Cultural Safety / Sensitivity / Awareness Workshop

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Children and Youth Services Planning Committee

Training Objectives

- Build general understanding and awareness of Indigenous peoples with attention to impact of colonization, inter-generational trauma, health and well being, and cultural revitalization

- Introduce concepts of cultural safety, cultural competency and cultural recognition in relation to Indigenous Peoples

- Explore relationship between cultural safety and improving services for children, youth and their families

Cultural Safety Overview

1. Colonization
2. Social Determinants
3. Self-determination
4. Cultural Safety
5. Healing & Wellness
6. Case studies

Four Major Challenges
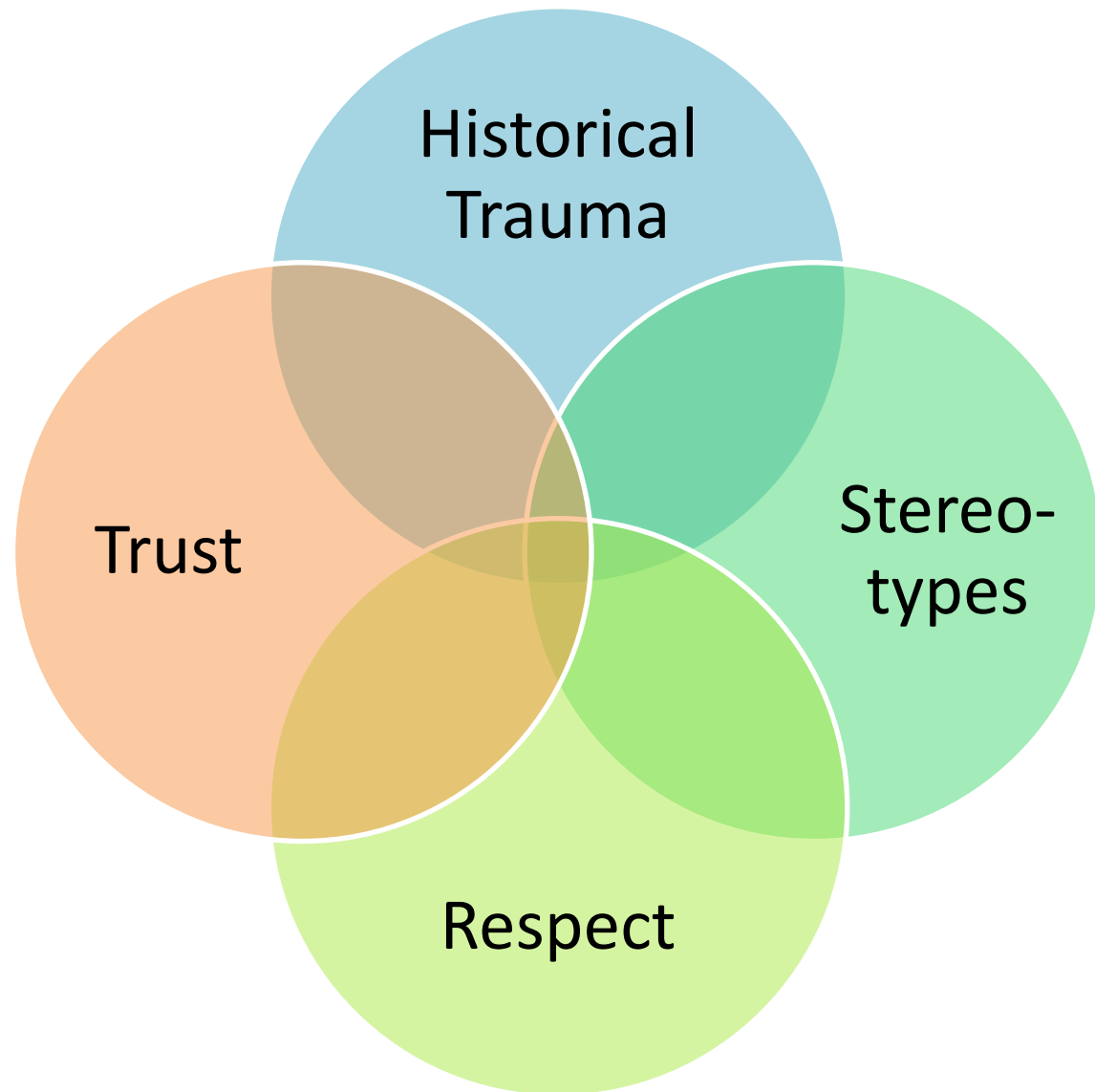
Colonization

- Diseases (such as influenza, small pox, measles, polio, diphtheria, tuberculosis and later, diabetes, heart disease and cancer);
- The destruction of traditional economies through the expropriation of traditional lands and resources;
- The undermining of traditional identity, spirituality, language and culture through missionization, residential schools and government day schools;
- The destruction of indigenous forms of governance, community organization and community cohesion through the imposition of European governmental forms; and
- The breakdown of healthy patterns of individual, family and community life.

Mapping the Healing Journey 2002
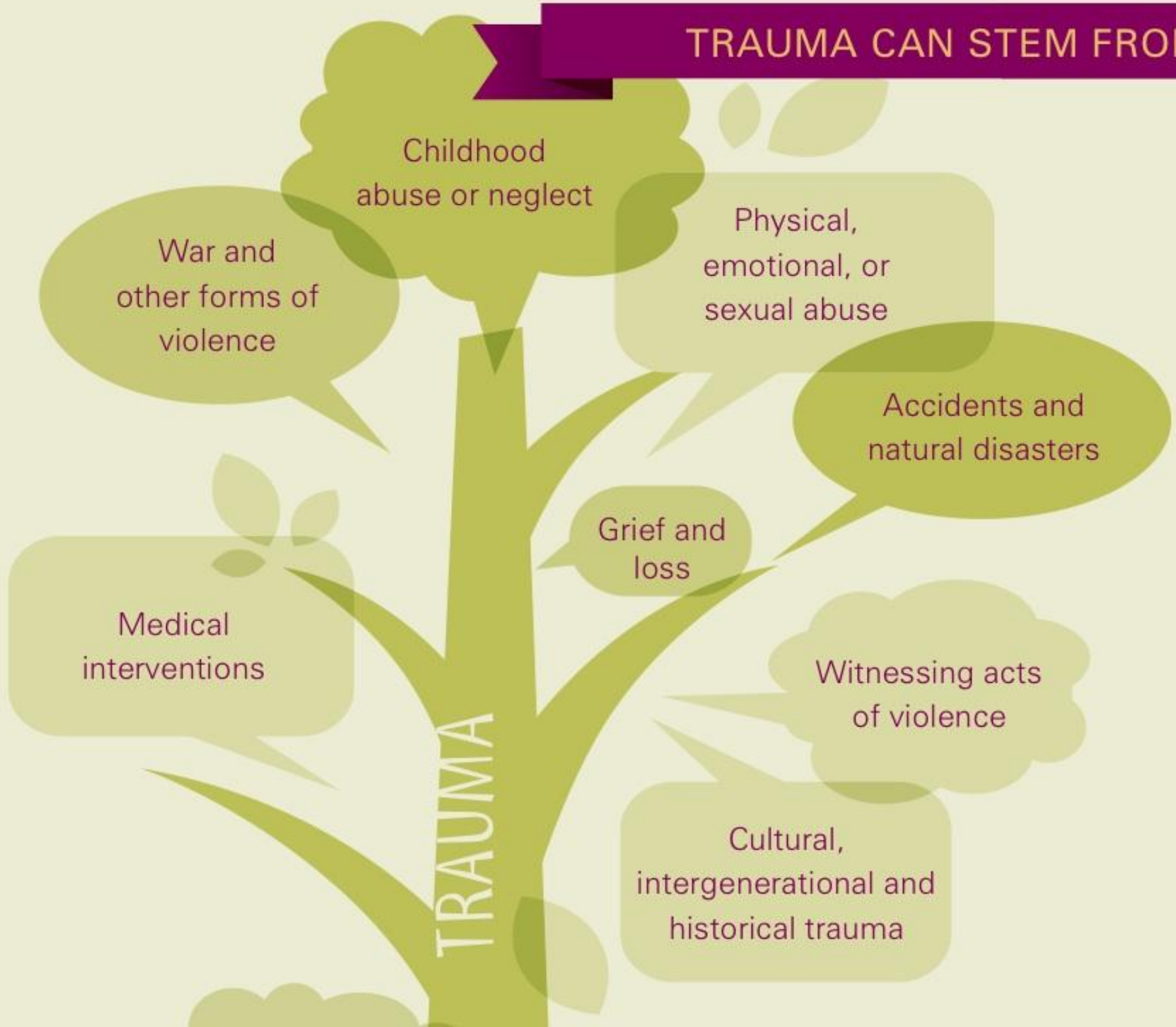
Look at underlying causes

Historical Trauma

- Historical trauma in this context has been defined as cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences (Brave Heart, 2003).

- *Source: www.naho.ca/jah/english/jah05_03/V5_I3_Intergenerational_01.pdf*

A Trauma-informed Approach

- Over the past three decades, as knowledge about trauma has increased, there has been a significant reassessment of the ways mental health symptoms are understood.

- Source: http://www.vawnet.org/special-collections/DVTraumaInformed-Overview.php

TRAUMA CAN STEM FROM

Childhood abuse or neglect

War and other forms of violence

Physical, emotional, or sexual abuse

Accidents and natural disasters

Grief and loss

Medical interventions

Witnessing acts of violence

Cultural, intergenerational and historical trauma

TRAUMA

Cultural Safety

Cultural Revitalization

Self-determination

Cultural Safety

De-colonization

Cultural Safety

- The concept is spreading to other fields of human services, like education and healing.

- Spread to other areas of the globe, particularly with Indigenous Peoples in former European colonies.

