Embracing Diversity:

A Toolkit for Supporting Inclusion in Long-Term Care Homes

ONTARIO CLRI

Centres for Learning,
Research & Innovation
in Long-Term Care

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ACKNOWLEDGMENTS

USING THIS TOOLKIT

This toolkit is an interactive resource with print and online components. It will help you to learn about **equity, diversity and inclusion** and how to apply these concepts to your work in LTC. Throughout the toolkit, any word defined in the glossary is shown in **bold.**

You may notice that some of the components of this toolkit offer concrete instructions/solutions, while others require you to reflect on established practices and norms. While these components require varying levels of personal and/or organizational effort, all are valuable steps to foster **cultural sensitivity.**

We are all learning; this journey is a lifelong process. You may find that you revisit this toolkit at different times, depending on what is relevant for you and/or your LTC home at each step along the journey. Throughout this toolkit we refer to family when discussing the important people in a resident's life in the broadest sense and including a resident's chosen family (which may include friends and neighbours). We honour and recognize the **diversity** of relationships.

Iconography

A set of icons will help you navigate this toolkit. The icons represent different teams and roles in the LTC home. Honouring and supporting **equity, diversity and inclusion** is the responsibility of everyone across the organization. Throughout the toolkit, the icons show which promising practices are most relevant to each department.

Administration *(HR/Office Support)*	Administrator/ CEO/ED	Educator	Entire Team	Environmental Services
Family	Food Services	Leadership Team	Nurse (RN, RPN)	Personal Support Worker
Recreation and Spiritual Care	Rehab *(Physiotherapy, Kinesiology and Occupational Therapy)*	Resident	Social Worker	Volunteer

View the toolkit online and find related links and resources at
clri-ltc.ca/embracingdiversity

INTRODUCTION

Welcome

This toolkit was developed to support affirming, equitable and respectful care within Ontario's long-term care (LTC) sector. It represents our shared responsibility and commitment to the nurture of welcoming and affirming communities for all members of the diverse populations who live, work and visit LTC homes.

The journey to support equity and inclusion begins by looking inwards. This toolkit contains a self-reflection questionnaire for readers to reflect and explore their own **unconscious biases**. This Organizational Assessment and Planning Tool can help LTC homes evaluate their strengths and identify areas that need attention. Following the assessment tool, we provide promising practices to support homes in beginning or deepening conversations about **equity, diversity and inclusion** in their teams. This toolkit also highlights some of the ways that LTC homes in Ontario celebrate their diverse populations and reinforce affirming practices, policies, programs, and services.

Why Is This Important? Why Now?

In recent years it has become clear that the older adult population of Ontario is growing (older adults are defined as individuals aged 65+).[1]

Older Adult Population of Ontario

Alongside the growing number of individuals considered older adults, we are also witnessing wider **diversity** (e.g., race, ethnicity, **religion, spirituality**, language, ability, **gender identity, gender expression**, **sexual orientation**, and socio-economic status) within the older adult population.[2,3,4,5]
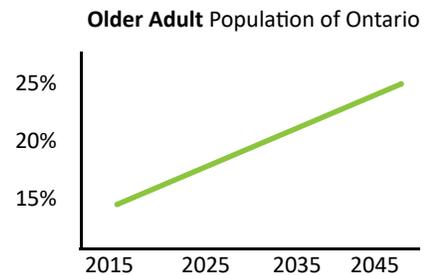
One of Ontario's greatest strengths is the diversity of its population. With increasing recognition that **diversity** should be respected in Canada, a growing need for inclusive care and services provided through LTC homes exists. The health care workforce is more diverse and yet this diversity may not always be reflected in senior leadership or middle management.[6] Changes towards improved experiences in LTC, particularly in human resources, team member education, provision of care, dietary requirements, and physical space(s), are critical for enhanced delivery of care in LTC.

> "The ache for home lives in all of us, the safe place where we can go as we are and not be questioned."
>
> Maya Angelou, poet and civil rights activist
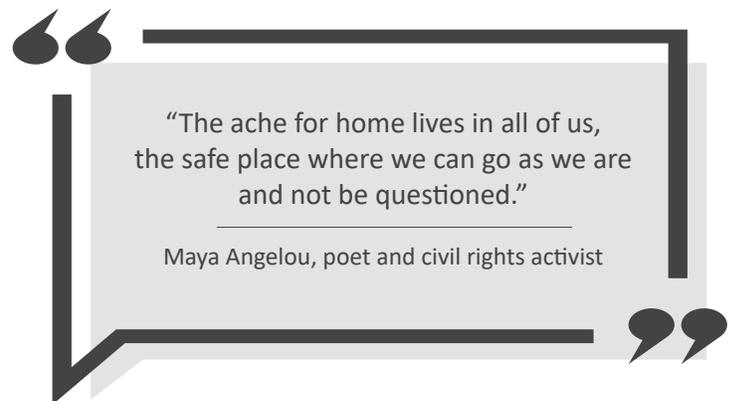
Ultimately, it is the responsibility of organizations (e.g., LTC homes) to ensure that programs, policies, practices, and environment address these needs. As LTC homes strive to create meaningful and healthy workplaces to help recruit and retain team members, programs focused on **equity, diversity and inclusion** must no longer be seen as superfluous.[6] This toolkit highlights the value of self-awareness and organizational awareness in considering the unique diversity needs and concerns that arise in everyday life and work in LTC.

Why You or Your LTC Home?

Everyone joins the journey towards **cultural sensitivity** at different points. For some, the journey has yet to begin. For others, it has already begun. For many others it is well underway. Regardless, this toolkit strives to provide you and your LTC organization with the opportunity to learn about and develop **equity, diversity and inclusion** strategies:

- heightened awareness about the impact of **equity, diversity and inclusion** initiatives;
- proactive ways to develop and enhance affirming and respectful programs, policies and services;
- improved communication among various stakeholders (e.g., residents, team members, leadership, family members, volunteers, etc.);
- involvement of various stakeholders in the change process (e.g., assessment to action);
- increased capacity and accountability for **equity, diversity and inclusion** within your organization; and
- opportunities to celebrate diversity in LTC homes.

Your investment in this toolkit is an acknowledgement that:
- all individuals have a role to play in supporting **equity, diversity and inclusion**;
- the journey towards **cultural sensitivity** is ongoing and ever changing; and
- you/your organization desire to support diverse expressions of living.

How Will This Toolkit Support You?

In this toolkit, you will find ideas for reviewing and/or modifying existing policies, practices, and programs; planning training initiatives; and developing a diversity committee. The toolkit and accompanying online resource library includes:

- information and resources for providing affirming care, services and an environment that brings attention to diversity and promotes inclusion;
- tools and assessments to help develop and implement organizational commitments to **equity, diversity and inclusion**;
- stories that highlight the successes of Ontario LTC homes on their journeys towards **cultural sensitivity**; and
- a list of key articles, websites and toolkits that may be useful.

> "It is time to change our systems and institutions to level the playing field. So that equity becomes the norm, and **humanity is our most important identity."**
>
> Juliana Mosley, PhD

TERMS TO GET YOU STARTED

Here are some terms to get you started. The glossary at the end of this toolkit offers additional terminology. Throughout the toolkit, any word defined in the glossary is shown in **bold.**

Ally: Someone who is not a member of a specific group but supports the rights of a marginalized person or group and takes responsibility for changing patterns of discrimination and oppression of that group. This often stems from a self-awareness of **privileges** or inequities one has experienced. An ally takes action supporting, including and/or speaking out for groups experiencing social injustice.

Culture: The customs, behaviours, arts, social norms, achievements, values, and beliefs of a particular nation, social group or person. Culture can be passed down from generation to generation.

Diversity: A wide range of attributes within an individual, group or community. The various dimensions of diversity include ethnicity, race, gender, **sexual orientation**, ancestry, age, socio-economic status, **gender identity**, **gender expression**, physical abilities, political beliefs, religious beliefs, and other ideologies. Understanding and respecting these differences among each other can foster a mutually supportive environment.

Equality: Providing every person with fair, equal and identical treatment regarding services, access, goods, opportunities, etc., without **discrimination** and regardless of their current needs or assets. See Figure 1.

Equity: Providing every person with fair and equal treatment, while at the same time, striving to identify and eliminate barriers that prevent full participation. Improving equity requires increasing justice and fairness within the policies, procedures, practices, and distribution of resources within an institution or system. See Figure 1.
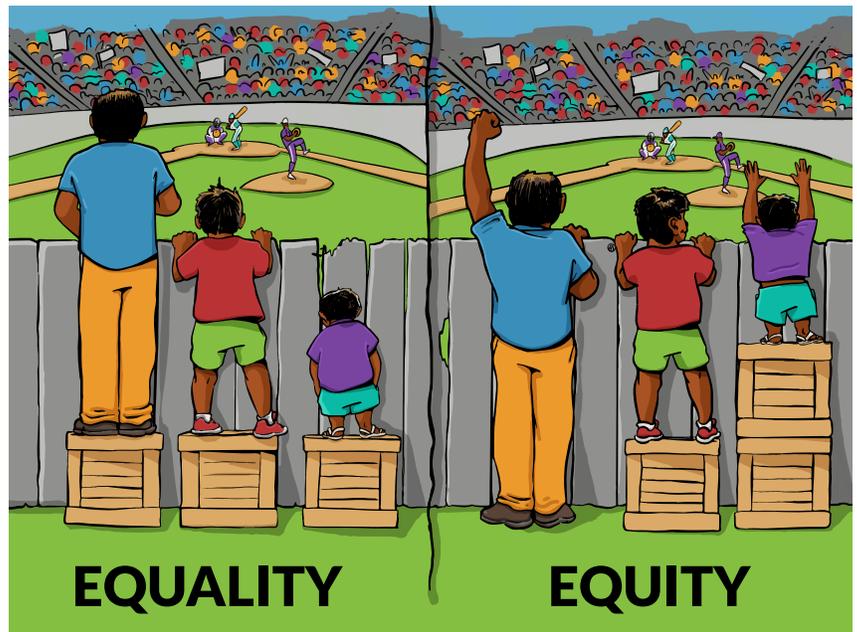
Figure 1: Interaction Institute for Social Change | Artist: Angus Maguire

> "The route to achieving equity will not be accomplished by treating everyone equally. It will be achieved by treating everyone justly according to their circumstances." – Paula Dressel, Race Matters Institute

Identity: The characteristics of a person that make them unique from others. It consists of the way you think about yourself, the way the world views you and what qualities define you.

Inclusion: Ensuring that all individuals, regardless of their abilities, disabilities or health care needs, are respected as valuable members of their community. In practice, this includes engaging residents in decision-making and initiatives. To be fully inclusive, it is important to empower residents and to remove any barriers to participation for members of marginalized groups.

Intersectionality: The complex, cumulative way in which multiple forms of inequalities and discrimination a person can experience that compound, overlap or intersect. With an intersectional lens, the emphasis is on the interconnected nature of social categorizations (i.e., class, race, sexual orientation, gender, religion). See Figure 2.

Figure 2: Visual Representation of Intersectionality

Person-Centred Care: When the emphasis is placed on understanding the needs and preferences of the person as a unique individual beyond their medical diagnosis.
In person-centred care, the focus is on enabling people receiving care to collaborate with the team and to direct their care planning and provision whenever possible. This definition also acknowledges the personhood of others in the circle of care, including service providers, family members and students. Within the culture change movement, there is a shift towards the term 'Person-Directed Care', where the emphasis is on the person receiving the care as the director of what, when and how services are provided. For example, residents wake up, go to bed, eat, and bathe when they choose to. Team members alter their work routines to honour residents' preferences.[7]

Privilege: Unearned advantages experienced by certain people and groups, but not by others. It is the experience of rights, benefits, freedoms, advantages, access, and/or opportunities being granted to members of a dominant group in society. Privilege can be illustrated by the reality that some people are able to learn about racism and the way it operates, rather than experiencing racism throughout life.

Relationship-Centred Care: This emphasizes the relationships between the care team, the resident and their family, and focuses on how to enhance these relationships. It also includes community health resources and peer resident support. While person-centred care focuses on the resident and their inclusion, relationship-centred care focuses on strengthening the resident's associated relationships for the benefit of all care partners.

Stereotypes: Generalizations of an individual or a group of people based on incorrect assumptions that everyone in a particular group shares the same characteristics. By doing so, we ignore unique differences among individuals.

Unconscious Bias: Assumptions or learned stereotypes that occur automatically and unintentionally. This type of bias is deeply ingrained and has the ability to influence behaviour by encouraging harsh, negative judgments to be made.
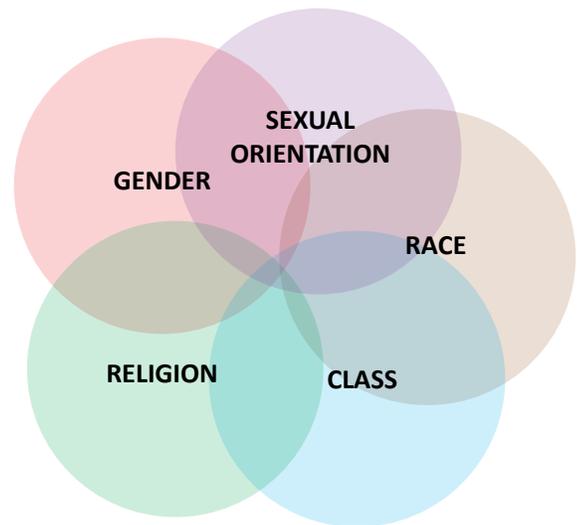
SECTION ONE:
ORGANIZATIONAL AND
PERSONAL REFLECTION

EQUITY, DIVERSITY AND INCLUSION IN LTC: ASSESSMENT AND PLANNING TOOL (EDI-LTC)

Acknowledgments

This tool was adapted from the *Diversity, Equity and Inclusion Organizational Self-Assessment Tool* (2015) developed by the Regional Diversity Roundtable of Peel and the *Strengthening Diversity in Your Organization: A Self-Assessment Tool* (2014) developed by the Regional Municipality of York. We acknowledge the tremendous amount of work that went into the development of those two tools.

The Ontario CLRI would like to acknowledge and thank the members of the Supporting Diversity and Inclusion in LTC Advisory Group for contributing to the adaptation of this tool.

Thank you to the users of this tool for their ongoing effort to make LTC homes inclusive and equitable.

Introduction

This *Equity, Diversity and Inclusion in Long-Term Care: Assessment and Planning Tool (EDI-LTC)* is designed to help long-term care (LTC) homes better meet the needs of the diverse community that lives, works and visits at the care home. Every LTC home will be at a different point along their journey towards inclusion. Sometimes, despite the desire to embrace inclusion and equity in our homes, it can be hard to find the time or resources to develop plans that are realistic and effective. This tool can help identify areas for improvement, guide the development of quality improvement plans and inform organizational strategic planning to incorporate **equity, diversity and inclusion**.

Readers are encouraged to spend time becoming familiar with the definitions of the words **equity**, **diversity** and **inclusion** in the Terms to Get You Started section.

