

Data for Change

Capacity Building Learning Series

*Data Equity:
Trauma Informed Practice*

Presented by:



In Partnership With:



Supported by:



Land Acknowledgement



Project Objective

To test SID collection with more service-users to better understand how to **best support agencies** in:

- a) collecting socio-demographic data
- b) using the data to advance better outcomes for equity-deserving communities
- c) socializing the collection methodology & use of tools across the community social services sector

Data for Change Project Model

→ Knowledge Mobilization Hub

- Project Logistics
- Partner Convening
- Host Knowledge Mobilization Online Hub

→ Capacity Building Sessions

- Facilitate capacity building sessions to support agencies with data collection & responsible usage

→ Community of Practice & Partnership Table

- Partnership Table support & participate in project implementation
- Community of Practice features a panelist discussion & peer support network for agencies

→ Capacity Building Sessions

- Facilitate capacity building sessions to support agencies with data collection & responsible usage





STAGE ONE: PLAN & BUILD

April: Organizational Readiness



May: Foundations of Data Collection



May: CoP



STAGE THREE: ANALYSIS & INTERPRET

August: Trauma Informed Practice



September: Consent & Privacy



September: CoP



STAGE TWO: COLLECT & STORE

June: Org. Change Management



July: Data Infrastructure



July: CoP



STAGE FOUR: SHARE & USE

October: Uses of Data



November: Data Analysis Framework



December: CoP



All sessions will virtually be recorded and later uploaded to the knowledge hub website

Here are today's presenters...



Nicole Abruscato

she / her

Manager

Central Intake & Access
Clinical Health & Wellness



Shereen Rampersad

she / her

Manager

Equity, Diversity and Inclusion (EDI)
Professional Services

Guiding Principles For Learning

- ✓ Hold space
- ✓ Embrace/acknowledge vulnerability
- ✓ Be encouraged to practice what is learned
- ✓ Agree to disagree
- ✓ Be present



Reminder: Self-Care & Wellbeing



We're doing hard work, together — be kind to yourself as we go.

Your Wellbeing Matters

As we move through these workshops, remember:

- **Pace yourself** — there's no rush
- **Step away when needed** — breaks are encouraged
- **Practice self-care** — whatever that looks like for you
- **You're not alone** — we're in this together

Everything is Recorded

All sessions are recorded so you can:

- **Pause and return later**
- **Catch up on what you missed**
- **Engage when you're ready**

Today's Objectives

1

What is Trauma Informed Practice in Relation to Equity Data

2

Implementation for Impact

3

Bringing it all together – Health Equity Impact Assessment (HEIA)

Who is SHIP?

Who We Are



Our Mission

We work to support those with mental health and addiction challenges to increase their quality of life and live to their full potential through safe, affordable community-based housing and services

Our Vision

Quality **Housing**
Quality **Services**
Quality **Lives**

Our Values

Compassion, Hope,
Inclusion, Respect and
Professionalism



SHIP is a nonprofit, accredited, housing and health service provider. For over 30 years, we have been delivering services to the Region of Peel, County of Dufferin, West Toronto and more recently the Region of Waterloo.

SHIP's Approach to EDI

- Moved away from performative allyship to meaningful action. This has been demonstrated through integrating EDI into our culture, values and setting goals, therefore we also commit to acting on SHIP's EDI Action plan that articulates and measures 29 activities for deep meaningful change in the areas of:



Our People

Our workforce will be broadly reflective of the community we serve



Our Culture

Our workplace will be inclusive for all



Our Systems

We will identify and address barriers within organizational systems & processes

Why is SHIP here?

- We recognize that we may not represent all organizations and/or sectors, however **Health Equity and Social Justice is translatable**
- Everyone should be apart of **Collective Impact**
- We are not experts: we are here to **share** our experience



Trauma Informed Practice in Relation to Equity Data


Instructions for Poll

Join at menti.com | use code **6404 8736** Mentimeter


Data Equity: Trauma Informed Practice

Go to
www.menti.com

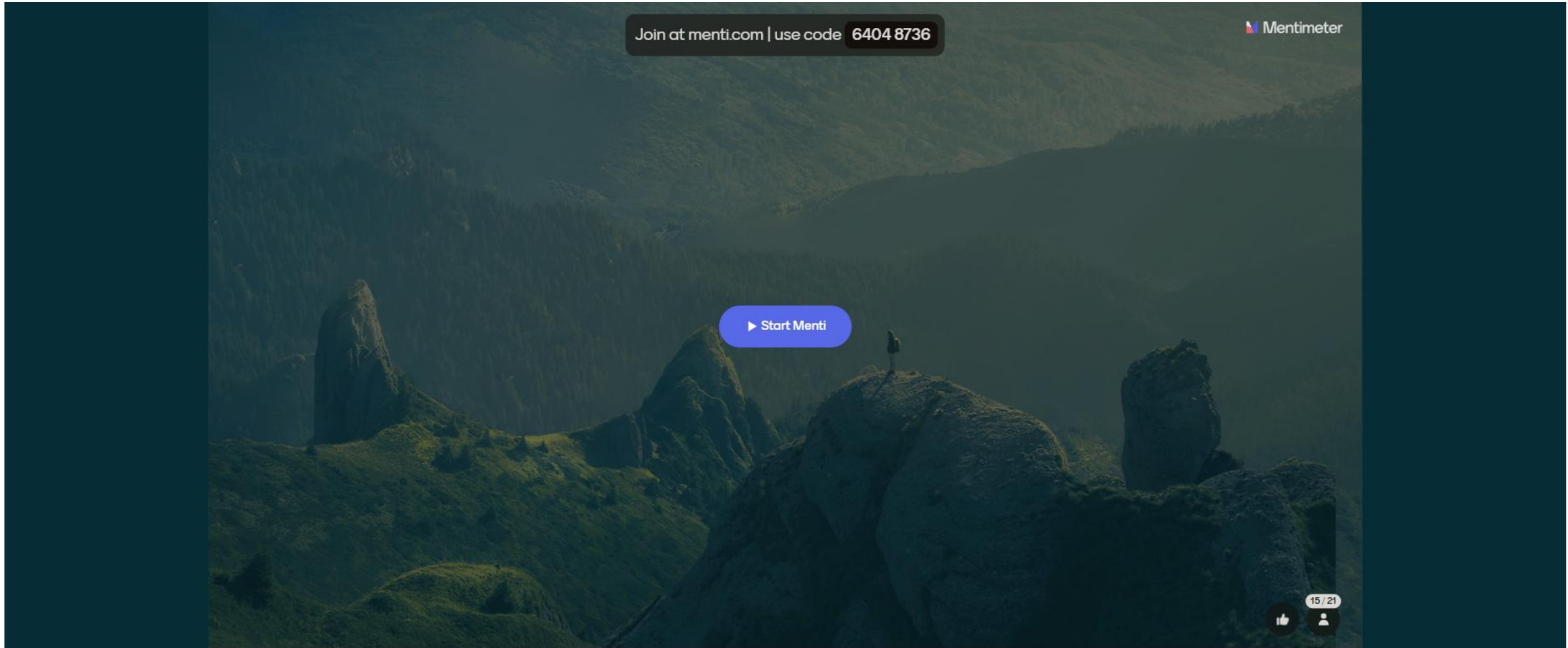
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Or use QR code



