Final Report:

Perspectives on Disability in 3 Cultural Communities:
Downtown Toronto, Canada

A community-based research project funded by the
Canadian Centre on Disability Studies

Submitted by: Scadding Court Community Centre, Toronto
February, 2005

PROJECT BACKGROUND

This project was developed to assist Scadding Court Community Centre (SCCC) in achieving its goal of creating a community in which a community centre with programming that is targeted to and integrates people with disabilities will be understood, welcomed and promoted by community members.

SCCC is located in the heart of downtown Toronto, has a long history of serving a culturally diverse community and is in the process of increasing the services it offers for people living with disabilities. SCCC has recognized that in order to accommodate the Centre's various activities successfully, there must be an awareness and understanding of how those activities relate to and can support each other. In the process of researching the relationship between disability and culture SCCC discovered that accessible and useful information about this issue is limited. *Perspectives on Disability* was conceived as a way to generate local information for use by the Centre and at the same time contribute to the very small body of literature on the intersection of disability and specific cultures that is currently available to frontline service providers.

The Project Committee for this project consisted of five people:
1) Susanne Burkhardt, *Manager of Development and Fundraising* at SCCC. Susanne led the group through the research process, which was new to all.
2) Sam Savona, who has Cerebral Palsy, works for the full equality of people with disabilities and has sat on numerous advisory committees and boards which saw many accomplishments that increased the equality of life for people with disabilities in Toronto.
3) Caroline Kwok B. A., B. Ed., M. Ed, is an ESL/Literacy teacher and a writer on mental health issues who immigrated to Canada from Hong Kong.
4) Kim Nguyen is a community member of Vietnamese origin. Kim has a personal interest in the development and activities of SCCC.
5) Magda Karathanos, *Disability Program Development Intern* at SCCC. Magda is from Brazil, has worked as a support worker and has a deep interest in issues of disability.

Note: Efforts were made to recruit a Project Committee member from the Ethnoracial Disability Coalition of Ontario, however this group appeared to be undergoing a transition at that point in time and was unable to respond to our repeated requests.

The Committee met regularly to plan, develop research tools, plan survey distribution and focus groups and analyse data. Committee members received verbal instruction and printed material to educate them about the principles and methods of qualitative and quantitative research.

THE RESEARCH PROCESS

Perspectives on Disability was a community-based participatory research project. The need for this project was identified by SCCC clients and staff who identified a disconnect between the Centre's traditional focus on culturally diverse communities and its more recent desire to increase and enhance existing SCCC services for people living with disabilities. The Project Committee consisted of both disabled and non-disabled representatives of the cultural groups studied and initially had limited research knowledge about research.

The following definition of disability was chosen by the Committee and has since become SCCC's official definition of disability:

> *A state, either temporary or permanent, that results in difficulty performing daily/everyday activities within a reasonable time and/or with a reasonable amount of effort. Such a condition or state may be mental, physical, social, emotional, intellectual, or of a nature that is defined by the individual affected.*

The Project Committee conducted an inventory of member interests, strengths, capacities and availability and distributed tasks accordingly so as to ensure appropriate and relevant involvement. Overall, this worked well, however lack of experience and confidence in making research decisions meant that activities were framed by the facilitator more than expected.

The participatory nature of the project was further enhanced through identification and training of community members as focus group facilitators, note-takers and translators, which increased the cultural and linguistic appropriateness of the project and provided a mechanism for promotion and participant recruitment. Analysis of findings provided another opportunity for community participation. Results were collectively analysed by the Project Committee and input was sought from key members of the target communities as necessary to clarify and corroborate information.

RESEARCH DESIGN AND METHODS

The research design consisted of two components, which were complemented by the literature reviewed for this initiative and with information gathered through informal discussion with members of the targeted communities. These sources of data were triangulated

QUESTIONNAIRE
The questionnaire was developed collectively by the Project Committee, using existing surveys investigating issues of health and culture for guidance on content, format and length. Key concepts about which information was being sought were identified and potential questions developed. A preliminary questionnaire was edited and refined several times before being formatted and translated. This was a lengthy process as there was a steep learning curve for Committee members and because all questions had to be appropriate and relevant for all three groups studied. Translation was done through a peer translation process and was particularly challenging for the Vietnamese questionnaires as few community members identified had the software required and because many members of the local Vietnamese community in Toronto left Vietnam a many years ago and often traveled or lived in other countries before immigrating to Canada – this affected their comfort and skill level in writing in their mother tongue.

FOCUS GROUPS
Focus group questions were developed by the Project Committee by taking key categories from the questionnaire and adapting and adding questions to suit the focus group situation. Once complete, questions were piloted for flow, content and length of time before being translated.

Two focus groups were held for each language group studied - each included up to eight community members. Groups were facilitated in the relevant language, led and recorded by Project Committee members and/or community members trained to do so. Groups were held at various community locations, included refreshments and child care and typically lasted 2.5 hours. Participants were provided with a $20 honorarium. For administrative reasons it was not always possible to provide the participants with their honorarium immediately after the session (cheques were mailed out) and it was evident that direct receipt of the money motivated discussion.

PROCESS DOCUMENTATION
Project Committee members were to document their experiences as the project progressed, with each member choosing their mode of documentation. This aspect of the process however, received little attention as committee meetings were dominated by learning about research methodology, research activities and project logistics. Questionnaire and focus group development, research into the cultural groups studied and analysis of the findings however, spurred much exchange of information among group members about personal experience, knowledge and opinion related to disability and culture. Much of this information was then further transmitted to SCCC staff and others in the community. In the end, committee members chose to write a short reflection piece about their participation (see Project Committee Reflections).

SAMPLE SELECTION AND CHARACTERISTICS

Questionnaire
A total of 91 questionnaires were received: 29 Chinese (C), 31 Vietnamese (V) and 31 Portuguese (P). 140 questionnaires were distributed by mail to key contacts at six local agencies in the Scadding Court area. Some agencies required management to approve the questionnaire, delaying the distribution and collection process. Response to this approach was poor and over 150 surveys were again distributed through programs at SCCC and other local agencies – this time in the presence of a staff member briefed on the study, the questionnaire and on how to return it. In many cases those distributing the questionnaires assisted community members to fill them out as literacy levels varied. Reaching the Vietnamese community was challenging as local Vietnamese agencies do not necessarily serve people of Vietnamese ethno-cultural origin, often focusing on the Chinese community that lived in Vietnam and adheres to the Chinese culture.

Respondent age and gender: Most respondents were adult women under the age of 65. The C group included the highest proportion of seniors (35%), while the P group included the most youth (26%). Overall, men and youth were underrepresented. Familiarity with SCCC reflects groups served by SCCC, with the C group (69%) most familiar, followed by the P and the V groups.

