

Inclusion Research Handbook

INCLUSION



Inclusion Research Handbook

Coordinated and prepared by:

Ontario Women's Health Network, 2009



With contributions from:

Asset Mapping Research Project of the Toronto Christian Resource Centre, Region of Peel, Public Health Department and Sudbury Women's Centre



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Thank you to the Inclusion Researchers and Project Site Administrators who piloted the methodology through Asset Mapping Research Project of the Toronto Christian Resource Centre, Region of Peel, Public Health Department and Sudbury Women's Centre. These partners also developed the tools and templates used in this handbook. In addition, the Inclusion Researchers and Project Site Administrators have provided guidance and feedback on this handbook ensuring that the handbook is grounded in, and enriched by, the lived experience of our Inclusion Research projects.

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A tremendous thank you to the many women who have participated in our Inclusion Research, sharing their lived experiences and expertise to shine the light and develop service delivery and policy solutions to the diverse health issues facing women who have experienced marginalization in Ontario.

How to Use this Handbook

This handbook serves two purposes: one is to detail the history, roots and development of Inclusion Research; and the other is to provide a how-to-guide on conducting Inclusion Research.

The handbook is divided into four sections:

1. The first section provides an overview of OWHN and how we came to be motivated to develop a new research tool.
2. The second section details the development of Inclusion Research
3. The third section provides detailed considerations for organizations prior to starting Inclusion Research.
4. The final section offers a practical (how-to) guide for training Inclusion Researchers.

While we recommend that this manual is best used when read from front to back, we have divided it into sections so you can start and move around where it makes the most sense for you and your organization.

OWHN has developed other resources that are to be used in tandem with this handbook. These include the *Guide to Focus Groups* which is intended to help you strategize, conduct and analyze focus groups in your community, and the *Women's Health Circles Handbook*, which highlights different approaches and examples to help you coordinate Health Circles to meet the needs of women in your community. These handbooks are available online at www.owhn.on.ca.

OWHN partners with women who have experienced marginalization to conduct Inclusion Research in order to investigate how best to promote the health of marginalized groups. As such, for the purpose of this handbook we will continue to talk about women and women's health and to draw our examples from our experiences. We do, however, believe that Inclusion Research is a methodology that can be used by diverse non-profit and social justice organizations, as well as different communities in partnership with diverse people, in diverse fields to explore many questions.

Appendices

The appendices of this handbook are divided into three sections to better help readers access the varying documents needed for recruiting, interviewing, hiring and training Inclusion Researchers as well as providing teaching aids for the training program.

The three sections of the Appendix include:

1. Forms and Documents
2. Training Program Handouts
3. Facilitated Discussion

The training program handouts and forms and other documents were created and provided by our Inclusion Research partner sites: Asset Mapping Research Project of the Toronto Christian Resource Centre, Region of Peel, Public Health Department, Sudbury Women's Centre and India Rainbow Community Services of Peel. The handouts and document samples are available online at www.owhn.on.ca and can be adapted by organizations to meet their own needs.

OVERVIEW OF INCLUSION

SECTION ONE

SECTION ONE

OVERVIEW OF INCLUSION

Introduction

The Ontario Women's Health Network (OWHN) was formed in 1997 to address major gaps such as the lack of information-sharing, inadequate networking, and poor access to resources for groups and communities working on behalf of women across the province. OWHN pays particular attention to ensuring the inclusion of women who have experienced marginalization, such as women who are rural, disabled, Aboriginal, of diverse ethno-racial backgrounds, Francophone, of low socio-economic status and at all stages of life.

OWHN believes that the inclusion of women's voices is critical in informing the development of health policy, research and service provision, including care and education. Therefore, a key aspect of OWHN's work is ensuring that women's voices are heard and acted upon. OWHN has developed and used a variety of strategies to achieve this objective, including meeting face-to-face with women individually and collectively in their community, engaging women in our research to offer them an opportunity to voice their priority issues in health and strengthen their community networks to address these issues.

Historically, OWHN has invested considerable resources in conducting focus groups with diverse women who have experienced marginalization across Ontario. From 2003 to 2005, through the funding support of the Ontario Trillium Foundation, OWHN conducted *Turning Up the Volume!* This project consisted of 30 focus groups held across Ontario with women who have experienced marginalization. The 276 women who participated in these focus groups talked about their priority health concerns. More importantly though, they clearly expressed how tired they were of organizations, including OWHN, taking information from them and then never reporting back on the new knowledge created and what was done with the information as a result of the project. They were also tired of never personally seeing changes or results based on the solutions suggested during the focus groups. In addition, they were tired of being asked the 'wrong' questions. Women who participated in OWHN-led focus groups or those led by other researchers were often asked questions that did not address the priority issues in their lives. The questions were mostly of interest to the "researcher" but not those participating in the "research."

While expressing their concerns and challenging OWHN to develop a new way of working, the women also indicated their eagerness to be active partners in future projects. Women told us that they wanted to be involved in the creation and implementation of community-based solutions to the barriers to health that they identify while being "consulted" or "researched."

The women's experiential wisdom and our lessons learned from this project motivated OWHN to work with a few key partners to develop a new way of working to engage women, particularly those who have experienced marginalization to develop Inclusion Research.

Inclusion – What is it?

History of Inclusion

Historically, the concept of inclusion, which was developed in Europe, has been understood with a specific focus on economic inclusion. In Canada, we have worked with and adapted the concept of Inclusion within a variety of sectors. Some of the pioneers in the work on inclusion in Canada have come from the Disability Movement.

At the same time OWHN was being challenged by the women participating in our focus groups, we became familiar with Health Nexus’s work around defining Inclusion. Through a collaborative process working with diverse communities, Health Nexus created a “made in Canada” definition of Inclusion, which OWHN adopted.

Definition of Inclusion

Inclusion is about belonging and ensuring that everyone has equitable access and opportunity to participate in our society.

From Inclusion to Inclusion Research

It was our desire to develop more inclusive community engagement strategies and knowledge generation tools that led to the development of Inclusion Research. OWHN realized that Health Nexus’s concept of inclusion could be applied to develop more inclusive community engagement strategies and provide a way to generate new knowledge with women in the community. In addition, OWHN thought this definition of inclusion allowed a space for us to quantify and validate women’s feelings as well as their reality (experiences/being) as it related to various women’s health topics. Finally OWHN was drawn to the language of social justice in the definition of Inclusion. In strategic partnership with Asset Mapping Research Project (AMRP) of the Toronto Christian Resource Centre, Centre for Health Promotion, Health Nexus and Toronto Public Health, OWHN developed a new approach to community-based research that seeks to reach women facing challenges in relation to the determinants of health to ensure their voices inform the development of health policy, programs and research. **This is Inclusion Research.**

Inclusion:

A society where everyone belongs, creates both the feeling and the reality of belonging, and helps each of us reach our full potential.

The feeling of belonging comes through caring, cooperation, and trust. We build the feeling of belonging together.

The reality of belonging comes through equity and fairness, social and economic justice, and cultural as well as spiritual respect. We build the reality of belonging together by engaging our society to ensure it.

(Health Nexus, Count Me In, 2005)

**OVERVIEW OF
INCLUSION
RESEARCH**

SECTION TWO

SECTION TWO

OVERVIEW OF INCLUSION RESEARCH

Inclusion Research – What is it?

Inclusion Research unites the framework of Inclusion (developed by Health Nexus) with the experience of listening to women (gained by OWHN through conducting focus groups), and the methodology of training people who are homeless as researchers (pioneered by AMRP). It is a valuable methodology to explore a diverse range of issues experienced by people who have experienced marginalization.

The objective of Inclusion Research is to unite researchers from the populations ‘under study’ with professionals in order to collectively define research questions, facilitate focus groups, collect and analyze data and advocate for social change. A strong working principle of Inclusion Research is to move *research to action* in order to transform the conditions that are at the root of poverty and exclusion. With this type of research, the line between the person doing the research and the people being researched is blurred. Rather than having one expert studying relatively passive objects, everyone is an active participant and an ‘expert.’

Inclusion Research is a meaningful way of engaging with women who have experienced marginalization in community-based research. It has proven to be effective at actively involving visible minorities, immigrants, youth, low-income women, women with disabilities, women who have experienced male violence, women with mental health issues, and other marginalized groups whose voices often go unheard. Inclusion Research creates partnerships within the local community particularly with other community-based organizations and provides a way of listening to the voices of women who have experienced marginalization.

Inclusion Research is a response to the frustration and suggestions that OWHN has heard in our ongoing work with women in the community. As practitioners of Inclusion Research, we joined the Toronto Community-Based Research Network (see **Online Resources** section for website address). One of the benefits of participation in this network has been the opportunity to become aware of various academic discussions regarding community-based research or community based participatory research which is very similar to Inclusion Research.

► See **Appendix A** for more information on the principles that have informed Inclusion Research.

Inclusion Researchers

“Inclusion Research is conducted for and by people who are marginalized.”

(Inclusion Researcher, *Count Us In!*)

At the centre of this methodology are Inclusion Researchers (IRs); women who have experienced marginalization and who have been employed and trained to conduct Inclusion Research with the support of project investigators. IRs have the lived experiences of the participating communities and/or the issues being explored in the research. The IRs who participate in OWHN-led projects live in urban and rural settings and have a multitude of identities which inform their experiences of marginalization.

Role of Inclusion Researchers

Inclusion Research is about much more than simply consulting women – it is about developing the framework which enables organizations to collaborate with women from the community at every single step of the research project. IRs gain experience in all facets of designing and implementing the research, to identify their health needs and develop recommendations to make policies, programs, and services more accessible and responsive.

Following the completion of a comprehensive training program, which is included in this handbook, and with the support of project investigators, the responsibilities of IRs include:

1. Confirming methodology
2. Developing and/or reviewing lines of questionings
3. Participating as members of Local Advisory Committees and Provincial Working Group
4. Translating materials (if applicable)
5. Recruiting women to participate in focus groups through outreach to individual women and community agencies
6. Organizing the venues and other logistical details to host the focus groups
7. Facilitating and recording the discussion from the focus groups (collecting the data)
8. Collaboratively analyzing the data
9. Developing final report which include policy and service delivery recommendations
10. Developing the dissemination strategy and disseminating the findings and recommendations
11. Participating in advocacy activities
12. Providing input and advice on the development of Inclusion Research tools and resources

Using Inclusion Research

To date, OWHN has applied Inclusion Research in two research projects: *Count Us In! Inclusion* and *Homeless Women in Downtown East Toronto* which explored how health and social services can better promote the health of homeless women and *Marginalized Women, Inclusion and Stroke* which was designed to promote stroke prevention among women who have experienced marginalization at three pilot sites. The research findings reveal the impacts of poverty on women's experiences of health and health services, and demonstrate the multi-faceted challenges that women face, based on lack of access to the determinants of health compounded by language, cultural, socio-economic and geographical barriers.

This collaborative way of working demonstrates the importance and value of ensuring that those who are most impacted by the issues under study are included; that their voices are heard, whether as focus group participants or IRs. For example, during our research about stroke we learned that women were unable to discuss stroke prevention until other, more pressing issues, such as financial or family concerns were dealt with. We would not have known this without working directly with the women themselves.

Benefits of Inclusion Research

The benefits of Inclusion Research are many—not only for the research, but also for the women conducting and participating in the research and for the community organizations participating as project sites.

General Benefits of Inclusion Research

1. Serves to build relationships, foster dialogue, identify health needs and gaps in health services, generate new knowledge and develop policy recommendations that lead to practical solutions that the community supports.
2. Offers a cost-effective tool for gathering input, consulting and involving marginalized groups in the health planning process.
3. Enables marginalized groups to name their issues and priorities, while participating in effecting change.
4. Can be used with diverse communities with diverse needs and concerns, and can be adapted to a variety of planning needs.
5. Communities are more apt to support the solutions and move research to action because research is informed by the principles of community engagement such as inclusion, transparency, suitability, accessibility and accountability.

Benefits to the Research

1. Relevant and Effective Research

Inclusion Research leads to broad community engagement and yields in-depth information. IRs have different networks which can be used for a more extensive outreach strategy. By engaging women who have experienced marginalization in a direct and meaningful way, the results and solutions developed will have a greater chance of meeting the needs of the women, as identified and defined by themselves.

2. Practical Solutions

Inclusion Research leads to solutions and frameworks that are practical and doable. IRs ensure the work is grounded in finding meaningful and relevant solutions.

3. Improves Quality of Policy Input

Women who are marginalized by such factors as colour, nationality, immigration status, disability, sexual orientation or the intersection of these identities, tend to either be excluded or participate less in traditional consultation formats. Inclusion Research, however, ensures that diverse women's needs and voices are front and centre. This approach makes certain that people who are unreachable by traditional methodologies can be included and counted in the data collection and in the planning processes and policy recommendations. As a result, the information gathered and the solutions developed more accurately reflect the lived experience and wisdom of these women.

4. Increases Cross-sectoral Collaboration

By including women who have experienced marginalization “at the table” with policy makers, researchers, service providers and other community members, the plans and policies developed are better able to respond to diverse needs and experiences. Services will therefore be more accessible and better suited to the communities they serve. The ability for diverse perspectives embedded in the multi-stakeholders at the table ensures that the solutions developed are drawing from a more diverse and comprehensive source of knowledge.

The hundreds of women who participated in OWHN focus groups throughout Ontario have clearly stated **they want to be actively involved**. They have consistently said that they want to be active participants and leaders in the managing of their health, and that they want to provide feedback, suggestions and solutions. In short, women want to be engaged in policy planning that leads to improved and more accessible health services. Inclusion Research provides this opportunity.

Benefits to Inclusion Researchers

1. Access to training
2. Opportunity to develop new knowledge and skills
3. Greater awareness of issues being researched
4. Work experience and employment opportunities
5. Income
6. Increased self-confidence
7. New relationships and networks

“I look at my own life experience. I was not as assertive but being part of a group gave me an increased sense of assertiveness...it’s ok to say ‘no’ if you don’t like something. This has saved me from situations that would have caused me problems.”

(Inclusion Researcher, Count Us In!)

Benefits to women who have experienced marginalization who participate in the focus groups or attend the dissemination events

1. Presence of an IR, who is a member of the community, creates a safe space and increases trust.
2. Women who have experienced marginalization find that the safety and security of peer-led groups provides an ideal atmosphere to learn about the social determinants of health and share their related experiences.
3. The environment created by the IRs is very respectful of everyone and their lived experience, knowledge and wisdom.

Benefits to Organizations Conducting Inclusion Research

1. Stronger partnerships and connections with women who are directly affected by the issues.
2. Greater capacity to work with community members in a meaningful way.
3. Increased credibility within the community.
4. Increased commitment to move research to action.
5. Increased accountability.
6. New way for organizations to generate knowledge.

**CONDUCTING
INCLUSION
RESEARCH**
(FOR ORGANIZATIONS)

SECTION THREE

SECTION THREE

CONDUCTING INCLUSION RESEARCH (FOR ORGANIZATIONS)

This section discusses areas of consideration for your organization prior to conducting your Inclusion Research project. The first half of the section addresses considerations for the organization before commencing Inclusion Research and things to consider while employing and training women as Inclusion Researchers (IRs). The second half focuses on methodological considerations and other components of Inclusion Research.

While this section on organizational considerations is intended to prepare organizations about to embark on Inclusion Research and is distinct from the training program manual provided in Section Four, there are important intersections. For example, the considerations that organizations must make while establishing the IR training program are the same as those that IRs will need to make when developing focus groups. These include accessibility issues such as time and location for focus groups/training, food, transportation and interpretation. Organizations should thus read the *Accessibility Checklist* in **Appendix B**, to review these considerations prior to establishing their IR training.

Considerations Prior to Starting Inclusion Research

"Came through very clear to me: marginalized women have a lot of information that they seek and want to share with us, which allows us the opportunity to work to strive forward to improve our health system"

(Inclusion Researcher, Key to Women's Health).

Inclusion Research is a powerful tool to generate new knowledge and engage the community. To ensure the success of your project, however, there are a number of things your organization should consider before you begin.

- **Financial resources**

Has the research project allocated enough financial resources to support the engagement of IRs and community members throughout the duration of the project?

Costs to consider in the development of your project budget:

- > IR training
- > Honorarium/salary
- > Increased staff time to ensure ongoing support for IRs
- > Child/elder care
- > Travel stipend (i.e. transit tokens, taxi, mileage, parking)
- > Refreshments
- > Interpretation
- > Accessible meeting space rental
- > Dissemination and advocacy resources
- > Materials and equipment
(i.e. pens, flip chart, copying, audio/digital recorder if needed for focus groups, etc.)

While Inclusion Research does not need to cost more than other projects, you need to ensure that a good percent of the budget is allocated to the involvement of community members at all stages of the research. **This is critical to ensure that engagement with community members is not just tokenistic.**

- **Structural supports needed to move research to action**

In addition, as stated earlier, a key component of Inclusion Research is ensuring that the research moves to action. One structure that OWHN has developed to ensure that this happens is to engage diverse partner agencies and key “movers and shakers” within the community at the beginning of the project to participate on Local Advisory Committees, Provincial Working Groups (See **Appendix A** for a sample of our project structure) and involvement in our collaborative data analysis. Our projects bring together key partners in women’s health, health promotion, community-based research and public health with women who have experienced marginalization.

Our collaborative research is with the women but also with other agencies. The findings and impacts of our research also substantiate the importance of having cross-sectoral tables where all voices are included to move the work forward in an open and equitable manner. All OWHN Inclusion Research projects have had Local Advisory Committees, while projects that were provincial in scope have also had a Provincial Working Group. These committees are cross-sectoral in composition and include at least two IRs as active members on each.

- **Processes to recruit for the Local Advisory Committee**

Members of the Local Advisory Committee and Provincial Working Group include project site representatives, and active policy and service providers who:

- > Have a strong, demonstrable track record of creating change,
- > Are committed to moving research to action
- > Have some experience working with community members in an equitable manner

We believe that it is much more important to invite people who have the above qualities than it is to invite people on the basis of their job titles. Additionally, we ensure that committee members represent the diverse agencies that might impact the issue we are researching and that the representation is reflective of the social determinants of health.

- ▶ See **Appendix C** for Sample Terms of References for Local Advisory Committee; **Appendix D** for Sample Terms of References of Provincial Working Group; and, **Appendix E** for Matrix for Selecting Committee Members

- **Allocation of time**

Has the research project been allocated enough time and developed realistic project timelines to ensure the meaningful engagement of community members?

Involving community members increases the amount of time involved in a research project. There needs to be enough time to recruit and train IRs and to allow for equitable participation of IRs in all phases of the research. Schedules must be developed to reflect an understanding and respect of the schedules and commitments of IRs.

- **Organization's ability to be flexible and adaptable**

Is the organization prepared to be flexible and capable of adapting to the changing needs of the project?

- **Understanding of the concept of sharing power equitably**

Has the organization spent time discussing and learning how to equitably share power with community members and other partner agencies?

Has the staff done some in-house training on equity and inclusion and explored the different power dynamics involved when engaging community members?

- **Meaningful participation NOT tokenism**

Has the organization ensured that the involvement of community members is not tokenistic?

- **Accessibility of language**

Is the language used in all aspects of the project accessible?

Does the language have common understanding and acceptance?

In order to make sure that language is accessible for IRs, it is important for staff and training facilitator(s) to use plain language and avoid jargon, for all aspects of the project, including handouts and forms.

In our research projects we have faced challenges related to finding a common understanding and acceptance of language. For example, in our *Count Us In!* focus groups and subsequent focus groups, it was necessary to find language to convey issues of marginalization as this is not a word that many women themselves identified with and that some women saw as a negative label that could be understood in different ways.

- **Staff supports**

Does the staff have the resources and skills necessary to support the diverse needs of IRs?

Has the staff done in-service training and developed strategies that address the systemic barriers to marginalized women's participation in the project?

- **Retention strategy**

Has the project considered strategies on how to retain IRs over the course of the project?

Be prepared for the possibility that there will be IRs who will leave the training program before it is completed. Various issues could impact the retention of IRs both during and after the project. Some examples of issues to consider:

For the organization:

- > Not providing a realistic overview of the scope of work and the project timelines with an explanation of when the most time will be needed.
- > Experiencing competing demands or unexpected delays that impact the timeline and the resources allocated to the project.

For IRs:

- > Gaining first hand experience with the flow of work and potential to develop frustration about the perceived slowness or bureaucratic nature of the work.
- > Experiencing competing demands or opportunities that draw them away from the project, such as returning to school or other employment or family commitments.
- > Facing systemic barriers, such as the tax on honorariums or experiencing negative implications on OW or ODSP have made it unfeasible to continue.

- **Ethics review**

Is the organization willing to apply for ethics review?

Is it necessary for the project?

What are the benefits and drawbacks?

▶ See page 34 for more information on ethics review.

Hiring and Training Inclusion Researchers

“The project must rise to the challenge of building the capacity of IRs (Inclusion Researchers).”

(Inclusion Researcher, Key to Women’s Health)

Hiring and training women to conduct Inclusion Research is a significant component of the work that needs to be accomplished before you begin conducting the research. This section is intended to help walk your organization through the process of employing women as IRs, and discusses:

1. Recruiting IRs
2. Applying for the Position
3. Interviewing
4. Hiring
5. Paying IRs
6. Support for IRs
7. Resources for Inclusion Research Training Program

Recruiting Inclusion Researchers

How you go about recruiting IRs is determined by how your community gets information and the needs and lifestyles of your potential IRs. For example, using email or electronic postings will not be useful for a community where few people have internet access. In this section we share some different ways of recruiting that have been used by our project sites.

Note:

This is a similar process to recruiting focus group participants later in the project. The key difference is that in this case it is the organizational staff who are seeking to recruit and hire IRs, whereas it is the IRs who will take the lead in recruiting focus group participants.

It is helpful to have a brainstorming meeting with your planning team to come up with ideas before you begin recruiting. The following list of recruitment methods is a starting point to focus your project team's discussion:

1. Invite women through email, fax, posters and word-of-mouth through partner and key community agencies
2. Explain project through hosting general information sessions which are approximately two hours in length. Some agencies ask for an RSVP and other sessions are drop-in
3. Host a health fair, which one of our sites found to be an effective recruitment tool
4. Connect one-on-one to women who use your services and programs
5. Distribute flyers to community organizations in the catchment area
6. Circulate flyers by hand and speak directly to individual women
7. Speak to community staff and ask them to inform their clients
8. Post notices on bulletin boards
9. Review past projects and discuss what recruitment methods have worked and what the challenges were that could be addressed

Regardless of the recruiting method(s) you choose, it is important to ensure that your posting includes the following details so that women have this information prior to applying for the position:

- Project overview
- Anticipated outcomes
- Commitments expected
- Qualifications necessary
- Responsibilities
- Tentative training schedule
- Amount of honorarium or salary
- Information about supports being provided such as child/elder care and transportation.
- Contact person

► See **Appendix F** for sample job postings

Application Process

All of our projects have developed an application form for the position of Inclusion Researcher. This is an important step as it also provides you an opportunity to assess their level of different skills, such as communication skills including reading and writing.

► See **Appendix G** for sample application forms.

Note:

Before you begin recruiting women, you must have an idea of the general shape of the IR training program. This includes: approximately when the meetings will be; what your goals are for the project and how long/often the sessions will be. The training sessions require an outline and timelines to be developed, but it is important to be flexible so women can participate in the decision making around time, dates and potentially topics.

It is very important that a formal resume is not required and should not be requested of the applicants. There are many challenges for women who have experienced marginalization in preparing a resume. For Inclusion Research, women's past work experience is not a critical factor in the hiring decision.

Interviewing

The interviewing and hiring process is a skill building exercise for the women themselves. There are different ways to interview and hire IRs as demonstrated by the different tools and processes used by our pilot sites, samples of which are provided in the Appendices.

► See **Appendix H** for sample interview questions used by our pilot sites.

One of our project sites did pre-screening interviews with potential candidates on the telephone prior to the full interviews. This was done to quickly assess the “fit” of the applicants. The site found that the benefits of doing a pre-screening interview included providing an opportunity to gauge a candidate's interest and commitment, and to get to know the candidate before the interview.

► See **Appendix I** for a sample of the pre-screening tool.

Hiring

There are many factors to consider when making the final decision on who to hire as IRs. These factors may vary depending on the research question and community you are working with. Some things to consider are:

1. *Do the IRs reflect the diversity of the community you will be working with?*
For all OWHN projects, we recruited to ensure the IRs represented the demographics of the women and community we were studying. It is important that the IRs come from the community you will be engaging in the research. For example, if your research question is exploring the issue of lesbian health then the IRs should be from the lesbian community. Or if you are studying the impact of the three month wait time for Ontario Health Insurance Plan (OHIP) on immigrant women to Toronto, then the IRs should be women who have or who are waiting for OHIP and reflect the diversity within the immigrant community of Toronto.
2. *Will the women you are considering hiring work well together?*
Considering the potential group dynamics prior to beginning the project is critical. Any potential conflict to group cohesion, such as personality differences and or known negative history between two women, must be taken into account during the hiring process.
3. *Do the women have the time available and demonstrate the necessary commitment to see the project through?*

4. *Do the women have the necessary literacy level to participate in this project?*

Currently, Inclusion Research requires a certain level of literacy and ability to write. In some situations, the ability to speak another language can also be helpful. In the future, this methodology could be adapted to work with people who have lower or limited literacy ability. However, for all of our projects to date, being literate is a must since the IRs help design the questions and need to take notes. Being literate should not be confused with or equated to being fluent in English. At our Peel project, for example, our IRs had a good working knowledge of English but actually conducted their work in a variety of South Asian languages. Their ability to speak different languages was a huge asset to our project.

