



## **SAINT LUKE'S PLACE**

# **CULTURAL COMPETENCY & DIVERSITY PLAN**

### **Document History:**

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### **RATIONALE**

The 2007 report “Creating Welcoming Communities in Long Term Care Homes” identified the need for changes in how services were organized, delivered and managed in order to create a more welcoming environment for residents, families, volunteers, and staff of any cultural background. Our clients need to understand what care and services are available to them and how to access them. This can be challenging at the best of times and one’s cultural background can significantly impact how this information is understood by our clients.

Our Mission, Vision, Values, and Philosophy statement notes our commitment to:

- Responding to the changing needs of our clients,
- Serving our clients with respect, integrity, competence, and honesty,
- Embracing diversity and fostering inclusiveness by striving to meet the changing and emerging needs, and
- Everything we do is for the well-being of our clients.

A planned and comprehensive approach is required if we are to fulfill this commitment and meet the cultural needs of our diverse stakeholders. This requires continued commitment to creating a supportive and respectful environment that is free from discrimination, promoting cooperative and collaborative teamwork, practicing open and honest communication, ongoing education, and incorporating a flexible approach to care and service provision.

This plan is intended to address our clients served (residents, tenants, families), our staff, and all other stakeholders. This plan considers factors including culture, age, gender and gender identification, sexual orientation, spiritual beliefs, language and socioeconomic status.

### **Diversity and Accessibility**

For a number of years we have worked to integrate cultural diversity into Saint Luke’s Place care and service delivery through a number of initiatives for example, Residents First, evidenced-

based best practices, and more recently, Behavior Support Ontario. Additional examples include the dedicated bulletin boards for stakeholders used to share information, policies and procedures that promote fair and equitable treatment of all stakeholders, and recruitment and partnering of culturally diverse volunteers with residents.

In 2010, we implemented the Accessibility Committee with the mandate “to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to the full participation in [the] life” (AODA, 2005). This committee has worked to identify and eliminate barriers to people who live, work in or use the facilities of Saint Luke’s Place.

In 2012, we implemented our Accessibility Customer Service Program which provided staff and volunteers with education about provision of services to those with special needs and included the development and implementation of policies aimed at facilitating involvement of support persons and working animals.

As our experience with barrier identification and elimination has evolved, it has become evident that cultural diversity can be as much a barrier to care and service access as are those related to physical, architectural, environmental, financial, communication, attitude, and transportation. Bridging the gap between cultural diversity and accessibility barriers identified in the AODA (2005) is integral to creating an open and welcoming environment and organizational culture that plans and delivers inclusive and equitable care and services to all stakeholders. As such, the Accessibility Committee has modified the Annual Accessibility Plan to include culture as a barrier.

## Accessibility

As noted above, the Accessibility Committee was established in 2010. To fulfill its’ mandate, the committee develops and implements annual accessibility plans to resolve identified barriers. The barriers are identified through site audits completed by for example, the Property Committee’s

annual site review and staff workplace audits and through feedback obtained from various stakeholder groups for example, Residents' Council, Family Council and resident/family/tenant/staff satisfaction surveys. The committee meets every two months for purposes of monitoring progress towards resolution of identified barriers and an annual report is submitted to the Board of Directors of the work completed by the Accessibility Committee.

#### Accessibility Customer Service Program

In compliance with the Customer Service Standard set out in the Accessibility for Ontarians with Disabilities Act, 2005, the Accessibility Committee completed the following activities:

- Developed an Accessibility Policy and Accessibility Customer Service Policy
- Trained staff (full and part-time) and volunteers
- Provide training to individuals and contractors who interact with our clients
- Reviewed and revised existing policies, procedures and practices
- Provided ways in which the public can provide feedback.

The annual compliance report was submitted to the Ministry of Community and Social Services in December of 2012.

#### Cultural Diversity

Diversity is an important characteristic of the many stakeholders who live and work at Saint Luke's Place. Over many years, Saint Luke's Place has made significant progress towards development of culturally competent care and services. A number of initiatives have been undertaken to address the cultural diversity of our stakeholders including review and revision of policies and procedures, inclusion of a Resident Right in our bimonthly newsletter, education aimed at client-centred care, development and maintenance of an internal list of staff with language skills other than English, an increased emphasis on one:one visits by the therapeutic

recreation staff to those at risk of isolation due to their cultural background, and recruitment of volunteers to facilitate sessions for specific ethnic backgrounds. Developing a culturally diverse program is an ongoing process that requires the ongoing evaluation and adaptation of the ways we do things at Saint Luke's Place. Without maintaining an emphasis of cultural diversity, it too can be a barrier to care and services for our stakeholders. In 2012, it was determined that the Accessibility Committee would include cultural awareness as a component of the Accessibility Plan at Saint Luke's Place.

### Sexual Orientation and Gender Identification

#### i) Background

Today, a vast majority of the LGBT seniors over the age of 65 years have lived most of their lives in an environment of overt discrimination and hostility. For many, given the times and societal views, they have experienced different forms of abuse as a result of their sexual orientation and

gender identity. For many, it was impossible to be openly gay and to feel safe.