Poll



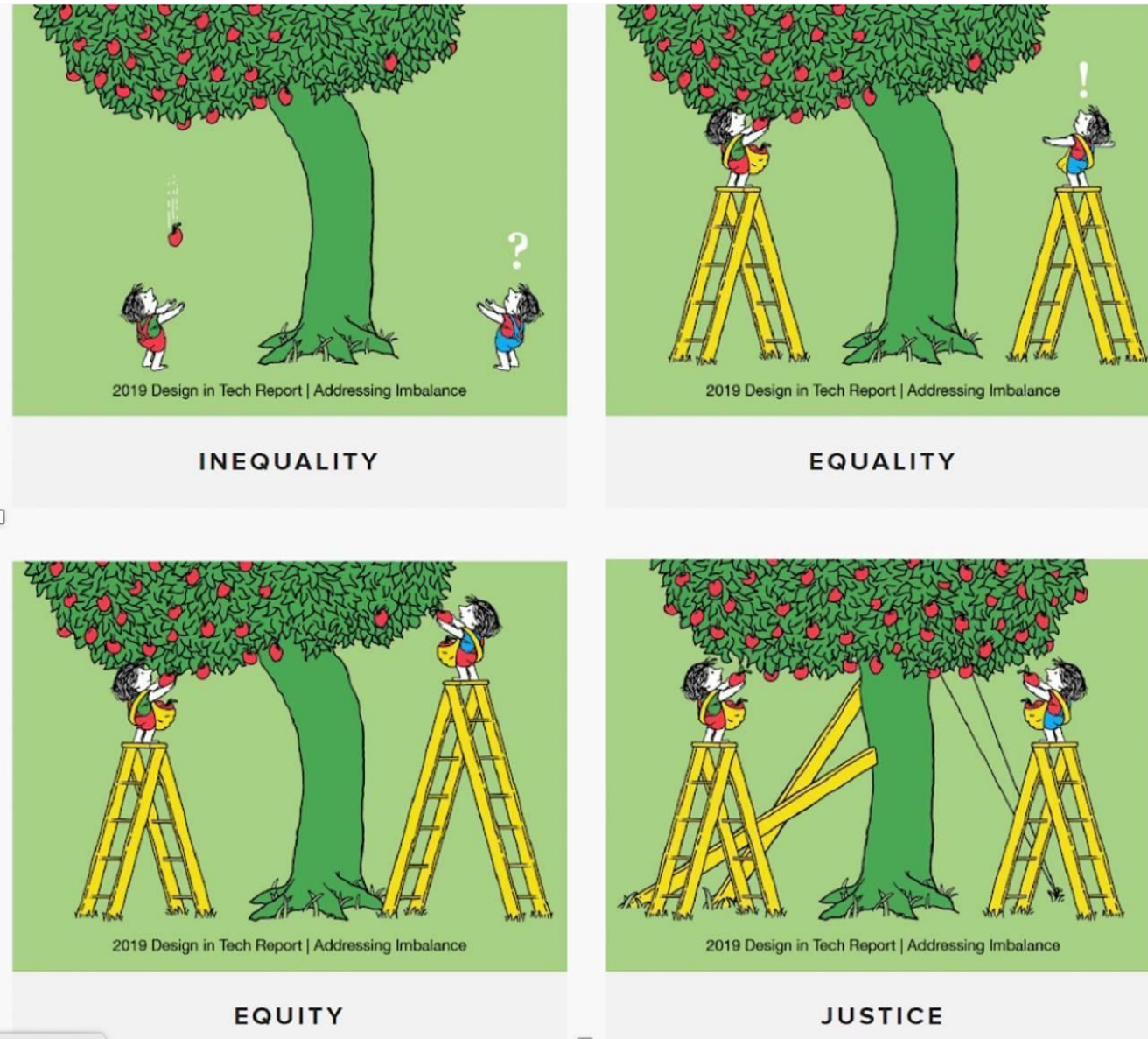
Equality vs. Equity



Video link:

<https://youtu.be/tZd4no4gZnc>

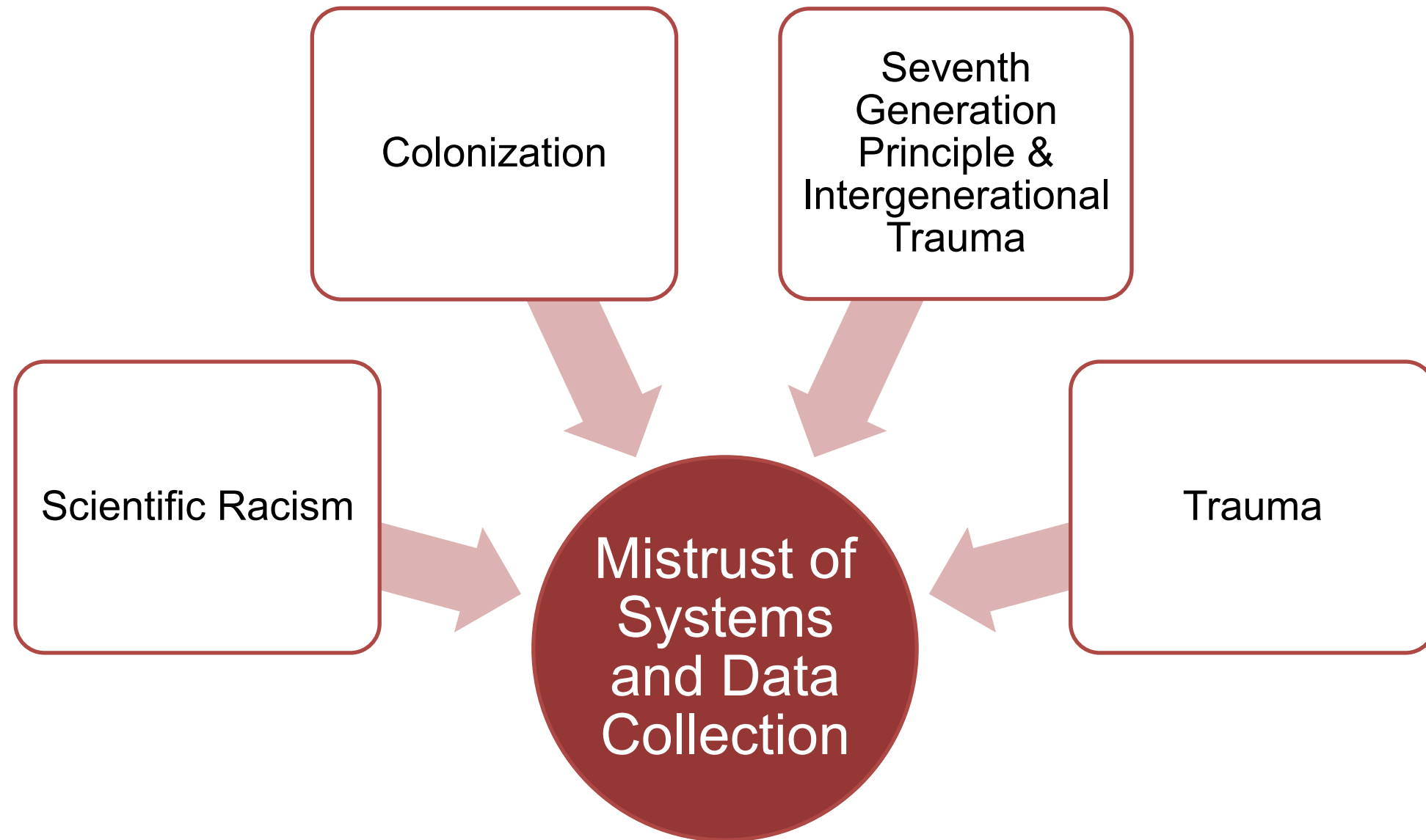
Let's Talk Justice



Inspired by “The Giving Tree” book written by Shel Silverstein:
https://www.amazon.com/Giving-Tree-Shel-Silverstein/dp/006028451X/ref=tmm_hrd_swatch_0

Resource:
<https://medium.com/fact-of-the-day-1/illustrations-addressing-imbalance-2a59435f3e97>

Why Is There Mistrust?

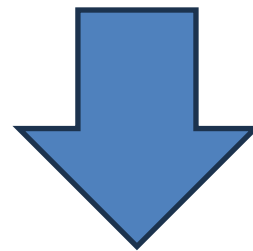


How Mistrust Impacts Data Collection

Scientific Racism

“One of the most effective tactics used to justify anti-Black racism and white supremacy has been scientific racism. Through the years, scientific racism has taken many forms, all with the goal of co-opting the authority of science as objective knowledge to justify racial inequality”

Colonization
Seventh Generation Principle & Intergenerational Trauma



Mistrust of systems
Mistrust of data collection

Trauma Informed Practice

Trauma Informed Practice, also known as Trauma Informed Care (TIC), “is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma. It emphasizes physical, psychological, and emotional safety for everyone, and creates opportunities for survivors to rebuild a sense of control and empowerment.”

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/trauma-informed-practice-resources>

This framework supports the foundation in creating an equity culture as it is grounded in compassion in holding space to look at the root cause of someone’s experiences that impact their daily life in support of healing and recovery. This practice can also support in the work of breaking downs mental health stigma.



Principles and Guidelines to Conduct Trauma-Informed Data Collection

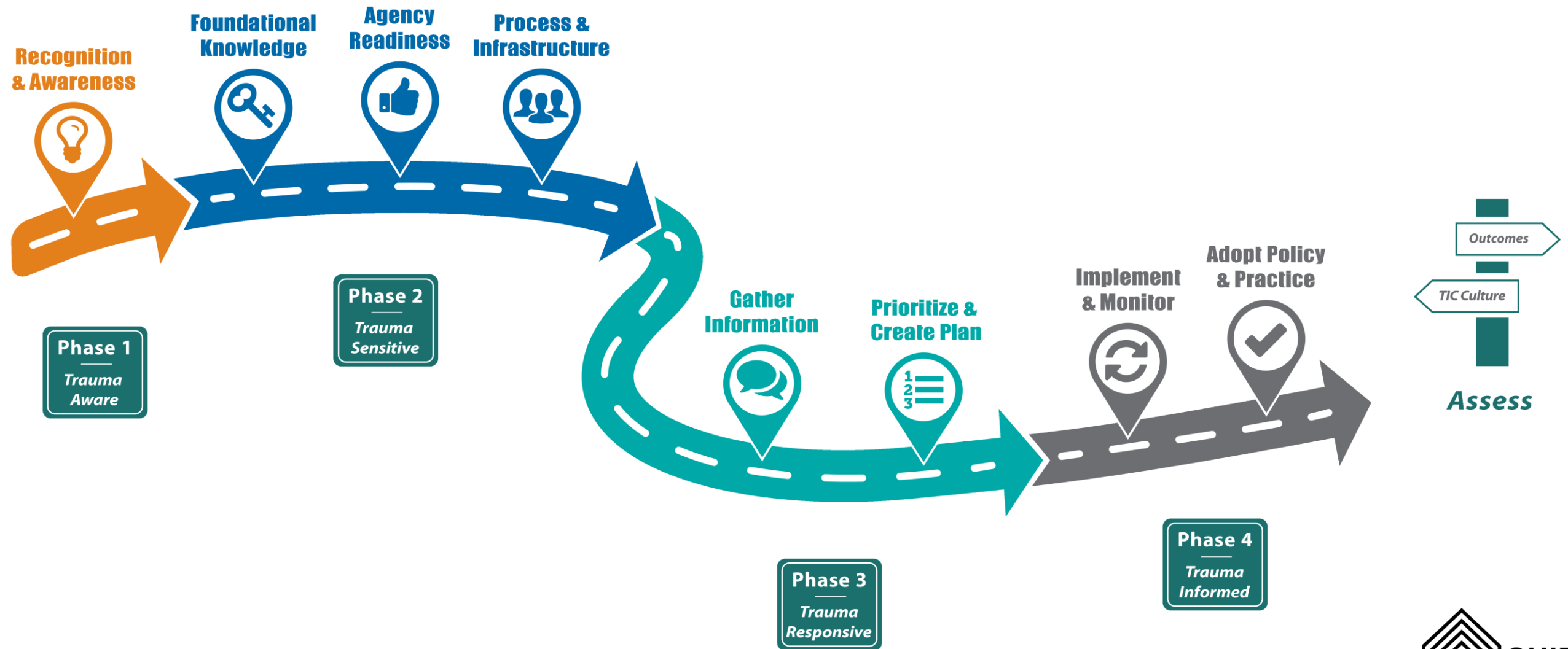
Below are some principles of trauma-informed data collection that we have developed and learned through our evaluations that ensure data collection processes are sensitive, respectful, supportive of individuals who have experienced trauma, and incorporate Do-No-Harm approaches.

