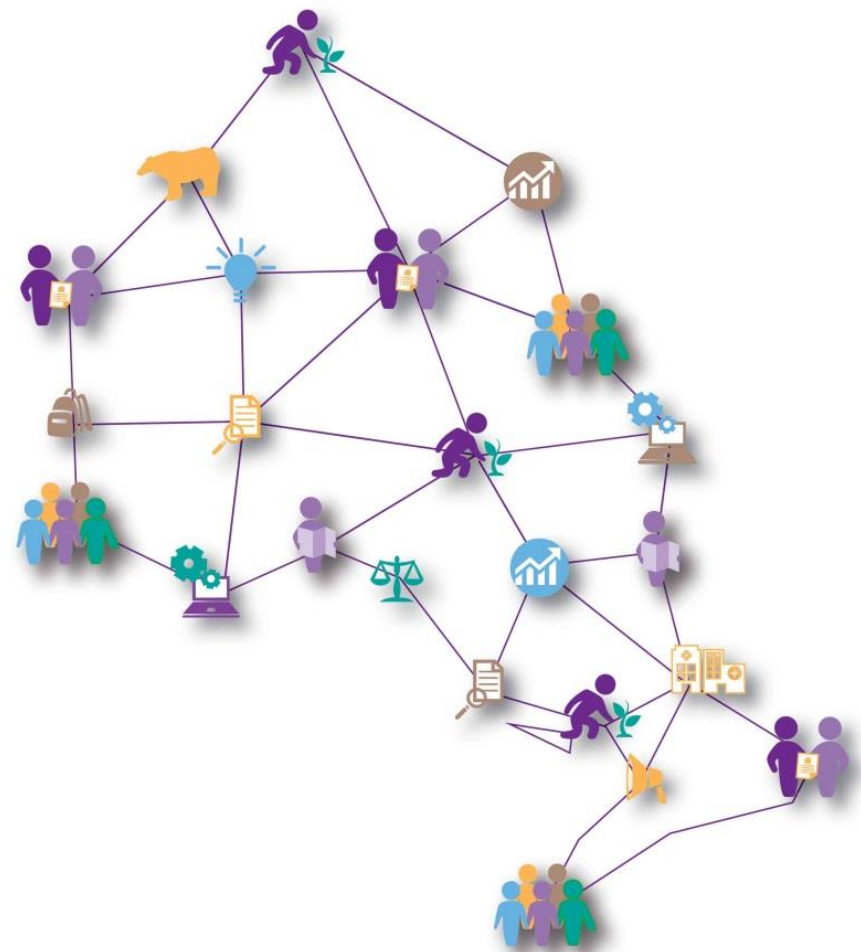


2020-November-06

camh



CAMH Land Acknowledgement

CAMH is situated on lands that have been occupied by First Nations for millennia; lands rich in civilizations with knowledge of medicine, architecture, technology and extensive trade routes throughout the Americas. The site of CAMH appears in colonial records as the council grounds of the Mississaugas of the Credit First Nation. Toronto is now home to a vast diversity of First Nations, Inuit and Métis who enrich this city.

CAMH is committed to reconciliation. We will honour the land through programs and places that reflect and respect its heritage. We will embrace the healing traditions of the Ancestors, and weave them into our caring practices. We will create new relationships and partnerships with First Nations, Inuit and Métis – share the land and protect it for future generations.



Housekeeping

- The audio is being stream via your computers. For optimal sound, please use external speakers or earphones. If you are still having trouble hearing our presenters, you can dial into **+1-415-655-0001** or **access the list of Global call-in numbers**
- This webinar will be recorded and posted on the Col's webpage following the presentation.
- Please also let us know via the chat box if someone is watching the webinar with you.
- Some collected data from the webinar might be used for reporting.
- We would appreciate having your feedback on today's webinar. Your browser will switch to the survey after this webinar ends. **Thanks in advance for the 3 minutes of your time to complete our online feedback survey!**

AGENDA

1

Introduction: A bit about you, the OHFRN-Col and today's presenters

2

Panel presentations on racism and anti-racism in Housing First

3

Q/A

1

Introduction

But first, a bit about you!

WHO is participating in today's webinar. Please answer the poll:

What is your main role in relation to the addictions and/or mental health sectors?

