

Implementation Strategies Project

Coordinated by the Lower Mainland Multicultural Education Consortium, in
association with Canadian Heritage; Multiculturalism B.C.; and
the Ministry of Skills, Training and Labour

Session 3: Consultation:

- * developing allies and stakeholders
- * barriers, supports, considerations
- * methods, models, knowledge and skills
- * curriculum, teaching and learning considerations

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AGENDA

Introductions

Objectives, Agenda, Guidelines

Check In

Redefining our vision: linking consultation

Definitions

Working with allies and stakeholders

- internal
- external
- barriers, supports, considerations

Case example

Lunch

Methods for consultation

Consultation practice

- each institution will do a mini-consultation
- curriculum, teaching and learning considerations

Action Plan

Review and Closure

Learning Objectives

- To link the consultation process to organizational change
- To define allies and stakeholders within our organizations
- To identify barriers and supports to engaging allies and stakeholders
- To identify possible methods for consultation
- To practise consultation and facilitation skills

CONSULTATION

An ongoing process of dialogue:

- between an institution, clients/students/consumers, stakeholders, community members, and employees
- involves planning, goal setting, development of short and longer term direction of the institution in the fulfilment of the institution's mission
- involves the development of relationships, not just gaining information

- bring in others for the visioning - consult
on an on-going basis ← making of relationships

DEFINITIONS

Allies: People who support your efforts or are potentially inclined to do so.

Fence Sitters: These may or may ^{not} be, or are undecided. They may not have thought about the issues, or may not have clear convictions one way or another.

Nay Sayers: These people are negative towards your work. They may feel such an endeavour is a waste of time, not necessary, or a threat.

Stakeholders: People with a vested interest or a stake in what is being done.

Empowerment: Sharing authority, control, and power, to enable people to decide, act, create, in realms that are important to them,

Eurocentrism: Exclusive or almost total attention to events and peoples originating in Europe; consideration of all information from the perspective of white people who came to North America from Europe.

Inclusion: Equitable participation in a public or community institution of all members of the community, as clients/consumers, stakeholders or employees.

adapted from: Toward Full Inclusion, Gaining the Diversity Advantage, Multiculturalism Secretariat: Department of Canadian Heritage, 1993; and Towards True Equity, prepared for The Association of Canadian Community Colleges, Multiculturalism and Citizenship Canada, 1993.

TOKENISM

A process and action of involving an individual group member, primarily based on their membership to that group. It does not take into account individual differences or contributions.

Some possible results of tokenism:

- unspoken pressures placed on that individual to have input based on their group membership
- expectation that these individuals will behave like the "mainstream" group members, while still representing their group
- expectation that these individuals will speak on behalf of their group
- expectation that these individuals will give evidence of the worthiness, or unworthiness of their group.

STAKEHOLDERS and ALLIES ANALYSIS SHEET

A great deal of analysis is necessary in doing this assessment. Please take time to discuss each section and the components of success in addressing that goal. Then complete the section for your institution. At the end of the assessment, discuss what evaluation would be necessary to ensure that your goals had been met over time.

WHO ARE STAKEHOLDERS AND ALLIES? Stakeholders and allies are those who have a vested interest, or 'stake' in what it is you wish to accomplish.

Section I: Who are the five most important stakeholders or allies necessary to the success of the multicultural organizational change procedure for your institution?

1. *Students* - *unions*
2. *admin/board* - *community*
3. *faculty*
4. *staff*
5. *ed. council/DEC*

Section II: What message do you wish to give these stakeholders and allies about the process and the importance of their involvement?

- *they are valued as part of the process.*
- *want them in on the ground level - involved on the decisions & identifying the plan.*

Section III: The most important long-term goal is to form an evolving relationship with these stakeholders and allies which will enhance the success of the project. How do you see setting up a relationship which will benefit both the project and the stakeholders and allies?

1. *presidential brief*
2. *presentations at Board/Management/Ed Council*
- 3.

- *established communications channels*
- *interdisciplinary study groups*
-

message

- ↳ need to redefine what the problem is
- ↳ Stepping back to see the variety of positions on ~~the~~ problem.

Section IV: What are some of the opportunities for any/all of the above groups or individuals that will engage them in supporting you?

1. - presented in non threatening manner
- see concrete benefits
2. - asking people what they can get out of it.
3. -

Section V: What are some of the limits which could affect the ability of the above groups or individuals to offer long-term support?

