

**Diversity Project  
Toronto HIV/AIDS Network (THN)  
Report & Recommendations for Action  
2012-2014**

*Enhancing the capacity of HIV/AIDS-specific programs and services  
to serve more diverse communities across Toronto*

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March 2012

# **DIVERSITY PROJECT**

## **Toronto HIV/AIDS Network (THN)**

### **Report & Recommendations for Action**

#### **2012-2014**

## **Introduction**

The Toronto Community Planning Initiative (now Toronto HIV/AIDS Network - THN) completed a Plan in 2007 in which Diversity was listed as a strategic priority. The specific recommendation (#5) states: *“Enhance the capacity of HIV/AIDS-specific programs and services to serve more diverse communities across Toronto”*. It was further recommended that the Steering Committee promote a three-pronged approach that included advocacy to increase funding, staff and volunteer training and actively pursue partnerships. The Steering Committee explored this priority further beginning in Fall of 2008, “Diversity – Improving Access” was made a key topic for the November Members’ Meeting which featured a panel and small and large group discussions. At this meeting, Members supported THN “continuing to be a bridge for resource sharing and lessons learned,”<sup>1</sup> Which prompted the Diversity Project.

Discussions following the Members’ Meeting in 2008 have since determined that there is a wide range of competency within THN member agencies when it comes to serving diverse communities – from limited awareness, to resistance, to organizations that use Anti-Racism/ Anti-Oppression (AR/AO) frameworks. As well, it is recognized that increasing capacity is a long-term process that requires agency-specific work and support from the Executive Director, Management, and Board. With this in mind, the Steering Committee questioned what supporting role THN could play in the process of agency capacity building.

To this end, THN and the Black Coalition of AIDS Prevention (Black CAP) sent out a call for proposals, which identified the need for a consultant or a small team to help move the above-mentioned strategic priority forward. As a result of this process, Annemarie Shrouder (of Building Equitable Environments) and Akim Adé Larcher (of The Larcher Group) were contracted.

The context of the Diversity Project has been a broad definition of diversity within an anti-racism/anti-oppression (AR/AO) framework. An AR/AO framework informs an agency’s acknowledging power and privilege, as well as various realities in reaching out to diverse communities and creating / delivering relevant programs and services.

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<sup>1</sup> Capacity-building to serve diverse communities – THN role – proposed activities August 2009

Black CAP recognizes and values the varying dimensions of diversity<sup>2</sup> of its human resources and the communities it services. While Black CAP values, celebrates and embraces these dimensions of diversity as important to the social and cultural vibrancy of the organizational environment, it recognizes that it is necessary to further critically engage and address the issues of oppression that create lack of access and inclusion for traditionally marginalized communities and stakeholders<sup>3</sup>.

This is particularly important within the HIV/AIDS community since the epidemic is fuelled by stigma and discrimination which create barriers. With this in mind, the Greater and Meaningful Involvement of People with AIDS (GIPA & MIPA) must be closely aligned with an agencies' AR/AO framework, and be at the forefront of informing the work it undertakes in relation to providing accessible programs and services. Making a commitment to AR/AO and GIPA/MIPA is not just about policy, but about how these frameworks inform practices and procedures (the what *and* the how) within an agency.

That while there has been active legislation against racism, homophobia/heterosexism and ableism in Canada for years, active oppression continues on these grounds. A change in legal rights does not necessarily bring about a change in understanding, access and social inclusion. For real change to occur, organizations such as Black CAP have to decidedly take action to implement strategies that make change happen.<sup>4</sup>

This first stage of the Diversity Project included a literature review of notes, materials, and models for working with/responding to diverse communities, as well as gathering information from agencies and individuals in the field. The mandate is the development of a 2-year Action Plan which will allow the THN to support its member agencies, at their various stages, in increasing their capacity to serve diverse communities. A glossary is provided at the end of this document.

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<sup>2</sup> Diversity is a broad term that refers to the variety of differences among people and is commonly understood in terms of dimensions that include, but are not limited to race; age; place of origin; religion; ancestry; aboriginal status; skin colour; citizenship; sex; gender identity; sexual orientation; ethnic origin; disability/ability; marital, parental or family status; creed; language; educational background; literacy level; geographic location; income level; cultural tradition; and work experience.