Completing this assessment will help you identify what your LTC home is doing well and how you can improve your **equity, diversity and inclusion** practices in the following seven areas:
1. Planning and policy
2. Organizational culture
3. Education and training
4. Human resources
5. Community capacity building
6. Resident and family engagement
7. Service provision

Who Should Complete the Tool

This tool is a discussion guide that can help deepen your team's understanding of equity, diversity and inclusion and kick-start action planning. Complete the tool as a team and/or discuss your results and next steps in a group setting. **Diversity** is valuable so try to include a range of people in discussions:

- leadership;
- direct care team members (e.g., nurses, personal support workers);
- residents;
- family members;
- representatives from all departments and areas in the home (including recreation, spiritual care, allied health, environmental services and food services); and
- volunteers.

To complete the tool as a group, you will need to create a safe space where everyone can share their honest feedback and can contribute to the discussion in some way. Depending on your organizational culture, you may need to create smaller groups, use a terms of reference for your group(s) and/or allow people to complete the assessment anonymously before discussing as a group.

The tool provides a list of specific promising practices with space to document evidence that your home is doing the promising practice or has yet to start. There is a place to score your current level of action. An example is provided below.

ORGANIZATIONAL & PERSONAL REFLECTION

Example

Impact Area 3: Employee Education and Training

No Action Taken **1**	Partial Action Taken **3**	Full Action Taken **5**	Not Applicable **N/A**

Promising Practice	Evidence of Practice Within the Home	Score
Our LTC home requires team members from all levels (e.g., Board of Directors, senior leadership, direct care team members and volunteers) of the organization to participate in training and education related to **equity, diversity and inclusion.**	Our home offers online diversity training to employees through our learning management system. Our organization monitors and reviews how many employees have participated in diversity training.	3

Based on your scores, the tool generates a total score for each impact area. Since not all homes offer the same services in the same way, some practices may not be possible. If a practice is not possible you can mark it as not applicable and exclude it from your score.

An action plan template is provided, with questions for consideration, **SMART** goal setting for specific actions and questions to help identify barriers and facilitators. The sections of this toolkit are modeled on the seven impact areas of this assessment tool and provide promising practices and stories from Ontario LTC homes for inspiration.

This tool can be completed within this toolkit, or downloaded from our website to be filled out electronically at **clri-ltc.ca/embracingdiversity**

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IMPACT AREA 1: PLANNING AND POLICY

Goal: Our LTC home formally recognizes **equity, diversity and inclusion** as a priority, incorporating these principles into planning and policies.

No Action Taken **1**	Partial Action Taken **3**	Full Action Taken **5**	Not Applicable **N/A**

Promising Practice	Evidence of Practice Within the Home	Score
1.1 Our home's mission, vision, values, and strategic plan commit us to practicing equity, diversity and inclusion.		
1.2 Our home has policies and procedures in place that promote equity, diversity and inclusion (e.g., non-discrimination policy, complaint procedures).		
1.3 Our home involves team members, residents, family members, and others who reflect cultural diversity in decision-making processes when developing policies and procedures.		
1.4 Our home has an action plan to address equity, diversity and inclusion, and reviews the plan on an annual basis.		
1.5 Our home has a Diversity and Inclusion Committee with membership that reflects the diversity of the home.		
1.6 Equity, diversity and inclusion is a standing agenda item for existing committees (e.g., Joint Health and Safety Committee, Resident Council, Family Council).		
1.7 Our home allocates financial resources (e.g., dedicated staff time) for equity, diversity and inclusion work.		
1.8 Our home regularly evaluates our equity, diversity and inclusion practices (at minimum annually).		
1.9 Our home collects and uses resident demographic data to plan services and activities.		
1.10 Our home uses and/or gathers evidence to identify needs, opportunities and gaps in services related to equity, diversity and inclusion (e.g., Vital Signs report, regional research reports).		

ORGANIZATIONAL & PERSONAL REFLECTION

IMPACT AREA 2: ORGANIZATIONAL CULTURE

Goal: Our LTC home shows a strong commitment to **equity, diversity and inclusion** by taking steps to ensure the organizational culture and environment are welcoming, affirming and inclusive.

No Action Taken **1**	Partial Action Taken **3**	Full Action Taken **5**	Not Applicable **N/A**

Promising Practice	Evidence of Practice Within the Home	Score
2.1 Leadership team members actively promote equity, diversity and inclusion.		
2.2 Our home regularly seeks feedback from employees regarding their experiences of inclusion (e.g., exit interviews, annual reviews and employee satisfaction surveys include questions about equity, diversity and inclusion).		
2.3 A formal process is in place for employees to raise concerns or complaints about equity, diversity and inclusion.		
2.4 There is a structured approach for responding to employees' concerns or complaints regarding equity, diversity and inclusion (e.g., mediation process, Ombudsperson).		
2.5 Our home's environment is inclusive, welcoming and affirming for diverse groups (e.g., gender neutral washrooms available; décor, posters and signage reflect the diverse employee and resident population).		
2.6 Our key communication materials (i.e., brochures, signage, Resident and Family Handbook) are accessible to and inclusive of diverse groups (e.g., written in plain language, translated into different languages, gender-inclusive language, and include images representing diversity).		
2.7 Our home's website is accessible to, and inclusive of, diverse groups (e.g., accessibility functions, images representing diversity).		
2.8 Our home recognizes and honours diverse cultures throughout the year (e.g., dietary requirements, holidays and celebrations, awareness days, prayer accommodations).		
2.9 Our home has a process for addressing and resolving intercultural conflict among residents and team members and to reduce discrimination.		

IMPACT AREA 3: EMPLOYEE EDUCATION AND TRAINING

Goal: Our LTC home recognizes the value of ongoing **equity, diversity and inclusion** training and education. The home provides employees with learning opportunities to develop knowledge and skills to work effectively with a diverse population.

No Action Taken **1**	Partial Action Taken **3**	Full Action Taken **5**	Not Applicable **N/A**

Promising Practice	Evidence of Practice Within the Home	Score
3.1 Our home reviews the diversity of its local community and considers potential demographic changes in an effort to be proactive in education and training.		
3.2 Our home requires team members from all levels of the organization to participate in training and education related to equity, diversity and inclusion. (e.g., Board of Directors, senior leadership, direct care team members, and volunteers)		
3.3 Our home offers ongoing training on equity, diversity and inclusion topics (e.g., in-services, e-modules, lunch and learns) to all team members and volunteers in a way that accommodates different learning styles.		
3.4 Education provided involves individuals with lived experience in the development and delivery of the session(s).		
3.5 Training and education is framed with a cultural humility approach (e.g., opportunity for participants to engage in personal reflection and bring awareness to unconscious biases; recognition that the resident is the expert in their own life).		
3.6 Team members are supported in enhancing their language, technological and/or literacy skills in order to facilitate their professional development.		
3.7 Our home supports employee participation in professional development opportunities related to equity, diversity and inclusion (e.g., financial support and time off work to participate in external training, conferences and workshops).		
3.8 Our home conducts evaluations on the effectiveness of its equity, diversity and inclusion training (e.g., assessment of learning and adopting practices).		

ORGANIZATIONAL & PERSONAL REFLECTION

IMPACT AREA 4: HUMAN RESOURCES

Goal: Our LTC home is committed to recruiting, hiring and retaining team members who are representative of the diverse local population and/or have knowledge and skills in supporting **equity, diversity and inclusion**, through its Human Resource (HR) policies and practices.

No Action Taken **1**	Partial Action Taken **3**	Full Action Taken **5**	Not Applicable **N/A**

Promising Practice	Evidence of Practice Within the Home	Score
4.1 Our home actively reaches out to diverse communities when advertising for new or vacant positions (e.g., various ethnic groups, LGBTQI2S+ community, faith-based gathering places, etc).		
4.2 Our home's job postings, job descriptions and HR forms use gender-inclusive language.		
4.3 Our home's hiring and promotion practices consider potential candidates' equity, diversity and inclusion experience and expertise (e.g., interview questions include scenarios about diversity).		
4.4 The orientation of all new employees and volunteers includes equity, diversity and inclusion (e.g., providing person-centred care to the LGBTQI2S+ community).		
4.5 Our home's performance evaluation includes equity, diversity and inclusion indicators for team members at all levels of the organization (e.g., professional development on diversity topics, adherence to policies).		
4.6 Our home collects and reviews demographic information about all team members (submitted voluntarily by the employee) that are hired, promoted or receive disciplinary action to monitor and assess whether equitable Human Resource practices are employed.		
4.7 Our home has accommodation policies and practices to support team members' individual needs (e.g., ergonomic accommodations, Employee Assistance Program, flexible hours, options for tele-commuting).		
4.8 Our home effectively communicates accommodation options available to team members and ensures they are readily available.		

IMPACT AREA 5: COMMUNITY CAPACTIY BUILDING

Goal: Our LTC home is committed to enabling community change by developing partnerships and networks to advance **equity, diversity and inclusion** work.

No Action Taken **1**	Partial Action Taken **3**	Full Action Taken **5**	Not Applicable **N/A**

Promising Practice	Evidence of Practice Within the Home	Score
5.1 Our home develops meaningful partnerships with community-based organizations and community groups to advance equity, diversity and inclusion within the home and enhance life for residents from various communities (e.g., local faith based organizations, LGBTQI2S+ community organizations, etc.).		
5.2 Our home collaborates with other organizations to develop and deliver culturally responsive services (e.g., participation in advisory committees, networks, coalitions and task forces focused on enhancing equity, diversity and inclusion within the LTC sector).		
5.3 Our home shares its equity, diversity and inclusion promising practices and resources with the broader community of the LTC sector (e.g., through presentations, education/training, community of practice, sharing on association message boards, sector publications, and/or social media).		

ORGANIZATIONAL & PERSONAL REFLECTION

IMPACT AREA 6: RESIDENT AND FAMILY ENGAGEMENT

Goal: Our LTC home actively engages residents and their family members and/or friends in the planning, development and evaluation of its services.

No Action Taken **1**	Partial Action Taken **3**	Full Action Taken **5**	Not Applicable **N/A**

Promising Practice	Evidence of Practice Within the Home	Score
6.1 Our home engages residents and family members in development, review and evaluation of equity, diversity and inclusion related statements, documents and initiatives (e.g., Resident Council, Family Council, resident and family representatives on Diversity Committee).		
6.2 Our home provides training to team members on how to effectively engage residents and their families in service planning, development and evaluation (e.g., training on engagement with individuals with lived experience and unique considerations required).		
6.3 Our home evaluates the effectiveness of its engagement processes (e.g., measures resident and family involvement, assesses resident and family satisfaction with engagement process).		
6.4 Residents and their family are notified that the Resident Bill of Rights is available in a number of different languages and are provided with a copy in their language of choice.		
6.5 Our home regularly seeks feedback from residents and their family regarding their experiences of inclusion (e.g., resident and family satisfaction surveys include questions about equity, diversity and inclusion).		
6.6 Our home maintains a list of team members who speak different languages and are willing to act as interpreters to support linguistic needs of residents and their family, as a backup if translation services are not available		
6.7 Our home offers communication supports and adaptations for residents and families (e.g., translation services, supports for hearing, visual, cognitive and speech impairments).		
6.8 Our home has resources about diversity and inclusion readily available for residents and families.		
6.9 Our home offers education for residents and their families (e.g., through resident neighbourhood meetings, Resident Council, Family Council, newsletters, etc.).		

IMPACT AREA 7: LTC SERVICE PROVISION

Goal: Our LTC home is committed to delivering inclusive and equitable care and services to residents.

No Action Taken **1**	Partial Action Taken **3**	Full Action Taken **5**	Not Applicable **N/A**

Promising Practice	Evidence of Practice Within the Home	Score
7.1 Our home uses an assessment tool to collect residents' social history that includes individual cultural, social, spiritual, and socio-economic information.		
7.2 Our home's assessment tools use inclusive language and questions (e.g., asks about a person's 'partner', 'spouse', rather than 'husband', 'wife')		
7.3 Our home provides education to team members on how to provide care that is respectful of residents' unique values, beliefs and personal identity.		
7.4 Resident care plans are person-centred, incorporating the residents' individual cultural, social, spiritual, and religious needs, practices, customs and beliefs.		
7.5 Our home has a formal process to identify and address equity, diversity and inclusion related concerns or complaints from residents and/or substitute decision makers.		
7.6 Our home evaluates services to ensure service delivery is inclusive and equitable (e.g., review indicators of social engagement and compare demographics of participants versus non-participants in recreation programs).		
7.7 Our home shares evaluation findings with residents and their substitute decision makers (e.g., through newsletters, website and communication boards).		
7.8 Meal planning and service is inclusive of cultural dietary regulations and preferences.		
7.9 Our home offers a wide variety of programs for residents that honour and reflect their diversity (e.g., travelogues, cultural fashion shows, music, cultural celebrations, etc.).		

ORGANIZATIONAL & PERSONAL REFLECTION

OVERALL ORGANIZATIONAL ASSESSMENT AND ACTION PLANNING

Complete the score card below to help identify your home's existing strengths and opportunities for improvement related to **equity, diversity and inclusion**.

Interpretation of the Average Assessment Score

Substantial work is needed	**Moderate** work is needed	**Some** work is needed	**Minimal** work is needed	**Our LTC home embodies** diversity and inclusion practices
1	2	3	4	5

IMPACT AREAS	AVERAGE ASSESSMENT SCORE (TOTAL SCORE ÷ # OF APPLICABLE PRACTICES* = __/5)
1 – **Planning & Policy**	_____ ÷ _____ = _____ / 5 *Total Score* *# of Practices* *Answer*
2 – **Organizational Culture**	_____ ÷ _____ = _____ / 5 *Total Score* *# of Practices* *Answer*
3 – **Education & Training**	_____ ÷ _____ = _____ / 5 *Total Score* *# of Practices* *Answer*
4 – **Human Resources**	_____ ÷ _____ = _____ / 5 *Total Score* *# of Practices* *Answer*
5 – **Community Capacity Building**	_____ ÷ _____ = _____ / 5 *Total Score* *# of Practices* *Answer*
6 – **Resident & Family Engagement**	_____ ÷ _____ = _____ / 5 *Total Score* *# of Practices* *Answer*
7 – **Service Provision**	_____ ÷ _____ = _____ / 5 *Total Score* *# of Practices* *Answer*

* Exclude any promising practices you have marked as 'Not Applicable' from the calculation of the Average Assessment Score.

Based on the assessment, identify two impact areas where your organization is strong with respect to **equity, diversity and inclusion**.

1. _____

2. _____

Based on the assessment, identify two impact areas where your organization requires improvement with regards to **equity, diversity and inclusion**.

1. _____

2. _____

CREATE AN ACTION PLAN

Based on the assessment results, identify three practices that your home would like to improve. These may be existing strengths that you want to leverage or opportunities where you can address a need. They may all fall within one impact area, or they may span multiple impact areas.

It is important to ensure that you are creating **SMART** goals when selecting and planning your actions.

