HALTON EQUITY & DIVERSITY ROUNDTABLE

Social Inclusion Project

FINAL REPORT

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Land Acknowledgement

The Halton Equity and Diversity Roundtable is grateful to acknowledge that we are on Treaty Lands and Territory of the Mississaugas of the Credit First Nation and the Traditional Territory of the Haudenosaunee and the Huron-Wendat.

We recognize that Halton is home to many First Nations, Inuit and Metis peoples of the past, present and future. We continue to reflect on the past and acknowledge that which came before us, while recognizing the importance of taking the path of Truth and Reconciliation.

We are committed to raising awareness for building systemic inclusion and equity in Halton, and we strive to learn and work together effectively to move us forward towards a community where individuals are valued, respected and empowered.

TABLE OF CONTENTS

Study Background & Objectives 04

Methodology 06

Phase I Findings: Demographics 10

Lived Experiences 13

Phase II Findings 18

Service Awareness 19

Leadership Awareness 19

Service Breadth/Depth 20

Amplified Barriers 21

Diminished Service Delivery 21

Limited Collaboration 22

Recommendations 24

Knowledge Sharing: Awareness 25

Capacity Building: Effectiveness 26

Capacity Building: Efficiency 26

Study Limitations and Conclusions 28

Appendix A: HEDR Coordinating Committee 30

Appendix B: Phase I - Survey Invite Letter 31

Appendix C: Phase II – HSO Interview Invite Letter 32

Attachment A: Phase I – Focus Group Invite Letter 34

STUDY BACKGROUND & OBJECTIVES

The Halton Equity and Diversity Roundtable (HEDR) is a community collective of over 65 organizations, institutions, groups, businesses, and individual community members that are committed to building systemic inclusion and equity in Halton[1].

Our mission is to develop the capacity of Human Service Organizations (HSO) to advance equity and inclusion in Halton through knowledge, skill and relationship building. Our vision is an inclusive community where individuals are valued, respected and empowered.

The COVID-19 pandemic has deepened existing inequalities in Canada. It has also disproportionately impacted the Indigenous, Black and other racialized communities across Canada, including Halton Region, with grave socio-economic implications.

Against this backdrop, HEDR has embarked on the Social Inclusion Project. The goal of this exploratory study was to provide Halton Region's Indigenous, Black and other racialized residents with the opportunity to discuss their lived experience challenges before and as a result of the pandemic. It is hoped that the report will contribute not only to increasing awareness and knowledge about Indigenous, Black and other racialized residents' experiences, but also to inform future programs and policies that focus on promoting social inclusion in the region.

[1] Note Appendix A for committee membership.

METHODOLOGY

This study is grounded in a qualitative method which compared previous and pandemic-related coping insights of Indigenous, Black and other racialized citizens. In addition to a review of current literature, the data collection approach included two key Phases centred on two different constituent types – citizens and service providers.

Phase I used a combination of on-line survey and focus group to collect demographic and lived experience insights from Indigenous, Black and other racialized citizens[2]. HEDR engaged existing community partnerships to promote both data collection opportunities within their respective client networks as a basis of reaching as many Indigenous, Black and other racialized citizens as possible.

Using appropriate consent and confidentiality research parameters, demographic insights were collected along seven dimensions including:

- age, disability status, gender
- municipality, new immigrant status (0-5 yrs in Canada)
- race/ethnic group, sexual orientation

Phase I used structured formats to observe variances in previous vs pandemic-related lived experience coping strategies. The intent of Phase I data collection was to discern the types of HSOs best suited to support coping strategies for Indigenous, Black and other racialized citizens and inform their respective policies accordingly.

Focus group questions included:

1. *What challenges did you face as a resident of Halton before the pandemic?*
2. *In what ways has the pandemic affected you?*
3. *What are some of the ways you have been coping with the effects of the pandemic you just mentioned?*
4. *What kind of programs and services would help you deal with the effects of the pandemic in a better way?*

On-line survey items included:

1. *What challenges did you face as a resident of Halton before the pandemic? (For example, challenges related to education, employment, housing, health and well-being, access to services, sense of belonging, etc.).*
2. *In what ways has the pandemic affected you?*
3. *What are some of the ways you have been coping with the effects of the pandemic?*
4. *While the pandemic is continuing, what kind of programs and services would help you deal with these effects in a better way?*

[2] Note Appendix B and Attachment A for Phase I survey and focus group invite letter.

5. *What kind of programs and services would be most helpful to you during the recovery period from the pandemic?*

6. *Is there anything else you would like to share with us?*

The response themes distilled from the 159 respondents in Phase I painted a picture of interconnected mental health and well-being concerns of Indigenous, Black and other racialized citizens. The spectrum of noted concerns strongly align with cultural and socioeconomic determinants of health noted in federal public health guidelines[3].

Informed by Phase I findings, Phase II data collection focused on obtaining feedback through structured interviews with select HSOs in the mental health and well-being arena[4].

Given the intersectionality of health determinants (e.g. socioeconomic, cultural) substantiated by the literature as well as response themes distilled from Phase I findings, the inventory of Phase II participants included HSOs which offer single and combinations of services (e.g. mental health & well-being, employment, housing, childcare). Also given the study's focus on Indigenous, Black and other racialized citizens, participants included both HEDR and non-HEDR member organizations.

