



### Women with Disabilities in the Urban Environment

By Rafia Haniff-Cleofas and Rabia Khedr

#### Introduction

The issues concerning women with disabilities are immense. Much research, however, limits its focus only to the barriers to employment for persons with disabilities. An examination is needed of the broader social participation of women with disabilities by focusing on how issues of identity, accessibility, poverty, housing supports, transportation, and urban governance intersect with one another.

#### Background

Women with disabilities are a significant proportion of the Canadian population, and more women than men have disabilities. According to Statistics Canada, in 2001, 55 percent of all adults with disabilities were women. Women and girls with disabilities made up 13.3 percent of the Canadian population and 15.7 percent of all adult women. As women age, a greater proportion live with disabilities; 42 percent of women 65 years and older identify themselves as experiencing disabilities.

Living in an urban setting provides women with disabilities many advantages, but it also presents significant challenges. Women are often excluded and relegated to the margins of urban economies. Historically, decision-makers who are predominantly male and/or able bodied have influenced design of urban

structures and the nature of a city's infrastructure. Thus, many women with disabilities are forced to navigate systems and structures that are designed without including their experiences.

#### Intersectionality of Identity<sup>1</sup>

Access to many city services by women with disabilities are constantly undermined at the intersection of multiple oppressions related to disability, gender, level of urbanization, ethnicity and culture, age, economic circumstances and employment status. Women with disabilities are diverse in the nature of their disability: blind/low vision; deaf/hard of hearing; learning disability; developmental/intellectual; physical; psychiatric; and/or other hidden forms of disability. Similarly, ethnicity, race, culture, language, and faith/religion/spirituality form and perpetuate the norms, values, beliefs, traditions, and rituals that define individual identity. Gender, differences in lifestyle and choice, and other factors also shape identity. The concerns of women with disabilities can only be truly understood only when put within the context of their multiple identities and how these interact with many aspects of daily life.





### Barriers and Need for Accessibility

Accessibility is often understood within the context of medical approaches. However, applying a medical lens to accessibility for persons with disabilities, and in particular women with disabilities, does not ensure their full and equitable access to housing, transportation, social/recreational activities, education, employment, and other forms of social participation. A medical approach does not address women's barriers in a holistic sense and does not account for the significance of the relationship between gender and disabilities. Implicit in the medical approach is the belief that disability is a defect that needs to be cured, treated, or "fixed" so the disabled individual will be able to function more "normally" in society. The individual's medical condition is commonly used to describe the barriers that physically prevent them from performing daily living tasks, and also to determine the supports and services they require.

Women with disabilities are best included in their environment by applying a social inclusion lens to identify barriers and the steps needed to address accessibility. This requires that society be adjusted to respond more effectively to the presence and needs of those who are disadvantaged. For example, if social services were based on universal design principles, and from the outset were mandated to be inclusive of persons with disabilities, then accommodation would not be seen as a frill or an extra. Unlike the medical model, the social model of disability acknowledges that a person with a disability may be disadvantaged because of social, environmental, physical, and political

factors.

In addressing barriers, Winnipeg City Council adopted the Universal Design Policy<sup>ii</sup> in December of 2001. Universal Design works towards meeting the needs of a broad array of users, including people with disabilities, through the design of products, information, services, and the built environment. This has been a positive step forward in education and raising awareness. However, as a concept it does not mean barrier-free design.

### Poverty and Housing

Women with disabilities have limited access to earned income opportunities and tend to have lower incomes. As a result, they are more likely to rely on government income support programs. Household income for persons with disabilities between 1993 and 1998 was roughly three-quarters of the household income of people without disabilities. Twenty-five percent of people living in low-income households are people with disabilities. In 1998, of working age adults (16 to 64 years of age) with disabilities, 48 percent had government programs as their primary source of income. Women with disabilities were three times more likely to rely on government programs than women without disabilities and more likely than men with disabilities (Status of Women Canada, 2005).

Women with disabilities need safe, accessible and affordable homes. Given the large numbers of women with disabilities dependent on government income, many are



living as the working poor and are also living on the streets. In fact, one-third of the homeless population are individuals with mental health issues and many of them are women.

To receive housing supports, individuals need to meet certain medical guidelines. To qualify for home-making support, persons with mental health issues must have a diagnosis of a mental disorder for a minimum length of time, or to have been admitted to a psychiatric facility a minimum number of times or for a minimum length of time. Most supportive housing environments (e.g., a boarding house, a group home or a co-op) involve sharing living space. However, some apartments allow individuals to live on their own. In addition, some ethno-racial women with disabilities, due to their cultural and religious backgrounds, may not choose to receive personal care assistance. However, in some cases, if the woman does not have personal care assistance she does not qualify for home-making support.

Supportive and supported housing environments are client-centred and allow individuals with disabilities to reside with their spouse/partner and children. However, these housing supports do not allow clients to have their extended family members reside with them (e.g. parents, grandparents). This criterion poses barriers for women with disabilities who are from ethno-racial backgrounds and who typically, as single women, would live indefinitely with extended families. Supports to individuals living in extended family environments are limited to daily living tasks and do not take into account the fact

that the individual is a part of a household. A client-centred approach to home care services can result in greater cost to the household because the service involves catering only to the needs of the client. For example, home care services only do the laundry of the individual client, where in a typical household, everyone's laundry would be sorted and washed in full loads.