<sup>3</sup> Black CAP Access and Inclusion Policy, p.4

<sup>4</sup> Black CAP Access & Inclusion Policy

## Methodology

The Action Plan was created using a qualitative methodology. This consisted of consultation with the project Steering Committee, a Member's online survey, 9 Key Informant Interviews, and 2 focus groups. An online survey was developed in consultation with the Steering Committee with the goal of capturing an organizational environmental scan of the sector, and locating the strengths and gaps in relation to the capacity to serve diverse communities. At the close of the online survey on September 28, 2010, 22 respondents had completed 5 questions (for a list of questions, see Appendix A).

The Steering Committee recommended a list of key informants who had first-hand knowledge of THN, and a working relationship with serving diverse communities. The face-to-face and telephone interviews were conducted in September and October 2010 (for a list of questions, see Appendix B). Two invitation emails were sent out asking for focus group participants: one for Management only which was sent to member Management, and one for front line staff, which was sent to Management (to forward) as well as peer networks and client networks identified by the Steering Committee. The key informant questions and the Focus Group participant guides were developed in consultation with the Steering Committee.

The Focus Groups were held at the Toronto People With AIDS Foundation (PWA) office on October 15<sup>th</sup> (Management) and October 19<sup>th</sup> (front line). Although there were 5 RSVPs for the management focus group, 2 people cancelled the night before and in the end there were only 3 participants. This allowed for a more in-depth discussion, which proved fruitful despite the small numbers. Management who did not attend were sent emails with the Focus Group questions as a follow-up, but there were no responses (for a list of questions, see Appendix C).

Similarly, the Front Line Focus Group had less attendees than RSVPs, but there were 7 participants from mostly culturally-specific agencies, and the conversation was equally profound. To see the Focus Group questions, please see Appendix D.

In addition, literature review included THN documents, other HIV sector documents, as well as broader sector documents, many of which were provided by the Steering Committee.

These information gathering methods allowed for a cross section of perspectives which have assisted in the creation of the Recommendations and the development of the Action Plan.

#### Limitations:

- Some participants experienced difficulty with the electronic survey
- The short time period for advertising of the focus groups (2 weeks)
- Only one option of dates to choose from for each focus group (given the tight timeline, the 2 dates used were the only ones with rooms available at PWA)
- Recent survey completion may have caused some Management to opt out of the Focus Group
- Choice of dates: The Management Focus Group was held on a Friday afternoon

## Results & Context

As the Steering Committee identified, there is a range of awareness and capacity among THN member agencies when it comes to serving diverse communities. This was corroborated by the responses to the electronic survey.

The electronic survey was sent out to a total of 35 agencies (46 contacts within those agencies mostly Management and Executive Directors). Twenty-two (22) responses were received – which represents 47.8% of those contacted (although not everyone responded to every question). Of the respondents, 45.4% (10 of 22) indicated that anti-oppression was the lens through which the agency does their work, and 22.7% (5 of 22) of respondents noted that positive changes were beginning to be evident. The remaining responses indicated agencies were at the beginning stages of awareness and implementation of cultural competency.

With regard to what agencies have in place to support their capacity to serve clients, 94.7% indicated community network and engagement and 84.2% indicated policies and procedures. Of these policies and procedures, 94.7% of respondents indicated that they have Anti-Discrimination policies and 94.7% also indicated they have Anti-Harassment policies. In terms of this project, it is important to note that Anti-Harassment policies are legislated by the province<sup>5</sup>, and there are mechanisms in place to ensure implementation. Agencies that receive City of Toronto funding are required to adopt the City's policy on Anti-Discrimination, and "are required to develop a Policy on Anti-Racism, Access & Equity, and develop Action Plans."<sup>6</sup> Current mechanisms are lacking to ensure that organizations implement these action plans so that they become part of the organizational culture. In addition, 84.2% of respondents have Anti-Oppression policies.

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<sup>5</sup> Employers are required by the Canada Labour Code to develop their own harassment policies.

