

SOCIAL INCLUSION SYNTHESIS

Impact Statement: Vulnerable populations have the information, support, services, and opportunities they need to feel a sense of belonging in their community

This synthesis aims to bring together a selection of relevant program approaches from key strategy documents and practice reviews to provide agencies with a range of best and promising practices that may help them in their work. With the practical needs of program staff and service providers kept in mind, this document focuses on outlining broader types of activities and programming with the intention that it may inform agencies and service providers of the general characteristics and principles of effective prevention initiatives.

While the strategies listed in this document are broadly aligned with Airdrie FCSS' prevention approach, program specifics such as implementation methods, participant risk characteristics, and program setting all impact whether an initiative falls within the FCSS mandate or not. Therefore, it is important for prospective applicants to note that the implementation of a highlighted strategy does not guarantee funding. Conversely, a program that falls outside of the strategies outlined in this document could still be considered

a strong prevention initiative which contributes to the overarching priority area and could therefore be deemed eligible for funding.

It is not within the scope of this synthesis to present a comprehensive overview of the literature or best practice programs in each strategic area. Rather, this synthesis is focuses on presenting a suite of relevant prevention practices that have been recommended by community funders, municipalities or government bodies, and researchers. The source materials used for this document were either reviews of evidence-based practices or compilations of community suggestions that were intended to inform community-wide prevention strategies.

Much of the content of this document consists of direct excerpts from the source material, with occasional minor changes in language – these were made for clarity or better communication with the audience of this synthesis and should not impact the overall intent of the original material. Given that much of the effort in reviewing and compiling the practices included in this document was done by the authors of the source material, it is important to acknowledge the key documents that this content is based on. This synthesis draws heavily on the following key documents:

- FCSS Calgary Research Brief 5: Community Development
- FCSS Calgary Research Brief 4: Positive Social Ties and Vulnerable Populations
- Community Strategies to End Racism and Support Racial Healing by Place Matters

Overview

SYSTEMS NAVIGATION

Underserved groups and those facing barriers to service are a focus of concern when it comes to preventive approaches due to their lower likelihood of accessing timely support. According to a Health Canada paper that examines equitable service provision for underserved populations: “language and cultural barriers, as well as lower literacy, are correlated not only with decreased participation in preventive programs, but also with lack of awareness of risk, lifestyle interventions, warning signs, and benefits of screening” (Bowen, 2001). Barriers that prevent certain groups from ready access to services result in situations where individuals are more likely to only access services when they are already experiencing a problem, as opposed to accessing preventive care “(Bowen, 2001). As such, inaccessible, poor quality or unavailable resources contribute to the social exclusion of those that experience them (Calgary Neighbourhoods, 2020a).

Health Canada identifies both financial and non-financial barriers to service:

- Available services that have a financial cost
- Linguistic barriers, inaccessible facilities or other barriers may result in individuals being unable to access available services
- Information barriers exist where individuals may not be aware that a service is available, understand their rights to service, or how to access the service
- In some cases, education or cultural barriers mean that individuals may not request services because, even though they are aware of them, they are not aware of (or do not believe in) their importance.
- For certain groups, a service may be available, but actual access is hindered by implementation practices that discourage utilization. (Bowen, 2001)

While access to health services is the focus of much of the literature on service accessibility, it is important to recognize that other resources and services play important roles in prevention and the social-well being of residents. FCSS Calgary's research lists some key neighbourhood resources and services that, when missing or inaccessible, result in negative outcomes for adults: public transportation; neighbourhood maintenance; retail services; schools; care services; recreational opportunities; childcare and other key social services; informal organizations; and employment (Calgary Neighbourhoods, 2020a).

The need for systems navigation and service awareness efforts in Airdrie were made evident during a recent community consultation conducted to inform the development of Airdrie FCSS' Funding Model. Many respondents pointed out that there was a need to build awareness of available services and resources in Airdrie amongst different groups. Echoing the research, community feedback framed timely connection to serve as a preventive measure, as it meant that people would be able to access early support before issues intensified into crises. In Airdrie specifically, youth, students in school, newcomers and seniors were seen as particularly in need of engagement to improve their access to necessary services.