Phase II data collection approach was premised on three dimensions which build on an intersectionality theme for service delivery. This Phase broadly solicited input on working relationships across various constituents.

i. Self-assessment (participant)
ii. Peer group-assessment (partnerships, collaboration)
iii. Sector-assessment (Region, funder)

Phase II interview questions included:

1. *Does your organization feel confident that [Indigenous, Black and other] racialized citizens are aware of your program/service offering?*

2. *Do you believe there are sufficient breadth and depth of programs for [Indigenous, Black and other] racialized citizens in your organization niche?*

3. *Thinking of social inclusion or social isolation, what are 2 ways Covid has impacted your program/ service delivery approach?*

4. *Describe the nature of vertical integration [collaboration] within your peer group.*

5. *Describe nature of horizontal integration [partnerships] with other service providers.*

6. *What are some examples where crisis breeds opportunity [the silver lining in the cloud] to promote social inclusion or address social isolation?*

[3] Government of Canada. From Risk to Resilience: An Equity Approach to Covid-19. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada. Government of Canada (2020).
[4] Note Appendix C for Phase II HSO Interview invite letter.

Phase II includes responses from 6 of 8 service providers. Table 1 provides a randomized list of service providers as well as their respective service niches. Detailed findings from each Phase are presented in the next section of this report.

Table 1: Phase II participants – Primary and Secondary service delivery niche

Health & Well Being (Primary)

Participant	Employment	Housing	Food	Childcare
A	X			
E		X	X	
C	X	X		
B				X
D			X	X
F	X			X

PHASE I FINDINGS:
DEMOGRAPHICS

Race / Ethnic Group

	n	%
Arab	15	9%
Black	**60**	**38%**
East Asian	9	6%
Indigenous	14	9%
Latin American	4	3%
Mixed Race	2	1%
South Asian	11	7%
Southeast Asian	35	22%
West Asian	4	3%

Figure 1: Race/Ethnic Group

The race/ethnic composition of participants in this study does not mirror that of Halton's visible minority population as of 2016 census data. From the census data[5], South Asian comprised the largest group (38%) where as in our study they accounted for 7%. The second largest group in the census data was Chinese (15%) compared to this study where East Asian (inclusive of Chinese, Japanese and Korean) accounted for 6% of study participants. The Black population is the third largest segment in Halton (15%) according to the census whereas in this study they represented the majority of respondents (38%). Finally, from the census data, the population of Indigenous in Halton is around 1% where as in this study they accounted for 9%.

Gender

	n	%
Female	**96**	**60%**
Male	59	37%
Other	4	3%

Figure 2: Gender

In all four Halton municipalities, the percentage of female population is greater than males by approximately 3%[6]. For example, in Milton the percentage breakdown of females to male is 51% to 49% respectively. By contrast in this study, the percentage of female respondents is significantly higher (i.e. 23%) than males.

Age

	n	%
18-29	32	20%
30-39	**68**	**43%**
40-49	37	23%
50-65	18	11%
65+	4	3%

Figure 3: Age

In all four Halton municipalities, the predominant age range is 25-64[7]. For example, in Burlington this age segment represents 53% of the population. Aside from differences in categorization of age in this study, we can assume that it generally mirrors the Region's age distribution.

[5] Community Development Halton, Non-English/French Speaking Residents, Lens #147. July, 2018.
[6] https://www.halton.ca/Repository/Halton-Region.
[7] https://www.halton.ca/Repository/Halton-Region.

Disability

	n	%
No	**145**	**91%**
Yes	12	8%

Figure 4: Disability

The majority of respondents did not report any disabilities.

Sexual Orientation

	n	%
Asexual	10	6%
Bisexual	14	9%
Gay	15	9%
Lesbian	10	6%
Pansexual	3	2%
Straight	**106**	**67%**
Two-Spirit	1	1%

Figure 5: Sexual Orientation

The majority of respondents indicated their sexual orientation was Straight.

New Immigrant

	n	%
No	78	49%
Yes	**81**	**51%**

Figure 6: Immigrant Status

In all four Halton municipalities, recent immigrants comprise 1-5% of the population. For example, in Halton Hills and Oakville they comprise 1% and 5% respectively. In this study they reflect 51% of respondents.

Municipality

	n	%
Burlington	24	15%
Halton Hills	34	21%
Milton	**67**	**42%**
Oakville	34	21%

Figure 7: Resident Municipality

Based on 2020 estimates the combined population of the four Halton municipalities is 610,581[8]. The municipalities, as a percentage of population from largest to smallest, are: Oakville (36%), Burlington (32%), Milton (22%) and Halton Hills (11%). The majority of respondents in this study (67%) were from Milton. Milton responses were approximate to those of Oakville and Burlington combined.

In summary, Phase I findings reflect the lived experience voice primarily of: Black females; between age of 30-39; who are Straight; not disabled; new immigrant and live in Milton. The study's small sample size and asymmetrical lived experience voice present limitations for informing policy.

[8] https://www.citypopulation.de/en/canada/ontario/admin/3524__halton/

LIVED EXPERIENCES

Consistent with the qualitative nature of this study, response themes were derived for each interview question based on observed frequency of similar words/phrases. So, for example, in response to question 1:

> ***What challenges did you face as a resident of Halton before the pandemic? (For example, challenges related to education, employment, housing, health and well-being, access to services, sense of belonging, etc.)***

Words/phrases including: "employment"; "unemployed"; "finding work"; "job searching"; and "loss of job" were clustered around a theme of "Employment". The response clusters for each question were then presented as a series of proportionate circles. So, for example, question 1 responses were aggregated as per Table 2 and presented as per Figure 8.

