



Welcoming Spaces Toolkit

Who is this for?

This toolkit is intended for anyone working in the health care system in PEI – from front line staff to policymakers, from managers and directors to interns and students. It contains tip sheets and tools on topics such as pronouns, inclusive language choices, microaggressions, accessible and welcoming spaces, and more.

The toolkit is designed to address welcoming and inclusive spaces for both clients and for staff: everyone deserves to feel welcome in healthcare spaces, whether they are receiving services or providing them.

How can I use it?

You can read the whole toolkit or read the sections that are most relevant to your needs.

Why is there a welcoming spaces toolkit?

The toolkit arose as a part of *Awareness to Action: A Health Strategy for Women and Islanders Who are Gender Diverse*. “This Strategy sets out measures to make services and settings across PEI more welcoming, gender sensitive, trauma-informed, and culturally safe.” The toolkit also supports goals set out in the Health PEI People Strategy, the Anti-Racism Action Plan for Prince Edward Island, and the Public Service Commission Diversity and Inclusion Strategy 2022-2025.



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Introduction

Why We Need Welcoming Health Environments

Everyone working in health care in PEI is doing important work to make people feel comfortable and safe when they access the health care system. Despite this, some women, gender diverse people, Indigenous and racialized people, people with disabilities, and newcomers to Canada have reported unwelcoming experiences accessing healthcare. There is more work to be done to improve health care environments so they feel inclusive to everyone. It is also important that staff feel like their workplaces are inclusive.

From extensive community engagement in the development process of the Health Strategy for Women and Islanders who are Gender Diverse (which included surveys of health care providers, gender diverse people, and women, focus groups, workshops, and key informant interviews), it was found that:

- 76% of gender-diverse survey respondents and 38% of women respondents identified stigma/bias of service providers as a barrier to accessing care.
- 57% of women survey respondents expressed a fear of being judged or dismissed.
- 49% of service providers and 77% of gender-diverse survey respondents, as well as some participants from the consultation focus groups and interviews, noted that trans/homophobia makes it challenging to access services.¹

These fears and experiences are by no means unique to PEI. Research from across Canada and on PEI indicates that women and people who are gender diverse experience inequities and differences when it comes to health outcomes, interactions with health care services and professionals, and experiences with other social services. These inequities are often heightened for Indigenous people, racialized communities, people with disabilities, newcomers, and members of the 2SLGBTQIA+ community.

One of the goals of the Women and Gender Diverse People's Health Strategy is to embed cultural safety and trauma-informed practices across multiple settings, to eliminate bias, build awareness, and create psychologically safe spaces.

Keep reading to learn more about welcoming health settings, including an infographic on how to make your space more inclusive for everyone.



¹Prince Edward Island Department of Health and Wellness (2022). *Awareness to Action: A Health Strategy for Women and Islanders Who Are Gender Diverse 2022-2027* ²Rainbow Health Ontario, 2022. *Health in Focus: Racialized 2SLGBTQ Health*

What makes you feel welcome in a space? Have a discussion with your team about what you think are some important aspects of a welcoming environment.

Before Using the Toolkit

Having a foundational understanding of the following concepts will help in your journey through the toolkit.

What is health equity?

According to the Canadian Institute for Health Information: “Health equity is achieved when everyone, regardless of sex, gender, income, race or other socio-demographic characteristics, has the fair opportunity to reach their optimal health.” This toolkit aims to increase health equity throughout the healthcare system in PEI.

What are the social determinants of health?

Social determinants of health are the non-medical factors that influence one’s overall health, e.g., the economic and social factors in which we live, learn, work, and play. They include things like income, race/racism, employment, housing status, education, disability, sexuality and gender. Research from all over the world has shown that the social determinants of health can have just as much impact on our health as our genetics and behaviours.

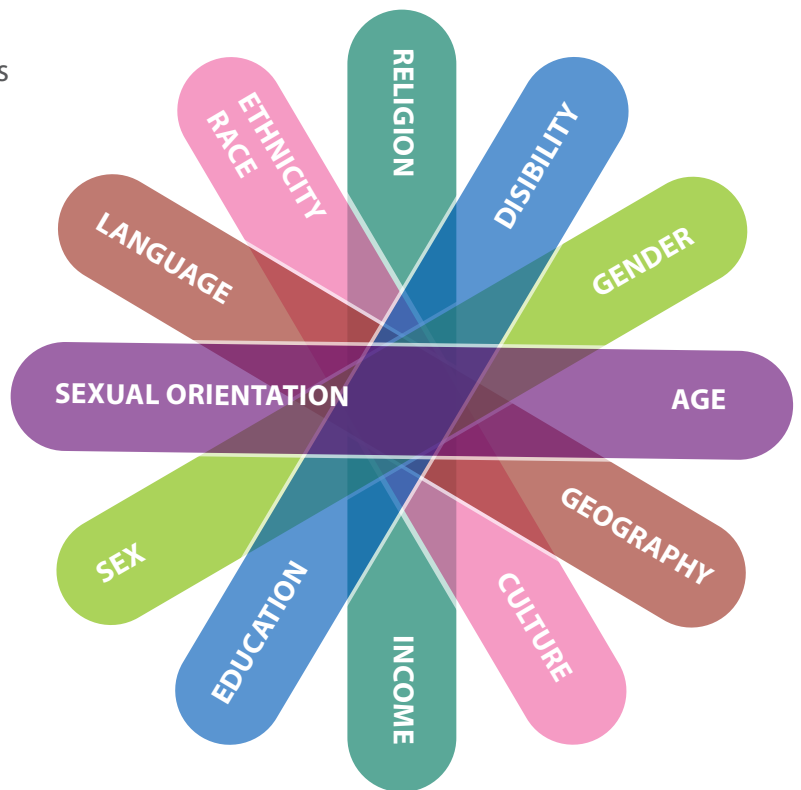
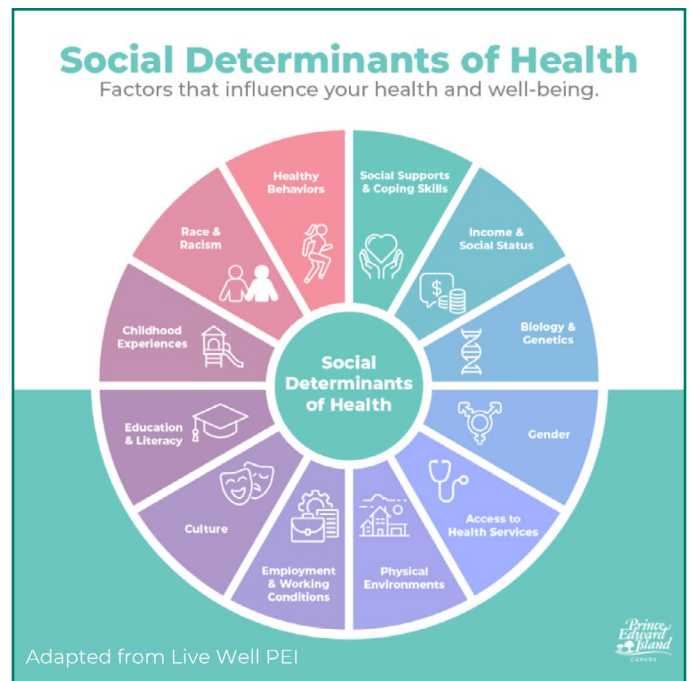
⁴Canadian Institute for Health Information:
<https://www.cihi.ca/en/topics/health-equity-and-population-health>

⁵Live Well PEI, Chief Public Health Office of PEI:
<https://www.livewellpei.ca/about/health-promotion/social-determinants-of-health>

What is intersectionality?