Once the interviews have been conducted and the IRs hired, it is important to formalize the relationship through the signing of a contract. The contract outlines the expectations and responsibilities of the Inclusion Researcher and the organization during the course of the project.

► See **Appendix J** for sample IR contracts.

For the women who are not selected to become IRs, this is an opportunity to tell them about the upcoming focus groups for the project and ask them to be participants for those groups.

Paying Inclusion Researchers

When establishing the budget of the project, you need to ensure you allocate sufficient resources to pay the IRs for their time during the training program, research, data analysis, development of recommendations, dissemination and participation on the various committees. For our *Count Us In!* and *Marginalized Women and Stroke* projects the rate of pay for the IRs was between \$12 - \$15 an hour, based on available resources. Our partner sites administered the payment to the IRs.

Issues to be considered around the payment of IRs:

1. Amount of payment?
2. Schedule of payment?
3. Will the payment be called a “wage” or “honorarium”?
4. What are the implications of that decision?
5. Will you call the IRs employees or volunteers?
6. Will payment be in cash or cheque?
7. Will the IRs be deducted taxes?

Example of Project Site's Strategy to Enhance IRs' Wages

For the Count Us In! project, one of the project sites sought the partnership of ACCES Employment Services, an adult job support service, which was willing to provide a training and employment subsidy to each of the IRs. That allowed the site to pay \$15 per hour gross. WoodGreen Community Services Youth Job Centre could be approached to support young women aged 16 - 24, 29 if they have a disability. Please see Online Resources section for websites for these organizations.

The key for making such agreements is to approach such job connect services prior to the start of the project, and to negotiate a signed partnership that specifies the training the IRs will be given. The job connect service will specify the amount of "top up," the number of hours to be paid to each individual and the period of payment. Individuals are only eligible to receive this training and employment subsidy if they meet the criteria and have not received this subsidy before. The job connect services also make available other job preparation supports.

The employer (ie. project site) is responsible for putting these individuals on their payroll and making all mandatory employer/employee deductions. The employer will be asked whether they intend to create a position for the trainees, and/or assist the trainee to find permanent work.

Ontario Disability Support Program and Ontario Works

For some women employed as IRs in OWHN projects, the issue of receiving a wage was a challenge as they had to face the barrier of having their Ontario Disability Support Program (ODSP) or Ontario Works jeopardized. There were thus concerns about:

1. The amounts they could earn
2. Whether they had to declare the income
3. Whether they would be cut off from their program and health benefits

While you will need to explore what works for your organization when this issue arises, below are a few examples of how organizations have handled the issue:

1. Some have negotiated directly with the woman's ODSP or Ontario Works case worker
2. Some have paid the women by cheque and were required to deduct taxes
3. Access Alliance is one of the first organizations to have hired peer researchers (equivalent to IRs) as members of staff who are also union members

Systemic issues within Ontario Works and ODSP create challenges and barriers for the women themselves to participate as IRs and for the organizations embarking on Inclusion Research. Through our collective work in Inclusion we have developed temporary work around solutions, but these do not address the long term systemic barriers which create these challenges. These systemic barriers pose unnecessary challenges and have prevented some women from participating. These structural systems need to recognize that our projects cannot guarantee long term employment; but are an important transition step for women to gain skills and if the women desire, lead to paid employment.

“I’m new to this country, and I got my first job through this project. When you’re new you have your own challenges. This project is the best place for me – the best thing that’s ever happened to me – my increased understanding of the issues faced by homeless women gives me strength.”

(Inclusion Researcher, *Count Us In!*)

Through their experience, networks and skills developed from past OWHN projects, IRs have been able to:

1. Secure on-going paid employment
2. Improve their level of employment
3. Be accepted into demanding educational programs - pursue further education
4. Break down a multitude of barriers such as lack of Canadian experience

With our collective efforts, we need to make certain that women who have experienced marginalization and are in tenuous positions are not penalized when they are making positive changes in their lives and significant contributions to our understanding of the issues being researched, while improving the circumstances of our communities.

► See **Appendix K** for sample letter to Ontario Works.

Supporting Inclusion Researchers

As noted earlier, before embarking on Inclusion Research you need to ascertain what staff resources are available to provide ongoing IR support. IRs need support specific to the research, including the opportunity to debrief their focus groups and guidance on, and suggestions for, the implementation of the research, etc. Additionally, there are often occasions where IRs require support specific to their lived experiences. For example, there have been times during our projects where women have needed assistance securing housing, training and other necessities of life. The Project Manager will need to be available to advocate on their behalf and also solicit other supports to deal with these issues.

A strength of Inclusion Research is that the women themselves prove to be a great resource and support-system for each other. There have been many examples during the course of our projects when group members were able to provide support and information to individual women that the organization itself would have been unable to provide.

Resources for Inclusion Research Training Program

It is critical that during the course of the training the IRs become familiar with the philosophy behind Inclusion Research as well as developing the skills needed to carry out the project. Understanding the philosophy will be important if the IRs are faced with situations that might not have been discussed in training. The philosophy will be the guiding principle, or framework, in which the IRs can base their decisions, particularly for those situations that were not covered in the training.

A comprehensive guide for training IRs is included in Section Four of this handbook. What follows is an overview of the objectives of training and considerations for your organization.

Objectives of Training

- To build trust, support-systems, and relationships with participants and between the IRs necessary to carry out the work effectively
- To provide IRs with the tools to perform their roles as effectively and comfortably as possibly
- To improve the employability and lives of the IRs who desire work
- To establish networks that will be useful throughout the duration of the project including the dissemination phase and moving the research to action

External Facilitators

OWHN and our partner agencies have often brought in outside facilitators to assist with the training of IRs. It has been our experience that facilitators have been willing to donate their time, resources and expertise to the project. There is tremendous benefit to including external facilitators, including:

- **Increases IRs' networks**
By involving an external facilitator, the IRs have an opportunity to meet other professionals from their neighbourhood.
- **Increases IRs' knowledge on the issue being researched and the local community resources available**
By involving external professionals you provide additional information on resources and knowledge in the community; they might also fill a knowledge gap of the sponsoring agency. This also enables the IRs to learn from a diversity of people who bring different facilitation styles to the training.
- **Reduces organization preparation time**
The external professional will reduce the work load on the organization to compile materials and will help to ensure the information being presented is up-to-date and accurate.
- **Increases access to other resources**
By expanding the circle to increase the number of professionals from other agencies involved in the project, and inviting the IRs to meet these professionals in a safe and friendly environment, these professionals become more accessible. IRs then have an opportunity to ask questions and engage in ways they otherwise might feel uncomfortable doing. The professionals will also have an increased opportunity to learn from the women.
- **Increases the resources available to assist with the dissemination of the research and moving the “research to action”**
- **Increases the credibility of the training and research**

Things to consider when deciding if it is appropriate to invite external professionals to provide training:

- > Does it require additional financial resources or will the professional provide their time and services as a donation to the project?
- > Is the professional clear on the objectives of the training and their role? It is important that the professional understand that their role in the training is not to lead or facilitate, but to offer information, dialogue with the IRs and also learn from the IRs' experiences.
- > Does the professional have experience working collaboratively and equitably with women who have experienced marginalization?
- > Is the professional known for being accessible and presenting material in a clear, easy to understand manner?

“...we also actively sought health and social service professionals who had community experience, and who demonstrated an interest in the social determinants of health, and immigrant women’s health... [however] the facilitators observed that in some instances the health professional was not cognizant of the barriers immigrant women may face in trying to maintain good health, which led to the offering of advice or suggestions that were not applicable in the lives of many of the participants.”

From the Pilot Site Women’s Health Circles Final Report

Here is a list of guidelines to discuss with potential professionals in the orientation, prior to the training:

I. Ensure professionals understand their role as observers and participants

During the training, the basic assumption is that everyone present has valuable resources and experiences to share, no matter their profession or training.

Professionals and, in particular, presenters should be aware that presentations are a jumping off point for discussion and they are not the only source of information in the session. Encouraging health and social service professionals to see themselves as participants in the training will help promote the understanding that they are contributors, rather than leaders or “information disseminators,” and they too can learn within this environment.

2. **Ensure that professionals know the ground rules, and understand that the rules apply to them as well.**
3. **Ensure presentations are articulate, accessible and concise. Ensure presenters stick to time limits.**
Ensure presenters are clear that they must make their presentation within the time limit and that it is vital their presentations do not cut into discussion and sharing of experience and knowledge of the IRs.
4. **Have professionals introduce themselves**
Ensure the professionals participate in the introductions so participants know who they are. Explain to participants what the professionals' role is in the training. In the case of the health and social service professionals, have them say a little bit about their training and areas of interest or specialization and what topics they will help facilitate for the day.
5. **Ask presenters to bring materials and resources to share**
Remind presenters to bring resources (handouts, pamphlets, resource lists) for participants. Make sure the tools are applicable to the particular demographic of your group. Try to choose presenters who have an understanding or **sensitivity to the experiences of your researchers.**

Introduction to methodological components

As noted earlier, Inclusion Research is not based on one research methodology but speaks more to the equitable engagement of community members throughout all phases of the research project and with the commitment to constantly learn and move our research to action. OWHN has experience with securing ethics review approval and using focus groups with note takers as our method of data collection. In addition, a unique aspect of Inclusion Research is our collaborative data analysis.

This section will review components of the research project that organizations should reflect on prior to embarking on their research project. Again, this handbook is designed to allow you to develop expertise and curriculum content that is tailored to meet the need of your research project.

1. Ethics Review
2. Focus Groups
3. Note Taking
4. Collaborative Data Collection and Analysis
5. Evaluation
6. Dissemination

Ethics Review

Traditionally people conducting research require ethics review. This can be a challenge for non-profit organizations as often the projects are not connected with academia or a hospital and therefore do not have easy access to a Research Ethics Board (REB).

Each organization needs to consider the pros and cons of applying for ethics review. Things to consider during your decision making process:

- > Does your funder require ethics review?
- > Will approval from a REB give your project more validity with the people you are trying to influence?
- > Are there ethical concerns that you would like an independent reviewer to review to ensure you have done everything necessary to address these concerns?
- > Do you have access to an REB with expertise in community-based research? If not, would your local public health unit be willing to do an REB? Could you establish a relationship with a local academic?
- > If you are building new relationships, it is important that REB reviewers understand that your project is a collaboration, is community driven and there are co-investigators, not a single principle investigator
- > Does your project have the time needed to incorporate an ethics review process which can take four to six weeks?
- > Does the ethics review have to occur prior to the IRs being on-board and if so how do you address this issue? OWHN has experienced a situation where we had to have ethics approval before funds were provided so this meant we could not have IRs involved. Our compromise was to: a) provide training on the ethics review process and explain why we went ahead without them; and, b) to ensure that the REB knew what we were submitting were draft forms as the community had yet to have input.

If your organization chooses to apply for a formal ethics review, the Community-based research Centre – Research Ethics Board might be a useful option.

If your organization chooses not to apply for a formal ethics review it would be good practice to review and incorporate, to the best of your ability, the principles outlined by the Tri-Council on Ethics in Research in their *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (1998). Please see **Online Resources** for website addresses for both resources.

Focus Groups

OWHN has an expertise in conducting focus groups and this has therefore been the main methodology that we have used for Inclusion Research. Yet, this is not the only methodology that can be used. Your organization will need to decide on the research methodology appropriate for your projects and adjust the training outline for the IRs to ensure the necessary research skills are developed to implement the project.

To further assist you in the curriculum development for the focus group component of the IR training program please refer to *OWHN Guide to Focus Groups* available online at www.owhn.on.ca or from the OWHN office at owhn@owhn.on.ca.

For those organizations who are interested in additional information on focus groups, OWHN recommends the series: Morgan, D.L. & Krueger, R.A. (1998). *The Focus Group Kit*, Volumes 1-6.

Note Taking

During the focus groups there should always be two note takers. One is an Inclusion Researcher and one is a professional who either is from the Local Advisory Committee or project staff. The purpose of the two note takers is to ensure the accuracy of the data collected and also to build and strengthen the relationship between the IRs and professionals. Additionally, the IR note taker can provide support to the IR facilitator when necessary.

OWHN did not tape the focus groups for our Inclusion Research projects because this requires extra financial resources and time. Transcribing focus group tapes is an exceptionally labour intensive process and produces a tremendous amount of data which the project might not have the resources to work through. If your research project has the resources and/or decides it is important to your project to transcribe the focus groups you can still use the same data analysis process. You will need to allocate enough time for the additional step of paying an IR or a professional service to transcribe the focus group recording. The general guideline is that it takes roughly two to three hours to transcribe every one hour of focus group discussion.

If you choose to tape the focus group, it is still important to have a note taker. This provides a back-up if there is a technical issue with the recording. It also provides another opportunity for the IRs to develop skills and be involved. Finally, this option provides the person who is writing the notes an opportunity to really focus on what is being said and begin the process of becoming familiar with the data gathered.

OWHN's *Guide to Focus Groups* provides a general overview on methods of recording focus groups, including note taking and audio/digital recording. For Inclusion Research, however, note taking is preferred, as it: a) provides IRs with increased skill building opportunities; and, b) provides IRs an opportunity to be very familiar with the information (data) prior to conducting the collaborative data analysis.

Collaborative Data Collection and Analysis

As noted earlier, Inclusion Research is another method of community-based research. As Dr. Suzanne Jackson from the Centre of Health Promotion, notes “[w]hen conducting community-based participatory research (CBPR), community researchers are often consulted during the analysis step, but rarely participate in the entire process” (2007). Inclusion Research is grounded on the meaningful engagement of women who have experienced marginalization in all stages of the project. In order to include all project partners, including IRs, in the analysis stage, Dr. Jackson developed a collaborative data analysis process. This two-day process assisted the group to work together with the collected data to generate new knowledge and inform the development of our policy framework, service recommendations and advocacy strategy.

The process follows steps commonly used in qualitative analysis of coding, creating themes, and looking for sub-themes as well as relationships between data.

Key strengths of the collaborative data analysis process:

1. Group oriented
2. Engaging
3. Accessible and clear procedures provided
4. Visual grouping techniques allows for diverse ways of engaging with the material
5. Inclusive of the IRs

Key ingredients for success:

1. Session is held in a space that everyone is comfortable and familiar with and has enough space to move around, post information on the walls and surface space (tables) to spread out on
2. Ensuring everyone understands the direction and process
3. Ensuring enough time has been allocated to the process
4. Use of an independent external facilitator to ensure the day flows and provide insight into the process and/or information from an arms length away perspective
5. Facilitators and participants all work to ensure a positive and supportive atmosphere for participation.

Who is involved in the collaborative data analysis?

All IRs, project site staff (usually one or two representatives) and three to four representatives from the Local Advisory Committees and, if applicable, Provincial Working Group, participate in the two day workshop. We have done this process with 24 to 40 participants. Ideally, the two-day workshop happens back to back, but if this is not possible due to scheduling difficulties, the days can be separated. Depending on the scope of your project and the amount of data collected, you might find you need additional time to analyze the data.

For an in-depth description on how to conduct collaborative data collection and analysis process, see **Session 7** of the Inclusion Researcher Training Program.

Evaluation

On-going evaluation is an important component of Inclusion Research as it provides an opportunity to:

1. Gauge the effectiveness with which you are implementing Inclusion Research.
2. Determine if you are staying true to the principles of equity and inclusion.
3. Ensure that the process is working in intended ways.

In addition, evaluations also lend credibility to your work. They provide an opportunity for your organization to be reflective of the process, to learn, grow and make constructive changes as needed to better meet the needs of your community.

It is important to give all stakeholders the opportunity to participate in the evaluation to provide feedback on the research process. IRs are asked to evaluate their training and their involvement in the research projects, participants are asked to evaluate the focus groups, staff are asked to reflect on the project and Local Advisory Committee and Provincial Working Group members are asked to evaluate the collaboration.

OWHN hires external evaluators for our Inclusion Research projects as we think it is important to have the evaluations done by someone who is a step removed from the process and can review the information gathered with a more critical eye.

► See **Appendix L** for various sample evaluations

Dissemination

"Women are waiting for a breakthrough."

(Inclusion Researcher, *Count Us In!*)

Moving research to action requires resources (time and finances) to be allocated to the dissemination phase. For Inclusion Research, it is not enough to generate new knowledge, or engage community members— the project must work to create change.

To be successful in the dissemination phase, the team must develop a strategic dissemination plan which includes all sectors and key stakeholders you think will have an influence on the issue under study.

Involvement of Inclusion Researchers in Dissemination

As stated earlier, it is critical that IRs are involved in this phase of the project. In our projects, IRs have been trained and supported to:

1. Participate in the development of a strategic dissemination plan
2. Launch the final report/deliverables
3. Conduct workshops at conferences
4. Meet with various officials and make presentations
5. Talk to the media
6. Go in-person to various organizations and drop the report off by hand
7. Do various presentations for diverse committees
8. Staff poster displays and tables

Involvement of Local Advisory Committee and Provincial Working Group Members in Dissemination

OWHN has found that Local Advisory Committee and Provincial Working Group members have been particularly valuable in this phase of our projects. We have countless examples of members leveraging their networks and setting up meetings with people who OWHN staff were unable to access. From these meetings, our Inclusion Research projects have established new programs for women who have experienced marginalization, changed practice on how services have been delivered for women who have experienced marginalization and leveraged additional resources to tackle the issues they face.

OWHN Support Available

OWHN has a network of IRs who can be contacted for assistance with training and mentoring new IRs. As well, our pilot sites can also provide training and support. For more information and fees, please contact OWHN at owhn@owhn.on.ca or 416-408-4840.

**INCLUSION
RESEARCHER
TRAINING
PROGRAM**

SECTION FOUR

SECTION FOUR INCLUSION RESEARCHER TRAINING PROGRAM

Introduction

Overview of Training Program

Structure and Length of Training

Activities and Tools

Visual Aids

Facilitated Discussion

Appendices

Session 1 **Introductory Session – Setting the Groundwork**

Session 2 **Values Applied in Inclusion Research**

Session 3 **Health and Key Determinants of Health**

Session 4 **Inclusion Research**

Session 5 **Moving Research to Action**

Session 6 **Preparation for the Collaborative Data Analysis**

Note: This is scheduled following the completion of the focus groups

Session 7 **Conducting Collaborative Data Analysis**

Note: This is not part of the training program, but a guide for the two-day data analysis process

Introduction

The Inclusion Researcher Training Program is critical to the success of the Inclusion Research project. This program offers the opportunity to build strong relationships with the Inclusion Researchers (IRs) and ensure they have developed the skills to conduct the research. It is also a time to set up the structures and processes that will provide ongoing support to the IRs throughout the project.

This section of the *Inclusion Research Handbook* will guide you through an outline of the training program and provide you with the content for training, including agendas and learning objectives.

As mentioned in the previous section of the handbook, for this training program to be effective you need to adapt the information to your research project and the needs identified by your local community. As such, we have tried to present the material in a way that allows for each organization to personalize the program to meet their specific needs. The training program outlined here has been created from materials and structures developed for OWHN projects by Asset Mapping Research Project of the Toronto Christian Resource Centre, India Rainbow Community Services of Peel, Region of Peel, Public Health Department and Sudbury Women's Centre. This program has been tested at three different pilot sites (Peel, Sudbury and Toronto).

Overview of Training Program

Structure and Length of Training

As with our other models, such as *Women's Health Circles*, OWHN believes that the schedule and structure of the training should respond to your organization's needs and resources as well as to the input of the IRs. The training program is generally 20 hours in length and can be held on a daily or weekly basis—whatever works best for you and the IRs.

Below are examples of training program schedules that may help you as you develop the model that best works for your project.

► See **Appendix M** for additional sample project timelines.

Note:

The training program outline that follows is divided into six sessions, plus a seventh session that is external to the training that will guide your group through the two-day collaborative data analysis process. You can develop the structure of the training to fit the schedule that you have determined will work best for the IRs and the timelines of your project. Do not feel restricted to scheduling one session per class.

Training Program Schedule Samples

For Count Us In!, the IR training program was a total of 20 hours. The 20 hours were spaced over six half days from 9:30 am to 12:30 pm. The program was held at the Toronto Christian Resource Centre, a space the women were familiar and comfortable with.

For Marginalized Women and Stroke, the IR training program at the Peel site was also 20 hours in length. They conducted the training over four sessions, Session 1 was held from 9:30 am to 1:00 pm. Sessions 2 and 3 were held 3 weeks later back to back. Session 2 was from 9:00 am – 1:00 pm and Session 3 from 9:00 am – 3:00 pm. Session 4 was held the following week from 9:00 am – 3:00 pm

Activities and Tools

Activities and tools can be great teaching aids for the Inclusion Research training sessions. Throughout this handbook we have provided some sample activities and tools that our pilot sites have found effective.

Activities in particular can facilitate sharing in all sorts of ways. Here are some different ways that you can use activities:

- As an ice breaker, an activity can help strangers get to know each other in a fun way. Some sample activities are provided in **Session 1**.
- To meet women's different learning styles and to help keep interest by breaking up the agenda so there is listening, interacting and talking
- To make abstract concepts more concrete and applicable to daily life
- To facilitate joint, creative problem-solving, to present overwhelming or difficult issues in a new light
- To lighten the intensity of the mood when dealing with a particularly painful topic

Visual Aids

In the same way, tools can help add a visual component to an oral presentation. Things like flip charts and markers can capture spoken ideas and handouts or pamphlets can help women retain information. The usefulness of visual aids will depend on the language and literacy base of your participants.

Facilitated Discussion

Within the training manual you will find sections with the heading Facilitated Discussion. These are suggested prompts and/or questions that provide an opportunity to generate discussion and debate on the topic at hand. You can use these questions as are or use them as guides for you to think about what questions you need to develop to suit your training program.

When you are developing questions, make certain to evaluate whether or not they are leading. The questions you develop should be opened ended and not assume a right response or only one way of responding. Ask yourself if the question allows people to say and respond in the way that they want. This will help ensure that the questions do not restrict or exclude any responses.

The Facilitated Discussion questions are also listed together according to session in the Facilitated Discussion Appendix. This is intended to provide you with a quick facilitator reference guide.

Appendices

As mentioned in the Introduction to this handbook, the Appendices include teaching aids, including the compilation of Facilitated Discussion Questions and Training Session Handouts, and sample forms and documents. All appendices are intended as guides and templates and can be adapted to meet the needs of your community and organization. The sample forms have been provided by our project partners: Asset Mapping Research Project of the Toronto Christian Resource Centre, Region of Peel, Department of Public Health, Sudbury Women's Centre and India Rainbow Community Services of Peel.

Note:

While discussion is a very effective way to promote learning, it is important that the facilitator ensures that one person does not dominate and that it is safe for all participants to participate.

Session

1

**Introductory Session
Setting the
Groundwork**

Session I: Introductory Session – Setting the Groundwork

AGENDA

1. Introductions

- a. Opening the Training
- b. Icebreaking Activities

2. Ground Rules

3. Overview of Project

- a. Project Objective
- b. Training Schedule
- c. Timelines
- d. Roles and Responsibilities

4. Paper Work

- a. Reviewing and Signing of Documentation (contract, description of position and code of conduct)

5. Opportunity for Questions

6. Closing the Meeting

Learning Objectives:

By the end of the session, IRs will:

1. Meet and learn a bit about each other and increase their familiarity and comfort within the group context.
2. Have a solid understanding of the project, timelines and their roles and responsibilities within the project.

Supplies/Resources Required:

- Flip chart and markers
- Icebreaker supplies
- Handouts (overview of project, project timeline, contracts, code of conduct (confidentiality agreement), conflict resolution)

Session I: Introductory Session – Setting the Groundwork

I. Introductions

The first session is an important opportunity to start building trust within the group and to outline the project and very clear expectations for the IRs. We have learned that the clearer the project is about the expectations of all people participating, the smoother the project will run. It actually helps to schedule in 30 minutes before you officially start the first session to serve refreshments and allow the women time to mingle and talk with each other informally. This is also a good opportunity to hand out the paperwork so that they can have a chance to read before the session begins.

It is also important in the first session that you provide ample opportunity for the women to speak to provide guidance and suggestions about the program. Our IRs have indicated that it was important to them that their feedback be incorporated into the training program. This participatory way of working needs to be established right from the start. It will be counter-productive if the organizational representatives spend the first session talking AT the IRs and telling them what to do.

a. Opening the Training

At the beginning of the meeting it is important to welcome everyone to the training, thank the IRs for their time and commitment to the project, provide information about the facilities, such as where the bathrooms are located, and review the agenda, making any changes as required. It is a good idea to stop after the opening and give the opportunity for any questions, comments or concerns.