- ☐ Agency Leadership
- ☐ Physician / Psychiatrist
- ☐ Nurse (e.g. nurse practitioner, registered nurse)
- ☐ Psychologist / psychotherapist
- ☐ Allied health professional
- ☐ Peer workers
- ☐ Social worker, counsellor, other service provider
- ☐ Educator
- ☐ Knowledge Broker/Implementation Staff
- ☐ Policymaker/System Planner
- ☐ Researcher/Research Staff
- ☐ Other (please specify)_____

WHICH SECTORS are participating in today's webinar? Please answer the poll.

- ☐ Hospital Mental Health and Addictions
- ☐ Community Mental Health and Addictions (e.g. private or public)
- ☐ Primary Care (e.g. physicians, nurses, nurse practitioners)
- ☐ Public Health/Board of Health
- ☐ Peer Support Services
- ☐ Child & Youth services
- ☐ Housing Services
- ☐ Justice (e.g., police, corrections)
- ☐ Education
- ☐ Government
- ☐ Employment
- ☐ Research/Academia
- ☐ First Nations, Inuit or Metis organizations
- ☐ Faith based & Cultural services
- ☐ Other (please specify)_____

WHERE everyone is participating from? Please answer the poll.

Which area are you participating from?

- ☐ Northwest Region (e.g. Kenora, Thunder Bay)
- ☐ Northeast Region (e.g. Sudbury, Barrie)
- ☐ West Region (e.g. London, Hamilton)
- ☐ East Region (e.g. Ottawa, Kingston)
- ☐ GTA Region
- ☐ I am participating from outside of Ontario
- ☐ Not sure



The OHFRN-CoI

Purpose: To assist communities across Ontario to develop, evaluate, and improve Housing First (HF) programs based on the Pathways model tested, adapted, and shown to be effective in the At Home / Chez Soi Demonstration Project.



Goals:

- **Build** local capacity for HF programs
- **Promote** high quality implementation, fidelity, and adaptation of the Pathways HF
- **Advocate** and influence public policy related to HF

The OHFRN-Col

Members of the OHFRN-COI consist of Ontario HF policy-makers planners, managers, service-providers, researchers, and persons with lived experience, including representatives from the housing, health, and justice sectors and Indigenous housing and support providers.

This Col is supported by Evidence Exchange Network, part of the Provincial System Support Program at CAMH.

For more information, visit <http://eenet.ca/housing-first-community-of-interest/>



Today's webinar

During this webinar, you will learn about:

- ✓ an anti-racism, anti-oppression-based HF program in Toronto, part of the At Home/Chez Soi Demonstration Project
- ✓ how the original At Home/Chez Soi HF programs were adapted in Winnipeg to include the Wiisocotatiwin/Assertive Community Treatment (ACT), Ni-Apin and Wi Che Win Indigenous approaches, values and cultural lenses
- ✓ an Indigenous HF program in Ottawa.

The presenters



Dr. Vicky Stergiopoulos is a Clinician Scientist and the Physician-in-Chief at CAMH. She is also a Professor and Vice-Chair, Clinical and Innovation in the Department of Psychiatry at the University of Toronto. Her program of research focuses on the design, implementation, evaluation and dissemination of interventions aiming to improve housing stability, service coordination and recovery of adults experiencing mental health and addiction challenges and social disadvantage.



Aseefa Sarang is the Executive Director of Across Boundaries: An Ethnoracial Mental Health Centre, a unique organization that provides mental health and addictions services exclusively to members of racialized communities in Toronto for the past 25 years. These services are centered in equitable, holistic, anti-racism, anti-oppression and resisting Anti-Black racism frameworks for people who face multiple barriers to care. Aseefa's experiences and interests are in programming for adults, youth, families and the intersection of these lives with the criminal justice system, homelessness, immigration and other social determinants of health.

The presenters



Lucille Bruce is the Chief Operating Officer of End Homelessness Winnipeg. Lucille is a Metis Women who has worked in various leadership roles in Winnipeg, addressing the needs of Urban Indigenous Women and children who were at -risk of homelessness for over 3 decades. Most of Lucille's work experience, including her current position, has been focused on establishing and building a continuum of culturally-relevant services and supports for Indigenous Women, Children and peoples in Winnipeg. Lucille is also recognized for her work as the Indigenous Co-Site Coordinator for the AH/CS National Research Demonstration Project in Winnipeg by the Mental Health Commission of Canada. Lucille provided leadership in the coordination and successful delivery and implementation of the 3 Housing First Programs in Winnipeg.