Now, perhaps at a different time in their life where they require the services and programs offered within a long-term care home setting, many LGBT seniors report heightened fear and anxiety should they disclose their sexual orientation to service providers within both health and social service agencies and have little faith and confidence that they would not experience further victimization. Within current literature and research, it indicates that LGBT elders are five times less likely to use services than the population at large as a result of this fear. In addition, there is significant evidence that demonstrates that the needs of LGBT seniors are not well served within the mainstream health care system and certainly is not being addressed within the long-term care sector itself.

#### ii) Resident Care and Care Planning

We are committed to providing a co-ordinated and comprehensive interdisciplinary approach to resident care that encompasses the values, needs, strengths and desires of the resident.

Care and service plans for individual residents are developed with the resident and family (or the substitute decision-maker) with the interdisciplinary team through a process that includes assessment, planning, implementation and evaluation. The objective of this process is to ensure that the developed plan of care is highly resident-focused and reflects the resident's values, beliefs and quality of life priorities.

The foundation of the provision of care and services is based on the concepts of "respect, support and enable" for the residents and their families. Consistent with the values of respect, support and enable; care and services are planned and delivered focusing on the residents' right to dignity, respect and freedom. Integral to this philosophy is the recognition that all residents are entitled to care and services as defined by the Residents' Bill of Rights within the Long-Term Care Homes Act. We believe in recognizing and advocating for the rights and privileges of each resident supportive of their ethnicity, culture, language, religion, sexual orientation, gender, gender identity, age, disability, values, lifestyle perspectives and interests.

iii) Transgender and Transsexual People

Most trans people feel particularly vulnerable when undergoing a physical exam and need extra reassurance and support. They may be unwilling to take off their clothes until they are feeling much safer. Protecting the identity, dignity and bodily integrity of the trans person is paramount. (Please see Appendix L regarding Policy Recommendations and Best Practices for Agencies Working Towards Trans Accessibility). Use the appropriate pronouns (usually the pronouns that correspond to the person's felt gender). When in doubt, ask "What is your preferred pronoun?" Continue to follow desired dressing and grooming routines that help the person to live in their felt gender. Again, when in doubt, ask!

Recognize that many trans people have a mix of male and female anatomical characteristics. Not all trans people want sex reassignment surgery and the majority is unable to access it in any case. Don't be surprised to see a trans woman (MTF) who has breasts and also male

genitalia, or a trans man (FTM) who has had chest surgery or binds his breasts (chest) with a tensor bandage but still has a vagina. It is extremely important to deal with these differences in a supportive and matter of fact way, without showing shock, disgust or too much curiosity. Ask the questions that are needed to deliver care and educate yourself further on your own.

**Following you will find:**

- A number of potential cultural issues/barriers and possible strategies to overcome them.
- Information from Ontario's "Diversity in Action Toolkit for Residential Settings for Seniors" which provides information for various cultures on:
  - Recipes & Food Resources
  - Religious & Spiritual Practices
  - Countries & Cultures.

## **ISSUES/BARRIERS**

**Issue/Barrier:** Some residents have never learned English or have reverted back to their mother tongue.

### **Possible Strategies:**

- Refer to the internal staff language interpretation list for possible staff that might assist with translation between staff and residents/families.
- Contact Kitchener-Waterloo Multicultural Services at (519) 745-2593 for assistance with translation. Please note there is a fee with this service and requires approval of the Program Director or designate before contact is made.
- Request assistance from family members in the interpretation of care and services to residents.
- Provide residents/families with extra time to review information about care and services.
- Staff have been asked to voluntarily self-identify (within our training portal) if they can read/write/understand/speak languages other than English; managers and leadership team members may easily generate a report from the training portal to list this information so that staff may be asked to lend resident assistance with a language which they have identified skills or expertise.
- Recruit qualified volunteers who can assist in the provision of activation programs.
- 'Google' translate information.

**Issue/Barrier:** Some residents (or families) may feel that their sexual orientation or gender identity is not understood nor respected in the Home.

### **Possible Strategies:**

For the most part, staff wants to find ways to make the residents and their family members feel comfortable, engaged and involved in their care. It is important that staff take a sensitive approach and not make assumptions when dealing with residents and/or their family members.

For example, if you know that a resident was once married to a person of the opposite sex, don't assume that the most significant person in his or her life was that spouse. If a resident states that they are single, don't assume that they aren't in a significant relationship or has never had a long-term relationship. Instead, ask open-ended questions, such as "who do you consider family?" or "who would you suggest that we speak to about care concerns?" Let the resident know that you are accepting, open-minded and providing them with the opportunity to direct their care and craft their individualized care plan.

**Issue/Barrier:** Current lack of educational resources to assist staff with learning about cultural preferences, customs and norms.

