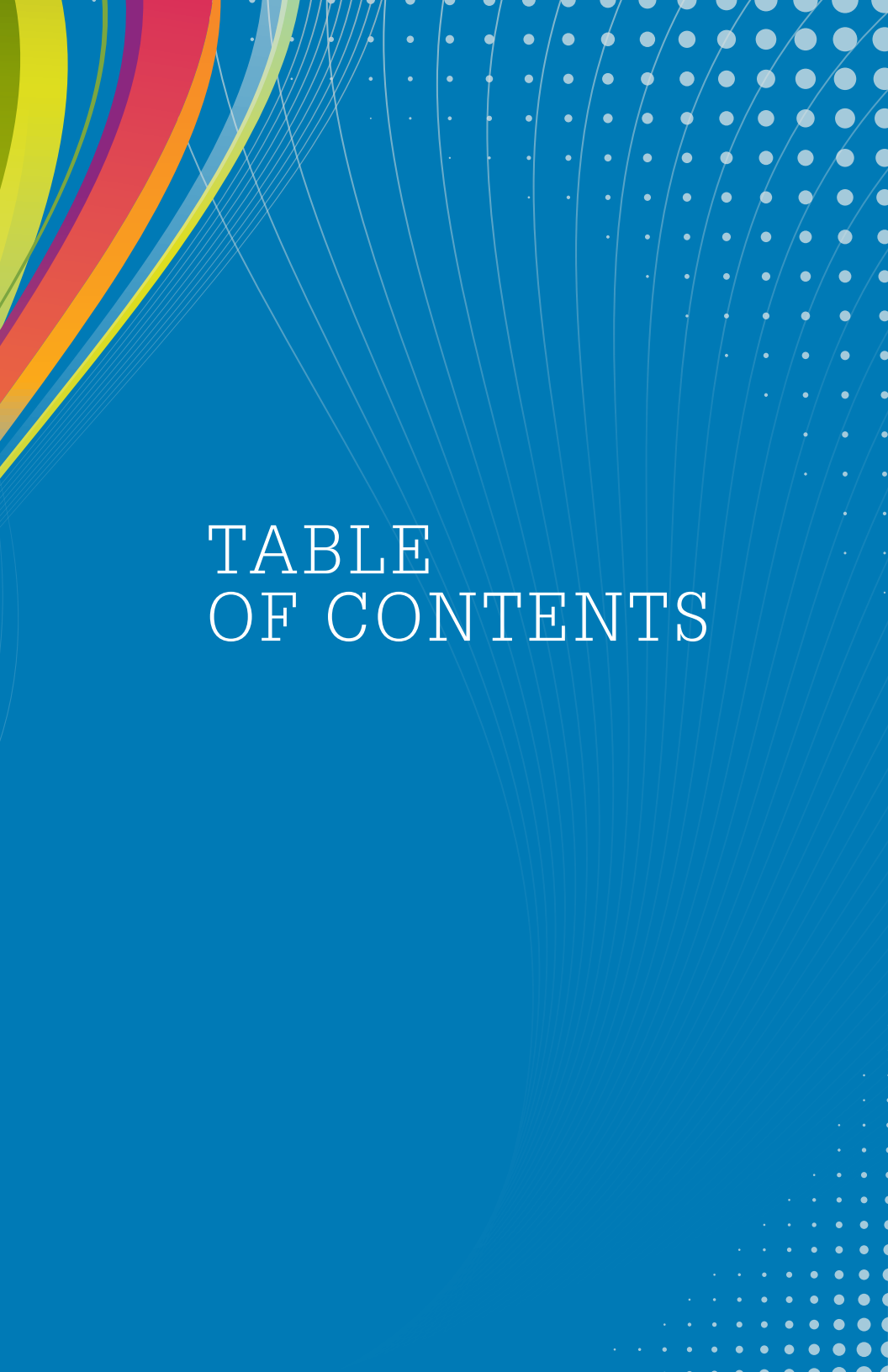
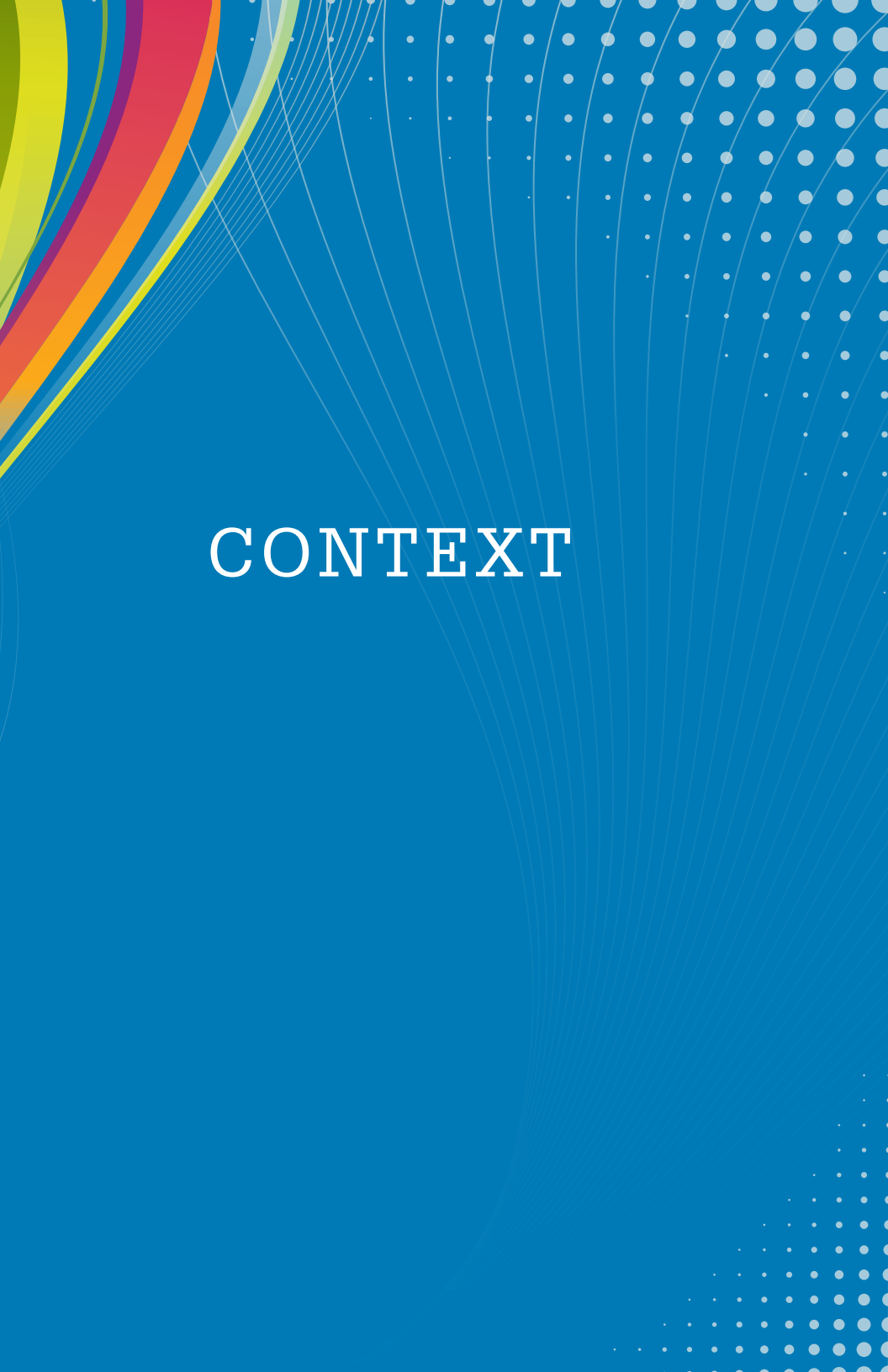


