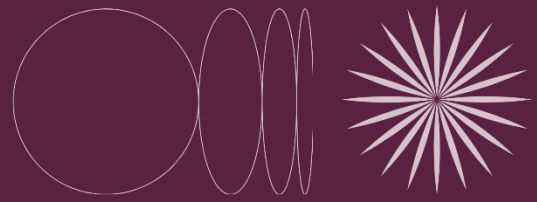April 2025

Sacred Spaces & Safe Places

Best Practices on Incorporating Spiritually and Culturally Responsive Care for Equity Deserving Groups Navigating Housing Precarity

WOMEN'S NATIONAL HOUSING & HOMELESSNESS NETWORK

Acknowledgements

Since its inception, *Sacred Spaces & Safe Places* has been a profoundly cooperative initiative throughout each step of development. In an effort to create a comprehensive guide for implementing spiritually centred and culturally responsive best practices in the housing sector, the Women's National Housing & Homelessness Network (WNHHN) collaborated closely with a diverse array of collaborators and partnerships. To ensure the development of a realistic and practical resource for service providers, the research process primarily involved direct engagement with service providers themselves. Organizations such as the YW Crisis Shelter Calgary, Advocacy Centre for Tenants Ontario (ACTO), the Toronto Alliance to End Homelessness (TAEH), and Sistering played a critical advisory role in the creation of these best practices.

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Land Acknowledgement

The Women's National Housing & Homelessness Network (WNHHN) acknowledges that Canada is a settler colonial state on Turtle Island, which has been governed and inhabited by Indigenous Peoples practicing traditional ways of doing, knowing and being for generations. Although *Sacred Spaces & Safe Spaces* focuses on the experiences of Muslim and immigrant women at the Nisa Foundation's shelters, WNHHN acknowledges that it is standing on the shoulders of giants and only building upon an extensive history of Indigenous advocacy for spiritually centred and culturally responsive care in the housing sector. In understanding this, WNHHN deeply respects the Indigenous leaders responsible for paving the way in advocacy efforts related to developing nuances and culturally responsive resources in service provision and housing delivery. Indigenous communities across Canada have been on the frontlines for decades as revolutionaries for restorative justice and self-determination, developing decolonial and non-Eurocentric ways of doing and continuing to shift outdated paradigms and reimagine frameworks in service provision that have had positive outcomes for all.

Our organization is an interregional network across Turtle Island that is dedicated to improving the living situations of women and gender-diverse persons as well as ending incidents of becoming unsheltered. The research informing this report emerges from shelters operating on the traditional territories of the Huron-Wendat, Anishinaabeg, Haudenosaunee, Wyandot Nations and the Mississaugas of the Credit First Nation, as well as lands covered by Treaty 13 and the Williams Treaties with multiple Mississauga and Chippewa Nations. These lands have long been home to First Nations, Inuit, and Métis, whose histories, cultures, and ongoing contributions continue to shape and strengthen our communities. We recognize and deeply appreciate their stewardship of these lands and the impacts of colonial displacement, which continue to affect housing outcomes today. We are grateful for the opportunity to engage in this work.
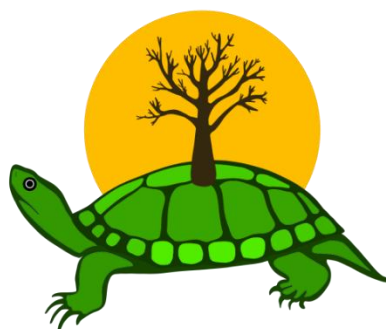
Designed by Anishinaabe artist Nancy King, Chief Lady Bird

Johnson, R. (2018, June 21). *Anishinaabe artist designs Turtle Island Emoji for Twitter | CBC News.*

Contents

Introduction

"There seems to be a disconnect – the more challenging our housing climate is, a lot [more] people continue to fall through the cracks. It's hard enough when a person is going through violence, trauma, [or] PTSD...there is a huge disparity and people are still at the mercy of housing providers."

— Community of Practice participant

For most women, emergency shelters[1] are last resorts. In 2023, the Canadian National Shelter Study estimated 118,329 people experienced homelessness in an emergency shelter, a number which has steadily increased since 2020.[2] During the same time, researchers from Project Willow, a study capturing the experiences of gender-based violence among women experiencing homelessness in Waterloo, found that 44% of survey respondents said they experience violence daily. Fifty-two per cent of respondents prioritized the creation of spaces and services exclusively for women and gender-diverse folks, including adapting current services as well as adding services to build in more safety and access.[3] Participants in the study identified a critical need for an "attitudinal shift" from service providers to reflect clients' nuanced circumstances.

In the face of rising housing precarity and the growing need for social supports that is reflected across these trends, service provision must go beyond a one-size-fits-all approach that is responsive of Canada's changing demographics, seeking to close service gaps and mitigate barriers to accessing support. Recognizing the pressing need for knowledge sharing on diverse service provision models and best practices, the Women's National Housing and Homelessness Network (WNNHN) conceptualized a Community of Practice rooted in critical research, emerging from a shelter model serving Muslim women across Canada.

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[1] "Existing research on emergency shelters extensively documents ways in which emergency shelters perpetuate harm and violence towards women and gender diverse people navigating homelessness. For many women and gender-diverse people, homelessness shelters, often funded by municipalities, are last resorts as they are often co-ed environments that put them at risk of physical and sexual violence. Other research has also noted how challenges experienced by women and gender-diverse people are a direct consequence of shelter models and policies that follow colonial models and paternalistic practices and limit agency, and ultimately self-determination, for those navigating homelessness. For example, restrictive abstinence-based policies in shelters can be challenging for women and gender-diverse people dealing with substance use issues and might become a reason for their eviction."
WNHHN, National Right to Housing Network and Canadian Centre for Housing Rights. *Advancing the Right to Housing for Women & Gender-Diverse Persons: Developing National Rights-Based Shelter Standards using a GBA+ Framework.* 2024. P. 13

[2] Government of Canada. *Emergency Shelter Data 2023.* Infrastructure Canada, 2024, https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/data-shelter-2023-donnees-refuge-eng.html.

[3] Gordon, J., et al. *"Don't Tell Them You're Homeless": Experiences of Gender-Based Violence Among Women Experiencing Homelessness in Waterloo Region.* YW Kitchener-Waterloo, 2022, pp. 50–51.

Muslim identity is intersectional, and in Canada this community is likely to be newcomer, migrant, refugee, racialized, experiencing language barriers, and with little awareness of available supports and resources.[4]

For Muslim women in particular, navigating housing insecurity at the intersection of intimate partner violence (IPV) may be compounded with added barriers (such as navigating immigration systems) that limit their access to necessary services or pose as reasons to avoid seeking help altogether.[5] In an effort to understand challenges specific to Muslim women navigating service provision systems in Canada, researchers from the Doha Institute of Graduate Studies and Wilfred Laurier University set out to conduct mixed methods program of research in collaboration with the Nisa Foundation on the challenges faced by Muslim women navigating housing precarity. This was alongside the documentation and evaluation of the organization's shelter arm, Nisa Homes, to further understand the systemic gaps and opportunities that exist within mainstream service provision, and the potential to nationally scale its model for spiritually centred and culturally responsive care.[6]

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[4] Across the findings of this report and the survey conducted on Nisa Homes' clients by the Doha Institute, IPV is used as an umbrella term to refer to the unique forms of violence experienced by Muslim women. This encompasses circumstances of spiritual, psychological, familial and financial abuse on top of physical and sexual abuse. Spiritual abuse in particular – a form of coercion that has been largely overlooked in mainstream IPV discourse – is understood to be the exploitation of faith as a means of extortion or control within a relationship, involving shame or fear to enforce compliance. In many cases, this may also intersect with familial abuse in multi-generational homes wherein which Muslim women may face pressure to tolerate mistreatment due to a fear of ostracization or further harm. Rather than relying solely on mainstream understandings of IPV – often centred on physical and sexual abuse – this report expands the term to recognize the unique ways in which power is exercised and what forms of support are needed as a result. (Truong, Mandy, and Nafiseh Ghafournia. "Understanding Spiritual and Religious Abuse in the Context of Intimate Partner Violence." *Australian Institute of Family Studies*, Mar. 2024, p. 3)

[5] Sadati, Hani, et al. *Barriers to Gender-Based Violence Services for Canadian Muslims: A Community Driven Approach*. Centre for Community-Based Research, 2024, p. 5.

