

A Cultural Competence Guide  
For  
**Nova Scotia Wellness Court  
Programs**

Provincial Court Wellness Court Programs Working Group  
Dated: September 19, 2018

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**Wellness Court Programs Working Group**  
**Cultural Competence**

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## Introduction:

The purpose of this document is to provide the Wellness Court Programs Working Group with high level information about Cultural Competence and its relevancy to Wellness Court Programs.

This document highlights the following:

- Definition of Culture
- Cultural Competence - definition, framework and continuum
- Cultural Humility - importance of lifelong learning and self-reflection
- Key Elements of Cultural Competence
- Becoming Culturally Competent Court - Why?
- Creating a Culturally Competent Wellness Court Program - what to do?
- Resources on Cultural training and other information
- Appendices – Steps for becoming a culturally competent court; Core concepts and terminologies

## What is Culture?

According to Srivastava, 2007, p. 59:

Culture is **Commonly Understood Learned Traditions and Unconscious Rules of Engagement**.

*“Culture is something **commonly understood** by those who share it – it is the common world view, values, and beliefs that are clear to those who are a part of the cultural group, but foreign to others”.*

*“Culture is **learned** from birth, through language acquisition and socialization. Individuals are not born with culture; they are born into culture”.*

*“Culture also is about **traditions** and rituals – what is done, when it is done (or not done), and how it is done. Different groups have different ways of doing things”.*

*“Culture is not only commonly understood, but it is **unconscious** and automatic. It reflects a norm based on underlying values and assumptions about the world: values and beliefs that are taken for granted and rarely examined or enacted consciously. Often, it is only when we are confronted with difference that traditions and rituals are recognizable for what they are and what they represent”.*

*Lastly, culture values determine the **rules of engagement** with the situations and events in our lives, including illness, health care” and justice.*

## Culture as an iceberg!

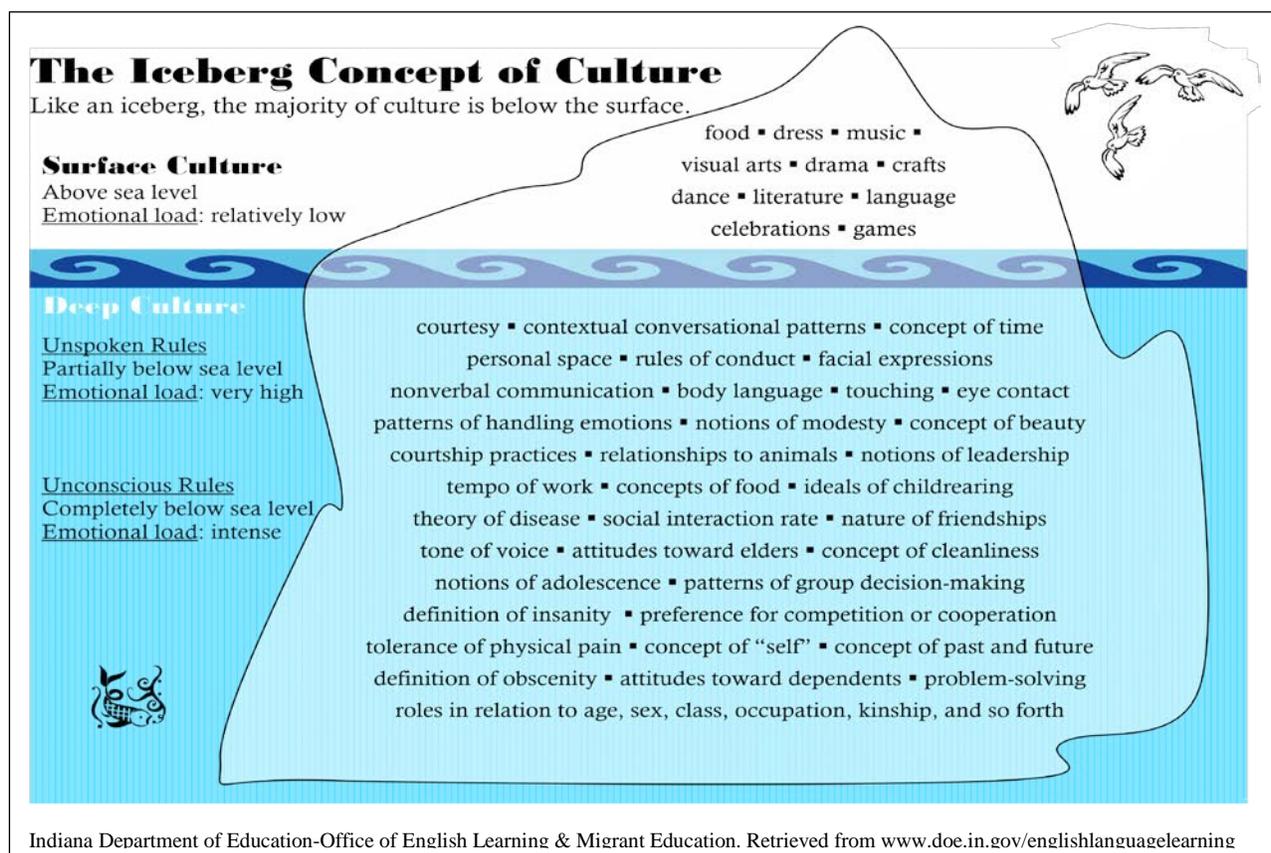
In 1976, Edward T. Hall developed the iceberg analogy of culture. He reasoned that if culture of a society was the iceberg, there are some aspects (10%) visible, above the water, but there is a larger portion (90%) hidden beneath the surface.