Country of origin: Most respondents were born outside of Canada – in China (93%), Vietnam (97%), Portugal (32%) and Brazil (42%) and length of time in Canada reflects patterns of immigration from those countries. It is important to note "Portuguese" responses reflect both the Portuguese and Brazilian cultures. This affects the strength of the information on the P group, however still provides a sense of local Portuguese-speaking community opinion on disability and provides interesting information about both cultures that could be researched further.

Cultural identification: The C group is split evenly with respect to comfort level with the traditional Chinese and the Canadian-Chinese culture. Many reported feeling comfortable in both, which does not reflect the fact that half are recent newcomers. This may therefore reflect confusion around the intent of the question or another factor that is not known. A slightly higher proportion of the V group (48%) felt more comfortable with Canadian-Vietnamese culture than the traditional Vietnamese (39%). 42% of the P group felt most comfortable with Canadian-Portuguese culture (Canadian-Brazilian was not listed), while 26% chose traditional Portuguese and 16% traditional Brazilian culture. These results indicate that roughly half of respondents have integrated a "Canadian" component into how they self-identify, which may affect their views on disability.

Education: The P group was the most highly educated, with 45% of respondents having completed university (this is attributed mainly to the Brazilian portion of this group as Toronto's Portuguese community is known to have generally low levels of educational attainment). 31% of the C group had some post-secondary education and 21% possessed a university degree. Overall, the V group of respondents reported the lowest levels of formal education.

Income: Income levels among the C group were fairly evenly distributed across the income spectrum. The P group tended to cluster (32%) in the mid-income range ($25 – 50,000), and in the under $10,000 range (16%). The V group had the highest proportion of respondents (64%) with family incomes under $25,000.

Focus Groups
Recruitment was though word of mouth and flyers circulated to local organizations and at Scadding Court. Establishing personal contact with key people at other organizations was useful in recruiting participants. Overall, it was far easier to engage and recruit women. Due to limited resources and time, it was decided not to focus on attempting to achieve balanced participation between men and women but rather to continue with the projected timeline. In the future, this factor would be taken into account in the planning process and be incorporated through a longer timeline, different outreach methods and possibly more resources allocated to recruitment.

Chinese Focus Groups: All participants were Mandarin-speaking, reflecting the fact that most Chinese newcomers that settle in downtown Toronto are from Mainland China. As a group they have lower education and income levels than the Hong Kong Chinese, which have settled in other parts of the city. Group 1 consisted of seniors, group 2 primarily of youth and parents of young children. Only two participants were male, possibly making the information gathered less representative of the Chinese culture, however it has been Scadding Court's experience that Chinese women are more comfortable discussing personal topics when men are not present. The lack of men may therefore also have resulted in greater depth of information being collected.

Portuguese Focus Groups: The project did not foresee attracting Brazilian participants as the Brazilian community is concentrated in a different area and generally does not use the Centre. To capitalize on this interest, it was decided to hold one focus group exclusively for participants of Portuguese origin, and another to include participants of Brazilian origin. Group 1 consisted of seven Portuguese women and one man - most were seniors. It was difficult to initially engage this group, however by the end most were freely sharing information. Group 2 was women from Brazil and Portugal, with one participant from Angola. Ages ranged from 20 to 60 years. This group was very engaged, in part due to the contrasting cultures. One woman had a mild disability, however it was not felt that this affected the nature and depth of the discussion, but rather added to it.

Vietnamese Focus Groups: Recruitment was difficult. As previously mentioned, a proportion of what is considered the Vietnamese community in downtown Toronto consists of individuals of Chinese ancestry who had lived in Vietnam and are not representative of the Vietnamese culture. Thirteen people participated in two focus groups, the majority of which were women. One group (7 people) contained exclusively seniors, the other women of varying ages. Both groups were initially difficult to engage however exchanged information more freely as the session progressed.

DATA COLLECTION AND ANALYSIS

Quantitative data from the questionnaires was tabulated into three separate tables – one for each language group studied which were then amalgamated into one chart for the purpose of comparative analysis and trend identification. Results were then summarized and written up.

Focus group data was collected through detailed note-taking by a trained note-taker. This information was enhanced through the addition of documentation and observation by the group facilitator. This data was then reduced by the Project Committee (see Appendix C). The principles of content analysis were applied to categorize and analyse the data. The content was sorted into themes identified through a) the literature reviewed, b) the questionnaire and focus group question development process and c) patterns observed in the data. Where content meaning was unclear the Committee considered context and related response patterns to collectively make a judgement about how to code the content. A particular challenge was ensuring that Committee members did not make inferences about motivation or intent when analyzing the data.

Basic descriptive questionnaire and focus group data were then triangulated with information from the literature and discussion with members of the cultural communities targeted in order to conduct a somewhat more interpretative analysis. Data analysis was done collectively by the Project Committee members and was a very time consuming, though interesting process.

BACKGROUND INFORMATION ON THE CULTURES STUDIED

Rather than conduct a formal, academic literature review, the group chose to review information that was easily accessible to service providers, as this reflected the intent of the study and highlight the issue of access to information as well as its content. The findings from this process are listed below.

Disability in the Chinese Culture
Without undertaking an extensive review of the academic literature, relatively little information is readily available on this topic. A few key documents developed for service providers in the U.S. and in Australia were identified, though no such information was found from Canadian sources.

China is home to hundreds of distinct cultures, most of which share commonalities that are largely due to an underlying philosophical and spiritual framework based on Buddhism and Confucianism. Many Chinese are also highly superstitious, with a general emphasis on the mystery of fate and the inadequacy of humankind. The family is the most important social and economic unit in Chinese society. Chinese families value and rely on interdependence among family members and economic productivity is closely associated with this. Close family links mean that when an individual has a disability, it impacts the entire family.

Among the ideas that cut across Chinese cultures is that of disability as a stigma that brings shame to families. There exists the idea that every life is like a link on a chain and that therefore every individual is a product of what came before them. Disability can therefore be explained as ancestral spirits addressing past events or as punishment for the sins of an ancestor or in a previous life. It can also be thought to result from a lack of morality or virtue. Mental illness can be blamed on evil spirits or punishment by god(s), and mental health achieved through personal self-discipline and strength. Emotional problems are often linked to weak character while unbalanced diet and emotional disturbance, particularly during pregnancy, can be associated with disability.