[6] This report defines *spiritually centred and culturally responsive care* as forms of support and resources that integrate a client's religious beliefs, cultural background, and lived experiences into service delivery. The parameters of this term acknowledge that, for many marginalized communities, including Muslim women, faith and cultural identity play a central role in their healing, decision-making, and sense of belonging over "culturally neutral" approaches to care. This report does not suggest that women who come from Muslim countries and backgrounds are more prone to abuse. Rather, their overrepresentation in accessing Nisa Homes' shelters – as the study will show – overwhelmingly suggests that they prefer culturally responsive support. In service delivery, this means providing safe, dignified, and welcoming spaces that respect religious practices, dietary restrictions, and gendered needs. Throughout this initiative, the development of best practices for spiritually centred and culturally responsive service provision has broadly been situated in the context of staff training that is trauma-informed and understanding of faith-based and cultural nuances as well as being free from direct and indict discrimination. This is alongside fostering connections and partnerships with communities that can provide culturally nuanced expertise to social support, especially for groups that are overrepresented in shelter spaces. Milani, A., Leschied, A., Rodger, S. ""Beyond Cultural Sensitivity": Service Providers' Perspectives on Muslim Women Experiences of Intimate Partner Violence." *Journal of Muslim Mental Health*. vol 12, no. 1, 2018, p. 71.

Conducting a series of in-depth interviews with staff as well as current and former clients from the Mississauga and Scarborough shelter locations, the Doha Institute also organized an online survey and key-informant interviews focused on women who sought out shelter with Nisa Homes in the past or presently living there.

Building on the findings emerging from the research led by researchers from the Doha Institute and Wilfred Laurier University, WNHHN conducted the Community of Practice (CoP) with service providers across Canada to **a) introduced to them the Nisa Foundation's model on spiritually and culturally appropriate care and; b) facilitate deeper understanding of nuances that shape housing insecurity and homelessness experiences among racialized, migrant, refugee women and gender-diverse people often belonging to diverse cultural and faith traditions.** The goal of this was to develop best practices that ensure supports are not just accessible, but responsive to cultural and spiritual needs and to create an applicable toolkit for service providers to implement these best practices into their work. This was through facilitating a space in which service providers – some of which who had lived experience with this issue area themselves – could develop collaborative relationships with others in the field and a better understanding of how to best implement culturally responsive care in their respective places of work. Throughout this process, participants *identified key insights on the gaps and barriers to making such care available, existing resources across sectors and future successes* that informed the development of the best practices outlined in this report.

The key findings of this CoP overwhelmingly suggest that there is a vital need for **staff training** across service provisions to include knowledge frameworks that are not only trauma-informed but also understand how faith and culture inform clients' navigation of social supports and healing. Within the same CoP, participants also identified the need for **structural improvements** across the sector, calling for policy amendments surrounding eligibility constraints and the definitive parameters of 'safety', tenant protections as well as creation of systems to address staff burnout, high-turnover rates and vicarious trauma. Additionally, there was a focus on ensuring that resources are **co-developed with clients** to accurately reflect service requirements and gaps, as well as creating opportunities for staff to actively learn from clients about their backgrounds in a space informed by active consent. Lastly, **strengthening community-based partnerships** was recognized as essential to fostering cross-sector collaboration, resource-sharing, and spiritually centred, culturally responsive care that is informed by expertise and lived experience in an effort to reduce service gaps and facilitate culturally relevant trauma supports.

The best practices presented in *Sacred Spaces and Safe Places* support a shift away from a culturally neutral approach to housing delivery, IPV-related supports, legal services and all other services accessed by women and gender-diverse people navigating housing insecurity. Our work recognizes that cultural and spiritual needs are critical in ensuring long-term housing stability and well-being for many women and gender-diverse people across Canada. These best practices call for an emphasis to be placed on the value of alternative modalities of care that better acknowledge and better serve the experiences of those seeking social support.

The **implementation** of these best practices can thus offer a critical path forward in the fight to eliminate homelessness, advancing housing equity and actualizing housing rights for women, girls as well as gender-diverse people in Canada.

Understanding Unique Experiences of Women and Gender-Diverse People from Migrant, Newcomer, Racialized, and Faith-Based Communities

Racialized and newcomer women in Canada face significant and compounded barriers to achieving housing stability, shaped by intersecting factors such as gender, immigration status, race, and socio-economic inequality. These systemic disparities are evident across income, employment, housing access, and experiences of violence and discrimination. According to national data, racialized women in Canada earn just 59% of the income earned by non-racialized men,[7] highlighting a stark economic disparity that undermines their ability to secure and maintain stable housing. Among migrants and newcomers, the gender gap persists—the 2019 federal budget report indicated that the economic participation rate of recent immigrant women was 20 percentage points lower than that of their male counterparts[8], reflecting barriers to employment, credential recognition, language proficiency, and caregiving responsibilities.

Discrimination further compounds these inequities. *The Pan-Canadian Survey on Women's Housing and Homelessness* reported that race shaped experiences of discrimination faced by women and gender-diverse people, with 34.7% of racialized individuals and 24.2% of Indigenous persons reporting discrimination based on race, colour, or ethnicity when trying to access housing.[9] Although migrant, newcomer and refugee women face many of the same housing challenges as Canadian-born women—such as unaffordability, safety concerns, and availability—they must also navigate complex issues related to citizenship, legal status, and resettlement. In major urban centres like Toronto, where newcomers are most likely to settle, these challenges are particularly acute. By late 2018, approximately 40% of individuals using Toronto's shelter system identified as asylum claimants or refugees, up significantly from 11% in 2016, indicating growing housing precarity among this population.[10]

A key risk factor for homelessness among newcomer women is intimate partner violence, including physical, economic, and psychological abuse. Data from the 2016 Coordinated Point-in-Time Count of Homelessness revealed that newcomer women were twice as likely as non-newcomer women to

[7] Block, S., Galabuzi-Grace, E., & Tranjan, R. *Canada's colour coded income inequality (Vol. 26)*. Ottawa: Canadian Centre for Policy Alternatives, 2019. p.5 www.policyalternatives.ca/wp-content/uploads/attachments/Canada%27s%20Colour%20Coded%20Income%20Inequality.pdf

[8] Government of Canada. *Archived – Gender Equality Statement*. 2019. https://www.budget.canada.ca/2019/docs/plan/chap-05-en.html

[9] Schwan, K., Vaccaro, M., Reid, L., Ali, N., & Baig, K. (2021). The Pan-Canadian Women's Housing & Homelessness Survey. Toronto, ON: Canadian Observatory on Homelessness. P. 48 https://womenshomelessness.ca/wp-content/uploads/EN-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-28-Sept-2021.pdf

[10] Schwan, Kaitlin, et al. *The State of Women's Housing Need & Homelessness in Canada: A Literature Review*. Edited by Angelique Hache, Alexandra Nelson, Emily Kratochvil, and Jessie Malenfant, Canadian Observatory on Homelessness Press, 2020.

cite domestic abuse as the cause of their homelessness.[11] Women with precarious immigration status due to spousal sponsorship are particularly vulnerable, often lacking awareness of their legal rights and protections in Canada.[12] Many do not recognize the forms of domestic violence recognized under Canadian law and may avoid seeking help out of fear of deportation, loss of status, or family separation.[13] Language barriers, cultural norms that discourage disclosure of personal or family issues, and fear of child apprehension also prevent newcomer women from accessing services and supports, trapping them in cycles of violence and instability.[14]