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Some people often think of culture as external, conscious or visible characteristics of a group that we can see- be it their food, dances, music, arts, or greeting rituals. The reality is that the internal or subconscious part of culture is deep below the “water line” (surface of a society) and includes some beliefs, values and thought patterns and that underlie behaviour.

According to Hall, this model teaches us that we cannot judge a culture based only on what we see when we first enter it. We must take the time to get to know individuals from that culture and interact with them. Only by doing so can we uncover the values and beliefs that underlie the behavior of that group, community or society.

**Below is an illustration of the Iceberg Analogy of Culture with some examples:**



In summary, culture refers to a group of people or community that share common experience that shape the way its members understand the world. It is multi-layered, evolving and includes groups that we are born into or become, such as: national origin, levels of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion.

Culture is the fundamental building block of identity and the development of a strong cultural identity is essential to an individual’s healthy sense of who they are and where they belong.

Culture is a **complex concept**. Everyone has a culture, for some people they have **multiple cultures**. Hence, the importance of **Cultural Competence** in our work!

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## What is Cultural Competence?

Cultural competence is a set of congruent behaviours, attitudes and policies that come together to enable a system, organization or professionals to work effectively in cross-cultural situations (Srivastava 2007). Cultural competence encompasses:

- Being aware of our own world view: A good place to begin to develop a multicultural perspective is by becoming more aware of your own culturally learned assumptions, some of which may be culturally biased
- Developing positive attitudes towards cultural differences
- Gaining knowledge of different cultural practices and world views
- Developing skills for communication and interaction across cultures

Underlying cultural competence are the principles of trust, respect for diversity, equity, fairness, and social justice.

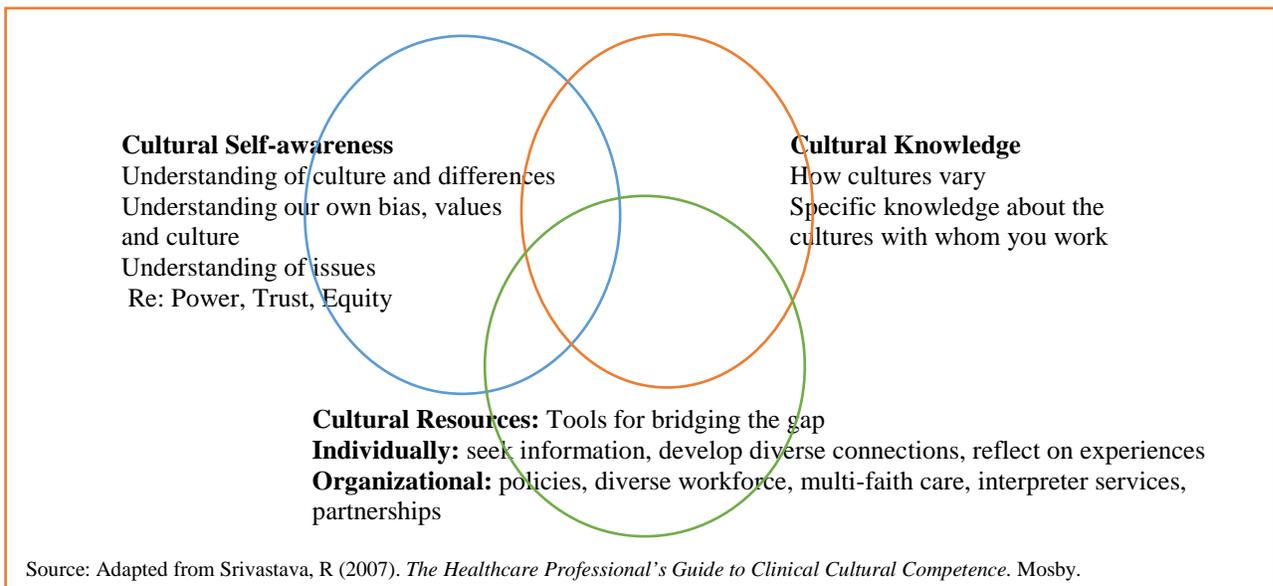
Cultural Competence is about **EQUITY** not equality - everyone is not the same. Equity – focus on equality of outcomes; recognizes that people with unequal needs often require different treatment to achieve the same results.