Pre-pandemic challenges
(reponse themes)

	n	%
Access to Services	7	4%
Childcare	**32**	**20%**
Education	18	11%
Employment	**66**	**42%**
Mental Health	**31**	**19%**
Housing	**34**	**21%**
Sense of Belonging	16	10%

Table 2: Summary of response themes associated with question 1

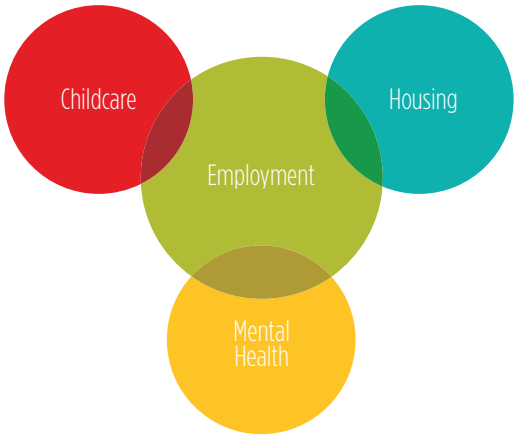


Figure 8: Question 1 response themes

Lived experience response clusters for the remaining five questions were developed using the same logic as Table 2 and presented below using the same format as Figure 8.

> ***In what ways has the pandemic affected you?***

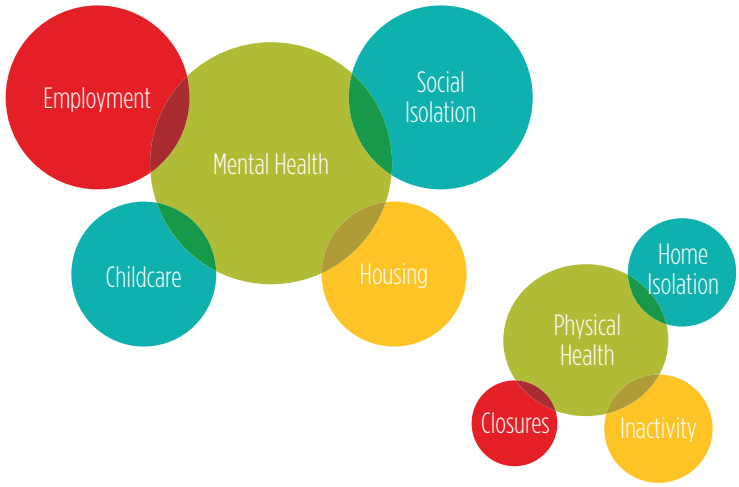


Figure 9: Question 2 response themes

What are some of the ways you have been coping with the effects of the pandemic?

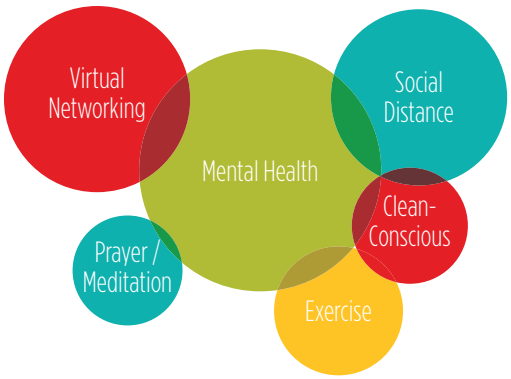


Figure 10: Question 3 response themes

While the pandemic is continuing, what kind of programs and services would help you deal with these effects in a better way?

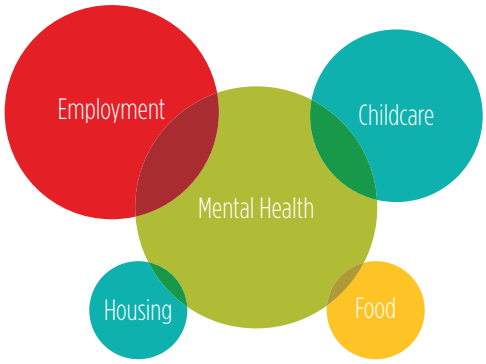


Figure 11: Question 4 response themes

What kind of programs and services would be most helpful to you during the recovery period from the pandemic?

Figure 12: Question 5 response themes

Is there anything else you would like to share with us?

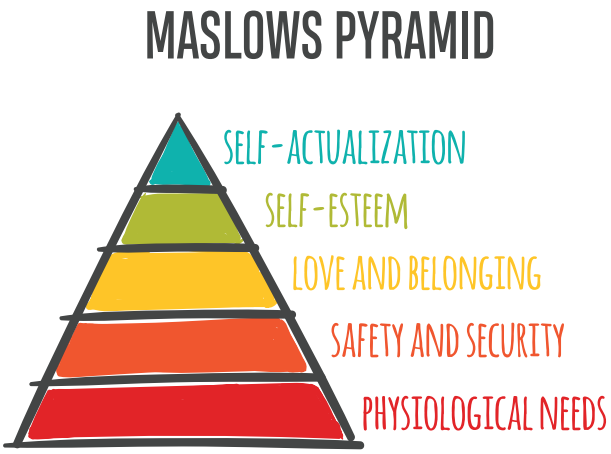
Figure 13: Question 6 response themes

Phase I findings illustrate a strong similarity between the mental health related challenges faced by respondents in both pre/pandemic eras. Findings from this study are consistent with others which conclude that the pandemic has amplified existing mental health challenges faced by Indigenous, Black and other racialized citizens in pre-pandemic times[9,10,11,12]. Study findings also support the literature which highlights the interconnectivity of mental health challenges associated with key social determinants of health including employment/ income loss, housing, childcare, food insecurity and race/ethnicity[13,14].

