

	POLICY Number: 7311-30-012 Title: Representative Workforce and Cultural Competency
Authorization <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Director, Representative Workforce, First Nations and Métis Health Cross Index: Date Approved: December 2001 Date Revised: May 5, 2013 Date Effective: May 30, 2013 Date Reaffirmed: Scope: SHR

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OVERVIEW

Saskatoon Health Region (SHR) recognizes First Nation, Métis and Inuit people are under-represented in its workforce. SHR equally recognizes the importance of diverse ethnic groups and their role/importance in a representative workforce; however, First Nation and Métis people are significantly under-represented. Focused strategies to build a culturally safe environment and representative workforce include cultural competency, recruitment, retention, education, partnerships and communication. These strategies focus on, but are not limited to, First Nations and Métis people.

DEFINITIONS

Aboriginal peoples are defined under the Canadian Constitution, 1982 as belonging to a First Nations, Métis or Inuit group.

All staff means SHR employees, practitioners, professional staff, contractors, vendors, students and volunteers.

Cultural competency means a set of congruent behaviors, attitudes and policies that come together in a system, agency or profession that enables that system, agency or profession to achieve cultural diversity and to work effectively in cross-cultural situations.

Cultural safety exists when an environment is created and respected and where people, patients, and health care workers feel safe, understood and respected, in order to optimize the patient-healer experience.¹

First Nation includes people who are a North American Indian or a member of a First Nations band (reserve). First Nations include:

¹ 2011 Saskatoon Health Region Leader's Forum – Dr. Stanley Vollant

- Status (registered) treaty Indians;
- Non-status (unregistered) Indians.

Inuit are Aboriginal people of the Canadian arctic. The arctic is divided into three territories: Nunavut, Yukon and Northwest Territories along with Northern Quebec and Northern Labrador.²

Métis are descendants of First Nation and European heritage. Métis people are defined under the Métis National Council as a person who self-identifies, who is of historic Métis ancestry and/or belong to a Métis local or is accepted as Métis by the Métis Nation.

Persons with Disabilities, for the purpose of establishing a representative workforce, are persons who, under the Saskatchewan Employment Equity Act, have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and who:

- Consider themselves and believe an employer or a potential employer would consider them disadvantaged in finding, retaining or advancing in employment by reasons of that impairment; or
- Believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.³

Partnerships refer to a relationship involving the sharing of power, work, support, resources and/or information of others for the achievement of joint goals and/or mutual benefits.⁴

Representative workforce means a workforce where all levels of the organization reflect the diversity of the community served and where individuals who are under-represented in the workforce have equitable access to employment.

Self-declared staff are those who have voluntarily declared that he/she considers themselves to be in a Designated Equity Group, such as Aboriginal (First Nation, Métis, Inuit), Visible Minority, and/or Persons with Disabilities.

SHR Framework for Cultural Competency and Cultural Safety identifies seven primary areas of measurement and evaluation of cultural competency. SHR has obtained written approval from and has adopted the National Quality Forum framework.⁵ These seven areas in are:

- Leadership
- Integration into Management Systems
- Patient-Provider Communication
- Care Delivery and Supporting Mechanisms
- Workforce Diversity and Training
- Community Engagement
- Data Collection, Public Accountability and Quality Improvement

² Government of Canada. 2010. <http://www.aadnc-aandc.gc.ca/eng/1100100014187/1100100014191>

³ Policy Related to Persons with Disabilities as a Designated Equity Group. *Saskatchewan Human Rights Commission*. 2011 <http://www.shrc.gov.sk.ca/policy/policy2.html>

⁴ Saskatoon Health Region. 2009. "Awaken the Power of Change, Representative Workforce Strategic Action Plan: 2010-2014".

⁵ Saskatoon Health Region has received written approval from the National Quality Forum to adopt, *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: A Consensus Report (2009)* for use of the SHR Cultural Competency Framework.

Visible Minority are persons, other than Aboriginal peoples, who are people of colour.⁶ For the purpose of this policy, visible minorities are a Designated Equity Group as defined by the Saskatchewan Human Rights Commission for employment equity purposes.

1. PURPOSE

The purpose of this policy is to establish SHR's position regarding representative workforce, cultural competency and cultural safety within SHR.

2. PRINCIPLES

2.1 A representative workforce must be at the level of representation of the diversity of the community/population served.

2.2 Cultural competency must be embedded in workplace culture, practices and beliefs in order to serve staff, patients, clients, residents and families of SHR.

2.3 SHR recognizes the interconnectedness between a representative workforce and cultural competency with regard to the provision of culturally safe, quality healthcare service to a diverse client base.