<sup>6</sup> [http://www.toronto.ca/grants/pdf/declaration\\_non\\_discrimination\\_policy.pdf](http://www.toronto.ca/grants/pdf/declaration_non_discrimination_policy.pdf)

While these numbers are high, there are agencies on the other end of the spectrum as well:

*“We are beginning to look at anti-oppression training and trying to figure out what is an anti-oppression framework and what does it look like.” – survey comment*

While the numbers above are promising, it is important to note that only 36.8% (7 of 19) respondents chose measurement and accountability as a support for capacity building, which then begs the question: how are these policies informing their work? It also bears outlining here that the existence of policies does not suggest a commitment to practice. Policies can be crafted without the depth of discussion and examination of what is happening at an agency. This is corroborated by the above gap between policy (84.2%) and accountability (36.8%), as well as survey and focus group comments such as the one noted below.

*“We may have [Anti-racism] AR policies in place, but they haven't quite made it from policy to practice.” – survey comment*

These survey results are in line with similar findings of the Central Local Health Integration Network (CLHIN) Cultural Competency Project (2009) where observations include that “the strongest areas of performance are in staff policy.”<sup>7</sup> While policies are important and indicate a level of awareness, policies alone will not increase an agency’s capacity to serve clients from diverse communities.

### **Working with diverse communities: A snapshot of ‘practices that work’**

Through all of the data gathering methods, the following agency strategies for serving clients from diverse communities have been identified. These can be grouped into 4 main categories:

- Staffing / Languages
- Partnerships
- Community outreach and engagement
- Organizational culture

#### Staffing / Languages

Intentional hiring consists of hiring staff from communities served (or potential clients) as well as making sure that new staff understand the framework that the agency works within, in order to further the work. In this case, the issues of concern would be anti-oppression, equity and cultural competency<sup>8</sup>.

Representative staffing is, as it sounds, making sure that staff represent the communities served. This may impact the cultural competency of their work (and

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<sup>7</sup> Cultural Competency in the CLHIN Mental Health & Addictions Agencies and Programs, 2009, p. 22

<sup>8</sup> Definitions for these terms are available in the Glossary in the Appendices.

perhaps the agencies work, if the organizational culture allows it), as well as the agency's ability to respond to clients in other languages. Language is often cited as one of the main barriers to service, as not being able to communicate is an immediately recognizable hindrance to service provision and program participation.

*“Staff compliment is quite diverse, but expanding this would clearly be beneficial re: perceptions of accessibility and allowing us to “in house” [offer services or programs within the agency instead of referring clients out or requiring outside assistance] resources.”*

- survey comment

Beyond language are issues of cultural knowledge. However agencies need a framework in place to acknowledge and tap into this knowledge, which speaks to organizational culture.

*“Ensure language specificity and cultural appropriateness within currently funded services. There should be cognizance of the various social factors that create unique challenges for African and Caribbean women living with HIV/AIDS.”<sup>9</sup>*

### Partnerships

Partnerships with agencies within diverse communities is another strategy. In one case, a key informant suggested that it was not always a good idea to try to serve all communities, but that bringing in outside expertise or referring to other agencies is also a way to provide good service. Referral is one aspect of cultural competency, but should not eclipse the need for agencies to become more adept at serving diverse communities well. Partnerships offer agencies the opportunity to expand their ability to serve clients from diverse backgrounds – either by creating programs together, gaining credibility within communities because of the credibility of the partner organization, or because of the opportunity for quality referral.

### Community Outreach & Engagement

One of the main ways community engagement seems to be used as a strategy is for information gathering: Talking to communities about their needs, what is relevant about the services provided, how they understand HIV/AIDS and then using this information to inform programs and services.

Bringing services to communities (outreach) is also cited as a strategy and would be informed by community engagement. How outreach and engagement occur includes: word of mouth, holding events in community-specific locations, holding focus groups and open forums, and vetting the information before it goes out. Partnerships with community organizations are, not surprisingly, also listed under this category.

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<sup>9</sup> Silent Voices of the AIDS Epidemic – WHIWH 2006. Page 41

## Organizational Culture

Each of the strategies outlined above fall under the broad umbrella of organizational culture. Organizations that have an AR/AO framework work with and towards all of these strategies with a different lens – a lens that recognizes what staff have to offer, with the desire to use this knowledge within the organization (what is done, and how) as well as to inform outreach and partnerships.