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CONTEXT

The booklet you have in your hands is truly unique. It is a snapshot¹ of the practical efforts of 94 women's community groups throughout Québec to make their services and activities more accessible to women in a minority situation.²

WHY PUBLISH A COLLECTION OF THESE PRACTICES?

Because the promotion of health and wellness depends on the accessibility of service providers

All women should be able to benefit from equitable access to services where they are respected for who they are, and their particular needs are taken into account. Like other women, women in a minority situation need services that are adapted to them. This is often facilitated through a health promotion approach, such as that of women's community organizations.

In women's groups, practices to empower³ women, such as group activities, help break down the isolation of participants.⁴ By making social support their primary mission, fighting domestic and family violence, striving to improve participants' living conditions, and advocating for their rights, these groups are key players in health promotion.⁵

1 The action research process behind this collection is described in *Behind the Scene of "Service Accessibility: Tried and Proven Practices,"* available on request.

2 For example, Aboriginal women, immigrant women, Anglophone women in majority francophone areas, women with a disability, lesbians, etc.

3 The term "empowerment" has many significations. For this text, we have defined it simply as the development of the power to act on one's personal life and the life of the community.

4 Participant: woman who participates in activities or uses the services of a women's community organization, as opposed to a worker who took part in the research.

5 L'R DES CENTRES DE FEMMES DU QUÉBEC (1998). *Conscience féministe et pouvoir d'agir. Les centres de femmes, une pépinière de pratiques pour la santé mentale*, Montréal, l'R des centres de femmes du Québec, p. 4.

According to the Canadian Institute on Health Information (CIHI), social support can take many different forms. Organizing enjoyable activities, and exchanging advice and information are examples of social support actions. According to the CIHI, emotional social support reduces psychological distress in women.⁶ Just knowing that one has access to emotional support or opportunities for positive social interaction relieves distress.⁷

It is therefore essential that women in a minority situation, who most need to break out of their isolation and defend their rights, have access to the activities and services of women's community organizations.

Because the medicalization of social problems is not an adequate solution

In our society, there is a strong tendency to medicalize social problems.⁸ By attempting to treat the “symptoms” of distress with drugs, the medical system and society in general are failing to take into account the underlying causes of the distress suffered by countless individuals. Drugs can neither replace social policy nor resolve all the issues linked to social marginalization. Antidepressants do not protect people from social exclusion, just as antipsychotic drugs do not guarantee a person access to decent housing, free of discrimination.

Because the women working in these groups have expressed the need

6 Canadian Institute on Health Information (CIHI) (2012). *The Role of Social Support in Reducing Psychological Distress*, 19 p., [On line], [https://secure.cihi.ca/free_products/AiB_ReducingPsychological%20DistressEN-web.pdf].

7 CIHI (2012), p. 4.

8 RQASF (2011). *Santé mentale au Québec : les organismes communautaires de femmes à la croisée des chemins*, Montréal, RQASF, [On line], [<http://rqasf.qc.ca/sante-mentale/a-propos/commander-lenquete>]; a summary of research is available in english (*Mental Health in Québec: Women's Community Organizations at a Crossroads*).

In an earlier study on women's mental health in Québec,⁹ the women who work in women's groups emphasized the deterioration of participants' living conditions and their increased distress level. They described their sense of powerlessness to respond to the needs of some women, especially Aboriginal women, Anglophone women in majority francophone settings, and immigrant women.

In some regions, immigration is a relatively recent phenomenon. In cities targeted for regionalizing immigration, for example, partner agencies responsible for welcoming immigrants are not always properly equipped or informed about the numerous challenges faced by immigrants integrating into a new country. The repercussions of these shortcomings are felt in women's community groups who have no one to consult to help them adapt their activities to participants who have just moved to Québec.

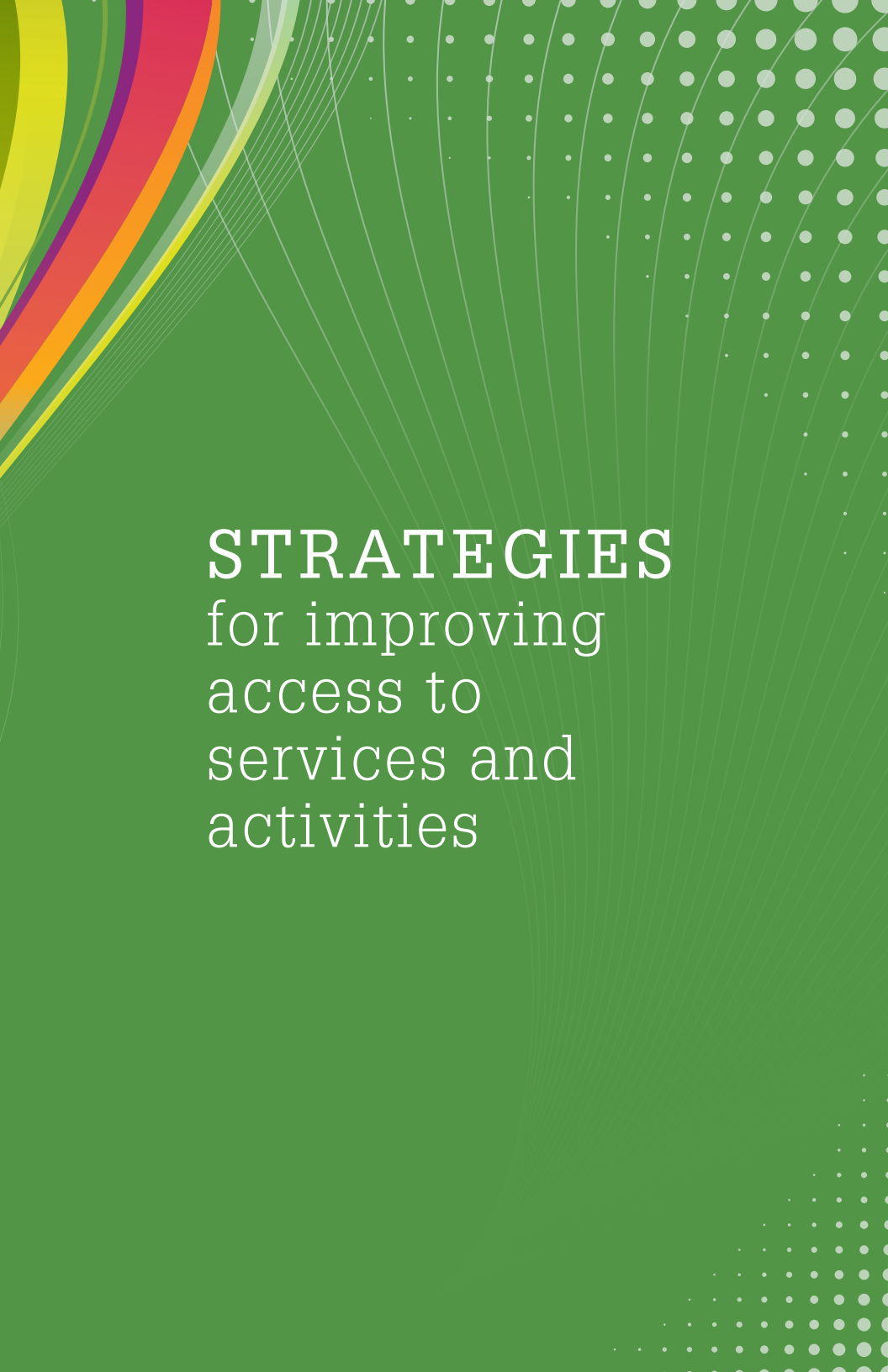
The RQASF's study on women's mental health in Québec highlighted the urgent need for tools to support groups in making their services and activities more accessible to women who are marginalized and in great need of social support. At the same time, during the data collection process, women in different regions shared the multiple initiatives and strategies their groups had developed to better meet the needs of their minority participants. We systematized the collection of these practices with a view to making them available to all the organizations as well as the public health system.