1. time
2. dollars
- 3.

INTERNAL CONSULTATION PROCESS

Please use space below to list as many barriers to, necessary supports for and considerations necessary in doing an Internal Consultation Process.

1. BARRIERS TO INTERNAL CONSULTATION PROCESS

- personal costs in time + energy
- issues raised in defence
- denial + fear
- power ???
- academic freedom
- multiple committees working on various aspects of the same problem.

2. SUPPORTS NECESSARY FOR INTERNAL CONSULTATION PROCESS

→ administrative
financial
time
reciprocity
educate widely as we progress.

3. CONSIDERATIONS NECESSARY FOR INTERNAL CONSULTATION

EXTERNAL CONSULTATION PROCESS

Please use space below to list as many barriers to, necessary supports for and considerations necessary in doing an External Consultation Process.

1. BARRIERS TO EXTERNAL CONSULTATION PROCESS

time

2. SUPPORTS NECESSARY FOR EXTERNAL CONSULTATION PROCESS

- *community advisory cttcs*
- *ACCC*
- *funding agencies - federal/provincial*
-

3. CONSIDERATIONS NECESSARY FOR EXTERNAL CONSULTATION

CASE STUDY

Montreal Children's Hospital

Starting Up

This case is very well known in the health care field and has been extensively documented in many medical and non-medical journals. Montreal Children's Hospital is a 214 bedcare pediatric teaching hospital affiliated with McGill University.

In 1984, the Director of Speak and Language Department approached members of her staff and voiced concerns about the obstacles in serving clients of different ethnocultural backgrounds. All in the group shared similar difficulties and they decided to take their problem to the Clinical Staff Advisory Council of the hospital.

Involvement

The Counsel set up a multicultural work group comprised of a social worker, an early childhood educator, a nurse, a childlife specialist, and a speech therapist. The members of the group were chosen because they were considered to be "movers and shakers", and already had some interest in the issue. Hospital administration treated this group as any other committee in the hospital and the members were allowed time off for committee activities.

Action

Getting started. The committee met once a month. Its first task was to poll the hospital staff to determine how to better equip the staff to serve clients of different cultural backgrounds.

Staff development was chosen as the first area on which to focus. Cross-cultural communication and management training sessions were held. speakers from different cultural communities were invited to give information sessions about their particular groups. The Multiculturalism Program appealed to staff pride in the fact that the hospital was a teaching hospital "on the cutting edge", in order to incite people to become more interested and involved.

Early problems. There was scepticism, particularly on the part of some visible minority staff members in the institution. They were afraid of being just doctors, nurses, etc. they were now being labelled "Black" doctors or "Chinese" nurses. To counter fear and scepticism, the Multiculturalism Program strove to gain credibility by its professionalism, e.g. dedication and seriousness, credibility of the speakers, and quality of the training sessions. The Program, assisted by the committee, also gained support through visibility, hospital-wide involvement, and networking.

Gaining momentum. Informal information sessions (over lunch) became more formal sessions called "seminars" (in a classroom). The sessions became more focused on certain aspects of a culture or issues relevant to health care.

Expanding the program. Other areas of multiculturalism in the hospital were improved. The Multiculturalism Program expanded to provide interpretation for clients whose languages did not include English or French. Community liaisons were developed as well as networks with other institutions to help support the hospital in its work.

Since budget considerations are always an issue, arrangements were made with different cultural and ethnic community groups. If the groups provided resource people, e.g. speakers, interpreters, etc., the hospital would provide reciprocal services such as hospital tours for recent immigrants, free advertising of community events, and distribution of community newspapers to hospital clientele and staff.

Mission statement. In 1989, the hospital's mission statement was revised. It now includes the following statement: "We are committed to understand, respect, and reflect the cultural and linguistic diversity of the community we serve."

Success Factors

The Coordinator of the Multiculturalism Program at the hospital outlines the following contributors to the hospital's success.

- Recognize the experts you already have in your organization and use them to your advantage.
- You must gain credibility with the people with whom you work.
- Move slowly and only when people are ready. Use appropriate vocabulary/terms.
- Always have a long term vision.