S	Specific	You are targeting a specific action/area for improvement
M	Measurable	You are able to measure/track its progress and/or completion
A	Assignable	You can assign it to a specific person or group of people to complete
R	Realistic	You should be able to do it with the available/allocated resources
T	Time-bound	You can assign a reasonable timeline for when results can be achieved

Practices To Be Improved

1. _____

2. _____

3. _____

ORGANIZATIONAL & PERSONAL REFLECTION

ACTION PLAN FOR **PROMISING PRACTICE #1**

SPECIFIC – What specific promising practice do you want to work on? Specify the action you will need to take and how you anticipate the action will advance equity, diversity and inclusion in your LTC home.	
MEASUREABLE – How will you be able to measure/track progress and/or completion? Specify what will happen that will let you know you are making progress and/or have achieved your goal.	
ASSIGNABLE – Who will lead the development and implementation of this action? Specify who will lead/co-lead and specify any additional persons who will be available as resources to support the work. Keep in mind the importance of collaboration.	
REALISTIC – What resources will be available to complete the action and will they be enough? Specify how many resources (team member time, amount of additional funding, etc.) are needed and available for the action.	
TIME-BOUND – When will the action need to be completed and is there enough time? Specify the time needed to complete the activity and/or key milestones and the timeline for completion. Include deadline dates.	
Which stakeholders will need to be involved to make this action happen? How will they be recruited and engaged throughout the process?	
What potential barriers or challenges do you anticipate?	

ACTION PLAN FOR **PROMISING PRACTICE #2**

SPECIFIC – What specific promising practice do you want to work on? Specify the action you will need to take and how you anticipate the action will advance equity, diversity and inclusion in your LTC home.	
MEASUREABLE – How will you be able to measure/track progress and/or completion? Specify what will happen that will let you know you are making progress and/or have achieved your goal.	
ASSIGNABLE – Who will lead the development and implementation of this action? Specify who will lead/co-lead and specify any additional persons who will be available as resources to support the work. Keep in mind the importance of collaboration.	
REALISTIC – What resources will be available to complete the action and will they be enough? Specify how many resources (team member time, amount of additional funding, etc.) are needed and available for the action.	
TIME-BOUND – When will the action need to be completed and is there enough time? Specify the time needed to complete the activity and/or key milestones and the timeline for completion. Include deadline dates.	
Which stakeholders will need to be involved to make this action happen? How will they be recruited and engaged throughout the process?	
What potential barriers or challenges do you anticipate?	

ORGANIZATIONAL & PERSONAL REFLECTION

ACTION PLAN FOR **PROMISING PRACTICE #3**

SPECIFIC – What specific promising practice do you want to work on? Specify the action you will need to take and how you anticipate the action will advance equity, diversity and inclusion in your LTC home.	
MEASUREABLE – How will you be able to measure/track progress and/or completion? Specify what will happen that will let you know you are making progress and/or have achieved your goal.	
ASSIGNABLE – Who will lead the development and implementation of this action? Specify who will lead/co-lead and specify any additional persons who will be available as resources to support the work. Keep in mind the importance of collaboration.	
REALISTIC – What resources will be available to complete the action and will they be enough? Specify how many resources (team member time, amount of additional funding, etc.) are needed and available for the action.	
TIME-BOUND – When will the action need to be completed and is there enough time? Specify the time needed to complete the activity and/or key milestones and the timeline for completion. Include deadline dates.	
Which stakeholders will need to be involved to make this action happen? How will they be recruited and engaged throughout the process?	
What potential barriers or challenges do you anticipate?	

SELF-REFLECTION TOOL

On the journey towards equity and inclusion, change begins within each individual.[8] Self-reflection is a process that is dynamic and unique to each person. The goal of this section is to guide individuals in personal reflection to increase sensitivity and create awareness.

Self-reflection is an essential step on the path towards self-awareness and person-centred care.

> "To care for someone, I must know who I am.
> To care for someone, I must know who the other is.
> To care for someone, I must be able to bridge the gap between myself and the other."
>
> Jean Watson, cited by J. Anderson[9]
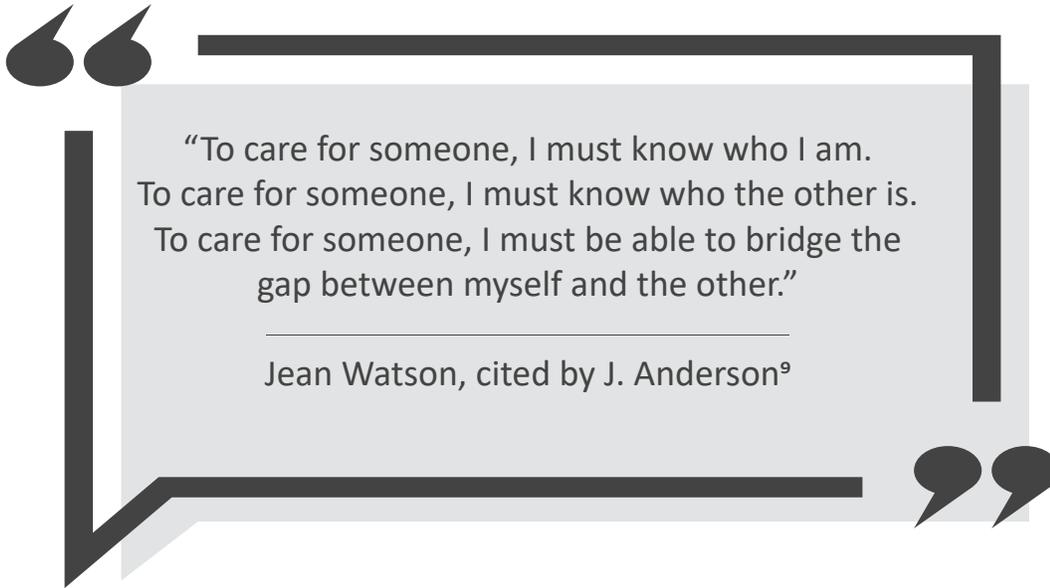
This process can involve introspection, contemplation and observation. It can lead you to grow in self-awareness. Self-reflection is critical to challenge our thoughts and assumptions, recognize change, track progress, and evaluate what and why we do things.

We all have our own unique set of values, attitudes, customs, ideas, and rituals, which are shaped by life experiences. For example, where we grew up, our family of origin, our religious beliefs, and our education and socioeconomic status. As a result, we may experience exclusion in some areas of our lives and inclusion in others. It is the intersection of these various identities that can affect how we experience our lives.

We must intentionally engage with others in conversations about culture, identity and inclusion and challenge questions, non-inclusive behaviours, and institutional practices.[8] The following questions offer a starting point for discussions with others about **privilege** and **social location**.

SELF-REFLECTION QUESTIONS

1. What is your definition of diversity?

_____

_____

_____

_____

2. Think of a time when you felt especially engaged, included and appreciated in your professional or personal life. How did it feel?

_____

_____

_____

_____

3. Think of a situation where you felt excluded, invalidated and alienated. What was that like?

_____

_____

_____

_____

_____

4. Have you ever been bullied or mocked based on something that you couldn't change? What was that experience like?

_____

_____

_____

_____

_____

5. Have you ever felt uncomfortable about a joke or a statement you overheard related to your race, ethnicity, gender, appearance, or sexual orientation, but felt unsafe to confront the situation? If the answer is no, have you heard a joke or statement that was offensive? Did you speak up?

_____

_____

_____

_____

6. Have you ever been denied an opportunity based on your gender, race, age, religion, ethnicity, sexual orientation, or ability? If the answer is no, how do you think you would navigate this experience?

_____

_____

_____

_____

7. Are you able to show affection for your romantic partner in public without fear of ridicule or violence? If yes, do you know of anyone who might not have that same privilege? How do you think that would make you feel?

_____

_____

_____

_____

9. Do you feel welcomed and 'normal' in your public, institutional and social life? What is your idea of 'normal'? Does your definition need to be reconstructed to be more inclusive?

_____

_____

_____

_____

10. Did you grow up thinking that your **gender identity** was healthy and 'normal'? If the answer is yes, imagine what it would feel like to grow up without that reassurance.

_____

_____

_____

_____

11. Can you talk freely at work about who you are and what you do in your personal life? Do you engage in non-judgmental conversations with colleagues who share their personal life?

_____

_____

_____

_____

_____

12. Can you easily buy posters, pictures, books, post-cards, and magazines etc., that feature people of your race? If the answer is yes, can you think of someone you know who does not have that privilege and the feelings that might arise because of it?

_____

_____

_____

_____

_____

13. Do you get time off for your religious holidays? If yes, imagine the struggles that can arise from trying to get accommodations to celebrate your religious holidays. Or, if the answer is no, what do you need to feel more supported?

_____

_____

_____

_____

14. What was this reflection like for you?

_____

_____

_____

_____

_____

THE DIVERSITY WHEEL

The Diversity Wheel was originally created in 1990 by Marilyn Loden and Judy Rosner and later adapted by the Cultural Competence Learning Institute.[10] This tool allows you to reflect on the layers and dimensions of diversity among individuals, communities and organizations. To be truly inclusive and welcoming, it is critical to understand the factors that contribute to and influence a person's individuality and **identity**. It is also important to broadly consider the full meaning of diversity and **intersectionality** in order to actively and effectively engage, connect and serve ALL residents.[10]

The intent of this exercise is to begin the conversation about your **social location** and explore how it may impact the services you provide, the interactions you have and the overall organizational culture of your LTC home.

Instructions

This exercise can be done individually as an opportunity for self-reflection or in a small group to discuss **intersectionality** and the impact of intersecting identities on peoples' experiences. Begin by writing down five words (characteristics, attributes, identities, etc.) that best describe who you are.

1. _____
2. _____
3. _____
4. _____
5. _____

Take a few moments to look at the Diversity Wheel on the next page and locate where your words fit. If this exercise is done in a group, invite participants to talk with one or two other people about how they identified themselves and what they noticed when they tried to put their words into the areas of the wheel. Explore initial feelings or reactions.

The Diversity Wheel can also be used as a way to identify areas in your own life where you have experienced advantages and disadvantages.[11] You can do so by underlining advantages and circling disadvantages on the Diversity Wheel. It is possible that some elements have been both an advantage and disadvantage, depending on the stage and circumstances of your life.

THE DIVERSITY WHEEL

IDENTITY

INTERNAL
- Age
- Ethnicity
- Gender Identity
- Physical / Mental Ability
- Sexual Orientation
- Race
- Mental Health

EXTERNAL
- Traditions
- Parental/Family Status
- Educational Background
- Socioeconomic Status
- Communications Style
- Geographic Location
- Military Experience
- Personal Trauma
- Learning Style
- Appearance
- Relationship Status
- Language
- Work Content/Field

ORGANIZATIONAL
- Work Locations
- Union Affiliation
- Seniority / Tenure
- Network
- Management Status / Title
- Division / Department

ERA
- World Events
- Historical Events
- Historical Trauma
- Political Events
- Cultural Events

ISMS
- Biphobia
- Heterosexism
- Colonialism
- Transphobia
- Ageism
- Sizeism (ex: fatphobia)
- Ableism
- Racism
- Xenophobia
- Antisemitism
- Discrimination
- Homophobia
- Religious Discrimination
- Ethnocentrism
- Classism

(Adapted from Cultural Competence Learning Institute,[10] an adaptation of the original Diversity Wheel created in 1990 by Marilyn Loden and Judy Rosner).

FINDING INSPIRATION
AND TAKING ACTION

IMPACT AREA 1: PLANNING AND POLICY

In this section we will show you how to make a formal commitment to inclusion and put it into action at the organizational level. Concrete, intentional steps need to be taken across the entire organization in order to best support the needs of the diverse community that lives, works and visits at the care home. Fostering an affirmative, inclusive environment takes a leadership team that is committed to the principles of equity, diversity and inclusion and embeds these principles into organizational planning, policies and procedures.

Make a Formal Commitment

Equity, diversity and inclusion goals can only be attained when they are embedded in an organization's core mission.[6,12] The lived experiences and diverse histories of the individuals who live and work in the LTC home must be considered when developing an organization's mission and vision to ensure these voices are included.[12] A strong vision statement paints a picture of the direction your LTC home is heading. Clear and simple language provides a road map for team members to embrace equity, diversity and inclusion.

When developing values, use simple language that captures what your home wants to embody. For example, "We value unique differences and celebrate individuality." The *Registered Nurses' Association of Ontario* identifies five key values for cultural competency:[6]
1. Inclusivity
2. Respect
3. Valuing differences
4. Equity
5. Commitment

(Best Practice Guideline on Embracing Cultural Diversity in Health Care: Developing Cultural Competence)

Try reciting the mission and vision statements at the start of meetings and seek feedback from team members on how the home is performing. This practice also helps keep diversity in the front of everyone's mind.

Develop a Plan

A strategic plan is used to provide guidelines on how to achieve your home's mission statement. The plan should identify what steps your team will take to achieve the equity, diversity and inclusion goals and to evaluate and measure success.

The growth of workplace equity, diversity and inclusion requires substantial commitment from senior leadership and appropriate resources.[6,13] Resources may be financial or in the form of team members' time. Resources should be allocated to support ongoing education and training needs of the team, translate communications, and implement initiatives that raise awareness and celebrate diversity.

Establishing a formal action plan provides the LTC home with a road map to follow. The *Equity, Diversity and Inclusion in LTC: Assessment and Planning Tool* provided in section one of this toolkit includes an action planning template. Communicating this action plan across the organization and with the public demonstrates the home's commitment to embracing diversity and promoting inclusion. As the LTC home engages in Quality Improvement Plan (QIP) development, consider how you can incorporate equity, diversity and inclusion initiatives and goals. For example, if you are working on the Resident Experience QIP, focus on incorporating the resident's values, beliefs and cultural background into care planning and delivery.[15]

KENSINGTON HEALTH - DIVERSITY COMMITTEE

In Downtown Toronto, Kensington Health offers a wide variety of health care services, including LTC at Kensington Gardens, to a wide population with diverse backgrounds and needs. Kensington Health's journey to inclusivity began during Pride month in June 2016, when a team member asked about raising a Pride Flag. Wondering if board approval was needed and why the organization hadn't raised a flag before, the director of human resources, James Wickham, put out a call for colleagues to join a Diversity Committee. Initially, those who attended were all from leadership positions. Wickham felt the committee should be driven by team members, so he asked his colleagues to nominate their employees. This was the beginning of Kensington Health's WRAP (We Respect All People) Committee.

The Committee established Terms of Reference to identify their goals, scope of work and governance (see Appendix A), and met on a monthly basis to discuss items and plan events pertaining to diversity and inclusion across Kensington Health. Nina Ambros, communications advisor at Kensington Health and current chair of the WRAP Committee, has seen the Committee grow annually and take on new initiatives to improve quality of life and care. "The WRAP Committee gives people a chance to be leaders, no matter their title or seniority. We listen to everyone's opinions," says Ambros. Since its inception, the WRAP Committee has planned a variety of cultural awareness events and educational days for team members and residents. WRAP is also recognized across Kensington Health and sought out by leadership to weigh in on diversity and inclusion issues. Currently, the Committee is creating positive change by developing a diversity action plan for the entire organization. They've also made it a point to get involved with the Greater Toronto community through outreach initiatives.

Policies and Procedures That Promote Equity, Diversity & Inclusion

A policy statement is powerful, but challenges can rise up during the creation of a policy that is inclusive and equitable. It is essential to review all existing policies through an equity and inclusion lens—considering the perspectives of diverse populations. In policy development, it is vital to gather a variety of information and perspectives, particularly of individuals with lived experience. This information gathering helps ensure that your home addresses any potential systematic barriers experienced by residents, team members, family members, friends, and volunteers.[14]

Follow these simple steps during a revision of existing policies: ensure the use of inclusive and respectful language; ensure accessibility; offer adaptations (i.e., interpreters, translated printed materials, braille, etc.); look for any hidden bias(es) and/or exclusions. Do not assume that everyone will have the same capacity to understand a policy.