The Chinese are more positive towards physical than developmental and mental disabilities. Strong fear and distrust of mental illness have historical roots. While madness in the Western World came to be institutionalized and associated with the physician, in China it was associated with the criminal due to a history of laws to protect against violent behavior by the insane. Development of mental health care and psychiatry early in the 20th century and a mental health movement of the 1930s changed perceptions, however progress was halted by a series of wars, Soviet influence and ultimately the Cultural Revolution (1966-76). A mental health care system is now evolving and families are beginning to seek help for mental illness rather than hide it.

Sources
1) Asian Culture Brief: China, NTAC-AAPI Culture Brief Series (Vol 2, Issue 2), Center on Disability Studies, Honolulu, HI
2) Attitudes Towards People with Disabilities in "Chinese – General Information", Multicultural Disability Advocacy Association of NSW, Australia available at http://www.mdaa.org.au/ethnic/chinese/general-text.html
3) Jezewski M.A., Sotnick P., Center for International Rehabilitation Research Information and Exchange. Culture Brokering: Providing Culturally Competent Rehabilitation Services to Foreign-Born Persons, 2001. available at http://www.cirrie.buffalo.edu/cbrokering.html
4) discussion with Chinese community members

Disability and the Vietnamese Culture
Little accessible and meaningful information was available on disability and the Vietnamese culture. What was found stems from the United States and Australia and not from Canada.

In Vietnam the dominant philosophical perspective is Tam Gao, an amalgamation of ideas stemming from Confucianism, Buddhism and Taoism that sets out a system of common cultural values. This includes reverence for ancestors and a belief in family as the core social entity. Families follow a strict code of behaviour and family members have a strong sense of duty toward each other. Collective family behaviour has been shown to continue among Vietnamese immigrants and refugees in North America though role changes and shifts in balance of resources than often accompany migration can create conflict and change in family relationships.

Vietnamese views on disability are a blend of traditional and contemporary ideas. The more contemporary view of disability sees people with disabilities as victims of the Vietnam War (1950 – 1975). As victims, they are pitied and sympathized with. Both acquired and congenital disabilities are associated with war, the latter often associated with exposure to Agent Orange.

Vietnamese thinking and action is very influenced by Buddhism, according to which a person may cycle through many lives on their path to enlightenment. The traditional Vietnamese view of disability holds that the present life reflects actions of the previous life and that disability is therefore punishment or payment for past actions. Disability can also be seen as a punishment for the sins of one's ancestors. Both result in disability being associated with stigma. Some Vietnamese believe that people choose their lives at birth - choosing disability acknowledges the learning that they need to do in their life. With this rationale, disability is seen in a more positive light as it represents learning by correcting a past mistake. People born blind are considered to have "special vision", are revered and can work as fortunetellers and psychics.

Whether acquired or congenital, the traditional view of disability ties it to shame and pity. In the past, disabled people were kept out of public eye by their families and spent most of their time at home. Despite a more accepting contemporary perspective of disability, this is still often the case. Mental illness is considered a sign of possession by evil spirits, with exorcism seen as a remedy. Many people with mental illness do not remain with their families and end up living on the streets.

Sources
1) Asian Culture Brief: Vietnam, NTAC-AAPI Culture Brief Series (Vol 2, Issue 2), Center on Disability Studies, Honolulu
2) Attitudes Towards People with Disabilities in "Vietnamese – General Information", Multicultural Disability Advocacy Association of NSW, Australia available at http://www.mdaa.org.au/ethnic/chinese/general-text.html
3) Jezewski M.A., Sotnick P., Center for International Rehabilitation Research Information and Exchange. Culture Brokering: Providing Culturally Competent Rehabilitation Services to Foreign-Born Persons, 2001. available at http://www.cirrie.buffalo.edu/cbrokering.html
4) discussion with Vietnamese community members

Disability and the Portuguese and Brazilian Cultures

An Internet search and consultation with a Brazilian researcher at the Hispanic Development Council in Toronto as well as the *Portuguese Community Inclusion Project* yielded only limited information about disability and the Portuguese and Brazilian cultures. An extensive review of academic literature could provide more information, but was beyond the scope of this project.

Portuguese immigration to Canada began in the early 1950's, peaking in the late 1960's and early 1970's. Toronto's Portuguese community consists of over 160,000 people. Education levels have traditionally been low in this community and employment centered on labour in manufacturing and construction. Most Portuguese are Catholic and religion plays a crucial role in family and community. Most Portuguese immigrants came from a Portugal in which an authoritarian regime reigned that did not value human rights, including those of PLWD. After a 1974 revolution and entry into the European Community in 1986, Portugal has developed policies to promote inclusion of PLWD. On the whole however, the quality of life for PLWD has not significantly improved and accessibility (physical and social) remains a major barrier to disabled people in Portugal. The Eurobarometer 2001 report *"Europeans and Disability"* reveals that relative to the rest of Europe, Portugal remains a country in which people with disabilities are not considered a part of society.

The *Portuguese Inclusion Project,* a study investigating barriers and promoters of inclusion of youth with disabilities, provides some interesting information about disability in Toronto's Portuguese community. Findings include that the Catholic religion is a major source of interpretation and understanding about the meaning of disability, levels of understanding and awareness of disability are low but slowly increasing and that mothers of children with disabilities feel that the community remains non-inclusive of PLWD. Despite an extensive network of organizations that bring the community together, the issue of disability remained hidden for many years and only publicly surfaced in recent years. Mothers report mixed reactions to their disabled children by others and most have experienced staring, pity and only limited efforts to create inclusive environments in their cultural community. All identified a pressing need for more education on disability within the Portuguese community.

Brazilian immigrants are relatively recent newcomers to Canada. Most came in the 1990s and tend to be well educated. Brazil's Constitution includes some provisions for the disabled such as a minimum wage, educational opportunities and access to public buildings and transportation. A disability movement in Brazil developed in the years following the end of the military dictatorship and was further empowered by the United Nations International Year of Disabled Persons when, for the first time on an international scale, PLWD were identified as citizens who deserved equality and inclusion. Groups that work with the disabled, however, report that governments fail to meet their legally mandated targets and that accessibility continues to be a problem. Poverty and human rights issues are likely the biggest barriers to the inclusion of people with disabilities in Brazil. The 2003 Multinational Study of Attitudes towards Individuals with Intellectual Disabilities demonstrated that Brazilians are very similar to western, developed countries with respect to their attitudes about people with intellectual disabilities - with low expectations of what people with intellectual disabilities are capable of doing.