[9] Covid-19 Infections in Manitoba: Race, Ethnicity, and Indigeneity. External Report, March 1, 2021.
[10] Covid-19 in marginalised groups: challenges, actions and voices. Nobody Left Outside briefing paper.
[11] Populations Disproportionately Impacted by COVID 19: Current State Assessment. Social Policy and Projects, City of Vancouver. January 2021.August, 2020.
[12] The Impact of Covid-19 on Immigrants & Racialized Communities in Ottawa, A Community Dialogue. Ottawa Local Immigration Partnership, October 2020.
[13] Halton Region. (2020). 2020 Community Safety and Well-Being Population Level Indicator Report. Oakville, Ontario.
[14] Government of Canada. From Risk to Resilience: An Equity Approach to Covid-19. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada. Government of Canada (2020).

In this study, the lived experience voices were most concerned with management of mental health stressors. Responses ranged from not having any time for oneself (e.g. due to expanded domestic roles in light of education/day-care closures; living in small dwellings with extended family) to their inability to access appropriate counselling/ therapy treatments (e.g. due to cultural/ language barriers; transportation related challenges, OHIP coverage limitations).

The second most frequently cited concern was related to employment. Respondent feedback spanned worries associated with not enough income in pre-pandemic era to pandemic related employment loss. Collectively, the next three most cited concerns, as noted in Figures 9 to 13, were related to childcare, housing and food. The intersectional effects of these mental health stressors on well-being are also evident through Maslow's hierarchy of needs[15]. Specifically, the first level of Maslow's hierarchy (Psychological) includes consideration of basic needs such as food and shelter. The second level of the hierarchy (Safety) includes consideration of job security. In essence, there is significant depth of literature, both in the public health and motivational psychology fields, that highlight the intersectionality of mental health determinants.



In this study, 60% of Phase I respondents were working aged females. Studies show this demographic has been disproportionately impacted by Covid based on employment circumstances (i.e. entrepreneurs, precarious employment in service and retail sectors)[16,17]. Furthermore, on the domestic front, females through entrenched socialization across most ethnic groups also assume primary responsibilities for childcare and eldercare. These domestic labour foci have also been amplified by the pandemic. For example, closures in the education sector expanded childcare accountabilities to include home-schooling obligations. Also, given the acute Covid focus on older citizens, it is likely that increased eldercare attention would be warranted at home.

[15] https://www.simplypsychology.org/maslow.html.
[16] Community Development Halton. Employment Impacts of COVID-19, Community Lens #169. December, 2020.
[17] Canadian Public Policy, Diversity Institute. Differential Impacts during Covid-19 in Canada: A look at Diverse Individuals and Their Businesses. Canadian Public Policy, Diversity Institute, Ted Rodgers School of Management, Ryerson University, Toronto, Ontario. October, 2020.

In summary, the lived experience voice in this study is consistent with previous and related studies that illustrate two key themes:

- The primary mental health concerns expressed by Indigenous, Black and other racialized citizens have not changed when comparing pre/pandemic eras; the top two concerns in both eras include those related to mental health maintenance and employment status.
- Loss of income/employment creates a domino effect on other core social determinants of health including: food insecurity, housing and childcare services.

Phase I findings were used as a basis of generative discussions with HSOs in Phase II to gauge the pandemic impact on their operations and future planning considerations specific to social inclusion and isolation.

PHASE II FINDINGS

Phase II data collection builds on the service delivery interconnectivity theme noted in Phase I. Phase II data was solicited from HSOs across three dimensions as a basis of surfacing service delivery impediments, if any, for Indigenous, Black and other racialized citizens. The three dimensions included:

- Self-assessment (participant)
- Peer group-assessment (partnerships, collaboration)
- Sector-assessment (Region, funder)

The next section of this report presents aggregated response themes to the six questions posed in Phase II.

> ***1. Does your organization feel confident that [Indigenous, Black and other] racialized citizens are aware of your program/service offering?***

Service Awareness

The lived experience voices in Phase I, did not suggest the need for any new/different services to address pandemic-era concerns. Furthermore, only 4% (Table 2) of Phase I respondents indicated that service accessibility posed a challenge. Given that 91% of Phase I respondents (Figure 4) did not report having a disability, we can assume that "accessibility" was interpreted to mean the ability to access a specific service in light of an acknowledged disability rather than availability of a specific service.

All HSOs in Phase II suggested awareness of services is not a primary concern in either pre/pandemic eras, however, most noted that there is always room for improvement in terms of expanding awareness of their service inventory. The majority of HSOs also noted that [service] needs awareness can stem from either self-identified or assessed (e.g. clinical) procedures. They further stressed that within the context of healthcare, race/ethnicity is not the primary determinant for assessing service needs.

HSOs also pointed out that income security and pride/self-worth are strong moderators of service awareness. For example, those with income security are not likely to concern themselves with foodbank locations. Also, others may feel accessing such services is a public admission of personal failure. In summary, the combined lived experience voices and HSO responses suggest that if Indigenous, Black and other racialized citizens are not using services, then it is not likely because they are unaware of such services or that there is a lack of available services.

Leadership Awareness

HSOs overwhelmingly suggested that awareness is not an end-user issue; suggesting end-users, regardless of race/ethnicity, have opportunities to become aware of available services – both directly and indirectly through referrals. They also indicated that through their service delivery experiences they have developed a deeper understanding of Indigenous, Black and other racialized groups. However, some suggested the same cannot be said at the funder/Regional leadership levels.