Cultural competence is not static, and our level of cultural competence changes in response to new situations, experiences and relationships.

Cultural competence operates at three levels:

1. Individual service provider level: Service providers have the required knowledge, skills, values, attitudes and behaviours to work effectively across cultures
2. Service Level: Management ensures that operational frameworks and practices including vision statements, policies, procedures, expectations are culturally relevant to the population served. In addition, ensures the inclusion of first voices and communities
3. System level: Systems have adequate funding, interpretation services, a diverse workforce, sound policies and supportive leaders and champions.

## Cultural Competence Framework



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### **Cultural Competence Continuum**

Cultural competence has been described as a continuum that ranges from cultural destructiveness to cultural proficiency (Cross, Bazron, Dennis & Isaacs, 1989).

- i. **Cultural Destructiveness:** This is the most negative end of the continuum. It refers to attitudes, practices, and organizational policies that focus on the superiority of one culture to the extent that other cultures are dehumanized and destroyed.
- ii. **Cultural Incapacity:** Refers to inability of the systems or organizations or service providers to help people from different cultures. The system remains extremely biased, believes in the racial superiority of the subdominant group and assumes a paternalistic or exclusionary approach towards diverse communities. The expectation is that the minority culture will adapt to, accept, and even be grateful for, the service provided. The characteristics of cultural incapacity include: discriminatory hiring practices, subtle messages to people of color that they are not valued or welcome, and generally lower expectations of minority clients.
- iii. **Cultural Blindness:** Refers to an expressed philosophy of viewing and treating all people the same. Organizations and service providers function with the belief that culture, class or colour makes no difference and that we are all the same. Culturally blind organizations are characterized by the belief that traditionally used approaches by the dominant culture are universally applicable; if the system worked as it should, all people—regardless of culture—would be serviced with equal effectiveness.
- iv. **Cultural Pre-competence:** Refers to a level of awareness within systems or organizations of their strengths and areas for growth to respond effectively to culturally diverse populations. Characteristics include but are not limited to: the systems or organizations value the delivery of high quality services and supports to culturally diverse populations; commitment to human and civil rights; development of inclusive policies and hiring practices that support a diverse workforce; the capacity to conduct asset and needs assessments within diverse communities; concerted efforts to improve service delivery for a specific racial, ethnic or cultural group.
- v. **Cultural Competence:** At this level, systems and organizations that exemplify cultural competence demonstrate an acceptance and respect for cultural differences, and ongoing effort toward self-assessment and working with diversity. Characterized by an understanding of the relationship between policy and practice; and a commitment to policies that enhance/support services to culturally diverse communities.
- vi. **Cultural Proficiency:** This is the most positive end of the continuum and is characterized by holding culture in high esteem. Culturally proficient organizations seek to add to the knowledge base of culturally competent practice by conducting research, developing new therapeutic approaches based on culture and publishing and disseminating the results of demonstration projects. A culturally proficient organization hires staff who are specialists in culturally competent practice. Such an agency advocates for cultural competence throughout the system and improved relations between cultures.

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## **What is Cultural Humility?**

According to Tervalon & Murray-Garcia (1998), Cultural Humility is a stance toward understanding of culture.

- It requires a commitment to lifelong learning, continuous self-reflection on one's own assumptions and practices, comfort with 'not knowing', and recognition of the power/privilege imbalance that exists between Participants and professionals.
- A cultural humility approach is interactive: we approach another person with openness to learn; we ask questions rather than make assumptions; and we strive to understand rather than to inform
- Embracing and learning about the similarities and differences between professionals and Participants, such as language, personal beliefs or values, age, gender, understandings of health and illness, or sexual orientation, can help providers to understand a client's concerns, experiences, and preferences
- Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations
- Advocating for and maintaining institutional consistency

## **Key Elements of Cultural Competence (adapted from DHW, 2005)**

1. Examine your values, behaviors, beliefs and assumptions.
2. Recognize racism and the institutions or behaviors that breed racism.
3. Engage in activities that help you to reframe your thinking, allowing you to hear and understand other world views and perspectives.
4. Familiarize yourself with core cultural elements of the communities you serve.
5. Engage Participants and patients to share how their reality is similar to, or different from, what you have learned about their core cultural elements.
6. Learn, and engage your Participants to share, how they define, name and understand disease and treatment.
7. Develop a relationship of trust with Participants and co-workers by interacting with openness, understanding, and a willingness to hear different perceptions.
8. Create a welcoming environment that reflects the diverse communities you serve.