When it comes to health disparities and their causes, it isn't **just** race or gender or sexual orientation that leads to health disparities – rather it is how these things **interact** and **intersect** with the social determinants of health that can contribute to disparities. The term “intersectionality” was originated by a Black American legal scholar Kimberle Crenshaw in the 1980s. It is defined as “An analytical framework for understanding how aspects of a person’s identity (for example, sex, gender, age, ethnicity, class, religion, sexual orientation, ability) combine to create particular forms of discrimination and privilege.” A person who is a newcomer, who doesn’t speak much English or French, and who is racialized may have a very different experience with the healthcare system than someone who speaks English and has lived on the Island for a long time. A transgender person who lives in a rural community may have a very different experience than a cisgender person who lives in town. It is important to be aware of these various factors of identity and how they can combine to create health inequity.

Additional terms and definitions related to equity, diversity, inclusion, accessibility, and cultural safety can be found in the Inclusive Language Glossary.



Section 1:
Elements of a Welcoming Space

How to Make Spaces More Welcoming and Inclusive

From research and community engagement with diverse community partners, it was found that there are many ways to create more inclusive spaces. Welcoming spaces, positive spaces, and safer spaces are all terms that have been used for initiatives relating to fostering inclusion and cultural safety in a particular space.

The 519, a service organization focusing on the 2SLGBTQIA+ community, defines a welcoming space as: "A space where people can find themselves represented and reflected and where they understand that all people are treated with dignity and respect." *In Awareness to Action: A Health Strategy for Women and Islanders Who Are Gender Diverse* we define cultural safety as "an outcome based on respectful engagement that recognizes and strives to address power

imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care."

Beyond the definitions, what are the elements of a welcoming space for both clients and staff?

- They can look around the physical environment and see **inclusive symbols, images, and artwork**.
- They can hear **positive and inclusive language** being used.
- They have access to forms that include space for their pronouns, gender identity, and chosen name if it is different than their legal name. **Their pronouns, chosen name, and gender identity will be respected.**
- They can access a **gender-neutral and accessible** washroom with clear signage.
- They can see a **posted anti-discrimination policy** that outlines that discrimination based on gender, race, Indigenous identity, ethnicity, citizenship status, disability, sexual orientation (any protected grounds under the Human Rights Act) will not be tolerated and what to do/who to speak to if it occurs.
- They can see an **acknowledgement of the First Nation** (and are made aware of the Mi'kmaq Health Systems Navigators)
- Clients should be made aware of any **Interpretation services** that may be available and assisted in securing the services.
- Staff can access and are strongly encouraged to take **training on cultural safety and humility, diversity, equity, and inclusion, and anti-racism.**

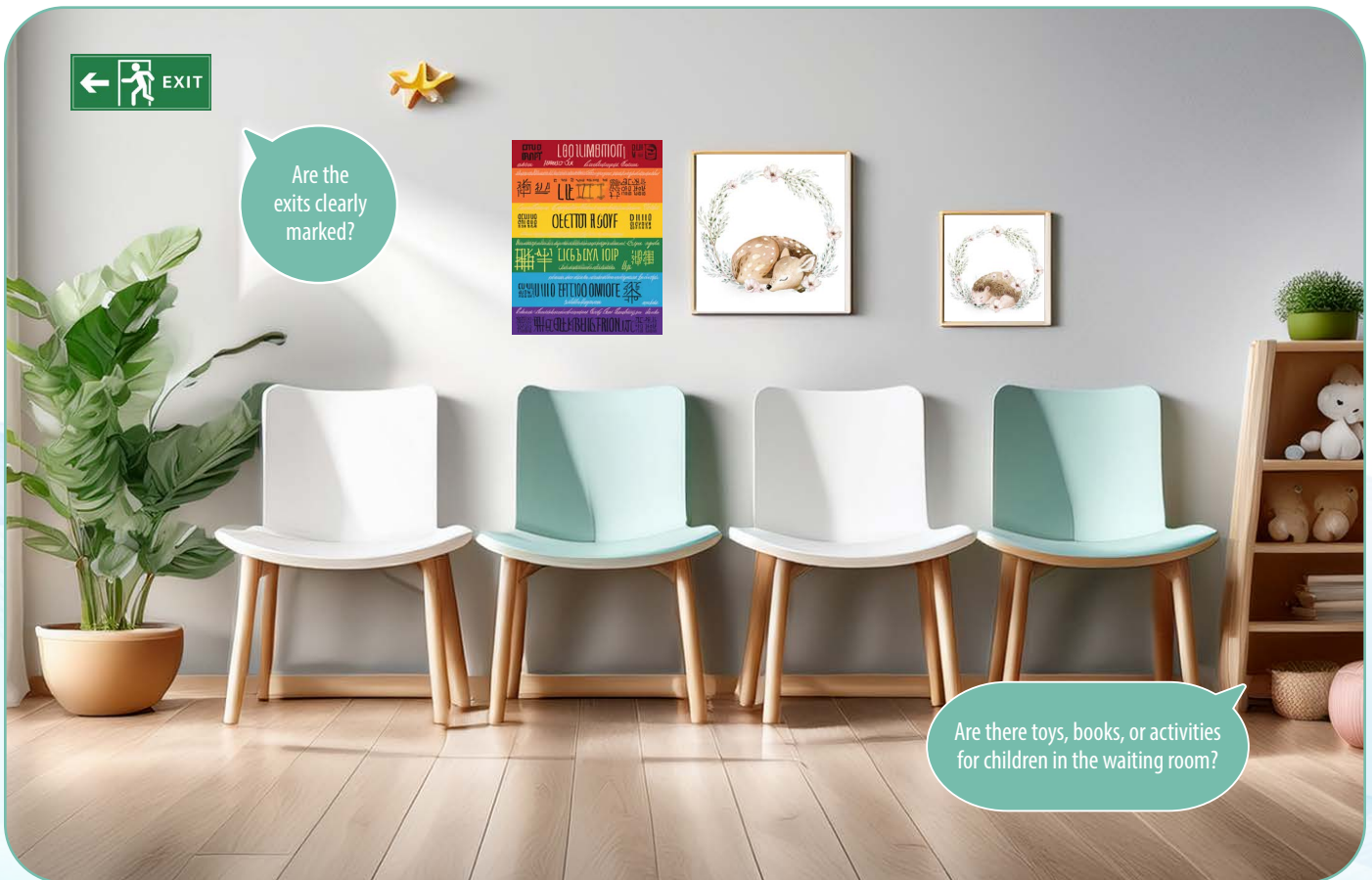
Our ultimate goal is spaces where people feel:

- Seen
- Heard
- Respected
- Accepted
- Like they're an active part in the decision-making process
- Confident in what to expect when accessing healthcare services
- Like they understand the information being requested of them and provided to them

³Definition adapted from First Nations Health Authority

THE WELCOMING SPACE TOOLKIT







Section 2: Tools and Tip Sheets

This section consists of tools to use for a self-assessment for staff, inclusive language guide, a checklist for assessing a space, and tip sheets on topics like pronouns, booking accessible meeting spaces, neurodiversity inclusion and more.

Inclusive Language Recommendations and Glossary

Inclusive language is an important part of creating welcoming spaces. Inclusive language helps people feel seen and increases their sense of belonging in a space. Using inclusive language, both spoken and in written documents, signals to everyone that they will be treated with respect. Terminology is always changing, and this resource will be reviewed regularly to ensure the most up-to-date language is included. Please contact healthhub@gov.pe.ca with any suggestions or questions.