This collection reflects the creativity of women's groups in finding ways to assist the most marginalized women in our society. It is meant to be used as a tool for sharing this valuable experience and as a source of inspiration to make our resources more accessible throughout Québec.

9 RQASF (2011), *Santé mentale*, [On line], [<http://rqasf.qc.ca/sante-mentale/a-propos/commander-lenquete>].

N.B. The strategies listed below are examples; they do not represent all of the practices identified during the action research. While some may work well in one group, they will not necessarily suit the context somewhere else (depending on the group's location, mission, etc.). In some cases, we have made suggestions to complement the practice adopted by a particular organization.

The numbers in brackets refer to the list of tools and contacts in the Appendix.



STRATEGIES

for improving
access to
services and
activities

I. INCREASE AWARENESS OF THE ORGANIZATION AND ITS INCLUSIVE APPROACH

So that women are informed about its services and feel welcome

Some women may hesitate to go to an organization because they are afraid they will feel different and isolated in a homogenous group. Other women are simply unaware of the group's existence: they have just arrived in Québec, or have recently moved into the area; they feel isolated due to the geographic situation, lack of social support, poverty, exclusion, discrimination, immigration process, their minority status, or experience of violence (for instance, women farmers who are unable to leave the farm, older women with little social contact, Anglophone women in remote villages, etc.).

While living with minority status in a host society can be a factor of marginalization (difficulty finding employment, precarious economic condition, difficulty finding housing, etc.), the root cause of their marginalization is a lack of power, not the fact of belonging to a particular group or community. Women's community organizations want to reach out to women confronted with these types of difficulties and support them in dealing with the situation, facilitate networking, and prevent certain problems from arising.

STRATEGIES

- Put more emphasis on diversity in promotional documents; for example, add an inclusive sentence (e.g., *"The women's centre is open to all women, regardless of age, social status, nationality, sexuality."*), photos of women of diverse origins, disabled women, lesbian couples, etc.; display the rainbow flag logo ¹

¹ The rainbow flag is used as a symbol of the lesbian, gay, bisexual and transgender communities.

- Issue direct invitations to particular population groups to use the services and participate in activities, using the group's regular communication tools or the local newspaper
- Publicize the group using a particular community's media channels (e.g., broadcast an invitation on the radio station of the First Nations reserve) or go to places where the women gather (e.g., welcoming activities for recent immigrants, French classes, adult education groups, First Nation reserves, medical clinics, hospitals, childcare centres, local employment centres, family agencies, libraries, shopping centres, etc.)
- Choose "key moments" to organize events and address particular population groups (e.g., Action Week Against Racism, Black History Month, etc.)
- Collaborate with resources in the region so they will refer women to the community group (e.g., Anglophone groups, local First Nation reserve, settlement and integration resources, literacy group, job search agency, Anglophone hospitals, CLSC, etc.)
- Go door-to-door to reach out to isolated women and recent immigrants
- Send information directly to women (e.g., for employability resources, if possible, insert information about your services into the envelope containing the social assistance cheque) (1)

II. REDUCE BARRIERS

Reduce physical barriers

To ensure universal access, so that all women, including those living with a disability, have access to the same information, services, and activities

Many physical obstacles hinder access to services for women with disabilities. Universal access should be integrated into the design and construction of all public spaces and web-sites.

Members of the deaf community are all too often confronted with poorly adapted communications tools. Deaf women who have been referred to a group frequently do not return after their first visit because the group is not adequately equipped to receive them.

STRATEGIES

- Improve the infrastructure: install an access ramp, a platform lift, an elevator or an adapted bathroom
- Move into new premises where stairs do not pose a problem
- Set up the meeting room so there is enough room for wheelchairs
- Apply for funding to improve access for people with a disability (2)
- Publicize the fact that the resource is accessible to women in a wheelchair when this is the case
- Improve access to information: modify the website to make it more accessible to women with a visual handicap (3)
- Get a TTY system (device that lets people who are deaf use the telephone) and a TDD (Telecommunications Device for the Deaf) (4)

Reduce language barriers

To offer services to women who do not speak the language of the majority population

To ensure good communications or enable a woman to take part in activities despite the language barrier

Some immigrant women were unable to benefit from French courses when they arrived in Québec because they had to stay at home with their children, or couldn't get to the places where the classes were given, for instance, when they were not adapted to their disability.

Not being able to speak the language obviously makes communication difficult. Women's group employees who only speak French are hard put to intervene with an Anglophone or Allophone woman. Women's groups have to be creative in coming up with solutions.

Last, speaking the same language is not necessarily a guarantee of mutual understanding. Level of French, different accents, and distinctive cultural codes pose additional barriers to communication.