Betty Edel is the Manager, Housing Supports at End Homelessness Winnipeg. Betty is a Métis woman who has worked on social justice issues in the Inner city of Winnipeg for over 35 years, including education, health care, housing, homelessness. Betty has also trained for CAEH nationally on Housing First from an Indigenous perspective.

The presenters



Tina Slauenwhite is Mi'kmaq and a member of the Indian Brook band, located in Nova Scotia. In 2002, Tina moved from Nova Scotia to Ottawa and since that time she has been working with marginalized Indigenous community members in Ottawa. Tina has held various positions from frontline worker to Executive Director of an Indigenous youth transition house and is currently the Director of Housing at the Wabano Centre for Aboriginal Health.

In 2014 Tina was appointed as Chairperson of the Aboriginal Community Advisory Board (ACAB), which is comprised of community based agencies who work with the Indigenous homeless population in the city of Ottawa, working collectively to coordinate efforts to address homelessness.

In her capacity as ACAB Chairperson, Tina participates as an active member on various committees, giving voice to the diverse needs of Indigenous homeless and at risk people in Ottawa.

Adapting Housing First for Ethno-racial Groups

Access to Care in Ethno-Racial Populations

Studies from Canada, US, UK and Australia suggest that immigrant and ethno-racial groups use mental health services less frequently compared to non-immigrants and experience significant barriers to care

Sue, Fujino et al. 1991; Klimidis, McKenzie et al. 2000; Bhui, Stansfeld et al.

2003; Harris, Edlund et al. 2005; Bhui, Warfa et al. 2007; Hansson, Tuck et al.

2010; Westhues, Ochocka et al. 2008; Simich, Maiter et al. 2009; Simich,

Maiter et al. 2009

However, higher rates of mental health problems have been observed in immigrants, refugees and ethno-racial individuals in Canada and worldwide, although many gaps exist in our knowledge Canada

Bhui, Bhugra et al. 2000; Bhui and Sashidharan 2003; Fenta, Hyman

et al. 2004; Kisely, Terashima et al. 2008; Hamilton, Noh et al. 2009;

Moffat, Sass et al. 2009; Hansson, Tuck et al. 2010; Hansson et al.,

2012

Reduced service use/access to services among immigrant and ethno-racial groups could result from:

- distinct perspectives about mental health and illness;
- culturally unique methods of expressing mental health problems;
- a desire for more culturally appropriate alternative interventions and treatment;
- perception of coercive treatment approaches;
- lack of understanding of the need for culturally appropriate approaches among programs and providers

Snowden and Yamada .2005. Annu Rev Clin Psychol 1: 143-166.

At Home Toronto: Unique Elements

- Half of all Toronto residents are immigrants and nearly half ethno-racial minorities *Social Planning Toronto. Toronto's Social Landscape: 10 year trends, 1996-2006. Toronto: Social Planning Toronto, 2009; Statistics Canada. Canada's Ethnocultural Mosaic, 2006 Census. Ottawa: Statistics Canada; 2008*
- Almost half (45%) shelter or meal program users identified as belonging to a non-White ethnic group, most commonly Black (22%), and Aboriginal (9%) *Hwang SW, Ueng JJM, Chiu S, et al. American Journal of Public Health 2010; 100(8): 1454-61*
- About ⅓ of people experiencing homelessness in Toronto are immigrants , with particular barriers to accessing services related to race, language and social stigma *Mayors' Homelessness Action Task Force. Taking Responsibility for Homelessness: An action plan for Toronto. Toronto, 1999; Access Alliance; Multicultural Community Health Centre. Racialized groups and health status:*



What is Ethno-racial Housing First?

Ethno-Racial Housing First

- Third-arm of Toronto site, providing Housing First with Ethno-racial Intensive Case Management
- Services provided by Across Boundaries, a mental health case management agency focused on serving ethno-racial groups

Anti-Racism/Anti-Oppression framework

Staff representative of diverse ethno-racial groups

Linguistic accessibility

Culturally accessibility

Community kitchen

Many others!

Ensuring:

- HF fidelity
- Scale development to assess AR/AO fidelity
 - literature review
 - content expert interviews, and
 - confirmatory methods

What is anti-oppression?

Oppression can be defined as “a system of domination that denies individuals dignity, human rights, social resources and power” (Dominelli, 2008, p. 10).

Anti-oppression: a theory that guides practitioners’ actions in the health/social services field that specifically tackle power and the access of resources.