In navigating poverty and the threat of homelessness, women bear the burden of interpersonal violence, childcare responsibilities as well as other factors that trap them into *hidden homelessness*, given the scarcity of affordable and safe housing.[15] Hidden homelessness is a term that refers to situations where individuals, particularly women, girls, and gender-diverse people, experience housing instability but remain largely uncounted in official homelessness statistics. Compared to visible homelessness – such as sleeping on the streets or at shelters – hidden homelessness includes an individual undertaking high-risk behaviours, survival strategies and arrangements that "lack a security of tenure", in order to avoid homelessness and violence associated to housing insecurity.[16] This may look like couch-surfing, staying with friends or family, or remaining in abusive relationships due to factors like childcare responsibilities and a lack of financial independence.[17]

Findings from Doha Institute's research with Nisa Homes point to similar challenges and barriers among Muslim women, as they tried to navigating housing and IPV-related supports. This involved 19 interviews with current and former clients, 1 focus group with key staff members, and 50 responses from an online interview survey from women who had sought out shelter with the organization in the past or are presently living there.

The data found that around 82% of the Muslim women who participated in the survey reported experiences of IPV at the intersection of housing insecurity.[18] Of that number, emotional abuse (e.g. insults, threats, humiliation) was one of the most distinct forms of abuse experienced by respondents at 78%, followed by financial, with 73% reporting incidents of having their money controlled or being prevented from seeking employment.[19] This was alongside psychological abuse at 71%, as it pertained to experiences of manipulation, intimidation or isolation. While the survey's

[11] Ibid.

[12] Ibid.

[13] Ibid.

[14] Ibid.

[15] Schwan, Kaitlin, et al. *The State of Women's Housing Need & Homelessness in Canada: A Literature Review.* Edited by Angelique Hache, Alexandra Nelson, Emily Kratochvil, and Jessie Malenfant, Canadian Observatory on Homelessness Press, 2020, p. 67.

[16] Schwan, Kaitlin. "Understanding Hidden Homelessness." *The Homeless Hub*, 26 Feb. 2018, https://homelesshub.ca/blog/2018/understanding-hidden-homelessness/.

[17] Schwan, Kaitlin, et al. *The State of Women's Housing Need & Homelessness in Canada: A Literature Review.* Edited by Angelique Hache, Alexandra Nelson, Emily Kratochvil, and Jessie Malenfant, Canadian Observatory on Homelessness Press, 2020, p. 250.

[18] Taha, D. M., et al. *Preliminary Survey and Interview Results from Nisa Homes Clients and Staff* (October 2023–March 2024). Unpublished report, 2024, p. 12.

[19] p. 13.

findings reflect similarities with existing IPV research, they are distinct in also capturing experiences of spiritual abuse experienced by Muslim and immigrant women, with 37% of respondents saying they had endured it at some point.[20]

Traditional research and interventions tend to prioritize physical harm because it is more easily documented and understood, whereas less visible forms of abuse such as emotional, psychological and spiritual abuse are often overlooked or minimized.[21] Narrower parameters of classifying violence have been a barrier to accessing help at mainstream IPV-supports and shelters as is. For instance, the Pan-Canadian Women's Housing and Homelessness Survey found that women and gender diverse people experience significant barriers to accessing emergency services, such as abuse related supports, with almost a third being unable to access a bed when they needed one – in some cases, due to rigid eligibility constraints that may limit access to services only if a client has experienced physical abuse specifically at the hands of a partner.[22] If service providers are not equipped to effectively address instances of spiritual or cultural trauma and lack an understanding of the backgrounds of clients, as it pertains to the unique circumstances of their abuse, this creates limitations on women's ability to receive care and may increase the likelihood of tolerating abuse to maintain housing.[23]

Policies and limitations within the immigration system also contribute to housing precarity and homelessness for newcomer women, girls, and gender-diverse peoples. *The State of Women's Housing Need & Homelessness in Canada: Literature Review* notes many examples[24] of how refugee and immigration systems contribute to poverty and housing insecurity among women and gender-diverse people,

1. Refugee claimants are not entitled to federal settlement services, including IRCC-funded language training classes until they receive a positive refugee determination
2. Low social assistance rates do not cover living expenses and the one-year Refugee Assistance Program is often not long enough for some newcomers to gain employment and self-sufficiency.
3. Lack of recognition of foreign credentials can trap newcomer women in jobs below their level of education and experience.
4. Limited health care services under the Interim Federal Health Plan and waiting periods of up to three months for health care in some provinces and territories create significant health challenges for newcomer women, including with respect to sexual and reproductive health.

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[20] Taha, D. M., et al. *Preliminary Survey and Interview Results from Nisa Homes Clients and Staff* (October 2023–March 2024). Unpublished report, 2024, p. 13.

[21] Schwan, Kaitlin, et al. *The Pan-Canadian Women's Housing & Homelessness Survey*. Canadian Observatory on Homelessness, 2021, p. 44.

[22] Ibid. p. 42.

[23] Ibid. p. 44.

[24] Schwan, Kaitlin, et al. *The State of Women's Housing Need & Homelessness in Canada: A Literature Review*. Edited by Angelique Hache, Alexandra Nelson, Emily Kratochvil, and Jessie Malenfant, Canadian Observatory on Homelessness Press, 2020.

5. Refugees are burdened with the repayment of their transportation loans, contributing to their economic precarity.
6. Lack of support in schools to address students' migration experience, including trauma, and lack of access to mental health services in general.
7. Language barriers and lack of social support make it difficult for asylum claimants to seek out settlement support and housing help centres.[25]

Housing and settlement services play critical roles in supporting newcomers at risk of homelessness, yet they are funded by different levels of government—federally for settlement and provincially or municipally for housing—creating siloes and fragmentation. For example, settlement workers in Ontario have reported confusion about the supports available across different resettlement streams, noting difficulties in keeping up with shifting immigration policies and program criteria.[26]

A brief survey of research, as presented above, provides critical insights on interconnected challenges and barriers impacting migrant, newcomer, refugee and racialized women and gender-diverse people[27] various systems to access the support they need. As they navigate complex challenges due to immigration status, language barriers, stigma, discrimination and lack of awareness of appropriate resources, spiritually and culturally responsive care can play a critical role in improving their outcomes and creating long-term housing stability in their lives.

How We Got Here

From February 18 to March 20, 2025, WNHHN conducted a CoP series to address the nuances that shape Muslim women's experiences with homelessness and introduced service providers in housing delivery, as well as related supports, to the Nisa Homes model on spiritually centred and culturally appropriate care. Recognizing that Muslim and immigrant women are not the only equity-deserving clients navigating housing insecurity while possessing diverse needs, this was done with the aim of developing strategies that ensure housing and shelter supports are not just accessible, but also holistically responsible to the diverse cultural and spiritual needs of *all equity-deserving clients* navigating housing and homelessness – with the ultimate intent being to create an applicable toolkit for service providers to implement in their workplaces.

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[25] Ibid.
[26] Ibid.
[27] As we compile this work, we are deeply aware of the lack of data and evidence on experiences of gender-diverse individuals navigating housing systems. Data is particularly scarce for migrant, refugee, newcomer and racialized gender-diverse individuals who are often not just navigating oppressive housing systems within Canada but also navigating stigma and at times real threats to their safety due to ostracization of their gender identity or sexual orientation and affiliation with certain faith-based or cultural backgrounds. As we develop this resource, we would like to emphasize that access to culturally and spiritually responsive care should be rooted in agency and safety of the person receiving the care. As service providers, it is critical to understand nuances of individual's personal experiences and provide resources that provide healing and empowerment to clients.