Ableism

The Federal Government Guide on Equity, Diversity and Inclusion Terminology defines ableism as “Prejudice and discrimination against people with a disability.”⁷ The Center for Disability Rights notes that, “Ableism is a set of beliefs or practices that devalue and discriminate against people with physical, intellectual, or psychiatric disabilities and often rests on the assumption that disabled people need to be ‘fixed’ in one form or the other.”⁸ Some terms or expressions that are commonly used, like ‘blind spot’, ‘lame’, and ‘crazy’, are ableist and should be swapped out for something more inclusive, like ‘unaware’, ‘boring’, and ‘unbelievable’. Find more information on avoiding ableist terms [here](#).

Accessibility

Accessibility is defined as “The quality of an environment that enables a person to access it with ease.”¹⁰ Accessibility is not just important in physical spaces, but also in documents, websites, and other visual media. Accessibility can also refer to language, e.g., using plain language in written documents, and providing translated materials whenever possible.

Ageism

According to the World Health Organization, “Age is one of the first things we notice about other people. However, age is often used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity

⁷<https://www.workhuman.com/blog/what-is-inclusive-language-in-the-workplace>

⁸<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#notion-99633>

⁹<https://cdrnys.org/blog/uncategorized/ableism/>

¹⁰<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng>

¹¹https://www.who.int/health-topics/ageism#tab=tab_1

across generations. This is ageism: the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or ourselves based on age.

Ageism is pervasive, affects people of all ages from childhood onwards and has serious and far-reaching consequences for people's health, well-being and human rights."¹¹

Ally

"An ally is a person who does not identify as a member of the 2SLGBTQIA+ community but assists the community through supportive actions and efforts to end oppression. Being an ally is the practice of confronting heterosexism, cissexism, sexism, genderism, and allosexism in oneself and others. Allyship is often founded on the belief that dismantling sexism, heterosexism, trans oppression is a social justice issue." From the **Guidelines for Respecting, Accommodating and Supporting Gender Identity, Gender Expression and Sexual Orientation in our Schools**

Anti-Racism

The PEI Anti-Racism Action Plan notes that "Anti-racism work involves active and intentional actions, education and knowledge-sharing to counter racial prejudice, systemic racism and the oppression of racialized and Indigenous groups." The plan defines anti-racism as "a living process. It is a systematic method of analysis, and a proactive course of action to recognize the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities."

Bias

Bias is a term that describes the assumptions, attitudes, beliefs and stereotypes that people may have against different groups. Bias can be conscious or unconscious. Egale Canada notes



that "Unconscious bias refers to the deep-seated stereotypes and prejudices that individuals hold about others, often without realizing it. These biases can impact decision-making processes, workplace dynamics, and overall organizational culture."¹² Everyone has some unconscious biases and understanding and questioning those biases is an important part of creating an inclusive environment.

BIPOC

"The abbreviation "BIPOC" is used to refer to people of colour and was designed to emphasize the particular experiences of Black people and Indigenous people with discrimination as contrasted with other non-white groups of people. Although the abbreviation "BIPOC" is frequently used in verbal and written communication, its use is not accepted by all. Some people believe that it highlights the fact that the different groups named in the abbreviation have different experiences with discrimination, whereas others believe that it lumps together and blurs the distinct identities and experiences of these groups."¹³

Cisgender

A person whose self-defined gender identity matches their sex assigned at birth. Sometimes shortened to 'cis'.

¹²<https://egale.ca/awareness/unconscious-bias/>

¹³<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#notion-99276>

¹⁴<https://www.fnha.ca/Documents/FNHA-Creating-aClimate-For-Change-Cultural-Humility-Resource-Booklet.pdf>

Cultural Safety

The BC First Nations Health Authority defines cultural safety as “An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.”¹⁴

Deadname/deadnaming

According to the National Institutes of Health “Deadnaming is the act of calling a transgender, gender fluid and/or nonbinary person by an incorrect name; often the name they were given at birth and no longer use. A person’s chosen name is an integral part of their identity and often reflects their own journey toward self-discovery.” There is still work to do on integrating changes to names, gender identity and pronouns within our official systems (electronic medical records, forms, and processes), but this is something that we are working towards.

Discrimination

The Canadian Human Rights Commission defines discrimination as “an action or a decision that treats a person or a group badly for reasons such as their race, age or disability. These reasons, also called grounds, are protected under the *Canadian Human Rights Act*.”¹⁵ The grounds are things like:

- Race
- National or Ethnic Origin
- Colour
- Religion
- Age
- Sex
- Sexual Orientation
- Gender Identity or Expression
- Marital Status
- Family Status
- Disability
- Genetic Characteristics
- A conviction for which a pardon has been granted or a record suspended

Diversity

The PEI Anti-Racism Action Plan and the PEI Public Service Commission defines diversity as “the range of visible and invisible qualities, experiences

and social and cultural identities that shape who we are, how we think and how we engage with, and are perceived by the world. These can be along the dimensions of age, skin colour, gender, ethnicity, physical/mental ability, economic status, sexual orientation, education level, first language, immigration/refugee status, socioeconomic background, religious/spiritual beliefs, political ideologies, etc.”¹⁶ **Note:** A person should not be described as “diverse”, but a group of people, consisting of many different identities could be called diverse.

Gender

“The behavioural, cultural and psychological traits associated with an array of gender identities, including female or male, in a given society.”¹⁷

Note: The term gender is sometimes used interchangeably with the term sex, but the two terms are not interchangeable. See the definition of sex below.

Gender Diverse

An umbrella term for individuals whose gender identity differs from their assigned sex at birth.

Gender Expression

“**Gender expression** is how a person publicly presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person’s chosen name and pronoun are also common ways of expressing gender.”¹⁸

Gender Identity

The Federal Government Guide on Equity, Diversity and Inclusion Terminology defines gender identity as “a person’s internal and deeply felt sense of being a man, a woman, both, neither, or somewhere along the gender spectrum. A person’s gender identity may or may not align with the sex they were assigned at birth. Gender identity is not necessarily visible and has nothing to do with sexual orientation. It can be static or fluid.”¹⁹

¹⁵<https://www.chrc-ccdp.gc.ca/en/about-human-rights/what-discrimination>

¹⁶https://www.princeedwardisland.ca/sites/default/files/publications/anti_racism_action_plan_digital.pdf

¹⁷<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#lettre-letter-G>

Inclusion

The PEI Anti-Racism Action Plan defines inclusion as “an attitude and approach that embraces diversity where all people feel valued and have a sense of belonging that applies the principles of equity and fairness in all aspects of its policies, practices, procedures and service delivery. An inclusive environment enables individuals and groups to feel safe, respected, engaged, motivated, and valued for who they are.”²⁰

Intersex

“Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.”²¹

Microaggressions

The term microaggression refers to “everyday subtle put-downs directed towards a marginalized group which may be verbal or non-verbal and are typically automatic’. Microaggressions send disparaging messages to individuals because of their perceived group membership. Often the perpetrators of microaggressions are not aware of their actions.”²² Micro doesn’t mean small impact – research has shown that microaggressions are just as harmful as overt acts of discrimination.

Neo-Pronouns

Human Rights Campaign notes that neopronouns “include those pronouns besides the ones most commonly used in a particular language. As one’s pronouns are ultimately a reflection of their personal identity, the number and types of (neo) pronouns a person may use is limitless.