Anti-oppressive practices put the consumer’s perspective at the forefront; the importance of including, engaging and supporting consumers in every phase of service delivery.

Corneau & Stergiopoulos. Transcult Psychiatry. 2012 Apr;49(2):261-82

What is anti-racism?

Anti-racism: can represent a social movement as well as a set of practices and discourses aiming at tackling the whole spectrum of ways and sites where racism is embodied.

The difference between anti-oppression and anti-racism : the former does not predefine oppression from a specific category, whereas the latter takes race/racism as the point of entry in its analysis of oppression, power and privilege.

Strategy within the wider spectrum of anti-oppression practices that looks explicitly on privilege and power relations embedded in social institutions in relation to the social construction of racial categories.

Corneau & Stergiopoulos. Transcult Psychiatry. 2012 Apr;49(2):261-82

How anti-oppression and anti-racism translate into program and practice?

7 main strategies to 'do' and use AR/AO:

- Empowerment
- Education
- Building alliances
- Language
- Alternative healing strategies
- Advocacy, social justice/activism
- Fostering reflexivity

Corneau & Stergiopoulos. Transcult Psychiatry. 2012 Apr;49(2):261-82

AR/AO Fidelity Tool

All 12 criteria and related indicators rated positively with respect to importance to AR/AO practice.

Interest in tool to measure program fidelity to AR/AO principles.

AR / AO Criteria

1. Agency commitment to AR/AO practice
2. AR/AO training and professional development
3. Staff recruitment, hiring, retention
4. Staff engagement and voice
5. Program participant engagement and voice
6. Advocacy and community capacity building
7. Community engagement
8. AR/AO frontline praxis
9. Holistic approach to health and wellbeing
10. Needs/Asset identification
11. Assessment of services
12. Appropriate, accessible and welcoming services

How Did it Work?

- High fidelity to HF principles
- High fidelity to AR/AO principles
 - Validation of experiences of racism and oppression
 - Role modeling
 - Corrective experiences of inclusion
 - Power sharing
- HF and AR/AO frameworks compatible and complimentary
 - Recovery orientation / harm reduction/community integration / empowerment

Barriers and Facilitators of Implementation

Challenges

- Meeting the cultural and linguistic requirements of a highly diverse group of participants
- Poor integration of housing and support teams at program onset

Facilitators

- Extensive training and technical assistance in HF principles
- Extensive experience with AR/AO principles by the host agency
- Collaborative learning environment

“Staff need to be able to speak to issues of race and oppression and if the organizational support isn’t there and the culture isn’t there, then you’re kind of missing the boat...so, if you’re not able to name the issue and if you can’t chat with the client about their experiences, then you are not really addressing it...”