STRATEGIES

- Use the services of an interpreter by calling the inter-regional bank of interpreters (5)
- Use the services of a sign language interpreter (6)
- Partner with a group that has access to a bank of interpreters (e.g., groups working with immigrant women) and check that the woman is satisfied with the interpreter's services
- Ask for help from a worker with another group who speaks the participant's language

- Hire staff or interns who speak several languages
- Offer bilingual activities if possible
- Have another participant who knows the participant's language explain how the activity will unfold
- Translate documents where possible, or use materials that have been translated by another group (7)
- Partner with a group from the Anglophone community (or other) to jointly consider the best way to meet the needs of the population group in question
- Produce documents with more visual content to make them more accessible to people who are illiterate or have trouble reading (e.g., reduce the amount of text, add photos)
- Limit lengthy speeches (e.g., give interactive workshops rather than long lectures), emphasize non-verbal modes of communication and gestures
- Initiate a broader consideration of the group's language practices (8)

Reduce socioeconomic barriers

To reach out to women for whom poverty is an obstacle to getting to a group or reduces their capacity for regular attendance at activities.

Some women, due to their living conditions, must deal with urgent issues on a daily basis: looking for work, decent and affordable housing, inexpensive food, daycare; and for others, the need to quickly integrate into a community or city, etc. Certain women's community organizations have had to address women's basic needs in order to reach particular population groups, and accommodate women who do not have the means to travel to the centre, participate in its activities, and benefit from its services.

STRATEGIES

- Meet basic needs (e.g., provide food aid, organize collective kitchens)
- Set up a buying group so participants can buy in large quantities and benefit from cheaper prices
- Set up a “skills” exchange for women to exchange their services (e.g., a women with computer skills offers to help another women set up her computer, in exchange for which, the other woman helps her strip a piece of furniture) (9)
- Cover transportation costs of women who have no money to travel to the group
- Refund daycare fees or partner with another resource to “borrow” their stopover daycare service
- Allow women to participate in an activity with their children present when they have no other options
- Allow women to participate in activities free of charge when they can't pay

Reduce geographic barriers

To reach women who live far away or are unable to travel to the group

Geography plays a role when it comes to access to services for women in numerous communities. Attracting Aboriginal women, when a great distance separates the organization from the reserve, is nearly impossible.

The lack of public transport is another big factor influencing access to agencies and public services, especially communities in rural regions such as the Laurentians, Chaudière-Appalaches, Gaspésie, Abitibi-Témiscamingue, and the Côte-Nord, but also in many urban centres.

Further, in some cities and regions, there is no adapted transport. For example, in Montréal, many metro stations are still not adapted to people with disabilities (visually impaired, in a wheelchair, etc.).

Winter weather conditions can make access to agencies and public services extremely difficult for people who are unaccustomed to winter or who have trouble moving around.

STRATEGIES

- Offer women who have limited mobility the opportunity of online participation in training activities or the group's general meeting
- Offer a telephone hotline
- Organize activities in places frequented by the population groups in question (Aboriginal reserve, another agency, etc.)
- Organize a car-pool service
- Exert political pressure on municipal authorities to improve public transport service

III. CHANGE DIFFERENT PERCEPTIONS

Change perceptions about the groups

To counter ignorance about the organization's mission and calm women's fears about approaching the group

Some women are unaware that women's groups exist. Others have little information about the type of assistance available, the group's mission, and its activities. For instance, some women automatically associate "women's centre" with domestic violence. This ignorance may be due to the lack of visibility of these kinds of groups, but also to the restricted access to information of women who are unfamiliar with one of the official languages, illiterate, live in areas where they are isolated, etc. Negative experiences in their birth country or in Québec may also make some women wary about using social services and other resources. Other women victims of domestic violence refuse to call a transition house out of the fear that their children will be taken away by the youth protection service, or that their family will be sent back to their birth country.

The lack of anonymity in some villages, small cities, and Aboriginal reserves are another barrier to seeking aid in a transition house.

STRATEGIES

- Present the organization in different settings (family resources, youth centre, etc.) and clarify the group's role
- Guarantee participant confidentiality in your promotional materials, on the website, during discussions over the telephone, etc.
- Assure women that interventions will be based on their expressed needs, in accordance with their wishes, and never against their will
- Hire staff from different cultural backgrounds to reinforce trust

Change perceptions about feminism

So that it is more inclusive

Certain negative stereotypes about feminism can discourage women from calling women's organizations. Some women may believe that feminism has nothing to do with them. Yet, feminism is not just a "Western" concept; on the contrary, it is a pluralistic and inclusive movement. For example, a women's organization may adopt a feminist intervention approach to domestic violence that focuses on women's empowerment, while at the same time integrating the family and community help and healing approach adopted in Aboriginal women's transition houses².

STRATEGIES

- Obtain feminist tools (10)
- Organize information sessions on feminism
- Deconstruct preconceived notions about feminism
- Show how women can identify with the struggles of all women
- Explain that feminist is not just a "Western" concept by describing feminist movements in the Arab world, Afro-American women's struggles, etc.
- Propose women's rights training sessions

2 PHARAND, S. (2008). ISHKUTEU, *Des services d'aide en violence conjugale en réponse aux besoins des femmes autochtones*, Montréal, Université du Québec à Montréal, Services aux collectivités, 63 p. [online], [http://www.fede.qc.ca/pdf/Etude_de_besoins_Ishkuteu.pdf] (accessed 23 November 2012).

Change perceptions concerning women's diverse realities

*To counter ignorance about the “other”
and reduce tensions*

Prejudicial attitudes on the part of some women and tensions between particular communities can be a barrier to women's participation in group activities, or undermine them. For instance, in some regions, historical divisions between communities have repercussions on accessibility to the resource.

In addition, historic and current discriminatory practices against certain population groups, in particular, Aboriginal peoples, may generate tension and mistrust. Groups need to take this into account in their efforts to increase accessibility.

STRATEGIES

- Partner with different groups in the area to organize activities that bring people together to socialize and cooperate (e.g., a community garden where everyone can get involved)
 - “ We held a bilingual activity with two anglophone organizations and two francophone organizations as a way to bring the two language communities together. The Francophones practised their English skills and the Anglophones, their French, during a community breakfast. ”
- Organize a “mixer” activity to bring together different groups among centre participants (e.g., hold a draw to determine the seating arrangement)
- Organize an activity that incorporates cultural elements (e.g., community suppers highlighting the dishes of one of the group's participants, Native ceremony to which all participants are invited, etc.)

- Propose cultural outings (e.g., invite Francophone women to a museum devoted to the history of Anglophones in the area)
- Organize awareness-raising activities about the situations of women with disabilities (e.g., invite participants to experience the reality of a person with a particular disability, present skits created and acted out by participants to illustrate the obstacles to service accessibility encountered by women with disabilities)
- Fight prejudice and racism through awareness-raising activities about the different population groups of Québec (11) (e.g., organize a meeting led by Aboriginal women on the rights and history of Aboriginal women; invite the “Caravane des solidarités féministes”, a workshop in which immigrant women discuss their experience (12); reserve discussion time for women of diverse backgrounds to present their culture, religion, or specific experience; invite veiled women to discuss their perceptions and practice of feminism)
- “ We observed the racism against Muslim women, especially women who wore the veil. We organized a series of meetings in which we asked Muslim women to come and talk about their reactions to being excluded so other women would understand the consequences of their behaviour. All this was done around the table while everyone was enjoying a bowl a soup. We also talked about ‘day-to-day’ racism: jokes that might seem harmless on the surface but that are actually reinforcing prejudicial attitudes. ”
- Remind participants that discrimination is unacceptable and that they must respect others’ right to their own beliefs and opinions (e.g., participants should try not to let political discussions—such as a conflict between two countries—affect how they interact with each other within the group)

➤ “A participant told us: ‘How can you let lesbians come here? It’s a sin!’ Our response: No, one thing we won’t accept is discrimination and racism. It’s a form of violence and we won’t tolerate it. We want to ensure that women have respect for the differences among women, and not judge other women negatively.”