2.4 SHR recognizes the importance of partnerships with organizations committed to establishing a workforce that is representative of the community served.

3. POLICY

3.1 SHR is committed to building a workforce that is representative of the community served in order to provide quality, client-centred experiences to patients, clients, residents and families.

3.2 SHR's Representative Workforce strategies focus on, but are not limited to, First Nations and Métis people.

3.3 SHR shall ensure an organizational strategy is implemented to build a representative workforce that will:

3.3.1 Enhance organizational cultural competency (see Appendix B).

3.3.2 Increase self-declared staff;

3.3.3 Decrease self-declared staff turn-over by increasing First Nations and Metis employee retention rate;

3.3.4 Enhance internal and external positive cross-cultural relations.

3.4 All job postings shall contain reference to representative workforce as indicated below and reference to providing culturally competent care to a diverse client base.

3.4.1 "Saskatoon Health Region supports a shared commitment to a Representative Workforce that is respectful and reflective of all staff and

⁶ Policy Related to Visible Minorities as a Designated Equity Group. *Saskatchewan Human Rights Commission*. 2011. <http://www.shrc.gov.sk.ca/policy/policy3.html>

clients. Saskatoon Health Region strives to build diversity among our staff to increase our ability to provide culturally competent care to our diverse client base.”

- 3.5 All new hires must attend cultural awareness training, with a focus on First Nations and Métis history and culture.
- 3.6 SHR shall collaborate with unions regarding representative workforce initiatives; all employment activities shall comply with collective bargaining agreements.
- 3.7 In instances where services can be improved to serve a disadvantaged group, for example Aboriginal people, SHR departments/units may apply for employment exemptions under the guidelines set forth by the Saskatchewan Human Rights Commission (contact Representative Workforce for more information).

4. ROLES AND RESPONSIBILITIES

- 4.1 **All Staff**
Promoting, creating and maintaining a culture of inclusiveness and respect for diversity.
- 4.2 **President and CEO/Vice Presidents**
 - 4.2.1 Monitor representative workforce trends, within their portfolio and organization-wide.
- 4.3 **Vice Presidents, Directors, Managers/Supervisors**
 - 4.3.1 Foster and promote a workplace environment that is sensitive and supportive of representative workforce activities and initiatives.
 - 4.3.2 Monitor staff component (unit profiles) and consider strategies that will assist in meeting a 10 percent of staff component to be identified as First Nation and/or Métis.
 - 4.3.3 For portfolios/departments/units who do not have a 10 percent staff component:
 - 4.3.3.1 Consult with representative workforce if uncertain about how to interpret or apply representative workforce recruitment and retention initiatives.
 - 4.3.3.2 Where candidates are of equivalent competencies, the First Nation and Métis candidate’s Aboriginal status must not be considered a disadvantage to the job.
 - 4.3.3.3 Ensure hiring practices are not limiting to First Nation and Metis candidates and/or put up unnecessary barriers (to be determined in consultation with Representative Workforce).
 - 4.3.3 Incorporate interview formats/questions that contain a component designed to indicate a candidate’s cultural competency (contact Employments Services, People and Partnerships for cultural competency questions).
 - 4.3.4 Encourage self-declaration and advise First Nations and Metis staff of supports available through Representative Workforce.
 - 4.3.5 Encourage staff to attend educational opportunities to engage in cross-cultural interactions and activities among all staff.

4.4 People and Partnerships Portfolio

- 4.4.1** Implements recruitment and retention strategies and initiatives that will employ a representative workforce.
- 4.4.2** Monitor the number of self-declared applicants through the SHR external online application system. This information is kept confidential from managers and will not influence an applicant's prospects of becoming employed at SHR.
 - 4.4.2.1** Representative Workforce staff shall provide advice and expertise on self-declared practices regarding data gathering, information and reporting.
 - 4.4.2.2** Representative Workforce provides advice and expertise on recruitment, retention, education and training and cultural competency activities and strategies aimed at employing and supporting a representative workforce.
 - 4.4.2.3** Representative Workforce tracks the number of self-declared applicants.
- 4.4.3** Workforce Planning stores data and provide reports reflecting organizational self-declared staff in owned and operated facilities.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of Director, Representative Workforce, First Nations and Métis Health.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy will result in a review of the situation. Repeated non-compliance may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

7. REFERENCES

Alberta Health Services. *Strength in Diversity Policy*, 2012.
British Columbia Interior Health. *Representative Aboriginal Workforce Policy*, 2007.
British Columbia Interior Health. *Diversity Policy*, 2010.
Heartland Health Region. *Representative Workforce Policy*, 2009.
Mamawetan-Churchill River Health Region. *Aboriginal Representative Workforce Policy*, 2004.
Prairie North Health Region. *Representative Workforce Policy*, 2011.
Regina Qu'Appelle Health Region. *Representative Workforce Policy*, 2001.
Saskatoon Health Region. *Awaken the Power of Change: Representative Workforce Strategic Action Plan, 2010-2014*.
Saskatchewan Human Rights Commission. *Section 48 – The Saskatchewan Human Rights Code Reasonable and Justifiable Measures*, 2011.