Research Design and Development

WNHHN chose to explore the potential for upscaling the Nisa Homes' model for spiritually centred and culturally responsive care through a CoP because our organization recognizes the value of collaborative problem solving and placing community-based participatory data as well as experiential knowledge and lived experience at the forefront of research seeking to eliminate homelessness. Seeking to create a dynamic space for service providers to co-learn and co-develop solutions for gaps and challenges in implementing spiritually centred and culturally responsive care, WNHHN prioritizes hearing from individuals and groups with lived experiences and those who are deeply situated in housing delivery, IPV supports and related resources to best capture the nuances they encounter in real time.

Foundational to our participatory model lived are experiences of women and gender-diverse at the forefront of navigating various housing and service provision systems. Building on their experiential knowledge we invite frontline workers, shelter operators and related service providers – many of whom had personal histories with navigating housing insecurity as well as discrimination themselves – directly engaged in supporting clients navigating housing insecurity to co-learn and present their own insights on gaps, challenges and opportunities as well as pointing to current and future successes across the sector or even in their own workplaces. By centring collective insights of service providers and lived experts, CoP as a research method ensures that the findings developed over the course of this initiative are situated in both lived experiences and field knowledge of the current state of social support systems in Canada. This ensures that scalable models are developed with sustainability and grounded knowledge in mind, making it an effective method for addressing gaps in spiritually and culturally competent housing support.

In doing so, WNHHN also found it imperative to centre Indigenous perspectives and lived experiences in the scope of this research, acknowledging that there is a long history of communities facilitating services that are informed through Indigenous principles of spiritually and culturally centred care. In seeking to mitigate the intergenerational harms incurred by discriminatory policies and practices such as residential schooling and the Sixties Scoop – which contribute to cycles of poverty, violence and housing precarity – Indigenous advocates have long been on the frontline in advocating for such spiritually and culturally responsive resources to exist in service provision. Culturally neutral practices have not been understanding of Indigenous clients' backgrounds (i.e. alternative modalities of childcare) nor their needs, however, this research also acknowledges that the successful implementation of spiritually and culturally responsive best practices accounts for Canada's history with institutionalized spiritual abuse. This is alongside a historical mistrust towards organized religious institutions, like the Catholic Church, being involved in service provision which was taken into consideration when developing best practices surrounding community and faith-based partnerships with the housing sector.

Our approach to best practices is deeply informed by Indigenous-led understandings of cultural safety. The concept of cultural safety was first introduced in the late 1980s by Irihapeti Ramsden, a Māori nurse in Aotearoa (New Zealand), as a response to the poor health outcomes experienced by

Māori communities. Initially, cultural safety was defined as "the effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on [their] own cultural identity and recognizes the impact of the nurse's culture on [their] nursing practice."[28]

Cultural safety builds on earlier frameworks of cultural awareness and sensitivity but goes further by emphasizing critical self-reflection. It requires service providers to examine how their own cultural lens, values, and positionality shape their practices—positively or negatively—and to recognize the broader systems of power at play. This includes analyzing power imbalances, institutional discrimination, colonization, and the legacy of colonial relationships as they manifest in service delivery, particularly in health and social care settings.

Approach and Facilitation

This research involved four CoP sessions over the course of a month, each being an hour and a half in length, and conducted in a fully virtual and recorded setting via Zoom wherein which members were given the opportunity to learn about positive outcomes and critical need for spiritually centred and culturally appropriate care. Each session included a series of discussion periods, conducted through breakout rooms and facilitated by research assistants who provided guiding frameworks, during which members shared their insights over the course of 20-25 minutes. The discussion periods in this CoP were designed to be iterative, allowing participants to continuously build upon and further refine their insights on culturally responsive care over the course of time as they also learned from other members' practical experiences.

The documentation process throughout the series was comprehensive and structured to ensure transparency and continuous engagement. All discussions were systematically recorded and transcribed to capture the full scope of insights shared by participants. Prior to the commencement of each CoP session, participants were delivered a summary report, outlining the key themes and insights shared, and the emerging best practices derived from them. These reports were subsequently shared with participants during sessions, creating a feedback loop that allowed for validation, reflection, and further refinement of their ideas into formal best practices. This cumulative approach ensured that the collaborative knowledge generated remained participant-driven and fostered an inclusive research process.

Each session was scaffolded to progressively enhance knowledge and formalize best practices, ensuring that the creation of a toolkit with limited caveats. This was done by first disseminating knowledge on the Nisa Homes' shelter model on spiritually centred and culturally responsive care with an emphasis on the vital need to implement such resources in mainstream service provision. In achieving this, initial discussion periods focused on identifying gaps and barriers to making such care available in service provision, with a key interest in understanding limitations in normative frameworks around abuse and challenges in connecting with leaders from communities whose members are overrepresented in the sector. This was alongside identifying root causes for why some

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[28] Wabano Centre for Aboriginal Health. Creating Cultural Safety. 2014. Pg. 3-4.
https://www.ontariomidwives.ca/sites/default/files/2019-08/Creating-Cultural-Safety.pdf

clients may 'fall through the cracks' of the social supports system, with a specific focus on the limitations of a top-down approach in service delivery to make decisions.

In addressing such gaps, the CoP then shifted its focus to pinpointing existing practices and resources in service provision that seek to provide spiritually centred and culturally responsive care, alongside the barriers clients currently face in accessing them as well as what encapsulates future success or improvements. During this stage, there was a key interest in resources which integrated trauma-informed approaches with considerations for clients' cultural and religious practices, such as safe prayer spaces and language or translation services. This was alongside identifying future successes through exploring avenues in which community connections can be built across the sector as well as help service providers dismantle existing challenges in implementing such care and break out of the silos that they find themselves operating in.

Upon surveying such opportunities, the CoP presented participants with a preliminary list of emerging best practices informed by their insights thus far, with an interest in investigating missing components, considerations and ways in which these findings can be made more practically efficient. This was with a focus on further uncovering practices or resources directed towards any specific intersections of groups and those that may best bridge sectoral gaps between housing, IPV-related support and the immigration sector. Concurrently, participants were also shown the initial phases of a toolkit for service providers, in hopes of pointing to additional resources, training and accountability mechanisms that may be mentioned in the document. This was alongside further exploring the levels of leadership and critical staff roles that need to be engaged in the successful and sustainable implementation of best practices.

In the final stages of this CoP and formalizing a list of best practices for spiritually centred and culturally responsive care, participants were then asked for feedback on key components related to the toolkit. This was with respect to exploring existing training or resources that can be taken into the fold of the document as well as any hiring and staff retention strategies that can be employed to bring and keep diverse staff on service provision teams. Given the often-high turnover rate for staff in service provision, this was a critical aspect in the scope of this research in understanding how to standardize spiritually and culturally nuanced training. Lastly, the research took a key interest in understanding the mechanisms to find and maintain capacity to support such care across service provision, with the understanding that mainstream shelter supports are navigating existing complexities outside of spiritual and cultural nuances.

Thematic Analysis of Participatory Research

Over the course of this research, insights provided by participants were organized thematically as a core methodological approach, in order to systematically identify and interpret patterns within the findings as well as what they suggest about service provision in Canada. By centring lived and workplace expertise across discussion periods, this method provided a structured framework for bringing to light critical structural considerations related to spiritually centred and culturally responsive care. The iterative nature of thematic analysis allowed for continuous refinement, which

not only enhanced the credibility of the findings but also reinforced the participatory ethos of this research, ensuring transparency and shared ownership over the knowledge produced.

CoP #1: Emerging Gaps and Barriers to Implementation

1. *Funding Constraints*

Funding constraints and shortages were identified as a pervasive and widespread structural issue across housing delivery and non-profit service provision – also underpinning other gaps and barriers. Many participants across this discussion period shared that there was simply not enough funding for service provision as is – pointing to frequent instances of at-capacity shelters or limited availability of resources or staff capacities. There was a consensus among participants that rising service demands were not supported with subsequently rising funding, making it difficult to provide services in general, let alone address more specialized needs.