➔ Fight prejudice among staff by addressing the issue during meetings, providing training, etc..

Change perceptions about domestic and family violence

To counter fears and taboos linked to violence and the normalization of violence

Some women are afraid of being associated with the notion of “domestic violence” and refuse to go to a service that provides assistance to victims of domestic abuse.

Furthermore, many women do not go to transition houses because they are afraid of being found by their attacker or of leaving for good and not having enough money to support the family.

Because of their past experiences, some women internalize the notion that particular forms of violence are normal; therefore, they do not approach transition houses or domestic violence support groups for help. Last, many women don’t know what domestic violence is.

STRATEGIES

➔ Don’t confine yourselves to using the expression “domestic violence” when you advertise your services (e.g., to announce a support group for women in troubled relationships or who are victims of domestic violence, begin with a question: “Are you and your partner having problems?” instead of using the term “domestic violence”)

- “ In addition to requests specifically concerning domestic violence, we realized that 75% of the other requests were also linked to domestic violence. But if we just talked about ‘domestic violence,’ we’d lose some of those calls because many women don’t want to be connected with that issue. ”
- ➔ Provide training on the issue of domestic and family violence (e.g., in schools, meetings with young Aboriginal women, etc.)
- ➔ Produce an awareness-raising guide on domestic violence (13)
- ➔ Take more time with some women to explain that violence is always a serious matter and that it must not be downplayed
 - “ A woman might think it’s ‘normal’ to be subjected to violence by her partner. Intervention with her is longer and more complex because we have to work to demystify it [violence] ”
- ➔ Respect the pace of each woman who is reporting to the police or in the process of a separation or divorce
- ➔ In your intervention, keep in mind that not all women know what domestic violence is
- ➔ Provide a support and mutual aid group for victims of domestic violence
- ➔ Develop a project with participants with a view to providing support and fighting against violence (e.g., the Minomatesi project (14), the aim of which is to “assist women and their communities in organizing against sexual assault to improve the quality of life for all.”)

Change perceptions about mental health

To counter taboos and prejudice connected with mental illness

Distress and mental health problems are sometimes perceived as madness, violence, weakness, etc. The taboos surrounding anything to do with mental health (mental illness), the stigmatization of women, and the medicalization of a whole range of problems can stop women from seeking the help they need.

Some women may even feel offended if a worker proposes that they see a psychologist, or fear they will be labelled as “crazy.” In some countries, only someone who is seriously ill would seek psychological help.

STRATEGIES

- Fight stigmatization and prejudice: explain the differences between “mental health problem” and “madness” or “violence”
- Reassure women about the psychological support by explaining that it is for people experiencing a broad range of problems, and seeking such support does not mean that you are crazy
- Suggest to a participant that she can get support and a willing ear by teaming up with a volunteer who has received counselling training
 - “ We offer a listening service. Women sign up to talk with another woman for one hour per week... Sometimes, just listening to a woman for an hour is more helpful to her than advising her to get psychological help because some participants think we’re labelling them as crazy. Gradually, we’re able to establish a bond and later, the support person will mention the possibility of seeing a psychologist. We’ve developed ‘softer’ approaches to better adapt to cultural differences in the perception of mental health services. ”

- Acquiring tools on mental health (15) and taking a training session help workers to better take into account mental health issues and interethnic relations (16)

IV. EMBRACE DIVERSITY

Foster staff knowledge and skill acquisition

To deepen understanding of different cultural realities and become better equipped to work with them

Workers are encountering many new cultural realities (new wave of immigration in the area, for example). This complicates the task of reaching out.

A particularly misunderstood life experience is that of transsexual and transgender victims of violence: “Many everyday spaces are segregated by gender—public washrooms and locker rooms, for example, are spaces that for the most part are gender segregated. Spaces commonly believed to be safe, such as public washrooms, are often instead sites of violence and exclusion for trans people, who routinely experience confused looks and harassment when trying to use a washroom.”³

STRATEGIES

- Get informed about the diversity of human experience by searching the Web, acquiring tools, or attending training sessions (e.g., on Aboriginal women, women with disabilities, trans people, women victims of war violence, etc.) (17)
- With your team, hold discussions with participants about their specific experiences
- Acquire tools or attend a training session on diversity in staff teams (18)
- Organize coaching by Aboriginal or immigrant community groups to enrich the intervention capacity of staff members
- Consult other resources when the team is confronted with issues they are not used to dealing with

3 Excerpt from “Taking Charge,” <http://santetranshealth.org/jemengage/en/guide-contents/gender-segregated-facilities/>, guide cited under number 17.

- Set up a committee with other groups to study the situation of women with disabilities or minority women
- Join steering committees that deal with the problems facing women in a minority situation
- Conduct action research on an issue the team needs to learn more about (e.g., the situation of lesbian immigrants and refugees) (19)

Be flexible

To encourage communication

Communications between participants and workers can be challenging for multiple reasons, including a participant's past experiences, cultural references, and different interpretations and vocabulary. Aside from the impact of the participant's cultural background, the pace at which she develops is also influenced by her experience, age, and state of health.

STRATEGIES

- Listen, be attentive, respect silences
- Be sensitive to the fact that the person has different cultural references
- Take your cue from the woman's expressed needs: for example, some women who have immigrated to Québec do not want to be treated differently, while others want their difference to be acknowledged
- Use inclusive vocabulary (e.g., use the expression "holiday season" rather than "Christmas") that is representative of diverse realities (e.g., don't just talk about women's husbands or boyfriends; refer also to female partners and girlfriends; say "healing circle" rather than "group therapy," and "family violence" instead of domestic violence)

- “ We talk regularly with Aboriginal workers and women from the community about their perceptions of violence. In Aboriginal communities, people use the term ‘family violence’ instead of ‘domestic violence’ because they want to take into account the violence their families have endured for decades (e.g., children taken from their families and sent to residential schools) that may have given rise to domestic or family violence. If we want to communicate with Aboriginal women, we should use the same vocabulary as they do. ”
- ➔ Take into account the fact that not all women are very familiar with Québec society (e.g., avoid the use of acronyms, explain expressions commonly used by Quebecers)
- ➔ Let women progress at their own pace rather than imposing a process
- “ A woman who has come from a country that is at war has experienced severe trauma and must at first focus on satisfying basic needs. After that, she can try to calm down and begin to settle in. Gradually, she will succeed in connecting with her feelings, but we can’t decide at what pace she will do this, she’s in charge. ”

Adapt interventions and activities

To take into consideration the specific needs of women in a minority situation

The fundamental needs of all women are the same, but they can be expressed differently depending on the specific situation of each woman, her constraints, and her life path. Once communication has been established, workers should think about more satisfactory and creative ways to meet participants’ needs.