Examples of neopronoun sets include: **xe/xir/xirs**, **ze/zir/zirs** and **fae/faer/faers**.”²³

Non-Binary

“A gender identity that is outside the binary categories of man or woman. Someone whose

gender is non-binary, might identify with elements of both man and woman, with another gender entirely, or perhaps with no gender at all. Some examples of non-binary gender identities that exist both on and off this spectrum include agender, bi-gender, polygender, genderfluid and genderqueer”.²⁴



Neurodivergent

“Neurodivergent people include autistic people; people with attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD) and other mental health conditions; and people with learning disabilities.

This group also includes people with other intellectual and developmental disabilities and a wide range of conditions that can shape thinking, learning, and perceiving the world. In contrast, people whose brains and nervous systems function “typically” are known as neurotypical people.” (Definition from the **Employer Assistance and Resource Network on Disability Inclusion**).

Queer

According to Egale Canada, queer is “an umbrella term that may variously describe 2SLGBTQ! communities, one’s relationship to a particular community, or an individual identity. It can denote same-gender attraction or reflect more complex dynamics between one’s sex, gender, and attraction experiences.”²⁵

¹⁸<https://www.canada.ca/en/department-justice/news/2016/05/gender-identity-and-gender-expression.html>

¹⁹<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#lettre-letter-G>

²⁰https://www.princeedwardisland.ca/sites/default/files/publications/anti_racism_action_plan_digital.pdf

²¹https://isna.org/faq/what_is_intersex/

²²<https://pmejournal.org/articles/10.1007/S40037-019-0516-3>

Note: Due to the history of this term, use it with caution, e.g., if a person or a group has used it to self-identify.

Racism

“Prejudice, hostility, discrimination, and even violence, whether conscious or not, against persons of a specific race or ethnic group. Racism can be manifested through individual actions or systemic or institutional practices.”²⁶ In 2020 the Public Health Agency of Canada acknowledged that “racism has been increasingly recognized as an important driver of inequitable health outcomes for racialized Canadians.”²⁷

Sex

“A defined set of anatomical and physiological characteristics, including chromosomes, gene expression, hormones, and reproductive or sexual anatomy.”²⁸ Sex assigned at birth “is typically assigned based on a person’s reproductive system and other physical characteristics.”²⁹ This may or may not match a person’s gender identity and expression.

Sexual orientation

“The physical or romantic attraction to people based on their sex, gender identity or gender expression.”³⁰

Stigma

“Stigma is negative attitudes, beliefs or behaviours about or towards a group of people because of their situation in life.”³¹

Transgender

The Health Strategy for Women and Islanders Who Are Gender Diverse defines transgender as “A term that may be used to specifically refer to people who have gone or who are going through

a process of gender transition. It is also used as an umbrella term for people whose gender identity differs from the sex they were assigned at birth, whether binary or non-binary; sometimes abbreviated to trans.”³² Gender transition is unique to the individual. Some folks socially transition (such as changing name, pronouns, gender expression), while others may have medical interventions, e.g., surgeries, medications, procedures. **Note for healthcare providers:** Only ask about medical transition history if it relates to the health issue and visit at hand. Some trans people have reported invasive questions from medical staff that do not pertain to their specific health issue.

Two Spirit (2S)

An umbrella term for the many Indigenous traditional identities forcefully suppressed by colonization. The term honours the fluid and diverse nature of gender and attraction and its connection to community and spirituality. An individual may choose to use this term instead of, or in addition to, identifying as LGBTQI+.

Note: Non-Indigenous people should not use the identity of Two Spirit. The Native Women’s Association notes that “Due to cultural and spiritual context, the term, Two Spirit should only be used for Indigenous people.”³³



²³<https://www.hrc.org/resources/understanding-neopronouns>

²⁴<https://egale.ca/wp-content/uploads/2023/07/2SLGBTQI-Terms-and-Definitions-2.0.pdf>

²⁵<https://egale.ca/awareness/terms-and-definitions/>

²⁶<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#lettre-letter-R>

²⁷<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot.html>

²⁸<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#lettre-letter-S>

²⁹<https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DEC&Id=24101>

³⁰<https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#lettre-letter-S>

³¹<https://www.canada.ca/en/health-canada/services/publications/healthy-living/stigma-why-words-matter-fact-sheet.html>

³²https://www.princeedwardisland.ca/sites/default/files/publications/dhw_health_strategy_for_women_and_gender_diverse_islanders_clean_web.pdf

³³<https://www.nwac.ca/assets-knowledge-centre/NWAC-2SLGBTQ-Factsheet-EN.pdf>

Assess your Awareness of Welcoming Environments

Baseline Self-assessment

Building knowledge and awareness of barriers and challenges faced by equity-deserving groups is an ongoing process for healthcare workers and staff, and a key part of creating welcoming environments. Take some time to reflect on the following questions³⁴ and assess your team/unit/workplace.

Rate your workplace on the following questions, where 1 is not at all confident and 5 is very confident. How confident is your organization in working with...					
Indigenous Peoples?	1	2	3	4	5
Newcomers to Canada?	1	2	3	4	5
People with disabilities?	1	2	3	4	5
People with sexual orientations other than heterosexual e.g., gay, lesbian, queer, bisexual, pansexual, etc.?	1	2	3	4	5
Racialized people?	1	2	3	4	5
Trans and gender diverse people?	1	2	3	4	5

Rate your workplace awareness of the following questions, where 1 is not at all knowledgeable and 5 is very knowledgeable. How would you rate your organizational knowledge of barriers faced within your services by...					
Indigenous Peoples?	1	2	3	4	5
Newcomers to Canada?	1	2	3	4	5
People with disabilities?	1	2	3	4	5
People with sexual orientations other than heterosexual e.g., gay, lesbian, queer, bisexual, pansexual, etc.?	1	2	3	4	5
Racialized people?	1	2	3	4	5
Trans and gender diverse people?	1	2	3	4	5

What are some of the things your workplace has done to remove these barriers for equity-seeking groups? (Fill in question)

What are some of the things your workplace is planning to do in the future to remove these barriers? (Fill in question)

Please consider the following questions on workplace readiness.

Do your forms have options for genders beyond male and female?	Yes	No	In progress	Unsure
Do your forms use gender neutral language wherever possible? (Example: parents instead of mother and father)	Yes	No	In progress	Unsure
Do your forms ask for clients' pronouns?	Yes	No	In progress	Unsure
Does your organization recognize the right of all people to access facilities based on their lived gender identity?	Yes	No	In progress	Unsure
Does your organization provide information on where people can find accessible, all-gender washrooms?	Yes	No	In progress	Unsure
Does your organization have clearly written non-discrimination and anti-harassment policies?	Yes	No	In progress	Unsure
Are non-discrimination and anti-harassment policies included in onboarding new staff or volunteers at your organization?	Yes	No	In progress	Unsure
Does your organization have a clear policy statement that encourages inclusive language, behaviours, and practices related to diversity and inclusion posted in a public area?	Yes	No	In progress	Unsure

Please consider the following questions on workplace training.
Has your organization had training on...

Anti-racism training?	Yes	No	In progress	Unsure
Cultural safety and cultural humility in working with Indigenous Peoples?	Yes	No	In progress	Unsure
Cultural diversity?	Yes	No	In progress	Unsure
Diversity, equity, and inclusion?	Yes	No	In progress	Unsure
Inclusion of people with disabilities?	Yes	No	In progress	Unsure
Trauma-informed practices?	Yes	No	In progress	Unsure
Working with trans and gender diverse individuals?	Yes	No	In progress	Unsure
Gender-affirming care?	Yes	No	In progress	Unsure

Please consider the following questions about your physical space.