Cultural Safety

- Build trusting foundation with clients
- Clients rights clearly stated; code of ethics, etc
- Safe therapeutic process: plan for healing journey
- Create comfortable place and safe atmosphere
- Reinforce safety: assistance throughout healing journey

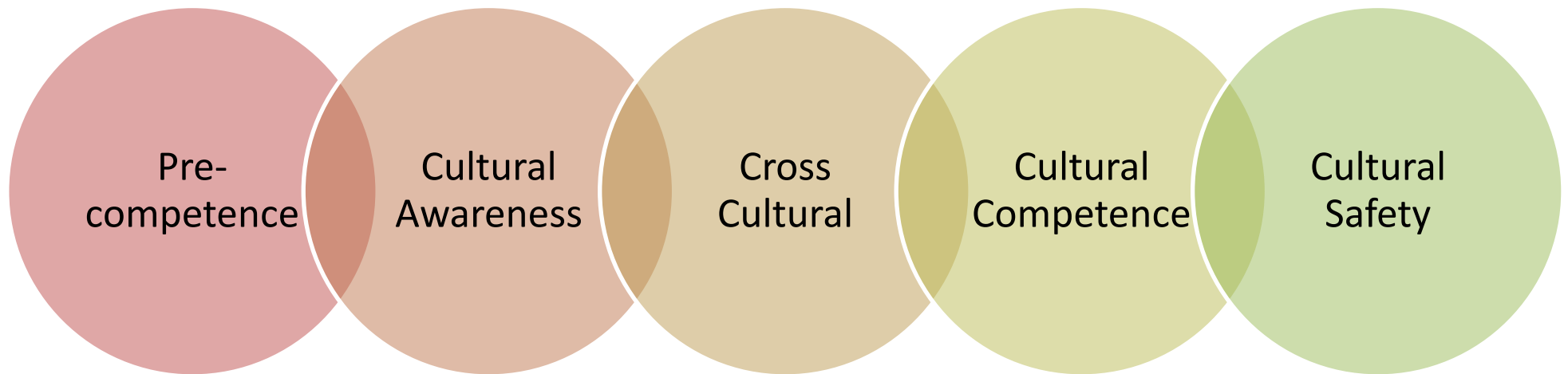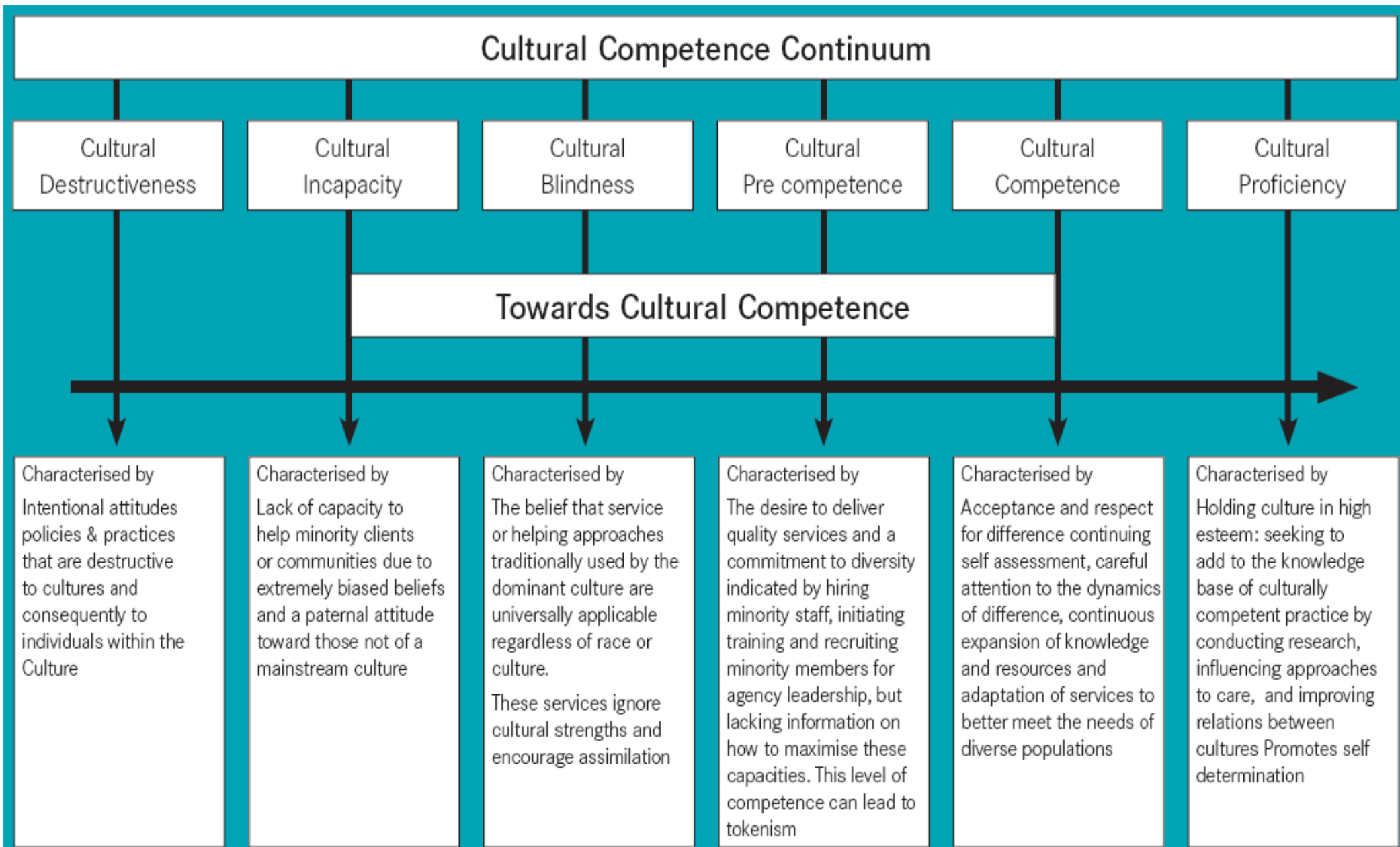Aboriginal Healing Foundation

Continuum

Figure 2: A continuum model for cultural competence (see footnote 24)

Cultural Competence Continuum

Cultural Destructiveness	Cultural Incapacity	Cultural Blindness	Cultural Pre competence	Cultural Competence	Cultural Proficiency

Towards Cultural Competence

Characterised by	Characterised by	Characterised by	Characterised by	Characterised by	Characterised by
Intentional attitudes policies & practices that are destructive to cultures and consequently to individuals within the Culture	Lack of capacity to help minority clients or communities due to extremely biased beliefs and a paternal attitude toward those not of a mainstream culture	The belief that service or helping approaches traditionally used by the dominant culture are universally applicable regardless of race or culture. These services ignore cultural strengths and encourage assimilation	The desire to deliver quality services and a commitment to diversity indicated by hiring minority staff, initiating training and recruiting minority members for agency leadership, but lacking information on how to maximise these capacities. This level of competence can lead to tokenism	Acceptance and respect for difference continuing self assessment, careful attention to the dynamics of difference, continuous expansion of knowledge and resources and adaptation of services to better meet the needs of diverse populations	Holding culture in high esteem: seeking to add to the knowledge base of culturally competent practice by conducting research, influencing approaches to care, and improving relations between cultures Promotes self determination

http://www.naccho.org.au/download/cultural_safety/CSTStandardsBackgroundPaper.pdf

Finding Safety

- Thus, cultural safety as a concept incorporates the idea of a changed power structure that carries with it potentially difficult social and political ramifications (Ramsden, 2002; Cooney, 1994).

Challenge Our Thinking

- The introduction of the concept of cultural safety to the debate on cross-cultural healthcare was significant: it questioned and challenged the concept of cultural competence and, by bringing in the notion of safety, it extended the debate by focusing less on the benefits of cross-cultural awareness and sensitivity, and more on the risks associated with their absence.

Culturally Unsafe Care

(NAHO 2008)
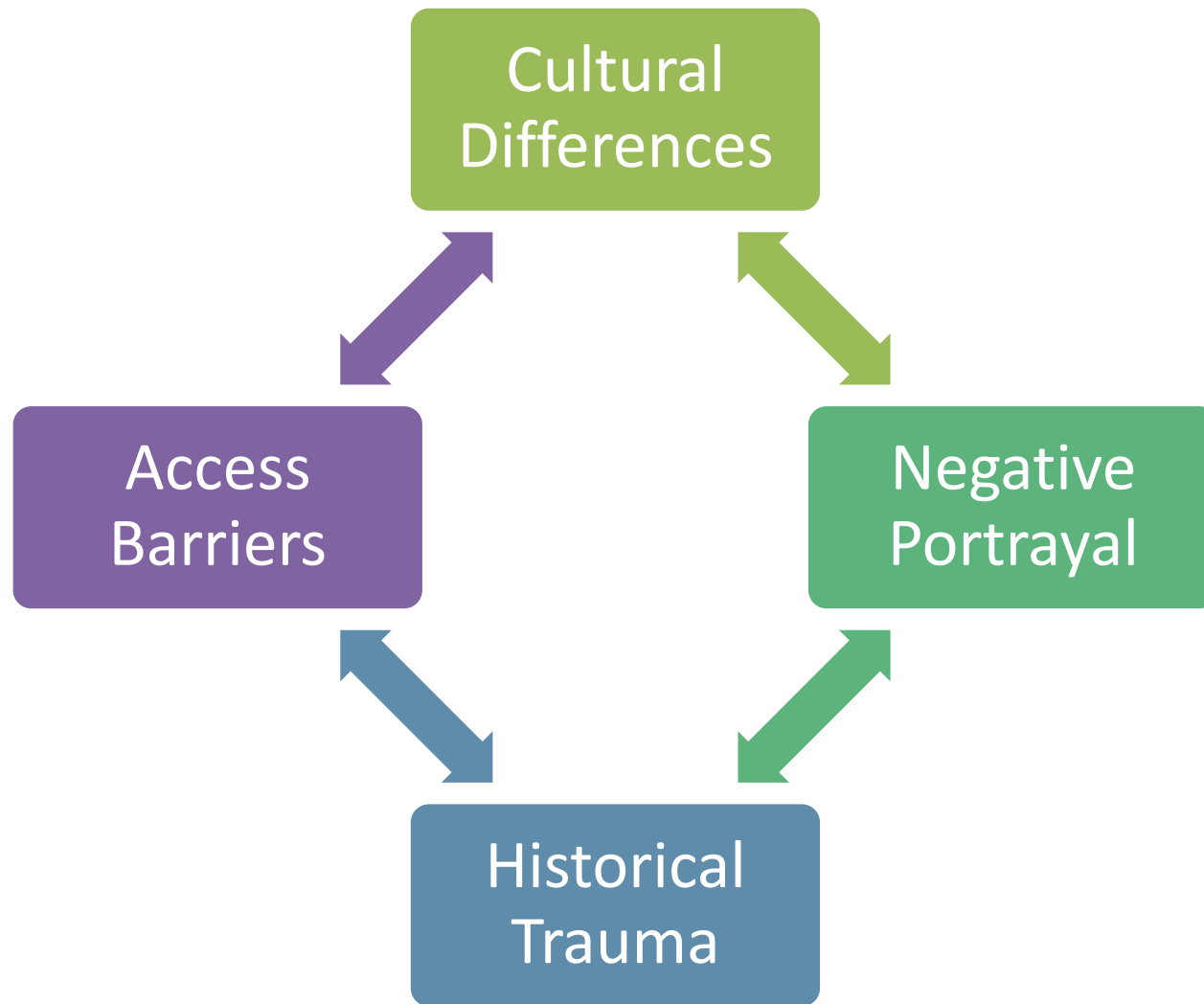
Summary

- Cultural awareness, the acknowledgement of difference;