Note:

At every opportunity possible, the IRs should be provided with a chance to practice the new skills they are developing. As well, take a moment to remind the IRs that the training also provides an opportunity to take a step back and think about how the agenda is organized, how the training is facilitated, what exercises are used, etc. that model the skills they are learning and will be using in their own work as IRs.

Feedback from IRs has indicated the value of using role playing exercises during the training program. Make sure the IRs are given opportunities to assume different roles during the training, such as facilitating a mock focus group. In addition, the IRs can be given an opportunity to practice opening and closing the group by rotating this responsibility during the training sessions.

b. Icebreaking Activities

Have a few icebreaking activities prepared to allow for introductions and facilitate relationship building. The participants can also be asked if they have suggestions of how they would like to introduce themselves. This is an excellent opportunity to ask the women what attracted them to becoming IRs and working on the project.

Below are a few examples of effective icebreakers used by our pilot sites:

Toilet Paper Activity

1. Pass around a roll of toilet paper and have the women take as much as they want.
2. Once everyone has taken some, have them separate the paper into squares.
3. The number of squares the women have each taken is the number of things that they each have to share about themselves.

Jelly Bean Activity

1. Pass around a bag of multi-coloured jelly beans, i.e. red, blue and green.
2. Designate each color with a category, i.e. red is something funny about yourself, blue is something you do for fun, green can be your pet peeve, etc. (do not tell the group the meaning until after they have picked however many jellybeans they want).
3. Then have the women share with the group according to the beans they have selected. Some may have only one color some have more than one.

Guided Introductions – Getting to know each other

1. Introduce yourself to the next person and learn something about them, and then introduce them to the class.
2. Name all the places you have travelled and one place where you want to travel.
3. Tell two truths and one lie to the group - don't tell which is which - and let the group decide

For more icebreaker information and ideas, see the **Online Resources** section.

Facilitated Discussion

1. What interested you about this project?
2. What skills and life experiences do you bring to this project that you think will be of help?

2. Ground Rules

At the beginning of the training program, the IRs should be provided with time to collectively develop the ground rules. The ground rules are to be printed on a flip chart and prominently displayed at every training session. It is good practice to review the ground rules at the start of each session and also add or delete any rules as the need arises.

Ground rules help create a safe space and having the participants create the rules offers a much more collaborative feel from the outset. It is important to remember that having rules does not necessarily create safety – continue to check in with women and observe body language throughout the program to watch for any signs of discomfort.

Some sample ground rules:

1. Sharing the air: don't take up too much space.

Everybody must get an equal chance to talk. Be aware of how much “space” you take up. If you have already spoken quite a bit, allow others the chance to share.

2. One at a time.

Do not interrupt – one person speaks at a time.

3. Confidentiality: protect the stories you hear.

It is vital that you don't repeat sensitive information about the women in your training program outside of the group – respect the trust required to truly share.

4. Let others tell their own stories and decide how much they want to share.

For members who already know each other prior to the training: do not make reference to or share information about someone you know within the group before they have done so themselves. Everyone needs to be able to decide for themselves what and how much they want to share with others.

Note:

While developing the ground rules for the training program, it is important to tell the IRs that this is something they will do with the women in their focus groups. After the exercise, you can ask them if they have suggestions for changes for use in their focus groups.

To help reinforce the guideline of one person speaking at a time, organizers in Sudbury used a feather—whoever was holding the feather had the chance to speak uninterrupted.

So that women are free to share important things they may have learned in the training program with their community, you may want to state that women can tell others about things they learned in the group, but they must never divulge the identity of the other women in the group, or facts about their lives.

3. Overview of Project

This is an opportunity to present the documentation for the project. IRs are also provided with an opportunity to ask questions and to make any suggestions for improvement.

The project overview provides information on:

1. Funder
2. Key contact person for the project
3. Contact information
4. Research principle, goals, purpose, method and outcomes.

► See **Appendix N** for a sample project overview.

Timelines

IRs should also be provided an overview of the project timeline and given the opportunity to adjust the timelines as deemed appropriate. The timeline includes the schedule for:

1. Training coordinators/administrators of the organization, if applicable
2. Hiring IRs, timing out all the steps such as advertising, recruiting, developing interview questions and hiring
3. Inclusion Researcher Training Program schedule
4. Data gathering and analysis, debriefing, evaluations and dissemination
5. Local Advisory Committee meetings, where appropriate

► See **Appendix M** for sample project timelines.

Contracts

Roles and responsibilities are covered in the contract that the organizations sign with the IRs. These contracts include:

1. Name of employer (organization and supervisor)
2. Name of project
3. Name of position
4. Who the position reports to
5. Purpose of position and project
6. Key areas of responsibility for the Inclusion Researcher
7. Key areas of responsibility for the organization, this includes commitment to train, support and pay the Inclusion Researcher

8. Amount of pay/honorarium and schedule of payment
9. Detail on time commitment
10. A sentence indicating that timelines and responsibilities might change based on the emerging needs and demands of the project
11. Space for the date and signature of the IR and supervisor.
12. Name of funder

► See **Appendix J** for sample Inclusion Researcher contract.

By the end of this section, IRs will have a good understanding of project objectives, training schedule, timelines and their roles and responsibilities.

4. Paper Work

- a. Reviewing and Signing of Documentation

Ample time must be allocated to give the IRs time to read the different documents, such as:

1. Project overview
2. Employment contract
3. Code of conduct (confidentiality agreement)
4. Conflict resolution

The facilitator can highlight key pieces from the document and then ask the women if they can describe in their own words:

1. What the project is about
2. Their roles and responsibilities
3. The organization's roles and responsibilities

When reviewing the employment contract, it is important to have a short discussion with the IRs about Ontario Works and Ontario Disability Support Program and determine if they have any concerns with participating in the project. If necessary, a review of the regulations of both programs including eligibility, benefits and penalties can be included in the training program. It is also an opportunity for the organizational staff to ensure that all IRs have access to the supports that they need and for staff to provide the support and resources to access these supports if the women do not have them.

Code of Conduct

The code of conduct is created through the ground rules developed during the training. This document: affirms an understanding with the IRs that they are representing the project and the organization and funders; reviews the confidentiality agreement and discusses conflict resolution.

▶ See **Appendix O** for sample confidentiality agreement.

The group develops their protocol for conflict resolution together. By reviewing the information on conflict resolution the IRs develop a collective understanding of how they will resolve conflicts.

▶ See **Appendix P** for sample conflict resolution overview.

Opportunity for Questions

As noted earlier, it is important to schedule ample time for IRs to ask questions throughout the agenda. Just prior to closing the session, it is important to schedule a few minutes for any additional questions, comments or discussion that the group feels is needed.

Closing the Session

At the end of each session:

1. Confirm time and location of next training
2. Review any tasks that need to be done before the next session
3. Review the agenda for the next session
4. Make changes as required to the next session's agenda based on what happened in the training
5. Take a minute to hand out and have the IRs complete a formal evaluation of today's training session or take a minute to informally debrief on what worked and did not work
6. Thank everyone again for their time, energy and commitment

Note:

For all training sessions, the Opportunity for Questions and Closing the Session sections are the same as in Session 1. Please refer back to the section in Session 1 to review for each session.

Session

2

**Values Applied
in Inclusion
Research**

Session 2: Values Applied in Inclusion Research AGENDA

1. Introductions

- a. Review the Agenda
- b. Questions/Comments from Last Training Session

2. Develop Equitable System for Representation

- a. Local Advisory Committee
- b. Other Committees and Presentations

3. Anti-discrimination, Equity, Power and Privilege

4. Ethics in Research

- a. What are Research Ethics?
- b. What is an Ethics Review?

5. Asset Mapping

- a. Provide an Overview
- b. Develop a Local Community Asset Map

6. Opportunity for Questions

7. Closing the Session

Learning Objectives:

By the end of the session, IRs will have:

1. Developed a selection system to equitably distribute additional opportunities.
2. A general overview of anti-discrimination, equity, power and privilege and its relation and application to this project
3. A general overview of asset mapping and the opportunity to practice the skill
4. Developed a local community asset map that will be a resource tool for the project

Supplies/Resources Required:

- Flip chart and markers
- Scissors
- Slips of paper for ballots
- Handouts (project consent form, community map)

Session 2: Values Applied in Inclusion Research

I. Introductions

Welcome the IRs to Session 2. Review the agenda providing opportunity for feedback and change. Then facilitate a discussion about whether there are any questions or comments about the last training session.

2. Develop Equitable System for Representation

It is important early on in the project that a facilitated discussion is held to talk about how additional opportunities such as presenting at conferences and being representative on diverse committees are equitably distributed amongst the group. All the IRs can expect to have an equal opportunity to develop their skills in this area and secure equitable amount of additional hours when available.

For example, if your project has a Local Advisory Committee, IR representation will be needed and it is up to the IRs themselves to determine through electoral or volunteer-based process to who will represent them. noted earlier, it is important to ensure that there is equal distribution opportunities and participation for IRs in the project structure. While this can be done at any time, we found it beneficial to do it earlier the training process so that: the issue was addressed early; and, b) provides an opportunity early in the project for the IRs to work together and provide leadership and direction the project which is a critical ingredient for a research project to considered Inclusion Research.

Example of a process IRs developed to choose their representatives

The IRs have been considering these elections for a few days now. They decided (I flip charted) their own criteria for selection. Everyone was asked if they would like to be considered for one position or the other or both, and six out of eight women ran for both Advisory Committee and Peer Reviewer. As one IR already had a function as representative on the Working Group, she was ineligible and so together we acted as scrutineers. One woman did not run for any position. As there were a total of three positions, I suggested and they agreed, that they would cast three separate secret ballots, with three different names (one of which could be their own if they so chose). No one would hold more than one position. The results, by majority votes, are as follows...

3. Anti-discrimination, Equity, Power and Privilege

Introduction

The anti-discrimination, equity, power and privilege IR training is important basic knowledge and part of the foundation of the work that IRs will do with each other and with the focus group participants. A thorough understanding of these concepts can help us to acknowledge our social identity and location in relationship to others. This training is about building mutual respect and true alliances across difference and creating a sense of belonging for all that are involved in the research project. It is important to recognize that this topic can require much risk-taking, is often laden with inner and interpersonal conflict, and can raise difficult issues for the participants.

Facilitated Discussion

Your social location can be described as how you are identified by society (race, ethnicity, class, gender, sexual identity, disability, religion, etc.), and the informal power and privilege that is/isn't transferred to you as a result.

1. What is your social location, and how has it impacted your world view, experiences and attitudes?

Group Exercise: Horatio Alger Social Location Exercise

1. **Form a line in the middle of the room and hold the hand of the person on either side of you.**
2. **As a category is identified to which you belong you will either step forward or backward, or stay in the same place if the categories don't apply.**
3. **Keep holding hands until it is no longer possible.**

If your parent(s) have completed college or university, take one step forward. If your parent(s) have never completed post secondary education, take one step back.

If you are able-bodied, take one step forward. If you have any visible or invisible disabilities, take one step back.

If you identify your gender as female or male, take one step forward. If you are transitioning, or identify as Trans or Intersex, take one step back.

If you are over 29 or under 55 years of age, take one step forward. If you identify as a youth or senior, take one step back.

Group Exercise: Horatio Alger Social Location Exercise (continued)

If you identify as middle class or working class, take one step forward. If you identify as living in poverty or have ever been on welfare, take a step backward.

If you commonly see people of your race or ethnicity as heroes or heroines in news, television and movies, take one step forward. If you more often see people like you portrayed negatively as gang members, drug users/dealers and pimps, take one step backward.

If you identify as heterosexual, take one step forward. If you have ever been bullied at school, isolated from your family, or bashed because you identify as Queer, take one step back.

If English is your first language, take one step forward. If English is your second or third language, take one step back.

If you are a man who has never been afraid for your safety, take one step forward. If you are a woman who has been sexually harassed or assaulted, take one step back.

If you or your ancestors were never forcibly removed from your land, survivors of a residential school, or subject to the Indian Act, take one step forward. If you are First Nations, Aboriginal, Inuit or Metis living on or off reserve, take one step back.

- 4. In debriefing this exercise, the facilitator can elicit responses from the group about the following questions:**
 - a. What does holding hands, then becoming so distant that you can't hold hands anymore, represent?**
 - b. What did this exercise teach you about your membership in dominant and subordinate groups?**
 - c. How does social location affect power and privilege?**

Discrimination means differential treatment of an individual or group which is based in whole or in part on one, or more than one, of the prohibited grounds of discrimination, and which has an adverse impact on the individual or group. IRs should be familiar with the provincial human rights commission, and the code of prohibited grounds of discrimination. In Ontario the grounds are:

- Race
- Ancestry
- Place of Origin
- Colour
- Ethnic Origin
- Citizenship
- Creed (Religion)
- Sex (includes Pregnancy and Breastfeeding)
- Sexual Orientation
- Disability
- Age (between 18 and 65 years in employment; 16 and 17 years are included in the occupancy of accommodation; 18 years and over in the other areas)
- Marital Status
- Family Status
- Same-Sex Partnership Status
- Receipt of Public Assistance (in accommodation only)
- Record of Offenses (in employment only)

People who are discriminated against or harassed because of gender identity are legally protected under the ground of 'sex.' This includes Transsexual, Transgender and Intersex persons, cross-dressers, and other people (sometimes referred to as the Third Sex) whose gender identity or expression is, or is seen to be, different from their birth-identified sex. Prohibited grounds of discrimination also include: language, accent, or dialect, except as language, accent or dialect may interfere with legitimate requirements of education or employment; and political belief, membership or non-membership in a political organization, trade union or employee/employer organization. Harassment is a form of discrimination and includes offensive behaviour or comments based on the prohibited grounds of discrimination, which any person should have known are inappropriate and demeaning.

Facilitated Discussion:

1. Describe specific types of sexual harassment. Describe specific types of racial harassment.

Teens Educating and confronting Homophobia (TEACH), Planned Parenthood of Toronto, has developed many anti-homophobia resources for youth and adults, Queer and straight. For example, "Homophobia Hurts: Some Facts on Being Young and Queer..." looks at the impact of homophobia on Lesbians, Gay men, Bisexuals, Transgender people, Transsexuals, Intersex people, Two Spirited People, Queers and Questioning people (LGBTITQQ).

2. Discuss in small groups why there is a need for these kinds of resources and workshops to be developed.

Group Exercise

1. Divide the IRs into two or more small groups, and instruct each group to choose a Facilitator and a Note Taker (one of many opportunities in the training where IRs will get experience in these rotating roles).
2. Provide the groups with flip chart paper, markers and scissors, and instruct the Note Taker to print legibly and largely so the writing can be seen by everyone from their seat.
3. Have the groups develop common sense procedures that describe all the steps they feel would be necessary to include in an Anti-discrimination and Anti-harassment Complaint policy. The IRs should imagine that this policy would apply to a Volunteer in an agency being harassed by another Volunteer.
4. Instruct the groups to try and develop the steps in order if they can but not to be too concerned with that. Any steps that are out of order can be corrected by cutting and re-positioning.
5. Coming back together, take the group through a facilitated process to look at all of the information that has been created in the groups and select and order them, creating their own anti-discrimination and anti-harassment complaint policy.

4. Ethics in Research

a. What are Research Ethics?

Research ethics ensure that participants are not unduly harmed by research and that participants have an understanding and are informed about potential risks. Within community-based research, the line is blurred between researcher and researched so that might or might not create more risk.

Facilitated Discussion:

1. Is there a potential for any harm for those people participating in your research?
2. Can you see any additional risks to the women participating in the study because community members are researchers?

Note:

This is another opportunity to talk about the importance of confidentiality as the IRs might learn new information about people in their community that they absolutely cannot share. It is also another opportunity to explore the dynamic of power and see if there is any opportunity for misuse of power on the part of the IRs.

b. *What is an Ethics Review?*

There is a formal process called an ethics review that is usually carried out by Research Ethics Boards (REB) at universities, hospitals or in the private sector. Three of the main purposes of the ethics review process are to make sure:

1. Ethical principles are applied to research involving human participants
2. The research methodology is sound
3. That the researchers legal liability is covered

This is the opportunity where you discuss whether your project went through an ethics review and why or why not? What is an Ethics Review?

There are pros and cons for a community research project going through a formal ethics review.

Ethics Reviews – Pros

1. Ensure standards
2. Accountability
3. Avoids exploitation
4. Others?

Ethics Reviews – Cons

1. May delay important research from being started
2. Academic REB may view qualitative and community-based research as less valid
3. Academic REB may not have expertise with population or methodology
4. Challenges for community organizations in accessing Ethic Review panels
5. Must secure ethics review before funding flows – challenging for small organizations

Whether or not your research project undergoes a formal review, it is important to spend some time exploring the concept of ethics and what the ethical implications are for your project.

The ethics review process assesses the potential of harm to the participant in the research.

The Ethics Process defines Harm as:

- Physical harm
- Psychological harm
- Social harm
- Community harm

Facilitated Discussion:

1. Can you think of any potential harm in any of those areas that might occur as a result of this research?

For a project to be considered ethical it must abide by these major principles:

That all participants are ensured:

- Voluntary participation
- Informed consent (i.e. they understand the project fully and still agree to participate)
- Confidentiality and anonymity
- Understanding of how the research results will be used
- There are no negative repercussions if they withdraw from the study (i.e. that they will not be punished/penalized)

Facilitated Discussion:

1. Can you think about what you need to do as an Inclusion Researcher to ensure the research abides by these major principles?
2. Can you think of any other principles that our research can abide by to meet the community's ethical standards?
3. What is your experience as a researcher and a participant?
4. What makes/made you feel safe in the process?
5. What could you do to ensure that others feel safe?

Group Exercise:

1. **In groups of two, review the consent form for the project.**
 - ▶ See *Appendix Q* for sample consent form
2. **Discuss why the project needs a consent form?**
3. **Identify the ethical principles within the form:**
 - **Voluntary participation**
 - **Informed consent**
 - **Confidentiality or anonymity**
 - **Use of research**

5. Asset Mapping

Facilitated Discussion:

1. What is an asset?
2. What then do you think an asset map would be?

The belief that it is more effective and powerful to focus on the assets of a community is a critical foundation of Inclusion Research adapted from the Asset Mapping methodology.

Asset Mapping provides the opportunity for local community members to come together and focus on their assets. Asset Mapping is a direct response to “needs assessments” which focus on weaknesses and problems, and demoralizes individuals and neighbourhoods. Instead you are asked to express your assets (everyone has assets) to others in similar circumstances in the community: skills, talents, gifts, abilities, interests, experiences, knowledge and dreams.

Asset Based Community Development puts people’s futures in their own hands by mapping and mobilizing their strengths. The Asset Mapping Research Project is an action research project which brings participants together locally to share their assets and other resources in order to build individual and community capacity.

The specific goals of Asset Mapping are to:

1. Help people discover their sense of worth and activate their innate ability to improve their quality of life;
2. Encourage participation and individual pride in your local community;
3. Identify and share resources within the community;
4. Build a healthy community;
5. Create partnerships within the community to develop new, creative, realistic, long-term and necessary solutions to the issue we are researching.

Facilitated Discussion:

1. If you think about our research question, what are the assets in the community that are relevant to this question/issue being explored?

Group Exercise:

In a few moments we are going to take a walk through our neighbourhood (if this is not possible due to distance and location you can do this exercise at the training centre) with a community map and chart the assets in the neighbourhood.

By the end of this exercise IRs will:

1. **Develop the skills to map the assets of their community**
2. **Have increased their own knowledge of the community resources available, which they can also share during the focus group where appropriate**
3. **Have a map that indicates potential agencies that might be asked to help recruit participants for the research project**

Session

3

**Health and
Key Determinants
of Health**

Session 3:

Health and Key Determinants of Health

AGENDA

1. **Introductions**
 - a. Review the Agenda
 - b. Questions/Comments from Last Training Session
2. **What is Health?**
3. **What is Prevention?**
4. **What are the Key Determinants of Health?**
5. **What is Inclusion?**
6. **Why does Inclusion Matter?**
7. **Opportunity for Questions**
8. **Closing the Meeting**

Learning Objectives:

By the end of the session, IRs will:

1. Have an understanding of health, prevention, key determinants of health, inclusion, and marginalization.
2. Be able to answer the question: What is Inclusion?
3. Give examples of Inclusion and Exclusion
4. Be able to explain the concept of Belonging
5. Be able to explain: Why Inclusion is good for our health?
6. Have explored how the above concepts are engaged in their research project and why it matters.

Supplies/Resources Required:

- Flip chart and markers
- Handout (Copy of Kiran's Story)

Session 3: Health and Key Determinants of Health

I. Introductions

Welcome the IRs to Session 3. Review the agenda providing opportunity for feedback and change. Then facilitate a discussion about whether there are any questions or comments about the last training session.

2. What is Health?

For the Inclusion Research project it is important that women understand health in a broad context. Our pilot sites found that many women associated “health” with topics only relating to medical health. Other topics, like violence against women or poverty, were not immediately identified as health topics because they are not considered bio-medical conditions.

Facilitated Discussion:

1. What does health mean for you?
2. When do you feel healthy?
3. What makes us healthy? What makes us sick?
4. What gives you the sense of wellbeing?

After the women have responded you can share what other women have said. The following quotes are from women participating in OWHN projects.

“[What leads to bad health?] Love, lack of love.”

“I dare not to take time off to see a doctor...I needed to care for my children. Even annual check-up I didn't go. If I stop one day, I lost one day wage...Eventually I became very sick.”

“Immigrant stress, since coming to this country, immigrant stress that causes bad health.”

“...very depressed. Children go to school...[C]leaning house, looking after grandchildren and very lonely.”

“The healthcare system has no concept of ‘I don’t have the money.’”

“High rent leads to stress and diseases.”

“First, I need to talk to someone on my own terms, can not always understand professionals and their handouts...need plain English.”

“The doctor I had was a woman with five kids. So she understood my experience and supported my choices. She was sensitive to my faith. She told me my options but didn’t pressure me into certain choices.”

Some Definitions of Health

Traditional Views:

Health =

1. Absence of disease
2. Lifestyle
3. Human biology
4. Solutions lie in treating the individual body

Broader Views:

“Need to treat mind, body, soul.” (Focus Group Participant, Key to Women’s Health)

Health =

1. A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948).
2. Created and lived by people within the settings of their everyday life; where they learn, work, play and love (Ottawa Charter for Health Promotion, 1986).

Facilitated Discussion:

1. Review the earlier group responses (on the flip chart) about what is health and decide whether they fall under traditional or broader views of health.

The quotes that we just read from women who experience marginalization clearly demonstrate that not having access to financial security, community resources, or a culturally-sensitive health system that can also accommodate issues such as the needs of lower-income women, creates bad health. To work towards good health these issues need to be addressed.

3. What is Prevention?

Looking Upstream

In our health care system, a lot of resources are spent on healing medical issues. Inclusion Research draws on the theory of prevention which believes it is critical to try and explore the issues of why women experience poor health and develop policy and service solutions that prevent women from becoming sick in the first place.

Imagine that there's a big river that people are falling into. When the first person falls in, people pull her out. When the second person falls in, he gets pulled out... As more and more people start falling in, it's not only important to pull those individuals out, it's also important to ask why they're falling in in the first place!

What is the source of the problem? We need to look beyond the bodies flowing downstream and look upstream for answers.

Other examples:

1. In the movie and real-life story of Erin Brockovitch, many of the people living in the small town of Hinkley, California become very ill and had miscarriages. Doctors diagnosing and treating individual bodies don't get at the root of the problem. It is only when Erin Brockovitch looks upstream and asks "What is causing all these people to get sick in the first place?" and people pool their knowledge, that they figure out that a utilities company has contaminated the water supply and poisoned the residents of Hinkley.
2. Health problems from unhealthy work environments, inadequate housing, the stress that comes from not having enough money, living in a new country, etc.

Facilitated Discussion:

1. What other health issues would benefit by us "looking upstream?"
2. What is causing that issue?
3. What is the "upstream issue" of our research project?

4. What are the Key Determinants of Health? (Also known as the Social Determinants of Health)

The social determinants of health are the aspects of a person's socio-economic status that affect their access to health, and their vulnerability to health problems.

Facilitated Discussion:

- I. Based on what you have learnt so far and hearing your examples and reading other women's examples, what do you think the key determinants of health could be?

The Key Determinants of Health are:

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

Here, in the words of women who have participated in OWHN projects, some of the key determinants of health are illustrated:

Income and Social Status

"Getting a job made me feel human and changed my world."

"Having a job is like an ice breaker, it allows you to break through the ice and begin living."

"You seem to be given more services when you are working or have an income."

"Everybody needs money to survive. Some people get so depressed that they cannot afford housing etc. that they drink and do drugs. Then they have to borrow money in order to pay their bills. It is a vicious circle."

"It drives people nuts when they have no money and cannot take care of themselves."