Racism and Anti-Racism in Housing First

November 6, 2020

Aseefa Sarang
Executive Director

Across Boundaries Programs and Services

Case Management

- Moderate-intensive

Drop In/Social Rehab Programming

- Variety of programming

Complementary Therapies

- Yoga, TCM, Art, Music

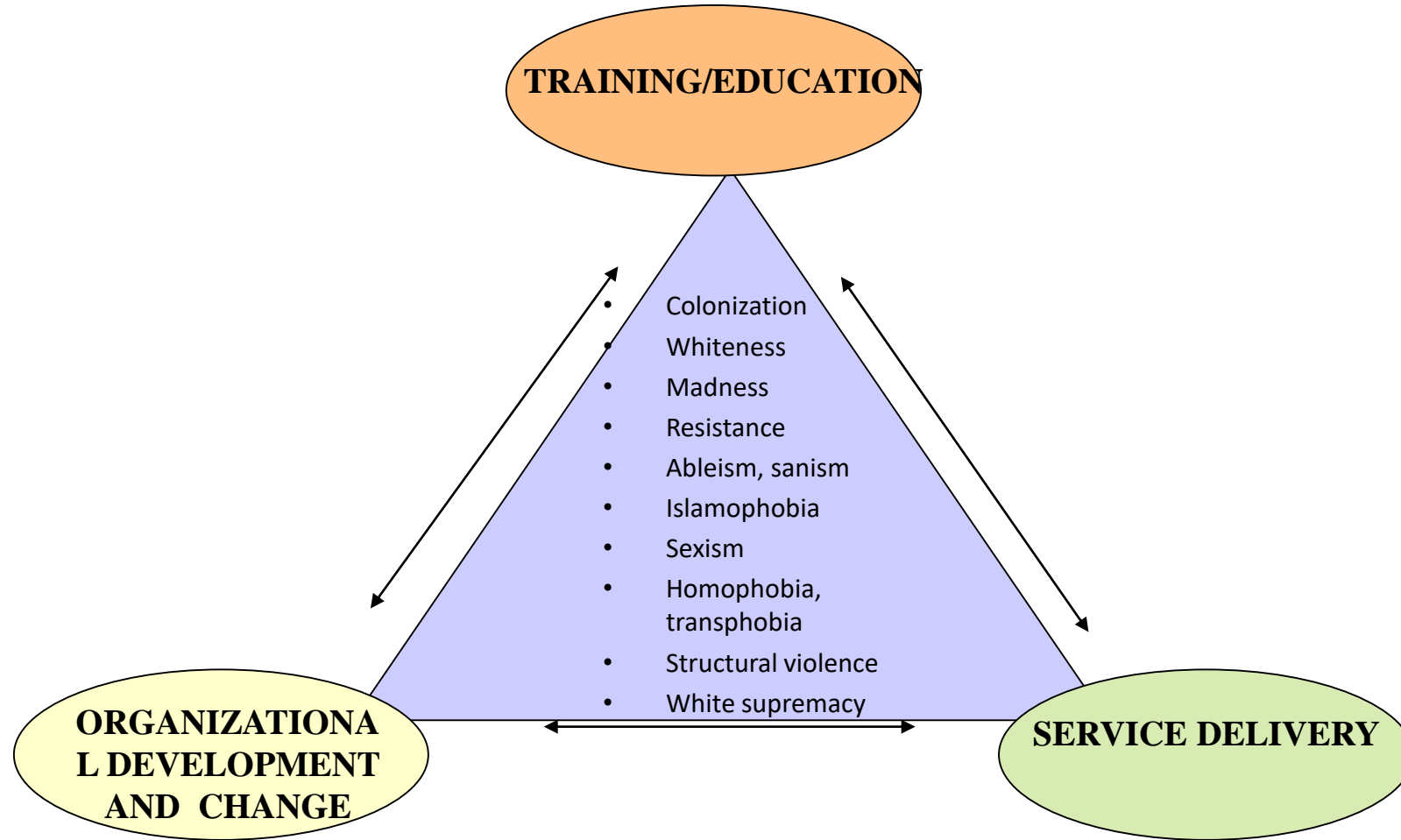
Psychiatric Supports

- Psychiatric consultations, education, assessments

Education, Training and Research

- Internal and external
- Collaborations

What is an Anti-Racism, Resisting Anti-Black Racism, Anti- Oppression Framework



Across Boundaries AR/AO Service Delivery



AR/AOP/Resisting ABR Practices include:

- “Researchers have suggested that **open dialogues** about issues of race and ethnicity can promote an environment of trust that will ultimately **benefit the treatment process** ([Cardemil & Battle, 2003](#))”
 - (The influence of Race and Ethnicity in clients’ experience of mental health treatment <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4228688/>)
 - “However, it is imperative that treatment protocols **integrate** steps to heal these hidden wounds. This does not require abandoning established treatment methods, but **incorporating effective strategies** to address racial oppression within standard operating procedures.”
 - Creating Space for Race
 - Validation
 - Process of Naming Racial Oppression
- (Healing the Hidden Wounds of Racial Trauma by Kenneth V. Hardy - <https://static1.squarespace.com/static/545cdfcce4b0a64725b9f65a/t/54da3451e4b0ac9bd1d1cd30/1423586385564/Healing.pdf>)

Housing First – Toronto Third Arm Participation



SOCIAL DETERMINANTS AND INEQUITIES IN HEALTH FOR BLACK CANADIANS: a snapshot

HOUSING

- Studies in Toronto and Montreal have revealed exclusionary screening methods, refusal to rent or imposing financial barriers to renting
- 20.7% of the Black population aged 25 to 59 lived in a low-income situation (based on market-based measure), compared with 12.0% of their counterparts in the rest of the population
- 20.6% of Black Canadians reported living in housing below standards, compared to 7% of White Canadians
- 12.9% Black Canadians were living in crowded conditions compared to 1.1% of White Canadians



Lived Experience of Our Service Users

Added to Mental illness, addictions, homelessness, stigma – experiences of:

- Poverty
- Immigration/settlement Experience
- un-employment/under-employment
- Ongoing Trauma
- Lack of affordable housing in a very unaffordable city
- Limited housing stock
- Lack of safety – particularly for Queer, Trans people
- Racism/Anti-Black racism from Landlords
- Over – surveillance – minor infractions
- Lack of credibility
- Increased evictions

One Study Result

*“Enhancing HF with anti-racist/anti-oppressive principles of practice for black and ehnic minority homeless adults with mental illness **successfully improved housing stability and community functioning for this population**, compare to usual care at the Toronto site of the At Home/chez Soi trial”*

The effectiveness of a Housing First adaptation for ethnic minority groups:
findings of a pragmatic randomized controlled trial

Vicky Stergiopoulos^{1,2,3}, Agnes Gozdzik², Vachan Misir², Anna Skosireva², Aseefa Sarang⁴, Jo Connelly⁵,
Adam Whisler¹ and Kwame McKenzie^{1,3}

“Train service providers so that they are able to provide more holistic assessments of clients’ housing needs based on an integrated anti-racism, anti-Islamophobia and anti-oppression framework, and culturally accessible service delivery, and they understand issues of mental health, addiction, and incarceration ...and their connection to homelessness”.

“Develop greater cultural and political literacy among people in marginalized communities to better understand and advocate for housing rights”

AR/AO Fidelity Tool

- All 12 criteria and related indicators rated positively with respect to importance to AR/AO practice.
- Interest in tool to measure program fidelity to AR/AO principles.

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10. Needs/Asset identification
11. Assessment of services
12. Appropriate, accessible and welcoming services



Recommendations

1. Acknowledge, Accept, and Address the existence of racism, oppression and anti-Black racism
2. More Research - More Data - More Evidence
3. Share power/resources/spaces through new and equitable models of funding/housing
4. Recognize and respect:
 - The leadership, knowledge and histories of racialized/marginalized communities
 - The Right to develop their own services

Resources

- Racial Equity Impact Assessment Guide
(<https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>)
- Health Equity Impact Assessment Tool -
<http://www.health.gov.on.ca/en/pro/programs/heia/>
- Anti-Racism Directorate
- <https://www.toronto.ca/city-government/council/2018-council-issue-notes/torontos-equity/equity-diversity-and-inclusion-within-the-city-of-toronto/>
- https://documents.ottawa.ca/sites/default/files/ei_lens_hb_en.pdf
- Mental Health Commission of Canada
https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf
- <https://www.homelesshub.ca/sites/default/files/attachments/5.1%20Zine%20-%20Latin%20Americans%20and%20Muslims.pdf>

THANK YOU



ACROSS BOUNDARIES

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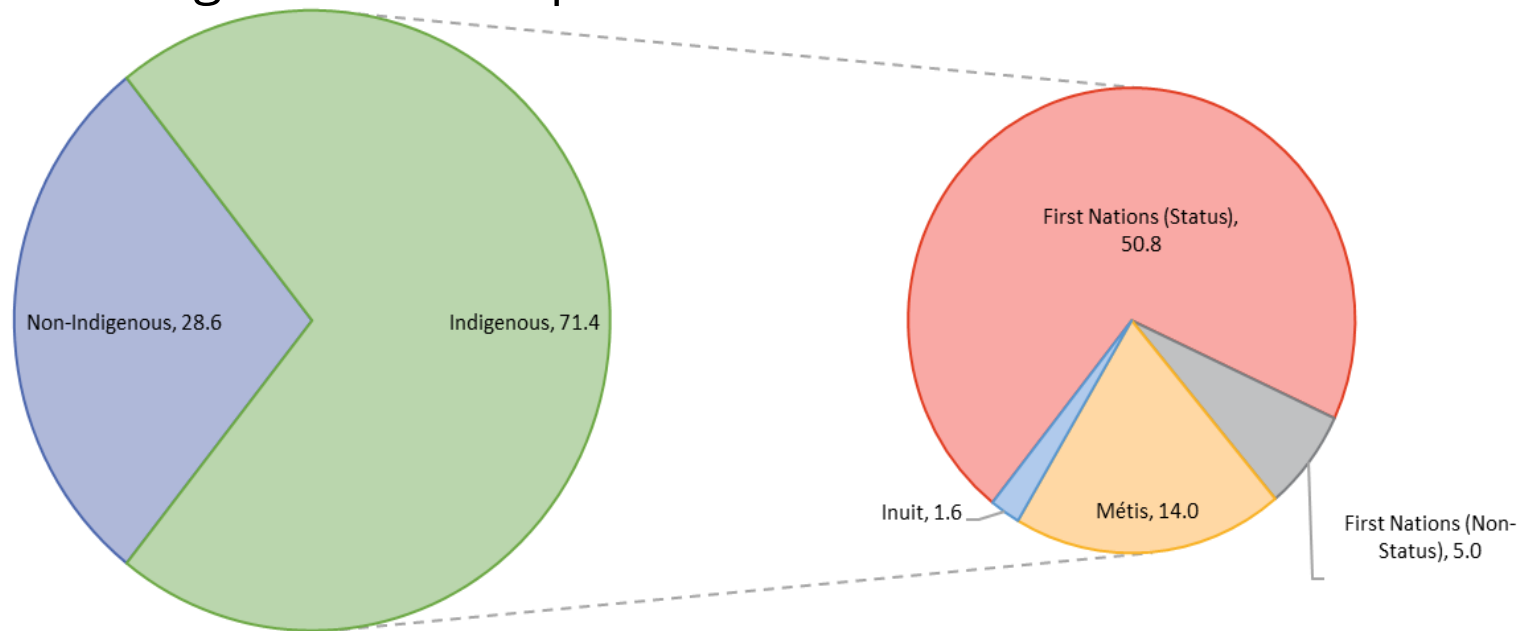
E-Mail: aseefa@acrossboundaries.ca