Have clients been informed about what to expect when they arrive for an appointment?	Yes	No	In progress	Unsure
Are there chairs or a seating area large enough to accommodate larger bodies?	Yes	No	In progress	Unsure
Is there sufficient space for people with mobility devices (e.g., wheelchairs, walkers, etc.,) or strollers to move around the space comfortably?	Yes	No	In progress	Unsure
Is the space easy to navigate for individuals with complete or partial vision loss?	Yes	No	In progress	Unsure
Is there a sense of privacy when clients have to disclose private information?	Yes	No	In progress	Unsure
Is there clear signage to show where clients are supposed to go?	Yes	No	In progress	Unsure
Do posters or displayed artwork reflect a diversity of genders, cultures, and abilities?	Yes	No	In progress	Unsure
Does the space accommodate breastfeeding/chestfeeding parents?	Yes	No	In progress	Unsure
Does the space accommodate parents with young children?	Yes	No	In progress	Unsure



Space Assessment for Welcoming Spaces

Please consider the following questions about your physical space.

Finding the space: Is it clearly marked for a client or guest to find where they are supposed to go? (E.g., are there directions posted at entrances/outside elevators, etc.?)	Yes	No	N/A
Is there sufficient space for people with mobility devices (e.g., wheelchairs, walkers, etc) or strollers to move around the space comfortably?	Yes	No	N/A
Are there chairs or a seating area large enough to accommodate larger bodies?	Yes	No	N/A
Is there a sense of privacy when clients have to disclose private information?	Yes	No	N/A
Do posters or displayed artwork reflect a diversity of genders, cultures, and abilities?	Yes	No	N/A
Is there an all-gender / gender-neutral washroom?	Yes	No	N/A
Is it clear that there is an all-gender / gender-neutral washroom or do people have to ask?	Yes	No	N/A
Do intake forms have options for genders beyond male and female?	Yes	No	N/A
Do forms ask for client pronouns?	Yes	No	N/A
Do staff have their pronouns displayed?	Yes	No	N/A
Are non-discrimination and/or anti-harassment policies posted publicly?	Yes	No	N/A
Is there anything posted about who to contact if discrimination or harassment takes place?	Yes	No	N/A

Additional Comments on the Space:

Tip Sheet on Pronouns

What are pronouns and why are they important?

Pronouns (such as she/her, he/him, they/them) are an integral part of how we refer to ourselves and others. It's important not to make assumptions about people's gender based on their appearance or their name. Giving our pronouns helps avoid uncomfortable situations for everyone, but especially for gender diverse people.

Why should I introduce myself using my pronouns and/or add pronouns to my email signature?

Proactively adding your pronouns to your email signature, wearing a pronoun pin, or displaying your pronouns on a nametag, are small gestures that can have a real impact in creating an inclusive work environment. As Egale Canada notes, "Making assumptions about someone's gender identity can often lead to exclusion and harm. Learning to ask for and use someone's pronouns is a small step in treating 2SLGBTQIA+ people with decency and respect."

It helps avoid misgendering which "involves attributing a gender to someone that is incorrect/ does not align with their gender identity. [Misingendering] often occurs when using pronouns, gendered language (i.e., "Hello ladies!" or "Hey guys"), or assigning genders to people without knowing how they identify." (From the **Guidelines for Respecting, Accommodating and Supporting Gender Identity, Gender Expression and Sexual Orientation in our Schools**, PEI Department of Education and Early Years).

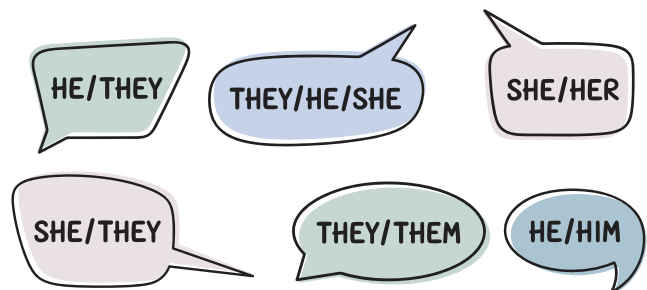
If it's so important, why isn't there a policy that makes people add their pronouns?

Sometimes people are not comfortable disclosing their pronouns, or "coming out" to people at work. We wouldn't want to force anyone to do something that makes them uncomfortable.

What do I do if someone is upset that I asked them their pronouns?

Some people may not feel comfortable sharing their pronouns with you, and that is okay. As Pride Health Nova Scotia notes, "While there are some people that may be confused or even offended by being asked, it's important to remember that there are people who will feel safer receiving care from you because you asked!"

If someone gets upset about being asked for their pronouns, you could say something like: "I ask everyone about their pronouns to make sure that I'm referring to people the way they want to be referred to."



More resources on pronouns:

<https://egale.ca/awareness/pronoun-usage-guide/>

<https://www.peitn.com/for-health-professionals>

Why Pronouns Matter: <https://www.youtube.com/watch?v=SRh7j2g95HU>

<https://www.inhersight.com/blog/allyship/pronoun-email-signature>

Tip Sheet – Booking Accessible Spaces for an Event or Meeting

Before booking a space for an event or meeting, consider the following accessibility questions:

Entrance

- Is the entrance to the venue well-marked? Well-lit?
- Is there a ramp or a way for wheelchair users and/or people with mobility issues to enter the space?
- Is the surface slippery or are there any obstacles in the way?

Signage

- Is there clear signage for the venue (exterior and interior)?
- Can people easily find the washrooms, accessible entrances and exits, etc?
- (If not, you may want to consider making additional signs for folks navigating your event.)

Room space

- Is there room for wheelchair users to navigate the space comfortably?
- Is there space for service animals?
- Is there enough space in the room to allow people to easily stand if needed?
- Are there chairs available to accommodate larger bodies?
- Is the space well-lit for people with visual impairments, or for folks who might need to read lips?
- Is there a microphone available for the speaker to use?
- Is the space scent-free?
- Is there a possibility of a quiet secondary room if people need a break for sensory reasons, or need to breast/chestfeed, or any other reason?

Washrooms

- Are there accessible washrooms with enough space to accommodate wheelchair users?
- Is there an all gender washroom available, or is there an option to designate a washroom for all genders?

Parking and Proximity to transit/bus stops

- Is the venue accessible via public transit for people who may not have access to a car?
- Is there parking at the venue that is close to the building? Accessible parking spaces?

Accommodations

If you have an event that requires RSVPs or registration, you can ask if accommodations are needed during the RSVP process.

Suggested wording:

Please let us know if you need any of the following accommodations in order to participate

- ___ Assistive listening device
- ___ Captioning
- ___ Reserved front row seat
- ___ Large print
- ___ Advance copy of slides to be projected
- ___ Wheelchair access to the building
- ___ Wheelchair access to working tables
- ___ Scent-free room
- ___ Breastfeeding/chestfeeding room
- ___ Gender neutral bathroom
- ___ Diet Restrictions. List: _____
- ___ Other: _____

Tip Sheet – How to Address Microaggressions

What is a microaggression?

From an article in *Perspectives on Medical Education*, “The term microaggressions refers to ‘everyday subtle put-downs directed towards a marginalized group which may be verbal or non-verbal and are typically automatic.’ Microaggressions send disparaging messages to individuals because of their perceived group membership. Often the perpetrators of microaggressions are not aware of their actions.” Microaggression is a term that was popularized by Dr. Derald Wing Sue, a professor at Columbia University.

Some scholars have suggested moving away from the term ‘microaggression’ due to the fact that the word ‘micro’ implies these are minor or less harmful acts. **Research has shown** that ‘microaggressions’ are just as harmful to people as overt acts of discrimination.

What is an example of a microaggression?

This could look like: assuming a racialized person is janitorial or housekeeping staff, assuming that women physicians are nurses, or assuming that Black or racialized people are foreign-born.