Some suggested white fragility/ microaggressions are entrenched in the Regional/funding bureaucracy. The resultant corporate culture, manifested in policy, dictates leadership perceptions and approaches to managing interactions with Indigenous, Black and other racialized groups, following a pattern of "we know what is best for you". One suggested that compared to neighbouring Regions, Halton is the only one that does not have an established safe space for Indigenous citizens. Another cited research specific to mental health service delivery streams[18], which recognized the race-based admissions and service delivery challenges faced by Indigenous and Black children.

In summary, the message conveyed by most HSOs is that the bigger hurdle faced by Indigenous, Black and other racialized citizens is not one of lacking service awareness, but rather it is more one of equitable access and treatment. These latter considerations are more heavily influenced by microaggressions embedded in the corporate culture of larger oversight bodies (e.g. Region/ funder) and their respective assessment and program administrative practices.

2. Do you believe there are sufficient breadth and depth of programs for [Indigenous, Black and other] racialized citizens in your organization niche?

Service Breadth/Depth

HSOs overwhelmingly suggested that the inventory of programs is not an end-user issue once a service need has been identified. Breadth/depth of services was also not an issue noted in Phase I findings. Phase II respondents did, however, highlight some micro and macro challenges with respect to promoting a more holistic and interconnected service delivery approach.

End-user level

The intersectionality of service needs was clearly illustrated in Phase I findings. Regardless of pre/pandemic eras, for example, mental health and employment concerns were the two most frequently expressed concerns followed by housing, food and childcare. However, HSOs acknowledged some challenges associated with convincing end-users of one service to consider/ assess their needs associated with interrelated service. One respondent mentioned, for example, the challenges of convincing citizens who use food banks that they may also benefit from awareness/availability of employment or mental health services. On a related note, some HSOs suggested that they have to exercise a level of caution so as not to oversell their service capabilities as they chronically experience resource constraints. In this case, they have to balance resource capacity with demand for service more than proactively showing end-users how they may benefit from use of multiple services simultaneously.

[18] Ontario Human Rights Commission. Interrupted childhoods: Over-representation of Indigenous and Black Children in Ontario Child Welfare, Toronto, Queen's Printer for Ontario, 2018.

Peer group level

Some HSOs highlighted the criticality of peer group interaction as part of their success formula – both in terms of developing their referral network as well as service delivery partnerships. Most concurred there are opportunities to become better collaborators at the peer group level; particularly in areas perceived as less contentious. For example, using cost/resource-sharing approaches for managing core back-office functions (e.g. Marketing, Communications, Information Technology, Human Resources).

Society level

HSOs overwhelmingly agreed that, with respect to Indigenous, Black and other racialized citizens, there are systemic barriers that impact service delivery more than those related to building awareness at the end-user level or collaborations at the peer group level. These barriers have become more transparent during the pandemic era and showcase how entrenched perceptions/ beliefs specific to Indigenous, Black and other racialized citizens impact their lived experiences. For example, one respondent, citing historically high discipline rates of Indigenous and Black students, successfully advocated to have racialized Social Workers within the education system to advocate and assist students "caught up in the education discipline system". HSOs also agreed that while policy related issues cannot be resolved solely at their level of influence, they undeniably compound mental health stressors for Indigenous, Black and other racialized citizens.

3. Thinking of social inclusions or social isolation, what are 2 ways Covid has impacted your program/ service delivery approach?

Amplified Barriers

Consistent with previously cited research and validated through Phase I findings, HSOs generally agreed that the pandemic has significantly impacted employment realities for Indigenous, Black and other racialized citizens. Additionally, they indicated the pandemic exposed the accessibility short-comings of the healthcare system. For example, mental health related counselling and treatments are minimally covered under OHIP, therefore employment/ income realities will limit access to paid treatment options. HSOs also noted how the pandemic magnified the reality of our two-tier social system in which more affluent knowledge workers were easily able to accommodate remote work/life balance considerations. In contrast, Indigenous, Black and other racialized citizens, typically employed in economic sectors hit hardest by the pandemic, experienced disproportionate mental health challenges from job loss and resultant impact on securing other life necessities (e.g. food, housing).

Diminished Service Delivery

HSOs indicated their nature of service delivery is premised on establishing and building relationships with end-users. In this regard, office closures significantly impacted their ability to assess/address end-user needs. Others suggested that

the loss of "safe space" in their offices limited opportunities for end-users to have side-bar conversations which, in addition to information sharing, also provides social interaction opportunities that play a role in moderating mental health stressors. Some suggested that while "curb side" pickup works well as an alternative form of service delivery (e.g. food/retail purchases), it is not effective for delivering human services. Finally, most HSOs highlighted technology related challenges and slow end-user learning curves as they were forced to transition to virtual support groups. For example, some end-users lacked acumen or hardware necessary to participate in virtual forums which may have impacted their decision to continue using a particular service.

4. Describe nature of vertical integration [collaboration] within your peer group.

Limited Collaboration

Compared to pre-pandemic era, most HSOs have generally pulled away from collaborations outside of their service niche. Some cited social distance requirements as their rationale. Some suggested that differences in mandates or service delivery approaches act as natural barriers to increased peer group collaborations. For example, some described their peer group members as "militant", "lacking expertise" or "not action oriented".