For further information contact:
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reference: Toward Full Inclusion, Gaining the Diversity Advantage, Multiculturalism Secretariat: Department of Canadian Heritage, 1993

METHODS FOR CONSULTATION

INTERNAL AND EXTERNAL

- Focus groups
- Individual interviews
- Stakeholder interviews
- Meetings
- Advisory panels
- Open house
- Public meetings
- Retreats, conferences, story-telling
- Reports

IV. Community Relations: Consultation & Communication

Goals	Process	Your organization
There is a clearly identified relationship between the organization and the community.	Collect demographic information on the community: e.g. data on the community at large, data on the client community.	
	Review who has done or is doing community consultation. Should they continue in this role? Is this process formal or informal? Is there documentation?	
Communications are culturally sensitive.	Review relationships with the community. Is there a language, image, or cultural bias?	
	Consult with community "leaders", group representatives, and advocacy groups. (focus groups, forums, etc.)	
	Consult with potential and current clients/users. (focus groups, forums, interviews, meetings, questionnaires, etc.)	
Community advisory groups are established to work with different sectors of the organization.	Identify community representatives that appreciate and can speak to diversity.	
The commitment of the organization, to the mission of diversity, is maintained.	Community representatives become part of the advocates and change committees who will speak to the importance of diversity.	

General Questions for all Instructional Materials Review

- ☐ Does the author demonstrate an ethnocentric viewpoint?
- ☐ Is there reference materials cited to redress multicultural/diversity imbalance?
- ☐ Does the material contain factual errors?
- ☐ Does the material contain misleading information and subtle or veiled bias?
- ☐ Are the faces of members of different groups, stereotypically represented in visual material?
- ☐ Are members of diverse groups depicted only in subservient, passive or marginalized roles?
- ☐ Does the material offer genuine insights into other lifestyles?
- ☐ Is inclusionary language used (e.g. vs western terms or gender specific terms)?
- ☐ Is there evidence through absence of material; of bias, prejudice or stereotyping, based on race, ethnicity, religion, culture, gender, disability?

RECOGNIZING BIAS

Ten criteria for content analysis of bias are:

- 1 Bias by omission: selecting information that reflects credit on only one group, frequently the writer's group.
- 2 Bias by defamation: calling attention to a person's faults rather than his/her virtues and misrepresenting his/her nature.
- 3 Bias by disparagement: denying or belittling contributions to Canadian culture.
- 4 Bias by cumulative implication: constantly creating the impression that only one group is responsible for positive developments.
- 5 Bias by (lack of) validity: failing to ensure that information about issues is always accurate and unambiguous.
- 6 Bias by inertia: perpetuation of legends and half-truths by failure to keep abreast of historical scholarship.
- 7 Bias by obliteration: ignoring significant aspects of history.
- 8 Bias by disembodiment: referring in a casual and depersonalized way to the group.
- 9 Bias by (lack of) concreteness: dealing with a race or group in platitudes and generalizations (applying the shortcomings of one individual to a whole group). to be concrete, the material must be factual, objective and realistic.
- 10 Bias by (lack of) comprehensiveness: failing to mention all relevant facts that may help to form the opinion of the student.

DEFINITIONS

CURRICULUM: An organized program of both theoretical and practical studies, the successful completion of which is considered necessary to achieve specified educational goals. (Centre for Curriculum and Professional Development). Refers to a course or courses and/or content that influences teaching and learning. Curriculum may include, but is not exclusive of: print, audio, video, symbols or visual arts material.

INCLUSIVE CURRICULUM: Refers to curriculum which includes perspectives and information from diverse points of view. It refers to the importance for diverse groups to be included in content, and in teaching and learning. These groups may have traditionally and historically been excluded from the curriculum, e.g. women, Aboriginal people, racial and ethnic groups, gays and lesbians, people with disabilities.

BIAS: A predisposition or prejudice towards persons, places, objects, or concepts.

CURRICULUM BIAS: Refers to the predisposition to teach or provide learning materials or information from a particular point of view, or using a particular style, usually excluding the view, style, or the participation of a group or groups. This bias may not necessarily be intentional.

EDUCATIONAL EQUITY: Refers to approaches to achieving equality and access in education, for all groups; to identify and remove discriminatory barriers to educational services and instruction.

ACTION PLANS

Organization/committee:		
Specific actions:		By whom:
How will this be measured as achieved?	What objective, goal, is this action related to?	What time frame will the action take place?
Barriers, supports, resources, considerations:		