The hiring process, within an AR/AO framework, therefore includes an awareness of the diversity of the candidate as well as their understanding of anti-oppression, equity and cultural competency. Both are tools to vet appropriate candidates that will add to the organizational culture already established, and links to diverse communities.

Community engagement and outreach also take on a different flavour when there is an AR/AO framework: communities are seen as bringing knowledge and expertise, paving the way for partnerships where both sides have something to offer.

*“Our trans focused programs are incredibly diverse with roughly a third of the participants identifying as Aboriginal, and the rest well divided in terms of ethno-racial backgrounds. Issues of harm reduction/drug culture and poverty are well addressed in these programs. ... Why? Because this program is run by members of the trans community and has always been led by the members of that community, including trans sex workers as an integral part of our programming. We've therefore stayed responsive to the community's needs.”*

- Survey comment

## **Building Agency Capacity**

Creating equitable and accessible services that serve a variety of communities is, in the words of one Key Informant *“not an add-on...it is the work...equity is part of the core business of the organization.”* For agencies that have a solid anti-oppression or AR/AO framework in place, this is likely how they operate, but for agencies that are beginning this work, resistance can come from the belief that this is onerous. While agencies begin to incorporate an AR/AO framework into practice there will be extra steps that will be needed, in terms of how they think about and do their work. Documents such as the *Ontario Human Rights Code* and the *Canadian Charter of Rights and Freedoms*, along with THN's broad definition of diversity should be referenced to assist this process. Over time, however, this becomes a part of the organizational culture, and therefore *how* things are done (much like other changes that are incorporated).

Policies and training are the two most consistent answers gathered around capacity building. As noted in the survey, policies alone do little to increase



capacity. Regular and mandatory staff training is cited as important so that these policies become living parts of the organization and inform the organizational culture. It has been noted that high turn-over among agency staff is a new phenomenon, undermining agency capacity to serve clients from diverse community well. High turn-over of staff further increases the need for regular training (see Recommendation #11).

*“...new staff should have internal training so they are well equipped to deal with multiple issues from diverse communities and needs. There is a high turn over in the sector and we need to address it. As we lose old staff who had a history and personal investment in the sector.*

*...It feels like as we get more ASO career employees they may not be as actively engaged in the issues and the communities, they are purely professionals”*

- Key Informant

Organizational culture that supports equity, anti-oppression and accessible service includes supportive leadership, walking the talk, and creating an environment where people feel safe to talk about issues as they arise, ask questions, and hold Management accountable. These are also considered important for building capacity.

All of the previously mentioned strategies for serving diverse communities show up as capacity builders as well: particularly intentional hiring and community engagement. But internal knowledge available through staff as well as knowledge gained through partnerships and engagement is of little use in building capacity unless organizations have a culture that values and uses this information.

One of the most critical components of capacity building, however, is listening to the needs and realities of the communities that agencies serve.

*“Capacity building is listening to what people need to make it work and being open to doing things differently.”*

- Key Informant

Many key informants spoke of listening as crucial. But in order to make a difference in terms of building capacity to serve diverse communities, organizational culture has to also support *using* this information to inform what is done or how.

## Barriers to Access and Needs

Frontline workers spoke passionately about some of the barriers to accessing services that they see from their perspective. They can be grouped into 3 main themes:

- Stigma and discrimination / Lack of education
- Lack of resources
- Organizational culture

### Stigma & Discrimination

It should come as no surprise that stigma and discrimination are at the top of the list. Some of this stigma and discrimination is HIV-specific. But in addition to this, there is further stigma and discrimination with regard to sexual orientation, immigration status, language, and culture. Barriers to access and service are further impacted by the social determinants of health and the intersectionality of identities.

Stigma and discrimination were flagged as issues both within mainstream agencies as well as culturally-specific<sup>10</sup> agencies. Although they may manifest somewhat differently, the result is the same – inadequate care or refusal of service.