Most also agreed that siloed thinking is pervasive when it comes to sharing operational information (e.g. compensation rates for similar roles as a basis of establishing competitive pay) and is likely due to funder relationship dynamics. Some indicated that efficiency gains may adversely impact future funding levels. Most agreed that historically entrenched mantras such as "if you show you can get by with less, then you will get less" or "use it or lose it" seem to influence funder/HSO relationships. Collectively, these considerations are not likely to incentivize innovative or creative thinking with respect to operational efficiency below the peer group level. On a more constructive note, some suggested the Region could play a larger role, from their funding/administrative vantages, in procuring/allocating shared resources. For example, some suggested that since most peer group members do not have sufficient funds to secure marketing expertise to support strategic plan objectives, the Region should provide this resource on a cost-sharing basis.

Finally, some suggested funding allocation policies in different Ministries pits service organizations against each other as each views the same client experience through their own assessment lens and derive different treatment solutions. Some suggested funders may be able to incubate a more collaborative culture by further encouraging a consortium approach to securing funding vs funding similar initiatives across multiple HSOs.

5. Describe nature of horizontal integration [partnerships] with other service providers

Respondents suggested that similar to peer group collaborations, partnership with different service providers and private sector enterprises should be pursued to the extent that there is alignment of intent and approach. HSOs in the employment, food and shelter niches are more likely to pursue this interconnected service delivery approach given the spectrum of associated business that operate in these spaces. For example, one respondent indicated that, through a private sector partnership, they were able to scale a program from producing 400 to 2,000 meals. Respondents also agree that as a direct result of the pandemic, partnerships with technology solutions organizations are of paramount importance as they shift towards including a virtual service delivery mode.

6. What are some examples where crisis breeds opportunity [the silver lining in the cloud] to promote social inclusion or address social isolation?

The majority of respondents acknowledged that the prevalence of Indigenous, Black and other racialized stereotypes and microaggressions across the spectrum of public institutions and organizations in society at large presents ongoing social inclusion challenges. For example, a service provider in the employment niche mentioned that regardless of the support provided for end-users (e.g. resume development, interview coaching), Indigenous, Black and other racialized job candidates can still be subjected to biased treatment in the interview process as a function of the interviewer's lived experiences. Within this context, HSOs realize that addressing these macro social concerns requires some heavy lifting, in the form of leadership commitment and accountability, that is beyond their ability to solely influence.

Respondents suggested that while social inclusion and isolation challenges cannot be resolved solely at their level, the Region/funder can play a more proactive role in addressing structural challenges they face that impacts service delivery to Indigenous, Black and other racialized citizens. Specifically, the Region/funder can provide more group-based solutions for promoting service awareness and encouraging operational efficiencies specific to back-office support roles. Both of these considerations, according to respondents, can positively impact service delivery costs and expand service awareness.

RECOMMENDATIONS

In keeping with HEDR's mission, the following study recommendations are specific to promoting knowledge sharing and relationship building capacity among HSOs as a foundation of advancing equity and inclusivity.

Knowledge Sharing: Awareness

This study identified some cultural dimensions which can limit the ability to poll significant numbers of specific race/ethnic niches. For example, the Indigenous community places a high value on the role of Elders as a conduit for collecting/disseminating information with the general public. Other ethnic groups favour establishing data collection relationship through faith groups vs direct solicitations as the former relationship is based on established trust. In essence, HSO feedback suggests that a "one-size fits all" approach to polling diverse race/ethnic populations may not be effective as it illustrates a lack of cultural understanding.

> ***1. Against the current backdrop of social discourse and more specifically within the context of social inclusion, future inclusivity studies should focus more initial efforts on establishing solid relationships with different race/ethnic groups as a data collection pre-requisite.***

The Region's inability to sufficiently contemplate these culturally-specific data collection circumstances may in and of itself represent a form of oppression. Phrases including "white fragility" and "white supremacy" were used by some HSOs to reflect a level of frustration associated with Indigenous, Black and other racialized voices not being heard/noticed. Cited examples of frustration included: reference to the current composition of Regional Council; staffing of select ethnic/race Region committees with representation from outside of the Region; allocation of funds to non-racialized organizations to deliver services to racialized citizens; and corporate culture embedded in policy related decision-making which views Indigenous, Black and other racialized citizens through a particular policy design and program administration lens.

> ***2. Following recent federal and provincial workforce trends[19] as well as similar efforts specific to healthcare delivery[20] the Region/funder should consider a similar audit exercise to assess the degree to which microaggression elements exist in its funding and oversight policies and procedures.***

A respondent during the Phase II data collection indicated that a similar diversity/inclusion study funded by the Region is being conducted through a local college. Participation rates in surveys may be adversely impacted to the extent that citizens are polled frequently on the same topic by different organizations – which may be funded by the same source.

[19] https://www.cbc.ca/news/canada/toronto/anti-black-racism-ops-report-1.6056422

[20] https://journals.lww.com/co-anesthesiology/fulltext/2021/04000/professionalism__microaggression_in_the_healthcare.12.aspx

3. Future research in this area should more acutely consider the extent to which research objectives are current being addressed through other parallel initiatives. Region/ funders should work more collaboratively to build a more comprehensive understanding of parallel research projects within a particular geography to avoid duplicate survey efforts and adversely impacting survey participation.

Capacity Building: Effectiveness

All Phase II participants confirmed the pandemic has necessitated a shift from a primary reliance on in-person service delivery approach towards a blend that now includes a virtual service delivery approach. Furthermore, with the exception of those that focus solely on advocacy, respondents suggested that a technology-centric service delivery approach presents significant challenges most of which require significant capital expenditures.