SOCIAL CONTRIBUTION AND PARTICIPATION

The rationale for promoting participation in and contribution to society amongst vulnerable Airdrie residents is that they are both avenues for building social capital and social cohesion. Social capital and, at a broader level, social cohesion, both play a role in the overall inclusion of individuals in society. Social capital consists of personal assets such as education, skills and other personal attributes; and social capital is realised in the form of the connections and support that individuals have access to. Research suggests that these factors

ultimately contribute to not only the social well-being of individuals, but also to their economic success and social mobility (Calgary Neighbourhoods CD, 2020a).

The Government of Canada's Social Cohesion Network describes four important elements of social cohesion:

- Widespread participation in community and social life.
- Social capital.
- Institutions (e.g., the Charter of Rights) and infrastructure (e.g., transportation) that facilitate public involvement.
- Income distribution, equity, inclusion, and access.

At the neighbourhood level, social cohesion generally refers to a sense of social unity and cooperation among neighbours, and the desire and willingness to work together for the collective good of community members (Calgary Neighbourhoods CD, 2020a).

Beyond building social capital and social cohesion, social contribution activities such as volunteering, and community organizing have been associated with numerous benefits to the individuals participating and the communities they are conducted in. Studies on volunteerism suggest that it is associated with improved health, mental well-being and coping with life events, (Carr et al., 2017) (Tabassum et al., 2016) (Benenson & Stagg, 2015). Resident-led community organizing activities have also been demonstrably effective in influencing public policy agendas, driving neighbourhood revitalization projects, and improving the quantity and quality of available services (Calgary Neighbourhoods CD, 2020a).

SOCIAL ACCEPTANCE

No community is free of inequities in resources, access and power. Some of the groups that experience systemic forms of discrimination include Indigenous people, women, racialized people, people with disabilities, people living in poverty, youth, seniors, newcomers and LGBTQ communities (Brooks, 2015).

The City of Airdrie's Social Policy is centred on the development of Social Well-Being in Airdrie. The principles that govern this goal include Diversity and Inclusion, and Equitable Access to Quality Services. The policy states:

Diversity and Inclusion: A strong community supports and encourages diversity. People of every age, gender, sex, sexual orientation, ethnicity, culture, race, physical and mental ability, income, education and religion are included, valued, and empowered.

Equitable Access to Quality Services: A resilient community depends on universal access to quality public services, which is vital to a high standard of living among residents.”

Under these principles, there is a clear imperative for efforts to address inequity and discrimination in community. In the current climate, this imperative has only found greater urgency, and in response, it has become increasingly important for social agencies and services to explore pathways to positive change.

PRIORITY STRATEGIES

Systems Navigation:

Provide information and supports that allow socially vulnerable groups to navigate the service system

IMPROVE SERVICE AWARENESS

Lack of awareness of services was cited as an issue in Airdrie during recent community consultations that were conducted to inform the development of Airdrie FCSS' 2023 – 2025 Funding Model. Respondents pointed out that there was a need for building awareness of available services and resources amongst different groups – this was seen as a preventive measure, as it meant that people would be able to access early support before issues intensified into crises. Youth, students in school, newcomers and seniors were seen as particularly in need of engagement to improve their access to needed services.

SUPPORTED REFERRALS

The concept of an 'authentically connected' referral network is useful for guiding agencies that are hoping to ensure that connections between services are seamless. When referral networks are not authentically connected, there is a real risk that individuals do not connect with the support they need. The following excerpt lays out the concept of an 'authentically connected' referral network from protocol improvement guidelines issued by SAMHSA (an agency within the US Department of Health).

“Only when service providers are truly interconnected can they work together toward the common goal of successful client outcomes. The phrase authentically connected has been coined to describe an integrated network in which agencies function as equal players with each other and with the client to identify and address the complex interplay of needs.

In general, an authentically connected referral network is composed of a set of defined relationships formed as clients’ needs dictate, using sound principles of case management and building flexibility and adaptability to meet the needs of individual clients.