For example, if someone asked an Asian person where they are from and they respond, “Halifax,” and the person then asks, “No, where are you really from?,” that would be an example of a microaggression.

What should I do if I hear someone saying something discriminatory?

We’ve all been in a situation where someone says something that stereotypes a person or discriminates against a group of people and sometimes, we aren’t sure what the best response is. Only respond if you feel safe to do so, and try not to put someone on the spot, or “call them out.” Take them aside for a conversation if possible at an appropriate time, and try one of the strategies listed below. (Content adapted from: *Microaggression in the healthcare setting, Ehie et al, 2021*).

“

Reflect back: “I heard you say _____, can you explain what you mean by that?”

Communicate impact: “Using words like _____ makes me uncomfortable.”

Raise awareness: “I believe a more inclusive term is _____.”

Re-affirm boundaries: “We do not tolerate that kind of language, and I ask that everyone speak with respect.”

”



Tipsheet on Neurodiversity Inclusion

What is neurodiversity?

“Neurodiversity describes the natural way that people think, learn, perceive the world, interact, and process information differently.”

What does neurodivergent mean?

“Neurodivergent people include autistic people; people with attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD) and other mental health conditions; and people with learning disabilities. This group also includes people with other intellectual and developmental disabilities and a wide range of conditions that can shape thinking, learning, and perceiving the world. In contrast, people whose brains and nervous systems function “typically” are known as neurotypical people.” (Definition from the *Employer Assistance and Resource Network on Disability Inclusion*).

Neurodivergent clients and colleagues may require certain accommodations. Neurodivergent people can often experience barriers in many environments, including the workplace, in medical settings, and in educational environments. Things like workspaces with excessive noise and interruptions, bright fluorescent lighting, information provided in only one way (e.g., verbal without also written instructions), and excessive social demands are all examples of barriers that autistic people may face.

Neurodivergent people also bring a wide array of strengths, talents and diversity of thought to a team. According to the Employer Assistance and Resource Network on Disability Inclusion, these skills and talents may include:

- “Innovation and creativity
- Technical, design, and creative strengths
- New ways to solve problems
- High levels of concentration

- Keen accuracy and ability to detect errors
- Strong recall of information and detailed factual knowledge
- Reliability and persistence
- Ability to excel at work that is routine or repetitive in nature”

Here is a list of tips to help make an inclusive environment for neurodiverse people who may use/access your space.

Attend to sensory environments: provide quiet areas, access to natural lighting, and, if possible, remote work or appointment options.

Provide clear instructions and/or tell people what to expect for a meeting or visit in advance: it can be helpful to provide visual aids as well as written instructions. If possible, instructions via audio recording could be helpful for some people. Providing written summaries of meetings and/or appointments could also be helpful.

Use positive language: focus on strengths and abilities, not stereotypes and deficits. Person-first language is commonly used (e.g., a person with autism, a person with a disability), but please note that many people in the disability community prefer to be referred to as autistic, or disabled (known as identity-first language). When in doubt, ask how a person likes to be described. *Read more about person-first and identity-first language here.*

Training and education: offer staff training and education on neurodiversity to help prepare them to better include neurodiverse staff and/or clients.

For more information on helpful accommodations for neurodiversity, check out this website: *Job Accommodation Network*

Section 3:

Existing Trainings and Resources

*Updated as of May 2026

Public Service Commission Training for PEI Civil Service

Pathways to Learning courses can be found at this [link](#). The Public Service Commission updates the offerings every year. Some previous sessions on equity, diversity, inclusion, and accessibility in the workplace topics have included: Braver Spaces 101, Anti-Racism Workshop, Cross-cultural Understanding, Foundations of Anti-Oppressive Practice, and more.

Community-based Training Within PEI (UPEI, other community organizations)

Training / course name: Indigenous Cultural Awareness (UPEI)

Description: All Canadians are called to learn about Canada's relationship with Indigenous peoples, and how we can move forward in reconciliation and restitution.

In the Indigenous Cultural Awareness course, facilitator Julie Pellissier-Lush will highlight and explain in-depth the traditional knowledge of the Mi'kmaq – the Indigenous peoples of Mi'kma'ki, and specifically Epekwitk – as well as their life before contact with Europeans, the role of colonization on the Mi'kmaq,

and how all Canadians move forward positively with Indigenous peoples.

These learnings will be done in a fun way that will focus on participants feeling safe in the learning circle provided, as well as ensure all taking part in Indigenous Cultural Awareness will leave with a greater knowledge of traditional Mi'kmaq teachings, history, and how to engage and grow through truth, reconciliation, and restitution.

Cost: \$225

Available to: anyone

Mode of delivery: Online and in-person

Time commitment: 6-hour course

Link: <https://www.upei.ca/professional-development/certificates/indigenous-cultural-awareness>

External Resources

The following resources and trainings have been curated by the staff of the Women and Gender Diverse People's Health Section. The content linked may be updated or changed, and it will be reviewed periodically to check for updates, changes, or deletions. Current as of May 2026

2SLGBTQIA+ Resources

Beyond the Binary: Pathways toward equitable research with people who experience sex and gender-based health inequities. Created by the Partnership for Women's Health Research Canada.

Making Mistakes and Correcting Them - Trans Care BC. This resource provides tips on what to do if you make a mistake in terms of pronouns, names, terms, or choice of words. In summary: "1) Apologize briefly, 2) Use the correct word, term, name, or pronoun, and 3) Move on." Prolonging, or making a big deal out of an apology can make the client feel uncomfortable and put on the spot. Apologize, and commit to not making the mistake again.

Gender Inclusive Language Guide - Trans Care BC. In summary: "Gender-inclusive language signals to clients that your service welcomes diversity. Greet clients without using gender markers. Once you know the words people use to describe their families and themselves, use their words in a respectful and professional manner."

How to have difficult conversations – Egale Canada

Queering Mental Health Modules – Egale Canada

Trans 101 - PEI Transgender Network. A guide to trans terminology.

Trans Primary Guide – Rainbow Health Ontario.

2SLGBTQ Resources - Peers Alliance. This page contains media resource and book lists, a guide to 2SLGBTQ-affirming therapists in PEI, and more.

2S/LGBTQIA+ Health Resource Inventory – Community-Based Research Centre. "Queer and trans communities can experience unique and often

unmet health needs. Having access to targeted health information—both for community members and the providers that serve them—can help address this gap. However, finding trusted and culturally relevant resources can be challenging. To make this easier, in partnership with **Wisdom2Action**, CBRC has compiled a list of resources on a range of 2SLGBTQIA+ health topics."

LGBTQ2S Inclusion Playbook: A Series of Best Practices for Healthcare Environments – the 519. In summary: "The Playbook is intended to support people working in acute, primary, and community health and social service environments in fostering inclusive spaces for LGBTQ2S communities and people. It provides medical professionals, care providers, administrative teams, and policymakers with tools, resources, and guidelines to better understand and meet the needs of 2SLGBTQIA+ people in healthcare and social service care settings."

The Federal Government recently launched the Unity campaign, "The Unity campaign sets out to create a more inclusive future for everyone, including Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and other sexually and gender diverse (2SLGBTQI+) people. Help advance equality by recognizing stigma, debunking misinformation, and supporting 2SLGBTQI+ communities." This website has information on how to deal with stigma, debunking myths, and how to be an ally to members of 2SLGBTQIA+ communities.

We Are Allies: Research and Resources – We Are Allies. A resource that offers ways to combat misinformation about gender affirming care, research on trans, two-spirit and nonbinary topics, and helpful tips of how to be an ally to trans folks in a health setting.