Review policies and procedures related to:
- workplace violence, harassment and discrimination;
- complaints;
- recruitment, hiring and discharging;
- employee code of conduct;
- move-in and placement process; and
- training and orientation.

Equity, Diversity and Inclusion Committee

The creation of an equity, diversity and inclusion (EDI) committee is a great way to promote inclusion. Membership should include a cross-section of stakeholders, including team members, residents, family members, volunteers, senior leadership, and community members. A sample Terms of Reference is provided in Appendix A. Consult with with LTC homes that have implemented similar committees to initiate this process and inspire ideas.

Incorporating Demographics Into Planning

The goal is to create a diverse and healthy environment that is representative of the demographics, languages and cultures of the current (and emerging) residents in your home.[39] Does your leadership team and team members reflect the populations and communities you serve?

Many reports are available online from municipalities that have conducted needs assessments on local community demographics (e.g., Vital Signs reports). This data can give a picture of the needs of potential workforce and residents and can be incorporated into planning for the future of your LTC home.

Demonstrating a commitment to diversity can be complicated. Several parties may have a stake in changes (e.g., unions, management, professional groups, in-house diversity committee, residents, families, volunteers, and community agencies). Collaboration with these parties is crucial—they can facilitate and affirm diversity improvements. They can play a key role in preventing, recognizing and addressing cultural conflicts in a thoughtful and courteous manner.[11]

NOTES

IMPACT AREA 2: ORGANIZATIONAL CULTURE

This section will outline some simple steps your organization can take to foster a more inclusive culture across the entire LTC home. Person-centred care requires strong, compassionate leaders who embed principles of inclusion and equity into their organizational philosophy and values. These leaders model the actions expected of the team through their interactions with residents, families and team members (e.g., modeling use of inclusive language).

What is Your LTC Home's Organizational Culture?

How the employees in your LTC home function and interact is largely influenced by your home's workplace or **organizational culture**. **Organizational culture** is a pattern of shared assumptions developed by people who work together to adapt to and carry out daily routines and responsibilities.[16] These assumptions are strengthened and perpetuated over time by long-standing leaders and team members to the point that they become habitual, or second-nature, and are taught to new employees as the way to think, feel and act in the organization.[16]

Reflecting on and assessing your LTC home's **organizational culture** is a useful way to determine how inclusive your home is for people from diverse backgrounds and identities.

Compare Your Personal Approach to Diversity and Inclusion to Your LTC Home's Approach

Leadership sets the tone for support of personal culture. Do you know your personal perspectives on inclusion and diversity and how they compare to your LTC home's approach? If you need help to answer this question, check out The Centre for Global Inclusion's Insight and Impact Activity.[17] The worksheet includes reflection and discussion questions regarding competence, compliance, dignity, organization development, and social justice. The activity can be completed on your own or as part of a group activity.

Satisfaction Surveys

Employee satisfaction surveys are an excellent way to learn how your LTC home is perceived and to determine if its organizational culture and processes are reflective of the diverse perspectives, experiences and skills of everyone working there. These surveys can inform the development of, or updates to, your employee engagement, development and retention initiatives.

Surveys should be offered in multiple formats (e.g., paper copy and online version), to ensure their anonymity, in case team members use a screen reader, and to maximize the number of responses.

Surveys can also be created for and distributed to residents, their family members and friends (see the Resident and Family Engagement section of this toolkit), as well as other visitors such as students, volunteers and external, contracted team members.

KRISTUS DARZS LATVIAN HOME - RESPECT TREE

Located in Woodbridge, Ontario, Kristus Darzs Latvian Home is home to many first- and second-generation Latvians as well as a handful of residents of other cultural backgrounds. The home also has a diverse group of team members from many cultures and faiths. When employees completed a satisfaction survey, results pointed to a lack of mutual respect among colleagues that stemmed from misunderstandings and conflict between team members of different backgrounds. The Kristus Darzs team knew something needed to change; they came together to find a solution that would foster respect, sensitivity and kindness. The management team began by researching promising practices and consulting with another LTC home experienced in organizational culture change. The quality leader facilitated meetings among team members of all departments to understand what respect meant to them in their workplace.

While attendance was not mandatory, nearly 100% of team members came, demonstrating their dedication to positive organizational change. These discussions fueled the creation of the Respect Tree: a colourful poster of a tree embedded with statements of how colleagues should interact. The Kristus Darzs team has incorporated their Respect Tree into all streams of life (conflict resolution, team huddles, etc.). It serves to remind them of their commitment to one another and to an inclusive and respectful environment for all.

Although in a different sector than LTC, the American Institute of Chartered Professional Accountants has a brief yet excellent diversity toolkit with practical resources that can be used by or easily adapted for your LTC home.[18] It includes:
- tips for on-boarding new employees;
- how to conduct stay interviews to help retain employees; and
- sample questions to include on employee surveys.

Exit Interviews

Scheduling an interview with team members and leadership who have made the decision to leave your LTC home is another way to gather important information. Exit interviews provide insight into why employees chose to move on, what they enjoyed about working in your LTC home and how the organizational culture can be enhanced. Employees may give suggestions for improving diversity and inclusion initiatives. The University of Wisconsin-Madison has an online Engagement, Inclusion and Diversity Toolkit with handy tips about conducting exit interviews.[19]

Exit Interview Sample Questions

- What made you decide to leave your current role?
- How would you describe the culture of the LTC home?
- Did you have the resources and tools available to be able to succeed in your role here? If not, what could have been improved?
- How inclusive do you think this LTC home is for employees from different backgrounds or cultures?
- What could we have done differently to keep you here?
- What would make this a better place to work?

Visible Signs That Your LTC Home is Welcoming

While it is important to have décor in your LTC home that is reminiscent of home for people living there, inclusive signage helps everyone feel welcome. Below are suggestions for making the physical space of your LTC home inclusive and supportive.

- Post signage in braille and multiple languages wherever possible, depending on the languages spoken by residents and their visitors. This step is especially important for wayfinding.[20]

- Signs with fewer words and mainly visual elements are easier to understand and accessible to a higher number of people.

- Display the Ontario CLRI Welcome poster.[23] This poster features the word *welcome* in over 40 of the most common languages spoken in Ontario.

- Ensure that gender neutral, accessible washrooms are available throughout the LTC home for residents, visitors and team members.

- Post world maps with pins noting the origin countries of residents, leaders and team members.

- Post rainbow flag stickers/symbols and posters raising awareness about the **LGBTQI2S+** community. Bear in mind that because these symbols convey to **LGBTQI2S+** individuals that this is a safe organization, it is important to have your team attend training about supporting LGBTQI2S+ individuals and make modifications to policies and procedures first, to ensure that you have done what you can to create an inclusive space.
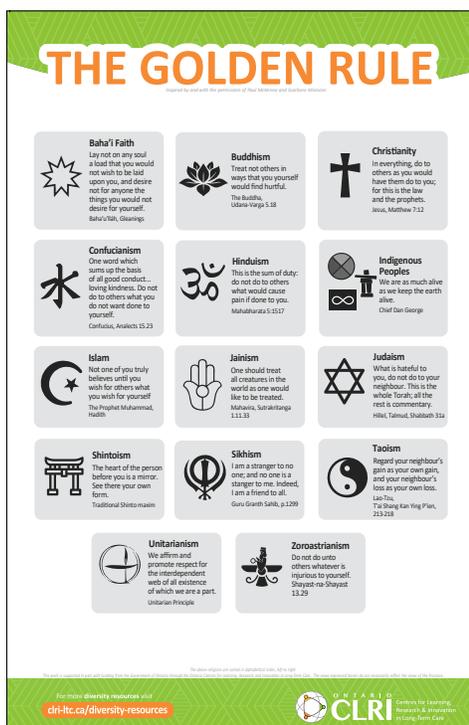
- Post an Indigenous land acknowledgement.[24]

- Display a commitment to inclusion and diversity in the home and online. This can include a statement of commitment with pictures and signatures, notes of thanks, community partnerships, awards and recognition, etc.

- Post the Ontario CLRI Golden Rule poster[25] that lists the key guiding principle for more than a dozen religious, spiritual and faith-based practices (adapted with permission from Scarboro Missions[26]).

Signage should be placed in main entryways, neighbourhoods and resident home areas, gathering places of team members, and anywhere else where the intended audience will see it on a regular basis.

Inclusive and Accessible Communication Materials

Reflecting on the diversity of people in your LTC home when creating or updating existing communication materials is another way to help ensure your home's culture is inclusive. Consider the diverse backgrounds and identities of people who live, work and visit your LTC home: Are they reflected in your communication materials? Ask for feedback on your current materials from individuals across the care home.

- Include images of people and couples from diverse cultural groups and identities in printed and digital materials, such as brochures, websites, social media, event flyers, etc.
- Request that accessible, inclusive and diverse communications be part of your home's communications policy or strategy.
- Periodically check that communications (including website and newsletters) are accessible, diverse and inclusive.
- Encourage every department to have a shared responsibility for ensuring their communication materials are as accessible and inclusive as possible.

Resources for developing or updating your LTC home's communications and related policies:
- communication tools[28] for people with low health literacy or limited literacy; comprehension, culturally competent communication, yes/no and eye gaze and other request/answer boards;
- a checklist and quick reference chart of diversity dimensions[29] to assess whether your LTC home is applying a diversity lens to its communications;
- helpful explanations and suggestions in the Dementia and Sensory Challenges booklet;[30] and
- tips from the Government of Ontario[31] on how to align your materials with the Accessibility for Ontarians with Disabilities Act (AODA).

Recognize and Celebrate Diverse Cultures as Well as Religious and Spiritual Affiliations

As mentioned, your LTC home can have awareness initiatives based on an ethnic or group identity (e.g., a **culture** of the week). These theme days, weeks or months can be incorporated into food and recreational programs. Post an overview in common areas of your home and online in an effort to raise awareness and encourage inclusion and celebrate diversity.

A diversity calendar and a list of multinational festivals or holidays can also be a helpful way to stay aware of the many cultures and events to celebrate.

Inviting community members from local cultural groups into your LTC home is another way to support diversity. Local groups can participate in holiday celebrations, spiritual days, music, dance or art performances, presentations or discussions, one-on-one visits, etc. Having team members from diverse backgrounds perform for residents offers a memorable way to celebrate diversity. Many LTC homes have potlucks as an opportunity to share cultural foods.

Check out the Ontario CLRI LTC Community Connections resource for how to find out about and get in touch with groups in your local area.[34]

PERLEY AND RIDEAU VETERANS' HEALTH CENTRE - SACRED SPACE

In December of 2019, Perley Rideau Veterans' Health Centre (PRVHC) opened Sacred Space, a room in the Ottawa LTC home that facilitates quiet reflection, meditation and prayer for individuals. Recognizing the changing demographics of the Perley Rideau, the Spiritual Health team decided to create an alternative to the traditional chapel. The director of community outreach and programming, Carolyn Vollicks, along with the Friends and Family Council, advocated for a space that could be inclusive of all world views. The team was mindful to keep space neutral so that the room could accommodate the needs of the individual at the time of use. If a resident, staff or visitor requires more than what Sacred Space offers, a consultation is held with the Spiritual Health team so that their needs are heard and met.

While there are guidelines LTC homes need to keep in mind regarding space used by residents and various spiritual practices, there are a number of resources that Perley Rideau used to develop Sacred Space. The Residents' Bill of Rights, Canadian Charter of Human Rights, and United Nations Declaration on the Rights of Indigenous Peoples all supported the team's vision for this initiative. "It is our duty as a LTC home to make provision for and support the religious and spiritual needs of our residents, and creation of a Sacred Space was an expression of that," says Vollicks. The collaboration across departments and involvement of residents (who dedicated their time to creating artwork for the room) were both factors that contributed to the success of Sacred Space.

Perley Rideau's team has received an overwhelmingly positive response and is now focused on integrating the space into daily living by ensuring everyone is aware of its availability.

NOTES

IMPACT AREA 3: EDUCATION AND TRAINING

In this section, you will learn about strategies to facilitate conversations about equity, diversity and inclusion and resources to support training and education initiatives. Incorporating these topics into the orientation of all new employees[6] and volunteers allows the organization to emphasize that this is an area of priority and focus. To deliver authentic **person-centred care**, we must consider the uniqueness of a resident's identity and incorporate these considerations into the care plan. The allocation of resources for **cultural sensitivity**, competence and safety development will help ensure that team members in your LTC home have the knowledge and skills to support and address the needs of culturally diverse individuals.

Training Approaches

Ongoing learning opportunities in the form of workshops, lunch-and-learns and e-learning modules on **equity, diversity and inclusion** should be provided to individuals across the entire organization[6] (including senior leadership, team members from all departments, Board of Directors, and volunteers).

Incorporate education and training that emphasizes **cultural humility**, where one approaches others with an attitude of genuine interest and curiosity. **Cultural humility** expands on the idea of **cultural competence**, which recognizes and accepts that one can never be fully competent in another **culture**. **Cultural humility** encourages continual self-reflection, self-awareness and life-long learning.

Elements of Successful Training

Due to the complexity and personal nature of diversity and inclusion, LTC homes should take into account certain perspectives and include certain activities in their education and training.

Perspectives to Include
Individuals with lived experience can increase the impact of development and delivery of learning sessions. Individuals with lived experience bring valuable personal elements to the table through storytelling. Welcome the diverse perspectives of people who have specific equity concerns or needs (e.g., individuals who are **Indigenous**, **LGBTQI2S+**, live with sensory impairments, etc.).[11] Include specific scenarios or case studies to put a human face on the topic. Keep in mind that compensation for the emotional work of sharing personal experiences should be provided to individuals with lived experience.

Resource Spotlight: Engaging Individuals With Lived Experience
Engaging with individuals with lived experience offers opportunity to deepen learning and to engage in meaningful engagement.
- Unique considerations must be made when engaging with individuals with lived experience. Tamarack Community's Engaging People With Lived Experience of Poverty provides tips and guidelines: www.tamarackcommunity.ca/hubfs/Resources/Publications/10-Engaging%20People%With%LivedLiving%20Experience%20of%20Poverty.pdf.
- Recognizing the uniqueness of working with people with lived experience, the Canadian Foundation for Healthcare Improvement (CFHI) has developed Engagement Guiding Principles: www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/cfhi-engagement-guiding-principles-e.pdf?s-fvrsn=d6faaf44_2

Diversity training tends to be one of the most frequent initiatives by organizations; however, the evidence of overall effectiveness is limited.[38] While reviews have generally found positive impacts on participants, without broader organizational shifts and modifications to policy and procedures, diversity training is unlikely to have sustained positive effects.[38] In other words, changes have to be made across the organization along with training.

Topics to Include

There are a multitude of topics that LTC homes can cover, depending on the needs and interests of the organization.