Characteristics of Authentically Connected Referral Networks

- Multiple agencies work as equal partners with each other and with the client; referring agencies make the initial contact with the referral source and keep abreast of the client’s progress.
- Clients and agencies have mutual responsibility and trust; interagency accountability and data sharing exist.
- Communication mechanisms for timely information dissemination are accessible to all agencies and stakeholders.
- The full range of stakeholders is identified, including local community services, and feedback is elicited from all of them.
- Relationships among providers are collaborative and flexible in the assumption of multiple job tasks related to client needs.
- The network is client-, vision-, and mission-driven.
- Change and growth of the referring organization are demonstrated as a result of the referral process; dynamic network.
- The network is open to new paradigms, approaches, use of technology on behalf of clients (e.g., electronic portfolios), and individualization of client treatment plans and services.

- There is ongoing provider training and involvement in continuing education and staff development.
- A shared assessment of network effectiveness is ongoing.
- Cross-training of staff among collaborating agencies is ongoing.
- Accountability is results- and progress-based, with interagency negotiation of shared outcomes.
- The referral process is concurrent.” (SAMHSA, 2000)

CO-LOCATED SERVICES AND COMMUNITY HUBS

Research suggests that service co-location is an effective strategy for agencies, with initiatives showing improvements in service accessibility for participants, and in some cases improvements in service quality. (Calgary Neighbourhoods CD, 2020).

There has also been an increasing interest in exploring community hubs as a means of improving access to local services, programming and resources. Community hubs take the co-located service model a step further by introducing a leadership role for community residents to shape the programs that are meant to serve them.

FCSS Calgary and the United Way of Calgary and Area have both supported models which combine co-located services with resident engagement efforts to deliver a service system that is informed and directed by service recipients and residents. FCSS Calgary states that: “The ideal form, structure, and governance of a community hub depend on the needs, capacity, and desires of residents, with individual programs situated and coordinated within the broader goals of the community hub” (Calgary Neighbourhoods, 2020a).

Social Contribution and Participation:

Provide opportunities for groups at risk of social isolation to contribute to and participate in communities

INTERVENTIONS FOR IMMIGRANTS AND NEWCOMERS¹

Initiatives to Facilitate Informal Social Support Systems

Research suggests that interventions that aim to strengthen immigrants' informal support system, in addition to the existing social and settlement services, may improve newcomers' social networks. The following excerpt outlines strategies highlighted in FCSS Calgary's research brief:

- **Social mediation** (sometimes referred to as “cultural brokering”) is provided by individuals who are members of the target ethnocultural group.
- **Using volunteers to provide information about the receiving society** (employment and housing opportunities, relationships with natives, cultural norms and values), instrumental assistance in diverse tasks (language learning, legal procedures, direct help to find a job or a house), material support (temporary accommodation, food, clothing), emotional support and opportunities for social participation.
- **Identification of key members of the community**, such as individuals who are members of immigrants' associations and grass-roots organizations, religious leaders, business owners, and established immigrants, who can provide multiple types of support. Professionals can serve as specialized consultants or counsellors, to increase, promote and improve the quality of non-facilitated support transactions.

¹ This section is an excerpt from FCSS Calgary Research Brief 4: Positive Social Ties and Vulnerable Populations

- **Mutual aid groups**, particularly:
 - Support groups of fixed duration featuring six to 12 people, closed membership, and expert leaders.
 - Self-help groups that feature face-to-face interaction, shared responsibility, exchange of multiple resources (emotional support, material aid, information, instrumental assistance), and reciprocity.
 - Community interventions, in which a professional helps community members to identify issues that cannot always be addressed individually (e.g., employment, housing) and support community members to develop and implement strategies to meet those needs.

Host programs

Host programs match newcomers (or newcomer families) with a volunteer who is either Canadian-born or a permanent resident. In Canada (excluding Quebec), the Citizenship and Immigration Canada (CIC) contract immigrant-serving organizations to recruit, select, and train volunteer hosts, match hosts with newcomers based on shared interests and monitor progress. As described by CIC, the role of volunteers is to ease the cultural shock newcomers experience the following relocation. Volunteers may assist newcomers in day-to-day activities, such as banking, shopping, budgeting, using the transit system, accessing other public services, registering for school, learning about income tax, getting a driver's license, etc. More importantly, volunteers may introduce newcomers to their network of friends and family through social activities.