## **Becoming a Culturally Competent Wellness Court – Why?**

- Cultural Competence can help to reduce inequity, respectfully respond to the diversity of Nova Scotians (race, ethnicity, language, sex, sexual orientation, gender identity, (dis)ability, spirituality, age, geography, literacy, education and income, etc.)
- Increasing diversity of communities in Nova Scotia
- Complexity of individuals as multi-cultural beings – people have multiple cultures
- Research and census data in Canada report that visible minorities are overrepresented in the Criminal Justice System

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- According to data from the 2016 Census and the Justice Enterprise Information Network (JEIN) NS Department of Justice, adult admissions to provincial correctional facilities in Nova Scotia are as follows:
  - Caucasian: 75% of admissions to custody compared to 88% of general population
  - African Nova Scotian: **12%** of admissions to custody compared to **2%** of general population
  - Aboriginal/Indigenous: **9%** of admissions to custody compared to **6 %** of the general population
  - Other Ethnicities: 3% of admissions to custody.

Notes:

1. Those who's ethnicity is unknown have been excluded from the percentage calculations
2. Admissions data included new intake only between April 1, 2016 and March 31, 2017, from a non-custody status to a custody status. An individual could have more than one admission in a year.

### Why Culture Matters?

To be culturally competent, we must firstly understand why culture matters – hence how culture influences people and how they act.

Examples:

- It has been documented/observed that due to historical events and lack of trust, some visible minorities such as African Nova Scotians and Indigenous people do not access the health care system, hence are not assessed and treated for mental health and addictions conditions.

According to Martin et. al. (2007):

- Culture matters because the notions of cultures greatly impact how people:
  - define justice, conflict, and health disorders, and determine when it is appropriate to seek help and or involve others (health professionals, law enforcement, etc.) in resolving situations and conflicts
  - describe events or “what happened”
  - response to or resolve problems and conflicts
- Culture matters because when cultures meet within a justice system, often there are opportunities both for misunderstanding and creative problem-solving.

For example:

- one culture might define as appropriate use of herbal and other forms of traditional medicine to heal a sick child, while another culture might define it as child neglect and even abuse.
- notions of extended family inherent in some cultures might provide opportunities to link individuals/families with far more extensive family-based support resources than might be available in cultures where family is more narrowly defined

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- for some cultures, attending therapies conducted by a highly trained professional (“an outsider”) might be an effective technique for addressing some aspects of domestic violence, while for another culture, being counseled by a “non-professional,” an insider, respected peer might be more appropriate.
- Professional culture matters: Understanding and accommodating diverse professional culture is essential components in judicial system improvement. A wellness court program must embrace and support diverse workforce and when possible, the workforce must reflect the people/communities supported/served
- Organizational culture matters: Courts and justice institutions are composed of numerous separate organizations that somehow must work collectively to provide justice within a society. However, each organization potentially has its unique organizational culture that shapes expectations, and practice. For a Wellness court program to be effective, all the different organizations (e.g. judicial, policing, social services, health, etc.) must work together in a culturally informed manner within agreed upon cultural norms and expectations.

### **Creating a Culturally Competent Wellness Court Program – What to do?**

Suggestions for considerations: Wellness Court Programs should:

- Ensure availability of cultural competence training on an ongoing basis to professionals (judiciary, probation, law enforcement, probation, mental health, etc.), volunteers, students, etc. working in a Wellness Court Program
- Collaborate to devise and implement strategies for the recruitment, retention and promotion of diverse staff, providers and leaders at all levels.
- Ensure that services/supports provided to court participants are respectfully delivered and responsive to cultural beliefs, practices, lived experiences and linguistic preference.
- Offer and provide interpretation services for any person who require such service at no cost to the person
  - Provide written notice of the availability of cultural interpretation services and where available
  - Ensure that participant family and friends not be used to provide interpretation services except at the direct request of the participant.
- Work collaboratively with culturally diverse populations to design targeted, accessible and effective initiatives to address the unmet needs of the population
- Reflect Nova Scotia’s diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken
- Ensure that the vision, mission, strategic plans, job performance expectations and quality processes incorporate accountability for cultural competence and culturally appropriate services at all levels of the Wellness Court Program

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- Ensure that data collected and research resulting from the data, facilitate best practice in culturally competent care, movement toward the elimination of health disparities among populations, and the improvement of health status of those populations most at risk for poor health.