BIPOC Health Resources

Black Health Primer: “The Black Health Primer is a multi-module, online, and self-paced course on Black health and anti-Black racism in the Canadian healthcare system. It was created in response to gaps in education and training on Black health and anti-Black racism in medicine and public health in Canada. The course is suitable for all medical and health profession learners, faculty, educators, professionals, and practitioners (including administrative and other staff).” Cost involved.

BIPOC USHR Educational Resources – This page contains resources on BIPOC Mental Health, Equity, Diversity, and Inclusion and more.

Resources for Health Care Learners – BIPOC Women’s Health Network. “BIPOC WHN is led by a group of medical students who aim to provide healthcare resources and improve health experiences for racialized womxn in local Canadian communities.”

Racialized 2SLGBTQ Health Guide – Rainbow Health Ontario. Purpose: “This Health in Focus educational resource was created to highlight the health care and social service needs of racialized 2SLGBTQ people. This document will help you to identify barriers experienced by racialized 2SLGBTQ people in accessing health care and social services, and to better understand what can be done to create affirming 2SLGBTQ environments for this population.”

Indigenous Health Training and Resources

Trainings Available on Indigenous Health

These resources have been curated by the Women and Gender Diverse People’s Health Section and the Chronic Disease Section of the Department of Health and Wellness. They have been reviewed by the Mi’kmaq Health Systems Navigators, staff at Mi’kmaq Confederacy of PEI, and health staff at Abegweit First Nation.

Trauma-Informed Care Webinars

Trauma-informed care shifts the focus from “What’s wrong with you?” to “What happened to you?” A trauma-informed approach to care acknowledges that healthcare organizations and care teams need to have a complete picture of a patient’s past and present life situation to provide effective healthcare services with a healing orientation.

Examples of webinars include:

- **Trauma-informed, Healing-centered Community Wellness** from the University of British Columbia Learning Circle
- **Trauma-Informed Practice with Indigenous Peoples across the Life Span** from Western University
- **What’s new is really old: Trauma-informed health practices through an understanding of historic trauma** from NCCIH.

Webinar on Indigenous Cultural Safety

National Collaborating Centre for Determinants of Health hosted a webinar called *Promising Practices in Indigenous Community Health Promotion*. This webinar addressed the political and social contexts of Indigenous health promotion, unpacking some social determinants of Indigenous health.

Cultural Competency for Behavioral Health Professionals

(Health PEI’s Mental Health and Addiction’s online course)

Cultural and linguistic competency is recognized as an important strategy for improving the quality of care provided to clients from diverse backgrounds. This 5-hour e-learning program is designed to equip behavioral health professionals with cultural and linguistic competencies.

Register here: Cultural Competency for Behavioral Health Professionals

Health PEI Cultural Awareness Module

With this Cultural Awareness Module the nurse or patient care worker (PCW) / resident care worker (RCW) orientating the Internationally Educated Health Provider (IEHP) will have awareness of the following:

- Some of the challenges the IEHP may have encountered prior to commencing work on Prince Edward Island.
- Terms associated with cultural awareness / sensitivity.
- Challenges faced by Internationally Educated Persons as they transition into a new culture and work environment.
- Differences between nursing work in Canada versus nursing work in other countries as advised by IEHPs.
- Different expectations of nurses, PCW / RCWs from patients / residents in Canada versus their home country.
- Potential issues with reusable / disposable products.
- Communication differences / challenges the IEHP may face, and
- What the person orientating the IEHP to unit / facility on Prince Edward Island can do to enhance cultural sensitivity.

Indigenous Health and Wellness Advocacy, and Allyship

Athabasca University has launched a free, **massive online open course (MOOC)** to tackle anti-Indigenous racism in health care. The course teaches about the roots of racism and discrimination Indigenous people experience in accessing care, and the role of advocacy and allyship in addressing these issues.

This free learning opportunity provides essential knowledge for healthcare professionals, and also for anyone who wants to understand the struggles of Indigenous communities and learn how to recognize and confront systemic racism.

***Indigenous Health and Wellness, Advocacy, and Allyship Certificate** is also available at a cost of \$650. For more information on certificate requirements see Athabasca University

Ontario Health's Indigenous Relationship Courses

A **series of online courses** to help individuals working with First Nations, Inuit, Métis and urban Indigenous people. The courses support a call to action made in the 2015 Truth and Reconciliation Commission of Canada report. These 13 courses will provide you with knowledge about the history and culture of First Nations, Inuit, Métis and urban Indigenous people and communities.

The courses are free for anyone but require **online registration** to access and enroll.

San'yas Anti-Racism Indigenous Cultural Safety Training

Core Training includes courses that cover foundational topics about Indigenous cultural safety and anti-Indigenous racism. Some of our Core Trainings have been designed for people working in specific sectors (e.g., health, mental health, child welfare, and justice) and specific provinces (i.e., Ontario, British Columbia, or Manitoba). Note: You do not need to live in one of these provinces to register for province-specific training.

San'yas means "way of knowing" in Kwak'wala the language of the Kwakwaka'wakw Peoples, whose traditional and unceded territories are located on northern Vancouver Island and surrounding areas.

(Cost may be associated with courses. Contact ics@phsa.ca for more information.)

Indigenous Health Resources

Cultural Safety and Humility Standard and Framework

The *Cultural Safety and Humility Standard* specifies the requirements for governing bodies, organizational leaders, teams, and the workforce from health authorities and health and social services organizations to address Indigenous-specific racism in service delivery and provide culturally safe services to First Nations, Métis, and Inuit peoples and communities in BC.

Cultural Safety Continuum

The Indigenous Primary Health Care Council in Ontario provides an *infographic* that shows a circular spectrum with cultural safety embedded in the middle of the circle.

The Public Health Agency of Canada also adapted a *graphic* from the BC First Nations Health Authority to display that cultural safety must be viewed as a continuum of knowledge, attitudes and behaviours, beginning with cultural awareness.

Medicine Wheel

The medicine wheel is a sacred and ancient symbol meant to represent the interconnectivity of all aspects of one's being. The medicine wheel provides a holistic and balanced approach to teaching a variety of subjects, such as the four states of being (i.e., Mental, Spiritual, Physical, and Emotional). To learn more, watch this *video* or read this *online resource*.

National Dialogue on Data Report

The National Dialogue on Data: What We Heard Report summarizes discussions on the perspectives and values for measures to address anti-Indigenous racism in Canada's health systems with a focus on data and health information.

Patient Navigators

There are many *patient navigators* on PEI. Here is the complete list of navigators. Two navigators are focused on Mi'kmaq health needs – Mi'kmaq Health Systems Navigators

West – Shelby Arsenault, R.N., BScN (902-831-2711; shelby.arsenault@lennoxisland.com)

East – Crissy Riley, LPN (902-676-3007; criley@abegweithealth.ca)

Smudging

Smudging is a cultural ceremony for cleansing and purifying the soul, providing a means of healing. For instance, smudging is used to cleanse places with negative energies and is performed during crises, ill health, and death.

Contact any of the First Nations, community organizations, or the Mi'kmaq Health Systems Navigators to conduct smudging for a client.

The Unforgotten (film)

This *film*, supported and funded by the Canadian Medical Association, shares experiences of Inuit, Métis and First Nations peoples at various stages of life. It was created to raise awareness, incite reflection, and spark conversations about how to make meaningful changes in health care.