Volunteering

It has been suggested that membership in ethnocultural-based voluntary organizations can increase bonding social capital within individual ethnocultural communities and that membership in more general types of voluntary associations can foster bridging social capital, beyond the ethnocultural

community. There is some evidence that, in Canada, immigrants are more likely to engage in volunteering in ethnocultural associations and religious organizations than in general voluntary associations, although it cannot be inferred that such involvement increases only bonding social capital (Calgary Neighbourhoods, 2020b).

INTERVENTIONS FOR VULNERABLE FAMILIES²

Parenting and social supports

Research indicates that mothers with strong networks of positive social support from friends and extended family are more effective parents than those without such support. Social support has been identified as one of the most protective factors against child abuse and neglect. Social support improves at-risk parents' parenting skills and knowledge, supports positive home and family environments, and reduces parents' punitive attitudes. However, the parents most at risk of perpetrating abuse may receive the least amount of useful support. Research indicates abusive mothers have fewer friends in their social support networks, less contact with friends, and report a lower quality of support received from friends than non-abusive mothers.

Modeling good parenting practices by a positive role model, with support and encouragement for the parent from the role model to repeatedly practice new parenting techniques, is more likely to result in changes in parenting practices. In addition, if friends or family members engage in negative interactions with the mother, generate conflict, or demand significant time or energy from the mother, they can contribute to maternal stress and depression – both linked with poor parenting – rather than support the mother's well-being or her parenting practices. Therefore, the research emphasizes the need for “positive”

² This section is an excerpt from FCSS Calgary Research Brief 4: Positive Social Ties and Vulnerable Populations

social ties, which are more predictive of maternal health and well-being, not simply social ties in general.

COMMUNITY AND SCHOOL ENGAGEMENT³

Some qualitative research suggests a successful approach to addressing the needs of vulnerable families is to involve parents in their children's academic life. Interaction in the school has been found to improve bonding and bridging social capital (see Appendix B), thereby reducing risk factors for children.

Although little recent research has appeared on this subject over the past few years, older studies show that, in addition to the well-documented benefits of parental involvement in school to children's learning, family and community involvement in schools increases the support and services received by families and, when the school serves as a place where people can come together and be involved in decision making that affects their community, civic capacity and community development can be increased within the neighbourhood.

Supporting families via the provision of on-site and linked support services, such as parenting classes, English- language learning for parents, and family liaison services helps to engage parents in the school. It enhances the role of the school in the community as a facilitator of community development. It also helps the school earn the trust of parents and let them know it cares about where and how families live.

Connections with their children's school appear to have additional benefits for vulnerable immigrant families, particularly mothers, as a means of increasing positive social ties beyond their ethnocultural communities. As explained by Van Ngo, "... through school involvement, parents benefit from

³A note on eligible organizations: Airdrie FCSS is mandated to fund non-profit organizations working in school settings but does not provide funding directly to schools

parent support networks and develop self-confidence and decision-making abilities. They are more likely to have positive attitudes toward schools and personnel, demonstrate greater willingness and ability to gather support in the community for school programs, and get more involved in community affairs. They are also more likely to enroll in other educational programs. For parents from ethnocultural communities, participation in the public school system also means empowerment, access to school decision-making structures, active citizenship, and overall integration into Canadian society (Calgary Neighbourhoods, 2020b).

WHAT MAY WORK TO INCREASE POSITIVE SOCIAL TIES FOR PEOPLE WITH INTELLECTUAL DISABILITIES⁴

Pairing people with disabilities with community volunteers

A comprehensive literature search revealed only one evaluation of a program targeting social isolation for adults with intellectual disabilities. A qualitative evaluation, completed in 2006 of a program in the U.S., where people with intellectual disabilities are paired with college students, found that both college students and participants reported their lives had been enhanced by participation. Sustained effects on social ties or social supports, however, were not described (Calgary Neighbourhoods, 2020b).