Funding models were also identified as barriers with respect to certain reporting criteria having to be met, leading to a push for service providers to meet deadlines and quotas. In these instances, staff often find themselves trying to help as many clients as they can – as fast as they can and in accordance to program requirements – which may not allow clients recovering from trauma and violence the space to heal. Participants shared that the first step to providing spiritual and culturally appropriate care would be to have more funding to ensure staff are not taking on more than they can.

2. *Staff Training*

This discussion period also identified a need for spiritually cognizant and culturally responsive staff training in shelter environments. Participants emphasized that the high turnover rate of shelter staff is a significant barrier in being able to solidify culturally responsive best practices into becoming standards at shelters and developing nuanced understanding of marginalized clients. This was with the understanding that religiously informed care is not a one-size-fits-all approach, as individuals who have experienced spiritual abuse may approach faith-based support with caution, while others may actively seek it as a source of healing. A key challenge that was identified during this discussion was how an issue such as sectarianism or diversity within minority groups also impact the implementation of best practices in the sense that the same practices that some clients might seek comfort in may not be directly beneficial to other clients in the same group or even inherently oppressive, if there is a history of violence or conflict. This is particularly significant for refugees or asylum seekers fleeing from countries that are escaping sectarian and ethnic violence, who may find practices or resources associated with another sect to be traumatic or outright wrong.

Participants also argued that for staff training to be understanding of the needs of religious minorities, they should be cognizant of these differences and not assume that every spiritual or cultural practice is applicable to a client, if they seemingly identify as such. Recognition of historic trauma and abuse that has been linked with religious institutions is important to acknowledge, while simultaneously acknowledging that spirituality and religion and play an important role in people's healing and well-being. Incorporating these nuances in staff training is critical.

3. Time Constraints

Time constraints were also identified as barriers to providing effective care across service provisions. This is with a particular focus on how there is an increasing demand for support services but there is limited space and resources to be able to work with clients in the capacities they deserve. Participants argued that long waiting lists lead to limited options for service providers to support clients with tailored care, on top of the fact that many shelters also have time limits on lengths of stay and are not conducive to long-term healing. The limitations of some services also lead service providers to be unable to form connections with clients and assess the cultural or spiritual nuances of their needs. Within the same vein as funding constraints, in many environments, service providers feel overwhelmed and feel as though they must move clients along quickly to meet certain requirements and maintain consistent service provision.

4. Community-Based Upscaling Challenges

Lastly, the potential limitations and opportunities for growth surrounding community-based upscaling and partnerships were addressed across the board. These included the potential of engaging with community organizations and members already working to provide culturally responsive care where gaps in the housing sector persist. This scarcity of trauma-informed interpretation services and language support was identified here as a significant barrier to addressing spiritually and culturally nuanced needs. This was alongside a lack of access or success with community-based immigration lawyers. Persisting stigma in smaller and closer communities was also identified as a barrier to providing service and engagement as well – specifically how feelings of shame may also inform decision-making behaviour. Given the insular nature of immigrant and newcomer communities, participants pointed to emerging issues that clients face when seeking out lawyers from their own communities and how it may increase their levels of stigmatization within that community, thus contributing to low support-seeking behaviour out of a fear of ostracization.

With respect to relying on community-based investments and involvement considering high staff turnover rates, participants also questioned how to involve specific communities without burdening them, particularly given the lack of funding present and trends in service provision of not compensating community members for their work engaging with clients. Lastly, revising current needs assessments and intake to ensure they are equipped to understand unique needs within the community and identifying spiritual and cultural needs early was shared as a potential area for change.

CoP #2: Existing Resources and Future Successes

1. Multi-Faith Spaces or Meditation Rooms

Multi-faith spaces were identified as a critical resource in spiritually centred and culturally appropriate service provision, as participants emphasized that having a designated area for prayer and reflection contributed to a sense of dignity and safety for clients in their workplaces. For instance, one participant pointed to the successful integration of a 24/7 multi-faith room into the organization's service model – the space also featuring ventilation systems to accommodate for

Indigenous practices like smudging. The discussion raised concerns regarding privacy and safety within these spaces as well, with some participants noting that a constant presence of staff in faith-based spaces can create discomfort, or feelings of being surveilled. This can contribute to instances in which clients feel dehumanized by staff and may cause further harm. Others said that leaving clients unmonitored poses risks related to discrimination or interpersonal conflicts – pointing to previous conversations about social exclusion that may occur in light of ingroup formations.

Participants discussed addressing these challenges and maintaining a balance through conducting check-ins, while also allowing clients their required privacy. While this was a notable success for the shelter, it also came with the acknowledgement that many shelters across Canada lack the funding to establish such a space. One participant detailed that, while their facility in Toronto lacks funding for a designated multi-faith room, they have adapted by offering clients alternative spaces, such as a staff lunchroom. She highlights that service providers must demonstrate commitment to their goals by accommodating diverse needs within existing limitations until success is actualized.

2. *Language Supports and Technology*

Language services were also identified in this discussion period as necessary resources in ensuring equity to accessing crisis response and legal aid. Staff from a shelter in Calgary noted having integrated language support and recently introducing a subsidy application portal available in multiple languages, while also pointing to the emerging gaps occurring when an organization outsources for services like interpreters. For instance, currently the only avenue for the shelter is through law enforcement services, which poses significant barriers given unpredictable waiting times for support as well as the history of violence associated with law enforcement that is counterproductive to offering trauma-informed language support if clients have a history of feeling criminalized. Another participant also identified the trade-offs clients face with third-party interpretation service, which offers trauma-informed support, but does not verify whether an interpreter has the required training when they take a call. They noted that issues can arise when clients require both legal aid and trauma-informed support – as the system forces them to choose one or the other, despite the two often being interlinked.

Additionally, participants also addressed potential risk factors associated with not having the capacity to provide clients with effective language solutions or supports that they do not feel completely safe using. Clients may choose to omit information or not provide the full extent of their experience to an interpreter that they know relate to law enforcement due to fear, such as the threat of losing custody of children. It could also be associated to a fear of judgement – if clients are reluctant to speak to interpreters that they imagine would not understand their experiences. Participants also identified a gendered element to this issue, wherein which clients may feel uncomfortable with male-identified interpreters if they have a history of abuse or due to their spiritual or cultural background that set certain expectations around appropriate gender interactions. This leaves staff in a position where they are required to keep re-dialing until they find a match – an unconventional and inconvenient alternative. A solution one participant found was to

start compiling a list of interpreters who have been well-received by clients and are skilled in both legal and trauma-informed interpretation, similar to the services offered by Nisa Helpline.

Within the same vein, technology was also demonstrated to have positive outcomes for language support, interpretation services as well as other resources that service providers would otherwise have difficulty sourcing or staffing due to a lack of funding options. Here, some participants mentioned how they had language interpretation services until their budget was cut, pointing to technology as a viable solution. This was identified to have been especially vital for rural-based service providers, with one participant sharing that they found it helpful because the entirety of their staff is monolingual and rely on technology for translation. Other varying perspectives within this discussion emphasized that, while technology is useful, it does not replace the need for cultural nuance or hiring diversity in service provision. Rather, it should serve as a demonstrative stepping stone in reporting the extent of the need for such services in the housing sector.

3. *Hiring Diversity and Perpetual Learning*

Within the same vein, participants highlighted that in instances where staff do not share the same cultural backgrounds as clients, staff and frontline workers must step back and allow clients to educate them about their lived realities. It is also critical for staff to demonstrate meaningful interest and commitment to understanding clients' cultural practices and needs so as to avoid tokenism. There was also a consensus across the discussion group that identification does not equate to 'practicing' – and that it is wrong to assume that a client belonging to a certain group also seeks comfort in spiritually and culturally nuanced practices associated to it. For instance, one participant made a point of how a Muslim women wearing a headscarf – or any religious identifiers – does not equate to her completely practicing Islam or in need of such support. Perpetual learning from clients requires understanding clients themselves and centring their agency in the care they seek rather than applying a set of rules to them.

