Cultural Safety, Equity, and Diversity of Care Companion Guide

Practical Guidance for Working with Vulnerable Populations

The following guidance complements four V1SAGES clinical tools : 1-Tips to Engage the Person (First Contact); 2-Tips to Support Self-Management; 3- Initial Assessment and 4- Facilitation of the Individualized Services Plan Meeting

- **Confirm the individual's spoken and preferred language** at the very first point of contact.
- **Suggest the support of a family member, friend, or anyone else who plays a meaningful supportive role in the person's life**, particularly when the person is experiencing social isolation. Resources can be identified through 211 (https://qc.211.ca/en/home) or through networks of community organizations.
- **Regularly verify that the individual continues to consent to the sharing of their information** with the various health and social care professionals involved, as well as with any significant person, as consent may change over time depending on the individuals concerned and the nature of the information being shared.
- **Raise colleagues' awareness** of potential labeling, judgments, and biases.
- **Use open-ended phrasing** to avoid giving the impression of judgment or intrusion, especially during an initial call, which can lead to mistrust or a lack of response, particularly among people who have experienced discrimination.
- **Adapt and simplify the questions** according to the person's profile (age, background, etc.). For example: "What is important to you, or what would you like to achieve within the next year?"
- **Adapt sensitive questions** (e.g., about substance use or beliefs) to the person's preferred pace and to the context of the conversation.
- **Address religious or spiritual beliefs and practices, when relevant,** in a respectful and non-intrusive manner (e.g., traditional/alternative medicine; aspects of care that may cause discomfort).
- **Adapt the meeting environment to make it welcoming**, according to the person's preferences and when the context allows (e.g., seating arranged in a circle).
- Write a clinical impression note during the initial assessment to document impressions and reactions to sensitive questions, and to support colleagues who may need this information, in accordance with applicable confidentiality standards. (See the appendix to the initial assessment form on the provincial ENA, under the "Tools and Forms" tab.)
- **In the context of facilitating an Individualized Services Plan (ISP) meeting:**

1. **Prepare the person and their significant other before the meeting** by explaining the process and objectives while confirming their understanding.
2. **Provide a summary of the file before the meeting**, while respecting the person's confidentiality, to the signifiant person and the professionals who will be attending. This helps ensure a shared understanding of the situation and allows for any necessary adjustments by all parties. A visual summary sheet can provide an overall picture of the situation, particularly when the person or their significant other has low health literacy. An example is provided at the end of this appendix.
3. At the end of the meeting, **invite the person to restate the agreed-upon goals** using open-ended questions to confirm their understanding.

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Practical Guidance for Working with 2SLGBTQIA+ Individuals

The acronym **2SLGBTQIA+** refers to Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual people, as well as individuals from sexually and gender-diverse communities who use other terms to describe themselves. For more information: Glossary and common acronyms.

During the initial assessment, certain adaptations can help create a safe, inclusive, and respectful environment for 2SLGBTQIA+ individuals. The use of pronouns and questions about gender identity can be sensitive and may cause discomfort. Here are some suggestions for establishing a safe and supportive environment from the outset:

- **Ask about a person's sex assigned at birth and gender identity only when this information is necessary to understand** their situation or to adapt care and services. When you are asking for this information, it is preferable to ask open-ended questions rather than providing predetermined response options.
- **Explain why questions about sex and gender identity are being asked** when this information is collected.
- If you feel comfortable doing so, **mention your own pronouns when introducing yourself** (e.g., "My name is Julie Simard, I am a nurse, and I use she/her pronouns") and include them in your email signature.
- **Ask how the person would like to be referred to and addressed** (name, pronouns, title or form of address), both in conversations and in administrative documents. With their consent, record this information in their file so they do not have to repeat it.
- **Refer the person to a specialized resource** if they would like support with procedures related to changing their sex designation or first name(s). For more information: change of first name(s) and application for change of sex designation.

Clinical Case Vignette
Chantal Côté



Chantal Côté is a lesbian woman and a member of the 2SLGBTQIA+ communities. She presents to the emergency department with leg injury. During triage, she is assessed in an open area near the waiting room. While reviewing her medical record, the nurse notices that the person listed as the emergency contact is a former partner. Rather than making assumptions about Chantal's current relationship status or support network, the nurse asks whether the information in her file is still up to date and offers to continue the conversation in a more private setting if she wishes.