- Culturally sensitive end-of-life care
- Conducting culturally appropriate assessments[39]
- Respectful cross-cultural communication (including inclusive language) and conflict resolution[6,39]
- Indigenous Cultural Competency: soahac.on.ca/ics-training
- **LGBTQI2S**+ Cultural Competency training
    ◊ Rainbow Health Ontario: rainbowhealthontario.ca/training
    ◊ Egale Canada Human Rights Trust: egale.ca/training-workshops/workshops-work-places
    ◊ Other **LGBTQI2S+** training resources in the Ontario CLRI Resource Guide: clri-ltc.ca/lgbtq

Discussions about the history, **culture**, **identity**, and language of residents in your LTC home enhance understanding of:

- cultural traditions and individual and group identities;
- spiritual beliefs and their effects on care practices (e.g., end-of-life care); and
- current and historical triggers of residents' **cultures** and identities (e.g., historical context of immigration experiences, colonization experiences, **historical trauma**, and experiences of **LGBTQI2S**+ individuals throughout the 20th century).

Offer examples of how cultural traditions and unique life experiences can affect care interactions in order to strengthen awareness and empathy in your team. Training exercises can help team members learn how to recognize and acknowledge their personal beliefs and unconscious biases so they can develop strategies to prevent inadvertent, non-inclusive views from influencing resident care. The growth of cultural awareness requires training on general skills for culturally competent care rather than training team members on everything about each **culture**. Team members will then be more likely to succeed in providing culturally sensitive, equitable and inclusive care.

THE VILLAGE OF WINSTON PARK – SUPPORTING THE LGBTQI2S+ COMMUNITY

In January 2017, The Village of Winston Park's Village Advisory Team (VAT) chose to focus on the Schlegel Village aspiration statement of honouring diversity in Village life with a focus on the LGBTQI2S+ community. The team's goal was to create a welcoming home for residents, team members and the wider community and be able to display the Rainbow Flags on each main entrance by July that same year. The Village started their journey with t-shirts for team members and residents of the Village to purchase and wear to show their commitment to an inclusive home. The team soon realized that much more work was needed to bring about change across the Village.

A local community organization, SPECTRUM, was invited to present "a session about Aging with Pride" and creating safe, inclusive spaces for the LGBTQI2S+ community. This presentation grew into a lasting partnership; SPECTRUM regularly visited Winston Park for trivia, BINGO, entertainment nights, and even a drag show! A year into their journey, Brad Lawrence (general manager at the Village) and Katie Dickson (neighbourhood coordinator), knew the key to growing understanding was to weave LGBTQI2S+ awareness into everyday activities. The Village's leadership team integrated diversity questions and scenarios into their interview process to find team members that fit with the values that the Village embodies.Lawrence and Dickson also attended various conferences to share their Village's story. That summer, a group of residents joined Tri-Pride: Kitchener, Waterloo and Cambridge's Pride celebration. By the fall, planning for the upcoming year was underway and included collaboration with another local organization called Community Justice Initiatives (CJI), along with SPECTRUM. The goal was to create a monthly program for residents with local high school students, where Gay Straight Alliance (GSA) philosophies were incorporated. The program raises awareness of LGBTQI2S+ issues and inclusivity in LTC and retirement living. The result was a program called reKINdle: a bi-weekly gathering to share together about sexuality and gender identities. The journey has been transformative for the Village and for Lawrence, who came out officially to the team and residents. "I realized that if I wasn't comfortable sharing that, how could I expect our residents to be? It was a bit nerve-racking, but the response was positive and I'm glad I did it," (Brad Lawrence as quoted in OLTCA Today magazine, Spring 2019). The Village of Winston Park continues to partner with community organizations, SPECTRUM and Community Justice Initiative. In June of 2019, the home held a Pride celebration at the Village. A rainbow ribbon was strung across each main entrance and the entire Village community embarked on a parade around the building. At each door, as everyone cheered and clapped, a resident had the honour of cutting the ribbon to unveil a rainbow flag sticker. To this day, anyone entering the building are reminded that they are entering an inclusive home.

Host a Diversity Café

Diversity Cafés offer a unique and memorable experience for participants. These events allow people to learn from an individual with lived experience who shares their personal story, in a casual or conversational forum.[11] Participants are encouraged to ask honest questions and participate in a dialogue about diversity. The Diversity Café offers a safe, inclusive and affirmative space to express opinions, share experiences and ask questions respectfully. It can be an excellent opportunity for team members, leaders, residents, families, and volunteers to learn together.

What Would You Do? Poster Series

The "What Would You Do?" (WWYD) poster series was designed as a supplement to accompany cultural competency and sensitivity training. The downloadable and printable posters offer a scenario-based opportunity for reflection and discussion. A detailed facilitation guide is provided on page 45.

Featured Resource

Ontario CLRI's Adult Learning Principles eLearning Module

Part of being an effective instructor and educator involves understanding how adults learn. This course enables learners (LTC educators) to:

1. recognize which adult learning principles apply to given training scenarios;
2. describe how to implement adult learning principles into training; and
3. explain how each adult learning principle promotes learning.

🌐 **clri-ltc.ca/alp-elearning**

Learn More About Supporting Indigenous Culture

The Ontario Caring Advisory Circle (OCAC) is a group of Indigenous peoples from across Ontario who have wisdom and expertise in LTC and Indigenous culture.

The OCAC provides guidance to the Ontario CLRI about the identification and development of resources to support Indigenous Peoples in LTC.

Check out the resources recommended by the OCAC at

🌐 **clri-ltc.ca/indigenous**

Evaluation of Training and Education

Evaluations on the effectiveness of a care home's equity, diversity and inclusion training should occur on a regular basis and include some or all of the following:

- assessment of team member knowledge and skill acquisition;
- change in behaviour;
- implementation of new practices;
- any barriers to participation; and
- suitability of the facilitator (were they inclusive of the diversity of participants?).

Benefits of diversity and inclusion training are difficult to measure, but not impossible. Desirable outcomes could be in the form of better relationships among diverse team members, improved labour relations, fewer grievances and complaints, increased team member retention, improvements in productivity, and more diverse hiring.[41]

NOTES

WHAT WOULD YOU DO? POSTER SERIES

The "What Would You Do?" (WWYD) posters are conversation starters. They were created to be a resource for LTC homes on the journey to becoming more welcoming and inclusive spaces. The posters can supplement cultural competency and sensitivity training that are already in place. Many of the posters depict **micro-aggressions** and encourage participants to engage in personal reflection.

These posters were designed by the Ontario CLRI and inspired by Rick Gourlie, a retired LTC administrator and creator of the 2013 award-winning 'Mad Poster Project'. The four original LGBTQI2S+ posters were so enthusiastically received by the LTC sector that the Supporting Diversity and Inclusion in LTC Advisory Group decided to broaden the scope of the posters to address **prejudice**, **discrimination** and **assumptions** around race, ability, physical appearance, language, and socio-economic status.

FACILITATION GUIDE

Context and Rationale

The WWYD posters illustrate brief moments that can occur within your home. While the reactions to the situations depicted in the WWYD posters may be fleeting, the situations stand out in ways that challenge the ideals of **equity, diversity and inclusion** that we strive for in the sector. If they are not handled with sensitivity, these moments can lead to harm, strong emotional reactions, and suffering for the people involved or viewing the posters. This can occur for many reasons, including:

- previous experience where a person was discriminated in a time or place where it challenged their very survival;
- previous experience where **discrimination** led to financial, physical, mental, emotional or spiritual consequences;
- the mental and emotional pain of feeling a break in the trust you have placed in others (e.g., managers, colleagues, or people you care for professionally); and
- concern about how this experience may threaten workplace safety.

Materials Needed

- Posters: each depicts a different scenario related to diversity and inclusion that is common in the LTC setting (downloadable and printable)
- Blank sticky notes (various sizes)

Objective

The posters are intended to be used as conversation starters for facilitated discussions on diversity and inclusion in LTC. Each person taking part in the discussion can be better equipped to build supportive relationships (with and between residents, families, team members) and increase their understanding of diversity.

Discussing the posters provides participants the opportunity to reflect on their own personal **assumptions**, attitudes and biases about diversity and inclusion. The exercise allows participants to consider how they might be affecting the care and/or experience of a resident or team member. This includes:

- considering the impact of their own behavior and underlying beliefs on others in their care circle such as residents, family members and colleagues; and
- clarifying and practicing how to respectfully approach and deal with the scenarios in the posters.

Facilitation Notes

This activity should be led by an individual who has experience facilitating conversations regarding diversity and inclusion. Provided below is a list of traits that a facilitator should have, as well as facilitation strategies for engaging in these conversations. It is important to remember that conversations around topics such as **identity**, **discrimination** and **prejudice** are personal and can involve highly emotional reactions and potential conflicts.

Facilitator Traits
- Open-minded and accepting of diverse ideas
- Able to guide and facilitate the discussion of diverse concepts
- Respected by team members
- Skilled in including those who are reserved and quiet
- Uses inclusive and thoughtful language to help foster an open and nonjudgmental atmosphere for all participants
- Takes time to establish group norms (e.g., confidentiality, respectful conversation, encourage honest questions)
- Acknowledges when someone has shared something particularly vulnerable or personal: "Thank you for sharing," "That was very brave."
- Provides an opportunity for people to ask questions anonymously
- Prepares ahead of time by engaging in personal reflection on the topic to prepare for the conversation and to identify any personal blind spots (for example, **unconscious bias**)
- Familiarizes self with relevant terminology listed in the glossary

> 🌐 The posters and facilitation guide can be downloaded at **clri-ltc.ca/resource/wwyd**

INSTRUCTIONS FOR USING THE POSTERS

PART 1: COLLECTING IDEAS

For this part of the activity, there are two options for participants to provide their responses to the questions posed on the WWYD posters. Before collecting ideas, the facilitator reviews all poster scenarios and selects which ones to focus on for the session. It is recommended to do four posters at a time.

Option 1

Day 1
- Facilitator introduces the posters at a general team meeting and explains to the team that the purpose of the posters is to start a dialogue. Team members are encouraged to write their anonymous, honest answers on sticky notes.
- Hang the posters in an employee area that is private (either throughout the home, or in individual home areas). Place sticky notes, markers and a short description of the task on a table beside the posters.
- Monitor the space daily and restock sticky notes and markers as necessary.

Day 8
- Take a photo of each poster and the surrounding sticky notes.
- Bring the team together and facilitate a conversation.
- Show the images of the posters and sticky notes to refresh participants' memories.

Option 2

Facilitator Preparation for Group Activity
- Hang posters on walls around a training space.
- When participants arrive, explain the intent is to start a dialogue.
- Ask participants to walk around the room to read the scenario on each poster. Encourage team members to provide anonymous, honest answers on sticky notes and place them on each poster.
- Once all participants have written their responses for each poster, ask participants to walk around the room to read others' responses and reflect on any observations they make.
- Bring the group back together for facilitated dialogue.

PART 2: BRINGING IDEAS TOGETHER

This is a facilitated small group discussion activity that is best with 8-10 participants. An individual who has experience in facilitating conversations regarding diversity and inclusion should lead this activity.

Question Suggestions (feel free to add or modify to make relevant for your LTC home):
1. What do you think the resident or team member is feeling or experiencing in the situation depicted on the poster?
2. How would you feel if you were the resident or team member in this situation?
3. What **assumptions** have you made about the person/people depicted in the poster?
4. What did you notice when you read the responses of others on the sticky notes? Were there any responses that stood out to you? Why?
5. Have you experienced any of the situations mentioned on the posters, or something similar? What did you do?

6. Would you do anything differently now that you have participated in some cultural competency/sensitivity training?
7. How do our policies and mission affect what you would do in these situations?
8. How does **discrimination** in an LTC setting affect individuals? Teams?
9. Has this exercise changed your perspective in any way? If so, how?

Facilitation Strategies

The following are facilitation strategies for handling the highly emotional content of these conversations while emphasizing the safety and well-being of all individuals taking part in the conversation. These strategies will help to frame the conversation, reduce the potential for hurtful and/or harmful interactions and increase the potential for healing and understanding. The suggested facilitation strategies will assist the facilitator and participants to:

- establish safety;
- acknowledge difficult thoughts, feelings and experiences (e.g., hurt);
- reinforce collective commitment to inclusion and equity; and
- identify steps for healing.

#1: *Be clear about the goal and objectives of the debrief/conversation.*
- Write the goal/objectives on a board or flip chart so participants can reference them throughout the discussion. This will be helpful if discussion begins to stray. For example: "The goal of this conversation is to discuss and debrief the poster activity as part of our process of embracing **diversity** and **equity**."
- Stress the importance of having everyone take the discussion seriously by showing respect and acceptance of responses without **prejudice** and **discrimination**.
- Normalize the difficult nature of the topic. For example: "This is not an easy topic. For many people, issues related to **diversity** and **inclusion** such as race, ethnicity, **religion**, class, **sexual identity,** and **gender identity** are connected to past experiences of **discrimination**, stigmatization and harassment—or threats to personal safety."

#2: *Establish guiding principles.*
- Establish a respectful dialogue process (e.g., one person speaking at a time, allowing space for all to speak, focus on ideas instead of individuals, be aware of body language, etc.)
- Emphasize that everyone is there to learn from each other and that everyone must trust that we are all doing the best we can.
- Work to create a space that is **free from** the hate that comes through **discrimination**, intimidation, exploitation, violence, bullying, and harassment. For example, support the engagement of thoughtful and critical discussion on **diversity**, mindful of our own experiences, knowledge, and training.
- Be aware that multiple perspectives (cultural or otherwise) are present and may conflict with each other. Consider including a brief disclaimer: "As the conversation unfolds, some perspectives and opinions may be triggering."
- Allow time for participants to absorb the guiding principles before proceeding with discussion.

#3: *Set up a clear process for the discussion.*
- Ensure everyone has a turn to speak (if they choose). Also, remind participants that active listening is an important element for encouraging others to speak.
- Ensure everyone has a chance to process how the activity was experienced with

acceptance of each person's perspective(s) and without pointing fingers or judging.
- Acknowledge instances where someone has (most likely, unintentionally) caused harm, said, or done something that has made another person feel excluded or discriminated against.
- Invite participants to share their thoughts and perspectives.
    ◊ Ask open-ended questions (rather than questions that elicit one-word answers).
    ◊ Build on participants' comments (e.g., prompting participants to "say more" may bring clarity and stimulate or deepen discussion).
    ◊ Use Step Up, Step Back approach to encourage participants who may be dominating the conversation to step back, while encouraging quiet participants to step up.
    ◊ The Oops, Ouch approach allows participants to express why something that was said was hurtful/offensive by saying "Ouch." In acknowledgement, the participant who made the hurtful comment says "Oops." If necessary, there can be further dialogue about this exchange.
- Set the tone and model relational skills; participants will be looking to you for cues (e.g., challenge participants when they don't follow the guiding principles).
- Be aware of who is included/excluded, under-represented, or erased by certain claims/opinions/etc.

#4: Handle tough moments attentively and sensitively.
- Encourage participants to discuss ideas (rather than individuals).
- In the event hostility emerges, it can be difficult to diffuse. Some helpful strategies:
    ◊ remind participants of the guiding principles and goal of the discussion;
    ◊ point out where participants have common opinions without insisting on agreement; and
    ◊ hold space for differing opinions/understandings/perspectives.