One participant specifically noted their approach to utilize a co-creation approach instead of a top-down service delivery model. Adapting a strength-based approach allows clients to create personalized care plans and share their experiences in focus groups, it empowers its clients with a sense of ownership and builds their capacities by equipping them with the knowledge and skills to succeed independently. In continuing to co-create support systems with clients, service providers stay up to date with the needs of support recipients.

CoP #3: Refining Best Practices and Development of Toolkit

Limitations and Gaps in Best Practices

1. *Client Participatory Approaches*

Several emerging best practices in this series focused on ensuring that resources are co-developed with clients to accurately reflect service requirements and gaps, as well as creating opportunities for staff to actively learn from clients about their histories and backgrounds. In this discussion session, participants highlighted that – while there are positive outcomes in co-creation –

knowledge-sharing must not be exploitative and there must be a consistent and meaningful commitment to reciprocity. One participant mentioned that a pervasive issue in the housing sector is the expectation for marginalized clients or staff to share their traumatic experiences with others. This is often without any compensation, protocols or systemic action plans – and with the reductive assumption that the individual is a spokesperson for their background. Giving the example of a coworker being asked by her higher-ups to tell them about the 'Black experience in Canada,' in lieu of Black History Month, she points to the problematic nature of asking someone to bear the burden of trauma sharing about experiences of racialization. This was alongside an emphasis on the idea that emotional labour is labour, and service providers must ensure that individuals are adequately compensated for the burden of sharing traumatic experiences or sharing solutions, recommendations and feedback that improve services. Stipends, honorariums and consultation fees were brought up as standards of practice to be implemented in these circumstances.

In addition, active consent and the right to withdraw or modify lived experiences should be respected during data collection. Other participants built on this idea, emphasizing a need for facilitated spaces in which clients' nuanced experiences are validated beyond simply data collection – rather, so that they may share to empower themselves and others to heal. These spaces should be structured, purposeful spaces with clear expectations and actionable policy-related outcomes related to storytelling.

2. Reliance on Community-Based Partnerships

In previous sessions, participants identified the importance of strengthening partnerships with culturally specific service providers to reduce service gaps, prioritizing collaborations with culturally relevant trauma supports. Similar to the need for compensating clients for knowledge dissemination, participants highlighted the importance of employing culturally nuanced expertise (i.e. Indigenous elders and Muslim leaders) as hired consultants to facilitate long-term partnerships and learning, instead of primarily relying on clients to learn about cultural complexities. Others shared that such service support partnerships between the housing sector and organizations that have an existing level of expertise in cultural, migration-focused or faith-based supports aid in challenging credibility biases and avoid a reliance on Euro-centric frameworks by ushering in alternative modalities of care. This, one participant noted, requires continual education that does not places different faiths and ethnicities in black boxes, but rather, disseminates knowledge in the context of outcomes faced by clients of diverse backgrounds and their decision-making behaviour.

3. Structural Limitations

Lastly, participants pointed to the need to redefine the parameters of safety to go beyond a client simply having a roof over their head. Instead, it must encompass legal security, physical security, emotional safety as well as a trust in the system. Within the same vein, they identified the problem of unchecked power that some housing providers hold over their clients – who may experience GBV, immigration uncertainties, or disabilities – calling for stronger tenant protections and structural changes that involve the amendment of regulatory frameworks like the Residential Tenancies Act (RTA) that may help address issues like arbitrary evictions or denial of housing.

Sector-Wide Implementation of Toolkit for Best Practices

During this session, participants were also presented with a toolkit skeleton, outlining the WNHHN's action plan for the implementation of these best practices in service provision, targeting key pathways for their standardization. Participant feedback focused on the need for organizational and sector-wide accountability – helping both staff and clients – so that training is not only effective but also ongoing.

1. *Organizational and Sector-Wide Accountability*

In previous sessions, participants highlighted the importance of peer-support programs to facilitate the integration of cultural best practices into organizational service models. This week, participants developed this idea further, emphasizing how successful implementation is interconnected with the wellness of staff and peer support workers. One participant identified that staff themselves deal with vicarious trauma and experience periods of burnout, calling for the creation of systems of support for staff themselves to process these complex emotions (i.e. regular check-ins) as well as clarity in their job descriptions. Similarly, other participants shared that increased sector-wide coordination between shelters, housing providers, legal and support services aids in the standardization of such practices and creates a seamless system of referrals for clients when seeking housing. This is alongside broader peer support networks that may mitigate burnout for staff and create larger knowledge bases.

2. *Effective and Continuous Training*

Participants overwhelmingly pointed to the idea that, while staff training is necessary, successful implementation of these practices is contingent on training being more than just a checked-box or modules – it should be a dynamic, interactive learning experience. Another participant also mentioned that the establishment of a resource library would have numerous positive outcomes for implementation. Such a tool would be available for staff to refer to after receiving training and would be kept up to date with spiritually and culturally nuanced academic ways of knowing, without placing an expectation for clients to share.

CoP #4: Feedback on Formalization of Toolkit

Final Feedback on Toolkit for Best Practices

1. *Hiring Diversity and Staff Retention Strategies*

In seeking to understand the existing sector landscape with respect to hiring diversity and the issue of high staff turnover that mitigates the standardization of spiritually and culturally responsive best practices in service provision, participants of this CoP mentioned several key strategies surrounding staff retention. One participant mentioned that a main issue surrounding hiring diversity in service provision is existing social exclusion in staff environments that lead to diverse staff not feeling welcomed, which in turn contributes to high staff turnover. She went on to say that if service providers are seeking to have a certain demographic working alongside them or within their core teams on a long-term basis, they should ensure that staff members themselves also have access to

spiritually or culturally relevant practices. This is alongside the creation of proper channels and mechanisms to address confusion surrounding practices or questions of cultural relevancy, rather than relying on diverse staff members as centres for knowledge. What this could look like is a 'frequently-asked-questions' sheet so that workplaces can navigate natural curiosity in a way that is respectful, and staff do not find themselves experiencing burnout by having to repeatedly answer questions on behalf of their culture or faith.

Other participants in this session mentioned positive outcomes associated with staff meetings, across-the-board focus on wellness in the workplace, and consistent assessment of capacity-related issues that need to be addressed – for example, in case of staff turnover or organization restructuring. This was particularly relevant with respect to hiring diversity practices, in an effort to address social exclusion and inherent discrimination in the workplace. Overwhelmingly, there was also a broad consensus across the discussion group for the value brought to service provision through hiring diversity. One participant noted that there is a particularly large emphasis on individuals having the 'Canadian experience' in service provision, whereas it is a missed opportunity for employers – in terms of the diverse cultural perspectives they bring into the organization, offering a fresh pair of eyes and new ways of doing into the organization.

2. Cultural Competency Training & Accountability in Leadership

In this discussion session, one of the primary issues identified in cultural competency training as well as existing resources on diversity is the issue of faith-based and cultural groups finding themselves to be spoken for, rather than being given the platform or opportunity to disseminate knowledge to service providers. Here, one participant identified an example of this, mentioning that cultural practices are often attempted to be situated within the Canadian context to generate an understanding, rather than allowing them to be standalone ideas – such as comparing Islamic practices to Christianity, causing more confusion in the long run. By reducing the unique cultural practices of one background by situating it in the context of another, it ends up taking away from complex concepts and nuances that are important to clients and their needs. Another example given here was that of the LGBTQ2S+ community, and how it would be problematic to situate their lived experiences within a heteronormative framework – service providers and lose nuance in that way and risk putting diverse staff and clients into boxes.