STRATEGIES

- Be willing to adapt your usual intervention practice
- Provide more accompaniment when necessary: increase follow-up (without “taking charge” of the woman, or “doing it for her”) until she can integrate into group activities
- Offer flexible schedules: don’t insist on absolute punctuality (leave a few minutes of wiggle room), accept walk-in appointments under certain circumstances, and, if a woman seems hesitant about coming to the group, offer to have the first appointment in a casual setting such as a café
 - “ There are so many unforeseen events in a participant’s day that they should be able to say, ‘Today, I can go to the centre,’ and just do it. That’s really the winning formula!
- Create a more informal atmosphere, for example, by placing a table where women can have a coffee
- Refer to women’s needs when organizing an activity or project: consult them, organize activities that are of particular interest to specific groups (e.g., popularity of a self-defence course with young Aboriginal women) (20)
- Invite women in a minority situation to take part in developing projects so that they have a sense of involvement and the project corresponds to their needs
- Propose training on the use of items that are familiar to Quebecers, but may be foreign to someone from outside Québec (e.g., information on clothing needed for winter, how a refrigerator works, etc.)

V. FOSTER WOMEN'S SOCIAL INTEGRATION PROCESS

Facilitate access to employment and housing

To fight poverty, precariousness, and racism

Systemic discrimination,⁴ for instance, barriers to employment related to the non-recognition of academic credentials, professional downgrading, requirements and limitations linked to immigration status (sponsorship), and direct discrimination⁵ can have a major impact on women's socioeconomic conditions.

Some women have trouble obtaining housing because of the prejudice of prospective landlords.

STRATEGIES

- Offer French conversation workshops, computer training, occupational workshops (e.g., business start-up training, early childhood training) (21)
- Propose business internships to allow participants to acquire recent work experience in Québec (suggestion for an employability group)
- Set up a mentorship program with someone who works in an occupation that interests a participant (22)
- Develop a support program for single mothers who want to return to the job market or go back to school
- Organize multicultural evenings such as the Soirées multiculturelles des Néo-Matanais to encourage connections among immigrant women, employers, and landlords (23)

4 Systemic discrimination is a set of habits and ways of acting engendered by the society (its history, organization, culture), that perpetuates inequality based on a particular group's "social class," "ethnic origin," "sex," or the fact of living with a "disability," for example.

5 Discrimination is said to be direct when it is directed against a person on the basis of prejudice.

Provide information on health services

To facilitate the access of immigrant or Anglophone women to these resources

People who have recently immigrated to Québec often do not know where to go to get health care. Migrants with precarious status who have no medical coverage or sufficient financial means may simply have no access to care.

In some places, women with little or no knowledge of French may be dealing with unilingual health services. In some regions there are few English-speaking services (particularly in Gaspésie), or services for Allophones (in the Québec City area, among others).

STRATEGIES

- Propose training sessions (24) or coffee meetings on how the Québec health system works
- Invite speakers and resource people to talk about existing services
- Make a list of participants who are interested in acting as information resources for recent immigrant women (e.g., a participant who speaks several languages besides French could help a woman by providing information to her in her mother tongue)
- Make a list of clinics with flexible business hours, less expensive clinics, and clinics for migrants without medical coverage (25)

Supply information about the host society

*To facilitate integration and build bridges
among women*

Immigrants are not always prepared for life in the host country: they may not have had time or the opportunity to inform themselves before leaving due to the situation in their home country, complicated immigration procedures, or lack of available information. Even when they are well informed, they must adapt to a multitude of things in record time to survive and integrate into their new communities.

STRATEGIES

- Invite women who have already migrated to speak about their experience and the administrative requirements of immigration to recent immigrants
- Organize lunch meetings where participants can discuss current events and Québec politics; make a special effort to invite participants who have recently settled in Québec
- Establish a partnership with a university to pair participants with women students who can help them get to know the city and the available resources (26); or partner with the municipality to organize a city tour for women who have recently immigrated to Québec
- ⚙️ “ FEMMES RELAIS ” (27): after receiving a training session organized by the group, women of different cultures and origins become “cultural mediators” and accompany women and families in the community. For example, a cultural mediator can act as a bridge between a school principal and the parents of a young immigrant girl to facilitate communications between them.

- ⚙️ “ LE CERCLE DES FEMMES ” (28): during a coffee meeting, a recently arrived participant is paired with another participant who will help her get to know Québec society.

Increase women's safety

To counter the fear that can prevent women from moving freely in public areas

All women are afraid, at one time or another, when they are in the street or another public area. But women in a minority situation are targeted more often than other women. They may also feel more frightened because they are in a situation of marginalization in which they have accumulated several bad experiences.

STRATEGIES

- Work with the municipality on developing an urban planning project to increase women's safety in public places (e.g., installing street-lights in dark areas and festival sites, etc.)

- ⚙️ “ FEMMES SECOURS / SAFE WOMEN ” (29), a program dedicated to safety and universal accessibility: those in charge of public and private institutions are invited to sign the Femmes secours/Safe Women charter and display its logo in a visible location in their institution. This way, women with disabilities and women in crisis know they can ask for rapid assistance that is adapted to their needs.

Defend the rights of women in a minority situation

To counter systemic discrimination and publicize the rights of women in a minority situation

The discrimination to which women in a minority situation are subjected means they are more in need of having their rights safeguarded. Yet, women in a minority situation are usually less able to defend their rights: some women do not know their rights (this may be true of women who have just arrived in Québec, women who speak little French, or women who are extremely isolated); and numerous women, due to the burden of daily responsibilities, lack the time to inform themselves, initiate proceedings, and take action.