Traditional Healing

Traditional healing refers to the health practices, approaches, knowledge and beliefs that incorporate ways of Indigenous healing and wellness. These practices include using ceremonies (i.e., smudging, full moon ceremony, sweat-lodge ceremony, etc.), plant, animal or mineral-based medicines, energetic therapies and physical or hands-on techniques. It is important to ask Indigenous clients if and how they would like to incorporate traditional healing into their healthcare.

Two-Eyed Seeing Approach

Albert Marshall is a respected Mi'kmaq Elder whose concept of *two-eyed seeing* recognizes the strength of Indigenous ways of knowing and the strength of western ways of knowing and uses both competencies together. Two eyed seeing acknowledges that Indigenous methods and treatments are as valid as those used in mainstream medicine, and it allows Indigenous peoples to be partners in their own healthcare.

Section 4: Frequently Asked Questions

What is a welcoming environment?

A welcoming environment is a space where “people can find themselves represented and reflected and where they understand that all people are treated with dignity and respect.” Research shows that when people do not feel welcome and/or safe accessing health services, they will put off or avoid treatment altogether. Culturally safe and welcoming environments are an important part of achieving health equity.

What is my role in creating a welcoming environment?

There are multiple levels of responsibility to creating a welcoming environment: the system level (which encompasses larger actions taken by organizations, like this toolkit, offering training, creating human resource policies that enhance diversity, equity, inclusion and accessibility, hiring policies that promote diverse hiring, etc.,).

Our ultimate goal is spaces where all people feel:

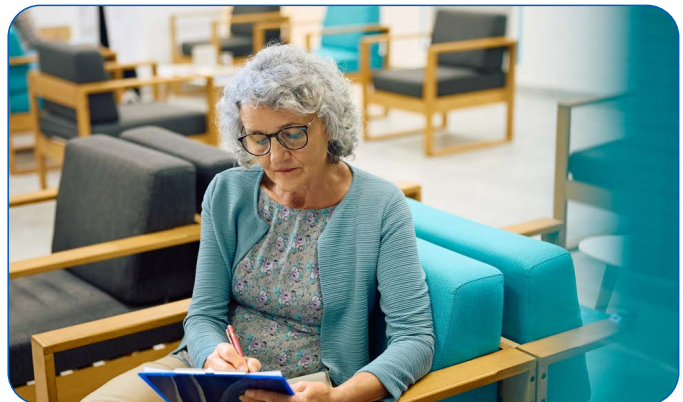
- Seen
- Heard
- Respected
- Accepted
- Like they're an active part in the decision-making process
- That they can access the facility without barriers
- Confident in what to expect when accessing healthcare services
- Like they understand the information being requested of them and provided to them.

On the individual level, you should seek out training related to health equity, diversity and inclusion, cultural safety, and other related concepts when you are able. Making yourself aware of and reading resources like the Welcoming Spaces toolkit is another way to take individual action towards an inclusive and welcoming environment. Reflecting on your own background, unconscious biases, and role in promoting inclusion and accessibility are also good practices.

What is cultural safety?

Cultural safety is a term that was created in Indigenous health contexts and refers to “An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care”.

An important part of cultural safety is cultural humility, which is defined as “a lifelong journey of self-reflection and learning.



It involves listening without judgement and being open to learning from and about others. It involves learning about our own culture and our biases. Cultural humility is a building block for cultural safety. It is an overarching principle that is threaded through our learning and acts as the process by which change can occur.”³⁵

What is trauma-informed care?

Trauma-informed approaches, also known as trauma-and-violence informed approaches, “are policies and practices that recognize the connections between violence, trauma, negative health outcomes and behaviours. These approaches increase safety, control and resilience for people who are seeking services in relation to experiences of violence and/or have a history of experiencing violence”.

“Trauma and violence-informed approaches... are based on the following key policy and practice principles:

1. Understand trauma and violence, and their impacts on peoples’ lives and behaviours
2. Create emotionally and physically safe environments
3. Foster opportunities for choice, collaboration, and connection
4. Provide a strengths-based and capacity-building approach to support client coping and resilience.³⁶”

Trauma-informed approaches and space design contribute to welcoming environments by helping to increase emotional and physical safety and trust building with clients.

How do I assess whether our space is welcoming for everyone?

You can refer to the *space assessment tools* in Section 2 of this toolkit. If you would like to someone to come and assess your space and work with you to make

enhancements, please reach out to the Women and Gender Diverse People’s Health Section at healthhub@gov.pe.ca

Should I ask a client about their gender identity? If so, how?

Yes. If possible, let the client self-identify on an intake form or at intake. Ask two questions: 1) what is your gender? and 2) what was your sex assigned at birth? (If it is required in a healthcare context, otherwise this second question is likely not necessary).

- It is also good practice to ask on an intake form or at intake if they have a name that they use that is different from their legal name on their health card. Ensure that the client is referred to by their preferred name throughout their visit.
- Also ask them for their pronouns at intake. Ensure that all staff use the correct pronouns for the client. Introducing yourself with your pronouns can also help to build trust.
- Having artwork and signage that indicate that the client is in a welcoming and affirming space will help build trust with gender diverse clients.
- Note: Ask about any transition-related surgeries only if they are relevant to the patient’s current visit. Invasive questions about anatomy should be avoided unless it directly pertains to the current issue or visit.



³⁵<https://www.indigenoushealthnh.ca/cultural-safety#cultural-humility>

³⁶<https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>

What should I do if someone is upset or resistant when they are asked for their pronouns?

Some people may not feel comfortable sharing their pronouns with you, and that is okay. Some people may not be comfortable because they don't feel safe and have had bad experiences in the past when sharing their pronouns, while others may not be comfortable because it is not something they understand or are familiar with. As Pride Health Nova Scotia notes, "While there are some people that may be confused or even offended by being asked, it's important to remember that there are people who will feel safer receiving care from you because you asked!"

If someone gets upset about being asked for their pronouns, you could say something like: "I ask everyone about their pronouns to make sure that I'm referring to people the way they want to be referred to."

What is a psychologically safe workplace?

As described in the National Standard of Canada for Psychological Health and Safety in the Workplace, "The vision for a psychologically healthy and safe workplace is one that actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways, and promotes psychological well-being." According to the Standard, psychologically safe workplaces are based on "mutually respectful relationships among the organization, its management, its workers, and worker representatives."

Many employers are working towards creating more psychologically safe workplaces, including the PEI Public Service Commission. We all contribute to creating psychologically safe workplaces. To find more resources, visit the Mental Health Commission of Canada.

What should I do if I feel like I experienced discrimination as an employee?

Based on the Public Service Commission's **Respectful Workplace Policy**, there are several ways that you can approach the situation.

The PSC policy encourages addressing the situation through open communication in a fair and respectful manner. If it safe to do so and you feel comfortable, you can speak directly to the person and ask them to stop the behaviour(s). If you do not feel comfortable or safe, you can discuss the situation with your supervisor.

Supports are available through your workplace, such as the Public Service Commission's **Respectful Workplace Policy**, Employee Assistance Program, Human Resources, or a union representative.



Both PSC and Health PEI have formal complaint processes, outlined in the respective policies, if informal methods do not resolve the issue.

What should I do if I feel like I experienced discrimination as a member of the public?

If you are a member of the public, **this webpage offers a guide to the rights and responsibilities of patients** and provides a form to make a complaint.

Where do I go if I have more questions about the Welcoming Spaces toolkit?

The Welcoming Spaces toolkit was created by the Women and Gender Diverse People's Health Section in the Department of Health and Wellness. For more information, you can contact the Health Diversity and Inclusion Specialist at healthhub@gov.pe.ca



Acknowledgments

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**WOMEN
& GENDER
DIVERSE
PEOPLE'S
HEALTH
SECTION**