Self-managed attendant care with funding from the Ontario government allows people with physical disabilities to live independently in homes of their choice and with their families. However, this program is supported by a limited pool of funding. Eligibility is also limited to a medical lens and is determined by the personal care requirements of the individual. Women with disabilities who receive funding through this program can also get a nurturing assistant to help with the care of their child.

The Nurturing Assistance<sup>iii</sup> (NA) model was developed for parents with physical disabilities who are able to direct their own care and the care of their child(ren). All the tasks undertaken by the nurturing assistant are carried out under the direction of, and in the presence of, the parent. Many women with disabilities hope that the model of nurturing assistance will become recognized more widely and will be a tool that parents, service providers, and even funders will adapt and use. Research has proven that the need for support services like nurturing assistance exists. By having access to such services, people with disabilities can fulfill their parenting tasks. Many women with disabilities also hope that support services will be established and made available to all



parents with disabilities, regardless of whether they require personal assistance.

### Transportation

Transportation is critical and has an impact on every aspect of people's lives. It directly affects quality of life by allowing people to access friends and family, education, employment, recreation, and other social opportunities. Women with disabilities who do not have their own accessible vehicle or cannot legally drive face significant barriers. Thus, accessible and affordable transportation is critical for women with disabilities so they can access services that address their barriers to social, economic, and political participation.

Urban environments are constructed to facilitate transportation in terms of automobiles and/or public transit. Neither option meets the particular needs of women with disabilities. The Toronto Transit Commission provides services to people with disabilities by operating specialized Wheel-Trans<sup>iv</sup> services and by making conventional services and facilities accessible. These services are intended to compliment each other. Because public transit is affordable, it is often the only way women with disabilities can get to work, school, volunteer, medical appointments, shopping, hairdressers, and socializing. However, women with disabilities may be able to use the subway and buses in good weather conditions, but they might not be able to when it is raining or snowing. The alternative is accessible cabs, which can be costly.

Many women with disabilities find the

Wheel-Trans service useful; however, there is room for improvement. Rides are often long due to the number of pick ups and drop offs. For women with disabilities it means planning ahead to ensure that Wheel-Trans rides are coordinated with the supports they need before they can leave the home and for their trip back. However, Wheel-Trans can be considered a best practice for accessible transit in an urban centre, especially because it is possible to book a ride one day in advance. In many other cities, para-transit services must be booked as long as two weeks in advance.

However, there is still a gap in transportation for women with disabilities. Women with disabilities are more likely to be victims of abuse and violence. Transportation barriers often prevent them from leaving abusive relationships because there is no accessible and affordable emergency transportation, and there is no assistance for them to take their assistive devices which are often heavy.

### Governance

It is important for women with disabilities to have increased representation in local decision making. Community activism is an important avenue towards increasing their civic engagement in city level urban planning and policy-making processes. Commitment to community consultation is becoming standard procedure for all levels of government. This commitment is usually best translated into effective practice where there is strong community interest, or where communities themselves, or interest-based groups within them, are well organized. However, despite women with disabilities'



active involvement in communities, they are often invisible in urban planning processes. Women with disabilities still face challenges because of the lack of accommodation to their needs in the form of accessible transportation, attendant care, sign language interpretation, etc. Information is often not easily attainable in alternative formats such as large print, Braille or disk. This prevents women with disabilities from actively participating.

Policy-makers and planners often fail to recognize the specific interests of women with disabilities. They sometimes fail to consult them and do not address their problems. This, in turn, discourages women with disabilities from participating in the community. Another important point is that women with disabilities contribute countless hours of volunteer time participating on advisory committees, boards, and commissions. It is expensive to volunteer. Most women with disabilities cannot afford to do this on a regular basis unless organizations and governments recognize the need to support them with transportation, childcare, and financial remuneration.

### Conclusion

It is clear that women with disabilities face multiple disadvantages in urban life. Urban systems and structures must reflect the requirements of women with disabilities. They must invest in full inclusion of women with disabilities as urban residents by enhancing housing supports, and by ensuring them emergency access to transportation and assistance. The Federal Government's report, *In Unison 2000: Persons with Disabilities in Canada*,

establishes a framework for a national consensus on disability issues. The report states that a basic value shared by all Canadians is a "commitment to inclusion – welcoming everyone to participate fully in society." The report further notes that "[t]he vast majority of Canadians believe that persons with disabilities should be supported in their efforts to be active in their communities and society." The report concludes that disability supports are "a key building block for full inclusion" and are essential for persons with disabilities to achieve their full social and economic potential and to participate in society.

Women with disabilities are vital members of the social and cultural fabric of Canada and should be supported to achieve their full social and economic potential, and to participate in society.



## References

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<sup>i</sup>Intersectionality of identity is a concept that recognizes how multiple identity markers (race, religion, and age) can determine the discriminations and oppressions of the dominant identity experienced by an individual. For additional information see: Beijing Platform for Action 10 year review – women taking action locally and globally  
<http://www.beijingplus10.org/intersectionality.htm>

<sup>ii</sup>For additional information see: <http://www.aacwinnipeg.mb.ca/Universal%20Design.pdf>

<sup>iii</sup> For additional information on Nurturing Assistance: <http://www.cwhn.ca/network-reseau/4-3/4-3pg3.html>

<sup>iv</sup> For more information on: TTC Wheel-Trans see:  
[http://www.city.toronto.on.ca/ttc/pdf/accessible\\_transit\\_services\\_plan.pdf](http://www.city.toronto.on.ca/ttc/pdf/accessible_transit_services_plan.pdf)



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