Principle	Explanation
Incorporating a cultural and equity-focused approach	Consider researching the cultural and social aspects of the population participants come from, and how trauma, mental health, and mental health care are culturally understood by that population, so a westernized approach is not assumed by default.
Honoring and affirming participants' choices	Build on and expand informed consent by taking actions to ensure participants are empowered to make their own choices about participation at every step. Participants should feel validated and affirmed during each interaction with the evaluation team.
Prioritizing physical and emotional safety	Prioritize participants' and data collectors' physical and emotional safety and welfare.
Building collaboration into data collection	Consider using strengths-based and participatory approaches to provide opportunities for respondents to be involved in data collection processes in ways they are comfortable with.
Establishing and maintaining trust	Prioritize establishing and maintaining trust between the evaluation team and participants.

Resource:
https://encompassworld.com/wp-content/uploads/2024/02/Trauma-Informed-Approaches-to-Data-Collection_Jun2023.pdf



ROAD MAP TO TRAUMA INFORMED CARE (TIC)

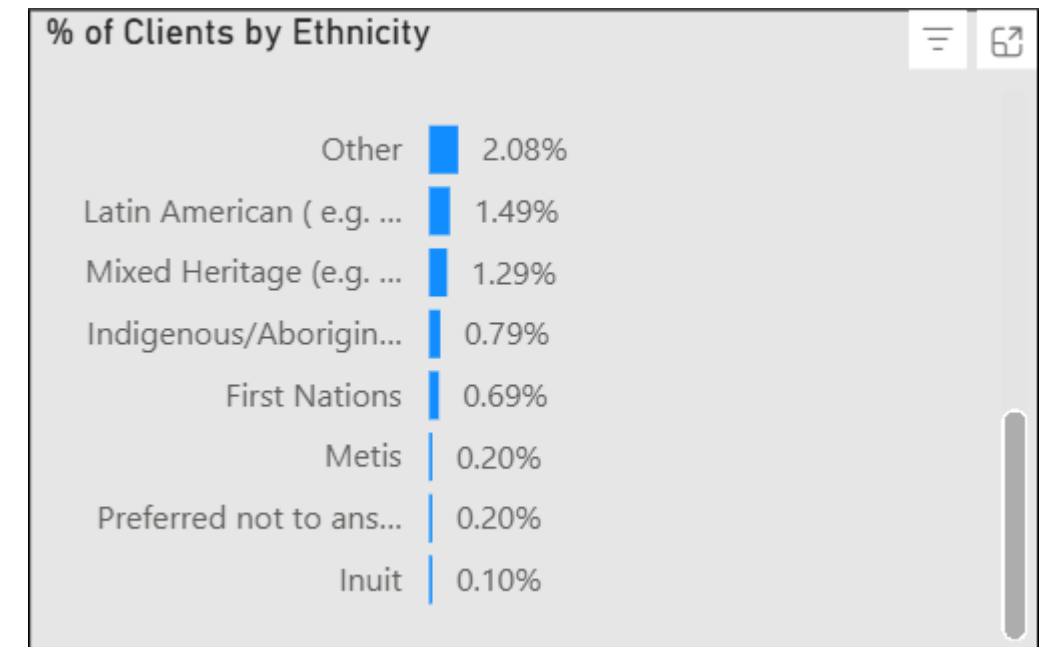


Resource: <https://traumainformedoregon.org/implementation/implementation-and-accountability-overview/roadmap-to-trauma-informed-care/>


Implementation for Impact

Truth and Reconciliation

- ***Truth and Reconciliation Ambassadors group***
 - Indigenous staff and allies
- ***Create a Truth and Reconciliation Commitment and Action Plan***
 - 94 Calls to Action
 - focus on the 4 for Health actions
- ***Policy review to incorporate Indigenous ways of being into policy and practice***
 - Smudging policy
 - Life Promotion
 - Land Acknowledgement



Truth and Reconciliation



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Truth & Reconciliation Commitment

SHIP affirms our commitment to the recommendations as determined by the Truth and Reconciliation Commission (2015) by focusing our activities and actions on these recommendations. We will make every effort as an organization to uphold our commitment to Truth and Reconciliation with the Indigenous community especially through a call to action with these recommendations:

1. Calls-to-Action 18-24 – Health

SHIP commits to:


- recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties
- in consultation with Aboriginal peoples, establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities
- recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients
 - Increase the number of Aboriginal professionals working in the health-care field
 - Ensure the retention of Aboriginal health-care providers in Aboriginal communities
 - Provide cultural competency training for all healthcare professionals

4 for Health – Calls to Action

i) Call-to-Action 19 - We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

SHIP is committed to closing the gaps in health outcomes between Indigenous and non-Indigenous communities. As part of this commitment, SHIP will work with Indigenous partners and SHIP data in identifying information priorities for planning and funding initiatives.

- A key aspect of gap identification in health outcomes were the 4 national dialogues on anti-Indigenous racism in health systems that were held between October 2020 and January 2023. The national dialogues offered new opportunities for governments, health systems partners and Indigenous health organizations to come together to identify the root causes of anti-Indigenous racism in health systems, as well as the critical gaps that need to be addressed to



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ensure health care systems are free of racism and systemic discrimination against Indigenous Peoples. We will review the report and take immediate action on the recommendations raised at the national dialogues.

- we will continue to work with Indigenous partners on the implementation of an Indigenous Health Equity plan and ongoing management of the program, including reporting on progress.
- Ensure that Indigenous peoples have equitable access to healthcare services that are culturally safe, free from discrimination, and responsive to their specific needs.

ii) Call-to-Action 22 - We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

SHIP recognizes the value of Indigenous healing practices as an important element in the provision of high quality and culturally-relevant health services for Indigenous Peoples, and is providing support for these practices in a number of ways.

- Indigenous cultural safety Training
- engagement with Indigenous Peoples to identify priorities and hear how distinctions-based Indigenous health services might help create the change necessary to address health gaps and inequities.
- empower communities to deliver healthcare services rooted in Indigenous knowledge, culture, and leadership.

iii) Call-to-Action 23 - We call upon all levels of government to:


- Increase the number of Aboriginal professionals working in the health-care field.
- Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- Provide cultural competency training for all healthcare professionals.