STRATEGIES

- Denounce discriminatory measures (e.g., write a brief denouncing legislative measures to eliminate the rights of refugees to certain forms of health care, job discrimination, etc.)
- Organize activities to promote rights and the improvement of services to people of diverse ethnocultural origins who are living with disabilities (30)
- Acquire tools to inform about and defend employment rights (31)
- Participate in mobilizing activities led by women in a minority situation (e.g., march for disappeared and murdered Aboriginal women, LGBT marches (lesbian, gay, bisexual, and transsexual), *Journée canadienne de soutien à la démocratie dans le monde arabe* (Canadian Day of Support for Democracy in the Arab World))
- Incorporate the demands of these groups into your group's activism events and activities



TOOLS and Contacts

1. Contact the regional office of Emploi-Québec; they do not automatically agree to insert announcements: http://www.mess.gouv.qc.ca/services-a-la-clientele/directions-regionales/index_en.asp
2. Comité d'action des personnes vivant des situations de handicap, "Programmes et subvention liés à l'accessibilité et à l'adaptation": http://www.capvish.org/IMG/BAO_5_programmesSubventions.pdf, for Québec City.
3. Accessiweb, reference website on Internet accessibility for people with disabilities: <http://www.accessiweb.org/>
 Suggestion: Accessibilité universelle en loisir d'AlterGo and the Regroupement des organismes de Promotion du Montréal Métropolitain, "Guide des outils de communications accessibles et inclusifs", reference for the design of communications tools, 2012. For a copy of the guide, send an e-mail to ropmm@ropmm.com or info@altergo.net; also available at http://www.ropmm.com/index.php?option=com_weblinks&view=category&id=51&Itemid=87
4. The Institut Raymond-Dewar, *Centre plurirégional de réadaptation spécialisée et surspécialisé en surdit  et en communication*: <http://www.raymond-dewar.qc.ca/>, 514 284-2581.
5. Agence de la sant  et des services sociaux de Montr al, Interregional Interpreters Bank (group must pay costs but will be refunded by the Agency); services for Montr al, the Laurentians, Lanaudi re, and Montr r gie: <http://www.santemontreal.qc.ca/en/support-services/interpreters/>, 514 286-6500, extension 5533.
6. Service d'Interpr tation Visuelle et Tactile (SIVET), for deaf francophones seeking the services of an interpreter in Qu bec Sign Language (LSQ): <http://www.sivet.ca>, 514 285-2229 or 1 800 853-1212 (TDD), 514 285-8877 (voice); Centre de la Communaut  Sourde du Montr al M ropolitain (CCSMM), for deaf anglophones seeking the services of an ASL (American Sign Language) interpreter: <http://www.ccsmm.net/>, 514 597-3284, Fax (TDD): 514 286-6535; Montr al region only.
7. Suggestion: The Alliance of the Cultural Communities for Equality in Health and Social Services provides leaflets on different health topics in 17 languages: www.accesss.net

8. Suggestion: The Centre des organismes communautaires, "Facilitating the Use of Multiple Languages in Our Organizations": <http://coco-net.org/facilitating-the-use-of-multiple-languages-in-our-organizations/?lang=en>
9. Centre-Femmes aux Plurielles, "Réseau d'échange de services et de biens La Ruche": <http://www.cfplus.org/>, 418 665-7459.
10. Website of L'R des Centres de femmes features a bank of tools on feminism [French only]: <http://www.rcentres.qc.ca/public/outils-feminisme.html>. The website of Relais-femmes also has training sessions and workshops on feminism: <http://www.relais-femmes.qc.ca/les-formations>
11. Suggestion: The Centre des organismes communautaires, "Language Politics in Quebec: A Social Context": <http://coco-net.org/language-politics-in-quebec-a-social-context/?lang=en>
12. Table des Groupes de Femmes de Montréal, "Caravane des solidarités féministes": <http://www.tgfm.org>, 514 381-3288.
13. Carrefour pour elle, "Quand on s'aime, on s'aime égal," awareness-raising booklet on domestic violence, in partnership with the Ville de Longueuil, 2012: http://www.longueuil.ca/vw/images_editlive/PDF/Quand_on_saime_on_saime_egal.pdf; english version available on request: info@tcgfm.qc.ca
Suggestion: Shield of Athena, *Violence Hurts Us All*, multilingual pamphlet to raise awareness of violence, translated into 15 languages: <http://shieldofathena.com/en/pamphlets-violence-hurts-us-all>, 514 274-8117 or 1 877 274-8117.
14. CALACS *Assaut sexuel secours*, 819 825-6968.
15. Écho des femmes de la Petite Patrie, "Il était une fois... les Dames de cœur, Guide d'intervention et d'animation féministe en santé mentale à l'intention des intervenantes", 514 277-7445.
16. Association canadienne pour la santé mentale (ACSM), "Formation sur les relations interculturelles en santé mentale": <http://acsmmontreal.qc.ca/2012/02/01/formation-sur-les-relations-interculturelles-en-sante-mentale-21-et-28-fevrier-2012/>
17. Québec Native Women gives talks on different topics related to Aboriginal women; contact them for more information: <http://www.faq-qnw.org>, 450 632-0088. We recommend the following tools:
"Family Violence Resource Directory for the First Nations of Québec," 2009: http://www.faq-qnw.org/sites/default/files/publications/BOTTIN_web_1.pdf

My Sexuality, It's About Respect: Break The Silence! [research and writing, Wanda Gabriel], Kahnawake: Femmes autochtones du Québec/Quebec Native Women, 2011. This bilingual publication can be purchased for \$15 by contacting QNW.

Suggestion: The Association canadienne pour la santé mentale (ACSM) offers diverse training sessions on interethnic relations with regard to mental health and on Aboriginal communities: <http://acsmmontreal.qc.ca/>

Suggestion: Regroupement provincial des maisons d'hébergement et de transition pour femmes victimes de violence conjugale in partnership with COPHAN, "Accueillir et accompagner les femmes ayant des limitations fonctionnelles, guide à l'intention des intervenantes des maisons d'hébergement pour femmes victimes de violence conjugale", 2009: <http://www.calacs-lapasserelle.org/outils/documents/GuideInclusionfemmes-limitationsfonctionnellesregulier.pdf>

Suggestion: Action Santé Travesti(e)s & Transsexuel(le)s du Québec (ASTT(e)Q), trilingual site French/English/Spanish; contact them for information about trans people realities: <http://astteq.org/>, 514 847-0067, extension 207. We also recommend:

"Je m'engage/Taking Charge", educational tool aimed at a wide spectrum of health care and social service providers, frontline workers at social justice organizations, etc.; available free of charge online: <http://santetran-health.org/jemengage/en/guide-contents/gender-segregated-facilities/>

"Je me réfère", guide for trans people; information on health and rights, and list of resources that provide services to trans people in Québec, 2012: http://www.catie.ca/sites/default/files/Je%20me%20re_fe_re%20FOR%20DIS-TRO.pdf

Suggestion: Intervention network for persons affected by organised violence (RIVO): <http://www.web.net/~rivo/EngFramesHome.htm>, 514 282-0661.

18. Suggestion: Table des groupes de femmes de Montréal, "S'engager à mieux intégrer : Recueil et guide pour les organismes communautaires mixtes vers une équipe diversifiée, égalitaire et inclusive des femmes immigrantes et racisées", 2013: <http://www.tgfm.org>, 514 381-3288.

Table des groupes de femmes de Montréal in collaboration with Relais-femmes, "Facteurs favorisant l'embauche et le maintien en emploi des femmes des communautés culturelles et immigrantes dans les groupes de femmes de Montréal": <http://www.tgfm.org>, 514 381-3288.

