

Recommendations of the Building Equitable Partnerships (BEP) Symposium 2008

Background

The BEP Symposium 2008 came to fruition through the efforts of partner agencies the Committee for Accessible AIDS Treatment (CAAT), the Centre for Addiction and Mental Health (CAMH), the Canadian Mental Health Branch (CMHA)-Toronto Branch, the Multicultural Inter Agency Group of Peel (MIAG), Sistering and mental health advocates and participants from the community. The Symposium was a part of the Building Equitable Partnerships with Diverse Communities and Groups Project initiated in 2004 with the goal of the Project being to increase access to health services and positively impact the health of marginalized and diverse communities and groups.

The BEP Symposium provided a forum for *dialogue* among groups and individuals that have a stake in the delivery of culturally competent mental health and addictions services, and related health care. The aim was to increase understanding and connections between stakeholders resulting in sustainable actions around building equitable partnerships, at a number of levels – among policy makers and agencies, among larger and smaller agencies and among diverse communities and health service providers.

Each of the over 30 workshops at the Symposium reserved time to collaboratively develop one or two recommendations to build and strengthen equitable partnerships with diverse and marginalized communities and groups.

A brief summary of recommendations generated over the course of the Symposium was presented to delegates and a panel of LHIN representatives for comment at closure of the event.

Below is a comprehensive report of recommendations collaboratively developed by BEP Symposium delegates and workshop facilitators. In compiling these recommendations the words of workshop participants were used as much as possible. A team of Symposium organizers reviewed all the notes and recommendations recorded by volunteers acting as workshop hosts. The recommendations were grouped together based on similar themes that coincide with the issue areas of the workshops.

Recommendations

The four overarching areas are:

- a. Principles for equitable partnerships/processes for successful partnerships (include both Organizational and Personal/Professional)
- b. Partnering with clients and diverse and marginalized communities

- c. Partnering between agencies of all sizes, researchers, funders and policy makers
- d. Partnerships to address social determinants of health

a. Principles for Equitable Partnership/Processes for successful partnerships

Organizational considerations:

- Having clear and open communication with partners and operating from clear guidelines/terms of reference and fostering a transparent process throughout is key.
- Develop effective partnerships with agencies and clients through personal relationships that identify shared goals and populations
- Creating an environment of partnering: create time space and trust to talk about our environment, tensions; finding ways to understand each other; share a common vision; develop outcomes build consensus; communicate openly and frequently;
- Work in collaboration within the organization, which will influence what happens in partnership out in the community.
- Spend time doing “cross training” among partners (including job shadowing)
- Disseminate information about the powerful work accomplished by partnerships
- Develop an understanding of cultural differences
- Part of making a partnership successful is actually being physically where the partner is.
- In order to develop and maintain equitable partnerships, partners should develop contractual agreements that will ensure that the terms of the partnerships are respected.
- To build equitable partnerships we must showcase what we have that is unique and highlight what we have in common.

Personal /Professional

- Integrate time and resources for critical self-reflective practice into the building of equitable partnerships.
- Recognize that partnerships are actually about relationships – we are responsible for creating opportunities for shared leadership.
- Important for partners to respect and accept each other

b. Partnering with clients and diverse and marginalized communities

Principles:

- The true leadership of a partnership be directed by the identified community. The partnership has to be for them and it has to be about them. The identified community must be the one to direct the allies with respect to what their care will or should be. The allies and the community need to be cross trained and

must understand each other's language and perspectives. There must be a genuine interest and tangible commitment to address issues of power and oppression.

- Ask clients what their priorities are for services
- Nothing about us without us [service users]!
- The target communities most affected by the partnership must have a leadership role in the partnership.
- In order to create community engagement and equitable partnerships, it is imperative to get the buy in from the potential partners and stake holders.
- Knowledge production must lead to action with/for the community
- Make a conscious effort to examine and challenge how language and literacy are issues of power, and think about what you can do to negotiate those power issues in equitable ways.
- Building partnerships means going beyond tolerance to acceptance and truly valuing the individual, community etc.

Considerations for working with specific populations/communities:

- Identify bilingual capacity within an organization for better partnering within an organization to meet the needs of Francophone communities
- Partnering with agencies providing French language services (for example OASIS Centre des Femmes) to enhance service capacity for Francophone communities.
- Build youth engagement through equal adult-youth partnership and youth contribution to change
- Working with young women: give them a position of power, work with them

Resource and infrastructural considerations:

- Disclosure agreements is an important part of partnerships with clients
- Having resources or funds to provide childcare, honoraria etc. when involving the community

c. Partnering between agencies of all sizes, researchers, funders and policy makers

Principles:

- The voice of frontline workers and their needs must be brought to the decision-making level. Frontline workers need to feel safe to speak the truth about their work and the barriers they face in doing it. Ensure both frontline and executive involved when building partnerships
- Involve community members in the development of partnership framework
- Partnership has to be facilitated by everyone and everyone has to gain something.
- Partnership needs to honor diversity and skills of all partners and facilitate learning by/of all partners

- Partnership needs to build in support mechanisms to ensure ongoing clear/honest communication and motivation to keep all partners engaged /actually involved and committed.
- It is important to have clear open communication with partners and operating from clear guidelines/terms of reference and foster a transparent process throughout.
- The evaluation of partnerships/integration is very important.

Research/ Community-Academic partnerships:

- When researchers and communities come together, time must be allotted to develop strategies to build trust, understanding of goals and roles, and this must continue on an ongoing basis.
- Ensure community-academic partnerships have collaboration at all stages (i.e. project design, establishing operational processes, writing and applying for grants, applying for ethics review, hiring project staff, data collection, analysis, dissemination)
- Community Based Research Partnerships must be reciprocal, mutual partnerships where leadership role is shared/flexible
- Peer researchers can be utilized as bridge between academia and community

Resource and infrastructural considerations:

- Funding for community-based research should provide more flexibility in delivery and use of funds as well as time-lines for funding.
- Funding for community-based research and program development should provide for more flexibility in delivery and use of funds as well as timelines for funding.
- Funding models need to change. Stop basing funding on strategic partnerships or on a project basis.
- Educate funders to support the partnership process
- Need for infrastructural support
- Operational budget money should be given to allow (smaller) agencies to build capacity.
- For certain partners (i.e. hospitals) keep in mind that making resources available (i.e. research and evaluation resources and capabilities) helps build equitable partnerships
- Look for partners who have very different skill sets than you so that there can be sharing and building.
- Use of technology can play a big role in building relationships between agencies particularly when participants are busy and there is little time to meet in person.

d. Partnerships to address Social determinants of health

Principles:

- Support partnerships that create synergies among social and health agencies to address the life needs of diverse and marginalized communities.

- Incorporate holistic approaches and bridges between cultural groups
- More partnerships to improve collaboration/integration within the system (empower smaller organizations)

Specific partnership recommendations:

- Bridge gap between acute care sector and community based sector
- Develop partnerships between mental health, addictions, housing, police and shelters etc to get safe housing and services for clients with HIV
- Provide seed money for operational budgets for supportive and affordable housing.
- Literacy – Build awareness about the mental health impact on literacy among service providers
- Focus on reducing the stigma of mental health and addictions