- Cultural sensitivity, the recognition of the importance of respecting difference; and

- Cultural competence, which focuses on the skills, knowledge, and attitudes of practitioners

- Cultural safety involves self-reflection and an understanding that cultural values and norms of the client may be different due to unique socio-political histories.

Summary

- Self-reflection leads to empathy, the capability to share another being's emotions and feelings, which in turn improves the therapeutic encounter with clients and their communities, leading to better health outcomes.

- Empathy could also lead to advocacy and social justice work on behalf of clients and their communities

Cultural Safe Care & Outcomes

- To provide quality care within the cultural values and norms of the patient.

- Culturally unsafe practice as "any actions that diminish, demean or disempower the cultural identity and well being of an individual."

- **OUTCOMES**

- Improved collaboration and partnership

- Improved health

Indigenous Peoples Self-determination

THE FIGHT AT THE INTERNATIONAL LEVEL HAS BEEN OVER THE TERM "PEOPLES" AND

THE CONNOTATION THAT THE TERM BRINGS UNDER INTERNATIONAL LAW AS WELL AS HAVING THE RECOGNITION OF THE RIGHT OF INDIGENOUS PEOPLES, THE RIGHT OF SELF-DETERMINATION

Key development Indicators

- Harvard University Project:
  - Sovereignty Matters
  - Institutions Matter
  - Leadership Matters
  - Culture Matters

Protective Factors

Land Claims

Cultural Centre

Self-Government

Health

Education

Policy & Fire
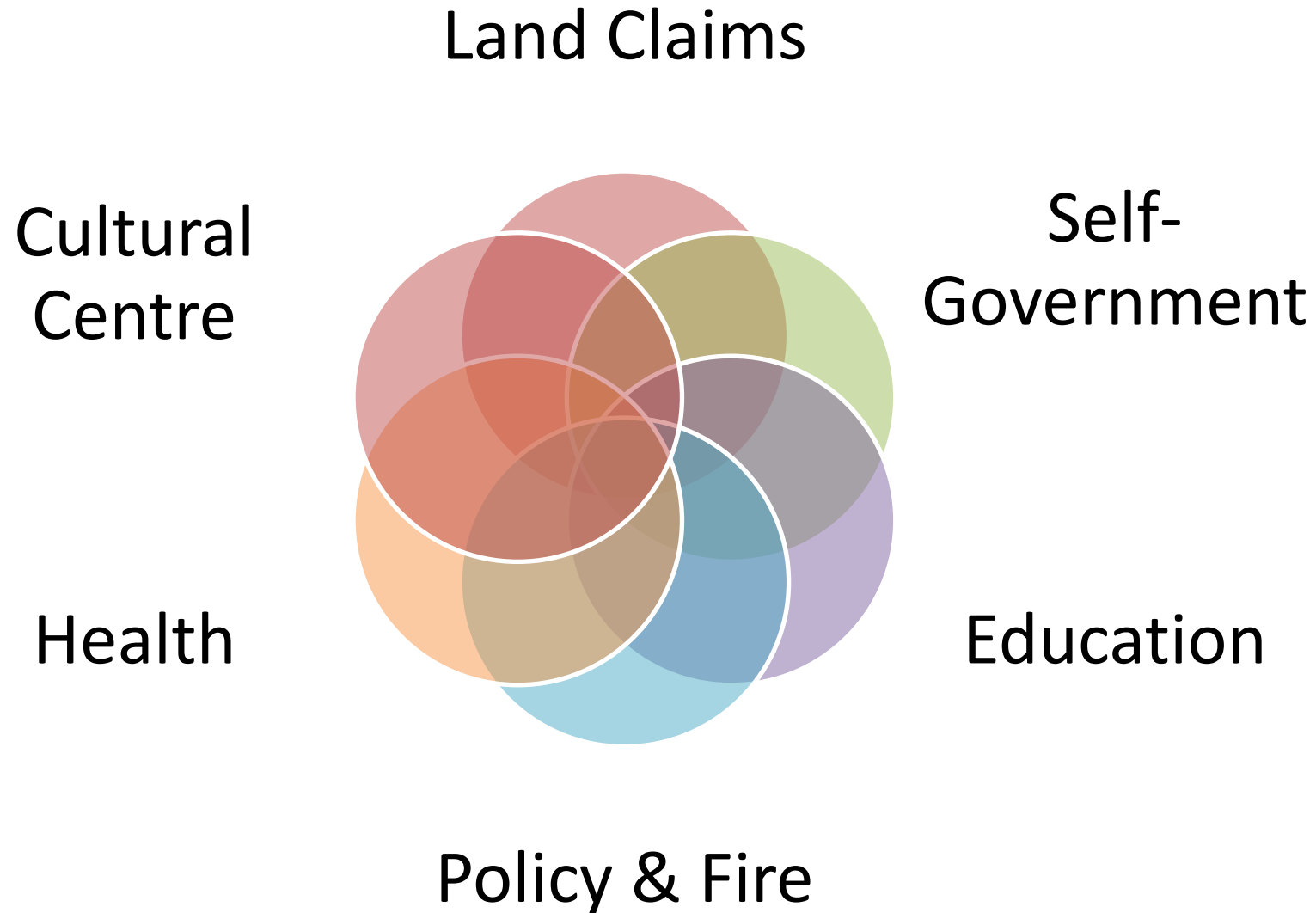
Cultural Continuity as a Hedge Against Suicide in Canada's First Nations