SENIORS⁵

Intergenerational programs

Intergenerational programs bring together youth and older adults for a variety of reasons but are generally intended to benefit both generations. As summarized by Kaplan, et al., studies have reported outcomes of programs as including, for youth, increased school attendance, improved social skills,

⁴ This section is an excerpt from FCSS Calgary Research Brief 4: Positive Social Ties and Vulnerable Populations

⁵ This section is an excerpt from FCSS Calgary Research Brief 4: Positive Social Ties and Vulnerable Populations

and improved attitudes toward aging and seniors. For older adults, outcomes included improved memory, improved mobility, and an increased sense of social connectedness.

Group Strategies

Some activity-based group interventions appear to be at least somewhat effective in reducing social isolation; others do not. Group strategies with positive outcomes included:

1. A community-based group counselling program, in which participants reported developing more new friendships at a 12 month follow-up.
2. A community-based activity group for socially vulnerable seniors, in which participants increased their social interaction.

Support-based group programs that have been found to result in positive outcomes include:

- A discussion group for seniors with disabilities, a psychosocial group for women with breast cancer, and an educational friendship program for older women all resulted in increased social support.
- A telephone-based therapy group that taught older people how to cope with their blindness resulted in more social activities and reduced levels of loneliness amongst participants.

Older research indicated that support groups (e.g., educational, friendship, discussion) can be effective provided they are at least five months in duration. However, most of the research on support groups has been on groups for women; support groups may only be effective for people who already have the necessary social skills to join them. They may not work for the severely socially isolated.

Home visitation

Participants who received home visits from a volunteer in conjunction with home nursing services, showed some evidence of improved social support at six weeks' follow-up. A visitation program for nursing home residents reported increases in frequency and duration of visits and more time spent in active pursuits and planned activities, but only among those participants who had some control over the frequency, duration, and timing of the visits. There were no effects for those who received random visits.

It has been suggested in the literature, that to be effective, home visits need to reflect some degree of reciprocity between the support giver and the support receiver. Also, the two individuals should belong to the same generation, have common interests, and share a common cultural and social background. This has not been evaluated but is consistent with other research on social support and reciprocity.

Additional Considerations for Immigrant Seniors

Many immigrant seniors are completely dependent on their families for all forms of social and economic support. A recent Canadian qualitative study suggests that, among immigrant senior women from non-European countries, social isolation may not be offset by living in a multigenerational family because these women are often confined to the home by childcare and household responsibilities and lack of their own spending money, along with language and transportation barriers.

This study also reported an unexpectedly high proportion of immigrant senior women from all cultural backgrounds, would prefer to live on their own than with their adult children and their families. This included women with a culture tradition dictating elderly parents live in the children's home. In addition

to placing them at risk of social isolation, a high degree of dependency on family can place immigrant seniors at risk of abuse within the family. Reaching out to others for support may not be possible for seniors who have no contacts outside the family. Some immigrant seniors may be reluctant to discuss personal issues due to pride or cultural beliefs or, depending on their immigration status, for fear of problems with immigration authorities. They may also be unable to communicate problems due to language barriers. The experience of receiving formal supports from government or community organizations may be unfamiliar to older immigrants and refugees, and they may be reluctant to use them.

Research shows the biggest barrier to immigrant seniors' use of social services is the belief that their children will fully support them, followed by distrust of government or the view that reliance on government for elder care is shameful. Members of some ethnocultural groups may be particularly uncomfortable seeking or receiving help from outsiders because, within their ethnocultural community, it is critical the family be viewed as capable of taking care of its own problems and needs (Calgary Neighbourhoods, 2020b).

ALL GROUPS⁶

Community Programming

There is some evidence that community programming, services, and events can increase social ties among neighbourhood parents and improve neighbourhood cohesion. One evaluation found that parents who had attended parenting programs; events promoting neighbourhood safety (e.g., Neighbourhood Watch); programs promoting early childhood education (e.g., reading programs); arts programming for children; health promotion events (e.g., community bike rides for children); or neighbourhood celebratory events (e.g., holiday festivals,

⁶ This section is an excerpt from FCSS Calgary Research Brief 4: Positive Social Ties and Vulnerable Populations

barbecues) in the past three years knew more of their neighbours, visited neighbours' homes, had more friends in the neighbourhood, and rated their neighbourhood much more positively than parents who had not attended any programs or events.