SHIP is committed to working in partnership to continue to advance the priorities expressed by Indigenous Peoples about their health and to improve access to high quality, culturally safe health services. We will do this through:

- Equitable, inclusive recruitment practices; accessibility
- Mentorship, sponsorship, training and partnership; inclusive culture and opportunities
- Cultural competency training is part of the onboarding requirements

iv) Call-to-Action 24 - We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

- Cultural competency training is part of the onboarding requirements



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- Human rights and anti-racism training are required of all staff
- Medical school placement students focus on health equity
- Nursing staff to complete Sanyas Cultural Safety training

2. Call-to-Action 43- UN Declaration on the Rights of Indigenous People

SHIP commits to:

- fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples as the framework for reconciliation

3. Call-to-Action 57- Professional Training and Development for Public Servants

SHIP commits to:

- provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations.

4. Call-to-Action 92- Business and Reconciliation


SHIP commits to:

- adopt the United Nations Declaration on the Rights of Indigenous Peoples as a reconciliation framework and to apply its principles, norms, and standards to corporate policy and core operational activities involving Indigenous peoples and their lands and resources.

Services and Housing in the Province (SHIP)
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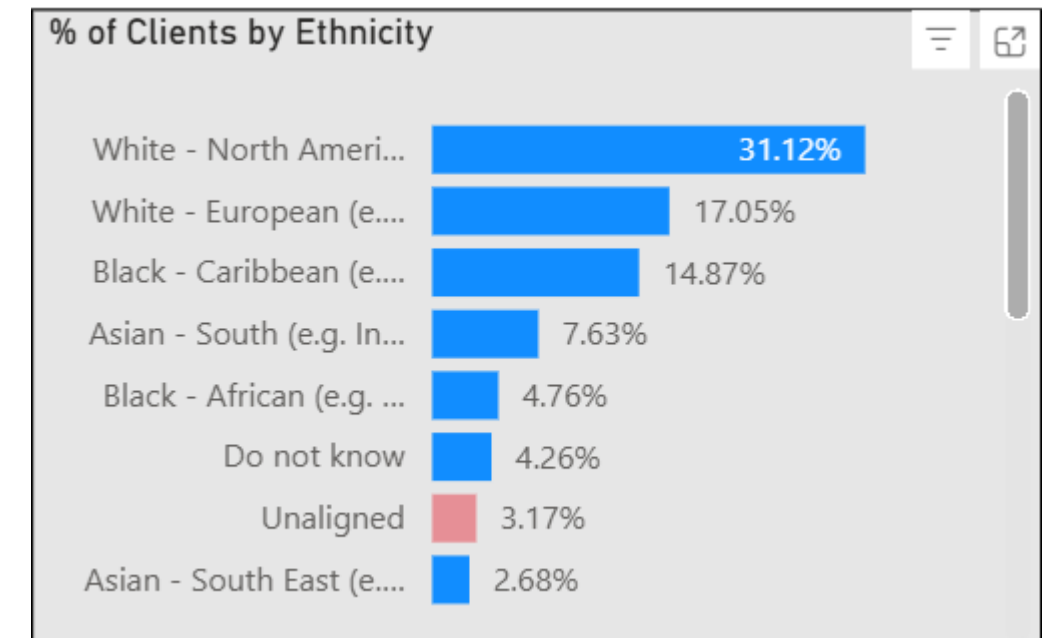
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Anti-Black Racism

- As a first step to addressing Anti-Black Racism (ABR) and working towards better serving the needs of Black communities the Mississauga OHT organizations administered the Anti-Black Racism (ABR) self-assessment survey to staff members in the OHT to help identify their current state, capacity and opportunities to meaningfully address ABR.
- SHIP participated in this survey
- The Institute of Better Health (IBH) collected, analyzed and reported results and shared back data.
- A total of 98 people working at SHIP filled out the survey.
- SHIP used the results to identify quality improvement efforts to meaningfully address ABR in our organization.



Anti-Black Racism

Trauma Informed Process to develop an Anti-Black Racism Action Plan

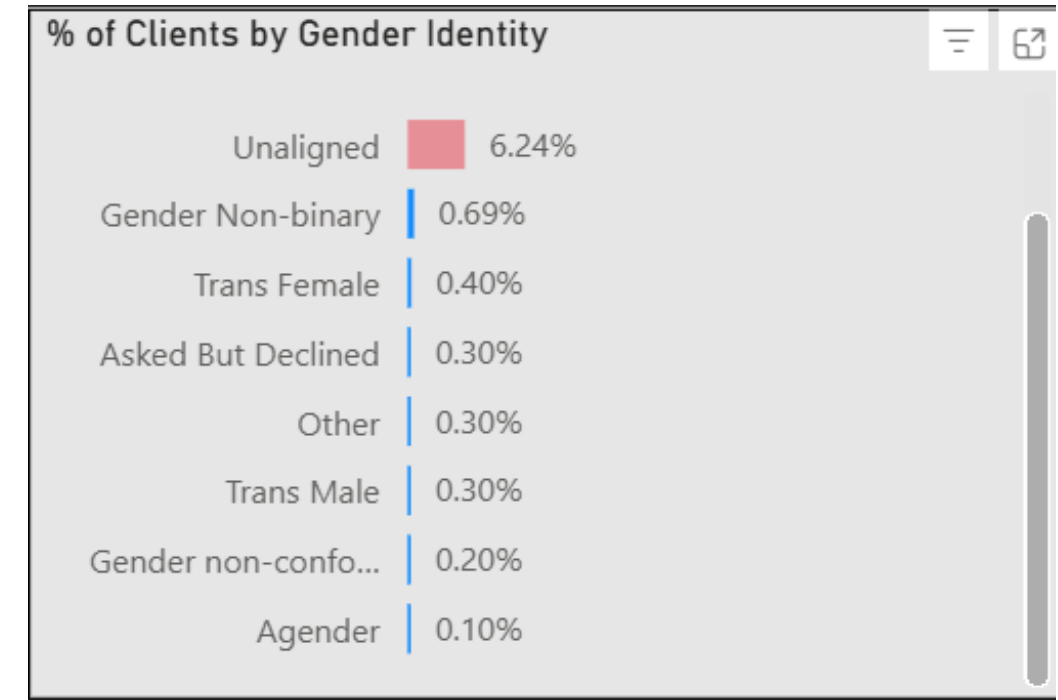
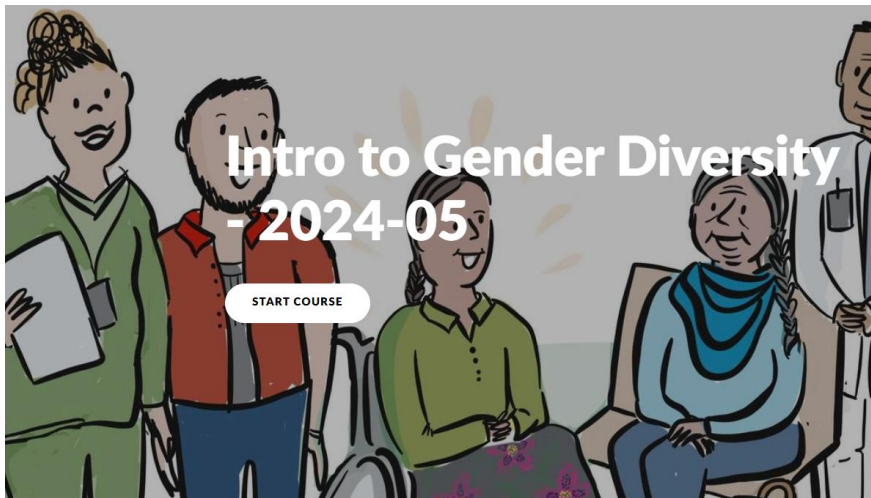
1. BIPOC Caucus ERG reviewed the survey results and bucketed them out in reds and yellows
2. Looked for overarching themes in the responses and if the action is directed at clients, staff or overall SHIP processes
3. Developed an Action Plan Commitment Statement
4. Prepared a plan that articulated the priority areas, actions, timelines, responsibility and metrics