Within mainstream healthcare (hospitals etc), HIV status combined with other issues such as drug use, sexual orientation, and culture often result in clients being pushed away from services. It then becomes part of the agency worker's job to advocate on behalf of their clients so that they receive the health care they need. This speaks to a lack of cultural competency within the healthcare sector broadly. Given the mandate of this project, we can assume that if cultural competency is of concern within mainstream healthcare, that it is likely also of concern within agencies that provide HIV specific services and those that are AIDS Service Organizations (ASOs). Lack of cultural competency in non culturally/community specific agencies impacts access because the programs and services do not *work* for underserved, diverse populations who may not want to seek care within their specific community.

Another ripple effect of stigma and discrimination which impacts access is the amount of time and energy it takes to build partnerships with other organizations. The settlement sector is a prime example which was raised in the Front Line Focus Group. While there are many vehicles for reaching newcomers (LINC and ESL classes, women's groups, newcomer information sessions, etc.) which would provide a captive audience for HIV education, there are barriers to an organization's receptivity to including this in their curriculum. These barriers

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<sup>10</sup>. The 2007 recommendations define cultural as follows: "In this context, the word "cultural" is used to include ethnicity and culture, deaf culture, gay, lesbians, trans, queer and 2-spirited cultures, and drug culture."

including lack of awareness about HIV among the gatekeepers (counsellors, teachers, program directors, etc), and stigma and discrimination around HIV.

Culturally/community-specific mainstream social service agencies are not immune to discrimination and stigma and lack of cultural competency. While culturally/community specific agencies are culturally competent in terms of serving their specific target population, they often fall short with respect to sexual and gender diversity and HIV. The ramifications of homophobia and HIV-related discrimination are possibly even more dire in these circumstances since clients may arrive at these agencies hoping for the safety and acceptance they are not finding in non culturally/community specific agencies and organizations.

*“It’s difficult, since our own community doesn’t want to take in some of our clients”*

*- Focus Group Participant (front line)*

The presence or absence of cultural competency spills into an agency’s environment. How an agency is run, and the atmosphere created for clients can create barriers for some groups, even unconsciously. Policies and procedures around behaviour, flexibility, and hours of operation, as well as the agency’s atmosphere and how clients are received can mean that some underserved groups don’t feel welcome (or as welcome) in these spaces. In this regard, culturally/community specific HIV service agencies are more in tune with their communities and are therefore able to provide a more culturally competent environment as well as more relevant programs and services. Inversely, stigma impacts access to these agencies, since not all potential clients feel comfortable accessing services *within* their communities.

### Lack of Resources

In addition to stigma, culturally/community-specific HIV service agencies and culturally/community specific agencies who offer HIV-related programs have further concerns that create some of the barriers that clients face: Lack of funding, visibility, and culturally specific issues that create barriers within the community to HIV prevention and sexual health work.

Limited resources create barriers in some fairly linear ways. For example, some cultural communities (such as the South Asian community) span several countries and languages. Agencies find themselves having to select which languages to translate material into, given that the funding they receive is inadequate to provide programs, services or information in all relevant languages. The obvious result is lack of access to information and services for certain linguistic groups within cultural communities.

*“It’s tokenism. We have to pick. We exclude at least 40% in that process.”*

*- Focus Group Participant (front line)*

In addition, reaching smaller cultural communities within an agency's mandate is also of concern given limited financial and human resources. If one considers the lack of cultural competence in mainstream ASO's, plus the lack of linguistic resources in culturally specific ASO's (or culturally/community-specific mainstream social service agencies), the potential barriers to some underserved groups become larger.

Often we consider barriers to access from the perspective of the HIV service agencies' threshold; but barriers to finding services also exist. Agency visibility is another factor which relates to resources (see Recommendation #5). Given smaller budgets, culturally/community-specific ASO's are often not just less visible (or invisible) within the sector, but also within their own communities. This impacts clients directly in terms of finding service on their own, and indirectly in terms of possible referrals by other agencies.

For mainstream ASO's, funding impacts the resources they have in terms of providing service (waiting lists are cited in the survey comments) but also the resources available to build capacity in order to serve clients from diverse communities. This relates to Recommendations #7, 8, 9 & 10.