From an operational standpoint, respondents have had to create in-house technology solutions for serving end-users (e.g. establishing virtual support groups). From the end-user vantage, there are comfort/acumen/ hardware challenges that must be addressed to ensure an established degree of service delivery.

4. Following the procurement shared service model currently used in the healthcare sector[21] to achieve economies of scale, the Region/funder may want to mirror this process to support HSOs acquisition of necessary technology solutions as a basis of virtual service delivery.

Capacity Building: Efficiency

Many HSOs noted the historical imbalance between the demand for service and resource availability for service delivery. On the operational side, while the pandemic has acutely focused on the need for technology acumen as part of virtual service delivery, HSOs also highlighted other functional needs which predate the pandemic and also impact service delivery effectiveness. For example, one respondent expressed frustration in trying to secure marketing assistance through the Region as part of their awareness building campaign. Another expressed frustration in trying to secure transportation resources as part of their service delivery approach.

[21] https://www.doingbusiness.mgs.gov.on.ca/mbs/psb/psb.nsf/english/map_central.html

Most respondents suggested that funder mandates dictate the quantum of funds allocated to operational support which in turn affects service delivery capacity or in some cases may contribute to operational and/or governance risks. For example, HSOs concurred that expenditure related to staff management (i.e. wages/benefits) accounts for a significant portion (i.e. greater than 75%) of annual operational spending and yet they cannot afford dedicated internal expertise. Instead, "free" downloads are used to navigate key staff management tasks such as terminations which can incur significant legal costs if done incorrectly.

Given that HSOs primarily deliver services through human interaction (vs automated) it seems logical that their biggest operational expenditure is related to wages. However, most suggest that they have limited expertise or capabilities to effectively manage this expense line.

5. In line with the interconnectivity theme noted in both Phase I and II findings, the Region/funder has a unique vantage of being able to "cluster" HSOs using varied parameters (e.g. service delivery niche, budget, FTE count). Accordingly, the Region/funder should consider incubating centres of excellence for the purpose of providing cost-effective functional expertise to HSO clusters including Marketing, Communications and Human Resources skills.

STUDY LIMITATIONS AND CONCLUSIONS

The most apparent limitation of this study is its relatively small sample size specific to both data collection Phases. According to the 2016 census, there are 139,000 visible minority citizens in Halton Region[22]. Furthermore, there are approximately 5,500 Aboriginal Peoples in the Region[23]. In this study, data was only collected from 159 respondents which was heavily skewed towards Black females; between age of 30-39; who are Straight; not disabled; new immigrants and live in Milton. Further Regional inclusion research should consider strategies to increase participation rates from across the spectrum of noted race/ethnic groups (Figure 1) as well as ensure more proportionate representation across municipal segments (Figure 7).

Similarly, Phase II data collection was limited to 6 HSOs. In comparison, there are approximately 455 organizations listed as mental health resources in Halton region[24]. Given the original intent of this study to inform policy, further research efforts should capture a broader representation of HSOs within the mental health arena as a basis of applying inferential statistics towards influencing policy. Furthermore, as this study was exploratory in nature, further studies may want to test the validity of the key response themes associated with the six questions in Phase.

In summary, the relatively small sample sizes in this study limits its ability to influence policy. However, the study findings do provide a more focused direction for better understanding impediments and points of leverage within the HSO ecosystem as a basis of offering more holistic service offering while factoring in considerations of Indigenous, Black and other racialized citizens.

Very few would argue that the pandemic has not impacted their lives in any significant way. Findings from this study suggests that the challenges faced by Indigenous, Black and other racialized citizens in Halton are quite similar to those they faced in the pre-pandemic era. Furthermore, these challenges have been amplified by the pandemic resulting in expanded mental health stressors primarily associated with income insecurity/job loss.

Also, we noted in Phase II findings that HSOs have had to accelerate their technology acumen in order to shift towards a virtual service delivery mode. Within this context of disruptive innovation, Phase II findings also suggest that funders could use this opportunity to further explore their oversight and support roles as a basis of: incentivizing peer group collaborations. This mandate would encourage more holistic service delivery through innovative resource and knowledge sharing models which enable greater operational efficiencies. The less time HSOs leadership focuses on operational challenges, the more time they can focus on service delivery to all Halton citizens – including Indigenous, Black and other racialized subsets.

[22] Community Development Halton. Non-English/French Speaking Residents, Lens#142. June, 2018.
[23] Community Development Halton. Aboriginal People in Halton, Bulletin #144, June, 2018.
[24] https://www.ementalhealth.ca/Halton-Regional-Municipality/All-Mental-Health-Resources/index.php?m=heading&ID=2&recordType=1&sortBy=0

Appendix A: HEDR Coordinating Committee

Ancilla Ho-Young, *Burlington Caribbean Connection*

Daniel Ridsdale, *Town of Oakville*

Becky Andrade, *Milton Community Resource Center*

Donna Miles, *Halton CAS*

Lisa Kohler, *Halton Environmental Network*

Sita Jayaraman, *Halton Catholic District School Board*

Marcus Logan, *Oakville Public Library*

Catherine McLeod, *Town of Halton Hills*

Tim McClemont, *The AIDS Network (also HEDR's Trustee)*

Appendix B: Phase I - Survey Invite Letter

"Dear Community Partners,

Thank you for your continued support with community outreach for the Social Inclusion Project. We remain committed to conducting community consultations with Halton Region's Indigenous, Black and other racialized residents. However, due to insufficient registrations received for our virtual focus group discussions, we have launched an online survey to make the process of community consultations more convenient for the residents. The overall goal of the survey is to understand what challenges the residents experienced before and as a result of the pandemic. The information provided will help us to increase awareness and knowledge about the resident experiences among Halton Region's community organizations and other stakeholders and to advocate on their behalf. The survey results will be released in a report in late summer.