Sources
1) http://collections.ic.gc.ca/heirloom_series/volume7/countries/portugal.html
2) Barata P., Family Service Organization of Toronto. Finding Their Way: Toward the Inclusion of Portuguese-speaking young people with intellectual disabilities and their familes. 2003.
U.S. Department of State, Brazil Country Report on Human Rights Practices for 1997, Released by the Bureau of 2) Democracy, Human Rights, and Labor, January 30, 1998 - available at www.brazzil.com/report98
3) Jezewski M.A., Sotnick P., Center for International Rehabilitation Research Information and Exchange. Culture Brokering: Providing Culturally Competent Rehabilitation Services to Foreign-Born Persons, 2001. available at http://www.cirrie.buffalo.edu/cbrokering.html
4) Discussion with Portuguese and Brazilian community members
5) Disabled Women And Independent Living in Brazil, Germany, Great Britain, India, Japan, New Zealand, Nicaragua, Russia, South Africa and Uganda. By Corbett Joan O'Toole for Mobility International USA (MIUSA) - available at http://www.disabilityworld.org/Aug-Sept2000/Women/MIUSA.htm
6) Multinational Study of Attitudes toward Individuals with Intellectual Disabilities,study commissioned by Special Olympics and conducted by the Center for Social Development & Education at the University of Massachusetts Boston, June 2003.

PROJECT FINDINGS

Perspectives on Disability Among Chinese Participants

Overall, questionnaire and focus group results supported each other and were supported by both the literature and discussion with key contacts in the local Chinese community. The questionnaire results reflected a somewhat more positive outlook the issues addressed than the focus group discussions, during which more detailed information could be sought.

What is disability? Most saw it as a physical condition more so than mental or intellectual. Overall, disability was seen in a negative light, described as a "disadvantage" and "abnormal". The terms abnormal and normal were used frequently and may reflect the emphasis of the Chinese culture on conformity. Among questionnaire respondents, the most common responses to the question of how disability is perceived in China were "deficit", "disease" and "bad luck". Despite this, 34% reported that in China, PLWD are valued. This response is puzzling as it is not supported by the tone of the responses overall, by the focus group results or by the literature.

Disability was reported to originate primarily from genetics, accidents and illness. Spiritual origins of disability, described in the literature, (e.g. disability as punishment for past sins) were not mentioned, though did surface indirectly during discussion. 31% of questionnaire respondents identified a spiritual aspect to disability in response to the question on the definition of disability.

Disability relates directly to the family and is associated with prejudice, shame, punishment and burden. The notion of disability as a burden and a source of shame came across very strongly, particularly in the focus groups. Both are common ideas in Chinese culture and linked to the interdependency that exists within families. Both focus groups reported that observing the lives of disabled people provided them with encouragement for their own lives. The precise meaning of this comparison of disability to the context of their own situations was not further explored.

Personal Reaction to Disability Roughly three quarters of questionnaire respondents do not regularly interact with PLWD and 31% use services also used by PLWD. 69% reported feeling comfortable in the presence of a PLWD. In contrast, most focus group participants reported the opposite, using words like "upset", "discomfort", "fearful" and insecure" to describe their feelings. Sympathy and feelings of luck (with respect to their own health) were also expressed.

People with disabilities and work Overall, PLWD can and should work. Reasons cited ranged from work as a source of income, as personal fulfillment, a way to display talent and that people should have equal opportunities. This consideration of individuals with disabilities and their well-being and rights despite a generally negative view of disability may reflect the integration of some Canadian values. It may also highlight the Chinese cultural values of economic productivity and conformity, reflected in the comment of one focus group participant: "work is normal".

Disability in Canada Responses suggest a widely held assumption that Canada provides extensive support to PLWD. 84% of questionnaire respondents felt that there are enough services for PLWD. According to one focus group participant "the government takes care of them". When probed, no participants could give details on sources or types of support, specific programs, etc. Some expressed concern about the potential for abuse of this support by PLWD.

Shifting Perspective A slim majority of questionnaire respondents and all focus group participants reported that their views on disability have become more positive since coming to Canada. The perception of government support in Canada appears to support the notion that PLWD can be a part of society and need not be a burden – this would not be possible in the China they left.

Programming and People with Disabilities When asked whether programming for PLWD should be segregated or integrated, questionnaire respondents were split evenly. 59% reported that including PLWD makes programs more interesting, 79% that they would be comfortable with a program that included people with disabilities and 62% that they would choose such a program. Focus group discussions however, flushed out that willingness to participate may not apply to children - one participant commented "It is not a good learning environment for children".

Awareness about Scadding Court's programming for PLWD was very low and most participants expressed support for more, with concerns raised about possible reductions in services available to them and potential impacts of the "congregation" of PLWD (specifically referring to fear of harm from people with mental illness). Questionnaire results and focus group discussions suggest that perspectives on disability were more negative when disability was considered at the theoretical level (origins, perceptions) than at the practical level (programs, services).

 Disability and the Community   Many reasons were given for why the Chinese community may not want to interact with PLWD. These included difficulty, prejudice, lack of desire, not knowing how and a lack of knowledge and understanding. Lack of interest, patience and "boredom" were also cited. Barriers are best addressed through education and interaction i.e. getting to know PLWD. Reference was made to employment with PLWD, which may relate to the Chinese value of productivity. Pamphlets, flyers, workshops and posters are good ways to provide information.

   Perspectives on Disability Among Vietnamese Participants

What is Disability Participants most commonly reported that disability is a physica, followed by a mental condition, which can include addiction. 45% of questionnaire respondents reported that in Vietnam disability is considered "bad luck" and 32% that it is a disease. Focus group responses indicated that disability is seen negatively and described it as "abnormal", "unhealthy", "a flaw" or "a curse on the family". Repeated links were also made between disability and self-esteem. However, disability can also be a "blessed talent" and mean that an individual possesses determination. Responses indicate that in Vietnam, PLWD receive no government support, have no rights, are unemployed, ignored, forgotten and even ridiculed.

The most commonly cited sources of disability are physical (52%), genetic (35%) and spiritual (10%). Focus group discussion added accidents, war, a poor health care system, lack of occupational health and safety regulations, poverty and poor living conditions – responses that reflect an awareness of the interplay between the determinants of health and disability.

Contact with and Personal Reaction to Disability Roughly three quarter of questionnaire respondents do not regularly interact with PLWD and only 23% use a service used by PLWD. 55% reported feeling comfortable in the presence of a PLWD, though focus group responses indicate that people feel awkward, insecure and, in one case, even "annoyed". Fears of offending the person with the disability were also expressed, with reference made to the low self-esteem of PLWD. Should a friend develop a disability, participants would offer compassion and assistance.

People with Disabilities and Work Both questionnaire and focus group results suggest that PLWD can work "according to their level" but that there is no need to work. Work was described as a source of comfort and usefulness.

Disability in Canada Responses reflect the belief that Canada provides extensive government support for people with disabilities – 83% of questionnaire respondents felt that there are enough services for PLWD available. Focus group discussion identified a difference in the views of younger vs. older participants, in that younger participants were more able to elaborate on the types of services available, for example housing and transportation.