Social Support Networks

"Some people work the street because they are lonely and are looking for compassion and understanding...from anyone, even a complete stranger."

"I am known by the people around, and this gives me a sense of belonging. Even the guy at the corner store knows me... when I walk in and he greets me before I even say something, and in a friendly manner, I feel recognized."

Physical Environments

These quotes could fit under physical environments or social support networks; it is important to recognize how these different determinants of health intersect in our lives.

"I live in a subsidized cooperative house. I am mentally healthy all the time because I don't have to live in fear. Is being at peace within oneself, is feeling healthy."

"Another woman lives in subsidized housing that is wheelchair accessible. She feels fortunate to have people care about her. Community connections saved her life. The team who treats her gives her a sense of belonging. She has people to talk to regularly. They work on her extreme paranoia and make her feel safe."

Culture

There is some critique of culture as a key determinant of health. Some people state that it is not our culture that creates good or bad health but the racism or the status that we receive based on our race/not culture.

"It should not affect your health but for many people, it [race/racism] does."

"Not being Caucasian affects me. I can't get a job easily...Because of my black hair and olive skin, I am considered "other."

"Hatred of any kind will affect your well-being, whether it be physical (fighting), emotional (self-esteem problems), or educational."

Canadian Public Health Institute research has found that generally Canadians lack an understanding of how the social determinants of health impact our overall health (2005). There is high public acknowledgement of the impact of personal lifestyle behaviours on health, but low understanding of the broader social-economic determinants of health.

In our focus groups held with women who have experienced marginalization around Ontario it was clearly articulated that before women could consider and make improvements to personal lifestyle behaviours, such as healthy eating or exercise, they needed to address the barriers to achieving good health, like class, housing, gender or social environment. While women would not refer to, or use the terminology the social determinants of health, was plain that their lived experiences given them a deep understanding of effect of these determinants on their own health.

Scenario

As a facilitator you could choose develop a scenario to help illustrate impact of the determinants of health on topic you are researching.

This sample scenario, which you could use as is or adjust to fit the needs of your group, was adapted from Peel pilot site. The scenario helps to illustrate the determinants of health provides a good lead in to a discussion health prevention.

Scenario: Kiran's Story:

This is Why is Kiran in the Hospital? Because she has had a bad infection in her leg

But why does she have an infection? Because she has a cut on her leg and it got infected.

*But why does she have a cut on her leg?
Because she was playing in the junk yard next to her apartment building and there was some sharp edge steel there that she fell on.*

*But why was she playing in a junk yard?
Because her neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.*

*But why does she live in that neighbourhood?
Because her parents can't afford a nicer place to live.*

*But why can't her parents afford a nicer place to live?
Because her Dad is unemployed and her Mom is sick.*

*But why is her Dad unemployed?
Because he doesn't have much education and he can't find a job.*

But why...?

*Pick three determinants of health that are in this story.
What could we do to solve these problems?*

Facilitated Discussion:

1. What are the determinants of health that our research project is addressing?
2. Do you think the community understands these issues as health issues?
3. Based on your response – what should we keep in mind as we start to develop the questions that we will use in our focus groups?

Things to consider when developing the research questions to ensure you get responses that cover all aspects of health:

1. As the women we spoke to were not familiar with the language of the social determinants of health, they did not necessarily think of issues such as class or gender as health issues.
2. It became important to frame questions and discussions around social and systemic inequalities in terms of health – to make the connection between socio-economics and health and underline that social status is a health issue.
3. If questions are framed in this way it supports women's analysis that their possible health problems can stem from inequalities in the system, shifting the focus from the individual to the system.

Inclusion

The session on Inclusion ensures that the IRs understand:

1. The definition of Inclusion
2. That Inclusion is about belonging and belonging builds health.
3. That part of being healthy is belonging – to a family, a community, a school, a society, etc. It makes us feel good. It makes us healthy. It makes us want to reach out to others. Belonging makes our Communities healthy, too.

Note:

Our pilot sites found it easier to continue to use the language of the women and community to discuss the social determinants of health, rather than trying to make them use health policy language. While you are learning the health theoretical lens, it is also vital to allow people to express their health experiences in whatever language they choose and find most appropriate.

In OWHN's work around marginalized women and stroke, the women actually developed their own eight key elements of health. Please see the resources section for further information about Key to Women's Health.

What Is Inclusion?

Facilitated Discussion:

1. What is Inclusion?

Inclusion is about belonging

Belonging - to a family, a neighbourhood, a community, a society

What does belonging look and feel like in:

- a. a family
 - b. a neighbourhood
 - c. a community
 - d. a society
2. What are some examples of real life situations where you have felt included?
 3. What did those experiences look, sound or feel like?
 4. What does Inclusion mean to the community?
 5. What is Inclusion?
 6. What does Inclusion mean as it relates to the research question we are exploring?

Inclusion Research is grounded in the definition of Inclusion which was created by a community engagement process led by Health Nexus.

Note:

Remind participants that they only need to share what they are comfortable talking about in the group.

Inclusion:

A society where everyone belongs, creates both the feeling and the reality of belonging, and helps each of us reach our full potential.

The feeling of belonging comes through caring, cooperation, and trust. We build the feeling of belonging together.

The reality of belonging comes through equity and fairness, social and economic justice, and cultural as well as spiritual respect. We build the reality of belonging together by engaging our society to ensure it.

(Health Nexus, Count Me In, 2005).

Women who participated in OWHN focus groups described their experiences with Inclusion and Exclusion:

"You are looked down upon... not treated with any dignity. Your concerns are not well heard because of ...where you are from."

"They make you go to this program and after one week, you have to live month to month since they reduce your cheque when you are working part-time."

"The workers [at social assistance offices] don't treat you like a person. They treat you like the money is coming out of their own pockets or something."

"They treat you like you aren't human, they have no feelings. They should be on the other side of the fence [put themselves in our shoes]."

"[At] welfare offices, you don't have a face; you are a number. There are a few good ones, but they don't generally treat you like a person. It is like they're better than you or something. They have an attitude, a nasty attitude and...they talk to you like you're nothing."

"The workers at the food banks are outright rude... [For example,] for you to get food, you need a referral, but if you do not have a referral and you are desperate, they tell you to pick some expired food at your own risk."

"The Health Bus is favourable because it is accessible and anybody can walk into it."

Facilitated Discussion:

1. What aspect of the definition of inclusion stands out for you?
2. What is the difference between the feeling of belonging and the reality of belonging?
Can you give some examples?
3. What are some examples of exclusion?
4. What does that look and feel like?

Why does Inclusion Matter?

Inclusion Is Good for Our Health

The feeling and reality of belonging help promote our health and well-being.

Social exclusion—being and feeling excluded—can be bad for our health. It is important to note that the feeling of being excluded has as much impact as actually being excluded. Exclusion has a negative impact on:

1. Our emotional and spiritual health (it can make us feel isolated and hopeless)
2. Our mental health (it can make us feel stressed, depressed and/or anxious)
3. Our physical health (low-income Canadians are more likely to suffer from illnesses such as heart disease, stroke, diabetes and asthma; are more likely to die from an injury, cancer or infectious disease; and are more likely to die at a younger age).

Facilitated Discussion:

1. What are some examples of situations that affect our feeling of belonging?
2. What are some examples of situations that affect our reality of belonging?
3. What gives you a sense of belonging?
4. In what ways are you included or excluded?
5. What are the issues of feeling and reality of belonging as it relates to the research question of this project?
6. Why does Inclusion matter?

Note:

For more in-depth information, discussions and training resources for an inclusive Ontario please visit Count Me In! at www.count-me-in.ca. These tools and worksheets can be adapted to develop your training program about Inclusion for the IRs.

Session

4

**Inclusion
Research**

Session 4: Inclusion Research

AGENDA

1. Introductions

- a. Review the Agenda
- b. Questions/Comments from Last Training Session

2. What is Inclusion Research?

3. Role of Inclusion Researchers

4. Training on content specific to your research question

5. Overview of Research Methods

- a. Literature Review
- b. Collecting Demographics
- c. Focus Groups
- d. Key Informant Interviews

6. Opportunity for Questions

7. Closing the Session

Learning Objectives

By the end of the session, IRs will:

1. Be able to answer what is Inclusion Research?
2. Be able to share with others what the role of the Inclusion Researcher is
3. Understand the content specific to the research question
4. Have an overview of the methodologies used in the research project
5. Have developed a draft demographic survey
6. Be able to explain what a focus group is
7. Understand their role and have practiced facilitating a focus group
8. Have developed research questions

Supplies/Resources Required:

- Flip chart and markers
- Handouts (Inclusion worksheet, overview of the project, sample consent form, sample focus group evaluation, research questions, tip sheet on conducting key informant interviews)

Session 4: Inclusion Research

I. Introductions

Welcome the IRs to Session 4. Review the agenda providing opportunity for feedback and change. Then facilitate a discussion about whether there are any questions or comments about the last training session.

2. What is Inclusion Research?

Inclusion Research is not one research methodology but a way of conducting research that involves members from the community where the research is being conducted in all steps of the research. Inclusion Research can use a multiple array of research methods from literature reviews, surveys, demographics, asset mapping, focus groups and others.

The difference is that Inclusion Research ensures:

1. All aspects of research involve people from the community where the research is being conducted and that the research is grounded and informed by the lived experience of the IRs and the women participating in the research.
2. The community, through the IRs, gets to define the research question and decide what research methodology will best explore that research question.
3. The community, through the IRs, is involved in all aspects of the research project, including recruiting for the research, conducting the research, participating collaboratively in the data analysis, developing policy and service recommendations, being representative on the various project committees and dissemination.

3. Role of Inclusion Researchers

Facilitated Discussion:

1. What is your understanding of your role in this project?
2. What will your responsibilities be?

As an IR, these are some of the things you will be doing:

1. Learning about [insert content of your specific research project]
2. Planning a focus group
3. Facilitating a group discussion (focus group)
4. Gathering information and taking notes
5. Collaboratively analyzing the results
6. Sharing what you've learned (dissemination)

It is important that time be spent with the IRs to explore their roles in the project.

Things to be considered are:

1. Ensuring IRs understand that the project, the data collected and their representation of the project must reflect a wider voice/experience than just their own.
2. Position of IRs within their own community. What are the benefits and challenges of being an IR within your own community? How do the power dynamics change and what must you be aware of as a result of this?
3. What are the realistic expectations of the impact of the research? Discuss the group's opinion of how policy and service changes happen.

4. Training on content specific to your research project

For many research projects, the IRs will need to have an understanding of the topic they are exploring. This is a great opportunity to bring in an outside professional to facilitate this session on this particular topic.

For example, some of OWHN's Inclusion Research projects have explored the issue of marginalized women and stroke. It was thus critical that the IRs had a basic understanding of the issues of stroke prevention and women. With the support of the local Public Health Units and the Heart and Stroke Foundation of Ontario, we were able to provide a basic stroke 101 session in our IR training.

5. Overview of Research Methods

The tools that are used to conduct research and capture information, or data, are called methods or methodologies. The main methods that OWHN has used in Inclusion Research are literature review, key informant interviews, focus groups and statistical analysis.

Research methods help us to collect information in standard ways so that if someone else repeated the research, they should be able to follow the same steps and come to the same conclusion. Research methods tend to be either qualitative (which looks at qualities or characteristics) or quantitative (which looks at measuring or counting). Qualitative methods are descriptive and are often captured by talking to people. Quantitative methods rely on numbers and are captured by statistics. In qualitative methods, information is assigned to categories or levels or themes, rather than precise quantitative measurement.

a. Literature Review

If your project does not involve a literature review you can skip to the next section. If your project involves a literature review all the IRs should receive an overview of what a literature review is and at least one or two IRs should work with a professional to conduct the literature review. The IRs who work on the literature review should be provided with additional honorarium for this extra work and responsibility.

Facilitated Discussion:

1. What is a Literature Review?

Literature Reviews are used to give the project:

1. An idea of what knowledge is already available about the issue we are researching
2. An overview of the practices that have been effective in dealing with the research issue

Facilitated Discussion:

1. What is considered literature?

Traditionally, literature reviews involve looking for articles published in academic journals and books. It is also more common now to search the “grey literature,” which is information that is produced by the community, such as research report, and is not published in academic journals. By searching both academic and community sources of information, you will get a good overview of what is out there about the issue you are exploring.

Parameters of a Literature Review

Before starting a literature review you need to set the parameters. The following are the guidelines which will help you choose whether an article or research report will or will not be included in your literature review.

The decisions you need to make to decide your parameters include:

1. How far back in the literature do you want to go?
Most literature reviews search within the last five years. Beyond that most information is out dated. The exemption is that there are some studies that are seen as a turning point in research and they can be included.
2. What are the key words that you will use to search the literature?
For example, if you are studying women who have experienced marginalization and stroke prevention, you would choose the word and/or combination of these words when scanning the literature (women, stroke, marginalized and prevention).

Once you have collected all the relevant literature, review the findings and see if there are any changes you need to make to your research project. Also when writing the final research report you can give an overview of past work so that people understand that you read and reflected on the body of information already available on this issue.

Samples of OWHN Literature Reviews are available online at www.own.on.ca/research_projects.htm

b. Collecting Community Demographics

Facilitated Discussion:

I. What are demographics?

Demographics are information that let you build a picture of the community. This includes information such as gender, age, ethnicity, economic status.

Demographics can be found for a community by searching Statistics Canada website. If you are conducting research in Toronto, the City of Toronto has developed Toronto Neighbourhood Maps which provide the demographics for each neighbourhood. There is also the Toronto Health Profiles which provide statistical information on a variety of health indicators. Please see **Online Resource** section for websites.

OWHN found it helpful to develop a survey that allowed us to collect demographics from the participant so that we could create a picture and understanding about the women's lives we were talking to. This survey was filled out by the women with help from IRs prior to the focus group.

When you are developing the demographic survey, it is important that you only include questions that:

- will lead to responses that you will be able to use and analyze to tell a story about the community; and,
- are relevant to the research question.

c. Focus Groups

The material below is an abbreviated version of some of the information you will find in the OWHN's *Guide to Focus Groups*. For detailed training material regarding focus groups please refer to the guide online or in hard copy from the OWHN office.

Our experiences have taught us that a focus group is a very powerful process for women to share their knowledge, learn from each other and help gain access to quality information that can support their health choices no matter where they live in the province. As we have heard from women time and time again, focus groups are more than a research methodology, but a capacity building tool that can help increase women's awareness of health issues and information sources and foster community development, while informing the ways in which health care services are developed and delivered.

What is a focus group?

Facilitated Discussion:

1. Please share what you know about focus groups.
2. Why are focus groups a useful way to gather information?

Focus groups refer to small groupings of individuals that are invited to meet together to discuss a specific topic from which the researcher will gather data. Focus groups are used to obtain open-ended, less structured responses - i.e. qualitative and exploratory in nature.

This method of "hearing" from the community is commonly used in the health and social service sectors to obtain feedback from key stakeholders or "consumers" or "potential consumers" of services, programs and those affected by policy in the development and design phases of our work.

Focus Group as *Community Builder*

*“Every person helping each other in the community...
is like having walking community centres”*

(Focus Group Participant, Key to Women's Health).

OWHN has found that our focus group work has helped us build networks around Ontario. Communications not only occur during the focus groups, but also throughout the entire process, including before and after the focus groups themselves. When planning our projects, OWHN communicates with a variety of non-profit organizations as we develop partnerships to conduct focus groups in different communities. As well, we establish relationships to distribute the findings from the focus groups once the project is complete. This process has forged relationships between women, the agencies in their communities and OWHN.

For OWHN, focus groups are not just an opportunity to engage in dialogue to work towards improving women's health, but also an opportunity to mobilize women and foster a process of awareness raising, empowerment and community building. We have seen examples in our focus groups on many occasions where the participants want to continue meeting following the conclusion of the focus group. For example, women who participated in the stroke project focus groups made it clear that they wanted to be involved and to meet together again. In many ways, our focus groups are often more aptly named "discussion groups" because of the ease of the conversation and strength of the dialogue where women are sharing with and learning from one another—as opposed to a straight Q & A between the moderator and participants. In this way, focus groups can be used as a springboard to find women who are interested in participating in continuing discussions on women's health.

Planning a Focus Group

After learning about the subject you will be exploring, you will want to start planning the focus group.

This will involve:

- > Developing an overall plan and questions to ask at focus groups
- > Contacting potential partners to conduct focus groups
- > Creating a list of potential participants
- > Recruiting participants – by contacting people on the list and following up with phone calls or email messages
- > Setting dates and times for your focus groups

Facilitating a Focus Group

At this point in the training the Facilitator should review the materials on conducting focus groups in OWHN's *Guide to Focus Groups*. This will enable the facilitator to lead the IRs step-by-step through the process of a focus group.

In Sessions 4 and 5, time has been allocated for the IRs to do mock focus groups. This is an opportunity to practice facilitating and taking notes and to debrief the experience from both the facilitator and participants' perspectives. While formal training for note taking is in Session 5, this opportunity provides IRs with a chance to practice the skill and generate questions for Session 5.

Group Activity – Mock Focus Group

At this point in the training, the group should appoint one facilitator and one note taker and practice conducting a focus group. If you think the group will be more comfortable, you can choose to break the large group into smaller groups. The IRs can make up one or two questions for the focus group. These can be specific to the research question or something unrelated, potentially more lighthearted for the mock focus group. The IRs should practice all steps of the focus group such as the welcome, developing ground rules, facilitating discussion around the one or two questions and closing the group.

At the end of the mock focus group, the Note Taker should report back on what was written.

Facilitated discussion to follow the mock focus group:

- 1. How did the IR feel as a facilitator?**
- 2. What did they noticed worked and did not work?**
- 3. What were others' (participants) experiences of the focus group?**
- 4. Was any important information not captured in the notes?**

d. Key informant interviews

Conducting key informant interviews is another research methodology used to gather information (data).

Facilitated Discussion:

1. What is a key informant interview?
2. How is a key informant interview different than a focus group?

Key informant interviews provide an opportunity to ask key people in the community otherwise known as key stakeholders the research questions. When asking the questions individually rather than in a focus group, the person being interviewed has more time to answer the question and develop their response.

► See **Appendix R** for a tip sheet on conducting key informant interviews. During the training session, review the points raised on the sheet.

Developing and Reviewing Focus Group Questions for Research Project

The focus group questions can be drafted by the project site independent of the IRs or the IRs can develop the research questions collectively as part of the training. The project site often needs to draft the questions prior to IR involvement so that they are able to: a) secure funding for the research, and/or; b) as part of the ethics review process.

If you have drafted the research questions without the IRs involvement, take the time to explain to the IRs why this was necessary and ensure to convey that these questions are draft and that they will have an opportunity to discuss and make the changes as they collectively determine.

If you have already drafted the research questions for the focus group, hand them out to the IRs for review. You could also hand out the questions at the end of the previous training session and ask that the IRs review and prepare comments for this session.

When the IRs are reviewing draft questions or creating them independently, they should ask themselves:

1. Is the question easy to understand for: a) me; and, b) for focus group participants
2. What can I add to the question and take away from the question to ensure what we are asking is: a) clear; and, b) captures the information we are looking for?
3. Do the questions allow the women to tell me what I want to find out about the research topic?

Facilitated Discussion:

1. What do we want to learn about the research issue?
2. What questions would we ask to find out that information?
3. Is that question easy to understand?
4. Do the questions flow?

Session

5

Moving Research to Action

Session 5: Moving Research to Action

AGENDA

1. Introductions

- a. Review the Agenda
- b. Questions/Comments from Last Training Session

2. Focus Groups

- a. Recruiting for a Focus Group
- b. Logistics of a Focus Group

3. Note Taking

4. Mock Focus Groups

5. Data Collection

6. Dissemination

7. Evaluation

8. Opportunity for Questions

9. Closing the Meeting

Learning Objectives:

By the end of the session, IRs will have:

1. Developed a recruitment plan, including methodology and timelines, for focus group participants
2. Developed a work plan for finalizing the logistics of the focus group
3. An understanding of the importance of note taking
4. An opportunity to practice facilitating and note taking
5. Developed basic understanding of the content specific to the research project
6. An opportunity to review the draft focus group questions
7. An understanding of what dissemination is and the different ways to disseminate
8. Discussed the importance of plain language in any written project materials whether for recruiting or writing final reports or other written communication
9. A clear understanding of the next steps after the training

Supplies/Resources Required:

- Flip chart and markers
- Handouts (accessibility checklist)

Session 5: Moving Research to Action

I. Introductions

Welcome the IRs to Session 5. Review the agenda providing opportunity for feedback and change. Then facilitate a discussion about whether there are any questions or comments about the last training session.

2. Focus Groups

Facilitated Discussion:

1. How will members of your community find out about the focus group?
2. How will you get members of your community to come to your focus group?

a. Recruiting for a Focus Group

When promoting focus groups, it is important to consider your target population and the most effective and accessible means of reaching them. Our community partners have used a variety of methods of advertising which have included distributing flyers at community organizations by hand, email and fax, posting flyers to bulletin boards and word of mouth, direct invitation.

Suggested components to include in a focus group flyer include:

1. Project partner(s)
2. Project topic
3. Location
4. Date and time (including time commitment)
5. Participant supports available (i.e. honorarium, refreshments, child care)
6. Contact details for more information and to RSVP

Facilitated Discussion:

1. What ways do you think would work best for recruitment in your community?
2. Are there organizations/resources that you have learned about in training or while doing the asset mapping that might be useful in recruiting community members for the focus group?
3. Do you have any other ideas that were not mentioned?

Recruitment Strategy for Focus Group Participants

Below is a sample recruitment strategy for focus groups that you can revise to meet the needs of your community:

1. Use an asset map which compiles a list of health, shelter, drop-in, employment and other prospective social services where women who have experienced marginalization participate in services, programs or other activities to develop list to promote the focus groups;
2. IRs to make contact and meet with these health and social services to describe the project, and obtain their interest, support and possible assistance in recruiting focus groups participants;
3. IRs will collect the names and contact information of interested women;
4. IRs to maintain ongoing contact with women individually, or through the health and social services where they found out about the focus group;

b. Logistics of a focus group

To establish a focus group you will need to think about a variety of logistics such as where you will hold the focus group (location), time of day, and whether or not to have food. Getting these logistics right are important as they help ensure that women feel safe to fully participate and engage in the focus group and that it is not a burden for woman to come and participate. Through good planning you can decrease the barriers that might keep women who have experienced marginalization from participating.

Facilitated Discussion:

1. What would help you come to a focus group?
2. What are some things that could be put in place that would encourage women to attend the focus group
3. What are some of the barriers that need to be addressed so that women can attend the focus group

Review the Accessibility Checklist available in **Appendix B** with the IRs.

The Accessibility Checklist ensures that you have thought through items such as:

- Choosing a convenient time and day
- Providing child/elder care
- Choosing a space that is safe, central and easy to get to
- Choosing a space that is barrier free
- Making sure room size and set up are comfortable
- Making sure refreshments are healthy and sensitive to dietary needs

3. Note Taking

Keeping accurate records of what was said at focus groups in order to represent women's voices is a critical component of Inclusion Research. OWHN recommends having two note takers at focus groups in order to capture the voices of women participating as much as possible.

For your project, it is important that you take as detailed notes as possible. To do this, please write down as many direct quotes from the women as possible, as well as their main points, in response to the questions asked in the focus groups. The more direct quotes you gather, the greater chance you have of ensuring that the women's voices and suggestions are used in the data analysis phase of the research project.

The voices of the women who participate in the focus groups will be front and centre in this project and the discussion that occurs in the focus group is the data we will be analyzing. Their voices will drive our process. Their ideas, experiences, suggestions and direct quotes, which you will keep track of in your notes, will be used to develop our analysis and policy recommendations.

In addition, when writing the final report we want to ensure we have quotes from the women so they can "speak for themselves."

Facilitated Discussion:

1. Why make notes?
 - Taking notes maintains your concentration
 - Ensures we capture the thoughts and voices of the women
 - Captures the main points of the discussion
 - Records the information (data) that we will use in the collaborative data analysis which will be used to write the final report and make policy and service recommendations
2. What will you do to ensure that your notes accurately capture the discussion?
 - This is an opportunity to discuss practical considerations, including that the note takers should have two pens that work, enough paper and are sitting where they can hear.

4. Mock Focus Groups

At our last session, we reviewed/began to draft the focus group questions for our project and did an initial mock focus group. This is another opportunity to assume different roles in the focus group, from those you played in the first focus group, and to apply our learnings since then.

1. Choose a facilitator and two note takers
2. Begin the mock focus groups using the questions you have drafted to date
3. After, debrief the focus group

Facilitated Discussion:

1. How did the draft questions flow? Should we make changes based on our experience?
2. Feedback on facilitation
3. What was captured in the notes?
4. Talk about your experience as facilitator, note taker, participant

5. Data Collection

Facilitated Discussion:

1. Why are we collecting this information (data)?

Collecting information, otherwise known as data, is a critical part of the process of research. This is the information that is used to make meaning and create new knowledge.