Web Site: <http://www.acrossboundaries.ca>

Localizing Indigenous Housing First in Winnipeg

Background: Indigenous Homelessness in Winnipeg

- Population: 800,000+ in metro area, with moderate population and economic growth
- Highest urban Indigenous population in Canada (12%)
- Indigenous overrepresentation in homelessness



At Home/Chez Soi: The Experiment



VANCOUVER

WINNIPEG

TORONTO

MONTREAL

MONCTON



Winnipeg's At Home/Chez Soi Model

- Building on local Indigenous capacity and expertise
- Four key principles:
 - providing trauma-informed care;
 - recognizing culture diversity;
 - being strengths based; and
 - ensuring cooperation and collaboration
- Two site coordinators:
 - 1 Indigenous person from community, with many years experience working from an Indigenous cultural approach
 - 1 person from government, with knowledge and experience of government systems



The Winnipeg model was based on creating and maintaining culturally safe partnerships among local Aboriginal and non-Aboriginal organizations, universities, and government departments.

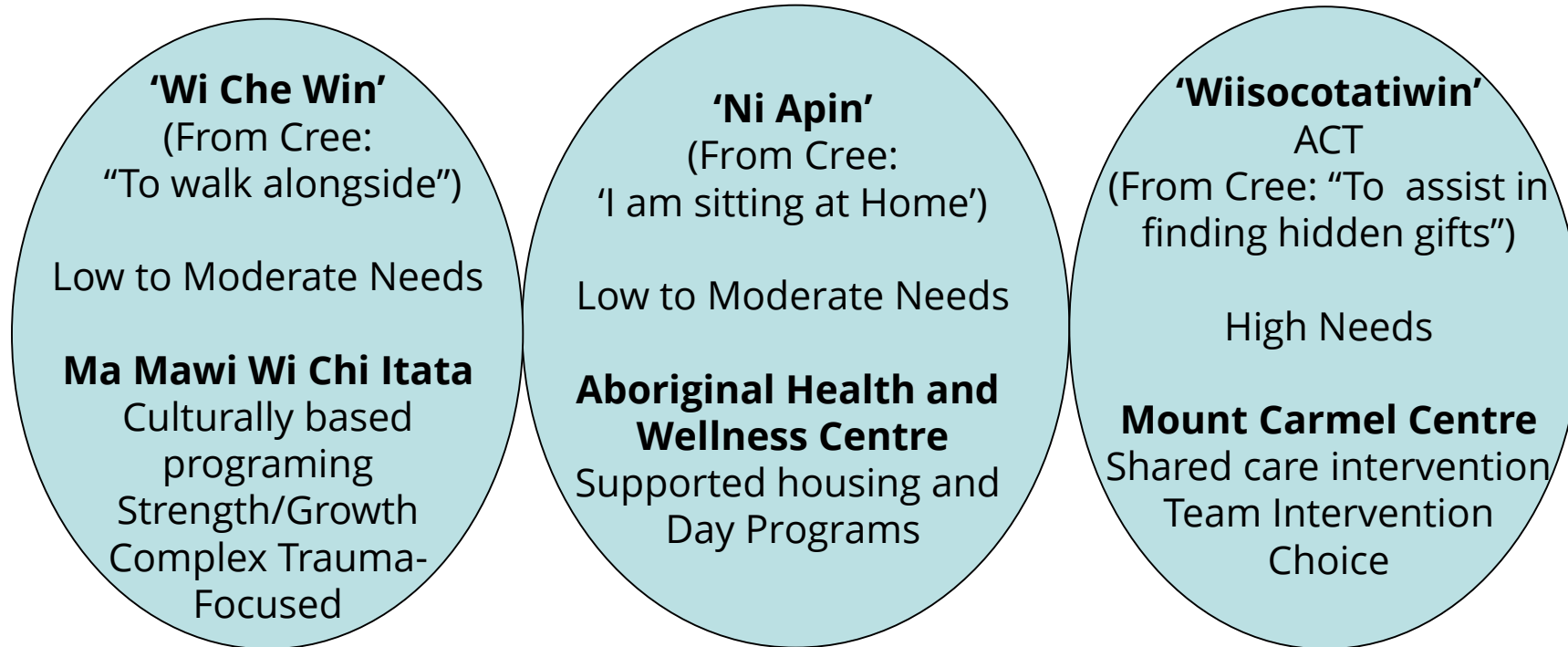
Figure 1: Winnipeg At Home/Chez Soi Partners



