ARAO
ANTI-RACISM ANTI-OPPRESSION

PCHS
ARAO Framework
2023 – 2026

Introduction

PCHS embedded ARAO framework development and implementation in its Strategic Plan. PCHS is committed to achieving health, settlement, and social services for all communities in Central Region – Ontario Health including GTA. We are doing this through advancing the organization's decolonization, advocating for marginalized communities, recognizing struggles of intersectional oppression and building strong relationships with advocacy groups, institutions and partners.

We have embarked on a journey to develop and implement a robust Anti-Racism Anti-Oppression (ARAO) Plan. This will be the framework for all decision-making, service delivery, community engagement, policy development and human resources. We are committed to advocating for systemic and structural change at all levels of society to end inequities, power imbalances and entrenched dominance.

Since 2019 we engaged staff, volunteers, board of directors, community stakeholders, to assist PCHS with this ARAO process. The work is still in progress and consists of a review of all practices, policies and processes.

We are grateful to everyone who is contributing by providing invaluable input to support this work. We look forward to continuing this conversation to facilitate improved public policy, service advocacy and collaborative planning.

ARAO Strategic Priorities

Our Commitment to ARAO
PCHS commits to providing high quality, innovative, collaborative anti-racism anti-oppression (ARAO) organizational and sector leadership in the provision of health, settlement, and social services and social change advocacy.

Our ARAO Priorities
PCHS's commitment to its ARAO priorities means a strong focus on visionary, high-quality leadership, excellent service delivery, cutting-edge human resources practices that support the promotion of a healthy organizational culture and a strong, respectful relationship with Central Region – Ontario Health and the broader GTA's diverse communities.

ARAO Strategic Goals

Goal #1: Leadership
- Continued board and management improvement in ARAO planning, decision-making and implementation of service delivery
- Bias-free recruitment to diversify the agency's leadership and staff
- Strengthen board and management ARAO performance accountability measures
- Integrate ARAO in all Strategic Plan and sustainability commitments

Goal #2: Human Resources
- Continually improve bias-free hiring practices
- Strengthen ARAO presence across all policy frameworks
- Develop and deliver comprehensive ARAO training plan

Goal #3: Services and Programs
- Build strong client demographic profile to inform advocacy and planning
- Develop a comprehensive Program Practice Framework to support consistency in application of ARAO lens
- Provide ARAO-informed crisis and mental health training support for staff

Goal #4: Community Engagement
- Continue ARAO sector leadership through enhanced joint planning
- Expand the existing Friends of PCHS community engagement plan
- Develop an advocacy strategy with priorities that highlight ARAO issues
- Enhance collaborative review and resource support process for special population programs
- Build strong connections with community stakeholders to support meaningful consultation, e.g. Community Advisory Tables at ROP, Community of Practice (LAMP)

Goal #5: ARAO Resource Sustainability

- Identify key resources to provide staff direct support in implementing ARAO priorities
- Ensure yearly training/resources related to ARAO is provided to staff

Methodology

PCHS has developed 8 strategic areas of action which are in alignment with the ARAO Framework developed by Ontario Health.

ARAO 8 STRATEGIC AREAS OF ACTION

1. **Collect, Report, and Use Equity Data**
Establish systems to collect, analyze, and utilize equity data for reporting and decision-making. Aim for organizational diversity to mirror the communities served.

2. **Embed in Strategic Plan**
Ensure efforts to address equity, inclusion, diversity, anti-Indigenous and anti-Black racism are at the highest priority for the organization.

3. **Partner to Advance Indigenous Awareness**
Building strong relationships with Indigenous leadership and communities through respect, reciprocity, and open communication is crucial for effective allyship and addressing the needs of Indigenous peoples.

4. **Invest in Implementation**
Apply the financial and community resources needed for success and ongoing sustainability.

5. **Identify Clear Accountability**
Establish and assign "who" is responsible for "what".

6. **Include and Engage Key Voices**
Listen to the staff and communities and include their ideas and feedback into the design, delivery and evaluation of programs and services.

7. **Address Racism in Marginalized Communities.**
Identify/address discrimination at all levels using targeted approaches, data, and best practices to establish standards and correct disparities in access, experience, and outcomes for the population.

8. **Report and Evaluate to Drive Improvement**
Publish Framework metrics publicly with completing annual general report

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Leading With Conviction And Courage

Building a Common Understanding

The definitions below help to provide a common understanding as we work together to create a shared culture focused on equity, inclusion, diversity, and anti-racism.

Anti-Racism:	An anti-racism approach is a systematic method of analysis and a proactive course of action. The approach recognizes the existence of racism, including systemic racism, and actively seeks to identify, reduce and remove the racially inequitable outcomes and power imbalances between groups and the structures that sustain these inequities.
Systemic Racism:	Organizational culture, policies, directives, practices or procedures that exclude, displace or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others.
Structural Racism:	It is a system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with color to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist.
Diversity:	The range of visible and invisible qualities, experiences and identities that shape who we are, how we think, how we engage with and how we are perceived by the world. These can be along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socioeconomic status, age, physical or mental abilities, religious or spiritual beliefs, or political ideologies. They can also include differences such as personality, style, capabilities, and thought or perspectives.
Inclusion	Inclusion recognizes, welcomes and makes space for diversity. An inclusive organization capitalizes on the diversity of thought, experiences, skills and talents of all of our employees.
Equity:	Unlike the notion of equality, equity is not about the sameness of treatment. It denotes fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource

	redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.
Health Disparities:	Differences in health access, experience or outcomes in a way that is systematic, patterned and preventable.
Intersectionality:	The ways in which our identities (such as race, gender, class, ability, etc.) intersect create overlapping and interdependent systems of discrimination or disadvantage. The term was coined by Black feminist legal scholar Dr. Kimberlé Crenshaw and emerged from critical race theory to understand the limitations of "single-issue analysis" in regard to how the law considers both sexism and racism. Intersectionality today is used more broadly to understand the impact of multiple identities to create even greater disadvantages.

*Definitions extracted from the McGill University Equity, Diversity and Including Strategic Plan (2020-2025); the UHN Anti-Racism and Anti-Black Racism (AR/ ABR) Strategy; and the 519 Glossary of Terms around equity, diversity, inclusion and awareness