19. Centre des femmes de Verdun, pamphlet on lesbians' experience produced as part of an action research project with immigrant and refugee lesbians: <http://www.centredesfemmesdeverdun.org/images/feuille%20lesbiennes%20immigrantes%20finale.pdf>

Suggestion: Réseau québécois d'action pour la santé des femmes, pamphlet entitled "Réalités et vécus des lesbiennes au Québec", update planned for 2013: http://rqasf.qc.ca/files/sante_lesbienne.pdf, 514 877-3189.

20. Suggestion: Centre des femmes de Montréal, "Programme mieux-être des femmes autochtones en milieu urbain", a program to meet the needs of Aboriginal, Inuit, and Métis women who live or are staying in the Montréal urban region and require support and accompaniment. Service includes referral to resources, accompaniment, short-term follow-up, group activities, food and clothing aid. Services are given in French and English: <http://www.centredesfemmesdmtl.org/en/index.html>, 514 842-1066.
21. Centre d'encadrement pour jeunes femmes immigrantes: <http://www.ce-jfi.org/formation/la-releve-lancement-dune-entreprise-en-petite-enfance/>, 514 744-2252.
22. YWCA Montreal, under The Mothers Work Integration Program: http://www.ydesfemmesmtl.org/En/The_Mothers_Work_Integration_Program.html, 514 866-9941, extension 416.
23. Regroupement des femmes de la région de Matane: <http://rfrm.org>, 418 562-6443.
24. Suggestion: Table des Groupes de Femmes de Montréal, "Femmes à l'intersection : Diversité et accessibilité des femmes aux services de santé à Montréal", workshop to explore intersectionality in the field of health and social services: <http://www.tgfm.org>, 514 381-3288.
25. Primary care medical clinic for migrants with no medical coverage run by Doctors Without Borders. The address of the clinic is confidential; those who need to see a doctor should leave a message and a nurse will call them back: 514 609-4197.
26. Maison pour femmes immigrantes de Québec: <http://www.maisonpour-femmesimmigrantes.com>, 418 652-9761.
27. Carrefour des femmes St-Léonard; contact Céline Pépin, project manager for the "Femmes-Relais" project: <http://www.cfsf-femmes.org>, 514 325-4910.
28. Centre de femmes l'Autonomie en soiE: <http://autonomieeensoie.org>, 450 252-0010.
29. Action femmes handicapées de Montréal, their "Femmes secours/Safe Women" project; the group gives talks and workshops on various topics; contact them for more information: <http://www.afhm-montreal.org/afhm/femmes-secours/membres-du-reseau/>, 514 861-6903.

30. Association multiethnique pour l'intégration des personnes handicapées:
<http://www.ameiph.com>, 514 272-0680.
31. Action travail des femmes and Institut national de la recherche scientifique, 2003: "L'emploi pour toutes les femmes : guide d'information sur l'accès à l'égalité en emploi": www.atfquebec.ca, 514 768-7233.

WE THANK ALL THE GROUPS WHO TOOK PART IN THE ACTION RESEARCH

Action des femmes handicapées
(Montréal)

Action travail des femmes (ATF)

Alternative pour elles

Alliance des femmes

AQDR-section Québec, comité conditions
de vie des femmes

Association multiethnique pour
l'intégration des personnes
handicapées (AMEIPH)

CALACS Assaut sexuel secours

CALACS région Côte-Nord

CALACS Rimouski

Carrefour des femmes de Saint-Léonard

Carrefour des femmes du Grand Lachute

Carrefour pour Elle

Centre Arc-en-ci-elles Inc.

Centre de Femmes de la Vallée
de la Matapédia

Centre de femmes du Haut-Richelieu

Centre de femmes du Témiscamingue

Centre de femmes Îlot d'Espoir

Centre de femmes La Marg'Elle

Centre de femmes l'Autonomie en soiE

Centre de Femmes l'Érige

Centre de femmes L'Essentielle

Centre de femmes l'Étincelle

Centre de femmes Liber' Elles

Centre de femmes Marie-Dupuis

Centre de Femmes Montcalm

Centre de santé des femmes de l'Estrie

Centre de santé des femmes de Montréal

Centre de solidarité lesbienne (CSL)

Centre d'Éducation et d'Action des
Femmes de Montréal (CEAF)

Centre d'encadrement pour jeunes
femmes immigrantes (CEJFI)

Centre des femmes de la MRC du Granit

Centre des femmes de Laval

Centre des femmes de Rosemont

Centre des femmes de Verdun

Centre des femmes du Ô Pays

Centre des femmes du Témiscouata

Centre des Femmes Les Elles du Nord

Centre des femmes l'Héritage

Centre D'Main de Femmes

Centre féminin du Saguenay

Centre femmes L'Ancrage

Centre Femmes aux 4 Vents

Centre-Femmes aux Plurielles

Centre Le Volet des Femmes

Centre Louise-Amélie inc.

Centre Rayons de femmes
Thérèse de Blainville

Centre Ressources pour femmes
de Beauport (CRFB)

Centre-Femmes de Beauce

Centre-Femmes de Bellechasse	Le Centre d'Entraide La Destinée
Centre-femmes de La Mitis	Les Cuisines collectives de Degelis
Centre-Femmes de Lotbinière	Les ficelles de l'emploi Inc.
Centre-femmes de Rimouski	L'Ombre-Elle
Centre-femmes du Grand-Portage	Madame Prend congé
Centre-Femmes La Jardilec	Maison pour femmes immigrantes de Québec
Centre-Femmes La Passerelle du Kamouraska	Maison Anita-Lebel
Centr'Elles, Comité d'action des femmes d'Avignon	Maison d'aide et d'hébergement de Fermont
Collectif féministe de Rouyn-Noranda Entre-Femmes	Maison d'aide et d'hébergement l'Accalmie
Com'Femme	Maison des femmes de Drummondville
Comité d'aide aux femmes Sourdes de Québec	Maison des femmes des Bois-Francs
Élixir ou l'Assuétude d'Ève	Maison Libère-Elles
Entr'Elles Granby	Maison Mikana
Femmes de Mékinac	Point d'Appui CALACS
Femmes du monde à Côte-des-Neiges	Regroupement des femmes de la région de Matane
Femmes en Mouvement	Regroupement des Femmes La Sentin'Elle Inc.
Halte-Femmes Montréal-Nord	Regroupement des femmes de la Côte de Gaspé
L'Écho des femmes de la Petite Patrie	Réseau des femmes des Laurentides
La Collective des femmes de Nicolet et région	Service d'information en contraception et sexualité de Québec
La Collective Par et Pour Elle inc, Le Centre Femmes des Cantons	S.O.S. Grossesse-Québec
La Gigogne	Table de concertation du mouvement des femmes Centre-du-Québec
La Maison des Femmes de Québec	Y des femmes de Montréal - YWCA
La Marie Debout , Centre d'éducation des Femmes	YWCA of Québec City
La Mouvance Centre de femmes	
La rue des Femmes de Montréal/Herstreet	

