



Statement of Cultural Safety

CDCH is committed to creating an environment of Cultural Safety.

CDCH considers this to be an environment where all people feel respected and safe when they interact with and work within CDCH. A "safe" environment is defined by the client, volunteer, staff or Board members.

Key factors to a safe and caring context are: • Reflection • Environment • Language • Knowledge

Context

Context is the story surrounding these four key factors. A truly safe and caring health care context cannot be achieved by omitting any of the four elements. For example, a clinician who provides a safe environment but does not use inclusive language is not providing safe care.

Reflection

First and foremost, *reflection* requires staff, volunteers and Board members to understand how their own culture, values, attitudes, assumptions and beliefs influence their interactions with other people the community. Reflection of one's own motivation, reactions, feelings and possible biases about a client or colleague is the first step in establishing a caring and safe client-provider or collegiate relationship. The process of self-reflection should result in personal growth and development and it requires continual self-evaluation.

This reflection and self-assessment must also happen at an organisational level.

Environment

Environment is the first factor that clients, volunteers, staff and Board members will experience. The waiting room can be a significant indicator of the level of acceptance a client or new staff, volunteer or Board member can expect. The presence of a posted non-discriminatory policy, the art/pictures displayed, and the kinds of reading material available are all examples of environmental factors that clients and new staff, volunteers and Board members will notice immediately.

Language

Language used by staff, volunteers and Board members generally and the language in brochures, intake forms, emails and in person is also a strong indicator of safety. Using inclusive, non-judgmental language and open-ended questions are important to convey safety. This provides a space for each client/staff to be as open as they choose to be. Examples of open-ended and non-judgmental language include, "Do you have a partner or a spouse?" instead of "Do you have a husband?" or "Are you married?" By taking a little time and asking a few sensitive questions, CDCH can create an environment of trust and inclusion.

Knowledge

Knowledge and competency are associated with caring practice. Understanding the health risks for all members of our community is valuable and necessary to provide quality care. Likewise, developing an understanding of, and displaying sensitivity to the historical influences affecting the health and well-being of others, will enable a feeling of cultural safety for everyone in contact with CDCH.

Acknowledging power relationships that are a result of cultural privilege will ensure equitable and respectful engagement and collegial relationships. The ability to refer clients to other providers who are known to be open and non-discriminatory is helpful and will enable clients to further trust their provider. The availability of information and resources on specific health considerations for all members of our diverse community is essential when providing care to this population.