After we have conducted all the focus groups we will come back together and have a training session on collaborative data analysis. Collaborative data analysis is when we take all of the information gathered and collectively work through a process which will help us see the big themes that come out of the information.

Session 6, which will be held after the focus groups are completed, will cover how to prepare your notes for analysis, analyze the findings and how to develop recommendations based on these findings.

6. Dissemination

Facilitated Discussion:

1. What is dissemination?

Dissemination is sharing what you have learned.

Sharing What You Have Learned

Who do you share with?

You will have the opportunity to help share what was learned in the focus groups. Ideally you will want to share with as wide an audience as possible of people who have an interest in the findings of your research and those who you want to influence. For example, in OWHN's work, we disseminate to people who work in women's health, social service providers, members of the public and government. This is also an opportunity to communicate with the media.

How do you share?

Some effective ways of sharing your project include presenting at public forums and preparing material for electronic and print distribution. OWHN typically launches our research findings at a public event that includes a presentation led by the IRs. This is a good way to publicize your project and network with attendees. We promote the event and our project online through email invitations and announcements to our contacts, through listservs, including our own, and on our website. OWHN also publishes a quarterly E-Bulletin, as a part of our listserv, and we highlight our project findings in this publication as well.

What can you do to help make sure your findings are heard?

It is important when you are sharing your findings that you are very clear about what you are communicating. Written and verbal communications should use plain language and avoid jargon. To make certain that your presentation goes smoothly, practice with the presentation equipment (i.e. PowerPoint) if possible before the event to identify and avoid any problems.

The IRs will have a great deal of insight on the materials to be shared. However, it is important to offer them training in public speaking and make certain they have the opportunity to rehearse before the presentation. This training should offer guidance about the various aspects of public presentations, including punctuality and dress.

Ensure that women's voices have a strong presence in your written and verbal communications. Using quotes to support your findings will make your dissemination efforts much more effective.

7. Evaluation

Evaluating How the Focus Group Went

At the end of each focus group, participants will be given the chance to evaluate the discussion they were a part of. You can distribute an Evaluation form to each participant and ask them to take a few minutes to give their feedback.

► See **Appendix L** for sample evaluation forms.

After the participants leave, the IRs will sit down with the professional note taker (either Inclusion Research trainer or a member of the Local Advisory Committee or Provincial Working Group) to review how the focus group went – to identify what worked well and what did not.

Goals and Measures of Success

An Inclusion Research project is successful when it leads to action: to social change that makes policies, programs and/or services more inclusive. Another goal of Inclusion Research is to build the capacity of the community involved, so that the members of the group can continue to take action on their shared concerns.

Below is a checklist with some questions that you may wish to think about and discuss with other members of your group when evaluating the success of your inclusion research.

Was the process inclusive?

- > Were IRs involved in all aspects of the study (designing the study, collecting information, analyzing and sharing the results)?
- > Were the IRs included in decision making?
- > Did all of the participants feel a sense of belonging? Did everyone feel comfortable to speak and did everyone feel heard?

Did the project lead to social change?

- > Did the project build the capacity of this group to take action on its members' shared concerns? Did the project "plant a seed" that will continue to grow?
- > Did the project lead to concrete changes? Were health or social policies rewritten? Was a program or social service changed to be more inclusive?
- > Were the specific goals of the group met? Did the project help resolve the problem that was identified at the start?

Next steps

1. Review of focus group schedule – recruitment and logistic work plan
2. Date scheduled for training for collaborative data analysis and conducting the analysis
3. Review of training
4. Final thoughts/questions

Session

6

**Preparation for
the Collaborative
Data Analysis**

Session 6: Preparation for the Collaborative Data Analysis AGENDA

This session is done after all the focus groups have been conducted and just prior to the days assigned for conducting the collaborative data analysis.

1. Introductions

- a. Review the Agenda

2. Collaborative Data Analysis

- a. What is Data Analysis?
- b. Preparation for Analysis

3. Confirm the Collaborative Data Analysis Session

4. Opportunity for Questions

5. Closing the Meeting

Learning Objectives:

By the end of the session, IRs will:

1. Understand analysis
2. Have prepared their notes for the collaborative data analysis session

Supplies/Resources Required:

- Tape
- Glue
- Sissors
- Elastics
- Masking Tape
- Transcribed quotes from focus groups blown up into large font and printed
- Card stock
- Flip chart paper
- Photocopy paper
- Large size post it notes
- Lots of non-toxic markers

Session 6: Preparation for the Collaborative Data Analysis

1. Introductions

Welcome the IRs to Session 6. Review the agenda providing opportunity for feedback and change. Then facilitate a discussion about whether there are any questions or comments about the last training session.

2. Collaborative Data Analysis

As an IR, you will collaborate to:

1. Analyze the focus group findings
2. Develop recommendations based on those findings
3. Decide next steps

a. What is Data Analysis?

Data analysis is the process of reviewing the information (data) gathered and finding comments that are similar. These groups of similar comments are called themes. You also look at what is different between the comments and try to see if the information tells you why there is a difference. From the themes and the differences the data begins to tell you a story. This helps you to make meaning out of the information gathered which guides and tells you more about the question you are asking.

b. Preparation for Analysis

This preparation process provides an opportunity for the IRs to familiarize themselves with the information and begin to think about what this means. It is critical that IRs have this advance preparation because: a) it prepares the material necessary for the collaborative analysis; and, b) it gives the IRs advance time to think about and become very familiar with the information. This facilitates the IRs ability and comfort in taking the lead in the development of themes and meaning during the collaborative process.

Preparing the notes:

1. IRs type out the notes from all their focus groups.
2. The notes are then blown to a large font and printed out
3. Each focus group is on a different colour paper
4. Once the large notes are printed out, the IRs cut into strips individual statements that were made by each woman in response to the question. One individual statement per strip is then glued onto individual cards.
5. The individual cards which have the individual strips on them are then bundled together to represent each question they represent.

Note:

Make certain to confirm the dates for the two-day collaborative data analysis during this session.

Session

7

**Collaborative
Data Analysis
Session**

Session 7: Collaborative Data Analysis Session AGENDA

1. Facilitator

2. Steps for the Two-day Collaborative Data Analysis

Day 1

- Grouping the Statements
- Back to the Large Group

Day 2

- Benefits
- Point to Consider

Supplies/Resources Required:

- Scissors
- Clips or elastics
- Manila envelopes
- Large size post it notes
- Plain paper in different colors
- Flip chart paper
- Masking tape
- Lots of non-toxic markers
- Paper strips containing the statements from each focus group

Session 7: Collaborative Data Analysis Session

This process was developed for Inclusion Research by Dr. Suzanne Jackson, Director, Centre of Health Promotion.

I. Facilitator

OWHN found that it strengthened the process to use an external facilitator who was one step removed from the research, had a fresh perspective, could help draw out the themes and differences emerging from the data and had exceptionally strong facilitation skills to support the collaborative data process.

2. Steps for the Two-day Collaborative Data Analysis

This collaborative process will be:

1. Group oriented
2. Engaging
3. Use visual grouping techniques
4. Inclusive

The objective of these two days is to identify the similarities (themes) in focus group responses and the differences that emerge from the data collected. Based on these similarities and differences, we will discuss and answer the question of what new knowledge is generated and the policy and service implications.

Note to external facilitator and professional participants:

At all times, the process needs to ensure that the IRs feel comfortable to be full participants. OWHN has found that small group work helps to ensure more active Inclusion Researcher participation so if the facilitator or others feel the process is being dominated by professionals then it would be time to: a) break back into smaller groups to continue the discussion, or; b) use other facilitated techniques to break this dynamic. It is critical that professional participants self-monitor themselves throughout the day to ensure they are not overwhelming or taking over the process.

Day 1

If you have questions, please be sure to ask. Over the course of the two days, [insert name], external facilitator, will work with us to ensure that we have enough time and that we are all engaged to make meaning and create knowledge out of the information we have gathered.

Before we begin, are there any ground rules that need to be set to ensure that we can work together?

Prior to analyzing the information, the participants are asked to reflect and discuss their overall impressions of the focus groups. This is an important step because it:

1. Brings everyone focused into the room.
2. Provides information for those who weren't at the focus groups.
3. Enables the IRs to be the first to speak and take a leadership role as they have the most knowledge and are most familiar with the focus group process.

This process helps establish the leadership position of the IRs and provides the opportunity for the IRs to speak right at the beginning which has been known to facilitate continued participation throughout the day.

A prompt question that could be used to facilitate this portion of the sessions is:

1. Let's reflect about highlights from the focus groups, what happened and any key ideas or themes you noticed.

The data collection and collaborative analysis has four phases which we will do over two full days.

The participants break into teams and sit together at tables (the number of teams will depend on the number of people in the room). There should be four to six members per team. These teams are a mixture of IRs, project staff and Local Advisory Committee members.

Once at their table, each team receives different strips of paper from all of the focus groups which contain one statement responses to one of the research questions. Each team can work on another research question once they have finished the first question assigned to them. During this process, the facilitator floats around each table to provide assistance and answer questions as the process progresses. This exercise helps the teams to start grouping the statements and identifying themes that emerge.

Grouping the Statements

This grouping process and identifying themes will take approximately three to four hours:

1. The teams look at all the data they have and find two statements that are similar. The group then adds more statements that are similar in response to the question that the group is focusing on. The group can talk together if they see things differently.
2. These similar statements are then physically grouped together. In the process of finding similarities and adding to each category the team could begin to identify themes.
3. The teams are then asked to develop titles to represent the themes using few words.
4. The teams then write the each title on two different post-it notes. One note goes with the set of statements and the other note is used in the large group (see below).
5. If there is a response that is quite different from the rest, the group discusses whether this is just something that does not fit or is it adding a different perspective that needs to be captured.

Back to Large Group

1. The groups then share these themes with each other using the post-it notes.
2. The larger group looks at all of the titles and the relationships between them and themes that cut across all of the questions.
3. The group then starts to discuss the key points that were raised in the focus groups in relation to the main questions of the research.

Day 2

In a large group, working from notes typed from Day 1 (all of the statements on the strips of paper organized into the themes and typed up), the IRs and Working Group members identify the key points that the women have made about each theme and selected quotes that exemplify each of these ideas. The group then looks for the connections between the themes that relate to the research topic. This is done by taking the higher level titles from the first session and putting them on separate pieces of paper and then having the group arrange and rearrange them on the wall looking for possible connections.

Note

If Day 2 does not happen the day after Day 1, it is important that before the second meeting, team members refresh their memories and review all of the data in each cluster. In addition, ask the team members to come with quotes identified that they feel illustrate each of the titles best.

At this point, it is important to look at these connections and talk about the kind of diagrams or pictures that came to mind for the participants. Several different ideas should be explored with the group with drawings and diagrams as illustrations.

The use of images or pictures to represent the results of the research is important for this group of researchers for three reasons:

1. Varied education and literacy levels in the group.
2. An image can help them to tell the story clearly to the focus group participants in a report-back session.
3. It can help to clearly identify the issue and solution for action and advocacy purposes.

Based on this information, the group then starts to discuss what kinds of actions are required and what the recommendations are. These results form the basis of the report that will be written by the project staff. A draft report is provided to the IRs and Local Advisory Committee for their review and comments. Once the feedback is received and incorporated, the report is finalized. It is important to remember that in Inclusion Research it is vital that the research participants' voices are heard; therefore quotes from the participants must be used to highlight the main points and recommendations of the report.

Benefits

The strengths of the collaborative data process are that it enables:

1. Participation of diverse groups of people with diverse lived experiences and different levels of education and familiarity with analysis
2. Women who have experienced marginalization to have control of the interpretation of the information gathered
3. Researchers to deal with large volumes of data quickly.

Point to consider

The greater time that is allocated to data analysis, the greater ability to increase the depth of analysis.

Conclusion, References & Online Resources

CONCLUSION

The mission of the OWHN is to link women to health information and resources; and to address the health and healthcare barriers faced by women in Ontario, particularly women who have experienced marginalization, through our research and advocacy work.

Our vision is a society in which every woman is provided with the opportunity to achieve, sustain and maintain health as defined by the woman herself, to her full potential.

We are very pleased to share with you the Inclusion Research methodology which we developed with our partners in response to women throughout Ontario who insisted that they wanted more meaningful ways of being engaged in OWHN knowledge generation, dissemination and advocacy. The development of Inclusion Research draws/relies heavily on the learnings that women have shared with us and the expertise of our partner organizations. We hope that you will find this handbook helpful in developing Inclusion Research projects in your community!

Ontario Women's Health Network April 2009

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OWHN Listserv

If you would like to join our listserv, please visit our website at www.owhn.on.ca and click on the "Join OWHN" link. You will receive a regular newsletter with women's health events, news, job postings and resources, as well as a quarterly E-Bulletin on a topic in women's health and be able to communicate with other listserv members.

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ONLINE RESOURCES

Activities:

LifeStyle Information Network – Alf Grigg’s Icebreakers and Team Activities
<http://lin.ca/alf-griggs-icebreakers>

Asset Mapping:

Toronto Neighbourhood Maps
www.toronto.ca/demographics/profiles_map_and_index.htm

For community maps in other municipalities, try your city/town’s official website.

Demographics:

Statistics Canada
www.statcan.gc.ca/start-debut-eng.html

Toronto Health Profiles
www.torontohealthprofiles.ca/index.php

Employment Services:

ACCES Employment Services
www.accestrain.com/

Woodgreen Community Services
www.woodgreen.org/

Ethics Review:

Community Based Research Centre – Research Ethics Board
<http://reb.cbrc.net/>

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.
<http://pre.ethics.gc.ca/eng/policy-politique/tcps-eptc/readtcps-lireeptc/>

Inclusion and Community-Based Research Resources:

Count Me In!

www.count-me-in.ca

Social Inclusion: Canadian Perspectives

www.laidlawfdn.org/cms/page/484.cfm

Toronto Community Based Research Network

<http://torontocbr.ning.com>

Wellesley Institute

<http://wellesleyinstitute.com>

OWHN Women Inclusion Resources:

Women's Health Circles Handbook

Key to Women's Health: Stroke Resource Guide for Women's Health Circles

Guide to Focus Groups

www.own.on.ca/tools.htm

OWHN Inclusion Research Projects:

Count Us In! Inclusion and Homeless Women in Downtown East Toronto: www.own.on.ca/countusin.htm

Key to Women's Health: A Health Promotion Framework to Prevent Stroke Among Marginalized Women

www.own.on.ca/stroke/index.htm

Forms & Documents

Appendix A

Principles that have informed OWHN's Inclusion Research

What has Inclusion Research been informed by?

Inclusion research is rooted in the principles that inform feminist research, asset mapping and participatory action research.

What Is Feminist Research?

Feminist research uses a wide range of methods to gather information. For example, feminist research may include: surveys, interviews, ethnography, focus groups, so there isn't one feminist research methodology. Nor is there one definition, but usually, feminist research:

1. Challenges gender inequalities and the oppression of women, either directly or indirectly
2. Includes a critical analysis of gender
3. Places value on women's lived experiences
4. Emphasizes power sharing
5. Is reflexive (the researcher reflects on the ways in which power, biases and assumptions affect the way she or he collects, interprets and presents information)

What Is Asset Mapping?

The Asset Mapping Research Project of the Toronto Christian Resources Centre is a rare instance in Canada, in which U.S. based Asset Based Community Development theories of John McKnight and John Kretzmann have been put into practice.

Asset Mapping is a direct response to "needs assessments" which focus on weaknesses and problems, and demoralizes individuals and neighbourhoods. In asset mapping, marginalized people are asked and given space to express their assets (everyone has assets) to others in similar circumstances in their community. These assets are their:

1. skills
2. talents
3. gifts
4. abilities
5. interests
6. experiences
7. knowledge
8. dreams

Asset Based Community Development puts people's futures in their own hands by mapping and mobilizing their strengths. Asset Based Community Development theories are supported by Social Capital Theory which states that building and rebuilding mutually beneficial relationships between people creates trust. Asset Mapping Research brings participants together locally to share their assets and other resources in order to build individual and community capacity.

What Is Participatory Action Research (PAR)?

1. A process in which an exploited or oppressed group participates in analysing its own reality for the purpose of social transformation and for the benefit of the participants
2. Rejects the kind of research that claims to be neutral and objective, which has been used to subordinate (e.g. history of sexist research)
3. Starting point of PAR is people's needs and interests, not just an idea or hypothesis a researcher or academic has
4. Members of the group participate in every stage of the research project and in every stage of decision making: formulating the problem, discussing how to seek solutions, interpreting the findings, and taking action
5. Participants are active subjects, rather than passive objects
6. Investigation + learning + action
7. The aim of PAR: for participants to mobilize to transform the conditions that are at the root of poverty, exclusion and other forms of domination. A key measure of the success of a PAR project is whether it has succeeded in acting as a catalyst for change.

Toronto Community Based Research Network definition of CBR

The Toronto Community-Based Research (CBR) Network brings together community practitioners, academics, funders and community members from across the GTA who are or have been involved in CBR projects.

The mission of the Toronto CBR Network is to increase and sustain the capacity of local health and social service organizations and academic partners in the GTA to conduct effective Community-Based Participatory Research leading to evidence-based

Toronto CBR Network recognizes that CBR is not a fixed research methodology but rather an approach for making research more inclusive, empowering and socially relevant. As a starting point, the Network will recognize Kellogg Health Scholars Program (2002), definition of Community Based Participatory Research. As a member of the TCBRN OWHN has also adopted this definition:

“[Community-based research is] a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.”

Appendix B - Accessibility Checklist

What makes a focus group accessible depends on the particular needs of your group. The items in this checklist are suggestions of things to consider:

- Choose a convenient time and day**
 - What are the working hours of the women coming to your group?
 - Would it be easier for the women in your group to meet on a weekday or weekend?
 - Do they have children or family members they take care of, and does the time and day you have chosen take those commitments into account?
 - Does the meeting clash with religious festivals or school holidays?

- Provide child/elder care**
 - If the women in your group have children or family members they care for, providing child/elder care will make it much easier for them to attend.

- Offer translation services**
 - Providing language translation and/or American Sign Language interpretation if needed will make the group more inclusive.

- Choose a space that is safe, central and easy to get to**
 - Is the space you have chosen easily accessible by public transit or by car?
 - Should you offer public transit tokens/gas subsidies?
 - Is it easy to find?
 - If you are having a meeting at night, is your location well-lit; will women feel safe arriving and departing?
 - Is it easy for women to find the meeting room once they reach the facility?

- Choose a space that is barrier free**
 - Is the space you have chosen wheelchair accessible?
 - Are there close, easily accessible washrooms?
 - Is there enough space in the room for a wheelchair, if you have participants who use wheelchairs?

- Make sure room size and set up are comfortable**

Ensuring that the room size is appropriate for the size of the group will help to make the participants feel more comfortable. Be prepared with the correct number of seats and set them up in a circle format, if possible. Also ensure that the room's temperature and light levels are comfortable.

- Make sure refreshments are healthy and sensitive to dietary needs.**

If possible always offer refreshments but make sure the women in the group can enjoy them – check for food allergies, dietary requirements such as vegetarian or vegan, and whether or not food needs to be Halal or Kosher. Try to offer food that is healthy and fresh.

Appendix C - Sample Terms of Reference for Local Advisory Committee

[NAME OF PROJECT] - Local Advisory Committee - Working Document
April 2006

1.0 Mandate:

To assist the Provincial Working Group in the implementation and dissemination of the research. To raise awareness of inclusion, marginalized women and stroke (chronic disease) through professional relationships and influential networks.

2.0 Roles and Responsibilities:

1. To provide advice to the Provincial Working Group and the project on a regular basis to ensure that the needs and interests of marginalized women are reflected.
2. To provide specific feedback and guidance on the material collected in the literature review and focus groups.
3. To develop recommendations on policy, program delivery and promotion of services for women who are marginalized, based on the research findings.
4. To exchange information and learnings with other Local Advisory Committees and Provincial Working Group members.

3.0 Selection of Local Advisory Committee Members:

1. Members must be cross-sectoral
2. At least one member should represent [key stakeholder for research findings. In this case of stroke and marginalized women, it was either Heart and Stroke, Heart Health Coalition, Social Planning Council and/or Regional Stroke Centre or equivalent].
3. One Member should be from the local Public Health Unit
4. Gender, race and class equity should be obtained
5. Members will represent the 12 sectors corresponding to the social determinants of health and expertise in chronic disease.
6. Members must have expertise in at least one identified priority area of the project
7. Members should be selected based on their expertise and also their experience with influencing change.

4.0 Number of Local Advisory Committee Members:

Maximum 12. *At least two Inclusion Researchers will be at the Advisory Committee Meetings

5.0 Number of meetings throughout the project

Approximately quarterly with a maximum of 4 meetings. Be available for consultation via email and phone

Appendix D

Sample Terms of Reference for Provincial Working Group

Terms of Reference for Provincial Working Group

I. Purpose of the Project

Marginalized Women, Inclusion and Stroke will integrate a gender analysis and reach out to marginalized/vulnerable women who are at risk for stroke, to ensure that their feelings and realities are included in new health promotion strategies to prevent stroke. This project has three phases which are at three sites in Ontario:

- a. Community-based research
- b. Network development
- c. The development of a health promotion framework targeted specifically at marginalized women in Ontario

Marginalized Women, Inclusion and Stroke addresses three goals:

1. To increase access to health promotion/stroke prevention services for vulnerable populations
2. To increase the integration of stroke prevention initiatives with other work related to chronic diseases, risk conditions and relevant public policy initiatives at local, regional and provincial levels
3. To increase the availability, uptake, implementation and sustainability of successful initiatives demonstrated to be effective for the prevention of stroke

In summary, this project will create the framework for new health promotion strategies to reach and support women who are vulnerable and at-risk for stroke. The basis for these health promotion strategies will be gathered through community-based research that actively involves vulnerable women as participant researchers. The research will explore the feelings, beliefs, attitudes, and behaviours of these at-risk women as it relates to stroke prevention. The research will yield an appropriate set of health promotion actions and recommendations to reach marginalized women to prevent stroke, which will include themes, language, images, and channels required to reach marginalized women. In addition, cross-sectoral provincial and regional working groups will be developed to analyze the findings of the research and create the framework for the new health promotion strategies. The research will take place in urban, rural, and northern settings. The guiding principle of this project is that it will be informed and guided by women who are marginalized. We believe that this project will develop more appropriate health promotion strategies that will ultimately have a positive impact in the prevention of stroke and other chronic diseases currently affecting women in Ontario.

2. Objectives of the Provincial Working Group

- a. To develop, monitor and evaluate processes, policies, procedures, practices, and other aspects of the research project.
- b. To leverage the Provincial Working Group network and personal connections for the benefit of this project.
- c. To disseminate the results and ensure that the project has as much impact as possible.
- d. To identify and eliminate overt and covert individual, structural and systemic barriers to participation and ensure that these are documented for the funder and as part of our shared learnings.
- e. To insure that the Provincial Working Group is adequately represented on any sub-committees of the research project, and that the sub-committees implement all of the guiding principles adopted by the Working Group.
- f. To insure that the research project is grounded in inclusion, equity and community development principles, must:
 - Be community defined and driven
 - Value participants as stakeholders whose experiences count
 - Lead to community empowerment through meaningful engagement with the project
 - Eliminate barriers and enable equitable access to resources and opportunities
 - Be environmentally sustainable
 - Meet challenges with creative solutions
 - Build individual potential and local self-reliance
 - Provide economic opportunities for participants equally

3. Representation

15 members *minimum of 20% of membership will be Inclusion Researchers

Over the life of the project the project will strive to achieve:

- Minimum gender equity
- Racial equity
- Class equity
- Age equity

Members of the Provincial Working Group have been selected based on:

- Representation of a provincial organization
- Expertise with Inclusion Research projects
- Expertise in chronic disease such as stroke and cancer
- Willingness to commit a substantial amount of time to ensure this project is of high quality and done with integrity with the end goal to translate research to action making a positive difference in the lives of women who are marginalized.

4. Demonstrated Skill Sets

- Current lived experience as women who are marginalized
- Research experience with the three pilot site communities
- Effective networking and sharing of information
- Effective policy development skills
- Understanding and knowledge of systemic barriers, and experience developing anti-discrimination tools including policies, programs and trainings
- Experience with social change and social justice
- Understanding and support of feminist principles
- Experience working collaboratively with marginalized communities particularly around training and engagement strategies
- Board and committee experience
- Expertise in the area of chronic disease

5. Problem Solving and Decision-making

- a. Commitment to team work:
 1. Ensure the full participation of all members
 2. Actively listen and be open to the opinions of all other members
 3. Question, disagree with, and challenge each other's views respectfully
 4. Decision-making by consensus
 5. Determination to resolve differences e.g. group and caucus, conflict resolution
- b. Commitment to confronting:
 1. Organizational and positional inequality
 2. Use of power and privilege in a debilitating manner
 3. Prejudice, stereotypes and all other forms of discrimination, and exclusion from resources and information

6. Confidentiality

This policy applies to every Committee and Sub-committee member, volunteer, placement student and employee who is in any way involved in Marginalized Women, Inclusion and Stroke

Confidentiality is extremely important to Marginalized Women, Inclusion and Stroke, in part, because we rely on the willingness of individuals to trust us with private information about them. We understand and respect every person's right to confidentiality and will make every effort possible to protect privacy. Therefore, breaking confidentiality will be treated as a serious matter, and dealt with appropriately by the Provincial Working Group.