Michael J. Chandler & Christopher Lalonde
The University of British Columbia

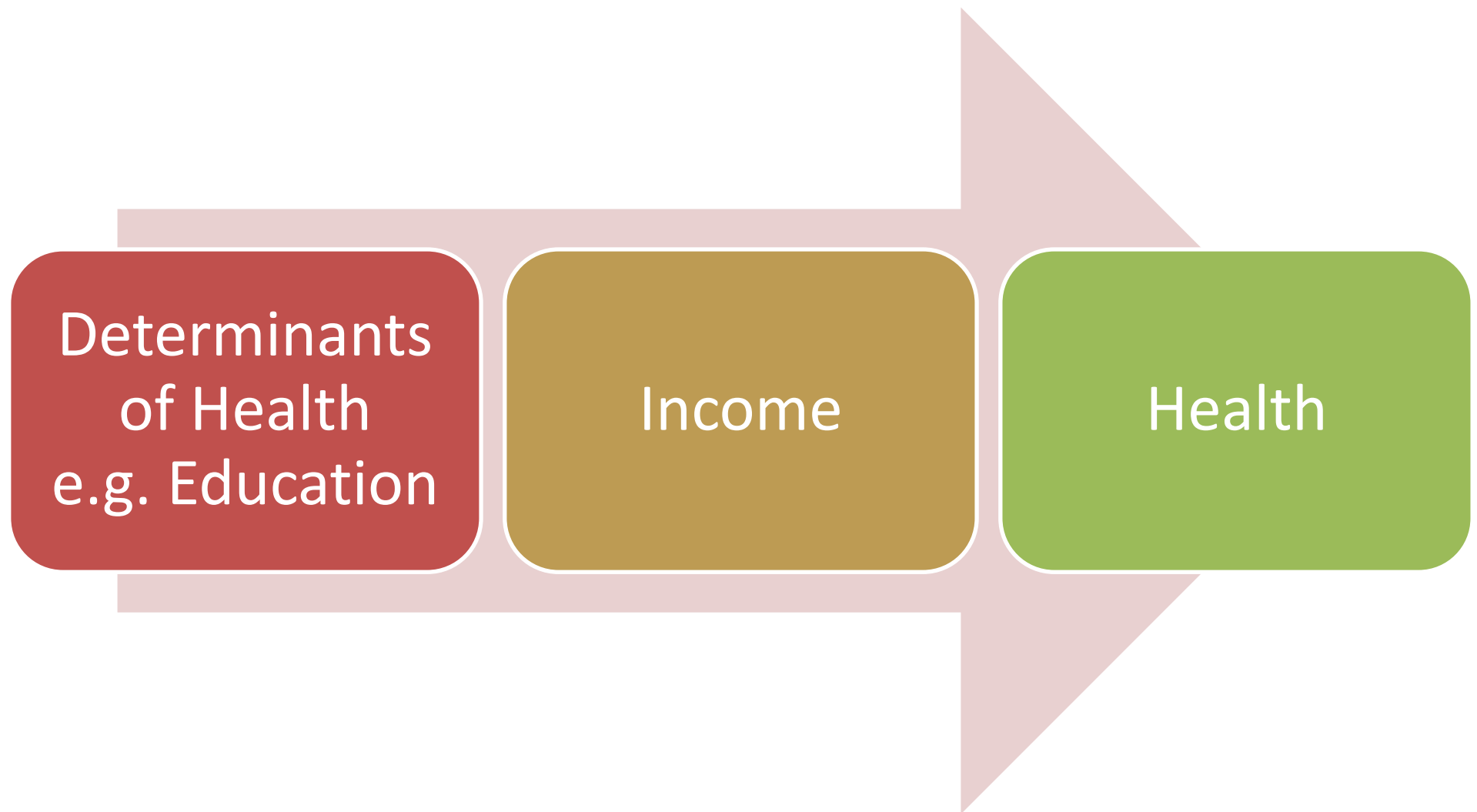*Figure 6: Youth Suicide Rates by Number of Factors Present in the Community*
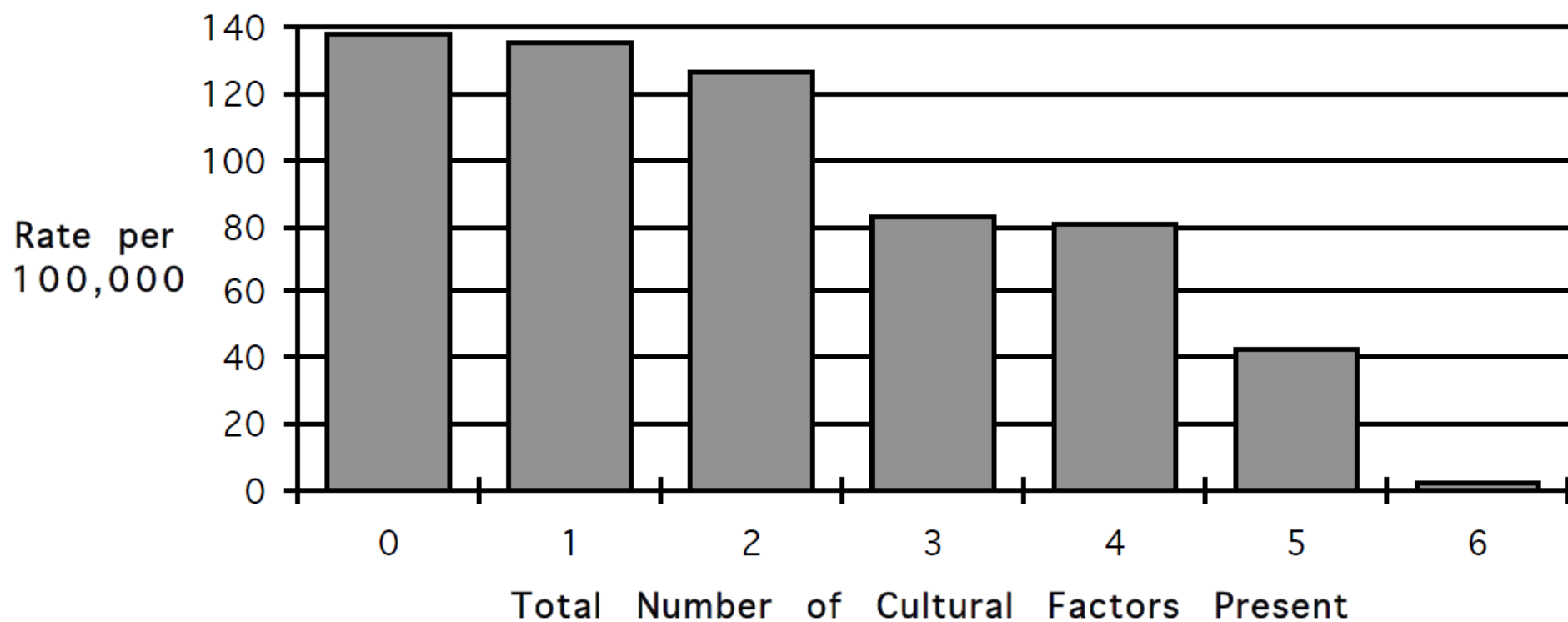
Factors in health and wellness
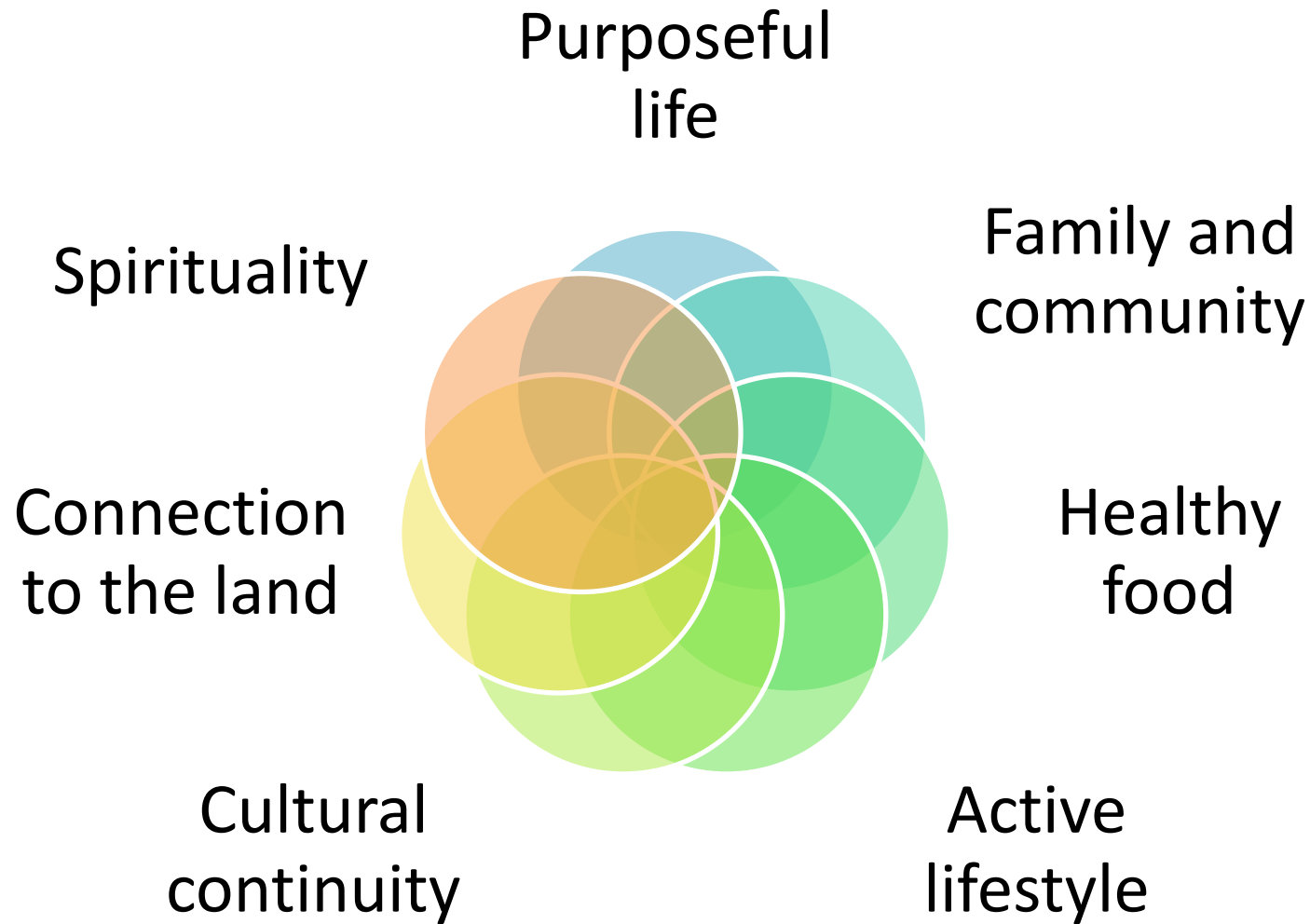
"Poorer people live shorter lives and are more often ill than the rich. This disparity has drawn attention to the remarkable sensitivity of health to the social environment."
(WHO 2003)

Determinants of Health e.g. Education → Income → Health

Racism and cultural safety

- The lived experience of cultural safety and cultural respect depends on Aboriginal Peoples not being subjected to and experiencing racism, where Aboriginal Peoples define whether racism has occurred. This includes:

  - Individual racism - when individual health workers practise racial prejudice and racial discrimination, and

  - Institutional racism - when organisational policies and practices do not consider or make room for Aboriginal People's cultural values, meanings and protocols.
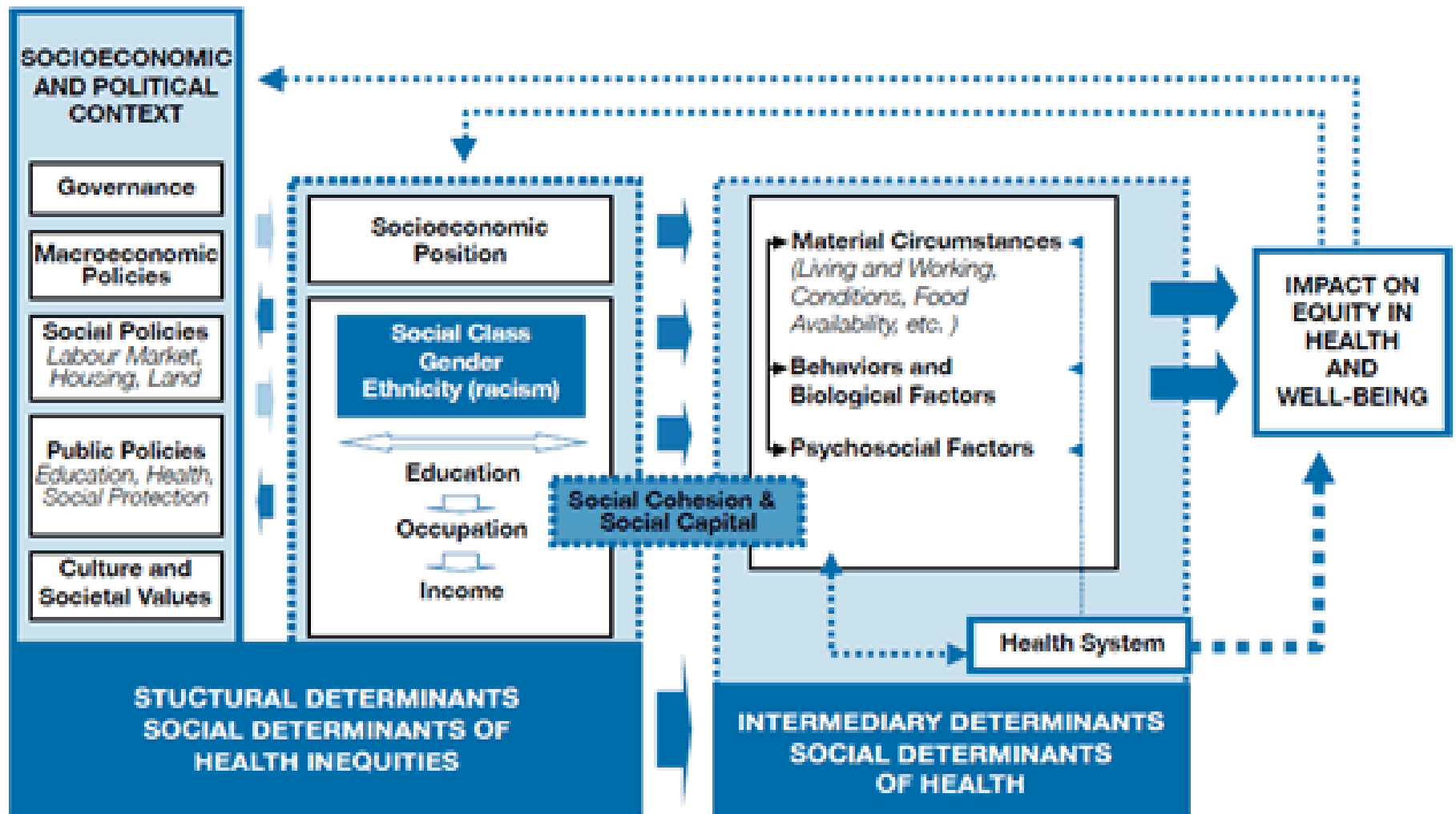
Determinants of health