#5: Conclude thoughtfully by reflecting on objectives and establishing next steps.
- Close the discussion by reminding participants of the common goal: creating a place to live and work that is inclusive and supportive of everyone.
- Revisit the goal of working to build (or rebuild or reinforce) trust and safety where we live and work.
- Help participants to summarize the conversation (e.g., ask for key takeaways).
- Be respectful of everyone's time by ending the conversations within the predetermined time frame.
- Make a list of next steps (e.g., if clear steps have emerged, designate who will be responsible for taking the actions).
- Schedule time to be available after the conversation, as some participants may need further one-to-one support, and/or provide resources for additional support (e.g., bring information about the Employee Assistance Program, local support services, etc.).

References (for What Would You Do Posters Facilitation Guide)
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IMPACT AREA 4: HUMAN RESOURCES

In the Canadian labour market, individuals belonging to minority groups continue to face disparities in employment outcomes.[13] These inequities are not because of qualifications or skills, but due to gender, sexual orientation, race, disability, etc.[13] For example, nurses from visible and non-visible minority groups across Canada say they experience racism and discrimination.[6] Human resources (HR) can help provide an inclusive environment by "… recognizing and valuing the diverse skills, cultural perspectives and backgrounds of individuals."[39] HR practices are a key part of safe and inclusive environments for both residents and team members.

Human Resources Practices That Support Diversity and Inclusion

By taking steps to integrate inclusion and equity into the hiring practices and policies of an organization, we increase diverse perspectives and skills in the workplace[11]. Evidence links diversity to organizational performance, effectiveness and a positive public image for an organization.[6]

HR practices can also help to ensure that all aspects of the Residents' Bill of Rights are met. For example, the Residents' Bill of Rights states:

- **Right #1:** "Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes [their] individuality and respects [their] dignity."
- **Right #19:** "Every resident has the right to have [their] lifestyle and choices respected.
- **Right #23:** "Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop [their] potential and to be given reasonable assistance by the licensee to pursue these interests and to develop [their] potential."[44]

Policy Review and Adjustment

All HR documents need to be reviewed for inclusive language that clearly identifies equity and diversity. Similar language needs to be inserted into all documents (i.e., Anti-Discrimination Policy, hiring policies etc.). This review is an important step to take in the diversity journey. Look for obstacles in your HR policies: Do schedules conflict with religious holidays? Workload and work-life balance? Family responsibilities? Review application forms completed by potential candidates and forms completed by new employees. Be mindful of gender diversity and ensure that these forms have options including non-binary, '_____' (fill in the blank) and prefer not to disclose, in addition to male and female.

Complaint Process

Does your home have a formal, accessible and inclusive complaint process? It is important to ensure clear policies and practices are in place to support team members who encounter negative comments or actions in your LTC home. Set in place guidelines for how team members will ask for and support one another if residents living with dementia make discriminatory comments because of personal or cultural characteristics. Discuss sensitive team member-to-resident assignments and relief guidelines for team members facing discrimination.

Consider posting an equity or diversity example outlining the complaint process and supports available. A clear complaint process that is understood by all creates a sense of security and trust; it communicates that discrimination is not acceptable.

Recruitment and Hiring

Team members from diverse backgrounds are vital to making residents feel understood and secure. Leverage hiring practices by acknowledging not everyone had the same opportunities (e.g., race, socio-economic status, etc.), and this should be kept in mind when interviewing and selecting candidates. Use hiring and promotion practices to ensure there is a diverse mix of team members, leaders, Board of Directors, and volunteers.

"Many of our conventions come from an era when health care was delivered primarily by doctors and nurses with elite training whose success depended mostly on content expertise. This paradigm is outdated; we now know that social, behavioral and relational factors— like social support, lifestyle, diet and even a [person's] relationship with [their] health-care team—are critical drivers of health. Thus, the new health care workforce needs more than biomedical knowledge; it needs empathetic team players at all levels that can support [people] holistically."[45]

Strategies for Recruitment and Hiring
- Connect with culturally diverse students from nearby colleges and people from local community groups.
- Recruit team members with desired characteristics by screening during interviews. Some potential questions are listed in this section.
- Reach out to religious, spiritual, cultural or community-based organizations in your area to inform or help with your recruiting efforts.
- Reduce barriers in the application and interview processes (e.g., hold interviews in a physically accessible location, provide a printed copy of interview questions, etc.).[11]
- Ask potential candidates if they have any accommodation requirements.

Considerations for Job Postings and Job Descriptions
- Include the LTC home's commitment to diversity and inclusion by including the organizational statements (e.g., mission, vision and values).[39]
- Add clear language that welcomes candidates from diverse backgrounds (specifically mention **LGBTQI2S**+).
- Ensure the use of gender neutral language (e.g., do not say "he/she", but instead use the singular "they" or "the successful candidate").
- Avoid sector specific jargon and define acronyms.
- Highlight aspects of the role related to **cultural sensitivity** and skills needed to serve diverse populations.[39]

These actions will help set an expectation for incoming team members with regards to desired attitudes and behaviours.
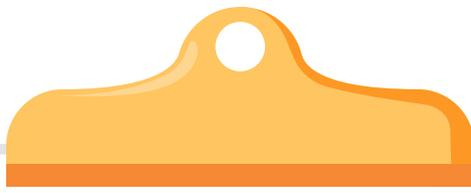
Sample Interview Questions

1. We are a diverse LTC home. Tell us how you would foster working relationships with your team to support our inclusive **culture**?

2. What personal or work experience do you have interaction with:
   A. people of diverse races, **cultures**, and religions?
   B. people who identify as **gay, lesbian, bisexual, transgender or questioning**?

3. Can you share a work experience where you faced challenges when caring for someone who identified as **lesbian, gay, bisexual, transgender, queer**, from a different culture or community, much younger in age than you, or from a disadvantaged financial situation? How did you and/or the team handle the situation? How was the resident's quality of life supported or how could it have been enhanced? What did you learn from this situation? What would you do differently if you could go back and do it again?

4. What approaches do you think are best when communicating with other people whose experiences, language, culture and/or opinions are different than your own?

5. What approach do you think a team member should take when interacting with a resident who has a different set of values than them? (e.g., if the resident makes inappropriate remarks, is prejudiced against a certain group of people or swears a lot in conversation).

6. Please give an example of how you would accommodate a resident to pursue an activity that we currently do not offer at our LTC home?

7. Please explain what you would do to communicate effectively with someone who does not speak the same language as you or who does not communicate verbally.

Hiring Team Members with Culturally Sensitive Characteristics

Some attitudes and skills greatly support the cultural needs of residents. A few examples are curiosity, empathy, respect, and humility. Team members can make a positive difference by using these approaches with residents, colleagues, family members, and others.

Onboarding

Have new team members and volunteers sign off on anti-discrimination policies. Provide new employees with training and educational resources by integrating the topic of diversity into orientation and your employee handbook.

Engagement and Retention

Scheduling flexibility, personal accommodations and opportunities for feedback can go a long way towards improving team member morale and loyalty. Scheduling team member assignments so that the same team members are consistently assigned to one LTC neighbourhood can improve care experiences and clinical outcomes. It promotes relationship building and provides opportunity for the team members to have better knowledge of the residents' values, traditions and beliefs.

Quality of work life increases when an organization accommodates the diverse range of employee needs. Some examples include:

- ergonomic accommodations
- employee Assistance Program
- flex-time
- opportunities for telecommuting
- accessible employee handbook and communication materials

Communicate accommodation options to team members and ensure accommodations are readily available.

Consider conducting stay interviews in an effort to find out how employees are feeling about their current roles and responsibilities. Information gathered from such interviews can help employers make modifications to increase the retention and engagement of team members. Create formal recognition practices or awards for diversity and inclusion practices for team members.[39] When leadership has an open-door policy, they convey that employees are valued as individuals.[40] HR leaders can show support by offering time off for team members to celebrate their own holidays.[40]

HOME SPOTLIGHT

CASTLEVIEW WYCHWOOD TOWERS – HONOURING DIVERSITY

Guided by CARE values – Compassion, Accountability, Respect, Excellence – building and embracing diversity through community connection is the foundation of Castleview Wychwood Towers (CWT). Healthy aging is supported at this Toronto LTC home through diverse partnerships that meet the unique needs of residents to improve quality of life and care.

Japanese and Korean speaking residents have lived at CWT for many decades. Momiji Health Care Society and the Korean Volunteer Association have both established a strong relationship with CWT. Together, they have developed two specialized programs for Korean and Japanese residents that provides meaningful, culturally-specific programs, food and environment. The home also has a large number of Portuguese residents and a dedicated Portuguese volunteer group that supports residents' linguistic, cultural and spiritual needs.

During the Annual Cultural Diversity Day, the multilingual staff and volunteer team come together through sharing of food, music, dance, and traditional attire to show appreciation for one another's unique backgrounds. The LTC home has also partnered with a resident's daughter

who designs fashionable, dignified and adaptive clothing for her father. Team members collected information from several residents and determined that they could benefit from clothing that is comfortable, fashionable and maintains independence. In July 2019, the home held an adaptive clothing fashion show with items designed with CWT residents in mind. Family members, residents, team members, and volunteers modeled the innovative clothing specifically designed to be inclusive of individuals with various abilities. In keeping with the City's motto, Diversity Our Strength, Castleview Wychwood Towers engages all team members, volunteers and families to foster diversity within the LTC home.

IMPACT AREA 5: COMMUNITY CAPACITY BUILDING

Community engagement is the intentional process of coming together to build relationships and develop meaningful solutions to complex issues. Having diverse voices around the table creates a stronger, more empowered community[43] and ultimately a richer environment for residents and the team. Emphasis is on the lived experience of individuals at the table and on challenging traditional top-down decision making.[42]

Involve Your Community

Local and cultural community groups are a valuable resource for LTC homes. These organizations can offer cultural programming, friendly visiting, special events, and staff development sessions about their community's **culture** and **identity**. Some examples include friendship centres, faith organizations, senior Pride networks. Invite cultural advisors to answer questions and share cultural information. Create a directory of local cultural community services, groups, restaurants, and service providers.

Some questions to consider before reaching out to local organizations
- How many team members and volunteers does your LTC home have from various cultural and religious groups? Is this number in line with the resident population?[39]
- How many connections does your LTC home have with community groups?[39]
- Do you know who to contact in cultural communities and how to contact them?[39]
- Are there any cultural considerations for making initial contact?
- Is there a history between our organization or organizations like ours that we need to consider?[11]
- What steps can we take to eliminate barriers to full participation (e.g., transportation, language, safety, accessible location, time and date, multiple formats, avoidance of religious and cultural holidays)?[11]
- How we can ensure the environment welcomes and encourages participants to share their views and ask questions?[11]

Consider volunteering on the committees of other organizations.[39]

Learn from those homes that are also on the journey towards inclusiveness; adapt practices that suit your LTC home's interests and needs.[39] In order to decrease health inequities, it is important that stakeholders and partners across multiple sectors come together and engage in determining effective local strategies[14].

Opportunity to Engage in Diversity and Inclusion Advisory Group

Since 2016, the Ontario CLRI has brought together a group of passionate individuals from across the province that represent LTC homes from a range of perspectives, including leadership, residents and direct care providers. They are joined by university researchers, representatives from the Ontario Association of Residents' Councils, AdvantAge Ontario, Ontario Long Term Care Association, and Family Councils Ontario. The aim of the group is to support workforce capacity building and foster person-centred care through the identification, development and spread of information and resources that support diversity and inclusion in LTC homes. If you are interested in joining this initiative, please reach out to us! To learn more about the Supporting Diversity and Inclusion in LTC Advisory Group visit:

🌐 **clri-ltc.ca/supporting-diversity-of-culture-in-long-term-care**

IMPACT AREA 6: RESIDENT AND FAMILY ENGAGEMENT

This section shares strategies and resources to increase resident and family engagement at your home. Culturally sensitive care and collaboration with residents and family members are critical aspects of **person-centred** and **relationship-centred care**. The inclusion of family members and residents broadens the perspective and enhances the sense of community in the LTC home.

Satisfaction Surveys

Make an effort to get the perspectives of residents and their family in order to help establish a sense of an inclusive **organizational culture**. A resident and family satisfaction survey on the overall fairness and inclusiveness of your home gives you an understanding of how your home is performing. Review existing resident and family satisfaction surveys to ensure that there are questions related to inclusion and diversity. It is important to ask difficult questions without reservation. Resident and family surveys are a way to show that your home is committed to embracing diversity and promoting equity. These surveys complement the use of employee surveys and exit interviews (as outlined in the Organizational Culture section of this toolkit).

HOME SPOTLIGHT

MAPLE VILLA – CULTURAL SENSITIVITY SURVEY

The team at Maple Villa, an LTC home located in Burlington, Ontario, recognized that the demographics of their residents and employees were becoming more diverse. In an effort to create stronger relationships between team members, residents and family members, the home developed surveys to collect information about their needs. These surveys identified gaps in resources that could assist with meeting the diverse needs and backgrounds of residents living at Maple Villa.

The Cultural Diversity Staff Language Survey is integrated into the volunteer and employee handbook and allows the home to gather data about the languages their team members and volunteers speak, understand, interpret, read and write. The survey also gathers information about team members and volunteer availability to help with interpretation or translation with a resident. Team members are also invited to share their own personal backgrounds and volunteer to be diversity champions in the home.

The Cultural and Diversity Survey is completed by family members and included in the new resident handbook. This survey gathers information on the spiritual and cultural needs of the resident and allows families to provide input on events for the year that celebrate their families' backgrounds, so that everyone can attend and enjoy.

Since implementing these surveys, Maple Villa has been able to make changes to enhance the quality of life and care for residents of all backgrounds.

Satisfaction Survey for Residents and Families Sample Questions

- Are you treated with respect?
- Do you get the types of food and drinks that you like?
- Do you feel safe here?
- Is your privacy respected during personal care?
- Is the LTC home meeting your cultural needs?
- Are you able to engage in spiritual/religious rituals of your choice?

Language and Communication

Steps can be taken to optimize communication for those residents and families whose mother tongue is not the dominant language of the care home (including sign language) or for those who have communication difficulties (including aphasia, developmental disabilities, etc.).

Strategies for supporting linguistic needs of residents and families:

- when residents move in, find out how they and their family wish to receive communication;
- provide flexible options for a resident's substitute decision maker(s) to be able to participate in care conference meetings (e.g., teleconferencing service, translation);
- provide written information in the language of preference (keeping in mind this may be different from preferred spoken language);
- invite language students (school age or other community members) to spend time with residents in their language; students will have the opportunity to practice, residents will have the opportunity to teach;
- include languages spoken by team members on name tags;
- arrange for translation services to support resident and family language needs.
- maintain a list of team members that speak different languages and are willing to act as interpreters, when translation service is not available (ensure there is a mechanism in place to support this); and
- review the suggestions on inclusive, accessible communication materials in the section of this toolkit on **Organizational Culture**.

When there is a group of residents who speak one language, the LTC home can offer language training to team members and volunteers who are interested in learning that language to help bridge the language gap.[39] Many LTC homes will also offer English-as-a-second-language training to team members during lunch.[39]

HOME SPOTLIGHT

YEE HONG CENTRE FOR GERIATRIC CARE - COMMUNICATION CARDS

The 2018 Resident Satisfaction Survey was an eye-opener for the management team at Yee Hong Centre for Geriatric Care. The score to the question "rate how well staff listens to you," was significantly lower than in previous years. Consultation with their Residents' Council revealed that there were fewer team members than before who could communicate with the majority of the residents (84% Cantonese or Mandarin-speaking). The home introduced a strategy to help non-Chinese speaking team members. They taught a few common Cantonese and Mandarin words to team members and created a Chinese-English communication board. Team members found this so helpful that they asked for a tool small enough to carry around with them for easy access. The communication board turned into a booklet.