Lived Experience Engagement



Three Service Teams



Winnipeg Site: Recognizing and Celebrating Indigenous Diversity

- ▶ Elders
- ▶ Sharing Circles
- ▶ Lived Experience

Meeting Challenges Together and Moving Forward



End Homelessness Winnipeg: an Indigenous Organization



Closing

**“Walk beside us,
not in front of us or behind us”**

Maarsi - Miigwetch - Thank you



Wabano

Indigenous Housing First Program

Tina Slauenwhite
Director of Housing

A PLACE OF BELONGING

The background image shows a spacious, circular interior space, likely a lobby or atrium. It features a curved balcony with glass railings on the upper level. The ground floor has large windows and glass doors, allowing natural light to enter. The floor is made of polished wood with a large, circular, patterned rug in the center. The walls are light-colored, and there are several pillars supporting the structure. The overall atmosphere is bright and modern.

OVERVIEW

Wabano Centre for Aboriginal Health

Ottawa PIT Count

City of Ottawa Housing First Program

Wabano Housing First Program

The image shows the Wabano Centre for Aboriginal Health, a modern building with a curved, organic design. The facade is primarily composed of large, curved glass panels that reflect the surrounding environment. The building's structure is made of light-colored stone or concrete, with a prominent circular dome on the left side. A wide, curved staircase leads up to the entrance, and a large, circular, open-air structure is visible in the foreground. The overall aesthetic is contemporary and culturally inspired.

Wabano Centre for Aboriginal Health



According to census data
Indigenous people account
for **2.5%** of Ottawa's
population yet **24%** of people
experiencing homelessness
identified as Indigenous



Of the **335** Indigenous respondents, **47%** had been in foster care

Indigenous peoples experiencing homelessness

City of Ottawa Housing First

- Adults (Shelter)
- Chronic & Episodically Homeless (180 days in shelter)
- Youth 16-24



Barriers to Housing



Active Housing Registry Application

Housing Allowances

Income Taxes



Wabano Housing First Program

Low Barriers to Housing



Source of Income

Rent Supplement

Annual Income Review

A person is lying horizontally inside a large, circular, metallic structure, possibly a tunnel or a large pipe, at night. The person is wearing dark clothing and sneakers. The structure is illuminated from within, creating a bright glow around the person. In the background, through the circular opening, a city street at night is visible, with buildings and streetlights. The text "Challenges Moving Forward..." is overlaid in white, sans-serif font across the center of the image.

Challenges Moving Forward...



Thanks!

Contact Info:

Tina Slauenwhite

Director of Housing

Wabano Centre for Aboriginal Health

Phone: 613-748-0657 x 203

Questions for presenters



Thank You!

camh

Thanks to all participants for joining today's webinar.

The OHFRN-Col would also like to give a special THANKS to all the presenters for today's presentation!



Please take a few minutes to answer a feedback survey on today's webinar and give us suggestions on future webinar topics.

The webinar recording will be posted the Col's webpage shortly.