Another key point that was brought up with respect to spiritual and cultural competency training was the idea that training must be tailored to the context in which a service provider is operating in, rather than the utilization of pre-developed training materials. One participant mentioned that if target staff or leadership in service provision cannot relate to the material being shared, it is then very challenging to even translate the knowledge gained from training into practice. She suggested that for staff training in disseminating and standardizing best practices to be most effective, facilitators must take some time to understand the sectoral and organizational contexts their trainees are operating in and subsequently modify training materials to align with the needs of the organization and its clients. Citing the issue of how staff leadership often do not speak to their own ignorance,

she emphasized the importance of 'training the trainer' and the importance of modifying knowledge to be further accessible to a wider range of staff, as it is often tailored to frontline or client-facing workers, whereas systemic service provision change should also include training for leadership and management staff.

Implementation Strategies

1. Dissemination Strategies and Cross-Sectoral Mobilization

In understanding how knowledge can best be disseminated across housing delivery, IPV-related support organizations and related resource provider groups, there was a broad consensus on education as they key target point. With respect to post-secondary education as a critical knowledge base for many new service providers entering social service sectors, one participant identified the creation of courses and programs aimed at spiritual and cultural competency within social work and schools related to community service. This was alongside proactively disseminating housing system knowledge, information about human rights, immigration services and related resources within newcomer facilities or across other sectors so that women and gender-diverse individuals from diverse backgrounds have access to knowledge and resources that can help them navigate various systems and service.

Limitations

In developing "Sacred Spaces and Safe Places," WNHHN acknowledges that there are limitations in the scope of our research process and subsequent findings. This firstly comes with the recognition that the concept of 'best practices' itself is inherently fluid and context-dependent, shaped by the evolving needs of communities, service providers, and systemic conditions. What works in one setting, community, policy environment or sector may not be applicable for others. In understanding this, these limitations do not diminish the significance of the research, rather, the findings of this CoP highlight the need for ongoing dialogue, adaptation, and iterative learning within the sector. By prioritizing collaboration and centring lived experiences, the findings of this CoP serve as a foundational step toward developing more inclusive, responsive, and sustainable service models. The findings and recommendations generated through this process offer a valuable starting point for further exploration, advocacy, and capacity-building efforts aimed at strengthening spiritually centred and culturally appropriate service provision.

The findings emerging from this CoP remain a crucial step in advancing conversations on spiritually centred and culturally responsive care within the housing and homelessness sector. The insights gathered from service providers create a formalized and foundational understanding of existing gaps, challenges, and opportunities for sector-wide improvements. Addressing such gaps in future iterations of this research could provide a more comprehensive and holistic understanding of the challenges and opportunities in this area.

Best Practices on Incorporating Spiritually and Culturally Responsive Care for Equity Deserving Groups Navigating Housing Precarity

The findings developed by participants through this CoP have been thematically organized into four key issue areas: professional development training, client-centred participatory approaches, sector partnerships and community engagement, and organizational accountability and sustainability. These areas represent the core components identified over the course of this research and deemed as most necessary to enhance the implementation of spiritually centred and culturally responsive care within service provision. By focusing on staff training, client involvement, strategic partnerships, and organizational structures, these themes offer a foundational framework for facilitating a more inclusive, effective social support sector.

Professional Development Training

Effective professional development training across all levels of leadership and staff in service provision is essential for ensuring that service providers are equipped with the knowledge, skills, and accountability measures needed to deliver spiritually centred and culturally responsive care. By embedding comprehensive, ongoing training into sector-wide standards, organizations better address systemic gaps, challenge normative biases and create more inclusive, trauma-informed support systems that truly meet the needs of diverse communities. Key best practices in this area include:

1. Foundational and Ongoing Training

- Implement ongoing staff training that incorporates culturally responsive and spiritually cognizant care, with a focus on trauma-informed approaches.
- Develop appropriate training plans and strategies for each level of staff and leadership, including senior management and board. It is critical to ensure an across-the-board commitment to understanding and incorporating spiritually and culturally responsive care into practice.
- Tailoring training materials to the capacities and contexts of staff across the organization and at all different levels of leadership (i.e. job specific case studies) so that they can effectively implement training through their specific roles, rather than using generic materials.
- Incentivize training uptake through including it as a positive consideration in staff renumeration, promotion and performance reviews.

2. Interactive and Applied Learning Approaches

- Employ interactive training strategies to ensure dynamic participation over module-based, virtual only training that feels like a checkbox. Some examples can be case debriefs, simulations and scenarios, discussion sessions, sharing circles, art-based learning etc.
- Create space for interactive co-learning environments for staff that allow for challenging credibility biases in service provision by avoiding reliance on "neutral" frameworks that are not neutral but, rather, Euro-centric as a default, causing culturally nuanced and gendered perspectives to fall through the cracks.
- Create capacity for culturally nuanced expertise as consultants and partners (i.e. Indigenous elders, community leaders, knowledge keepers, grassroots networks) to facilitate long-term partnerships and learning instead of primarily relying on clients for a deeper learning about faith and culture-based supports.

3. Supportive Infrastructure and Resources

- Establish a resource library that staff can refer to and keep up to date with culturally nuanced academic voices and knowledge.
- Implement sensitivity training around Canadian immigration system and policies, particularly focusing on migrant experiences navigating systems. Where possible, invite immigration experts as guest speakers and develop relationships with immigration experts for referrals and further questions.
- Offer training opportunities (such as mental health first aid, conflict de-escalation and resolution) to clients to peer support workers. Establish train-the-trainer model where peers can train other peers in an ongoing way.

4. Feedback and Accountability

- Create feedback loops and open report back channels for staff and clients accompanied to provide input and recommendations and express concerns on how trauma-informed and culturally responsive lens is being applied and gaps continue to exist.
- Train staff to balance a respect for privacy with an importance for safety, particularly ensuring cultural and spiritual safety. This can be accomplished by co-developing well-understood guidelines on conducting respectful check-ins with clients, rather than constant supervision and surveillance.

Client-Centred Participatory Approaches

Co-creation of systems and programs as well as broadly client-centred participatory approaches in service provision are vital for fostering meaningful engagement, ensuring that support is shaped by

the voices and lived experiences of survivors of IPV, immigrant women, Indigenous-led leadership and those who have navigated homelessness in the past. By embedding co-creation into needs assessments, facilitating structured spaces for dialogue, and compensating clients for their contributions, organizations can move beyond extractive practices and cultivate an environment where client agency, healing, and advocacy are prioritized. Key best practices in this area include:

1. Co-Design and Participation

- Invest in and create pathways for and invest in meaningful participation of lived experts throughout the design and implementation of policies, programs, and practices that affect them. Clients are experts in their own realities, and they best understand what barriers exist to realization of human rights, and what is needed to resolve those barriers.[29]

- Co-design intake and needs assessment processes with clients that ensure cultural and spiritual needs are identified early in the service provision journey and are incorporated as a component of case management for the client.
- Co-design restorative justice processes to address harm or conflict created due to lack of spiritual or cultural sensitivity. Involve trusted individuals (such as Indigenous Elders, knowledge keepers or community leaders) in the process and ensure follow-up until all parties involved feel harm or conflict has been addressed.

2. Peer Support and Peer Learning

- Establish clear definitions of roles for peer support workers, to aid work led bycase management workers when working with clients navigating the housing system. Peer support workers can also play critical roles in implementing restorative justice practices and advocacy, stating clear roles and responsibilities for peer support workers across the organization can play a significant role in establishing spiritual and cultural responsiveness.
- Establish peer learning networks that invite staff at all levels of the organization to participate in co-learning and knowledge sharing on client experiences and better ways of structuring and providing supports and services.
- Involve peer-support staff appropriately across various functional areas of the organization, ensuring participation in various aspects of service delivery. Peer support and peer learning can play a significant role in enhancing service provision capacity in spiritually and culturally responsive care.