PROCEDURE

Number: 7311-30-012

Title: Representative Workforce and Cultural Competency

Authorization

President and CEO

Vice President, Finance and Corporate Services

Source: Director, Representative Workforce, First Nations and Metis Health

Cross Index:

Date Approved: December 2001

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Scope: SHR

1. PURPOSE

The purpose of this procedure is to outline SHR's organizational procedure to engage First Nations and Métis people and establish a representative workforce.

2. PRINCIPLES

The Representative Workforce, First Nations and Métis Health department is a resource to facilitate, consult and coach for departments/units/facilities in establishing a representative workforce.

3. PROCEDURE

SHR Organizational Process

SHR ensures an organizational strategy is implemented to build a representative workforce that will:

- support activities, policies, services and programs that align with the preferred practices identified in the SHR Framework for Cultural Competency and Cultural Safety;
- increase self-declared staff and decrease self-declared staff turn-over through targeted representative workforce recruitment and retention initiatives;
- provide education and training opportunities that promote positive cross-cultural relations and cultural awareness training.

3.1 Self-declaration

3.1.1 Encourage all applicants and existing employees to voluntarily self-declare status of a minority-designated group (see Appendix A).

3.1.1.1 All external employment applicants are provided with the self-declaration form during the employment application process.

3.1.1.2 New and existing SHR staff can self-declare via the Gateway Online portal available to all staff.

3.1.2 Representative Workforce monitors the number of applicants and new and existing employees who voluntarily self-declare status of a minority-designated group. Personal information collected through this process must be kept in confidence.

3.2 Recruitment

- 3.2.1 The Representative Workforce unit, implements processes that support First Nations and Métis people being made aware of and considered for employment opportunities.
 - 3.2.1.1 Representative Workforce develops programs in collaboration with internal and external partners and stakeholders to recruit First Nations and Métis individuals throughout all levels of the organization (examples include, but are not limited to, Step into Health Careers, for Management positions and other positions that have been identified by SHR.)
- 3.2.2 SHR maintains a system to track, analyze and respond to incoming Representative Workforce inquiries and applications.
- 3.2.3 Senior Leadership monitors representative workforce trends.
- 3.3 **Retention**
 - 3.3.1 SHR supports cross-cultural relations among all staff and physicians.
 - 3.3.2 On-going support for employees will be available through networking/mentoring programs and voluntary surveys.
 - 3.3.3 SHR conducts voluntary exit interviews for all self-declared staff upon leaving or being terminated from SHR.
 - 3.3.3.1 A standard, organizational exit survey is available to all employees who voluntarily choose to leave the employment of SHR through Workforce Planning.
 - 3.3.3.2 Representative Workforce offers a telephone interview survey for self-declared First Nation, Metis and Inuit employees who either voluntarily leaves the employment of SHR or are terminated.
- 3.4 **Cultural Competency**
 - 3.4.1 The SHR Framework for Cultural Competency and Cultural Safety will guide policy, programs, activities and services as preferred practices as indicated in Appendix B.
 - 3.4.2 SHR supports a series of initiatives to promote cultural self-awareness.
 - 3.4.3 Measurements and evaluation of cultural competency are based on the SHR Framework for Cultural Competency and Cultural Safety.
- 3.5 **Education/Learning and Training**
 - 3.5.1 SHR supports cultural competency incorporating cultural awareness training, with a focus on First Nations and Métis history into SHR's new hire orientation program.
- 3.6 **Partnerships**
 - 3.6.1 SHR partners, establishes and maintains education agreements and/or scholarship agreements with educational institutions to create talent pools of qualified First Nation and Métis candidates.
 - 3.6.1.1 Educational institutions include, but are not limited to, the Dumont Technical Institute, First Nations University of Canada, Saskatchewan Indian Institute of Technology, Saskatchewan Institute of Applied Science and Technology and University of Saskatchewan.

3.7 Communication

3.7.1 Representative Workforce communicates, both internally and externally regarding SHR representative workforce achievements, partnerships and updates.

3.7.2 SHR provides visual communication that highlights and encourages positive public relations of the diversity of the community of SHR.