All persons will keep confidential all information that has been requested to be kept confidential or private. This information will not be communicated to other persons, even after the project has ended. If confidential matters are discussed at a meeting and they are recorded, such items will be identified in the minutes as confidential, and such minutes shall not be distributed to persons who are not directly entitled to receive them. Confidential information includes, but is not limited to, biographical and personal information.

7. Provincial Working Group Meetings

Agenda

1. OWHN will be responsible for soliciting agenda items, developing the agenda and distributing the agenda in advance for comment before the meeting.

Minutes

2. OWHN will be responsible for the minutes and distribution of them to members.

Chair

3. One member will be nominated as the Chair by the Provincial Working Group

Appendix E

Matrix for Selecting Committee Members

Local Advisory Committee Matrix

Demographics

Age

Youth = Y
 Middle Age =MA
 Senior = S

Gender

Male = M
 Female = F
 Trans = T

Marginalized

Member of
 Racialized Communities
 (term still being debated)

Homeless/Underhoused

Homeless = H
 Underhoused =UH
 Housed = HD

Sector & Determinants Matrix

Names	Demographics	Youth	Justice	Health	Mental Health	Substances	Housing	Immigration	Poverty	Recreation	Employment	Education	Sexual Health	Disability	Women	Anti-Discrimination

Appendix F - Sample Job Posting

[NAME OF ORGANIZATION]
[NAME OF PROJECT]

Purpose of the project: [insert purpose of your project – the text that follows is a sample]

This project will integrate a gender analysis and reach out to marginalized/vulnerable women who are at risk for stroke, to ensure that their feelings and realities are included in new health promotion strategies to prevent stroke.

For the purpose of the 'Marginalized Women, Inclusion and Stroke Project', marginalized women have been defined as:

Women who are vulnerable and face barriers to participating and making choices about issues that affect their lives. These women could be vulnerable due to many factors, which include, but are not limited to, lack of sufficient money, food, housing, health care, child care and employment. We have also included women who are a part of the visible minority group, and more specifically South Asian women who may be single, married, separated, divorced, or widowed. These women may have faced, or are at risk of, abuse, isolation, discrimination, ageism, sexism, classism and racism. Immigration status, language and education may be additional barriers that can contribute to the experience of being marginalized.

We encourage South Asian women who identify themselves as being marginalized to apply for the Inclusion Researcher Position

Appendix F - Sample Job Posting

Inclusion Researcher Job Posting For Women Only

No Previous Research/Work Experience Required Training Will Be Provided

Position: Inclusion Researcher – Marginalized Women, Inclusion and Stroke Project

Purpose: To assist with the Marginalized Women, Inclusion and Stroke Project

Minimum Requirements/Qualifications:

1. Read, Write and Speak English
2. Fluency in one or more of the South Asian Languages (Hindi, Punjabi, Gujarati, Urdu, Tamil)
3. Basic computer skills would be an asset
4. Good communication and teamwork skills
5. Comfort in talking to small groups of women
6. Have sensitivity and respect for differences
7. Must live and/or work within the Region of Peel

Time Commitment:

1. Researchers must commit to a total of 50 to 60 hours of training and work for the duration of the project (June to September)
2. Must be able to work some evenings and weekends
3. Flexibility with time commitment

Responsibilities:

1. To actively participate in the various training sessions that will be provided
2. Conduct interviews and focus groups with women
3. Record conversations/answers/comments from the focus groups
4. To verbally translate training information in at least one South Asian languages
5. To be willing to learn some basic computer skills
6. From time to time all Researchers will be working with staff and members of the Provincial and Local Advisory Committees

Honorarium: [INSERT AMOUNT] will be paid for working on this project

Contact: [NAME, JOB TITLE AND PHONE #]

Apply before: [DATE]

We will be hiring 8 researchers - No resume required

Appendix F - Sample Job Posting

COUNT US IN! Inclusion Researcher (Homeless Women Interviewers) Job Posting

[INSERT OVERVIEW OF PROJECT AND YOUR ORGANIZATION – SAMPLE TEXT FOLLOWS]

The Asset Mapping Research Project, Toronto Christian Resource Centre (AMRP), Ontario Women's Health Network (OWHN) and the Ontario Prevention Clearinghouse (OPC) are partnering to explore inclusion issues among homeless women. They bring expertise and commitment to the task of listening to the voices of homeless women about the feeling and reality of belonging to the community. The project partners are recruiting and training 8 Inclusion Researchers (homeless women interviewers) who would conduct the research in Downtown East Toronto. No previous experience required. (More info. attached).

Qualifications:

- > Must be a woman aged 24 – 65;
- > Must be homeless, or living in a shelter, or underhoused;
- > Must live in and have knowledge of the Downtown East Toronto community;
- > Must have basic English speaking, reading and writing skills;
- > Must have positive interpersonal and conversation skills;
- > Must be able to work very well with others and enjoy interacting on a team;
- > Must be dependable and consistently demonstrate good attendance and punctuality;
- > Must have an interest in learning to develop questionnaires, conducting one to one interviews, facilitating small groups, and helping yourself and other women;

Responsibilities

- > Actively participate in the various training that will be provided;
- > Compile and review literature of projects that involve homeless people in measuring their exclusion and inclusion in communities and services;
- > Develop the research design;
- > Develop a recruitment strategy, outreach, and maintain contact with homeless women participants;
- > Conduct interviews and focus groups with women in drop-ins, shelters and agencies;
- > Develop and ask questions, and understand and write answers, that describe the feeling and reality of belonging;

- > Review the results of the outreach, interviews and focus groups;
- > Create health promotion techniques to reach homeless women locally and across the province;
- > Influence health promotion strategies of the provincial government and local service agencies through policy recommendations to marginalized people;
- > Contribute to the research project report;
- > Optional: receive computer training and certification to provide you with the skills to perform data entry and earn additional income;

From time to time, all Inclusion Researchers will be working with research project Staff, and volunteer members of the Working Group and Advisory Committee. Some of these individuals may be men, therefore, you are advised to apply for this job only if this working situation will be comfortable for you. OWHN, OPC and AMRP are dedicated to hiring women that are representative of all the diverse communities in Downtown East Toronto. **Single parents, those with a record of offences, and others who experience barriers to employment are strongly encouraged to apply.**

Wage: \$12.00 per hour, 3 hours per day, for 21 days from October - December

Deadline for applications: [DATE]

Contact for application form: [CONTACT NAME, POSITION, ORGANIZATION, ADDRESS, PHONE NUMBER AND EMAIL]

Appendix F - Sample Job Posting

MARGINALIZED WOMEN, INCLUSION & STROKE PROJECT

BACKGROUNDER: [INSERT OVERVIEW OF PROJECT AND YOUR ORGANIZATION]
[NAME OF ORGANIZATION] will be conducting Inclusion Research with marginalized women around the issues of stroke prevention. This community-based feminist research project is one of three provincial projects where community consultations will occur. The goal of these consultations is to develop better strategies to prevent stroke and other chronic diseases that affect women in Ontario.

[NAME OF ORGANIZATION] is presently looking to fill several positions for “INCLUSION RESEARCHERS.” The objectives of these positions will be to coordinate several focus group meetings to encourage community input, dialogue and thoughts on the issues surrounding health and in particular health as it relates to marginalized women and stroke.

Qualifications:

- Good communication skills, both verbal and written (bilingualism is considered an asset)
- Good presentation skills, speaking in front of, and to, groups of women.
- Data entry/computer skills would be considered an asset.
- Understanding of feminist philosophies/research
- Willingness to work within a team setting
- Willingness to travel and work flexible hours

Responsibilities:

- Actively participate within the various training sessions provided
- Facilitate group discussions (groups of approx. 10 persons) on the issues of marginalization and determinants of health
- Gather, review and arrange information collected
- Attend provincial networking meetings when/if required

These positions are short-term contract positions. Pay is \$12.00/hr. up to 50 hrs. (approx.), plus any associated travel expenses. **SUCCESSFUL APPLICANTS WILL RECEIVE TRAINING ON INCLUSION, MARGINALIZATION AND DETERMINANTS OF HEALTH.**

In accordance with the recruitment and hiring practises of [NAME OF ORGANIZATION], we will provide a fair and equitable opportunity to applicants regardless of ancestry, nationality, ethnic background, race, religion, age, sexual orientation, marital/family status, record of offences or physical disability. Individuals having experienced barriers to employment are strongly encouraged to apply.

Resume/covering letter and/or applications accepted up to [DATE] No faxes please!

Apply in person at: [NAME OF ORGANIZATION, ADDRESS, TELEPHONE #, EMAIL]

Appendix G - Sample Application Form

Inclusion Researcher Application Form

Thank you for your interest in the Inclusion Researcher position. Please answer the following questions and submit it at your interview.

Name (First, Last): _____

Address: _____

Telephone number: _____

Date: _____

1. Do you live or work within [INSERT GEOGRAPHICAL REGION YOUR PROJECT COVERS]

- Yes
- No

2. How old are you? (Check off the appropriate box)

- 18-29
- 30-49
- 50-64
- 65 and over

3. From what agency have you heard about this position?

AGENCY:

4. How long have you lived in Canada?¹

5. Tell us about yourself:

6. What skills do you want to learn?

Thank you For Your Interest

FOR INTERVIEW STAFF ONLY:

Applicant Number: _____

¹This was asked as the project was recruiting Inclusion Researchers who were fairly new immigrants to Canada.

Appendix G

Sample Application Form

INCLUSION RESEARCHER APPLICATION FORM

Thank you for your interest in the Inclusion Researcher position. Please answer the following questions (write clearly), and submit at your interview.

1. Tell us about yourself.

2. What assets (skills, talents, gifts, abilities, interests, experience, knowledge and dreams) do you have?

3. What skills would you like to learn?

4. Can you describe any past and current volunteer positions, groups you belong to, or employment you have had?

First & Last Name:

Complete Contact Information: (Mailing address, Shelter, phone number, email, Agency contact person, etc)

Date: _____ Agency where you saw the job posting: _____

Appendix H

Sample Interview Questions

COUNT US IN! INCLUSION RESEARCHER INTERVIEW FORM

Candidate's First & Last Name: _____

QUESTIONS (The interview will be a max. of 15 minutes)	WRITE & CHECK RESPONSES, & SCORE (Continue on the back with more responses and comments)
<p>Do you live in [INSERT GEOGRAPHICAL REGION THAT YOU ARE RECRUITING FROM]?</p> <p>What specific agencies, programs and services in [GEOGRAPHICAL REGION] have you been to before? (Note that they don't have to be women's services, but they do have to serve women).</p> <p>[Candidate scores 3 points if they meet residency requirement + 1 point for each agency, program and service up to a maximum of 6 = 9].</p>	<p>Live in [GEOGRAPHICAL REGION OF RESEARCH PROJECT]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. 2. 3. 4. 5. 6.</p>
<p>Describe briefly any previous experience working in a team or small group?</p> <p>How would you handle a conflict with one of the other Inclusion Researchers?</p> <p>[Candidate scores 1 point for each team work experience up to a maximum of 4 points + up to 3 points for describing appropriate handling of conflict = 7].</p>	<p>Team or Group</p> <p>1. Conflict</p> <p>2. 3. 4.</p>
<p>A diverse group of women will be hired. You have been provided with a list of target groups that historically and traditionally experience discrimination. Which groups do you belong to?</p> <p>Are there any groups that you would be uncomfortable working with or you would refuse to work with?</p> <p>[Candidate scores 1 point for each marginalized identity, up to a maximum of 13 points].</p>	<p><input type="checkbox"/> Homeless housing <input type="checkbox"/> Shelter resident <input type="checkbox"/> Supportive or transitional</p> <p><input type="checkbox"/> Youth under 30 (age ____) <input type="checkbox"/> Senior over 55 (age ____)</p> <p><input type="checkbox"/> Person with physical, mental and learning Disabilities _____</p> <p><input type="checkbox"/> Consumer survivor <input type="checkbox"/> Substance abuser <input type="checkbox"/> Record of offences</p> <p><input type="checkbox"/> Sole support parent of dependent child(ren) • need childcare</p> <p><input type="checkbox"/> Aboriginal Person <input type="checkbox"/> Immigrant or Refugee <input type="checkbox"/> Person of Colour</p> <p><input type="checkbox"/> Lesbian, Bisexual, Transgendered, Transsexual, Questioning</p> <p><input type="checkbox"/> Other _____</p>
<p>NOTE: Evaluate the Candidate's verbal communication, including conversation skills, based on the interpersonal relations talent they displayed in the interview.</p>	<p>1 (low) 3 (high)</p>
<p>NOTE: Evaluate the Candidate's reading comprehension and written communication based on the writing talent they displayed on the Application Form.</p>	<p>1 (low) 3 (high)</p>

TOTAL SCORE _____ / 35

Appendix H

Sample Interview Questions

Marginalized Women and Stroke Interview Form For Inclusion Researcher

Date of Interview:

Applicant Number:

1. Explain Position to potential candidate:

- The purpose of the project is to gain a better understanding of marginalization and its effects on women. The project will let us better understand the issues of marginalized women in order to create programs and services that will prevent stroke.
- The position is to hire an inclusion researcher who is of South Asian descent, speaks English and another South Asian Language and is or has been marginalized in the past.
- Marginalized women are those who face struggles due to many factors – such as lack of income, lack of food, lack of housing, lack of Canadian experience, immigration, being part of a visible minority group.
- Inclusion researcher must attend all training, assist with recruiting marginalized women for the focus groups, co-facilitate or note-take during focus groups, some may participate on the local and provincial advisory committees and all will assist with analysis of data.

2. What is your understanding of a Stroke (please note that there is no wrong answer – we are just assessing the individuals' understanding)

3. What services have you/are you accessing from agencies now?

Agency	Service

4. What is your main source of income? _____

5. What Languages are you fluent in? Both Written and Verbal

Language	Written	Verbal	Other

6. Are you currently employed/volunteering? If so, where?

YES NO

Where:

7. What past experiences do you have that you feel will help you with this position. Please note that both work and volunteer related experiences count.

READ: For the purpose of the Marginalized Women, Inclusion and Stroke Project, marginalized women is defined as:

- Women who are vulnerable and face barriers that affect their lives and their families
- Vulnerable due to – factors such as: lack of sufficient money, food, housing, health care, child care, immigration status, language, education and employment
- These women may also be a part of the visible minority group, and more specifically South Asian women who may be single, married, separated, divorced, or widowed. Women in this category could have disabilities (physical, etc.) and experience the feeling of being different from everyone else due to their differences. They can also have/has faced or are at risk of abuse, isolation, discrimination, ageism, sexism, classism and racism.

8. Being aware of the projects needs and its definition of Marginalization – what struggles now or in the past have you faced that relate to this definition?

How Marginalized (TOPIC)	What Barriers have they faced (SPECIFIC):

9. Do you know how to use the computer? If so, what programs are you familiar with?

YES

NO

Programs:

10. Would you feel comfortable speaking and asking questions in front of a small group of women?

YES

NO

11. Are you comfortable with writing notes while people are speaking?

YES

NO

12. If there were a problem in the group, how would you try to solve the problem?

Do you have any questions for us?

QUESTION	REPLY GIVEN

OTHER: Interviewer to review list

- 1. Evaluate Candidates verbal communication (conversation skills) based on interpersonal relations or talent they displayed during interview

1 (Low)

10 (exceptional)

- 2. Evaluate Candidate's reading and comprehension level based on talent displayed on application form

1 (Low)

10 (exceptional)

- 3. Evaluate Candidate's written skill based on pre-interview application form

1 (Low)

10 (exceptional)

- 4. What were some positive aspects regarding this candidate:

- 5. What were some concerns regarding the candidate:

Appendix H

Sample Interview Questions

JOB TITLE; “INCLUSION RESEARCHER” MARGINALIZED WOMEN, INCLUSION & STROKE PROJECT

BACKGROUNDER:

[INSERT OVERVIEW OF PROJECT – SAMPLE TEXT FOLLOWS]

The X organization, in partnership with the Ontario Women’s Health Network will coordinate and conduct focus groups on inclusion research with marginalized women around the issues of stroke prevention. This community-based feminist research project is one of three provincial pilot sites, where community consultations will occur.

This project will help create new health promotion strategies that reach and support women who are vulnerable and most at risk for stroke. Heart diseases and stroke are the leading cause of death among women in the developed world. Extra effort is needed to ensure that stroke prevention strategies reflect the realities of marginalized women and deal with the many challenges they experience.

The X organization is presently looking to fill several positions for “INCLUSION RESEARCHERS.” The Inclusion Researchers will be women who are currently, or who have recently experienced marginality. The objectives of these positions will be to coordinate several focus group meetings to encourage community input, dialogue and thoughts on the issues surrounding health and in particular health as it relates to marginalized women and stroke.

As an Inclusion Researcher, you will receive training and a training guide which identifies:

- What is health?
- What is inclusion?
- What is inclusion research and how do you do it?
- How do you facilitate a focus group?
- How do you gather, analyze and share the information?
- Ethical reviews including establishing the ground rules, expectations, confidentiality and anti-discrimination

The following information is being collected to assist us in the hiring process for these positions. All the information will remain strictly confidential. Please note that you are welcome to add any additional comments for any question. Also, you are not obligated to complete this. Please feel free to ask us questions regarding the project at the interview.

1. Would you mind sharing with us your annual gross household income?

- \$0.-\$10,000
- 10,001-20,000
- 20,001-30,000
- 30,001-40,000
- over \$40,000

2. What is your source of income?

- No income
- General Assistance/Welfare/OW
- Family Benefits
- Disability (ODSP)
- Compensation
- Employment Insurance
- Self-employed
- Employed (full time)
- Employed (part time)
- Student assistance (OSAP)
- Informal income

3. What is your completed level of education?

- Grade school
- Adult Education
- Secondary school
- Post-secondary
- Community College
- University
- Other training
(i.e. a non-traditional trade)

Home schooling

4. What is your present marital status?

- Single
- Married
- Separated
- Divorced
- Common-law
- Widowed

5. Do you have any dependents

(living with you)?

- Yes, If yes No. of children? _____
What are their
ages? _____
- No

6. Do you have access to Transportation?

- Own
- Public
- Other

Additional comments:

Please bring this into the interview with you!!

Thank you!

The following questions are being asked of all those individuals being interviewed. Please feel free to answer the questions to the best of your ability or to pass on any question you wish not to answer; there is no right or wrong answer! All responses will remain totally confidential!! Thank you for your time! Let's Start!

INTERVIEW QUESTIONS

7. Could you please tell me what you know of the [NAME OF YOUR ORGANIZATION]?
 - No knowledge
 - Some/little knowledge
 - Well versed

8. How did you hear about the project and why were you interested in applying?
 - Name of your organization
 - Referred by agency
 - Other

9. Explain what Marginalized women means to you?
 - no explanation
 - some explanation
 - good/thorough explanation

10. Responsibilities included within these positions are to coordinate (3) community consultations with groups of (10-12) marginalized women. Do you have any previous experiences in coordinating such an event or something similar? And if so, please explain what it was and what steps you took to ensure its success?
 - Outreach to specific groups/agencies
 - Word of mouth
 - Media, press releases
 - Advertising; i.e. Posters
 - Include incentives; i.e. Food, drink, money

11. Could you provide us with an example of any public speaking skills that you may have experienced?

12. Additional responsibilities will include taking notes, transcribing and reporting on the consultations that are coordinated. Please provide us with any report writing experiences that you may have.

13. Additional responsibilities for the Inclusion Researcher will include working closely with the rest of the Inclusion Research Team. What does team work mean to you and how do you see it applying here?

14. Would you be able to work independently? Yes No Uncertain

15. Part of this position may require you to travel outside of [INSERT NAME OF REGION] with possible overnight stays in Toronto. All work related expenses would be covered. Would you be able to travel out of town? Yes No Uncertain

16. Would you be comfortable in working flexible hours when needed? Yes No Uncertain

17. Do you have any computer (data entry) experience? Yes No Some

If yes, what programs?

If no, would you be willing to learn? Yes No

18. In addition to being female, do you belong to any other employment equity group?
 Visible Minority Francophone
 First Nations, Metis Disability (mental, physical, other)

19. According to your definition of “marginalized” are you comfortable in identifying yourself as marginalized? Yes No Uncertain

20. Is there anything else you would be willing to share about yourself that would identify you as “doubly marginalized”? Yes No Uncertain If yes, what?

21. Do you have any questions for us?

The [NAME OF ORGANIZATION] would like to thank you for your interest for these positions.

Those successful will be notified by:

INTERVIEWERS COMMENTS

Professional appearance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
Communication skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
Comfort level	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
Would you hire this person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ADDITIONAL COMMENTS;

NAME: _____

SCORE1: _____ SCORE2: _____

FINAL SCORE: _____

Appendix I

Sample Pre-screening Tool

[INSERT NAME OF ORGANIZATION]

Check List for Over the Phone Screening for Inclusion Researchers

1 Name and Address

2 Live or work in the [INSERT NAME OF] Region

3 Explain what the Project is about

- > Purpose of project > Honorarium
- > Training > Duration of project, and position > Time lines

4 Talk about job description

- > Role of Inclusion Researcher (i.e. Training, recruiting, facilitating, note taking, data analysis)

5 Back ground information

- > Duration of stay in Canada > Immigration Status
- > Education Level > Profession if applicable

6 Language(s) spoken and written other than English

7 Employment/volunteer and/or mentoring experiences

8 If not employed, is the person accessing any social assistance and or subsidized housing

9 Computer Skills

- > Proficiency in computers > Window applications

Individuals are given an opportunity to ask questions at the end of the interview

Appendix J

Sample Inclusion Researcher Contract

AGREEMENT BETWEEN

_____, INCLUSION RESEARCHER & PROJECT MANAGER
(Print Name)

- > “Mandatory” = Inclusion Researchers are required and paid to attend;
- > “Optional” = Inclusion Researchers can choose either to attend or not, but they will not be paid if they do not attend;
- > Inclusion Researchers will be paid an honorarium of ____ per hour minus any required employee deductions, when they attend any mandatory meetings, trainings, workshops, interviews, or other volunteer work (hereafter referred to as “volunteer work”) or ____ fee upon completion of a research project;
- > Project Manager will provide the Inclusion Researchers an average of ____ hours of work each week for a period of ____ months;
- > Inclusion Researchers are entitled to a paid 7 minute break every hour;
- > Inclusion Researchers must have and submit bank account, SIN and birth date information in order for payment to be received by direct deposit on the 15th and 30th of the month;
- > Inclusion Researchers receiving OW or ODSP will receive community participation expenses allowances, including \$100 monthly for transportation and \$250 annually for clothing;
- > Inclusion Researchers and the Project Manager will always be prepared for their work by reviewing all required reading materials;
- > Project Manager will schedule work in advance, on mutually convenient days and times for the entire group;
- > Anyone who cannot attend work is asked to give notice as far in advance as possible (inclement weather is not a valid reason for failing to attend mandatory work);
- > If the Project Manager must be absent without appropriate notice, provided the Inclusion Researchers still meet as scheduled and complete the work, they will be paid;
- > Inclusion Researchers who miss mandatory work won’t be paid:
 - (a) Project Manager may request a mandatory ‘make up’ meeting with the Inclusion Researcher to review the information missed
 - (b) Inclusion Researchers absent from 3 (three) mandatory volunteer work assignments, without prior approval, may be terminated without further notice.

INCLUSION RESEARCHER
(Signature)

DATE

PROJECT MANAGER
(Signature)

Appendix J

Sample Inclusion Researcher Contract

Marginalized Women, Inclusion and Stroke Project Job Description/Contract of Employment

Position: Inclusion Researcher Reports to: Project Coordinators Approval date:

Purpose of Position: To assist with the Marginalization, Inclusion and Stroke Project

Purpose of the Project: To gain a better understanding of marginalization of women and its effects on stroke prevention. The project will create a framework for new health promotion strategies that will target to reach and support women who are marginalized, vulnerable and at risk of stroke.

Key areas of responsibilities:

- Actively participate in the various training sessions that will be provided
- Recruit participants for the focus groups
- Conduct interviews and focus groups with women
- Record conversations/answers/comments from the focus groups
- Provide verbal translation during focus groups in at least one of the South Asian languages
- To be willing to learn some basic computer skills
- Participate in the analysis of the results obtained from the focus groups
- Work with staff and members of the Provincial and Local Advisory Committees

Time Commitment:

- Researchers must commit to a total of 50 to 60 hours of training and work for the duration of the project (June to September)
- Must be able to work some evenings and weekends
- Flexibility with time commitment

Additional tasks/responsibilities may be assigned depending on emerging needs.

