

 Rehabilitation Centre for Children Policy Manual	Policy Name: Equity, Diversity and Inclusion (EDI)	Level: 1	Policy Number: ADM 1.170
	Department: Administration Overview-- Governance	Authorized Signature: 	
	Effective Date:	Last Revision: November 16, 2023	

PURPOSE

To confirm the Rehabilitation Centre for Children's (RCC) commitment to providing an accessible, culturally safe, welcoming, and respectful environment with, and for, all clients and families by identifying and eliminating systemic barriers and biases, embracing equity, diversity, and inclusion, and recognizing the dignity of all people.

DEFINITIONS (from Working with Newcomer Families Guidebook and Accreditation Canada Governance Standards).

***These terms do not all appear in this policy but are essential to understanding Equity, Diversity and Inclusion (EDI).**

Anti-Racism

Anti-Racism intervention includes "action-oriented, educational and/or political strategy for systemic and political change that addresses issues of racism and interlocking systems of social oppression" (Calliste & Dei, 2000). Anti-Racism actions can come in many forms, including "individual transformation, organizational change, community change, movement-building, anti-discrimination legislation and racial equity policies in health, social, legal, economic and political institutions" (BC Standard on Cultural Safety & Humility).

Anti-Black Racism

The policies and practices rooted in Canadian institutions such as education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping, and/or discrimination towards Black people and communities. (Accreditation Canada)

Anti-Indigenous Racism

The ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples within Canada. It includes ideas and practices that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada. (Accreditation Canada)

Cultural Humility

A life-long process of self-reflection and self-critique to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. It is foundational to achieving a culturally

safe environment. Cultural humility enables cultural safety. (First Nations Health Managers Association)

“While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider’s assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship” (College of Physicians and Surgeons of British Columbia, 2022; p. 1).

Cultural Safety

An outcome of respectful engagement that is based on recognizing and working to address inherent power imbalances in the health system. It results in an environment free of racism and discrimination, where people feel safe when receiving and providing care, and when interacting with the health system (First Nations Health Authority, n.d.). (Accreditation Canada Governance Standards 2022)

Discrimination

Targeting an individual or group of people for negative treatment because of specific characteristics such as race, religion, sex, gender identity, sexual orientation, disability, or other protected characteristics (Canadian Human Rights Commission, n.d.). Discrimination can occur at individual, organizational, or societal levels.

Diversity

Variation between people in terms of a range of factors such as ethnicity, national origin, gender, ability, age, physical characteristics, religion, values, sexual orientation, socio-economic class, or life experiences. (Bowen, 2004)

Health Equity

Health equity asserts that all people have the opportunity to reach their full health potential and should not be disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance. (WRHA)

Health Disparities

Differences in health access, experience, or outcomes in a way that is systematic, patterned, and preventable. (Accreditation Canada)

Inclusion

The creation of feelings of connectedness and engagement, observed in environments where all feel welcomed, respected, uniquely valued, and empowered to be their authentic and best selves, irrespective of intersectionality. (Sick Kids Hospital) An inclusive culture and environment ensure equitable access to resources and opportunities for all. It also enables individuals and groups to feel safe, respected, heard, engaged, motivated, and valued for who they are. (North York General Hospital)

Intersectionality

The ways in which our identities (such as race, gender, class, ability, etc.) intersect to create overlapping and interdependent systems of discrimination or disadvantage. The term was coined by Black feminist legal scholar Dr. Kimberlé Crenshaw and emerged from critical race theory to understand the limitations of “single-issue analysis” in regards to how the law considers both sexism and racism. Intersectionality today is used more

broadly to understand the impact of multiple identities to create even greater disadvantage. (Ontario Health)

Racism

Occurs when judgement or prejudice is formed on the basis of racial characteristics; it leads to the exclusion of groups of people from decision-making processes, leadership and economic opportunities.

Racism exists at multiple levels and in multiple forms:

Systemic Racism: Organizational culture, policies, directives, practices on procedures that exclude, displace, or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases. (Ontario Health)

Structural Racism: Is a system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with colour to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist. (Ontario Health)

POLICY

RCC is committed to providing an accessible, culturally safe, welcoming, and respectful environment that promotes, supports, and embraces equity, diversity and inclusion, and recognizes the dignity of all people.

RCC acknowledges that equity, diversity, and inclusion is an ongoing journey.

RCC will collaborate with all stakeholders using an EDI framework to learn about their needs, priorities, interests, activities, and relationships. This approach will enable RCC to develop a thorough understanding of the physical, psychological, and cultural safety and wellness risks, and needs identified by clients, families, caregivers, employees, volunteers, and external partners.

All staff are required to do an additional six hours of training every year related to Diversity, Equity and Inclusion. Examples of some topics include culturally safe care, anti-Indigenous racism, working with newcomers, gender diversity etc. RCC will continue to offer a number of these opportunities every year and staff can also explore other options for independent learning. Managers will be required to approve an external learning opportunity as qualifying to meet this requirement. This should be indicated on the professional Development Request Form as meeting this requirement.