.....consultation.....

2023 - 2024 & 2024 - 2025 Anti-Black Racism Action Plan				
Goal	Improvement Area	Activities	Performance Indicators	Quarter
<div>1</div> <div>Our People</div> <div>Our workforce will be broadly reflective of the community we serve</div>	1.1 Improve the recruitment and advancement of Black staff at SHIP (Staff)	1 Implement the DIPP process, train managers, evaluate and identify panel in order to address existing flaws/bias/barriers in SHIP's current recruitment process for Black colleagues.	Program in place	Q1
		2 Implement a diversity-focused referral program	Increased diverse applicants	Q1
		3 Update Job posting (Consider reframing or adding criteria to target company values as well as 'collaboration,' 'adaptive leadership,' 'EDI knowledge/awareness,' etc. skills and capabilities).	Job posting updated	Q1
		4 Develop mechanism to collect and monitor race based data at every stage of the employment cycle and review data to identify flaws / bias / barriers	System in place to monitor	Q1
		5 Review and implement a structured and transparent mentorship / sponsorship / succession planning program to support Employee promotion and advancement	Program in place	Q3
	1.2 Improve disaggregated data collection for use to identify gaps in representation amongst leaders, non-leaders and clients. (Staff)	6 Collect, monitor and share race based data at EDI Townhall bi-annually. (need to rethink / reevaluate)	Information shared	Q2, Q4
		7 Develop communication about why data is being collected, benefit to sharing information and how it will be used.	Communication developed	Q2
		8 Review current EDI KPI dashboard and embed 1 or 2 ABR Targets	EDI KPI Dashboard updated	Q1
<div>2</div> <div>Our Culture</div> <div>Our workplace will</div>	2.1 Ensure an environment where Black staff feel physically, psychologically and emotionally safe and free from all forms of violence (Staff)	9 Refresh and implement SHIP's Harrassment and Violence Prevention Policy and form (with feedback from key internal stakeholders). Develop and implement CIt Intervention HVP Policy.	Policy in place	Q3
		10 Community Collaboration: Continue to develop Partnership with Roots Community Services, liaising with Region of Peel, hospitals, various agencies (Black Health Hub and ABR-SD): have more ERG members sit at the community tables to increase involvement	Increased ERG membership (from 9 members to 12)	by Q4
		11 Message the mechanisms that exist re reporting structures and policies (eg IR, HVP) and OPTIONS of where staff can go to ensure improved safety (eg people or faceup, etc)	Communication sent	Q2, Q3
		12 Investigate with partners (eg Roots) what support system they have in place for Black staff who experience bullying, harassment, racism. Introduce a specific wellbeing program for Black colleagues. Explore CISM as an option as well as ABR/AR training for CISM facilitators	additional support systems implemented	Q2

Gender Equity

- Training and development for staff
- Partnership with organizations who provide services specifically for gender diverse people
- Adopting the standards into practice



Accessibility

The **Accessible Canada Act (Bill C-81)** was introduced to identify, remove and prevent barriers to accessibility for people with disabilities. It received Royal Assent on June 21, 2019, and came into force on July 11, 2019. The ACT's primary goal is to achieve a **barrier-free Canada by January 1, 2040.**

[Summary of the Accessible Canada Act - Canada.ca](#)



ERG Abilities Official Charter

ERG Abilities strives to advocate and work towards equity within our workplace for those who identify with a disability or a need for accommodations and additional supports. We will enable the organization to be an accessible space for all. We will ensure that all staff at SHIP despite ability are valued and represented.

ERG Mission/Vision Statement:

ERG Abilities will work to further the mission and values of SHIP, represent the interests of those with disabilities and accessibility needs and support SHIP's overall diversity and inclusion goals. We plan to do this through initiatives such as:

- training and education for staff
- working with partner organizations who are experts i.e.: Abilities to Work to enhance policy and process
- review policies and meet AODA standards through our recommendations