## Resources:

### Resources on Cultural Competence Training and other Information/agencies

Cultural competence training focuses on attitudes, skills and knowledge needed to value diversity, understand and respond to cultural differences, and increase awareness of providers' and organization's cultural norms.

Trainings can provide facts about an individual culture or include more complex interventions such as intercultural communication skills training, exploration of potential barriers to services, and institution of policies that are sensitive to the needs of people from culturally and linguistically diverse backgrounds.

### Cultural Competence Resources:

1. Nova Scotia Health Authority. (2016). *Diversity Lens Tool Kit*.

A set of practical cultural-competence assessment tools and resources to help integrate diversity in Nova Scotia Health Authority workplaces

The Diversity and Inclusion Lens Tool is a set of questions meant to help staff, physicians, learners and volunteers consider the concepts of diversity, inclusion and equity in the development, revision, implementation and evaluation of programs, policies and practices.

In addition, NSHA has Cultural Competence training program for its physicians and staff.

Source: <https://www.cdha.nshealth.ca/system/files/sites/84/documents/diversity-lens-tool-kit.pdf>.

2. NSHA & IWK. (2017). Provincial Diversity and Inclusion Framework 2017-2020. A joint initiative between NSHA and IWK.

NSHA and IWK have partnered on developing this framework to guide the implementation of diversity and inclusion initiatives throughout the health system and across our province. This framework was developed in response to feedback from a variety of stakeholders with an interest in building a stronger, more inclusive health system in Nova Scotia.

The framework highlights the following five areas of focus and attention:

- Culturally competent, person-centred and family-centred care and services
- Diverse Workforce

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- Engagement and partnership with diverse communities
- Organizational leadership, decision-making and policy
- Equity through data collection and research

Source:

[http://intra.nshealth.ca/Documents/ProvDiversityFramework\\_Final%20Sept18\\_2017.pdf](http://intra.nshealth.ca/Documents/ProvDiversityFramework_Final%20Sept18_2017.pdf)

3. A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia.

This guide includes tools and resources to assist primary health care professionals in providing culturally competent health care. Culture is a broad term used in reference to a wide variety of groups. To respectfully and effectively address health needs and issues related to race, ethnicity and language, the focus of this guide is on these elements of culture.

Source: [http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/Cultural\\_Competence\\_guide\\_for\\_Primary\\_Health\\_Care\\_Professionals.pdf](http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf)

4. Alberta Health Services (2015). Diversity Awareness Self-Reflection Tool: A Practical Tool for Health Care Teams.

The goal of this tool is to create awareness, increase sensitivity, and promote personal reflection of the importance of diversity competency (defined as the ability of individuals and systems to respond respectfully and effectively to individuals, families and communities of all diverse backgrounds). The tool increases awareness of the kinds of beliefs, attitudes, values, and practices that promote diversity competency.

Source: <https://www.albertahealthservices.ca/assets/info/hp/cdm/if-hp-ed-cdm-gen-diverse-awareness-reflection-tool.pdf>

5. Nova Scotia Barristers' Society. (2016). Cultural competence: Seeing the world through different perspective.

Source: <http://nsbs.org/sites/default/files/cms/publications/society-record/nsbsv34no1spring2016.pdf>

6. Pillar Nonprofit Network. (2008). Board Diversity Training: A Toolkit.

The goal of this resource is to provide organizations with the necessary information to set and reach your diversity goals. This resource is board governance-focused and will map out how to move from acknowledging and respecting diversity to developing real action-based strategies. This includes developing an organizational diversity goal, a board recruitment process, and tailoring your documents and statements (i.e., vision, mission, values, policies, constitutions and by-laws) to be more inclusive.

All the tools have been tested on participating organizations and they are proven to be effective and ready-to-use. This toolkit will help organizations who want their boards to

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become more diverse and inclusive, thus having an effect throughout the whole organization.

Source:

[http://www.pillarnonprofit.ca/sites/default/files/resources/pillartoolkit\\_boarddiversity\\_05.pdf](http://www.pillarnonprofit.ca/sites/default/files/resources/pillartoolkit_boarddiversity_05.pdf)

### Resources for Specific Population:

#### 7. Indigenous Cultural Competence Training

##### a. Cultural Safety Training

Wi'kuom Cross Cultural Services offers a two-day workshop for workplaces that provide services to Mi'kmaw communities. Participants learn about Mi'kmaq history and culture, they investigate ways that First Nation people in Canada experience systemic racism and confront discrimination, and they will explore ways that their organization can improve workplace recruitment and retention of Mi'kmaq people.