The framework will include the following elements:

RCC's Equity, Diversity, and Inclusion Framework:

- **Making EDI a Strategic Priority (SP 1.0)**

- RCC's leaders commit to improving health equity by including EDI in the organization's strategic plan and operating objectives (see **Appendix A—RCC Strategic Plan: EDI Goals and Operating Actions**).
- **Building Infrastructure to Support EDI (SP 4.2)**
 - RCC's leaders commit to dedicating resources and clear accountability for EDI.
 - RCC will employ a human resources strategy to build a workforce that represents the diverse nature of RCC's clients, families, caregivers, employees, volunteers and partners.
 - This will include equitable recruitment, retention, mentorship, performance, and talent management.
- **Fostering Engagement and Belonging (SP 1.1.1)**
 - RCC will foster an environment where everyone feels included and safe through improving cultural safety, psychological safety and wellbeing.
- **Engaging Staff with Education and Learning (SP 1.1.2)**
 - RCC will reduce barriers and increase cultural safety through EDI education and training at all levels, including training on Anti-Racism and anti-discrimination.
- **Reviewing Policies and Programs (SP 1.1.1)**
 - RCC will continuously review and strengthen EDI-related policies such as Cultural Safety, Anti-Racism, anti-violence, non-discrimination/harassment policies and codes of conduct.
- **Addressing Health Equity and Social Determinants of Health**
 - RCC will enhance the experience for clients, families, and caregivers through its Family-Centred Care approach, by including diverse client, family, and caregiver voices (SP 2.3.1, 1.2.1), providing services closer to home, and reducing disparities in access to services, quality of care and outcomes. (SP 1.2)
 - RCC will develop strategies to address the multiple determinants of health, including Racism, health care services, and RCC's physical environment, and by encouraging healthy behaviors. (SP 1.0)
- **Monitoring Progress through Data Analytics and Reporting (SP 3.1)**
 - As a learning health organization, RCC leaders will track and monitor the experiences of our employees and those we serve related to EDI, identify opportunities to better reflect our community, and report on our progress.

(Adapted from the models of North York General Hospital and the Institute of Healthcare Improvement)

PROCEDURE

RCC will implement its EDI initiatives through the following structure:

- Jordan's Principle/Truth & Reconciliation Advisory Committee
- Newcomer Advisory Committee
- SSCY Accessibility Committee
- Neurodiversity Operational Committee
- 2.LGBTQ2SI+ Operational Committee

- Other committees as may be determined by RCC and stakeholders

An EDI Executive Subcommittee will integrate the work of all of the committees and provide overall leadership to EDI across RCC.

References:

Accreditation Canada/HSO Governance Standards (2022)
Institute for healthcare Improvement (IHI)
Ontario Health
North York General Hospital
RCC's Strategic Plan 2024-2028s
Working with Newcomer Guide, Rehabilitation Centre for Children (2023)

Consultation:

RCC Equity, Diversity and Inclusion Steering Committee (2023)
RCC Board Executive (September 2023)

Document History

Original Approved: October 19, 2023

Revised:

Appendix A RCC Strategic Plan 2024-2028: EDI Goals and Operating Actions

1.1 Equity, Diversity & Inclusion (EDI) Framework: RCC will identify and eliminate systemic barriers and biases to ensure that RCC/SSCY is an accessible, inclusive, culturally safe, welcoming, and respectful environment for all children, youth, families and staff. EDI is the responsibility of all staff and volunteers.

1.1.1 Building on the work of the Jordan's Principle/TRC advisory committee and the Newcomer Advisory committee, RCC will have articulated an EDI policy, framework, strategies and working committees focused on intentionally identifying and eliminating systemic barriers and biases to ensure that RCC/SSCY is accessible, inclusive, welcoming, and respectful environment for all children, youth, families, staff, and members of the broader community.

1.1.2 RCC staff will have access to training to continue to develop their cultural proficiency. This will include on-line and experiential options for training related to cultural safety, Anti-Racism, anti-oppressive clinical practice, health equity, social determinants of health, and other related topics.

1.2 Jordan's Principle/Truth and Reconciliation Calls to Action: Under the leadership of the Jordan's Principle/TRC Advisory Committee, RCC will continue to work in partnership with First Nations Communities and related organizations to achieve the vision of Jordan's Principle, to guide RCC's response to the TRC calls to action, to improve service delivery to First Nations Children and Families, and to support the ongoing movement towards First Nations-led health services.

1.2.1 By 2026 RCC will have increased the engagement of Indigenous families, communities and staff in the planning, development, and leadership of RCC services to Indigenous children and families.

1.2.2 By 2026 RCC will have established mechanisms to incorporate Indigenous evidence-based practice recommendations regarding cultural safety into planning and service delivery. This will include protocols for entering and engaging with First Nations Communities, training for staff on protocols and sufficient resource allocation to support gift giving, feasting, tobacco and other cultural expenses.

1.2.3 By 2027 RCC will have completed an evaluation of RCC services being delivered to First Nations Communities through the Jordan's Principle program.

1.3 Newcomers

Under the leadership of the Newcomer Advisory Committee RCC will provide accessible and culturally appropriate programs and services to newcomer communities.

1.3.1 By 2025 RCC will have established collaborative partnership relationships with Newcomer Organizations.

1.3.2 By 2026 a consistent care pathway and data collection process will be in place to streamline access to services for refugee/new immigrant populations to all RCC services.

1.4 Neurodiversity

RCC will ensure that all program, services, and employment practices will utilize Neurodiverse Affirming Practices which are strength-based, individualized, mindful of support needs and built on relationships, empathy and respect for neurodivergent individuals.

1.4.1 By 2025, a Neurodiversity Affirming Working Group will be created to: conduct an audit of existing clinical practices and environments through a neurodiversity lens, and to create a workplan to develop neurodiverse, strength-based practices and policies throughout all programs.

1.5 2SLGBTQI+

RCC will provide an affirming environment for clients and staff that is inclusive of all gender identities and gender expressions.

1.5.1 By 2026, A 2SLGBTQ+ ad hoc working group will be established to recommend affirming policies and practices for the Centre that are inclusive of all gender identities and gender expression.