Shifting Perspective When asked about whether their perceptions of disability had changed since coming to Canada, young focus group participants reported that they had become more positive about disability due to the better situation of PLWD in Canada. Seniors reported that their views had not changed. 39% of questionnaire respondents reported changed views, while 35% did not. Whether this correlates to age was not determined.

Programming and People with Disabilities Questionnaire respondents were divided as to whether programming for PLWD should be provided by special organizations, segregated or integrated with ongoing community programming. Focus group discussion indicate openness to participation in programs that include PLWD. Young participants stressed equal rights while seniors said that they would do so to raise the spirits of PLWD and to keep them from feeling lonely. 19% of questionnaire respondents reported it would slow things down, while 35% reported that it would improve the program and 16% felt it would add interest – a mixed reaction.

Awareness about Scadding Court's programs for PLWD was extremely low. Unanimous support was expressed for expansion of programming because it would help PLWD to have a better life and raise the profile of the centre. Most felt that the community would be supportive also. Mention was made about the possibility of paying more taxes, though this was not considered negative.

Disability and the Community   Reasons cited for members of the Vietnamese community not wanting to interact with PLWD were fear (particularly of mental illness), lack of interest, boredom, not knowing how to interact and an overall lack of empathy and understanding. Suggestions were to educate and provide opportunities for interaction, in part by creating desirable integrated programs and making programs more accessible. One on one conversations, information about specific disabilities and consultation with experts on how to interact with PLWD would help also.

Perspectives on Disability Among Portuguese-speaking Participants

What is disability Respondents defined it as a physical or a mental condition - the physical element did not dominate. 77% said that one cannot always see a disability. Focus group comments support this and make a number of positive associations – comments included that PLWD can learn, be smart, be strong and provide inspiration to overcome adversity. Participants

reported that their cultures see disability as a disease, a deficit and a difference and that in their countries of origin, PLWD tend to stay at home and are to some degree seen as part of society.

Portuguese seniors said that their culture has sympathy but that fear and mystery are associated with disability also, especially mental illness. In the past, PLWD were "pointed at on the streets" but "today people have a better understanding". In modern Portugal PLWD have equal rights, get government support and can get an education. Participants reported that Brazilians fear mental illness and that PLWD are treated with prejudice, cause discomfort and evoke mixed reactions.

Portuguese focus group participants (mainly seniors) described the origins of disability as spiritual (punishment from God), genetic (transmitted through "blood"), accidents, "nerves" or a mother who may have taken the birth control pill, been mistreated in early or late pregnancy or had a child later in life. Questionnaire respondents emphasized physical origins, followed by genetic and emotional. Disability affects the individual and their family, with one participant reporting that it makes the family emotionally closer. PLWD are accepted by their families but are a burden. Brazilian participants (a younger group) saw genetics and accidents as main origins of disability.

Contact with and Personal Reaction to Disability 48% of questionnaire respondents regularly interact with PLWD and 87% are comfortable in the presence of PLWD. Discussions however, revealed that Portuguese participants (mainly seniors) felt less positive about being around PLWD than those from Brazil, citing fear, sadness and nervousness. Others expressed curiosity and empathy and indicated that they would treat the PLWD well and try to ensure their comfort.

People with disabilities and work The vast majority (84%) of questionnaire respondents felt that PLWD can work and even more (94%) that they should do so. In focus groups, ability to work was linked to level of disability and necessity and there was general agreement that the mentally disabled cannot work. Portuguese seniors were most likely to say that PLWD cannot work.

Disability in Canada 61% of respondents felt that there are enough services in Canada for PLWD and focus group discussion characterized service levels as adequate. 42% reported use of services also used by PLWD but participants admitted knowing few details. There was general consensus that PLWD receive government support.

Shifting Perspective 25% of respondents and approximately half of focus group participants reported changes in how they view disability since coming to Canada. Reasons are government support, better medical services and that Canada is seen to be a more understanding place.

Programming and People with Disabilities Response on this topic were very positive. 58% saw integrated programming as the best option for serving PLWD followed by special programs in community settings. 71% felt having a PLWD would improve a program, 45% that it would add interest and 84% would be comfortable participating. All focus group participants were positive about participating in programs with PLWD, in some cases seeing it as a way to "help". Most said PLWD would not be a factor in choosing a program – that "anything is fine". Awareness about Scadding Court programs for PLWD was low and unanimous support expressed for expansion.

Disability and the Community Respondents reported that their community avoids interacting with PLWD due to lack of knowledge, patience, understanding and respect. They also feel fear, shame, pity, discomfort and do not know how to interact or "face reality". Portuguese seniors indicated that disabled people are generally dealt with in the family, and not in the broader community. Suggestions were providing information on disabilities and the rights of the disabled, dialogue and participation in programs that include PLWD.

Discussion

Themes (Chinese):
negativity, burden, family, productivity / economics, sympathy (vs. empathy), comparison to self, fear of harm by people with mental illness, assumption of government support, changing perspective (especially for younger people), generational difference, child vulnerability to negative influence by PLWD.

Themes (Vietnamese):
negativity, emotional response, empathy (vs. sympathy), compassion, generational difference, holistic thinking, assumption of government support, fear of harm by people with mental illness

Themes (Portuguese-speaking):
negativity, positive associations, family, sympathy, religion / spiritual connection, link to mother, fate, overprotection, personal acceptance but community denial, fear of harm by people with mental illness

The research revealed a number of similarities and differences among the groups studied with respect to their perspectives on disability and the factors that shape those perspectives. Themes that cut across cultures include a generally negative perception of disability and the stigmatization of disability. The only group to immediately and consistently identify positive elements associated with disability (without being prompted to do so) was the Portuguese-speaking group, whose comments included the fact that PLWD can be strong, smart and bring families emotionally closer together. Within this group, Brazilian focus groups participants were less likely to report negative personal reactions to disability than the Portuguese participants. Most Portuguese participants were however, seniors and as this study has identified significant generational difference in perspective across all three groups and it is possible that if these groups were matched for age this difference would fade.

The Portuguese group (both Brazilian and Portuguese) appeared most comfortable, positive and accepting of disability. Participants were most likely to report interaction with PLWD, a high level of personal comfort when around PLWD and open to participating in programs with PLWD, with younger participants being the most positive. Relative to Chinese and Vietnamese participants, they were also less likely to say that there are enough services for PLWD – this suggests that they may be supportive of disability issues. This group was also least likely to say that their perspective on disability had changed since coming to Canada, which could reflect less negative views to begin with. This was not surprising to the Project Committee for the educated, relatively young Brazilian participants. However given that the Portuguese participants were largely older immigrants from a Portugal in which the disabled had few rights and little opportunity, it was anticipated that their views would have changed. This response could reflect any number or combination of factors such as the long time that they have been in Canada (vs. the C and V groups), that emigrants from Portugal shared characteristics related to positive attitude about disability, a reluctance to admit to previously held negative views or some other unknown factor.