Perhaps the most important outcome of the training is the emphasis on self-reflection and offering participants the opportunity to challenge their own perception of Mi'kmaq communities by reflecting on ways that their organization and their personal beliefs may contribute to creating barriers within their workplace or for their Mi'kmaq Participants in obtaining the service.

At the heart of Cultural Safety Training is the belief that it is in the best interest of all service providers to ensure that Participants receive the services they want in a way their Participants feel is safe and welcoming. When this is achieved it builds important bonds between the service provider and their Participants and can extend the relationship to positive outcomes in the community as well.

Facilitators: Gordon Pictou and Janet Pothier

<https://wikuom.com/cultural-safety-training/>

##### b. National Indigenous Cultural Safety Learning Series

This national webinar series provides an opportunity to share knowledge; experiences and perspectives in support of collective efforts to strengthen Indigenous cultural safety in health and social services.

For more information please contact us at [ICS@phsa.ca](mailto:ICS@phsa.ca)

##### c. Baba, L. (2013). Cultural Safety in First Nations, Inuit and Metis Public Health: Environmental Scan of Cultural Competency and Safety in Education, Training and Health Services.

Source: <https://www.ccnca-nccah.ca/docs/emerging/RPT-CulturalSafetyPublicHealth-Baba-EN.pdf>

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8. Cultural Competence -Focus on African Nova Scotians and African Canadian

- a. Cultural Competence in Mental Health: Working with African Nova Scotian Community.

The Health Association of African Canadians was hired by the Department of Health and Wellness (DHW) to develop learning modules on Cultural Competency in Mental Health: Working with African Nova Scotians (ANS) community. These modules are currently vetted and awaiting to be posted at NSHA Learning Management System (LMS).

Source: NSHA LMS. All NSHA staff and physicians will have access to the modules

- b. Private Practitioner/Consultant on Cultural Competence: ANS Community

Contact: Robert Wright

Source: [www.robertswrights.ca](http://www.robertswrights.ca)

- c. Cultural Competency Training – African Canadian Legal Clinic (ACLC)

The ACLC offers a Cultural Competency training that focuses on how to best provide programs and services tailored to meet the needs of African Canadian youth. This is a two-day program that aims to increase awareness of the Afri-centric principles that inform the identity of African Diasporic youth. The two main objectives are:

- i. To improve service delivery and programming to African Canadian Youth. Through cultural competency training, staff and managers will gain a better understanding of their Participants' needs and how to support the.
- ii. To incorporate Afri-centric values into all stages of service delivery.

Source: <http://www.aclc.net/our-services/cultural-competency-training/>

- d. Nicole Perryman. (2015). Cultural competency with African-Canadian youth and families in child welfare

Source: <https://nicoleperryman.com/2015/08/25/cultural-competency-with-african-canadian-youth-and-families-in-child-welfare/>

9. African Nova Scotians: Information

Peoples of African descent are a vibrant part of Nova Scotia's past, these individuals made Nova Scotia home and contributed to the fabric and success of today's province.

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Nova Scotia can be said to be the birth place of Black Culture and heritage in Canada, boasting the largest indigenous Black community in Canada.

Learn about African Nova Scotians history at:

- Black Cultural Centre for Nova Scotia. <http://www.bccnsweb.com/web/our-history/>
- African Nova Scotia Affairs: <https://ansa.novascotia.ca/community>
- Nova Scotia Archives – African Nova Scotians: <https://archives.novascotia.ca/genealogy/african-nova-scotians>
- Our Culture: <http://www.novascotia.com/explore/culture/african-culture>

#### 10. LGBTQ+ Community:

- a. The “Rainbow Community”: Two-Spirited, Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual & Aromantic, Intersex, and beyond (2SLGBTQIA+):

The Nova Scotia Rainbow Action Project (NSRAP) seeks equity, justice, and human rights for 2SLGBTQIA+ people in Nova Scotia. NSRAP seeks to create change in our communities and our society at large so that all 2SLGBTQIA+ people are included, valued, and celebrated. We will achieve this through building community and developing strong networks outside of the community in addition to public outreach, education, and political action.

Source: <http://nsrap.ca/>

- b. Youth Project:

The Youth Project is a non-profit charitable organization dedicated to providing support and services to youth, 25 and under, around issues of sexual orientation and gender identity. They have a provincial mandate, although located in HRM, they travel around the province to meet with youth in other communities. They provide a variety of programs and services including support groups, referrals, supportive counselling, a resource library, educational workshops, social activities.