**Possible Strategies:**

- Create resources for staff on key elements of care and service delivery.
- On theme days, celebrate the various traditions so that residents and staff will be able to understand and appreciate the contributions being made by the various cultures.
- Provide copies of resources related to "religious and spiritual practices, countries and cultures, and diverse and delicious recipes and food resources" from the Diversity in Action toolkit.

**Issue/Barrier:** Inadequate staff time to meet the needs of residents from different cultures may lead to frustration and complaints.

**Possible Strategies:**

- Maintain and support client-centred care philosophy.
- Have staff review residents' rights on an annual basis.
- Recruit volunteers who are sensitive to multi-cultural issues.
- Review hiring practices to ensure desired values when recruiting staff.

**Issue/Barrier:** Lack of understanding of long term care terminology, programs and services.

**Possible strategies:**

- Where possible, create a buddy system with Resident and Family Councils to promote sharing of information.
- Listen to resident/family feedback and allow for their input in care plans and service delivery.
- Follow-up on satisfaction surveys to resolve issues and respond to questions.

**Issue/Barrier:** Due to cultural norms and customs, resident may feel isolated if family visits infrequently.

**Possible strategies:**

- Recruit a qualified volunteer of similar cultural background to visit with resident.
- Create a buddy system with Resident Council members.
- Be flexible and accommodate family schedules. Support 24 hour visiting.
- Encourage involvement in activities and events.
- Develop programs specifically designed for that culture.
- Theme meals.

**Issue/Barrier:** Due to cultural norms and customs, some family members may feel guilty about placing their loved one.

**Possible strategies:**

- Provide additional support to family members.
- Encourage social worker to assist family with coping skills.
- Encourage chaplain (or spiritual advisor of family's faith) to meet with family to assist with coping skills.
- Encourage family members to be involved in delivery of care for their loved one.

**Issue/Barrier:** Some older adults are less tolerant of minorities which can lead to discriminatory behavior.

**Possible strategies:**

- Help residents value and respect diversity. When their behavior is unacceptable, tell them.
- Foster a culturally supportive environment for all residents, families, staff, and volunteers.

**Issue/Barrier:** Volunteer support**Possible strategies:**

- Take the time to match volunteers to a resident for one-to-one activities.
- Ensure volunteers are culturally sensitive and involve them in educational opportunities.
- Recruit volunteers from specific cultures.

**Issue/Barrier:** Cultural differences**Possible Strategies:**

- On admission, ask the resident/family about their personal values, likes and dislikes and include the information in the record for the multi-disciplinary team.
- Attract and recruit qualified staff and volunteers from various backgrounds from the local community so that residents/families feel connected.
- Organize activities and entertainment to celebrate various cultural events for example, Oktoberfest, St. Patrick's Day, Christmas, New Year, Chinese New Year, Easter, etc.
- Partner with community agencies for intergenerational programs with schools.

**Issue/Barrier:** Prejudice and Discrimination

Prejudice is defined as when a person prejudges or has a negative, preconceived idea towards a person or group of people and often results in discrimination. Discrimination refers to the unfair

treatment of a person or group of persons based on skin colour, ethnic background, race, ancestry, gender, age, sexual orientation, religion, disability, or any other personal trait. Discrimination can be subtle or obvious, direct or indirect. It can cause wounds that take months or even years to heal. Prejudice and discrimination can occur between co-workers, staff and residents, and between residents themselves.

**Possible strategies:**

- Think about the incorrect perceptions and attitudes you have about residents and co-workers.
- Take time to educate yourself about the misperceptions you have.
- Be open-minded and respectful.
- Remember that even with the differences, the person is still another human being who deserves to be treated with respect and dignity.

**From a Resident to Staff**

Sometimes a resident may show prejudice or discrimination towards you. When this occurs consider the following strategies.

- Deal with the situation calmly and professionally.
- Attempt to educate the resident on his/her incorrect view.
- If the behavior continues, speak to a co-worker or manager as disrespect and abuse should not be accepted by you from anyone, including your resident.

Sometimes residents with dementia say and do harmful things. In such cases, it is important to remember their behavior is often a result of their disease or illness. Try not to take their behavior personally and speak with your manager about how to resolve this issue.

**References:**

Issues and Strategies adapted from “Cultural Diversity – a Handbook for Long term Care Staff” by the Region of Peel.

LGBT Tool Kit – For Creating Lesbian, Gay, Bisexual and Transgendered Culturally Competent Care at Toronto Long-Term Care Homes and Services (Dec 2008), found at:

[https://www1.toronto.ca/city\\_of\\_toronto/longterm\\_care\\_homes\\_services/files/pdf/lgbt\\_toolkit\\_2008.pdf](https://www1.toronto.ca/city_of_toronto/longterm_care_homes_services/files/pdf/lgbt_toolkit_2008.pdf)

Recipes and Food Resources, Religious and Spiritual Practices and Countries Cultures information is from Ontario’s “Diversity in Action Toolkit for Residential Settings for Seniors”.