An interesting distinction to emerge is that overall, more negative views were expressed about disability when asked conceptual or theoretical questions (eg. origins of disability, perception of PLWD in culture of origin) than practical questions (eg. participation in programs). This was most pronounced among Chinese and Vietnamese participants. This split between theory and practice may also be at play in the Portuguese community. Results indicate that while individuals in that group are accepting of disability, that this acceptance may be limited to the realm of family and not extend to acceptance by the broader community, in which disability has remained hidden until recently.

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Chinese and Vietnamese participants shared a similar conception of what disability is - one that emphasized physical disability. For the Chinese group, this relates to the findings of the review of information that is easily accessible to service providers that the Chinese culture is more open and positive to physical disability than mental. In contrast, the Portuguese-speaking group identified mental/intellectual capacity as an important piece of what constitutes disability. Considering disability in the context of one's own situation was clearly expressed by Chinese participants who, for example, said that seeing PLWD made them appreciate their own situation and that that they were concerned that adding services for PLWD might affect services available to them. The only indication of this comparative perspective among the other groups was a comment by a Portuguese participant that PLWD provide inspiration to overcome adversity.

A strong, historic and ongoing fear of people with mental illness was clearly and consistently articulated by all three groups, and is supported by the literature reviewed and by consultation with community representatives. Results of this study also suggest that the generational differences in perceptions of disability evident among participants, with younger generations being more positive and accepting, may not apply to the issue of mental illness.

Comparative analysis of the three groups revealed that the Vietnamese group differed from the others in that they expressed a more emotional reaction to disability, directly and indirectly expressing empathy as opposed to the sympathy expressed by the Portuguese and Chinese participants. The Vietnamese focus groups for example, saw work as a source of comfort and would participate in a program that included PLWD to keep them from feeling lonely. Despite a clearly empathetic attitude, of the 3 groups studied the V group was least likely to say would be comfortable participating in a program with PLWD, raising questions about the links between their emotional response and their attitudes and behaviours. Concerns about the feelings of PLWD were voiced repeatedly, an emotional element that was absent in discussion in the other ethno-cultural groups. This empathetic perspective does not appear to be linked to the traditional views on disability in that culture. The Vietnamese experience of war and the rates and types of disability that resulted may have lead or contributed to the evolution of this empathetic approach, however more research is needed to clarify this.

Another interesting distinction between the Vietnamese and the other groups is that while Vietnamese participants had the lowest rates of formal education of the three groups, these participants were most likely to consider disability as a "big picture" issue that is affected by issues of health care, occupational health and safety, politics, economics and other factors. Linking of disability with social and other issues reflects a level of sophistication in terms of their thinking that was not seen in the other groups. The reasons for and the implications of this are not known and would be interesting to explore.

A final concept of interest to emerge from the results of this study is that many participants' perspectives on disability appear to change by simply "seeing" how PLWD live and are treated in Canada. The fact that there is some government support, that they can and do get educations and hold jobs, that there is some level of transportation available to them, that they are out in public, are to some extent reflected in the media and that to some degree participate in community-based programs appears to be enough to change many people's perspective. Participants from all three groups who reported little or no interaction with or personal connection to PLWD reported changes in their perspective on disability since coming to this country because "Canada is a more understanding place" and "disabled people have a better situation here". This suggests that strategies to educate and promote the integration of PLWD could consider building on the image of PLWD that we are unconsciously projecting to these, and possible other ethno-cultural groups, and that they are likely to meet with success. It also suggests that even when newcomers to Canada arrive with existing, in some cases negative, views on disability, that these views can in fact be changed.

RELATIONSHIP OF FINDINGS TO THE RESEARCH OBJECTIVES

OBJECTIVE: To learn about the perceptions of disability in the Chinese, Portuguese and Vietnamese communities in Scadding Court Community Centre's catchment area.

This study was very successful in shedding light on the perceptions of disability in all three communities, and in the cultural groups they represent. Though Scadding Court has served its community for almost thirty years, up to this point there has never been an opportunity or the impetus to delve into the relationship between the disabled community and the ethno-cultural communities served by the Centre. Up to this point the two programming streams have been relatively independent of each other. Future development of the Centre will result in more integrated programming and the results of this study, as well as the relationships built as it progressed will be very useful to that development. Culturally specific information about perspectives, challenges and opportunities will allow the Centre to tailor it's outreach, education and interaction activities so as to promote and enhance the successful inclusion of PLWD into the Centre on an ongoing, long-term basis.

OBJECTIVE: To identify barriers to the acceptance and success of a community centre that integrates people with disabilities in the Scadding Court community.

The study succeeded in identifying a number of barriers with respect to the target groups willingness to accept PLWD in their community. They are:

- Lack of knowledge about the topic of disability and specific disabilities
- Fear/discomfort associated with interacting with PLWD
- Fear of harm by people with mental illness
- Lack of knowledge and experience in how to interact with PLWD
- For the Chinese community, the belief that children could be vulnerable to negative influences from PLWD
- Concerns that more services for PLWD could affect services for the rest of the community
- Possible beliefs that there are already enough services for PLWD
- Lack of awareness that Scadding Court Community Centre already provides programming for PLWD
- Possibility of having to address differences between theoretical/conceptual views on disability and behaviour when doing outreach, registration and running programs

OBJECTIVE: To identify a minimum of five concrete strategies to reduce these barriers.

1. Educate the local community about disability using the approaches and formats suggested by the groups studied.
2. Educate the community about mental illness specifically.
3. Apply and promote the broad definition of disability developed by this project..
4. Apply and promote a definition of diversity that explicitly includes level of ability, race and culture and other factors.
5. Provide opportunities for interaction between people who have disabilities and those who do not through employment, programming, volunteering and Board and Committee membership, etc…
6. Promote Scadding Court's existing programs for PLWD.
7. Find ways to build on the notion that "seeing" the value and opportunities that exist for PLWD can change people's perspectives.
8. Communicate clearly with the community about whether the expansion of services for PLWD has any implications for the services available to them and address their concerns.