Source: <http://youthproject.ns.ca/>

- c. South House: Sexual and Gender Resource Centre

South House aims to provide resources and referrals to the Dalhousie University and broader Halifax community, as well as a safe space for people to organize. It also offers free meeting space to anti-oppression groups at the discretion of the Board.

South House offer a wide range of workshops and educational programs, available upon request.

Source: <https://southhousehalifax.ca/>

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11. Domestic Violence Resource Centre:

The Nova Scotia Domestic Violence Resource Centre provides resources, tools and information to help deal with violence and abuse.

Source: <https://www.nsdomesticviolence.ca/>

12. Immigrant Services Association of Nova Scotia (ISANS)

ISANS works with newcomers to help them build a future in Canada. They provide a wide range of services to immigrants, from refugee resettlement to professional programs, from family counselling to English in the Workplace.

ISANS was created by the merger of Metropolitan Immigrant Settlement Association (MISA) and Halifax Immigrant Learning Centre (HILC) - together they have a combined experience of over fifty years serving immigrants in Nova Scotia. They are the largest immigrant-serving agency in Atlantic Canada with over 190 staff members from more than 46 countries. They offer services in an inclusive manner, respectful of, and sensitive to, diversity. They make partnership, professionalism and accountability a priority in every aspect of our work.

Source: <http://www.isans.ca/>

13. Halifax Refugee Clinic:

Halifax Refugee Clinic is a not-for-profit, non-governmental, community-based organization that provides no-cost legal and settlement services to refugee claimants in Nova Scotia who are unable to afford the services of private legal counsel.

Source: <http://halifaxrefugeeclinic.org/>

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**Appendix: A Seven Steps for Becoming a Culturally Competent Court (Adapted from Martin et.al 2007)**

<p><b>Step 1: Build Cultural Competence Teams</b></p> <ul style="list-style-type: none"> <li>• Form a cultural competency oversight team composed of personnel from throughout the court.</li> <li>• Identify aspects of the court’s strategic direction, including its mission, vision, and values, strategic issues and strategies, and priorities that are potentially influenced by culture.</li> <li>• Identify priority improvement areas for the court.</li> <li>• Form cultural competency workgroups that correspond to court priority improvement areas and areas where cultural content is especially important, such as litigant assistance and cases involving diverse communities</li> </ul>
<p><b>Step 2: Identify Where, When, and How Culture Matters</b></p> <ul style="list-style-type: none"> <li>• As a group, learn about the concepts, skills, and resources available to assist in becoming a culturally competent court.</li> <li>• Identify how culture might matter for the court generally.</li> </ul>
<p><b>Step 3: Describe Community Context</b></p> <ul style="list-style-type: none"> <li>• Identify the cultures within the jurisdiction today and those likely to increase in presence over the coming years.</li> <li>• Establish links to cultural communities.</li> <li>• Determine perceptions of, and expectations for, the courts of key cultural communities.</li> </ul>
<p><b>Step 4: Assess Your Court Culture</b></p> <ul style="list-style-type: none"> <li>• Describe the court’s general organizational culture.</li> <li>• Identify behaviors, values, and fundamental assumptions and beliefs of importance in the court.</li> <li>• Describe the preferred, current content of behaviors, values, assumptions, and beliefs of importance in the court.</li> <li>• Identify potential gaps between court culture and community context.</li> </ul>
<p><b>Step 5: Assess Critical Processes, Programs, and Services</b></p> <ul style="list-style-type: none"> <li>• Identify priority improvement processes, programs, or other aspects of court operations and organization where culture matters.</li> <li>• Identify facets/functions for priority processes or programs.</li> <li>• Identify attributes of process or program potentially influenced by culture.</li> <li>• Identify characteristics of traditional service approach.</li> <li>• Identify characteristics of alternative service approaches.</li> </ul>
<p><b>Step 6: Develop and Implement Culturally Appropriate Processes, Programs, and Services</b></p> <ul style="list-style-type: none"> <li>• Prepare improvement action plans for each priority process/program improvement.</li> <li>• Prepare an aggregate court cultural competency improvement plan that includes culturally sensitive performance measures.</li> <li>• Integrate the cultural competency improvement initiative and other planning, policy, court improvement, and performance measurement efforts, including the court’s strategic planning.</li> </ul>
<p><b>Step 7: Monitor Performance</b></p> <ul style="list-style-type: none"> <li>• Monitor and report performance measures.</li> <li>• Engage culture-based communities to assess expectations and satisfaction with court service.</li> <li>• Periodically review process and program improvements.</li> </ul>

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## **Appendix B: Core Concepts and Terminologies (Adapted from NSHA & IWK, 2017)**

### **Culture**

Culture is the integrated patterns of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups (IWK Health Centre, Diversity and Inclusion Strategy, 2009).

