

# Carmichael Connection

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Everybody has a story. What's yours?

## Human Library

**Excerpts from:** <https://www.forbes.com/sites/kimelsesser/2020/07/13/the-human-library-is-tackling-diversity-and-inclusion-one-person-at-a-time/?sh=75b642db4fd0>

There finally seems to be a genuine interest in improving diversity and inclusion at work, but transformative solutions are still hard to come by. Diversity and inclusion efforts struggle because they often attempt to find a one-size-fits-all solution to eliminating bias. The truth is, there is no effective one-size-fits-all solution because we all come with different backstories and different views of the world.

The Human Library challenges stereotypes and prejudices through dialogue. In the Human Library, people, instead of traditional books, are on loan to readers. Founder, Ronni Abergel says the Human Library was started to create a space “where you can walk in, borrow a human being and talk to them about a very challenging topic. Ideally, we wanted people to talk about issues that they normally would not talk about, or potentially don’t like to talk about, but that we need to talk about.”

These human “books” are volunteers that come from diverse backgrounds and have experiences that they are willing to share with their human readers. Just like traditional books, the human books have titles that

describe their experiences like Black Activist, Chronic Depression, Survivor of Trafficking, Muslim, Latino, Transgender and many more. Sometimes one-on-one and sometimes in small groups, the Human Library creates a safe space where people can engage with someone different from themselves.

“It’s easy to hate a group of people, but it’s harder to hate an individual, particularly if that person is trying to be friendly and open and accommodating and totally non-threatening,” says Bill Carney, a volunteer book in the Human Library. His book title is “Black Activist,” and he’s also a university instructor, a dad and identifies as an Afropolitan.

The Human Library has helped some heavy hitters in the United States address diversity and inclusion including eBay, IMF, World Bank, Eli Lilly, Delta Faucet, Masco and Google. Before the pandemic, the human books were available at U.S. Public libraries, high schools, colleges, universities, and festivals like Burning Man to encourage a wide range of people to have a dialogue with a stranger.

The library started connecting human books to readers twenty years ago in Denmark, where the concept originated.

Unlike scripted diversity and inclusion programs and events, no two Human Library sessions are the same. Instead, participants can tailor the session to their own needs, prejudices, concerns or curiosities, without judgment.

Contact with people from other groups has been shown to decrease prejudice, and social psychologists call this phenomenon the contact hypothesis. Research indicates that getting people to actively engage and take another’s perspective for as little as ten minutes can have long-lasting effects.

Organizations are currently spending about \$8 billion per year on D&I training with little to show for their efforts. Research shows that current diversity programs can even have a negative effect, leading to less diversity within the organization and reinforcing stereotypes about a particular race or gender. Sharing a moment with a complete stranger might be worth a try.

<https://humanlibrary.org/>

## Staff Spotlights

**New Staff**

- McKenna
- Samuel
- Kawaljeet
- Ifeoma

**New Staff**

- Ajibola
- Hamza
- Kapil





## Mental Health Continuum Model

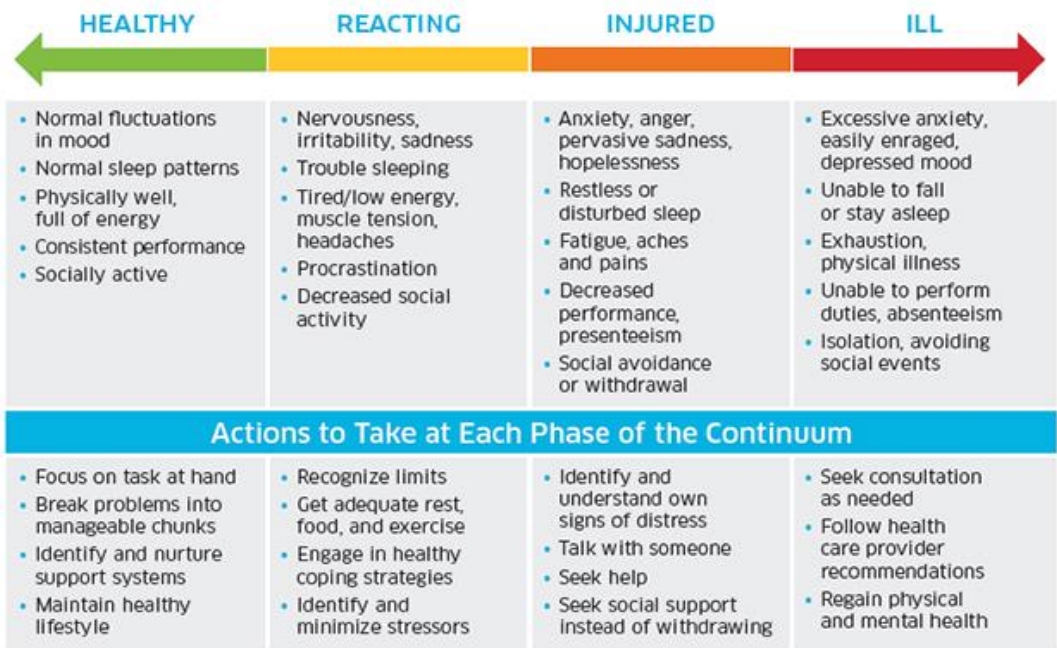
Excerpts from: [www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page](http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page)

This diagram describes the range of mental health: • Healthy • Reacting • Injured • Ill