Notes on Disability from a Brazilian Perspective
By Magda Karathanos, August, 2004

Trying to remember my memories related to interaction with people living disability in Brazil is like trying to remember something that has never happened. Right away I have this voice in my mind of a Brazilian lady telling me that in Canada there are more crazy people then back home. I have heard many others Brazilians saying that, and after I started working as a support worker I realized why. In Canada people living with disability are more active and participative in the society. In my childhood in a small town it was extremely difficult to find people living with disability – they stayed at home or in institutions. When disabled people were in the community, people commented and stared at them. Moving to a big city like Sao Paulo, it was really common to see people living with disability on the streets begging for money. I have never seen a person with disability in my school, university or in the schools where I used to teach. Seems that the only place reserved to than was the streets to ask for money, even though they used to get no attention. Sao Paulo is a big city with around 17 million people where all kinds of issues exists and there seem to be no solutions.

A small change happened around 1989, when Mayor Luiza Erondina (PT – "Labor Party"- 1989-1992) start her mandate in the city, implementing accessible buses for people living with mobility problems and also implemented a rule reserving 25% of the streets markets for people with disability to work. Currently Brazil has started to implement an inclusive method of education. Also campaigns in the television start to happen showing the population the jobs of the people with disability were doing inside of specialized organizations.

In 2002, I started to work as a support worker for five people living with disability. All the families were Portuguese and I was able to recognize some behaviors. Often parents did not encourage their disabled children to learn life skills. In many cases they were extremely resistant and wanted to keep to their son/daughter at home, far from the others people eyes and also from perceived dangers in society. They do not want to prepare them for the future, to be more independent and capable because they do not believe that is possible. One of my richest experiences is supporting a lady around 25 years old with schizophrenia. When I met her, she was living at the Hospital and them later was transferred to the "Centre of Addiction and Mental Health" on Queen Street. She had a history of aggressive behavior and everything and everybody was bad to her. In beginning I faced a lot of challenges with her. Them she got money from the government for her own apartment. The first time this did not work out and she went back to the Centre of Addiction and Mental Health". Now she is back to her apartment and everything is just going perfectly. As a Brazilian, I would have never thought this was possible and when I tell to my family in Brazil, about a person with mental disability living on her own, people say that is the difference about "first" world and the other majority of the planet, the total respect and belief in the others capacity and strong financial support.

I had the idea to introduce her to the Brazilian community here in Canada. For my surprise people more than welcomed her. They talk with her in the same level, making jokes and including her in the conversation. I wonder if the situating will be the same in Brazil. She wears diapers when we go out for the simple reason that she is not capable to hold herself to go to the closest washroom. Was it possible in Brazil? I do not think so, for the simple fact that the government has no money to support even diapers for an active person with disability who wants to be part of the society. Probably she would be walking dirty and alone on the streets with people avoiding talking to her. I do remember a situation when in a bus going to another city a lady was invited to leave the bus because of other passengers complained that she smelled and they could not cope with that fact. In a country where the government does not have money to support the citizens with houses or shelters, it is impossible to think them supporting the expensive diapers for someone to be able to interact normally with others.

What I Learned as a Result of the Research Project
By Caroline Kwok, September 2004

This research project has enabled me to expand my horizons in how research is conducted as this is my first involvement with a research project such as this. I find it interesting in that this research is a participatory research instead of the traditional quantitative research. This type of research is valuable because it involves the participants' opinions through surveys and focus groups. As a result, it makes the conclusion more solid and valid.

Further, the response of the Chinese group has enabled me to understand more of the mentality of the Chinese in regard to disability, be it mental or physical. As a result, I can understand perhaps the lack of support that they would give to someone affected with disability, especially in terms of mental illness. Thus, it is of utmost importance that there should be more public education and promotion of the issue to these communities that hopefully in order to create better understanding to the issue.

This research also makes me realize the importance of team work as well as the problems in some of the answers by the participants who might have either misinterpreted the questions or that they are too embarrassed to express their true feelings in their response.

I hope that this research can be of value to others and can enlighten the awareness of these different cultural groups and perhaps, be able to find a positive solution for these communities in terms of changing their attitude to those affected with disability.

Participation in the Perspectives on Disability Project
By Susanne Burkhardt, August 2004

Working on this project has been a learning experience for me on a number of levels. Facilitating participatory research with a small group that wass diverse in terms of culture, level of knowledge about research and personality was very interesting. A particular challenge was trying to inform and support the process without actually directing and leading it.

Learning more about each of the cultures with which I have worked for the past four years was both helpful and fascinating. What interested me most was making the link between their culture of origin (it's beliefs, norms, politics, history, etc…) and their perceptions of disability. I had never given much thought to how these factors might relate to the characteristics that these immigrant groups possess once here in Canada or to the fact that they have profound implications for how these cultures see disability. I was particularly struck by the Chinese focus on productivity and family, the impact of the war on the Vietnamese group and their emphasis on empathy and compassion, and by the Portuguese notion of simply accepting fate. My awareness of the diversity of the Portuguese-speaking community in this part of the city has been raised also and I feel that it is something I should have known about before.

On a personal level, I was struck by the similarities between the Chinese culture and my own culture of origin – German. Both place a lot of value on work, productivity and conformity. In my experience, the traditional German culture also considers mental illness a result of being weak and immoral and to be a source of shame. I observed these factors when dealing with acute mental illness in a member of my immediate family and was surprised to see many of the same factors come into play in the answers of the Chinese participants in this project. I believe that the German culture (in Germany) is evolving to have a more inclusive and less negative view of mental illness, however I know many older Germans that are in some sense "stuck" in the culture they left behind 30 – 40 years ago. They seem to not be evolving with the Canadian culture (in part because they consider themselves German) yet not evolving with the contemporary German culture because they are so distanced from it.

I very much enjoyed this project, working with the project committee and will most definitely use many of my learnings in different contexts in the future. I am also amazed at how interesting others find this topic and it makes me think that there is room for much more work in this area.

APPENDIX A: Questionnaire

Introduction
Perspectives on Disability in 3 Cultural Communities is a research study looking at the way that different cultures in this community see disability. Please answer the following questions. If, for any reason, you do not wish to answer any of the questions below, please feel free to move on to the next question or to stop filling out the survey. Please direct any questions about this study to Susanne Burkhardt at Scadding Court Community Centre (416-392-0335 ext. 248).

For each question, please check the appropriate box.