For all agencies, funding impacts their ability to provide equitable service in some way. Language (including American Sign Language interpretation) as well as the ability to serve clients with more complex physical or mental health issues, as well as the homeless are 3 examples that come from the survey response.

### Community-Specific Barriers

There are also community-specific barriers that impact access to services. Cultural issues such as the willingness to talk about sex were cited by more than one front line focus group participant. This lack of willingness obviously makes it difficult to do outreach about HIV prevention and safer sex practices. As a result, outreach workers are often less-than-welcome at community events, and people are unwilling to engage. This impacts how outreach is done (and possibly, by extension, its effectiveness). Leaving condoms in bathrooms or on tables during events is not the same as having a (even brief) conversation about safer sex.

*“Over time, the community develops an immunity towards you. Then you become ‘the condom guy’ and no one wants to talk to you.”*

*– Focus Group Participant*

This reality is problematic for doing outreach around HIV prevention and safer sex education, but also impacts the outreach worker who has to be “on their toes” regarding approach, and who can feel ostracized by their community.

## Recommendations

In order for the Toronto HIV/AIDS Network (THN) to fulfill its mandate to *“Enhance the capacity of HIV/AIDS-specific programs and services to serve more diverse communities across Toronto”*, the following are recommended:

### Recommendation #1

THN will:

- a) Support, implement and monitor Action Plan recommendations in order to ensure accountability, effectiveness and support.
- b) Explore and identify additional partners, resources and funding that will allow for a more in depth and fulsome implementation of the Action Plan.

### Recommendation #2

THN will develop a clear diversity statement which reflects a commitment to both Anti-Racism/Anti- Oppression framework (AR/AO) and the Greater and Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA) principles.

### Recommendation #3

THN will approach the Ontario HIV/AIDS Treatment Network (OHTN) to conduct a Rapid Response Service on the outcomes of related capacity building. This literature review will determine what is helpful and useful to agencies and will identify where the gaps are in order to pursue specific research in the future.

### Recommendation #4

In order to assist agencies with case management, referrals, programs and service delivery as well as promoting agency-interconnectivity to support capacity building, THN will **create opportunities and spaces for dialogue as well as for building relationships and trust**. This can be done using a variety of platforms including, but not limited to; newsletter, listserv, teleconference, webinar, website, face-to-face, etc. in order to facilitate:

- a) Awareness of what agencies are doing to serve diverse communities
- b) Agencies sharing practices that work for them

## **Recommendation #5**

THN will:

- Coordinate multi-agency opportunities for AR/AO, GIPA/MIPA and Cultural Competency capacity building integrating volunteer, front line, management and board representatives. These opportunities can include training, round table discussions and presentations.
- Work with Members and partners to coordinate and better align activities related to diversity, inclusion and GIPA/MIPA. These opportunities will create efficient, collaborative and impactful communication.

## **Recommendation #6**

THN will develop a toolkit of assessment and capacity building resources (existing and new) to assist Member agencies regarding AR/AO, GIPA/MIPA and Cultural Competency.

*Note: The Recommendations were expanded into a separate Action Plan with proposed activities and timeline for presentation by the THN Steering Committee to the Spring 2012 THN Members' Meeting.*



## **Appendix A: Electronic Survey Questions**

Survey Name: Organizational Capacity for Serving Clients from Diverse Communities

1. What does your agency have in place to support your capacity to serve people from diverse communities? (check all that apply)
2. What policies does your agency currently have in place? (check all that apply)
3. What progress have you made in terms of creating a culturally competent environment that supports and serves people from diverse communities? (cultural competency is defined broadly to include age, ability, socio-economic status, race culture and ethnicity, LGBTQ, drug culture, etc.)
4. Which communities are you currently serving well, and why do you think this is the case?
5. Which communities are currently not accessing your services (who are you not seeing in your programs or using your services) - and why do you think this is so?

## **Appendix B: Key Informant Interview Questions**

1. What is your strategy for serving diverse communities?
2. How do you engage with communities?
3. How do you do community outreach?
4. How do you build your internal capacity to serve a diverse range of clients?
5. What are you doing in terms of programs and services with diversity in mind? What's working?
6. Do you provide support in capacity building to other agencies?
7. Can you recommend individuals from underserved communities that we may speak to about needs re: capacity building and service provision in agencies?