3.8 Evaluation, Monitoring and Reporting

3.8.1 SHR monitors and evaluates representative workforce strategies, initiatives, programs and workshops (reporting quarterly for self-declared; annually for turnover rate, organizational strategy).

3.8.2 Representative Workforce provides logistical and professional expertise in the attainment of a representative workforce.

4. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Director, Representative Workforce, First Nations and Métis Health.

5. NON-COMPLIANCE/BREACH

Non-compliance with this procedure will result in a review of the situation.

6. REFERENCES

Heartland Health Region. *Representative Workforce Procedure*, 2009.

Mamawetan-Churchill River Health Region. *Aboriginal Representative Workforce Procedure*, 2004.

Prairie North Health Region. *Representative Workforce Procedure*, 2011.

Regina Qu'Appelle Health Region. *Representative Workforce Procedure*, 2001.

Saskatoon Health Region. *Awaken the Power of Change: Representative Workforce Strategic Action Plan, 2010-2014*. 2010.

Self-declaration

Self-declaration (referred to as "self-identification" under federal legislation) is the process in which a person voluntarily declares that he/she is in a minority-designated group, such as a First Nations, Inuit, Métis, Visible Minorities and those with disabilities.

In order to build a workforce that is representative of the community we serve and to provide quality client-centred experiences to patients, clients, residents and families with Saskatoon Health Region, we ask that you complete a voluntary self-declaration form below.

Completing the form assists Saskatoon Health Region to track and monitor progress and is used for statistical purposes to support Representative Workforce initiatives.

Aboriginal Peoples

Indian (First Nations), Métis and Inuit are the three groups defined as Aboriginal peoples under the Canadian Constitution.

A *First Nations* person is a North American Indian or a member of a First Nation band (reserve). First Nations include:

- Status (registered) Treaty Indians; as well as
- Non-status (non-registered) Indians;

Métis people are descendants of First Nation and European heritage. Métis people are defined under the Métis National Council as a person who self identifies, who is of historic Métis ancestry and belongs to a Métis local or is accepted by the Métis Nation;

Inuit are Aboriginal people of the Canadian Arctic. The areas are divided into three territories: Nunavut, Yukon and Northwest Territories along with Northern Quebec and Northern Labrador.

Do you consider yourself to be an Aboriginal person as defined above?

Yes No

If yes, which group?

- First Nations: Status
- First Nations: Non-Status
- Métis
- Inuit

Visible Minority Group Persons

Members of visible minorities are persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour, regardless of birthplace.

Do you consider yourself to be a member of a visible minority?

Yes No

Persons with a Disability

Persons with a disability, as defined under the Employment Equity Act, are persons who have a long term or recurring physical, mental, sensory, psychiatric or learning impairment and who:

- consider themselves to be disadvantaged in employment by reason of that impairment; or,
- believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

Do you consider yourself to be a Person with a Disability, which may disadvantage you in employment?

Yes No

Saskatoon Health Region Framework for Cultural Competency and Cultural Safety

There are seven interrelated domains that provide the foundation for measuring and reporting cultural competency in Saskatoon Health Region. These are:

- 1. Leadership.** Leadership recognizes that healthcare providers, clinical and organizational leaders, governance board and the community share responsibility for and play an essential role in the development and implementation of cultural competency activities, in setting policy and strategy and in monitoring organizational performance. Leadership must aspire to reflect the diversity of the community served.
- 2. Integration into Management Systems and Operations.** Focusing on whether cultural competency is integrated throughout all management and operations activities of the organization is an essential component of supporting the delivery of culturally competent care.
- 3. Patient-Provider Communication.** Clear communication at all levels and at all times among clients, clinicians and support staff is essential for effective and culturally competent care.
- 4. Care Delivery and Supporting Mechanisms.** From the first encounter to the last, care delivery structures and supporting mechanisms - the delivery of care, the physical environment where it is delivered and links to supportive services and providers - should support the provision of culturally competent care.
- 5. Workforce Diversity and Training.** Ensuring workforce diversity and training is a way to provide more effective services for culturally diverse populations through proactive recruitment, retention and promotion strategies. Diversity at all levels of the organization is important. Training and development activities should include state-of-the-art content in cultural competency and should reflect organizational commitment to cultural competency.
- 6. Community Engagement.** Active outreach and the exchange of information, as well as community inclusion and partnership in organizational decision making, help ensure the provision of culturally competent care.
- 7. Data Collection, Public Accountability, and Quality Improvement.** Organizations use these methodologies to collect the data needed to assess their cultural competency, to assess whether they perform routine self-assessments, in this regard, and to assess whether they integrate cultural competency into their public accountability and quality improvement activities.