Contextual Determinants
Colonisation; dispossession; racially discriminatory penal & human rights legislation

Distal Determinants
Inequity in access to health services, low socio-economic position, unemployment

Proximal Determinants
Stereotypes, prejudice and other negative community attitudes; associated impacts such as unhealthy behavoiurs, which reinforce negative community attitudes
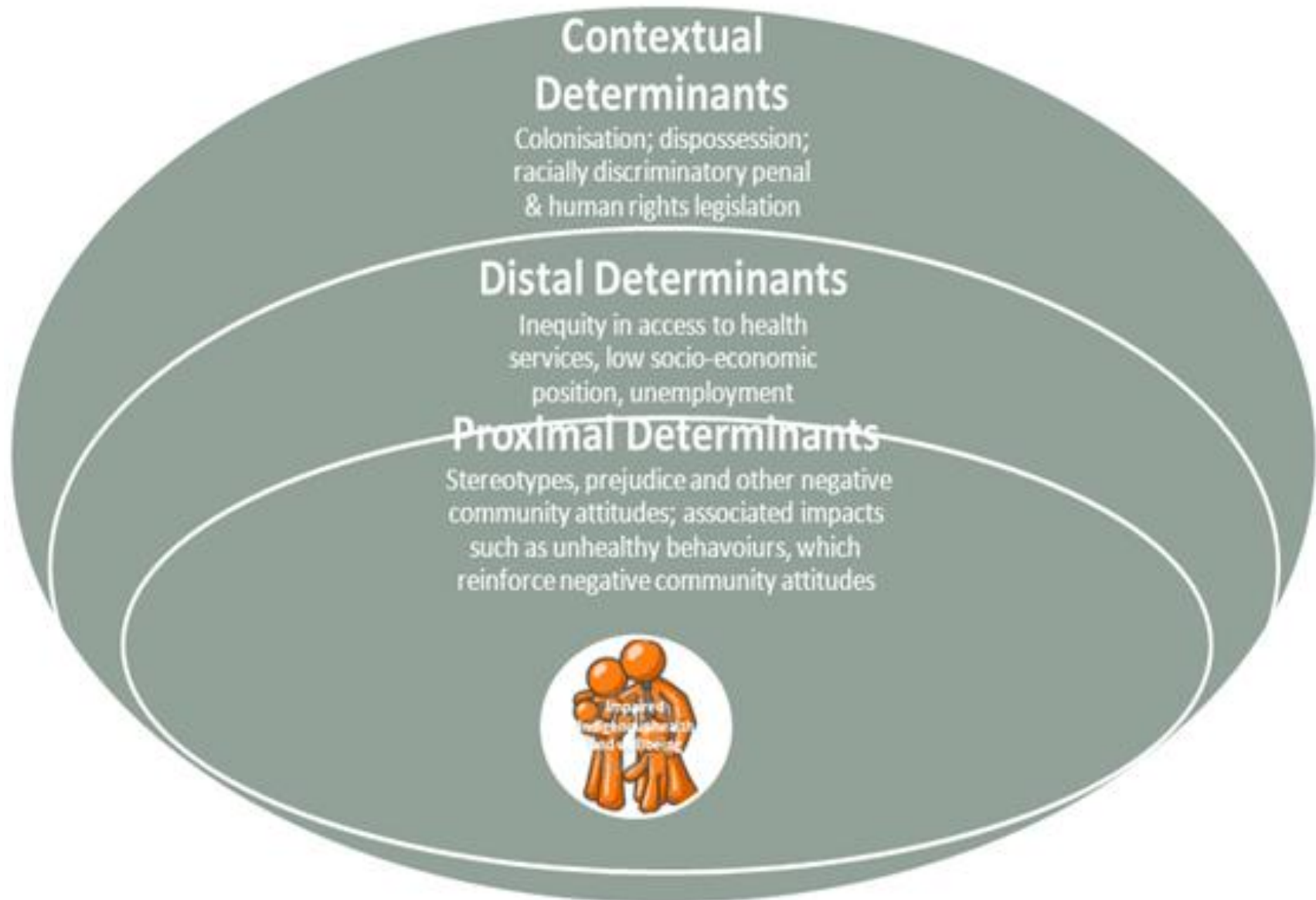
Racism and health system

Racism and cultural competence

- TORONTO -- A new report suggests aboriginal Canadians frequently face racism and stereotyping when using health care services in urban centres, a situation which can breed a degree of mistrust deep enough for some to avoid seeking professional help when sick.

- The 74-page document, titled "Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care," was released by the Health Council of Canada on Tuesday.

- The independent national agency is now calling for "culturally competent" care and environments in which aboriginal patients can be treated with understanding and respect.

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Read more: http://www.ctvnews.ca/canada/aboriginal-canadians-face-racism-stereotyping-in-urban-health-care-report-1.1074444#ixzz33QYDxtDW

Healing Path

Cultural Safety Path

- Cultural safety is an important first step in building trust

- Cultural safety, like cultural competency can be taught.

- Trust is critical to development because of the mistrust and historical trauma caused by colonization.

- Taken from a policy perspective, whole organisations have become culturally safe through strategic planning and training.

- The literature provides evidence that cultural competence and safety result in improved health outcomes.

- A culturally safe delivery system can strengthen the capacity of the communities to be resilient to the stressors that push them from risk to crisis.

Healing Lesson Learned

- Healing is possible for individuals and communities. Both appear to go through distinct stages of a healing journey.
- The healing journey is a long-term process, probably involving several decades.
- Healing cannot be confined to issues such as addictions, abuse or violence.
- Healing interventions and programs have most impact when they take place within the context of a wider community development plan.
- Community healing requires personal, cultural, economic, political, and social development initiatives woven together into a coherent, long-term, coordinated strategy.
- Such a coherent strategy requires integrated program development, funding delivery and on-going evaluation.
- Healing is directly connected to nation building. At some point, there needs to be a merger of program efforts between community healing activities and movements towards self-government and community development.

Aboriginal Healing Movement

In the past twenty-five years in Canada, a wide variety of experiences, programs and activities have been part of what may be described as the "Aboriginal healing movement". These have included:

❖ Participation in traditional healing and cultural activities;

❖ Culturally based wilderness camps and programs;

❖ Treatment and healing programs;

❖ Counselling and group work; and
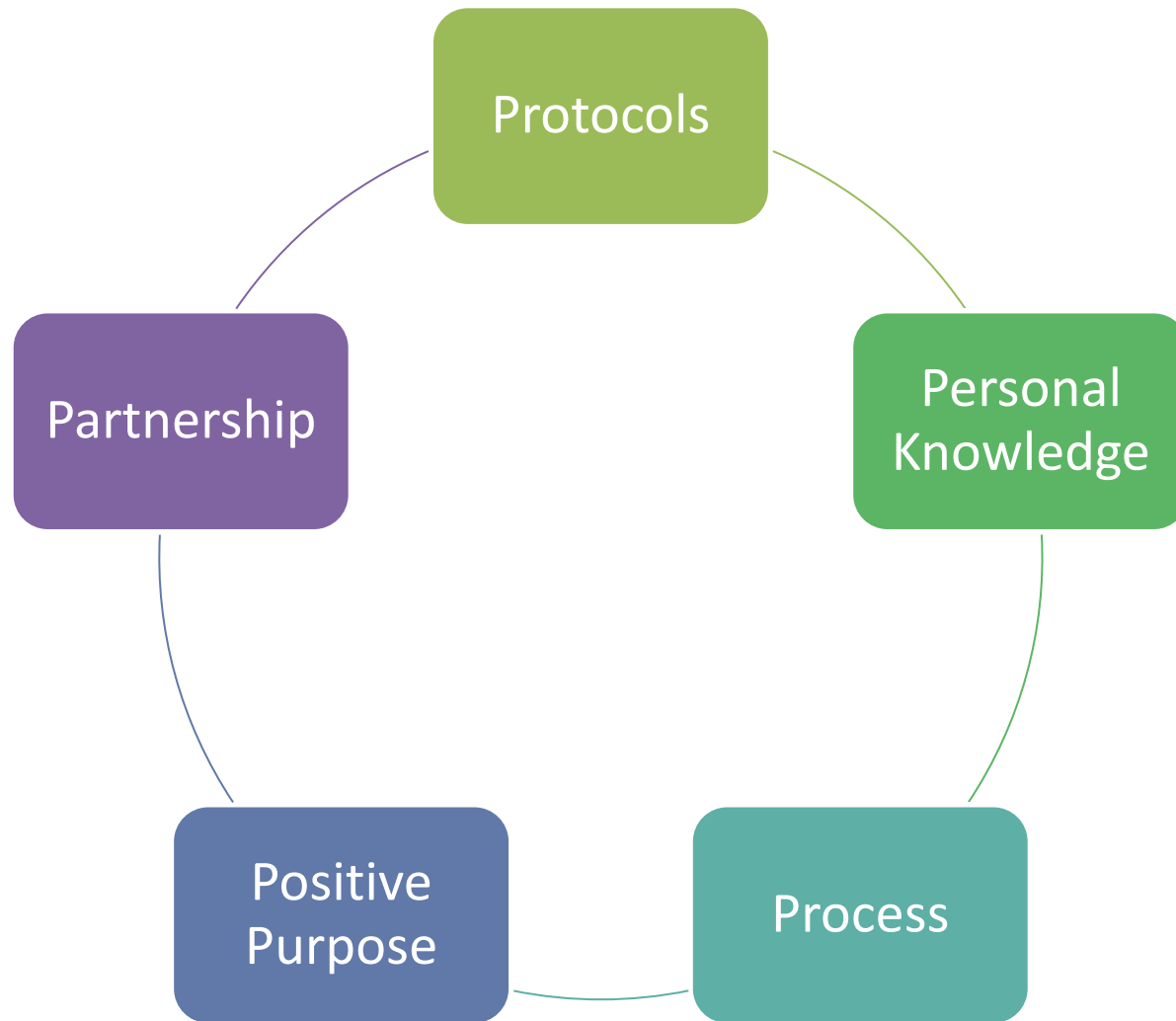
❖ Community development initiatives.