Minimum Requirements/Qualifications:

- Read, Write and Speak English
- Fluency in one or more of the South Asian Languages (Hindi, Punjabi, Gujarati, Urdu, Tamil)
- Basic computer skills would be an asset
- Good communication and teamwork skills
- Comfort in talking to small groups of women
- Have sensitivity and respect for differences
- Must live and/or work within the Region of Peel
- Must be dependable, and consistently demonstrate good attendance and punctuality

Honorarium:

- A \$600 honorarium will be paid in 3 instalments (July, August & September) for working on this project

I understand and acknowledge receipt of this Job Description

Inclusion Researcher's Signature, Date

Supervisor's Signature, Date

Appendix J

Sample Inclusion Researcher Contract

[NAME OF ORGANIZATION] - OFFER OF EMPLOYMENT INCLUSION RESEARCHER

The Inclusion Researcher will receive specific training in the development of community consultations, to coordinate and conduct focus groups on inclusion research with marginalized women around the issues of stroke prevention.

The purpose of the project – [Fill in details of your specific project]

OFFER OF EMPLOYMENT TO:

The position of inclusion researcher is a direct result from the receipt of funding received through the Ontario Women's Health network as outlined within the marginalized women, inclusion and stroke project. This position has received designated funding as stipulated within the approved proposal as submitted to the Ontario Ministry of Health and Long Term Care, Public Health Division Chronic Disease Prevention and Health Promotion Branch. It is agreed that the Inclusion Researcher, will carry out her conditions of employment/responsibilities as per the terms and conditions of the Ontario Women's Health Network and policies of the [Name of Organization].

This position would not be possible without the explicit funding and/or approval of the Ontario Women's Health Network. Any continuation/extension of funding dollars for the [Name of Organization] as a result of this project, including any program/projects or parts of, will not apply to this agreement.

The following conditions/responsibilities will be your conditions of employment.

CONDITIONS OF EMPLOYMENT;

- Employment period; Start date of June 15th, 2006 with a max. 50 hrs. to be completed by July 8th, 2006. Additional time may be required to accommodate travel and reporting to the provincial advisory committee in Sept. 2006 (possible dates being 11th, 12th, 13th) 2006.
- Hours of work: will include training and be flexible pending the identified needs in coordinating the community consultations.
- Rate of pay is \$12.00 / hr. with a max. of 50 hrs. No hrs./overtime shall be accumulated. There are no vacation entitlements for this position.
- Expenses incurred by this project will be reimbursed as in accordance to the OWHN contract, and will be paid out bi-monthly with proper documentation/receipts. All expenses will follow and not exceed the outlined budget.
- When requested/required, written, verbal activity/progress reports and/or (weekly) team progress/report meetings will occur. Pilot site Administrators may request any of the above at any time during the project to ensure the projects' success and outcome. Inclusion Researchers will report directly to the Pilot Site Administrators.

THE PROCEEDING TERMS AND CONDITIONS OF EMPLOYMENT ARE REPRESENTATIVE AND SHOULD NOT BE CONSTRUED AS ALL CONCLUSIVE. THE PILOT SITE ADMINISTRATORS, EMPLOYMENT STANDARDS ACT AND THE ONTARIO WOMEN'S HEALTH NETWORK PROJECT CONDITIONS PREVAIL. CONTRACTS MAY BE CHANGED AT ANY GIVEN TIME TO ENSURE THE COMPLETION OF THE PROJECT WITHIN THE SPECIFIED TIME FRAME AND OR FINANCIAL COMMITMENTS.

Your signature attests to your having reviewed and understood this agreement.

Pilot site Administrator,

Inclusion Researcher,

Pilot Site Administrator,

Date:

Appendix K

Sample Letter to Ontario Works

[DATE]

[NAME OF CASE WORKER]

Social Services Case Worker #xxx

City of Toronto

Community & Neighbourhood Services

1631 Queen Street East

East Toronto Social Services

Toronto, Ontario M4L 1G4

DELIVERED BY FACSIMILE (416) 392-4208

Dear [NAME OF CASEWORKER]:

Since [MONTH, YEAR], [NAME] (SIN [### ## #]), DOB [MONTH, DAY, YEAR]) has been a Volunteer Asset Researcher for the [ORGANIZATION]. She has been an essential member of the research project. [NAME] is in receipt of Ontario Works.

The [ORGANIZATION] is a charitable organization and will be providing Asset Researchers a \$[PAY RATE] per hour honorarium for not more than 20 hours per month of volunteer work. They will attend regular trainings, and conduct interviews with other Drop-in Users about their skills and talents. These Volunteers will play an important role in assisting this short term research project to match seriously interested homeless people to employment, training, and community economic development projects in the community. The research program will run until the end of [DATE].

Any amount earned by [NAME] for participating in this research project will not be considered “chargeable income”, and should not be deducted from her benefits. In addition, [NAME] had been receiving a Transportation Allowance to enable her to participate, but she recently informed me that she did not receive it last month for some unknown reason. I’m requesting that Social Services rectify this situation, and continue to provide [NAME] a Transportation Allowance (and any other Community Participation Expenses allowances he qualifies for) until the end of [DATE].

As per my telephone messages, I would greatly appreciate you contacting me about this matter as soon as possible. You may reach me by telephone at (###) ###-###, or by email at [EMAIL].

Sincerely,

[NAME]

[POSITION]

Appendix L

Sample IR Training Evaluation

Developed by Dr. Suzanne Jackson on behalf of OWHN

Evaluation

1. On a scale from 1 to 10, how would you rate the training?

1 2 3 4 5 6 7 8 9 10

2. Describe your thoughts and feelings at the end of this session.

3. What did you like about the training? What worked well for you?

4. Was the material clearly presented? Yes No Other

5. What did you learn?

6. What would you change? How could it be improved?

7. Any other comments or suggestions?

Appendix L

Sample Project Evaluation

Marginalized Women, Inclusion and Stroke

Purpose: To ensure that the feelings and realities of marginalized/vulnerable women, who are at risk for stroke, are included in new health promotion strategies to prevent stroke.

To do this, the project adopted inclusive strategies such as training inclusion researchers to collect information from their peers, grouping the data and discussing the implications for action as a group process, and making sure that quotes from the participants are used to illustrate the points.

Overall Goal: To develop a framework for new health promotion strategies to reach and support women who are vulnerable and at-risk for stroke.

Evaluation of this Project

Focus Group/Interview Questions for Inclusion Researchers:

1. What did you do in this project?
(Probe for how many groups did you facilitate, how many did you take notes for, did you type up your notes, did you participate in analysis days etc. - this is an opening question, like an ice-breaker - don't spend a lot of time on this)

Re: Experience as an Inclusion Researcher

2. What was easy for you to do in your role as inclusion researcher? What was hard to do?
(Probe for what was easy or hard when facilitating a group, what was easy or hard when taking notes, what was easy or hard when you were looking at the notes and preparing for the analysis, what was easy or hard during the analysis days)

Re: Training

3. What were the best things about the training you got to be an inclusion researcher?
4. How could the training be improved?

Re: Supports

5. What helped or supported you in this project?
6. Where did you need more help or support?

Re: Learning

7. What did you learn by being part of this project?
(Probe for learnings from the participants about the issues they face or what they know about stroke, learning about research)
8. How did taking part in this project help you personally? (How have you changed because you were part of this project?)

Re: Inclusion

9. In what ways did you feel as though you were respected and included in this project?
10. Where did you feel you were not included?
11. Looking back, what should we have done differently?

Re: Future

12. How do you think the project will change stroke prevention services for marginalized women?
13. Any other comments about how would you improve this project?

Questions for Interviews with Staff and Provincial Steering Committee Members

1. What is the nature of your involvement with the project?
2. What was easy and hard about including IR's in the project?
3. What changes did you observe in the IR's over time?
4. What did you learn by being part of this project?
5. What are the key strengths of the project?
6. In retrospect, what would you do to improve the project?

Appendix L

Sample Staff Evaluation

Count Us In! Staff Questionnaire

1. What is the nature of involvement with project?

2. What changes did you observe in participants over time?

3. In your opinion, what are the key strengths of the project?

4. In retrospect, can you think of any aspect of the project you would change?

Appendix L

Sample Focus Group Evaluation

Evaluations developed by Brian Hyndman on behalf of the *Count Us In!* Project

Questions for *Count Us In!* Focus Group Session

1. Tell me about the *Count Us In!* program.
2. What key insights or 'ah-hah!' moments did you experience during the focus group?
3. What did you learn about women's experience with homelessness as a result of taking part in the focus groups?
4. How did taking part in the project help you personally?
5. How do you think the project will help to change services for homeless women in the community?
6. What suggestions do you have for improving the project?
7. Is there anything else about your experience with the project you'd like to add?

Inclusion Researcher Feedback Form

1. Please tell us how much you agree with the following statements by circling the appropriate number (1 = strongly disagree; 5 = strongly agree).

- a) I feel comfortable taking part in the program.

1	2	3	4	5
strongly disagree				strongly agree

- b) Program staff show that they care about me and my friends in the program.

1	2	3	4	5
---	---	---	---	---

4. a) Has taking part in the program provided you with new skills that will help you to go back to school or seek job opportunities?

- yes, a lot
- yes, a little
- no

b) Please tell us a bit more about how taking part in the program has or has not provided you with new skills.

5. a) Do you feel that the program will help to improve the services available for homeless women in the community?

- yes, a lot
- yes, a little
- no

b) Please tell us a bit more about why you think the program will or will not help to improve the services available for homeless women in the community.

6. Please list up to three things you liked about the program.

7. Please describe any parts of the program you feel should be changed or improved.

8. Please circle the number that best describes your level of satisfaction with the program.

1	2	3	4	5
not at all satisfied with the program				very satisfied with the program

Thank you for taking the time to complete this questionnaire. Your feedback and suggestions are very important to us.

Appendix L

Sample Focus Group Evaluation

FOCUS GROUP FEEDBACK

Date:

Location:

1. Did this focus group meet your expectations?

- Yes
 No

Comments

2. What did you find most useful?

Comments

3. Was there information you would have liked discussed?

- Yes
 No

Comments

4. Did you feel able to talk freely?

- Yes
 No

Comments

5. Did you feel heard?

- Yes
- No

Comments

6. Do you see potential actions after participating in the focus group?

- Yes
- No

Comments

7. How do you think OWHN should use the information and feedback they received from the focus group?

8. Any suggestions for improvement?

Comments

9. How do you rate the following?

	Excellent	Very Good	Adequate	Poor
Facilitation				
Questions				
References				

Comments

Thank you for your comments!

Appendix M

Sample Project Timeline

Timelines for “Marginalized Women and Inclusion Stroke Project”

Date	What is to be done
May 9 – 10, 2006	Inclusion Researcher Job Posting: <ol style="list-style-type: none"> 1. Job Posting Completed 2. Job Posting Distributed to Agencies and to our organizational sites
May 19, 2006	Deadline to apply for Inclusion Researcher posting
May 23 – May 31, 2006	Site Coordinator: <ol style="list-style-type: none"> 1. To conduct telephone interview with potential Inclusion Researcher and to explain posting 2. To conduct 1:1 (face to face) interviews with potential Inclusion Researchers 3. During interviews to complete and compile ‘interview check lists’
June 1, 2006	Site Coordinator, Site Admin and Project Coordinator: <ol style="list-style-type: none"> 1. To review potential Inclusion Researcher Candidates 2. To review ‘interview check lists’ 3. If need be, to decide on which Inclusion Researchers to hire
June 5 – June 30, 2006	Training of Inclusion Researchers: <ol style="list-style-type: none"> 1. Training: 5 hours a week X 4 weeks = 20 hours total (note: subject to change once training manual completed) 2. Training may be done either during one day sessions/week (i.e. 10 am – 2 pm) or ½ day sessions/week (i.e. 9 am – 12 pm) 3. First Training Session will be an informal meet and greet event over afternoon tea – where contracts will be signed.
July – August 12, 2006	Focus Groups to be held: <ol style="list-style-type: none"> 1. Three focus groups – total participants = 24 participants
August 12, 2006	Debriefing Session and Analysis with Inclusion Researchers <ol style="list-style-type: none"> 1. Debriefing session/Analysis to be held for 1 day only
August 12 – Sept 10, 2006	Analysis of Findings

NOTE: Inclusion Researchers will be given honorariums in 3 instalments (after training, after focus groups and after analysis)

Tentative Dates for LOCAL ADVISORY GROUP:

Meeting Number	Date
Meeting 1	June – After Inclusion Researchers Hired
Meeting 2	July
Meeting 3	August
Meeting 4	September – to share findings

Appendix M

Sample Project Timeline

MARGINALIZED WOMEN, INCLUSION & STROKE PROJECT

TRAINING:

Pilot Site Administrators

Attended training session in TO April 26th-27th, 2006

HIRING:

- > Advertised positions (2 weeks) for IRs, via email to all sister/social community social service agencies, within our organization and members list.
- > Women interested in becoming IRs, are asked to submit resume and/or complete the application provided by May 30th, 2006
- > Developed interview questionnaire/ developed scoring system based on “marginalization”.
- > Reviewed resumes.
- > Interview all of those interested!
- > Interviews were held on Wed. June 7th, 2006
- > Notified successful candidates on June 9th, 2006
- > 6 IRs were hired

TRAINING SESSION:

- > June 15th, 2006; 9:00 am. to 3:00 pm.
- > June 21st, 2006; 9:00 am. to 3:00 pm.
- > June 28th, 2006; 9:00 am. to 2:00 pm.*
- > July 5th, 2006; 9:00 am. to 1:00 pm.*
- > July 10th, 2006

*Notes: Additional training sessions required due to follow up on finalized documents received.
Site administrators: Provide a box of information including all of the final documents (and photocopy the info.) the day prior to the consultations.

ADVERTISING:

- > Poster developed by IR.
- > Revised by Project Coordinator
- > Emailed to sister/social service agencies (United Way, Ontario Works, women’s shelter, CMHA, etc). Emphasis was placed on agencies dealing with marginalized women.
IR’s distributed posters in person!

COMMUNITY CONSULTATIONS;

[Location];	July 5th, 2006;	7:00 pm. to 9:00 pm.
[Location];	July 5th, 2006;	7:00 pm. to 9:00 pm.
[Location];	July 6th, 2006;	10:00 am. to 12:00 pm.

(PROVINCIAL TELECONFERENCE CALL; July 6th, 2006 – update!)

FOLLOW UP;

Gathering and documenting their notes at the next team meeting.

TEAM MEETING: July 12th, 2006; 10:00 am. – 4:00 pm.

Discussed process/outcomes from community consultations and final reporting procedures with the team.

Appendix N

Sample Project Overview

The overview can be included in the IR packages, for the Local Advisory Committees and for general promotion about the project.

Count Us In! Information Sheet

Principle:

- homeless women must be the leaders in researching and providing direction to the research project;

Goals:

- influence provincial policy on including marginalized people;
- influence how the government and community service providers consult, provide services to, and work with marginalized people in relation to their health and social services;

Purpose:

- increase the problem-solving capabilities of the women hired as Inclusion Researchers;
- increase the sense of inclusion among the Inclusion Researchers;
- seek input from homeless women on improvements to policies and services;
- increase understanding of inclusion as defined by homeless women;
- develop a policy outline that will guide the development of services and supports for homeless women;
- share results from this research project with homeless women, policy advisors, social service and health care workers;
- enable homeless women to think about, express and take action on their shared concerns;

Method:

- focus on services which seek to improve women's well-being and are related to the social determinants of health (including housing, income, education, safety and health);
- use information data to discover the inclusion language of homeless women with respect to these services;
- homeless women will be given the training, skills development and personal supports necessary to complete the research project, ensuring that their voices are heard;
- homeless women will define the research questions used to collect data from the community;
- explore the feelings and realities of social inclusion through interviews and focus groups;
- work with advisory groups of project partners, community leaders and decision-makers;
- service providers will hear directly from homeless women how to make their services inclusive and responsive, in order to act on those recommendations;

Outcomes:

- Inclusion Researchers will increase their sense of inclusion and this “feeling of belonging” which will promote positive health and mental health outcomes;
- change how public policy influences the inclusion of homeless women to improve their health;
- build individual capabilities in regard to decision-making, to enable participation;
- develop healthy communities;
- local economic development through training, skill development and temporary employment;
- policy outline on the social determinants of health will be developed by homeless women;
- policy outline will be shared in a community forum and through the provincial and national networks of the project partners;

Key Contact:

[INSERT CONTACT NAME, POSITION, NAME OF ORGANIZATION, ADDRESS, PHONE #, EMAIL]

Funder:

[INSERT FUNDER NAME]

Appendix O

Sample Confidentiality Agreement

[NAME OF ORGANIZATION]
Confidentiality Agreement & Guidelines

[INSERT DESCRIPTION OF ORGANIZATION – SAMPLE TEXT FOLLOWS]

The X organization is a safe and welcoming point for women to access information and educational services. Various activities, such as, workshops, socials and support groups are offered regularly to provide women with additional opportunities to gain information, awareness and support. As is our philosophy, the X organization is committed to being accessible to women regardless of their race, ethnicity, religion, age, sexual orientation, ability and class. The X organization is here to support, enrich and empower the lives of all women!

The X organization promotes a safe and welcoming environment which respects all individual needs. We encourage open and honest communication in all aspects of our activities. We do not condone any type of violence and abusive behaviours towards anyone accessing or utilizing our services. Given, the X organization asks that all participants read, sign and adhere to the following confidentiality agreement and guidelines.

I agree to:

1. Maintain confidentiality of all group members.
2. Treat one another with kindness, dignity and respect.
3. Participate willingly.
4. Communicate openly and honestly.
5. Allow others to speak.
6. Be free of any alcohol, drug or illegal substances
7. Follow the policies of the X organization

I further understand that not following the above mentioned guidelines may result in withdrawal of services and/or immediate removal from the premises. To promote harmony within the group, any and all disputes will be brought to the attention of the group facilitator and/or Executive Director and resolved immediately.

OATH OF CONFIDENTIALITY

I, the undersigned, swear to keep confidential any information I acquire through my association with the X organization. This would include information regarding members, staff persons, volunteers, board members and women who seek the Centre's services. I agree to follow the guidelines as outlined and understand that the guidelines are in place to maintain a safe and harmonious environment for all women accessing services of the X organization.

Signed: _____

Witness: _____

Date: _____

Appendix P

Sample Conflict Resolution Overview

Conflict Resolution

The first key to effective conflict resolution is to remember that conflict can be a positive tool used to increase communication and provide information. Instead of viewing conflict as negative and stressful, switch your working attitude from non-confronting and defensive to seeking mutually satisfying solutions and seeking information.

In conflicts, we can seek to bring the issue back to ourselves instead of placing responsibility solely on others. Try to find the shared responsibilities and work from there.

When we are in conflict with others, try to seek as many other common places we connect with that person – this helps to bring the focus on only one aspect of the relationship which is in conflict rather than the whole relationship.

If you are at fault, make amends, commit to take action and make a priority to not make the same mistake again.

Try not to beat yourself up over mistakes. Remember the difference between guilt and shame. Guilt means you feel you've made a mistake, this is natural and we want to learn from our mistakes. Shame means you feel you are the mistake, this is unhealthy and will not have any positive results.

When seeking a method of conflict resolution, first be clear on how important the issue is and how much time needs to be spent on it. Be clear on what your goal is and what the desired outcome will be.

Adopt a win / win alternative solution model. Be creative in seeking resolutions.

Determine the difference between the needs and wants of the conflict. (A need is a desire, concern, fear; a want is a solution to a problem or concern).

Explore how the conflict came about. All too often we end up fighting over the solution, forgetting that there are always alternative solutions. Be creative in exploring other solutions, the results may end up in a mutually agreeable conclusion.

Prioritize your interests in the conflict and remember you may have to make some sacrifices in order to come to a solution. Be clear on what it is you are prepared to sacrifice and what you are not.

Keep in mind that all people have different styles of communication. For example, some people feel uncomfortable with raised voices, while others see this as a signal that the person sees the issue as important.

Avoid generalized, unfair statements when confronting the other person i.e. “You always forget to log your calls” or “Everyone thinks your office is messy.”

Avoid blaming (you should have) and defensive (but I...) statements.

Conflict resolution works best in small groups. Ideally, the working group should be made up of the two parties and a mediator.

Seek to truly hear what the other person is saying. Don't just wait for her to stop talking so you can start.

When seeking a mediator, try to find someone who is trusted by both yourself and the other party.

An excellent model of conflict resolution is based on the Quaker Alternatives to Violent Project, and is designed with the knowledge that we are wonderful talkers, but not wonderful listeners.

1. Both parties agree to working out a solution to the conflict.
2. Both parties agree to speak only the truth.
3. Both agree to not interrupt when the other is speaking.
4. Each party takes turns stating her side of the conflict, to her satisfaction.
5. Each person then reflects or repeats in her own words, the other parties concerns. This shows that she has heard the other woman's concerns. This again is done to the other person's satisfaction. Often, this is all that needs to be done.
6. If necessary, the mediator may help the two parties seek out a solution if further resolution is needed.

Unresolved conflicts have an effect not only on our ability to work but will also affect the work of those around us. In the commitment to solidarity then, make a commitment to take immediate action when conflict arises.

Appendix Q

Sample Consent Form

Marginalized Women, Inclusion and Stroke

You are being asked to be part of a focus group. Focus groups include only people who choose to take part. Before you agree to participate in this discussion, which is part of a research project, it is important that you understand what this research is for and what you are agreeing to be part of. This form provides all the information we think you will need in order to decide if you wish to participate. If you have any questions, please discuss them with the person who gave you this form. You should not sign this form unless you are sure you understand everything on it.

WHY IS THIS STUDY BEING DONE?

This project will integrate a gender analysis and reach out to marginalized/vulnerable women who are at risk for stroke, to ensure that their feelings and realities are included in new health promotion strategies to prevent stroke.

For the purpose of the Marginalized Women, Inclusion and Stroke Project, this site has defined marginalized women as:

Women who are vulnerable and face barriers to participating and making choices about issues that affect their lives. These women could be vulnerable due to many factors, which include but are not limited to lack of sufficient money, food, housing, health care, child care and employment. We have also included women, who are a part of the visible minority group, and more specifically South Asian women who may be single, married, separated, divorced, or widowed. These women may have faced or are at risk of abuse, isolation, discrimination, ageism, sexism, classism and racism. Immigration status, language and education may be additional barriers that can contribute to the experience of being marginalized.

HOW MANY PEOPLE WILL TAKE PART IN THE FOCUS GROUP?

If you agree to participate in this study, you will be part of an hour and a half long focus group of 6 to 8 women.

WHAT IS INVOLVED IN THE FOCUS GROUP?

The facilitator will guide a group discussion. She will ask the group questions about the feeling of belonging, health and stroke. You will be invited to share your thoughts, ideas and experiences, but if you prefer not to answer a question or participate in any part of the discussion, you will always be welcome to not answer a question.

A note-taker will write down your comments and the comments of other participants so that we can learn from your experiences.

QUESTIONNAIRES

You will be asked to complete a short questionnaire that has some questions about your age, first language, country of birth, and ethnic background.

WHAT ARE THE RISKS OF THE STUDY?

It is possible that the group discussion may cause you to feel uncomfortable or upset. If you feel uncomfortable, you may stop participating at any time. It is difficult for us to predict this ahead of time because each person brings a unique set of life experiences. You should know that if you become upset and wish to talk to someone, we can provide a list of crisis phone numbers for you to call.

All of the participants will be asked to keep personal information about other participants confidential; however, we cannot guarantee that the discussions you have will remain private. It is possible that other women in your focus group will talk to people they know about your responses.

It is also possible that you may know one of the women in the group, running the group, or taking notes. If you feel uncomfortable about this, you may stop participating at any time.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

This is a great opportunity to ensure your voice is heard and be part of creating new health promotion strategies that are relevant to you.

WHAT ABOUT CONFIDENTIALITY?

Your confidentiality will be respected and no information that identifies you will be published. The notes taken during your focus group will not have your name appear anywhere on them. All of the notes and the information sheets will be stored in a secure place. The researchers will be the only people who will have access to this information.

Please be aware that it is possible that the other women in your focus group will repeat what you have said when the session is over.

WHAT ARE MY RIGHTS AS A PARTICIPANT?

Your participation in this study is voluntary. You may stop participating at any time. This is your right and we will respect it. You will not be penalized for withdrawing from the project. Whether you participate or not, you will still be able to use the services of [insert names of organizations running focus group/project], now and in the future.

You will be given a copy of this signed and dated consent form.

WHO DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

If you have any questions about taking part in this research, you can ask the person who gave you this form, or you can talk to [INSERT PROJECT COORDINATER NAME, TITLE, AND PHONE NUMBER]

SIGNATURES

My signature on this consent form means the following:

- I have read the information on this form (or the information has been read me) and I have had a chance to ask any questions about the study. I agree to participate in the study and have been told that I can change my mind and withdraw from the study at any time, even after the focus group is over, by calling the number on this form.

- The requirements and the risks of the study have been explained to me.

- I have been given a copy of this form.

- By signing this consent form, I am in no way giving up my legal rights or releasing the researchers or sponsors from their legal and professional responsibilities.