ACCESSIBILITY IN THE WORKPLACE INSPECTION CHECKLIST

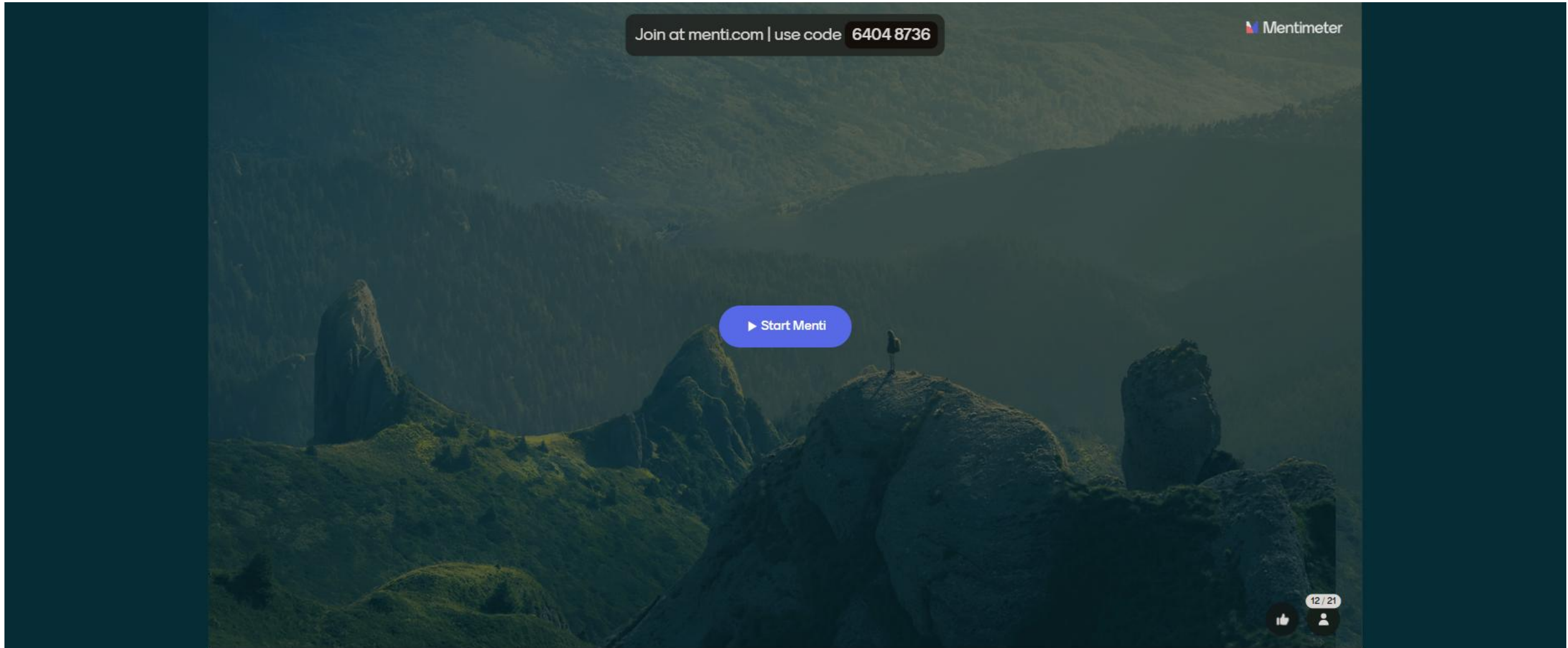
WORKSITE LOCATION: _____ DATE: _____ TIME: _____

INSPECTORS: _____

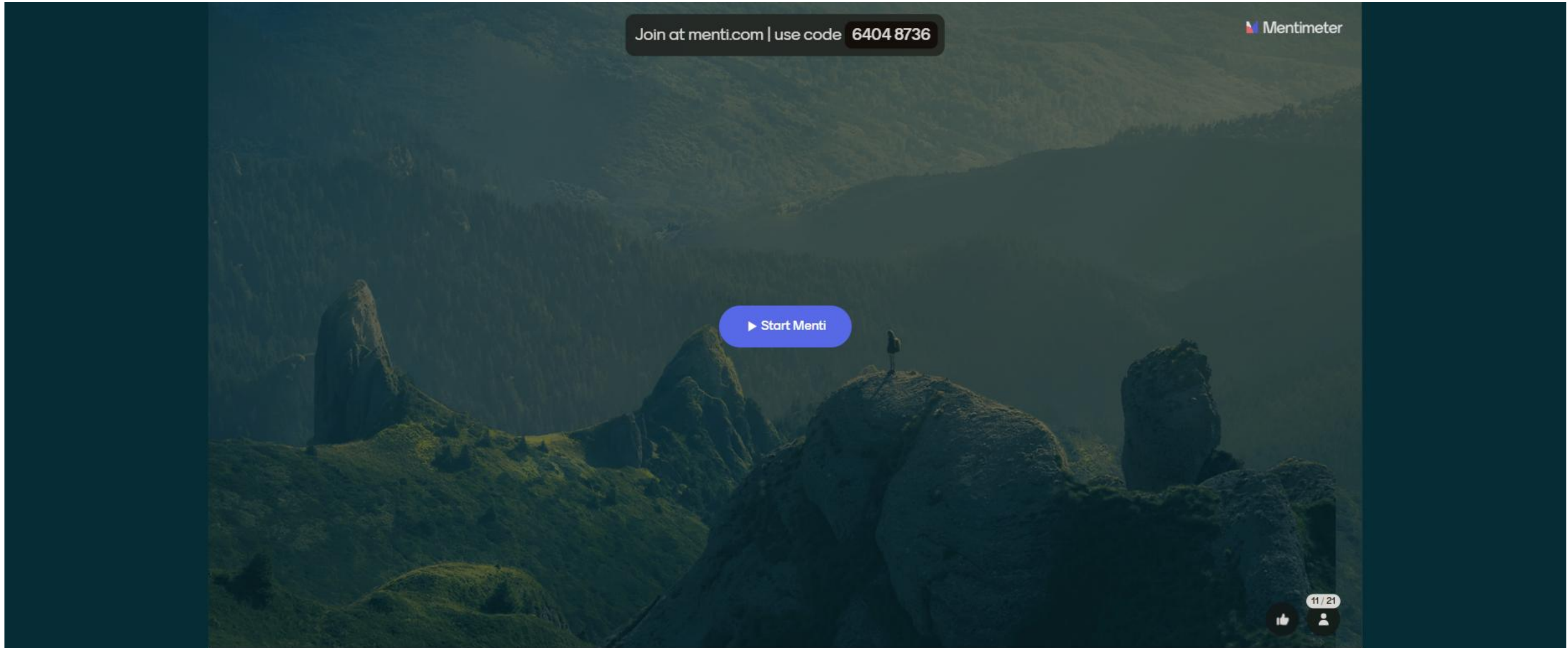
AREA	Meets Standard	COMMENTS	Follow up
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Poll