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[29] Adapted from WNHHN, National Right to Housing Network and Canadian Centre for Housing Rights. Advancing the Right to Housing for Women & Gender-Diverse Persons: Developing National Rights-Based Shelter Standards using a GBA+ Framework. 2024. P. 42

3. Compensation and Ethical Engagement

- Ensure that clients involved in co-creation and providing feedback in service provision and training are adequately compensated (i.e. stipends, honorariums) for their time, labour and energy. Ensure that stipend and honorarium rates are set equitably based on time invested and work undertaken.
- Ensure active consent and the right to withdraw or modify any information shared by clients when providing input or feedback for service provision, programs and/or policies.

4. Empowerment and Safe Engagement

- Facilitate empowering and healing spaces in which clients' nuanced experiences are validated and given importance – not simply for data collection purposes – rather to create structured, purposeful and safe spaces with clear expectations and actionable outcomes for clients to share their lived experiences. Storytelling should lead to concrete actions like policy advocacy or improvements in service delivery models.

Sector Partnerships and Community Engagement

Strong sector partnerships and community engagement are essential for creating a cohesive and effective support system that bridges cultural and spiritual care with housing services. By fostering collaboration between shelters, grassroots organizations, and culturally specific service providers, organizations enhance service delivery, reduce gaps in care, and introduce alternative healing modalities that better address clients' needs. Key best practices in this area include:

1. Building and Strengthening Partnerships

- Strengthen partnerships with grassroots organizations and culturally specific service providers to leverage community expertise and reduce service gaps.
- Develop respectful and mutually benefitting relationships with organizations that have an existing level of expertise in cultural or faith-based supports and alternative modalities of care (i.e. group therapy, sweat lodge, sharing circles, halaqas, [30] etc.). This can aid client referrals to such services and open pathways for referrals from such groups and entities.
- Participate in cross-sectoral tables, working groups or other collaborations to facilitate opportunities for collaboration. Create pathways for grassroots organizations and culturally specific entities to participate and lead in such collaborations, as many such entities are

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[30] The word halaqa means circle and is better known in Islamic contexts as "Halaqa al-ilm," to describe a gathering of people, who are seated in a circle, for the study of a particular topic. Mukhtar, Mohsin, and Richard Gunderman. 2024. "*Halaqa: A Muslim Philanthropic Model of the University Classroom*". Journal of Muslim Philanthropy &Amp; Civil Society 8 (1). https://scholarworks.iu.edu/iupjournals/index.php/muslimphilanthropy/article/view/7296.

siloed and experience barriers to participate in these spaces widening the gaps for vulnerable women and gender-diverse people navigating services.

2. Enhancing Access to Information and Referrals

- Develop and maintain lists of existing community resources, particularly around spiritually and culturally responsive care, that staff can refer to when engaging with clients with diverse needs.
- Maintain an ongoing list of interpreters and language solutions who are culturally sensitive and trained in trauma informed care, and particularly those with whom clients have had positive experiences with. The list can ensure referrals to well-trusted and familiar sources for interpreters and language solutions, instead of having to rely on ad hoc options, or going through law enforcement agencies to access interpretation.

3. Community Outreach and Awareness

- Develop community outreach initiatives that focus on reducing stigma, raising awareness, and improving access to spiritually and culturally responsive services. Targeted initiatives towards specific groups or communities, in collaboration with well-trusted community leaders/entities, can help in addressing culturally rooted stigma around issues like gender-based violence, mental health, help-seeking etc.

Building Towards Systems-Level Change

Establishing clear accountability mechanisms and advocating for policy change are critical in the path forward for standardizing spiritually centred and culturally responsive care within the housing and homelessness serving sector. By implementing transparent reporting structures, independent performance reviews, and restorative justice practices for addressing harm and conflict, service providers can be held to higher standards of care. Policy advocacy efforts should focus on identifying and advocating for funding that enable spiritually and culturally responsive programming, embedding cultural competency training within professional development, and institutionalizing best practices at a systemic level. These measures help move beyond tokenistic approaches, ensuring that such considerations are not optional components of equitable service. Best practices in this area include:

1. Creating Space and Capacity for Change

- Create a plan for adapting or share existing spaces and resources to incorporate spiritual and cultural sensitivity. For example, if a multi-faith space or meditative space is not available, create a plan for what spaces can be offered alternatively, and how these spaces

can be appropriately resourced for those using it (making medicine available as needed, ensuring a quiet and clean environment).

- Broaden the definition of safety within your practice and incorporate parameters of safety to go beyond just a client having a roof over their head, but also including legal security, physical security, emotional safety, cultural and spiritual safety, as well as understanding and working with clients' distrust in the system.

2. Staffing, Representation, and Internal Equity

- Develop a hiring and board recruitment strategy that creates pathways for hiring staff from diverse backgrounds into all levels of the organization. Create a monitoring mechanism that provides oversight on how well the strategy is performing and how diversity is being maintained in the organization.
- Co-develop strategies to ensure spiritually and culturally responsive self-care for diverse staff and peer support – who may deal with vicarious trauma – to process feelings of burnout or compassion fatigue (i.e. group and one-on-one check-ins, encourage healthy articulation of personal boundaries, invite, make spiritually and culturally responsive resources like counselling available for staff).

3. Equitable Funding and Resource Allocation

- Identify and advocate funding streams that are flexible and allow for creation and development of spiritually and culturally responsive programs. Consider collaborative funding applications with community and grassroots groups to create collective capacity and resource sharing.

4. Client Rights, Justice, and Housing Security

- Establish avenues for clients to access to access justice and appeal their cases. This can be done through providing referrals to legal aid, advocacy workers or facilitating internal reconciliation strategies to ensure evictions and barring practices only happen when all other strategies have been exhausted. Lack of tenancy protections is a key structural challenge within many emergency responses, like transitional housing and second stage shelters, which can make residents vulnerable to evictions or denial of housing and harm created by unchecked surveillance and micro-management. [31]

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[31] WNHHN, National Right to Housing Network and Canadian Centre for Housing Rights. *Advancing the Right to Housing for Women & Gender-Diverse Persons: Developing National Rights-Based Shelter Standards using a GBA+ Framework.* 2024.

From Theory to Practice

The work conducted by WNHHN, building on the research teams at the Doha Institute and Wilfred Laurier University, identifies a critical need for spiritually centred and culturally responsive care within the housing and homeless sector, as well as within IPV-related resources. The findings gathered over the course of this initiative have illuminated the complex and multi-faceted needs of equity-deserving groups such as – but not limited to – Muslim, newcomer, migrant, refugee and racialized women navigating housing precarity in Canada. This is with a particular recognition for Indigenous-led advocacy that has created a significant foundation for this issue area in the Canadian context. Through an iterative approach to this research, "Sacred Spaces & Safe Places" engaged lived experts, service providers and field experts through a CoP wherein they shared their lived experiences and knowledge, further contributing to the development of actionable best practices that seek to enhance social supports as well as facilitate the holistic well-being of clients in a trauma-informed way.

The best practices emerging from this research reflect a framework that seeks to shift away from a top-down approach to service provision, instead, seeking sector transformation that is built on professional development, client-centred participatory approaches to care, and bolstering sector-wide as well as cross-sectoral partnerships. From ensuring staff are trained in trauma informed, culturally responsive practices to actively involving clients in co-creating solutions to their unique challenges, all the best practices outlined in this report offer valuable pathways towards the creation of a more inclusive and effective social support system.

As mentioned earlier, these best practices were developed in tandem with a toolkit that facilitates implementation of best practices through real world examples, templates, guidelines and roadmaps. Our hope with this work is to set off efforts across Canada to create space and initiatives for spiritually and culturally responsive care to be incorporated in various facets of service provision in the housing and homelessness serving sector.