Community Kitchens

Collective or community kitchens are community-based cooking programs where small groups of people pool their resources and cook in bulk. In Canada, collective kitchens are usually organized by a non-profit organization that provides professional or volunteer support to participants. Kitchens target sub-groups of people including people living in poverty, single mothers, new immigrants, and people living with mental illness or disability.

As described by Engler-Stringer, there are three general types of collective kitchens:

- Groups with an emphasis on education and social interaction composed most often of people living with mental illness or disability, new immigrants, or seniors.
- Groups that balance bulk cooking and social and educational aspects, composed most often of single mothers.

Research suggests collective kitchens may improve household food security. In addition, qualitative research, most of it completed in Canada and Australia, suggests collective kitchens may reduce social isolation and increase social supports. Based on what we know at present, with a view to reducing social isolation, it is suggested kitchens should be structured to bring together participants with similar life circumstances, and facilitate social interactions (e.g., breaks, communal meals that encourage socializing (Calgary Neighbourhoods, 2020b)).

Social Acceptance:

Provide opportunities for community members to understand and promote diversity, equity and inclusion in community

There is a vast amount of literature available on promoting diversity, equity and inclusion (DEI), and this work encompasses efforts focused on a large number of different groups with unique requirements. Groups that are a focus for inclusion work can include people with disabilities, those that identify as LGBTQ2S+ or BIPOC individuals, and strategies often reflect a particular priority such as anti-racism or accessibility. Comprehensive coverage of the numerous different approaches was not within the scope of this synthesis; especially considering that many available resources dwell on strategies for change at the organizational or personal (individual reflection or allyship) level. Instead, this synthesis is focused on showcasing select promising practices that could be applied by non-profits to promote awareness, accountability, learning and dialogue in the broader community.

The source for the following section is “Community Strategies to End Racism and Support Racial Healing” by Place Matters. Although these strategies were developed with place-based communities in mind, the guidelines could prove valuable for other types of organizations that wish to focus their efforts on diversity and racial equity work.

DOMAINS OF CHANGE⁷

Personal: Aim is to change thoughts and feelings; increase awareness and openness to learning

Interpersonal: Aim is to enhance skills, communication patterns; impact behavior and relationships.

Institutional: Aim is to identify structural barriers and create policies, practices, and programs that support equitable outcomes.

Cultural: Aim is to create environments representative of and welcoming to the organization's diversity; celebrate and utilize differences (PLACE MATTERS, 2015).

ACTIONS⁸

1. Use effective community tools and strategies. Effective strategies identify structural racism as the root cause of race inequities. Effective strategies focus on race as a social rather than biological construct and promote the understanding of intersections among race, ethnicity, class, sexual orientation, and gender. Effective strategies that end racism and promote racial healing provide participants with a cognitive and affective understanding of the cultural, structural, institutional, and political aspects of racism and the development of skills in working effectively.

2. Feature community dialogue that includes all groups – not just people of color – and draw on an explicit framing of how structural and personal-level racism creates and sustains inequities. We cannot assume that all people of color have the same views or experiences regarding racism. Time must be set aside for intragroup dialogues as well as cross-racial/ethnic group dialogues on racism and privilege.

⁷ This section is an excerpt from Community Strategies to End Racism and Support Racial Healing by Place Matters

⁸ This section is an excerpt from Community Strategies to End Racism and Support Racial Healing by Place Matters

3. Include learning processes that explore how white people learn their roles in a racialized society and the costs of adhering to these roles. Opportunities need to be available for white communities to explore their own experiences of privilege and racial superiority through facilitated dialogue, and how they view their responsibility to address race inequities.

4. Include a full discussion of all groups that experience structural barriers to health and well-being by acknowledging the centrality of racial hierarchy as the basic framework for structured inequality and exploring the unique experiences of oppression for (different) racial/ethnic groups. It is important that this dialogue begin intragroup, before moving out to include other racial and ethnic groups. Issues of internalized racism and privilege must be discussed internally before a meaningful external dialogue between diverse communities can take place.