This approach recognizes that some individuals from 2SLGBTQIA+ communities may have experienced stigma, discrimination, or the unwanted disclosure of personal information within the healthcare system. By using inclusive language, avoiding assumptions, and allowing Chantal to decide what information she wishes to share, the nurse helps create an environment in which she feels respected and in control of her personal information. A safe and equitable approach to caring for people from 2SLGBTQIA+ communities is grounded in respect for confidentiality, the use of inclusive language, and recognition of the diversity of family structures, relationships, and support networks. **These practices help foster a climate of trust, strengthen the therapeutic relationship, and support the delivery of care that is responsive to each person's needs and lived reality.**

The term **"migrant person"** includes migrants, refugees, temporary residents, and asylum seekers. For more information: terminology glossary

The term **"Indigenous Peoples"** refers to "a collective name for the original peoples of North America and their descendants" and distinguishes three groups: First Nations, Inuit, and Métis. To learn more: Indigenous Peoples and communities

- **Ask the person how they define their cultural identity and nation of belonging** from the very first contact, using an open-ended question (e.g., "What words do you use to describe your cultural identity?").
- **Arrange translation or interpretation services as needed** to acknowledge cultural and linguistic diversity, including through the health and social services network's interpreter bank, which is available 24/7 in multiple languages. NATIONS is also a provider of language services in more than 100 languages, including 34 Indigenous languages: https://fr.nationstranslation.com/indigenous-languages. When interpretation services are limited or unavailable, support may be sought from the person's family, friends, or caregivers, or from community organizations that offer this type of assistance.

Clinical Case Vignette
Paul Tremblay



Paul Tremblay is an Innu man. He lives with multiple chronic illnesses, socioeconomic hardship, and alcohol use disorder. His childhood was marked by paternal violence, and at the age of eight, he was removed from his family to attend an Indigenous residential school. Today, he is distrustful of the health and social services system and has limited engagement with his new case manager, who has been supporting him for approximately one month. In this context, and to ensure a culturally safe approach, the case manager seeks to understand Paul's history and lived experiences while remaining attentive to the trauma he has endured. Rather than focusing on his difficulties, the case manager emphasizes his strengths and capacities in order to build a therapeutic relationship grounded in understanding and trust.

Paul missed some appointments, which both he and his case manager attribute to differing perceptions and understandings of time within Innu culture. Despite these challenges, Paul remains actively engaged in the program. The case manager continues to follow up with him and offers to meet in a place where he feels comfortable. Paul expresses a preference to meet at his small cabin in the woods. After discussing the request with management to ensure that the location is appropriate, accessible, reasonably close to the service area, safe, and compatible with established intervention practices, the case manager agrees to meet Paul at his cabin for the next appointment. A colleague will accompany him. **In this situation, cultural safety is reflected through an understanding of Paul's lived experiences, the development of a trusting relationship, and the adaptation of practices to align with his realities, preferences, and needs.**

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Practical Guidance for Working with Indigenous Peoples and Migrants

Clinical Case Vignette
Laura Rodríguez



Laura Rodríguez is originally from Colombia and arrived in Quebec six months ago. She is learning French but does not feel comfortable speaking it. She has several chronic illnesses, faces socioeconomic hardship, and lives with generalized anxiety disorder. Her daughter acts as her informal caregiver. Distrustful of Quebec's health and social services system, she places greater trust in alternative medicine. Although a Spanish interpretation service was considered, the available hours are insufficient for long-term follow-up; therefore, the case manager relies on her daughter to facilitate communication.

Aware of her limited knowledge of Colombian culture, the case manager adopts an open-minded approach and gradually explores Laura's history and lived experiences during their first meetings. She learns that Laura experienced significant trauma in childhood: her father was killed in an armed conflict when she was only 12 years old. The case manager takes the time to listen to her, gives her space to express her emotions, and acknowledges the impact of these experiences. She also explores Laura's beliefs about alternative medicine while seeking to strike a balance with conventional medical care by explaining the complementary benefits of both approaches. **A culturally safe approach is grounded in listening to the person's lived experience, recognizing past trauma, and respectfully integrating the individual's beliefs in order to build a trusting relationship and encourage engagement in care.**

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CANADA RESEARCH CHAIR IN
IMPLEMENTING INTEGRATED CARE
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