### **Cultural Competence**

Cultural competence embraces the importance of culture; the assessment of cross-cultural relations; vigilance toward the dynamics that result from cultural differences, including issues of power, privilege and oppression; and the expansion of cultural knowledge. It enables and empowers Participants to improve their lives by building on their strengths and the strengths of their communities and adapting services to meet their culturally unique needs.

It is not simply a technical skill, problem-solving approach or communication technique. It requires a fundamental change in the way we think about, understand and interact with others. Because culture is dynamic, shared and continuous, so is cultural competence. It's a process of 'becoming' not an end to be reached.

### **Cultural Safety**

Cultural Safety is an Indigenous term that is primarily about examining our own cultural identities and attitudes and being open minded and flexible in our attitudes towards people from cultures other than our own. The only person who can determine if services were culturally safe is the person receiving them. The provider and the system cannot claim to be culturally safe.

Therefore, Cultural Safety can be defined as an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together (Williams, R., 1999, pg 213).

It is predicated on:

- Shared historical contexts
- Acknowledges we are all bearers of culture and helps us examine what we may represent/bring to our interactions and relationships with people.
- Openly acknowledges and challenges issues of power and privilege.
- Requires and examination of personal values and beliefs associated with our cultural identity.
- Past and existing colonial relationships.
- The impact these experiences and understandings have on good/authentic relationships.
- On critical self-reflection and awareness

(Description input by Janet Pothier, Rowan Tree Consulting & Facilitation Services)

### **Diversity**

Diversity is differences among people, whether they're individuals or groups. It includes but isn't limited to differences in age, ability, culture, ethnicity, gender, geographical location, language, physical characteristics, race, religion, sexual orientation, socio-economic status, spirituality and values (Nova Scotia Health Authority, Diversity Lens Toolkit, 2015).

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**Diverse Populations**

This terminology has been used in academia (Kumaran, M., 2010) and health (Alberta Health Services, 2017), to mean people who are different from the majority and who are disproportionately impacted by diseases because of systemic barriers, policies, procedures, social determinants of health and the health system.

In Nova Scotia, Indigenous people, immigrants, refugees, specific visible minorities, African Nova Scotians, French speaking Nova Scotians, people with disabilities, LGBTIQ and people experiencing poverty and homelessness may fall within this description. In higher leadership and decision making, employment, research and fund allocation, these groups are either excluded or underrepresented as compared to the statistical or cultural majority population. Other terms, such as priority populations, vulnerable groups, marginalized populations, under-served and under-represented groups, have been used to describe these groups within different contexts and by different writers and organizations in this document and elsewhere.

**Employment Equity**

Employment equity refers to the provision of jobs and job conditions in a fair and unbiased manner. This requires policies, values, strategies and actions which create and foster equal access to opportunities for all. In the context of a diverse and healthy workplace, commitment to equity is evidenced by fair hiring policies and the provision of opportunities for professional development in recognition of the implications diverse backgrounds and pre-existing knowledge (or lack thereof) may have. Priorities for hiring reflect the population served.

**Health Equity**

Health equity occurs when everyone in a population has the resources and opportunities they need to achieve their full health potential. Health equity involves: fair distribution of resources needed for health, fair access to opportunities to be healthy and fairness and appropriateness in the supports and services offered to people when they are injured or ill. Health equity means people are not held back because of factors such as racism, ethnicity, religion, gender, age, social class, socioeconomic status (Department of Health and Wellness, Health Equity Lens: Improving social determinants of health and reducing inequities in Nova Scotia, 2016).

**Inclusion**

Inclusion is the state or action of including or of being included within a group or a structure. Inclusion seeks to create an environment of belonging, involvement and respect while acknowledging the individual's unique diversity elements.

**Institutional Racism**

Institutional Racism is an ecological form of discrimination. It refers to inequitable outcomes for different racialized groups. There is a lack of effective action by an organization or organizations to eradicate the inequitable outcomes. (McKenzie, K. 2017).

**Priority Populations**

The approach includes understanding that some population groups are healthier than others, not because of personal choice, but because of social, economic and environmental circumstances over the course of people's lives (National Collaborating Centre for the Determinants of Health, 2014). The term priority populations is most often used to indicate a need to focus on certain population sub-groups based on surveillance, epidemiological research and social justice values (Public Health Ontario, 2015).

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