5. Explore ways to hold institutions accountable for measuring racism and unearned privilege. This often requires engaging institutional leaders and staff in dialogue about racism, white privilege, and the roles of the institution in creating and sustaining racial/ethnic inequities. Additional work must be done by these institutions to assess and evaluate “race-neutral” policies and practices that result in negative outcomes for communities of color. Institutions must be accountable for identifying these practices and policies, evaluating and assessing the impact, and determining what steps they will take to end the practice or policy and/or mitigate the negative impact.

6. Include a focus on political and economic power, with the goal of shifting power toward proponents of racial and ethnic equity.

Understanding the processes by which some groups are privileged, and others are denied opportunity is key to shifting power from the dominant group.

Specifically documenting how policies and programs create unexamined and unearned privilege for white individuals and helping individuals to understand how these privileges have played out in their own lives are key steps in promoting such a shift in power. It may be helpful to explore how unexamined privileges are sustained by feelings of racial supremacy.

7. Uncover and share local information on specific policies, practices, and environments. Promoting a detailed understanding of how communities become healthy and unhealthy places and the role of racism and privilege in this process is a necessary component of effective strategies to reduce bias and promote healing. In each community, there is a specific local history of how the policies, practices, and environments were formed. This history can show how local conditions – the local expression of societal racism – create and sustain health and other inequities. Program facilitators need to commit to teaching the long-term history of racism and privilege in the community, tying that history to current circumstances, and directly addressing the tendency to attribute negative health and other outcomes exclusively to individual choices. Government officials must, in turn, be committed to listening to the community, being accountable, and instituting actual changes. In many communities, there is a history of lack of accountability to equity advocates and traditionally excluded communities. Institutional representatives may need to spend time rebuilding trust and relationships in the process of increasing community engagement.

8. Prepare for a long-term commitment to organizing and advocacy.

Those seeking to reduce racial/ethnic inequities need to recognize the power of institutional inertia, status quo political ideologies, and individual barriers to perspective transformation and commit to long-term change strategies. These efforts need to be built on a detailed understanding of how communities

perceive and understand racism and privilege. As such, they should include the creation of multiple opportunities for learning within the community that allows participants to realize the power to demand change and to persevere in their efforts through analysis of the root causes of inequity and the structures/processes by which power is used to create and sustain inequities. A key component of this long-term commitment to supportive and inspired collaboration to address racism and privilege is identifying and engaging allies to mobilize resources and support for equity initiatives. Engaging community members and unexpected allies in facilitating and leading community educational efforts support long-term commitment to organizing and advocacy for social change. (PLACE MATTERS, 2015).

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APPENDIX A: ALL STRATEGIES AND PRACTICES

Provide information and supports that allow socially vulnerable groups to navigate the service system

- Improve Service Awareness
- Supported Referrals
- Co-located Services and Community hubs

Provide opportunities for groups at risk of social isolation to contribute to and participate in communities

Newcomers

- Initiatives to facilitate informal social support systems
- Host programs
- Volunteering

Vulnerable Families

- Parenting and Social Supports
- Community and School Engagement

Seniors

- Intergenerational programs
- Group Strategies
- Home visitation

All Groups

- Community Programming
- Pairing people with disabilities with community volunteers

Provide opportunities for community members to understand and promote diversity, equity and inclusion in community

- Use effective strategies that identify structural racism as a root cause
- Community dialogue that includes all groups
- Learning processes that explore how white people learn their role in a racialized society
- Include a full discussion of all groups that experience structural barriers
- Explore ways to hold institutions accountable for measuring racism and unearned privileges
- Include a focus on political and economic power
- Share information on specific policies, practices and environments
- Organize and advocate

APPENDIX B: DEFINITIONS

Bonding - Bonding social capital consists of connections within a group: strong ties among people who share similar backgrounds, such as members of an ethnocultural group (Calgary Neighbourhoods, 2020b).

Bridging - Bridging social capital is about connections outside one's tight group, these are connections with a broader range of people who are useful in linking people to external assets (Calgary Neighbourhoods, 2020b).