- Healthy behaviours include normal mood fluctuations, calmness and the ability to take things in stride, a good sense of humour, good performance, being in control, normal sleep patterns, few sleep difficulties, being physically well, having a good energy level, being physically and socially active, and limited or no alcohol use or gambling.
- Reacting behaviours include being irritable or impatient, being nervous, being sad or overwhelmed, expressing displaced sarcasm, procrastination, forgetfulness, having trouble sleeping, having intrusive thoughts, having nightmares, having muscle tension or headaches, having low energy, decreased activity or socializing, and regular but controlled alcohol use or gambling.
- Injured behaviours include anger, anxiety, pervasive sadness or hopelessness, a negative attitude, poor performance or workaholic behaviour, poor concentration or decisions, restless or disturbed sleep, recurrent images or nightmares, increased aches and pains, increased fatigue, avoidance, withdrawal, and increased alcohol use or hard-to-control gambling.
- Ill behaviours include angry outbursts or aggression; excessive anxiety or panic attacks; depression or suicidal thoughts; excessive insubordination; an inability to perform duties, control behaviour or concentrate; an inability to fall asleep or stay asleep; sleeping too much or too little; physical illnesses; constant fatigue; not going out or not answering phone; and an alcohol or gambling addiction or other addictions.

National Defence and the Canadian Armed Forces: Road to Mental Readiness (R2MR)  
[www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page](http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page)

### MENTAL HEALTH CONTINUUM MODEL



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## CLBC Cultural Safety Policy ~ Part #1

Excerpts from: <https://www.communitylivingbc.ca/about-us/policies/>

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### Aspects of Cultural Safety

#### Cultural Competency

Practicing cultural safety requires being knowledge about the colonial, sociopolitical, and historical events that trigger the health and social disparities that Indigenous peoples experience, and that perpetuate ongoing racism and unequal treatment. Achieving cultural safety involves a commitment to cultural awareness, cultural sensitivity, and cultural competency.

- Cultural awareness is the first step in the journey where someone is aware of their own culture and are able and willing to recognize cultural differences and accepts other cultures
- Cultural sensitivity is the reflection upon Indigenous peoples' culture and their lived experiences, acknowledging cultural differences, and respecting Indigenous and cultural knowledge
- Cultural competency involves integrating knowledge, skills, and attitudes about Indigenous individuals, including their social, cultural, and disability-related interests, strengths and needs, into respectful services

Designing culturally safe service delivery requires a commitment of time and effort to establish meaningful, supportive, and trusting relationships with Indigenous peoples and their communities.

#### How is This Achieved?

Service providers are responsible for acknowledging and recognizing Indigenous peoples' rights to health and well-being without discrimination. This can be done by providing full access to support and services in ways that reflect and are responsive to Indigenous worldviews and conceptions of well-being and quality of life. Indigenous peoples' rights also include the right to discuss their holistic priorities, including culture, health, and wellness.



#### Richard Jock, CEO, FNHA

"The standard was developed by Indigenous thought leaders and champions, providers, patient partners, administrators, academics, and knowledge keepers, co-chaired by Gerry Oleman and Dr. Nel Wieman. I am grateful for their dedication and thoroughness. The Cultural Safety and Humility standard is a quality-based approach to make the BC's health and social service institutions safer for all Indigenous people."

## Carmichael Enterprises Residential Programs

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*“Carmichael Enterprises is committed to meeting the needs of individuals with disabilities”*



**We're on the Web!**

[www.carmichaelenterprises.ca](http://www.carmichaelenterprises.ca)

## Right to Refuse Work

**Submitted from:** Scott Hartnett ~ Health & Safety Coordinator

**A worker's refusal of unsafe work is an integral element in ensuring work is carried out safely. Workers who reasonably believe work is unsafe must refuse to perform that work and are entitled to have their employer investigate and, where necessary, correct the hazard.**

Workers in B.C. have the right to refuse unsafe work. Section 3.12 of the Occupational Health and Safety Regulation spells out the right of a worker to refuse work if there is reasonable cause to believe it would create an undue hazard to their health and safety. An “undue hazard” would include a condition at the workplace that may expose a worker to an excessive or unwarranted risk of injury or occupational disease.

A worker who refuses to carry out work must immediately report the circumstances to their supervisor or employer, and the supervisor or employer must immediately investigate the matter. While investigating, a supervisor or employer may temporarily assign a worker a new task, at no loss in pay, until the issue is resolved. Workers cannot be disciplined for refusing unsafe work.

At the conclusion of an investigation, the employer must either remedy the unsafe circumstance immediately or inform the worker that they do not accept their concern as being valid.

### When a worker and employer disagree

If a worker is not satisfied with the findings of an investigation into their refusal of unsafe work, the employer must continue the investigation in the presence of the worker and a worker representative of the joint health and safety committee, or a worker chosen by the worker's trade union. If there is no safety committee or trade union at the workplace, the worker can choose to have another worker present during the investigation.

### WorkSafeBC's Role

If the matter is still not resolved, the worker and the supervisor or employer must contact WorkSafeBC. A WorkSafeBC prevention officer will then investigate and take steps to find a workable solution.

WorkSafeBC prevention officers investigating work refusals will deal with each refusal on a case-by-case basis and will undertake a full assessment of the situation in order to conclude whether the worker had reasonable cause to believe an undue hazard existed. If the prevention officer finds that an undue hazard is present, the prevention officer will issue an inspection report addressing the violations that apply to the undue hazard. This may include compliance orders, as well as a stop-use or stop-work order, if appropriate.

If an undue hazard is not identified, the prevention officer will inform the parties of this.

### Reassignment of Refused Work

If a worker refuses unsafe work, the employer must not assign another worker to the task without informing them of the refusal and the reported unsafe condition.

Under section 3.12.1 of the OHSR, employers are required to notify workers in writing of any unresolved work refusal due to safety concerns. It also requires employers to tell the subsequent worker the specific reasons the first worker felt the task was unsafe. The employer must also explain why the task would not create an undue hazard to their health and safety.