These booklets have become such an important tool for the team at Yee Hong that there have been requests for resources in additional languages. Not only do these booklets help English speaking team members, they also enable Cantonese-speaking staff to learn Mandarin phrases and vice versa. The teams' efforts to create a culturally inclusive home have made a great impact on quality of life and care for the residents at Yee Hong Centre for Geriatric Care. Their 2019 survey was full of very positive feedback and showed a 10% increase in resident satisfaction.

The communication booklet is available for download and print at **clri-ltc.ca/embracingdiversity**

Residents' Bills of Rights

The Ontario Association of Residents' Councils has the Residents' Bill of Rights available on their website. The Bill is available in 20 different languages. An illustrated version is also available. Welcome residents and help them understand their rights by giving a copy to new residents and their family members in their language of preference.

🌐 **ontarc.com/residents-bill-of-rights.html**

Is Your Family Council and Resident Council Membership Reflective of the Diversity in the Community?

Health Quality Ontario's *Creating and Sustaining Patient and Family Advisory Councils: Recruiting for Diversity* offers practical tips and strategies to help ensure you have a broad range of perspectives at the table. A pictorial version is also available.

🌐 **clri-ltc.ca/embracingdiversity**

GEORGIAN MANOR- FRENCH LANGUAGE SERVICES

HOME SPOTLIGHT

Located in Penetanguishene, Ontario, Georgian Manor is an LTC home identified by the Local Health Integration Network (LHIN) to provide French language services. Georgian Manor is home to 143 residents, 25% of whom are French-speaking. In 2016, Georgian Manor established a French Language Services Committee to address the needs of their Francophone residents. Team members, residents, family members, and community partners identified several areas for improvement within the home. Georgian Manor now offers a French Mass, a smart TV for each home area for French programs, French karaoke DVDs, bilingual live music, and personalized iPods with French music. One of the most successful initiatives has been providing residents with a French-designated iPad to use independently, with family or with team members.

Georgian Manor celebrates Franco-Ontarian Day with cake and French entertainment to acknowledge the significance of French culture throughout Canadian history. In September 2019, Georgian Manor permanently raised the Franco-Ontarian flag on their grounds.

To help residents and family members access care in their language of choice, Georgian Manor team members now wear name tags with "Je parle français."

French-speaking volunteers are also identified in the volunteer system, so they can be matched with French-speaking residents and fully use their language skills. Georgian Manor intentionally recruits French-speaking team members to meet the needs of their home's population. To bridge any remaining language barriers, Georgian Manor has installed a translation application on iPads used in the Program and Support Services Department and by the nursing team. This translation application is used as a last resort if there are no French-speaking team members available and if all other means of communication are unsuccessful.

All of these initiatives align with the County's vision of working together to build vibrant, healthy and sustainable communities and promote an inclusive environment. Georgian Manor continues to include questions about French Language Services on the annual satisfaction surveys so they can assess the needs of Francophone residents and provide services accordingly.

Resource Spotlight: Language Cue Cards for Health-care Settings

Eastern Health in Australia has developed printable cue cards in 69 languages. These cards can be cut out and customized for communication boards or communication books specific to an individual resident's needs. There are 11 categories, including: Basic, Instructions, Family, Community, Descriptions, Medical, Objects, People, Religion, Time, and Dental. Cards include charts indicating days of the week, months of the year and level of pain scale.

🌐 **easternhealth.org.au/site/item/481-cue-cards-in-community-languages**

IMPACT AREA 7: LTC SERVICE PROVISION

With the overlapping cultures and identities that a resident may identify with, supporting **culture** boils down to knowing a resident well. This process ideally begins before a resident moves into the LTC home, when the social worker or other member of the interdisciplinary team has a conversation with the resident and/or their family member and begins the psychosocial assessment.

There are a multitude of ways that LTC homes can support inclusion and equity and each department has a role to play. This section will explore some practical suggestions for team members from different departments, including questions to add to assessment tools, activity ideas, awareness events and, dietary considerations

Questions to Consider Including in Social History and/or Psychosocial Assessments

Open-ended, broad questions offer opportunity to find out more about a resident's life experiences, stories, **culture**, and interests. Create the space to build a therapeutic relationship and integrate the information shared by the resident and/or their family; this provides them with a higher level of comfort and trust in the home. The more detailed a picture of the resident's unique needs and history, the higher the quality of care.[39] The professional conducting the assessment should make sure that there is enough time available to be with the resident to explore any topics that may come up.

- How would you like to be addressed by our team?
- What matters the most to you?
- Who is considered "family" for you?
- What would you like us to know about the important people in your life? (e.g., partner, spouse, children, friends, neighbour, relatives)?
- Tell me about the country (or community) you were raised in.
- What languages do you speak? What language are you most comfortable speaking in?
- Please tell me what it means to belong to your faith group or participate in your spiritual practice. How do you worship/practice? How can we help you meet your religious or spiritual needs?
- What gives you comfort?
- What significant events have you experienced in your life?
- What three words describe you best?
- In what ways can we best show respect for you?
- Do you have any tips for how we can best communicate with you?
- Tell me what a typical day is like for you.
- What makes you unhappy or uncomfortable? What helps you feel safe or unsafe?
- What brings you joy?

Tips for Getting to Know Residents

- Do not assume the relationship of a person accompanying the resident (e.g., don't assume two men coming in together are brothers). If relevant, ask how the person is related to the resident.
- Don't be afraid of making mistakes–it's inevitable. Apologize and try again.[39]
- Show interest and curiosity when listening to people's stories. They are sharing a beautiful gift with you.[39]
- Take time to read and learn about different cultures' history, foods, traditions, values and practices.[39]
- Take time to introduce yourself and build rapport.
- Provide time for the resident to reflect and answer questions. Remember that some questions may evoke painful memories. Be a supportive, empathetic presence.
- Remember that the words we use can have a powerful impact. By using intentional and inclusive language, we can avoid words or expressions that exclude people or are considered hurtful.[47]
- Be aware that you can't always tell a person's gender by the way they look. As a general rule, address the person by their appearance (their presenting gender) rather than the name/gender on their health card.
- It is a good practice to ask a person what their pronouns are. Consider placing a note on the front of the resident's chart and care plan so that all team members will use the correct name, gender and pronouns.
- Consider displaying that you are an **ally** to diverse populations by wearing an **ally** pin or button.

Add Your Own Tips

These assessments require cultural humility, an attitude of interest and curiosity. Be aware of and sensitive to the resident's verbal and non-verbal responses to ensure communication is accurately conveyed and interpreted. Relationship building requires empathic understanding and trust.

The next step is integrating these skills to put what is known into context and take action. This is where the team member reflects on how to use the cultural information they learned about the resident. The team member must consider the resident's cultural and communication needs relative to the many other factors that influence their health beliefs, needs and preferences. Ongoing personal reflection on the part of team members is important. Consider if personal information gathered is being requested and used in a culturally sensitive way. Health professionals must be mindful of potential issues related to power imbalance. They must be mindful of trust and respect in their relationships with residents.

Considerations for Food Services

- Consider the ways in which cultural foods are developed, sourced, provided, shared, promoted, and presented to residents.
- Ensure that food quality, safety, nutrition, and preparation needs are balanced with residents being presented with food they recognize and like to eat.
- Encourage families to bring in cultural foods and provide a space for food preparation for residents and families to use together (e.g., family kitchen and private dining room space).
- Work with vendors to identify cultural meals (and especially the texture modified foods that have cultural flavours).
- Invite residents to submit their favourite recipes. Host a tasting events where residents, family members, team members are invited to sample foods prepared and provide feedback on each dish. Incorporate favourites from resident recipes into the seasonal menu.

Considerations for Recreation and Spiritual Care

- Display artwork from residents' cultures.[40]
- Invite high school art students for traditional crafts with residents or to create culturally relevant paintings to decorate the walls of the LTC home.
- Include cultural recipes (e.g., bannock, rugelach, babka) as part of a baking program with residents.
- Invite residents or volunteers to teach a traditional craft to other residents, visitors, etc.
- Provide Skype or Facetime for residents to connect with family members, Elders or friends from their community, and interpreters.
- Encourage family or congregation members to transport residents to services in their community if they wish to maintain connections with their former place of worship.
- Have volunteers play traditional games with residents (e.g., Mah-jong).
- Celebrate Valentine's Day with personal photos of couples from residents and team members that show diversity in celebrating weddings, family, friendship, and love in all of its forms and cultural celebrations.
- Celebrate the feast days, holy days and holidays of various cultures with the dress, music, décor, and food appropriate to the day. Involve residents, visitors, volunteers, and/or team members from that culture with the planning as well as the celebrations. Involving community in these events can help everyone to understand and appreciate different cultures.[40]
- Host an annual multicultural day or week where residents, team members, visitors, and volunteers wear the dress of their cultural heritage, decorate to reflect different countries and eat a variety of food. Participants could be provided a passport to be stamped at various stations or booths.[40]
- Celebrate a range of celebration/awareness days (e.g., Black History Month, Pride, Chinese New Year, etc.). Be mindful to balance celebrations.
- Stock the resident library with a range of books in other languages and books about other countries and cultures. Offer books by authors with a range of backgrounds and identities.
- Be aware that in some cultures or religions, holidays such as birthdays may not be practiced (e.g., Jehovah's Witnesses).

NOTES

GLOSSARY

Bold words within definitions are also presented in the Glossary as separate entries.

Ableism: **Discrimination**, **prejudice**, or stereotyping based on a person's disability. An alternative term for the word disability is differently-abled.

Ageism: Discrimination, **prejudice**, or stereotyping based on a person's age. Assumptions can be made about both older and younger people.

Ally: Someone who is not a member of a specific group but supports the rights of a marginalized person or group, and takes responsibility for changing patterns of **discrimination** and **oppression** of that group. This often stems from a self-awareness of privileges or inequities one has experienced. An ally takes action supporting, including and/or speaking out for groups experiencing social injustice.

Antisemitism: Discrimination, **prejudice**, stereotyping or hostility towards people who are Jewish.

Asexual: A person who does not experience sexual attraction or who has little to no interest in sexual activity.

Assumptions: A source of values in a **culture** that is informally 'known' and are made up of unconscious thoughts, perceptions, beliefs, and feelings. Since assumptions often have no proof and are not dealt with openly, they cannot be easily changed.

Bisexual: A person who experiences physical, emotional, spiritual, and/or sexual attraction to both women and men, not necessarily at the same time.

Cisgender (Cis): A term used to describe a person whose g**ender identity** 'matches' with the sex assigned at birth. For example, a woman who identifies as a woman and was also assigned female at birth. It is important to distinguish between both sex assigned at birth and **gender identity** because they are two different concepts. Without access to the word Cisgender, people resort to the term 'normal,' which alienates individuals who do not share the same experience and propagates **transphobia**.

Classism: Discrimination, **prejudice**, or stereotyping based on a person's social class. This can also be prejudice in favour of a particular social class.

Colonialism: A practice of control and domination involving the subjugation of one person to another. This subjugation, such as the case in Canada with settler colonialism over Indigenous territory, involved European settlers colonizing the population, asserting political, social and economic control in an attempt to assimilate the Indigenous communities and eliminate their traditions, **cultures** and ties to the land.

Culture: The customs, behaviours, arts, social norms, achievements, values, and beliefs of a particular nation, social group or person. Culture can be passed down from generation to generation.

Cultural Appropriation: When an individual(s) from a dominant group in society inappropriately adopts aspects of a **culture** that is not their own (e.g., a piece of clothing, hairstyle, customs, practices, manner of speaking, etc.). When members of a dominant culture take elements from another **culture** that has been systematically oppressed by that dominant group, it creates a problematic **power** dynamic.

Culture Change: In LTC this concept refers to the philosophical shift away from the traditional, institutional model of care towards a social model of living. It is a shift towards a welcoming and inclusive home that challenges current values, attitudes, language, practices, and policies with the aim of transforming the **culture** and improving well-being for everyone.

Culturally Competent Care: An approach using **person-centred care** where someone intentionally considers the impact of cultural values, beliefs and **power** imbalance between residents from marginalized groups and health care organizations.

Cultural Humility: An attitude that takes into account the fluidity and uniqueness of **culture** to each individual. This approach challenges individuals and institutions to address inequities. It goes beyond the idea of cultural componence, recognizing and accepting that one can never be fully 'competent' in another **culture**. This process involves ongoing self-reflection, self-awareness and life-long learning.

Cultural Safety: Establishing an environment that is socially, spiritually, emotionally, and physically safe for people. This environment includes cultural awareness and cultural sensitivity as well as the recognition of unequal **power** dynamics to address inequities within care.

Cultural Sensitivity: Refers to the awareness, knowledge, understanding, attitude, and acceptance towards other cultures. On the individual level, it requires self-awareness and insight that enables further learning to serve the resident better.

Discrimination: The unjust treatment toward a group or an individual within a group. This prejudicial treatment is based on negative attitudes, values or beliefs that have the potential to lead to harmful actions or behaviours.

Diversity: A wide range of attributes and qualities within an individual, group or community. The various dimensions of diversity include ethnicity, race, gender, sexual orientation, ancestry, age, socio-economic status, **gender identity**, **gender expression**, physical abilities, political beliefs, religious beliefs, and other ideologies. Understanding and respecting these differences among each other can foster a mutually supportive environment.

Empowerment: A process designed to enable people to increase control over factors and decisions that shape their lives to build self-determination and increase **equality**.

Ethnocentrism: When someone judges another person's **culture** from the point of view of their own **culture**. A person's own **culture** is used as a basis for judging other cultures.

Equality: Providing every person with fair, equal and identical treatment regarding services, access, goods, opportunities, etc., without **discrimination** and despite their current needs or assets.

Equity: Providing every person with fair and equal treatment, while at the same time, striving to identify and eliminate barriers that prevent full participation. Improving equity requires increasing justice and fairness within the policies, procedures, practices, and distribution of resources within an institution or system.

Free-From: Striving to create a safe environment that is free from hate, discrimination, intimidation, violence, exploitation, bullying, and harassment.

Gay: An individual who experiences physical, emotional, spiritual, and/or sexual attraction to people of the same sex and/or gender. This term can refer to both male-identified individuals and female-identified individuals.

Gender Binary: An oppressive and outdated system used to view gender as consisting solely of two opposite categories, referred to as male and female. This limited approach does not allow other possibilities for gender, anatomy or expression to exist.

Gender Expression: The outward expression or presentation of a person's gender. This can include hair, clothes, make-up, body language, voice, name, pronouns, and the emphasis or de-emphasis of certain social characteristics or behaviours that are often associated with femininity and masculinity.

Gender Identity: A person's internal and individual experience with gender that is not necessarily visible to others. This can include an internal sense of being a woman, man, both, neither, or anywhere along the gender **spectrum**. A person's gender identity may be different or the same as birth-assigned sex.

Heterosexism: Discrimination, prejudice or stereotyping against the **LGBTQI2S+** community on the assumption that heterosexuality is the superior and normal sexual orientation.