## **Appendix C: Focus Group Questions – Management**

Q1. What is your strategy for serving diverse communities?

Q2. How do you build your internal capacity to serve a diverse range of clients?

Q3. What kinds of supports does your agency most need in building capacity to serve diverse communities well?

Q4. What would be the best way for THN to provide this support?

## **Appendix D: Focus Group Questions – Front Line**

Q1. How policies inform your work?

Q2. What kinds of supports inform the policies? Are your agencies equipped to train staff about what these policies mean?

Q3. What would be useful to facilitate your knowledge of how to serve diverse communities better / that THN could produce or provide to help you do your job better?

Q4. What are the barriers to access and for whom?

Q5. Are there opportunities in the sector you work in to have these conversations to share practices, techniques (inter-agency)

Q6. What's different at your agency?

**Appendix E:  
Examples of agencies with practices that work for serving  
diverse communities and AR/AO frameworks**

- Women's Health in Women's Hands
- Black CAP
- African and Caribbean Council on HIV in Ontario (ACCHO)
- LOFT Community Services
- Asian Community AIDS Service (ACAS)

**Appendix F:  
Sample Resources**

- Cultural and Linguistic Competence Policy Assessment
- Aboriginal Strategy on HIV/AIDS in Canada
- Pathways to Community Healing – HIV/AIDS Education Model
- HIV Prevention Guidelines and Manual: a tool for service providers serving African and African Caribbean communities living in Canada (part I & II)
- Building Inclusive Communities (WHIWH)
- Youth Serving Youth
- Health Options for Women
- Pathways to Community Healing – HIV/AIDS Education Model

## **Glossary of Terms**

### **Anti-Racism Framework**

The most formal of the approaches, this framework has its origins in the American civil rights movement. This framework is often adopted by organizations which recognize racism as the most pervasive form of systemic oppression and or identify specific resistance within their organization to address issues of racism.

Douglas Stewart for Competence Consultants & Associates, May 2007

### **Anti-Oppression Framework**

The anti-oppression approach borrows heavily from the anti-racism framework. The anti-oppression framework includes very similar purposeful strategies to challenge systemic oppression. This approach acknowledges the different manifestations of oppressions and also their intersectionality.

Douglas Stewart for Competence Consultants & Associates, May 2007

### **Business Case**

A business case is the information that describes the justification for a project. A business case is built on evidence derived from feasibility studies or impact analysis to support project objectives.

[www.hrsdc.gc.ca/eng/workplaceskills/oles/2009/glossary.shtml](http://www.hrsdc.gc.ca/eng/workplaceskills/oles/2009/glossary.shtml)

### **Cultural Competency**

For the purpose of this project, THN defines diversity broadly, including (but not limited to) ethnicity and culture, deaf culture, gay, lesbians, trans, queer, two spirited cultures, drug culture). With this in mind, cultural competency is the ability of service agencies to understand the perspectives, realities and needs of clients of different cultures and adapt practices to ensure their effectiveness.

(adapted from: [www.ijab.ky.gov/terms.htm](http://www.ijab.ky.gov/terms.htm))

### **Anti-Discrimination Policy**

A document that outlines your company policies in regards to discrimination in hiring and management practices ([www.entrepreneur.com](http://www.entrepreneur.com))

### **Anti-Harassment Policy**

Employers are required by the Canada Labour Code to develop their own harassment policies. In addition, the existence of appropriate harassment policies and procedures will be a factor considered by the Canadian Human Rights Commission in evaluating a company's liability in harassment complaints. The purpose of the model Anti-Harassment policies is to assist employers in meeting these requirements. However, employers retain responsibility for preparing appropriate policies, monitoring their effectiveness, updating them as required, ensuring all employees are aware of the policy and providing anti-harassment training

([http://www.chrc-ccdp.ca/publications/anti\\_harassment\\_toc-eng.aspx#13](http://www.chrc-ccdp.ca/publications/anti_harassment_toc-eng.aspx#13))