Are you familiar with Scadding Court Community Centre?   yes   no

Do you or members of your family use any programs at Scadding Court?   yes   no

What is your age?   18 – 24   25 – 44   45 – 64   65+

Are you: male   female

What is your country of birth?   Canada   Portugal
China   Vietnam
Hong-Kong   other _____

If you were not born in Canada, how many years have you been in Canada? _____

With which culture do you feel most comfortable?
Traditional Chinese   Traditional Portuguese   Traditional Vietnamese
Canadian-Chinese   Canadian-Portuguese   Canadian-Vietnamese
Mainstream Canadian   other_____

What is your level of education?
less than high school   some post-secondary (college level)
completed high school   university degree

What was your combined family income last year?
$10,000 $50,000-74,999
$10,000-24,999 $75,000-99,000
$25,000-49,999 $100,000+

Do you have a disability?   yes   no   If yes, what is it? _____

Do you regularly interact with anyone who has a disability?   yes   no

Your definition of disability includes factors that are: (check ALL that apply)
mental   physical   cultural   language-based
financial   social   spiritual   intellectual
emotional   educational   other _____

In your opinion, are there any health risks associated with being around people with disabilities?
yes   no
        If yes, please explain _____

Can you always tell when someone has a disability?   yes   no

Do you feel that a person with a disability can work?   yes   no

Why or why not? _____

In your opinion, should a person with a disability have a job?   yes   no
Why or why not? _____

In your country / culture of origin, disability is considered to be: (check ALL that apply)
a disease   something to be proud of
a deficit   a difference from others
a blessing   a problem to be fixed
bad luck   something to be ashamed of
a gift   other (describe)_____

In your country / culture of origin, the source(s) of a disability is/are: (check ALL that apply)
        physical   spiritual
moral   genetic
emotional   other (describe) _____

Do you think that a disability affects: (check ALL that apply)
the well-being of that individual only
the well-being of their family
the well-being of the whole society

In your country / culture of origin, people with disabilities tend to: (check ALL that apply)
be valued   live in special homes or institutions
be ignored   be an active part of society
stay at home   other (describe)

If you were not born in Canada, has your impression of disability changed since you have come
to Canada?   yes   no
If yes, how has it changed? _____

Do you feel comfortable around a person who you know has a disability? yes   no

Would you help a person with a disability?   If they asked me.
If I saw that they needed help.   If I were instructed to.
I would not help them.

Do you feel that there are enough services for people with disabilities in Canada?   yes   no

Do you use any services that are also used by people with disabilities?   yes   no

Please check the statement with which you agree the most:
People with disabilities need special programs in organizations designed to serve people with
disabilities.
People with disabilities need special programs in community-based organizations like Scadding
Court Community Centre.
People with disabilities need to be integrated with other community members in regular
community programs.

 Do you think that having a person or people with a disability in a program generally: (check one
only)
improve the program   slow down the program
make the program more interesting   other_____

Would you be comfortable if you or a member of your family participated in a program in which
there were people with disabilities?   yes   no

If given a choice between participating in a program together with people with disabilities or a program without people with disabilities, which would you choose?
program with people with disabilities   program without people with disabilities

Would you or a member of your family be interested in participating in a program that was adapted to meet the needs of a person with a disability?   yes   no
Why or why not? _____

Why do you think that some people do not want to interact with people who have disabilities?
_____
_____

In your opinion, what might make people who use Scadding Court more open to interacting with people with disabilities?
        more information about what a disability is
more information about specific disabilities (e.g.depression, blindness, autism, etc…)
actually getting to know a person who has a disability
participating in a program that includes people with disabilities
other _____

Would you be interested in learning more about disability?   yes   no
If yes, what would be the best way for you to receive information?
Pamphlet   newspaper article   Workshop
        Video   Word-of-mouth   Just talking to someone
        Special events   Other _____

APPENDIX B: Focus Group Questions

1. What does the word disability mean to you?
Probe: Does it include elements that are mental, physical, cultural, social, intellectual, emotional...

2. Can you always tell when someone has a disability?
Probe: How can you tell?
Probe: Can a person who is physically strong have a disability?

3. In your country / culture of origin, how do people see disability?
Probe: a disease, something to be proud of, a deficit, a difference from others, a blessing, a problem to be fixed, bad luck, something to be ashamed of, a gift, other…
Probe: are there health risks associated with being around people with disabilities?

4. How are people with disabilities treated in your country / culture of origin?
Probe: are they valued, ignored, shunned, embraced, active part of society, etc…?
Probe: where do they live?
Probe: what do they do – work, stay at home, etc…?

5. What does your culture of origin see as the source(s) of a disability?
Probe: physical, spiritual, moral, genetic, other…

6. When someone has a disability, who do you feel is affected and how?
Probe: that individual only, family, friends, colleagues, society…
Probe: positively or negatively?

7. In your opinion, where do most people in Canada with a disability live?
Probe: institution, hospital, supported housing, alone, with family…

8. Do you feel that a person with a disability <u>can</u> work? Why or why not?
       In your opinion, <u>should</u> a person with a disability have a job? Why or why not?

9. If you were not born in Canada, has your impression of disability changed since you have come to Canada?
Probe: How and why?

10. How do you feel when you are around a person with a disability?
Probe: comfortable, uncomfortable, nervous, curious, awkward, etc…
Probe: How would you react if a person with a disability asked you for help with something e.g. picking up something they dropped, reading a sign, crossing the street, etc…

11. If one of your friends developed a disability (e.g. multiple sclerosis, deafness, mental illness), how would you react?
Probe: Would you discriminate against them, support them, etc…? Reasons.

12. If you developed a disability, who would you tell and who would you keep it from?
Probe: Why?

13. What do you think about the amount of services and programs available for people with disabilities in Canada?
Probe: are there enough, are there too many, etc…

14. How would you feel about you or a member of your family participating in a program in which there were people with disabilities? Why?
Probe: would like it, would rather not, wouldn't care…

15. If you could choose between being in a program together with people with disabilities or a program without people with disabilities, which would you choose and why?
Probe: Does having people with disabilities in a program affect programs?
Probe: Make them better, create an opportunity for learning, make them worse, slow them down, more interesting…?

16. Does Scadding Court have any programs for people with disabilities that you know of? What are they?

17. How would you feel about Scadding Court offering more programming for people with disabilities?
Probe: would welcome it, would not care, would not want it…

18. What do you think would be the reaction in this community if Scadding Court started offering more programs and services for people with disabilties?
Probe: positive or negative, why?

19. Why do you think that some people in this community might not want to interact with people with disabilities (e.g. take part in programs with them, use Scadding Court facilities together with them…)?
Probe: fear, nervousness, lack of knowledge, lack of understanding, no interest…

20, What do you think might make those people more open to interacting with people with disabilities?
Probe: education, information, getting to know people with disabilities…

21. How do you think that Scadding Court could help to make people in this community welcome the inclusion of more people with disabilities?
Probe: education, add more programs that people want, upgrade facilities,

22. Would you be interested in learning more about disability?
Probe: about the general concept, about specific disabilities…

23. What would be the best way for you to learn?
Probe: pamphlet, workshop, one-on-one conversation, video…