What is healing?
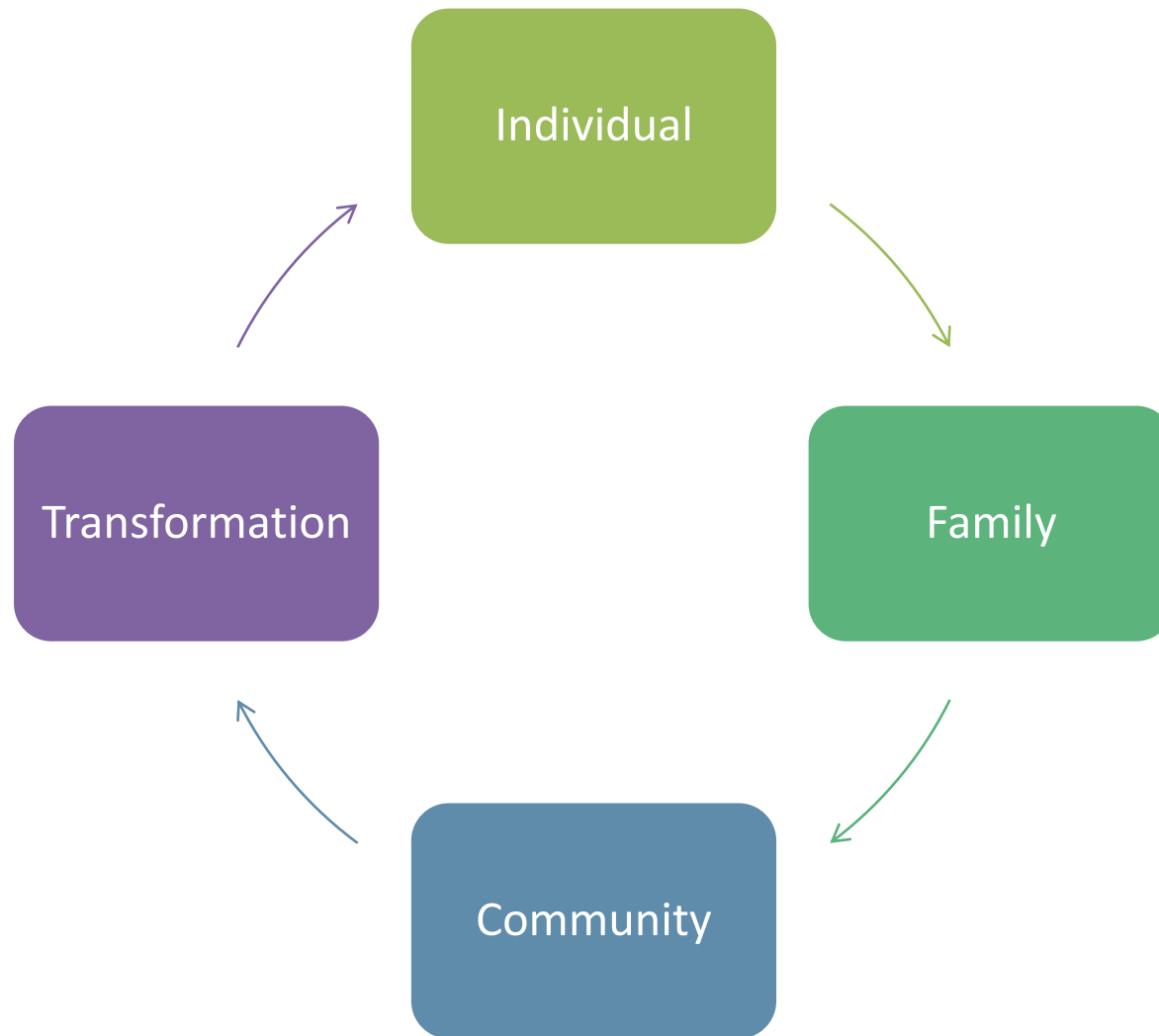
Cultural Safety Framework

Holistic Approach

Cultural Safety

Healing Path

Transformation

Cultural Safety: 5 Principles

(Ball 2007)

Culturally Competent Organizations

- Set of values, principles & structures to work cross-culturally.
- Work in the cultural contexts of communities they serve.
- Work part of policy-making, administration, practice and service delivery
- Systematically involve clients, families and communities
- Cultural competence is a long-term developmental process
- Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.
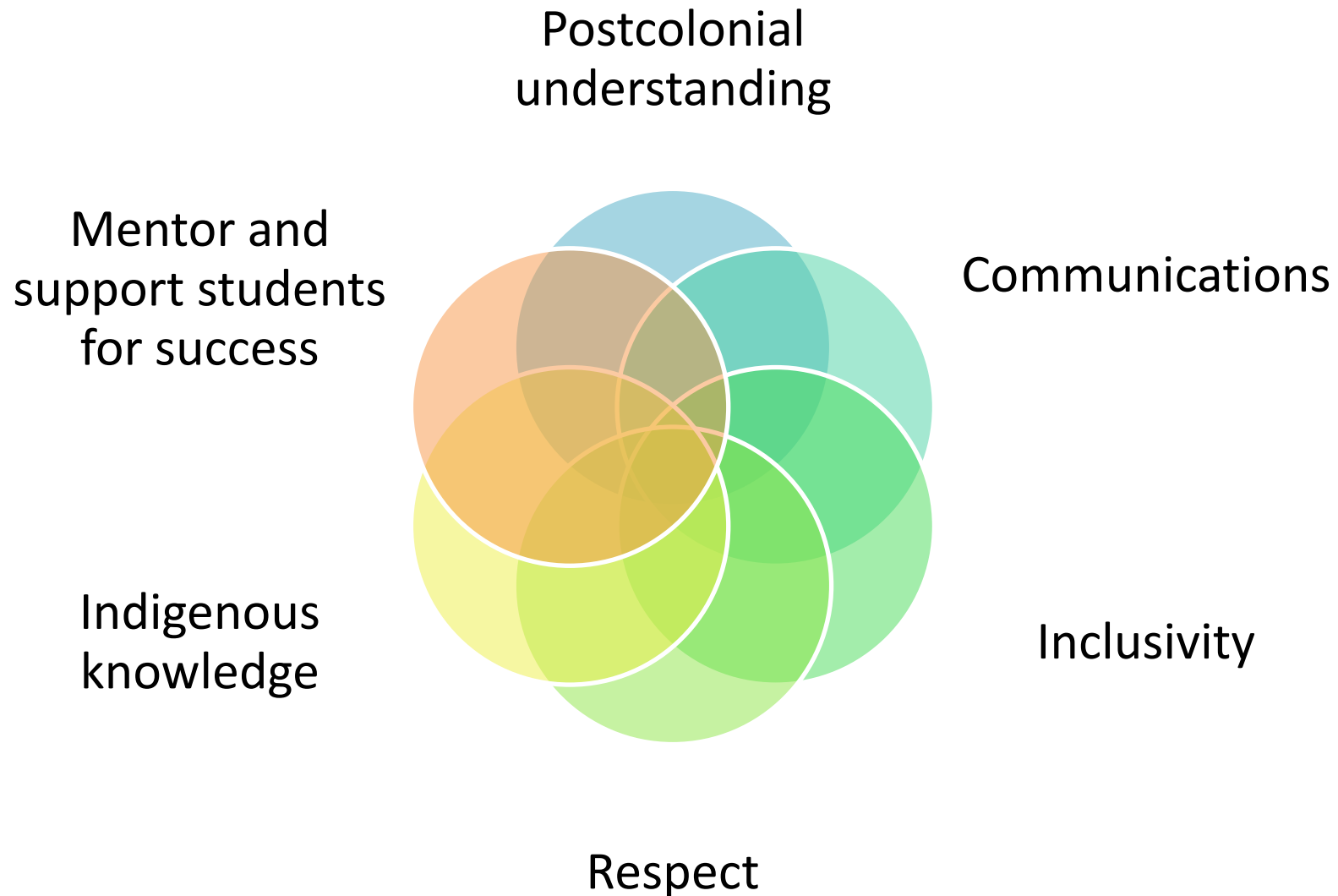
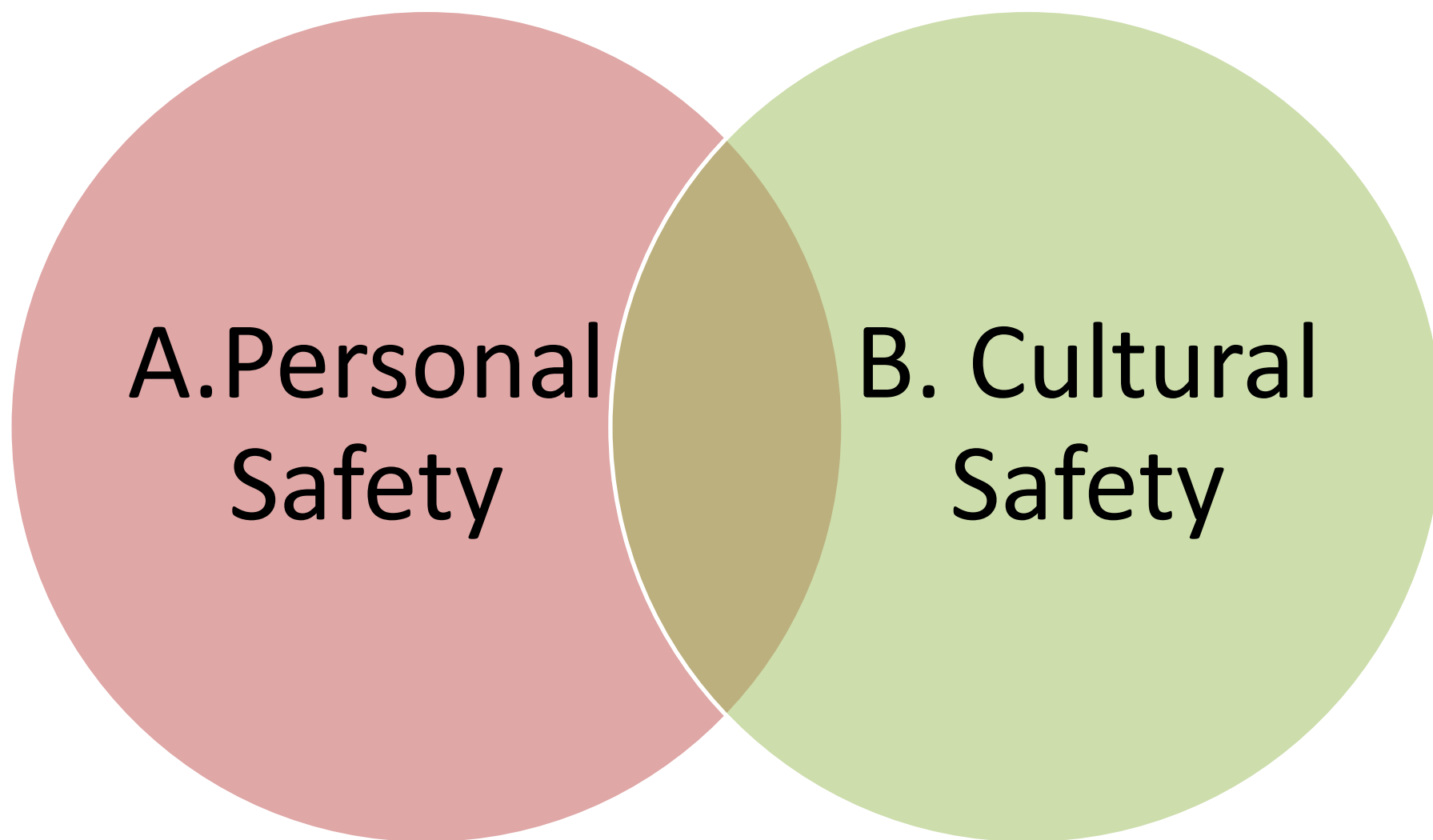The National Center for Cultural Competence