Historical Trauma: The cumulative trauma that an individual or a generation has gone through due to a traumatic experience or event of the past. The effects of this trauma and its manifestation can be experienced across generations. These manifestations can stem from the trauma of events and experiences such as war, genocide, abuse, death, residential school attendance, and other significant occurrences. The effects of historical trauma can result in a higher risk of health challenges for the individuals who have experienced trauma and the generations that follow.

Homelessness: An extreme form of poverty characterized by the instability of housing and the inadequacy of income, healthcare and social supports. This includes people who are absolutely homeless (those living on the streets, sometimes referred to as "rough sleepers"); shelter dwellers (people staying temporarily in emergency shelters or hostels); the "hidden homeless" (people staying temporarily with friends or family); and others who are described as under housed or "at risk" of homelessness.

Homophobia/Transphobia/Biphobia: A range of negative attitudes, **prejudice**, aversion, dislike, fear or hatred towards people who identify as gay, lesbian, transgender or bisexual. It can also lead to **discrimination**, harassment or violence.

Identity: The qualities or characteristics of a person that make them unique from others. It consists of the way you think about yourself, the way the world views you and what qualities define you.

Indigenous Peoples: A collective term used to refer to First Nations, Métis and Inuit peoples. These are the original inhabitants of the land that is now Canada.

Inclusion: Ensuring that all individuals, regardless of their abilities, disabilities or health care needs, are respected as valuable members of their community. In practice, this includes engaging residents in decision-making process and initiatives. To be fully inclusive, it is important to empower residents and to remove any barriers to participation for members of marginalized groups.

Intersectionality: The complex, cumulative way in which multiple forms of inequalities and discrimination a person can experience that compound, overlap or intersect. With an intersectional lens, the emphasis is on the interconnected nature of social categorizations (i.e., **class,** race**, sexual orientation,** gender**, religion).**

Intersex: A term used to describe people who are born with any of several variations in sex characteristics, including sex hormones, chromosomes, gonads, genitals, or reproductive systems that are not easily characterized as male or female. Some people identify with their assigned sex, others do not, and some choose to identify as intersex.

Islamophobia: Includes **racism**, **prejudice**, **stereotypes**, and acts of hostility or even violence towards individual Muslims or followers of Islam. Islamophobia can lead to viewing and treating Muslims as a security threat on an individual, institutional, systemic, and societal level.

Labels: Assigning a word or phrase to someone that is used to describe the characteristics or qualities of a person, often in an inaccurate, restrictive or harmful way.

LGBTQI2S+: An acronym for **Lesbian**, **Gay**, **Bisexual**, **Transgender**, **Queer/Questioning**, **Intersex**, and T**wo Spirit**. This acronym is often used as an umbrella term to encompass a wide range of identities relating to gender and attraction. There are several different variations of this acronym and there is ongoing debate among the LGBTQI2S+ community over the order of the acronym and which terms are included in it. The + symbol at the end acknowledges that there are several other ways that people may identify which are not included in the acronym.

Lesbian: A female-identified woman who is physically, emotionally, spiritually, and/or sexually attracted to the same sex and/or gender.

Meaningful Engagement: Deliberate efforts to create opportunities for team members, residents, volunteers and family members to contribute to and engage in conversations and actions towards **inclusion** and **equity**.

Microaggressions: A term used to refer to brief and commonplace daily verbal, behavioural or environmental indignities. Comments can be intentional, unintentional or subtle, but they communicate hostile, derogatory, prejudicial slights towards a person or a group who is marginalized and may create a negative environment and potential adverse health outcomes. Several of the 'What Would You Do' poster scenarios referenced in the Education and Training section of this toolkit depict micro-aggressions.

Oppression: A harmful pattern of systemic and institutional unjust treatment and abuse of **power** by one group at the expense of another. An oppressive system is structured around an ideology or belief of the superiority of certain groups and inferiority towards others. It enables those with the **power** to control access to resources and choices, putting other groups in vulnerable situations.

Organizational Culture: Refers to the values, beliefs, behaviours, underlying assumptions, and attitudes shared by a group of people. This culture contributes to the unique social and psychological environment of an organization. These aspects can either foster a negative or positive culture.

Person-Centred Care: When the emphasis is placed on understanding the needs and preferences of the person as a unique individual (beyond their medical diagnosis). In person-centred care, the focus is on enabling people receiving care to collaborate with team and to direct their care planning and provision whenever possible. This definition also acknowledges the personhood of others in the circle of care including service providers, family members and students. Within the culture change movement, there is a shift towards the term 'Person-Directed Care', placing the emphasis on the person receiving the care as the director of what, when and how services are provided. For example, residents wake up, go to bed, eat, and bathe when they choose to. Team members alter their work routines to honor residents' preferences[7].

Personhood: A dynamic process in which each person is involved by virtue of being alive. It acts as a frame of reference when considering the many aspects that make up an individual, such as self-concept, body image, beliefs, behaviours, and relationships with others. Ultimately recognizing the integral worth of another human being and demonstrating this understanding through actions.

Power: The ability or capacity to influence change. Personal power is a source of authority used directly or indirectly to influence the behaviour of others. Many things influence power. Some are inherent, such as race, size, age and **gender identity,** while others are acquired, such as intelligence, education, experience, status, etc. An imbalance of power is created when one person holds more power over the other person.

Prejudice: A preconceived judgement or opinion towards a particular person or group different than your own that is formed without just grounds or actual experience.

Privilege: Unearned advantages experienced by certain people and groups, but not by others. It is the experience of rights, benefits, freedoms, advantages, access, and or opportunities being granted to members of a dominant group in society. Privilege can be illustrated by the reality that some people are able to learn about racism and the way it operates, rather than experiencing **racism** throughout life.

Queer: Previously a derogatory term used to insult the L**GBTQI2S+** community. Some members of the community have reclaimed the word as positive and proud. This term encompasses gender fluidity and makes space for individuals to freely express their identities outside the fixed categories associated with gender, sex and attraction.

Questioning: A process of exploration where a person questions either their sexual identity, sexual orientation, gender, or all three.

Racism: Actions, practices or ideas that establish, maintain or perpetuate racial dominance or superiority of one group over another because of their colour or ethnicity.

Relationship-Centred Care: This emphasizes the relationships between the care team, the resident and their family, and focuses on how to enhance these relationships. Similarly, it also extends beyond the resident to include community health resources and peer resident support. While person-centred care focuses on the resident and their inclusion, relationship-centred care focuses on strengthening the resident's associated relationships for the benefit of all care partners.

Religion vs. Spirituality: Religion and spirituality are similar concepts, but not identical. Religion is more institutionally based, involves more traditional activities, is more structured, and has specific rituals and practices. Spirituality refers to the immaterial and intangible and can be considered a more general term. Spirituality is also not affiliated with any particular group or organization. It can refer to thoughts, feelings, experiences, and behaviours related to the soul.

Self-awareness: Goes beyond simply having an understanding of one's own individuality, thoughts, experiences and abilities. It is about paying attention to one's inner state, focusing on the reality of one's behaviour and not on the story you tell yourself about yourself.

Sex-Assigned at birth: The medical classification of a person as male, female or intersex based on biological characteristics and physical anatomy. Inclusion of the recognized category of **intersex** serves as a reminder that even at a biological level, sex is not a binary system.

Sexism: Discrimination, **prejudice** or stereotyping based on a person's sex or gender.

Sexual orientation: A person's pattern of emotional, romantic or sexual attraction to other people, often based on their sex and/or gender. Sexual orientation is sometimes referred to as attraction.

Sizeism: Discrimination, **prejudice** or stereotyping based on a person's size (e.g., height and/or weight).

Social Locations: Reflect several intersecting experiences related to race, religion, age, sexual orientation, social class, age, and so on. It is crucial never to assume anything about someone else's social location as that could result in harmful consequences. We should take the time to try and understand another person's experiences and what life has been like for them.

Spectrum: A term used to recognize the fluidity of sex and gender and the range of experiences and realities in both of these aspects of **identity**.

Stereotypes: Generalizations of an individual or a group of people based on incorrect assumptions that everyone in a particular group shares the same characteristics. By doing so, we ignore unique differences among individuals.

Systemic Racism: When an institution's seemingly neutral policies, procedures and practices create or maintain racial inequity. This is often as a result of hidden institutional biases that continue to **privilege** some groups and disadvantage others.

Tokenism: The practice of recruiting a small number of people from underrepresented groups only to limit criticism and give the appearance of **equality** within the workforce. The intent is important to consider when deciding whether a workforce is engaging in tokenism or if they are only just beginning diversity efforts.

Transgender: An umbrella term used to describe a person whose **gender identity** is different from their sex assigned at birth. Trans individuals may or may not explore medical treatments, such as surgical procedures or hormone therapy, to align their bodies to fit their internal **gender identity**.

Two Spirit: An English umbrella term used to encompass the numerous terms from Indigenous languages to affirm multiple components of a person's **identity** including gender, sexuality and **spirituality**. This modern-day term is used to reclaim traditions related to **sexual orientation,** gender identity, spiritual identity, and traditional roles. Some **Indigenous Peoples** identify as Two Spirit rather than, or in addition to, identifying as **gay**, **lesbian**, **bisexual**, **trans*** or **queer**. Before colonization and the European settlers imposing the sex/**gender binary,** Indigenous cultures recognized Two Spirit people as having a special status within the community.

Unconscious Bias: Assumptions or learned stereotypes that occur automatically and unintentionally. This type of bias is deeply ingrained and has the ability to influence behaviour by encouraging harsh, negative judgments to be made.

Under-Housed: Refers to those who have inadequate or poor housing due to housing affordability issues. Often these individuals do not have funds available for necessities such as food, clothing and transportation. Those most likely to have housing affordability problems, as are seniors who live alone, seniors who are renters, residents of large cities, women, immigrants in large cities, and those over the age of 85. These populations are at risk of **homelessness.**

GLOSSARY

Add Your Own Definitions

WRAP (We Respect All People) Committee

Official Name
W.R.A.P. Committee - (We Respect All People) Committee

Mandate
To promote diversity and inclusion at Kensington Health and within our community.

Goals
Promote Diversity and Inclusion at Kensington Health through events, activities, celebrations and education that take into consideration the diversity in the home (residents and team members) and in the community at large.

Communications
The primary source of communication within the committee will be regular monthly meetings and email. Committee members must ensure the committee has current email addresses.
The committee will communicate with the home's team members/staff regularly through our newsletters, town halls, events, and other suitable modes of communication.

Resources and Budget
The WRAP committee will not have a set budget but will be welcome to work together on financial requests with the Administrator. The Administrator will endeavour to approve requests to assist the work of the committee. Team members will be allowed paid leave when scheduled hours of work conflict with committee initiatives and meetings.

Governance
A minimum of nine committee members must be in attendance for quorum to be established in a meeting. For proposals to be accepted, majority rules on new concepts (50 + 1%). Existing proposals or changes to the Terms of Reference require a 2/3 majority vote to change.

Regular monthly meetings will be held the third Wednesday of every month from 3–4 p.m. Minutes will be taken from all meetings. All meetings will start with the approval of minutes from the previous meeting. Agenda items should be submitted a minimum of one week prior to meetings.

When events, activities, celebrations, or education are selected by the committee, a member of the committee will be assigned as the sub-committee activity lead. Members (and other team members/residents) will be able to join the sub-committee. The sub-committee activity lead will keep the WRAP Committee appraised of details for the events, activities, celebrations or education and act as the supervisor for the sub-committee.

Term of Membership
Term will be two years. Members can be re-elected/appointed after their term.
Regular attendance is expected. If members miss three consecutive meetings they will be replaced (except in exceptional circumstances). The committee will go back to the department for re-election/re-appointment of a replacement member for the remainder of the term.

Member Composition
We encourage participation of all team members, in particular direct care team members and residents/family.

Members Roles (to be elected by committee members)

Chairperson - a non-management committee member elected to serve as the lead of the committee.

HR/Management/Administrator - serve as the resource (e.g., money, time) provider and to help ensure the committee goals and activities align with the home's mission, vision and values.

WRAP Secretary - record minutes from meetings.

Committee members - facilitate the two-way flow of information between the WRAP committee and residents/family/departments. Committee members need to update the residents/family/department on committee activities through department meetings, Resident/Family Council and bring ideas and concerns from their particular group to the committee. Committee members are expected to regularly participate in monthly meetings and participate in individual activity subcommittees to assist with the work of implementing special events and activities.
- Resident Representative
- Family Representative
- HR/Management representative or Administrator
- Education representative
- PSW
- Recreation or Activation manager representative
- Recreation Attendant
- Quality representative or Director of Care or Assistant Director of Care
- Union representative
- Dietary representative
- Laundry and/or Housekeeping representative
- Maintenance representative

RESOURCES

Learn More About Supporting Diverse Populations:
- Canadian Centre for Diversity and Inclusion Toolkits - ccdi.ca/toolkits/
- Centre for Race and Culture: City of Edmonton - edmonton.ca/city_government/documents/PDF/senior-serving-organizations-toolkit-for-inclusion.pdf
- Indigenous Peoples: Language Guidelines, Style Guide for Reporting on Indigenous People - jhr.ca/wp-content/uploads/2017/12/JHR2017-Style-Book-Indigenous-People.pdf
- Mental Health Commission of Canada: Aspiring Workforce Toolkit - mentalhealthcommission.ca/sites/default/files/2019-01/aspiring_workforce_toolkit_2019_eng.pdf
- Ontario's Anti-Black Racism Strategy - files.ontario.ca/ar-2001_ard_report_tagged_final-s.pdf
- RNAO: Best Practice Guideline: Embracing Cultural Diversity in Health Care - rnao.ca/sites/rnaoca/files/Embracing_Cultural_Diversity_in_Health_Care Developing_Cultural_Competence.pdf

Learn More About Culturally Inclusive Resident Assessments:
- Behavioural Supports Ontario: PIECES of my PERSONHOOD Resident Assessment Tool - northeast.behaviouralsupportsontario.ca/Uploads/ContentDocuments/Personhood%20form%20-%20%20Fillable%20Form%202%20Final%202019%20(002).pdf
- Indigenous Cognition & Aging Awareness Research Exchange (I-CAARE) Practice Tools – PIECES of my Relationships Assessment tools - i-caare.ca/practicetools
- BC Patient Safety and Quality Council: Conversations About What Matters – bcpsqc.ca/wp-content/uploads/2018/05/ConversationsMatterFINAL.pdf

Learn More About Supporting the LGBTQI2S+ Community:
- Egale Canada Human Rights Trust Glossary of Terms - egale.ca/wp-content/uploads/2017/03/Egales-Glossary-of-Terms.pdf
- Ontario CLRI: LGBTQI2S+ Resources – clri-ltc.ca/lgbtq
- Rainbow Health Ontario – rainbowhealthontario.ca
- The 519 Glossary - the519.org/education-training/glossary
- Ottawa Senior Pride Network - Training Resources - ospn-rfao.ca/en/list-of-training-resources/
- City of Toronto Long Term Care Homes: LGBT Toolkit for Creating LGBT Culturally Competent Care – toronto.ca/community-people/housing-shelter/long-term-care-homes/all-homes/?#collapse-lgbt-tool-kit-for-creating-lesbian-gay-bisexual-and-transgender-culturally-compotent-care

The above resources and more can be found at **clri-ltc.ca/embracingdiversity**

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