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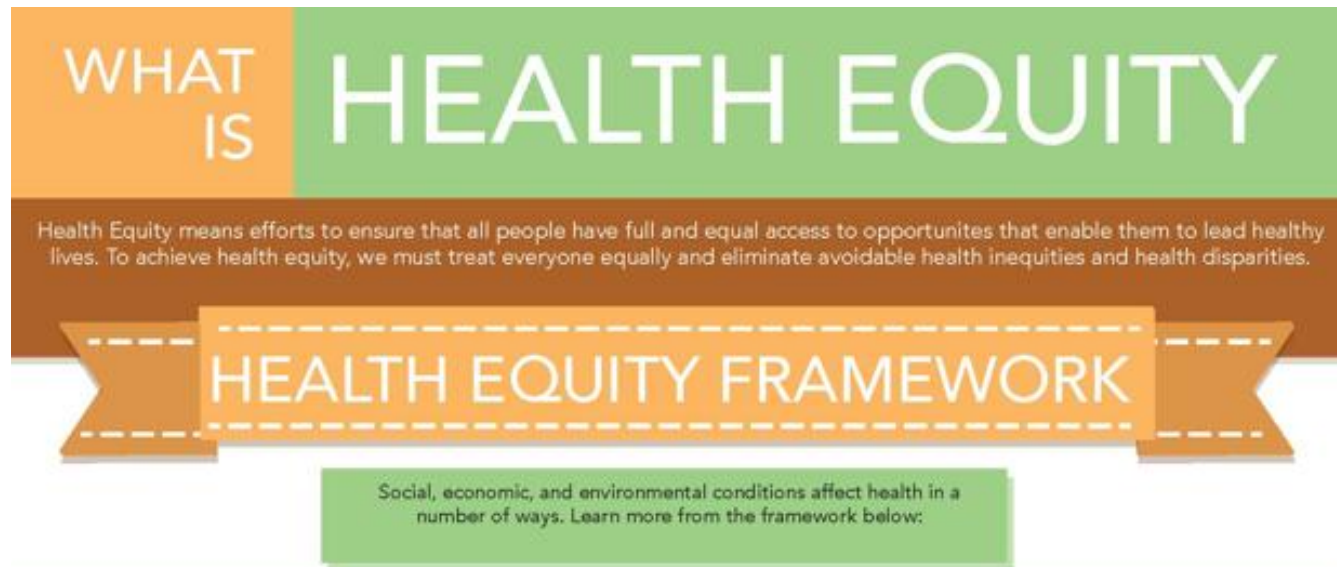
What more do you think your organization can do to be trauma-informed?

- Set up systems and policies
- More training
- Train staff
- More training on consent
- Training
- More trainings.
- Engage staff more
- Some programs are strong in being trauma informed because of the populations they serve, and other programs and their clients could benefit from also using TIC
- increase access to services by reducing red tape and adjusting practice

9 / 21

Health Equity Impact Assessment (HEIA)

Health Equity Framework



Health inequities are differences in health that are avoidable, unfair, and unjust.

Health disparities are differences in health among groups of people.

BROUGHT TO YOU BY:



Access to quality healthcare is one key in reducing inequities and disparities, but health is more than just disease or illness. Health Equity will be achieved when everyone is given the opportunity to reach their full health potential.

Learn more about the Health Equity Institute at San Francisco State University: <http://healthequity.sfsu.edu>

Note: Framework adapted by HEI from the Bay Area Regional Health Inequities (BARHI) Framework.

Resources:

<https://www.publichealthontario.ca/en/Health-Topics/Health-Equity>

<https://dev-sfsu-healthequity.pantheonsite.io/sites/default/files/documents/health-equity-framework.pdf>

What is Health Equity?



Video link:

<https://youtu.be/ZPVwgnp3dAc>

What is the HEIA

- Health Equity Impact Assessment (HEIA) helps to align services/policies/programs with need, enabling better health outcomes
- HEIA is a structured method to include equity in health planning and decision making
- HEIA is a practical tool for assessment and decision support
- It helps to anticipate and address any unintended health impacts that a plan, policy or program might have on vulnerable or marginalized groups within the general population
- It builds on existing work and creates greater transparency and consistency in the way that equity is being considered across the health system
- The end goal of the HEIA is to achieve health equity and eliminate disparities in health



HEIA Template

HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations*	b) Determinants of Health	Unintended Positive Impacts.	Unintended Negative Impacts.	More Information Needed.	Identify ways to reduce potential negative impacts and amplify the positive impacts.	Identify ways to measure success for each mitigation strategy identified.	Identify ways to share results and recommendations to address equity.
Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	Identify determinants and health inequities to be considered alongside the populations you identify.						
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.).							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic or social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation, (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

* NOTE: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (i.e. Aboriginal women).

Health Equity Action Plans



Health Equity Action Plan 2024/25

Program:

	HEIA Info	Priority #1	Priority #2
	Population Impacted		
	Social Determinants of Health		
	Unintended Impacts		
	Mitigation Plan	Action: Action:	Action: Action:
	Monitoring Plan		
	Outcome Measurements		



Health Equity at SHIP

- Partnership with MCIS which provides language interpretation services in person and through telephone in the client's preferred language
- Service dogs/Therapeutic animals at SSCS, PYV
- Tenancy agreements closer to home
- Enhancing language around services and how we support clients
- Health Equity Charter posted at all SHIP locations
- Health Quality Ontario poster presentation in 2017 on Health Equity
- Plan to engage clients and families using the Client and Family Engagement Framework



Health Equity Charter at SHIP



Health Equity Charter

"Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are. A high-quality health system recognizes and respects social, cultural and linguistic differences." – Health Quality Ontario, 2017

Services and Housing In the Province (SHIP) is committed to identifying, recognizing, actioning and overcoming barriers to equitable health for all. We endeavor to integrate the principles of health equity so our community can access and experience the best care regardless of one's age, race, culture, language, religion, gender, sexual identity, family status, ability, socio-economic status, immigrant status, and other relevant life experiences such as homelessness, mental health and addictions. SHIP will ensure that the most vulnerable and marginalized have equitable access to care through our efforts to collect and use meaningful data and ensure those from equity deserving groups are represented as partners in their health care.



Takeaways From Today

- ✓ Social justice can support us in **aligning** better to our communities
- ✓ Trauma Informed Practice will support in **shifting** mistrust and **rebuilding** empowerment
- ✓ Equity deserving communities are **essential** to be at the table
- ✓ Equity Impact Assessments can support in **addressing** and **anticipating** unintended impacts to the community being served
- ✓ **Commitment to Trauma Informed Practice** overall ensures that data for change is foundational and mindful



Questions/Comments?



Data for Change Knowledge Hub

[Dataforchange.ca](https://dataforchange.ca) is a shared digital hub for resources and connections on Social Identity Data collection in the community social services sector.

On The Hub You'll Find:

- ✓ **To register for upcoming workshops!**
- ✓ Video recordings and downloadable resources from past capacity building workshops
- ✓ Practical tools to support equity and systems change
- ✓ Sign Up sheet to stay connected on all things Data for Change

Register for upcoming workshops here: [Capacity Building – Data for Change](#)

Thank you, Merci, Miigwech

