

AN AGENCY CHECKLIST

Anti-Black Racism, Anti-Oppression and Children and Youth Mental Health

Developed by Nene Kwasi Kafele

LEGEND | AC-African Canadian | ABR-Anti-Black Racism | AO-Anti Oppression | MH-Mental Health

| Leadership and Governance | | | |
|--------------------------------------|---|--------------------------------|---------|
| Priority | Indicators | Score (1-10) 10 = excellent | Comment |
| Board training | Board members fully participate in semi- annual AO and ABR training as well as ongoing critical discussions and specific exposure to critical AC and other equity issues Board members are competent and confident in providing strong supportive leadership in the areas of AO/ABR | | |
| Board recruitment and representation | Board does a gap analysis to assess balance and diverse representation. Builds collaborative agenda with AC community to recruit and include for competence, demographic diversity and commitment to addressing ABR | | |
| Planning and decision making | Informed by strong data and current knowledge of critical MH issues for AC children and youth Considers questions like- implications, community involvement, potential impact, etc. for AC community in decision-making | | |
| Resources and Tools | Builds and utilizes tools to measure, monitor and track board leadership and objectives in the areas of AO and ABR | | |
| Oversight accountability | Establishes clear performance benchmarks for ED/CEO in the area of anti-oppression and addressing ABR in all aspects of work and programming ED reports quarterly on developments in AO/ABR and relevance to performance benchmarks | | |

Programs and Services

| Priority | Indicators | Score (1-10) 10 = excellent | Comment |
|-------------------------------|---|--------------------------------|---------|
| Advocacy | Builds a robust and clear advocacy strategy to address AO and ABR issues and promote the AC community as an urgent priority at legislative, policy, planning and resource decision-making tables | | |
| System Planning and Alignment | Provides leadership and takes initiative in articulating the urgent mental health needs of children and youth in the AC community and the need for better efficiencies in areas like information sharing, collaboration, system navigation, joint planning, community based partnerships, joint access to critical data, service coordination, etc. | | |
| Clinical Focus | Develops a Clinical Practice Framework that integrates, AO, ABR and cultural safety in all aspects of care-community engagement, intake/assessment, care planning, care delivery, after care, staff training and accountability, etc. Trauma and traumatic stress related to ABR is centred in all clinical work Agency integrates a Trauma-informed and healing-centred approach and plan that highlights ABR as a critical trauma inducing stressor for AC children and youth | | |

Community Relations

| Priority | Indicators | Score (1-10. 10=excellent | Comment |
|---|--|------------------------------|---------|
| Community Engagement | Generate respectful, long term relationship with key AC community stakeholders, programs and service | | |
| Community Capacity Building | Works with AC community to build appropriate tools and resources related to children and youth mh and to reduce stigma and promote service awareness, access and collaboration | | |
| Community based programming and partnership | Develop innovative partnerships with AC agencies to optimise access and care in different settings – church, mosque, social service agencies, social housing settings, etc. | | |

Human Resources

| Priority | Indicators | Score (1-10) 10= excellent | Comment |
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| Recruitment, Hiring, Retention and Promotion | Utilise Bias Free Hiring protocols in all these areas to build an equitable platform for members of the community AC staff are in senior decision-making positions throughout the agency | | |
| Policies and Guidelines | Full menu of AO and ABR policies and guidelines to address issues like harassment, bullying, racism, workplace toxicity, conflicts of interest, etc. | | |
| Staff Performance Measures | Staff Performance measures include metrics on AO/ABR related to specific areas of responsibilities | | |

Training and Capacity Building

| Priority | Indicators | Score (1-10) 10 = excellent | Comment |
|-------------------------|--|--------------------------------|---------|
| Staff Training | <p>Agency has a fully developed annual, flexible AO/ABR training plan and menu of capacity building commitments</p> <p>Training is not ad hoc or at the whim of the ED/CEO</p> <p>Training priorities are determined jointly by staff, including staff members from the AC community</p> <p>Meaningful resources are allocated annually to train all staff in the area of AO and ABR</p> <p>Staff training is aligned/consistent with Board training</p> | | |
| Research | <p>Resources identified to support data tracking, demographic trends and analysis – especially areas like in income inequality/child poverty, violence, homelessness, systemic racism – and across all sector domains (health, criminal justice, education, etc.) as some determinants of mental health outcomes for AC children and youth Track community assets</p> <p>Identify and address research gaps and needs re AC children and youth and mental health Identify promising practices in other jurisdictions to support and inform work in AO/ABR in your agency</p> | | |
| Tracking and Evaluation | <p>Develop benchmark metrics and evaluation priorities in partnership with community experts and stakeholders to assess outcomes and impact of AO/ABR agenda</p> | | |