Benefits

Why Culturally Competent Health Care?
- Improve Quality of Services and outcomes
- Increased client compliance
- Responds to Aboriginal needs
- Increase satisfaction with service
- Support workforce diversity initiatives
- Improve retention of health human resources
- Meet accreditation requirements
- Achieve social justice

Aboriginal Nurses Association of Canada Core Competencies

Postcolonial understanding

Communications

Mentor and support students for success

Inclusivity

Indigenous knowledge

Respect

Self Assessment Tool

A. Personal Safety

- ***What do we mean by personal safety for survivors, workers and in centres?***

- Safety for the Aboriginal Healing Foundation's (AHF) projects can be defined as both personal safety and cultural safety.

- The first step in the healing process is to establish safety and trust with clients. Safety can restore power and control to survivors and foster responsibility for self and a feeling of belonging.

- The tool explores the concept of cultural safety and its practical implications for program and policy designed to improve the health and the wellness of First Nations, Inuit and Métis.

- The tool demonstrates that cultural safety can shift from a being a concept to a tool to deliver culturally safe health care services.

A. Personal Safety

Building trust:

❑ Build foundation with clients to start intensive treatment.

❑ Dependability, consistency.

Ensure confidentiality:

❑ Confidentiality and privacy policies clear at all levels of contact (personal and professional).

Client rights:

❑ Rights clearly stated; code of ethics, guiding principles, etc.

❑ Communicate centre's principles, e.g., posters in healing centres.

❑ Advocate for client's rights.

❑ Group/team rules or self-directed guidelines created by clients.

A. Personal Safety

Safe therapeutic process:

❑ Intake, triage area or buffer zone for evaluation of needs.

❑ Explain and introduce the process clearly to clients.

❑ Orientation process and package for clients.

❑ Explain and define worker/client boundaries.

❑ Explain plan or road map for healing journey.

❑ Clients develop and maintain self-care plan and/or a wellness plan.

❑ Let clients know they have freedom of choice with options.

❑ Empower clients

A. Personal Safety

Appropriate:

- ❑ Sincere, non-judgemental, trustworthy.
- ❑ Walk the talk; be visible and involved in the community.
- ❑ Love oneself and have humility.
- ❑ Have good intentions about what you do as a service provider.
- ❑ Respect choices, cultural diversity in community and other people's ways.
- ❑ Don't impose beliefs onto others.
- ❑ Have a mentor to turn to for support.
- ❑ Practice self-care techniques.
- ❑ Ensure workers are healthy mentors.
- ❑ Safe hiring; reference, security checks, etc

A. Personal Safety

Create safe atmosphere:

- ❑ Warm, respectful, welcoming environments.
- ❑ Be available, consistent, open and unbiased.
- ❑ Create an environment where clients don't feel shame, e.g., especially if they don't have knowledge or experience.
- ❑ Respect is key (signage that encourages respect).
- ❑ Listen and learn.
- ❑ Be accepting, empathic and don't criticize.
- ❑ Be non-judgemental, patient and respectful.
- ❑ Use humour.

A. Personal Safety

Create comfortable place:

- ❑ Building should be warm and welcoming.
- ❑ Orientation of building and grounds.
- ❑ Create space for healing.
- ❑ Naming, i.e., name of facility should be meaningful culturally

Reinforce safety:

- ❑ Through proper closure, follow-up and aftercare.
- ❑ Survivors need to know that assistance is available throughout their healing journey.

B. Cultural Safety:

- ***What does cultural safety mean for survivors, workers and centres?***

- The tool shows participants how to 'decolonize' health care services by developing transformative relationships based on trust.

- The next steps or recommendation you need to consider fall into five areas; training, recognition, strategies, research and education.

B. Cultural Safety

Elders:

❑ Elders' participation is key.

❑ Know who providers are, i.e., elders who have walked the talk

• **Cultural activities:**

❑ Explain and introduce process, i.e., reconnect to culture.

❑ Follow cultural protocols.

❑ Utilize local cultural resources.

❑ Traditional ceremonial practices.

❑ Augment with western, alternative and other practices.

❑ Encourage participation in the cultural program and activities.

❑ Feasts, i.e., appropriate behaviour/protocols for Elders' feasts.

❑ Freedom to choose to participate.

B. Cultural Safety

Cultural activities continued:

❑ Respect all cultures – be appropriate for audience and not exclusionary, e.g., smudge, sweet grass, eagle feather.

❑ Understand family unit and structure and respect relationships, i.e., what does it mean to be father/mother/grandfather/son/aunt etc.

❑ Encourage parents to educate their children.

❑ Understand who we are as First Nations people, e.g., do not let diversity become a barrier, such as religious

❑ denominations.

B. Cultural Safety

Cultural competency training:

- ❑ Ensure staff understands the diversity of the Become familiar with cultural and other ways, e.g., not only one way.
- ❑ Being a First Nations person is a way of life.
- ❑ Provide cross-cultural workshops.
- ❑ Provide education and awareness about cultural teachings and traditional ceremonies.
- ❑ Provide appropriate teaching and encouragement.
- ❑ Understand ceremonies and protocols, e.g., similarities/difference between churches and First Nations.
- ❑ Retain, speak and learn traditional languages.

B. Cultural Safety

Physical environment reinforces cultural identity:

❑ Gardens, healing ponds, sweat lodges, etc.

❑ Healing room for ceremonies and resource.