We would appreciate your help, once again, in reaching out to Halton Region's Indigenous, Black and other racialized residents who are 18 years of age or older to participate in our online survey. To access the online survey, please click here or use this link https://www.surveymonkey.com/r/SocialInclusionProject. We will email a $20 e-gift card to each respondent who completes the survey in appreciation for their participation.

If you have any questions or need further clarification, please let me know.

We greatly appreciate your support."

Appendix C: Phase II – HSO Interview Invite Letter

Dear HEDR member,

We would like to take this opportunity to thank you for your recent input on our Social Inclusion project currently underway. The initiative is focused on increasing awareness of the "lived experiences" of racialized citizens across Halton region as a basis of informing future policies/programs specific to social isolation and social inclusion.

The first phase of our data collection involved focus group input as well parallel insights through an on-line survey – given the limitations of social distancing. Our preliminary findings, which are consistent across provincial and national populations, suggest that the pandemic disproportionately impacted racialized citizens across key structural determinants of health as defined by Public Health Canada.

In essence, socioeconomic characteristics (e.g. occupation, gender, social class, education) of racialized citizens proved to be liabilities in the Covid era more so than before in terms of maintaining a positive state of health and well-being. For example, racialized citizens are predominantly employed in retail and service sectors. The nature of employment in these sectors is commonly referred to as a "precarious" - characterized by minimum wages, part-time work and very little health related benefits. Employees in these sectors, more so than others, lost their livelihood during the pandemic which had a ripple effect across housing and mental health stressors as their ability to meet basic needs were compromised. Also, women are predominantly employed in the healthcare sector which put them at greater risk of contracting COVID as their jobs were deemed essential services. Furthermore, the onus of domestic responsibility for childcare fell disproportionately on women as classroom learning shifted to home schooling.

Aside from the more obvious connection between employment (i.e. monetary resource) and its impact on the mental health and well-being of racialized citizens, our literature review surfaced more nuanced challenges faced by racialized citizens when accessing health and social service programs. These structural impediments, primarily experienced during intake and program administration phases, stem from

established cultural norms, societal values as well as historical and economic contexts that influence policy interpretation. The toxicity related to racial microaggressions has become increasingly evident in many publicly funded institutions at both provincial and federal levels – including the Ontario Public Service and the Governor General Office respectively – in spite of both levels having requisite policies (e.g. Human Rights, Health & Safety) in place to address prejudicial treatment of a particular demographic. It seems reasonable, therefore, that microaggressions may also be at play on the regional playing field specific to program intake and administration.

As we continue towards the final report, we are requesting an additional meeting with XXXXXXXX to build a more detailed picture by:

- *Understanding the intersectionality of employment, housing, childcare and mental health stressors and related holistic program solutions for racialized citizens*
- *Soliciting feedback on structural impediments, specific to the intake and administration of established mental health and social service programs, which may disproportionately affect racialized citizens*
- *Exploring the roles of corporate citizens and faith-based institutions in addressing social inclusion and isolation of racialized citizens*

All feedback will be aggregated in the final report to ensure confidentiality.

We would like to meet with you during the weeks of July 26 and August 2 for one hour via Zoom call. Please advise of your intent to participate at your earliest convenience by replying to this email request.

The meeting will be facilitated by Dave Nanderam from TapestryBuilder, the firm retained to complete this assignment and draft the final report.

Regards,

Attachment A:
Phase I – Focus Group Invite Letter

HALTON
EQUITY & DIVERSITY
ROUNDTABLE
(HEDR)

The Social Inclusion Project

FOCUS GROUP DISCUSSIONS

Join one of our focus group discussions

Contact Us

Aziz Orya
The Social Inclusion Project

647.545.4422
aorya@hedroundtable.com
www.hedroundtable.com

Focus group discussions and your participation

The Halton Equity and Diversity Roundtable (HEDR), with generous funding from the United Way Halton & Hamilton (UWH&H) and Halton Region, has started the Social Inclusion Project.

As part of this project, we would like to invite you to participate in a focus group discussion. The information you provide will help HEDR to:

- Increase awareness and knowledge about your existing challenges and new ones due to the pandemic
- Improve our work to engage racialized residents and advocate on your behalf with Halton Region's community organizations, so they may consider your input in the development of programs and policies.

The focus group discussion will take approximately an hour and a half to two hours of your time, will be conducted via Zoom and video recorded. You will be provided with a gift card to thank you for your participation.

All information you provide in the focus group discussion will be kept completely confidential. Your name will not appear in any report or publication resulting from the focus group.

Who Can Join?

If you are racialized resident of Halton Region, 18 years of age or older, you can join one of our focus group discussions.

Goal:

The goal of focus group discussions is to learn about your existing challenges and new ones due to the pandemic, your concerns, and your hopes for the future.

Contact Us

If you have any questions about the project, the focus group discussion, need accomodations or if you want to register, please contact **Aziz Orya** at **647.545.4422** or **aorya@hedroundtable.com.**

Thank you for your participation!

HALTON
EQUITY & DIVERSITY
ROUNDTABLE

The Social Inclusion Project

We are grateful for the generous support of:

United Way
Halton & Hamilton