Name of Participant (please print)

Signature

Date

, 200

Name and Position of Person Obtaining Consent

Appendix R - Tips for Conducting Key Informant Interviews

1. **Be Prepared** – read all material and become familiar with it.
2. **Make sure the participants are aware that the note takers will be writing down the conversations only** – not their names
3. **Make sure that the participants are aware that only one person should talk at a time** – it makes it easier for the note takers to take notes
4. **Note takers – write down exactly what is said by the participants in THEIR OWN WORDS** – this will be needed for the analysis
5. Some participants may not answer the question properly so **don't be afraid to kindly get them on the right track.**
6. **Avoid interrupting the participant** – let the participant finish their thought before you talk.
7. **Keep the time in mind**
8. **Be aware that everyone has a different opinion** – this is what makes us all unique
9. **Find interview locations that are quiet** – disruption and noise do not allow us to concentrate
10. **Use quotation marks (“”) when you are writing down what the participant said – verbatim.**
11. **Be sure of the time and location of the interview and arrive on time.**
12. **Be prepared for no shows – which are inevitable**
13. **Transcribe and rewrite your notes as soon as possible after the interview** – rereading and note taking minutes after the interview can be very helpful as you still remember the verbal and non verbal actions of the participants.
14. **Be sure to smile and make the participants feel at ease -** remember they too are nervous as you may be.

Getting the Interview:

1. First Contact – when talking to a potential participant, sound prepared and knowledgeable. Be specific. Be sure to have read all the important information.
2. Letter of Introduction – this can be in the form of a flyer or pamphlet. It lets the participant know a bit about the research project as well as informing them of the location and time of the interview.
3. Follow up – Always have some method/way of confirming attendance of the participant for the focus group.
4. Always have back up – in case someone can't make it, it would be good to have a substitute to replace individuals.

Conducting the Interview:

1. Technical Issues – There are several things to think about:
 - a. Having the interview in a quiet location
 - b. Having the interview at a convenient time for participants
 - c. Have no distraction during the interview (i.e. turn off all cell phones)
 - d. Make sure to note take verbatim (word for word, with out your interpretation)
 - e. Make sure to speak in a language that the participant understands and allow them to respond in any language they wish to respond in.
2. Format of the Interview:
 - a. The interview will start off with some historical background
 - b. Please review the script and read it correctly. The script has been used by all sites during the focus group interviews.
 - c. Finally, don't worry!!! Everything will go as planned!

Training Program Handouts

Session I: Introductory Session

Setting the Groundwork

- **Sample Project Overview**
- **Sample Project Timeline**
- **Sample Inclusion Researcher Contract**
- **Sample Confidentiality Agreement (Code of Conduct)**
- **Sample Conflict Resolution Overview**

Sample Project Overview

The overview can be included in the IR packages, for the Local Advisory Committees and for general promotion about the project.

Count Us In! Information Sheet

Principle:

- homeless women must be the leaders in researching and providing direction to the research project;

Goals:

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- policy outline will be shared in a community forum and through the provincial and national networks of the project partners;

Key Contact:

[INSERT CONTACT NAME, POSITION, NAME OF ORGANIZATION, ADDRESS, PHONE #, EMAIL]

Funder:

[INSERT FUNDER NAME]

Sample Project Timeline

Timelines for “Marginalized Women and Inclusion Stroke Project”

Date	What is to be done
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NOTE: Inclusion Researchers will be given honorariums in 3 instalments (after training, after focus groups and after analysis)

Tentative Dates for LOCAL ADVISORY GROUP:

Meeting Number	Date
Meeting 1	June – After Inclusion Researchers Hired
Meeting 2	July
Meeting 3	August
Meeting 4	September – to share findings

Sample Inclusion Researcher Contract

AGREEMENT BETWEEN

_____, INCLUSION RESEARCHER & PROJECT MANAGER
(Print Name)

- > “Mandatory” = Inclusion Researchers are required and paid to attend;
- > “Optional” = Inclusion Researchers can choose either to attend or not, but they will not be paid if they do not attend;
- > Inclusion Researchers will be paid an honorarium of ___ per hour minus any required employee deductions, when they attend any mandatory meetings, trainings, workshops, interviews, or other volunteer work (hereafter referred to as “volunteer work”) or ___ fee upon completion of a research project;
- > Project Manager will provide the Inclusion Researchers an average of ___ hours of work each week for a period of ___ months;
- > Inclusion Researchers are entitled to a paid 7 minute break every hour;
- > Inclusion Researchers must have and submit bank account, SIN and birth date information in order for payment to be received by direct deposit on the 15th and 30th of the month;
- > Inclusion Researchers receiving OW or ODSP will receive community participation expenses allowances, including \$100 monthly for transportation and \$250 annually for clothing;
- > Inclusion Researchers and the Project Manager will always be prepared for their work by reviewing all required reading materials;
- > Project Manager will schedule work in advance, on mutually convenient days and times for the entire group;
- > Anyone who cannot attend work is asked to give notice as far in advance as possible (inclement weather is not a valid reason for failing to attend mandatory work);
- > If the Project Manager must be absent without appropriate notice, provided the Inclusion Researchers still meet as scheduled and complete the work, they will be paid;
- > Inclusion Researchers who miss mandatory work won’t be paid:
 - (a) Project Manager may request a mandatory ‘make up’ meeting with the Inclusion Researcher to review the information missed
 - (b) Inclusion Researchers absent from 3 (three) mandatory volunteer work assignments, without prior approval, may be terminated without further notice.

INCLUSION RESEARCHER
(Signature)

DATE

PROJECT MANAGER
(Signature)

Sample Confidentiality Agreement

[NAME OF ORGANIZATION]

Confidentiality Agreement & Guidelines

[INSERT DESCRIPTION OF ORGANIZATION – SAMPLE TEXT FOLLOWS]

The X organization is a safe and welcoming point for women to access information and educational services. Various activities, such as, workshops, socials and support groups are offered regularly to provide women with additional opportunities to gain information, awareness and support. As is our philosophy, the X organization is committed to being accessible to women regardless of their race, ethnicity, religion, age, sexual orientation, ability and class. The X organization is here to support, enrich and empower the lives of all women!

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5. Allow others to speak.
6. Be free of any alcohol, drug or illegal substances
7. Follow the policies of the X organization

I further understand that not following the above mentioned guidelines may result in withdrawal of services and/or immediate removal from the premises. To promote harmony within the group, any and all disputes will be brought to the attention of the group facilitator and/or Executive Director and resolved immediately.

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Signed: _____

Witness: _____

Date: _____

Sample Conflict Resolution Overview

Conflict Resolution

The first key to effective conflict resolution is to remember that conflict can be a positive tool used to increase communication and provide information. Instead of viewing conflict as negative and stressful, switch your working attitude from non-confronting and defensive to seeking mutually satisfying solutions and seeking information.

In conflicts, we can seek to bring the issue back to ourselves instead of placing responsibility solely on others. Try to find the shared responsibilities and work from there.

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Adopt a win / win alternative solution model. Be creative in seeking resolutions.

Determine the difference between the needs and wants of the conflict. (A need is a desire, concern, fear; a want is a solution to a problem or concern).

Explore how the conflict came about. All too often we end up fighting over the solution, forgetting that there are always alternative solutions. Be creative in exploring other solutions, the results may end up in a mutually agreeable conclusion.

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Avoid blaming (you should have) and defensive (but I...) statements.

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Seek to truly hear what the other person is saying. Don't just wait for her to stop talking so you can start.

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Unresolved conflicts have an effect not only on our ability to work but will also affect the work of those around us. In the commitment to solidarity then, make a commitment to take immediate action when conflict arises.

Session 2:

Values Applied in Inclusion Research

- **Sample Consent Form**

Sample Consent Form

Marginalized Women, Inclusion and Stroke

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- I have been given a copy of this form.

- By signing this consent form, I am in no way giving up my legal rights or releasing the researchers or sponsors from their legal and professional responsibilities.

Name of Participant (please print)

Signature _____

Date _____, 200__

Name and Position of Person Obtaining Consent

Session 3: Health and Key Determinants of Health

- Scenario: Kiran's Story

What are the Key Determinants of Health?

Scenario: Kiran's Story

Why is Kiran in the Hospital?

Because she has had a bad infection in her leg

But why does she have an infection?

Because she has a cut on her leg and it got infected.

But why does she have a cut on her leg?

Because she was playing in the junk yard next to her apartment building and there was some sharp edge steel there that she fell on.

But why was she playing in a junk yard?

Because her neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does she live in that neighbourhood?

Because her parents can't afford a nicer place to live.

But why can't her parents afford a nicer place to live?

Because her Dad is unemployed and her Mom is sick.

But why is her Dad unemployed?

Because he doesn't have much education and he can't find a job.

But why...?

Pick three determinants of health that are in this story.

What could we do to solve these problems?

Session 4: Inclusion Research

- **Inclusion Worksheet**
- **Sample Project Overview**
- **Sample Consent Form**
- **Sample Focus Group Evaluations**
- **Tip Sheet for Conducting Key Informant Interviews**

Inclusion Worksheet

This worksheet can be used to review the determinants of health and write examples that show the feeling of belonging and the reality of belonging.

Determinant of Health	Feeling of Belonging	Reality of Belonging
Income and social status,		
Social support networks		
Education and literacy,		
Employment/working conditions		
Social environments,		
Physical environments		
Personal health practices and coping skills,		
Healthy child development,		
Biology and genetic endowment,		
Health services,		
Gender		
Culture		

Sample Project Overview

The overview can be included in the IR packages, for the Local Advisory Committees and for general promotion about the project.

Count Us In! Information Sheet

Principle:

- homeless women must be the leaders in researching and providing direction to the research project;

Goals:

- influence provincial policy on including marginalized people;
- influence how the government and community service providers consult, provide services to, and work with marginalized people in relation to their health and social services;

Purpose:

- increase the problem-solving capabilities of the women hired as Inclusion Researchers;
- increase the sense of inclusion among the Inclusion Researchers;
- seek input from homeless women on improvements to policies and services;
- increase understanding of inclusion as defined by homeless women;
- develop a policy outline that will guide the development of services and supports for homeless women;
- share results from this research project with homeless women, policy advisors, social service and health care workers;
- enable homeless women to think about, express and take action on their shared concerns;

Method:

- focus on services which seek to improve women's well-being and are related to the social determinants of health (including housing, income, education, safety and health);
- use information data to discover the inclusion language of homeless women with respect to these services;
- homeless women will be given the training, skills development and personal supports necessary to complete the research project, ensuring that their voices are heard;
- homeless women will define the research questions used to collect data from the community;
- explore the feelings and realities of social inclusion through interviews and focus groups;
- work with advisory groups of project partners, community leaders and decision-makers;
- service providers will hear directly from homeless women how to make their services inclusive and responsive, in order to act on those recommendations;

Outcomes:

- Inclusion Researchers will increase their sense of inclusion and this “feeling of belonging” which will promote positive health and mental health outcomes;
- change how public policy influences the inclusion of homeless women to improve their health;
- build individual capabilities in regard to decision-making, to enable participation;
- develop healthy communities;
- local economic development through training, skill development and temporary employment;
- policy outline on the social determinants of health will be developed by homeless women;
- policy outline will be shared in a community forum and through the provincial and national networks of the project partners;

Key Contact:

[INSERT CONTACT NAME, POSITION, NAME OF ORGANIZATION, ADDRESS, PHONE #, EMAIL]

Funder:

[INSERT FUNDER NAME]

Sample Consent Form

Marginalized Women, Inclusion and Stroke

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- By signing this consent form, I am in no way giving up my legal rights or releasing the researchers or sponsors from their legal and professional responsibilities.

Name of Participant (please print)

Signature _____

Date _____, 200__

Name and Position of Person Obtaining Consent

Sample Focus Group Evaluation

Evaluations developed by Brian Hyndman on behalf of the *Count Us In!* Project

Questions for *Count Us In!* Focus Group Session

1. Tell me about the *Count Us In!* program.
2. What key insights or 'ah-hah!' moments did you experience during the focus group?
3. What did you learn about women's experience with homelessness as a result of taking part in the focus groups?
4. How did taking part in the project help you personally?
5. How do you think the project will help to change services for homeless women in the community?
6. What suggestions do you have for improving the project?
7. Is there anything else about your experience with the project you'd like to add?

Inclusion Researcher Feedback Form

1. Please tell us how much you agree with the following statements by circling the appropriate number (1 = strongly disagree; 5 = strongly agree).

- a) I feel comfortable taking part in the program.

1	2	3	4	5
strongly disagree				strongly agree

- b) Program staff show that they care about me and my friends in the program.

1	2	3	4	5
---	---	---	---	---

4. a) Has taking part in the program provided you with new skills that will help you to go back to school or seek job opportunities?

- yes, a lot
- yes, a little
- no

b) Please tell us a bit more about how taking part in the program has or has not provided you with new skills.

5. a) Do you feel that the program will help to improve the services available for homeless women in the community?

- yes, a lot
- yes, a little
- no

b) Please tell us a bit more about why you think the program will or will not help to improve the services available for homeless women in the community.

6. Please list up to three things you liked about the program.

7. Please describe any parts of the program you feel should be changed or improved.

8. Please circle the number that best describes your level of satisfaction with the program.

1	2	3	4	5
not at all satisfied with the program				very satisfied with the program

Thank you for taking the time to complete this questionnaire. Your feedback and suggestions are very important to us.

Sample Focus Group Evaluation

FOCUS GROUP FEEDBACK

Date:

Location:

1. Did this focus group meet your expectations?

- Yes
- No

Comments

2. What did you find most useful?

Comments

3. Was there information you would have liked discussed?

- Yes
- No

Comments

4. Did you feel able to talk freely?

- Yes
- No

Comments

5. Did you feel heard?

- Yes
- No

Comments

6. Do you see potential actions after participating in the focus group?

- Yes
- No

Comments

7. How do you think OWHN should use the information and feedback they received from the focus group?

8. Any suggestions for improvement?

Comments

9. How do you rate the following?

Excellent

Very Good

Adequate

Poor

Facilitation

Questions

References

Comments

Thank you for your comments!

Tips for Conducting Key Informant Interviews

1. **Be Prepared.** – Read all material and become familiar with it.
2. **Make sure the participants are aware that the note takers will be writing down the conversations only** – not their names
3. **Make sure that the participants are aware that only one person should talk at a time** – it makes it easier for the note takers to take notes
4. **Note takers – write down exactly what is said by the participants in THEIR OWN WORDS** – this will be needed for the analysis
5. Some participants may not answer the question properly so **don't be afraid to kindly get them on the right track.**
6. **Avoid interrupting the participant** – let the participant finish their thought before you talk.
7. **Keep the time in mind**
8. **Be aware that everyone has a different opinion** – this is what makes us all unique
9. **Find interview locations that are quiet** – disruption and noise do not allow us to concentrate
10. **Use quotation marks (“”) when you are writing down what the participant said – verbatim.**
11. **Be sure of the time and location of the interview and arrive on time.**
12. **Be prepared for no shows – which are inevitable**
13. **Transcribe and rewrite your notes as soon as possible after the interview** – rereading and note taking minutes after the interview can be very helpful as you still remember the verbal and non verbal actions of the participants.
14. **Be sure to smile and make the participants feel at ease -** remember they too are nervous as you may be.

Getting the Interview:

1. First Contact – when talking to a potential participant, sound prepared and knowledgeable. Be specific. Be sure to have read all the important information.
2. Letter of Introduction – this can be in the form of a flyer or pamphlet. It lets the participant know a bit about the research project as well as informing them of the location and time of the interview.
3. Follow up – Always have some method/way of confirming attendance of the participant for the focus group.
4. Always have back up – in case someone can't make it, it would be good to have a substitute to replace individuals.

Conducting the Interview:

1. Technical Issues – There are several things to think about:
 - a. Having the interview in a quiet location
 - b. Having the interview at a convenient time for participants
 - c. Have no distraction during the interview (i.e. turn off all cell phones)
 - d. Make sure to note take verbatim (word for word, with out your interpretation)
 - e. Make sure to speak in a language that the participant understands and allow them to respond in any language they wish to respond in.
2. Format of the Interview:
 - a. The interview will start off with some historical background
 - b. Please review the script and read it correctly. The script has been used by all sites during the focus group interviews.
 - c. Finally, don't worry!!! Everything will go as planned!

Session 5: Moving Research to Action

- **Accessibility Checklist**

Accessibility Checklist

What makes a focus group accessible depends on the particular needs of your group. The items in this checklist are suggestions of things to consider:

- Choose a convenient time and day**
 - What are the working hours of the women coming to your group?
 - Would it be easier for the women in your group to meet on a weekday or weekend?
 - Do they have children or family members they take care of, and does the time and day you have chosen take those commitments into account?
 - Does the meeting clash with religious festivals or school holidays?

- Provide child/elder care**
 - If the women in your group have children or family members they care for, providing child/elder care will make it much easier for them to attend the circle.

- Choose a space that is safe, central and easy to get to**
 - Is the space you have chosen easily accessible by public transit or by car?
 - Should you offer public transit tokens/gas subsidies?
 - Is it easy to find?
 - If you are having a meeting at night, is your location well-lit; will women feel safe arriving and departing?
 - Is it easy for women to find the meeting room once they reach the facility?

- Choose a space that is barrier free**
 - Is the space you have chosen wheelchair accessible?
 - Are there close, easily accessible washrooms?
 - Is there enough space in the room for a wheelchair, if you have participants who use wheelchairs?

- Make sure room size and set up are comfortable**

Ensuring that the room size is appropriate for the size of the group will help to make the participants feel more comfortable. Be prepared with the correct number of seats and set them up in a circle format, if possible. Having all participants, including facilitators and the health and social service professionals, sitting in the circle will also help increase comfort level and flow of dialogue.

Also ensure that the room's temperature and light levels are comfortable.

- Make sure refreshments are healthy and sensitive to dietary needs.**

If possible always offer refreshments but make sure the women in the group can enjoy them – check for food allergies, dietary requirements such as vegetarian or vegan, and whether or not food needs to be Halal or Kosher. Try to offer food that is healthy and fresh.

Facilitated Discussion

Facilitated Discussion

Session 1: Introductory Session – Setting the Groundwork

Guided Introductions – Getting to know each other (page 48)

1. What interested you about this project?
2. What skills and life experiences do you bring to this project that you think will be of help?

Session 2: Values Applied in Inclusion Research

Anti-discrimination, Equity, Power and Privilege (page 56)

Your social location can be described as how you are identified by society (race, ethnicity, class, gender, sexual identity, disability, religion, etc.), and the informal power and privilege that is/isn't transferred to you as a result.

1. What is your social location, and how has it impacted your world view, experiences and attitudes?

(page 58)

1. Describe specific types of sexual harassment. Describe specific types of racial harassment.

Teens Educating and confronting Homophobia (TEACH), Planned Parenthood of Toronto, has developed many anti-homophobia resources for youth and adults, Queer and straight. For example, “Homophobia Hurts: Some Facts on Being Young and Queer...” looks at the impact of homophobia on Lesbians, Gay men, Bisexuals, Transgender people, Transsexuals, Intersex people, Two Spirited People, Queers and Questioning people (LGBTTITQQ).

2. Discuss in small groups why there is a need for these kinds of resources and workshops to be developed.

Ethics in Research (page 59)

What are Research Ethics?

Research ethics ensure that participants are not unduly harmed by research and that participants have an understanding and are informed about potential risks. Within community-based research, the line is blurred between researcher and researched so that might or might not create more risk.

1. Is there a potential for any harm for those people participating in your research?
2. Can you see any additional risks to the women participating in the study because community members are researchers?

Ethics Reviews – Pros/Cons (page 61)

The Ethics Process defines Harm as:

- Physical harm
 - Psychological harm
 - Social harm
 - Community harm
1. Can you think of any potential harm in any of those areas that might occur as a result of this research?

For a project to be considered ethical it must abide by these major principles:

That all participants are ensured:

- Voluntary participation
 - Informed consent (i.e. they understand the project fully and still agree to participate)
 - Confidentiality and anonymity
 - Understanding of how the research results will be used
 - There are no negative repercussions if they withdraw from the study (ie. that they will not be punished/penalized)
1. Can you think about what you need to do as an Inclusion Researcher to ensure the research abides by these major principles?
 2. Can you think of any other principles that our research can abide by to meet the community's ethical standards?
 3. What is your experience as a researcher and a participant?
 4. What makes/made you feel safe in the process?
 5. What could you do to ensure that others feel safe?

Asset Mapping (page 61)

1. What is an asset?
2. What then do you think an asset map would be?

(page 62)

1. If you think about our research question, what are the assets in the community that are relevant to this question/issue being explored?

Session 3: Health and Key Determinants of Health

What is Health? (page 65)

1. What does health mean for you?
2. When do you feel healthy?
3. What makes us healthy? What makes us sick?
4. What gives you the sense of wellbeing?

Some Definitions of Health (page 66)

1. Review the earlier group responses (on the flip chart) about what is health and decide whether they fall under traditional or broader views of health.

What is Prevention? (page 67)

1. What other health issues would benefit by us “looking upstream?”
2. What is causing that issue?
3. What is the “upstream issue” of our research project?

What are the Key Determinants of Health? (page 68)

1. Based on what you have learnt so far and hearing your examples and reading other women’s examples, what do you think the key determinants of health could be?

(page 70)

1. What are the determinants of health that our research project is addressing?
2. Do you think the community understands these issues as health issues?
3. Based on your response – what should we keep in mind as we start to develop the questions that we will use in our focus groups?

Note

Remind participants that they only need to share what they are comfortable talking about in the group.

What Is Inclusion? (page 72)

1. What is Inclusion?

Inclusion is about belonging

Belonging - to a family, a neighbourhood, a community, a society

What does belonging look and feel like in:

- a. a family
 - b. a neighbourhood
 - c. a community
 - d. a society
2. What are some examples of real life situations where you have felt included?
 3. What did those experiences look, sound or feel like?
 4. What does Inclusion mean to the community?
 5. Can you give examples of Inclusion?
 6. What does Inclusion mean as it relates to the research question we are exploring?

(page 73)

1. What aspect of the definition of inclusion stands out for you?
2. What is the difference between the feeling of belonging and the reality of belonging?
Can you give some examples?
3. What are some examples of exclusion?
4. What does that look and feel like?

Why does Inclusion Matter? (page 74)

1. What are some examples of situations that affect our feeling of belonging?
2. What are some examples of situations that affect our reality of belonging?
3. What gives you a sense of belonging?
4. In what ways are you included or excluded?
5. What are the issues of feeling and reality of belonging as it relates to the research question of this project?
6. How do you see this project as being inclusive?

Session 4: Inclusion Research

Role of Inclusion Researchers (page 77)

1. What is your understanding of your role in this project?
2. What will your responsibilities be?

Overview of Different Methodologies

a. Literature Review (page 79)

1. What is a Literature Review?
2. What is considered literature?

b. Collecting Community Demographics (page 80)

1. What are demographics?

c. Focus Groups (page 81)

1. Please share what you know about focus groups.
2. Why are focus groups a useful way to gather information?

Facilitating a Focus Group (page 82)

Facilitated discussion to follow the mock focus group:

1. How did the IR feel as a facilitator?
2. What did they noticed worked and did not work?
3. What were others' (participants) experiences of the focus group?
4. Was any important information not captured in the notes?

d. Key Informant Interviews (page 83)

1. What is a key informant interview?
2. How is a key informant interview different than a focus group?

Developing and Reviewing Focus Group Questions for Research Project (page 83)

1. What do we want to learn about the research issue?
2. What questions would we ask to find out that information?
3. Is that question easy to understand?
4. Do the questions flow?

Session 5: Moving Research to Action

Focus Groups (page 87)

1. How will members of your community find out about the focus group?
2. How will you get members of your community to come to your focus group?
 - a. Recruiting for a focus group (page 87)
 1. What ways do you think would work best for recruitment in your community?
 2. Are there organizations/resources that you have learned about in training or while doing the asset mapping that might be useful in recruiting community members for the focus group?
 3. Do you have any other ideas that were not mentioned?
 - b. Logistics of a focus group (page 88)
 1. What would help you come to a focus group?
 2. What are some things that could be put in place that would encourage women to attend the focus group?
 3. What are some of the barriers that need to be addressed so that women can attend the focus group?

Note Taking (page 89)

1. Why make notes?
 - Taking notes maintains your concentration
 - Ensures we capture the thoughts and voices of the women
 - Captures the main points of the discussion
 - Records the information (data) that we will use in the collaborative data analysis which will be used to write the final report and make policy and service recommendations
2. What will you do to ensure that your notes accurately capture the discussion?
 - This is an opportunity to discuss practical considerations, including that the note takers should have two pens that work, enough paper and are sitting where they can hear.

Mock Focus Groups (page 90)

1. How did the draft questions flow? Should we make changes based on our experience?
2. Feedback on facilitation
3. What was captured in the notes?
4. Talk about your experience as facilitator, note taker, participant

Data Collection (page 90)

1. Why are we collecting this information (data)?

Dissemination (page 90)

1. What is dissemination?



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