❑ Utilize cultural symbols, e.g., buffalo hides, elk horns, eagle feathers, dream catchers.
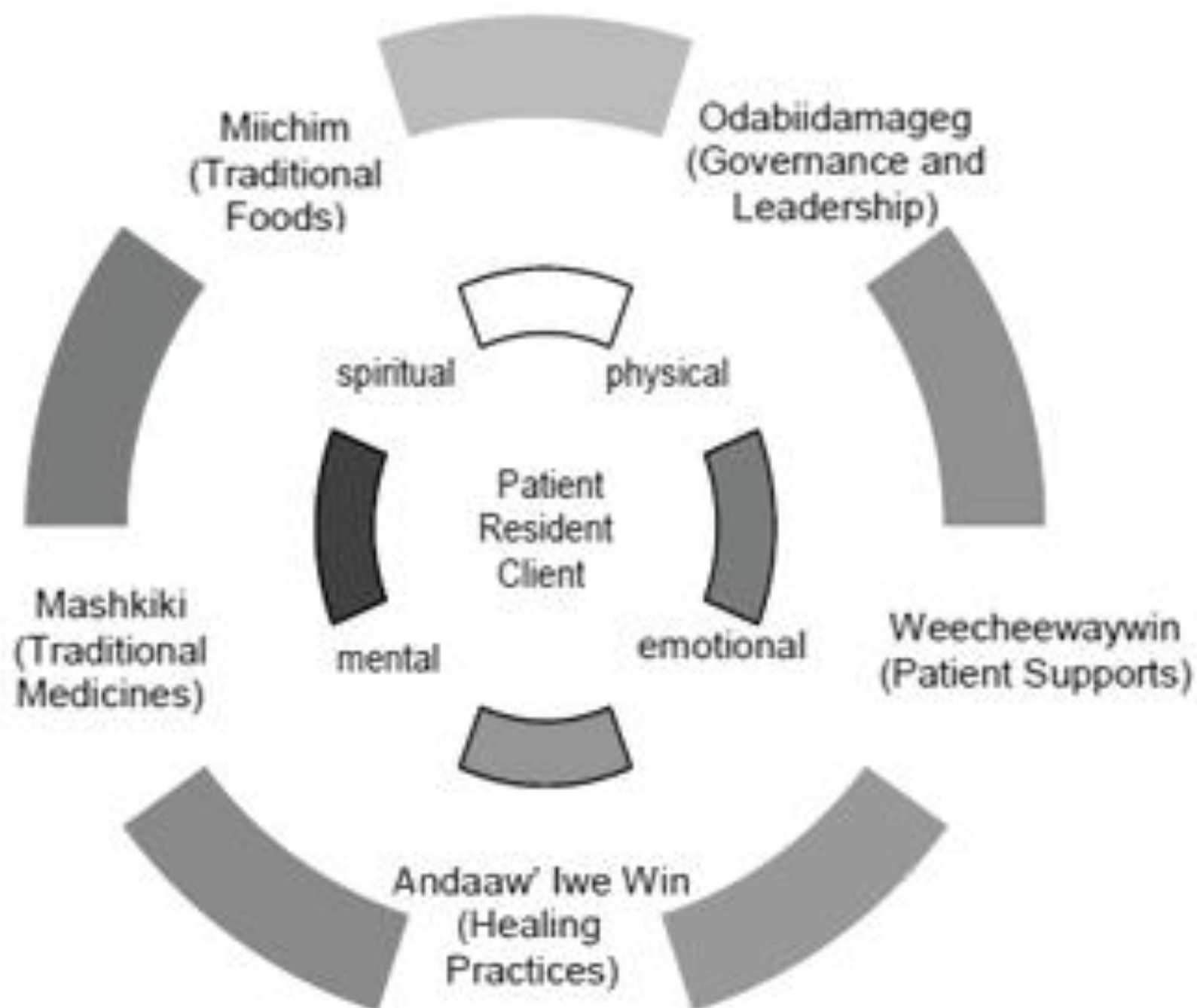
Intimate Stories

- The 2012 study by Virginia Russell and Sarah de Leeuw arose from concerns that inequitable access to information and primary sexual health services existed for Aboriginal women.

- **Trust or the lack of trust at the heart of the problem**
  - Marginalized women are more likely distrust health care professionals.
  - Distrust correlated with lower levels of awareness about HPV and cervical health and lowered usage of screening services.
  - Experiences with victimization were commonly associated with low levels of comfort and trust.

- **Solutions**
  - Women wanted to feel listened to, respected, and in charge of their health decisions.

Return birthing to communities

- In a 2011 study by Jude Kornelsen, et al., First Nations women who had to leave their community to give birth, spoke of the powerlessness and isolation they felt over giving birth outside their community.

- Since alienation correlates with anxiety and depression, it is possible that negative health outcomes may result.

- The study says that "Acknowledging the potential for alienation around the birth experience and working to ameliorate it will lead to better health outcomes."

- **Solutions**
  - Many participants responded with proactive solutions; including assembling a support group in the referral community, bringing family (children) and friends with them when possible, and returning home as soon as possible.
  - They suggested keeping maternity services open in isolate communities, if not possible, have social support services available in referral communities.
  - Aboriginal communities and governments need to find ways to return birthing to communities in order to improve health outcomes for material and child health.

Sioux Lookout Meno Ya Win Health Centre

- In their 2010 paper Roger Walker et al concludes that cultural competency and safety are required to effectively integration of traditional and contemporary knowledge and practices.

- The paper outlines a framework that assists in making appropriate choices and to find pathways to healing.

- A Traditional Healing, Medicines, Foods and Supports (THMFS) program was developed to ensure services support cross-cultural competency and safety.

- **Findings**
  - The Program relies on an Anishinabe understanding and philosophical foundation which is materially different than Euro-Canadian.
  - This tradition may ultimately prove successful at addressing some of the root causes of the profound health status issues facing First Nations.

Miichim (Traditional Foods)

Odabiidamageg (Governance and Leadership)

Mashkiki (Traditional Medicines)

Weecheewaywin (Patient Supports)

Andaaw' Iwe Win (Healing Practices)

spiritual

physical

mental

emotional

Patient Resident Client

Program objectives

The program is intended to:

1. Provide a welcoming, supportive, familiar environment for patients, residents, and clients.

2. Embed a culturally appropriate set of services and supports.

3. Reduce patient, resident and client difficulties.

4. Provide healing practices, including ceremonies, specific to the Anishnabe context.

5. Promote healing and healthy practices.

6. Provide appropriate choices in healing approach, medications and foods.

7. Ensure enhanced levels of organizational, work unit and individual cultural competency.
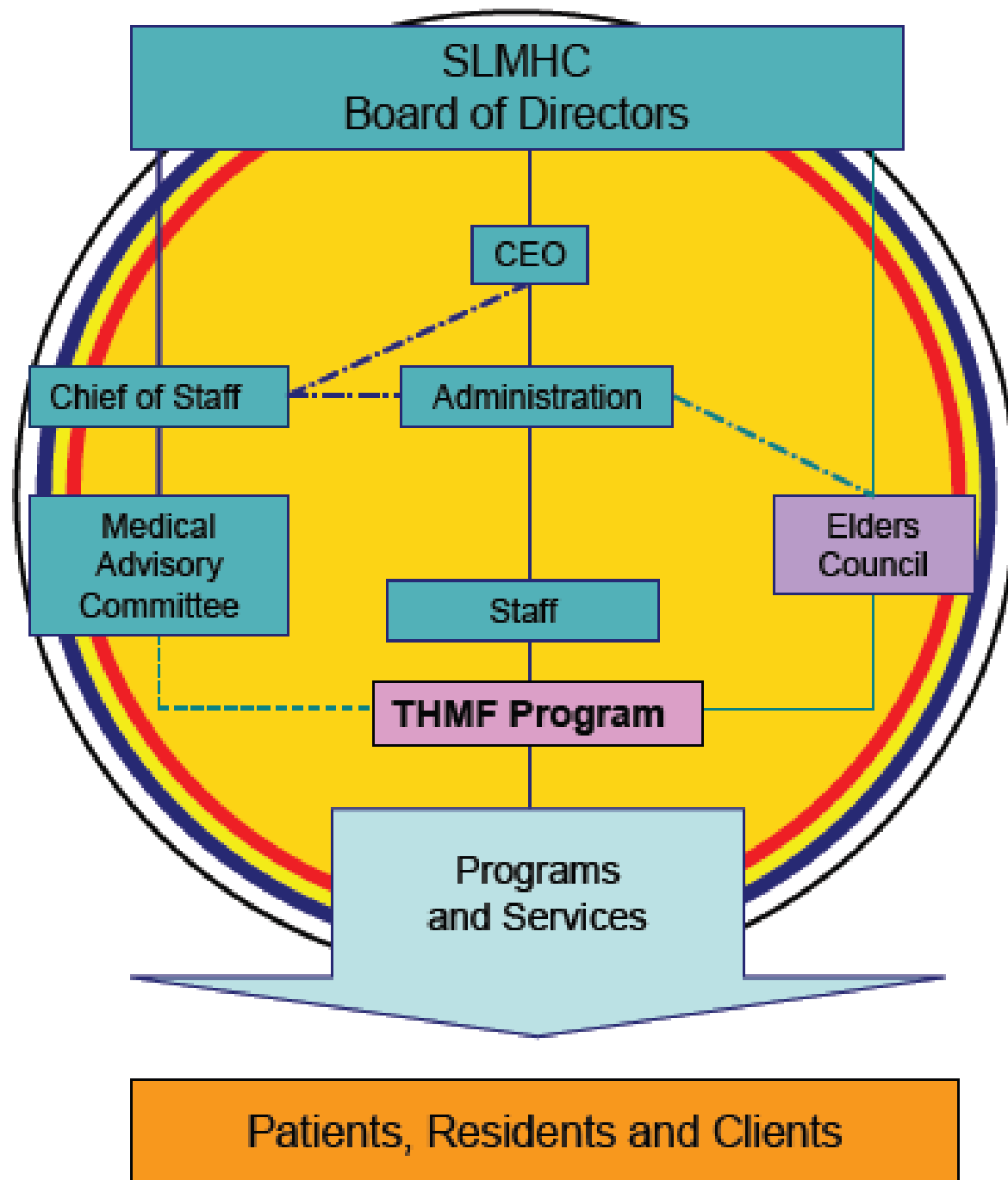
Conclusion

1. The approach has arisen from research and broad community and Elder consultation.

2. This model of care is intended to permeate throughout institutional programming.

3. Patients will have choices to access traditional medicines and services.

4. This approach addresses barriers that negatively impact First Nations health.

Nia:wen, Miigwetch, Thank you

Reference & resources

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- Jude Kornelsen. 2011. Alienation and Resilience: The Dynamics of Birth Outside Their Community for Rural First Nations Women. Journal of Aboriginal Health, March 2011.

- Russell, Virginia L. and Sarah de Leeuw. 2012. Intimate Stories: Aboriginal Women's Lived Experiences of Health Services in Northern British Columbia and the Potential of Creative Arts to Raise Awareness About HPV, Cervical Cancer, and Screening. Journal of Aboriginal Health, March 2012. Online.

- Walker, Roger, et al. 2010. Achieving Cultural Integration in Health Services: Design of Comprehensive Hospital Model for Traditional Healing, Medicines, Foods and Supports. Journal of Aboriginal Health, January 2010.

- Cultural safety resources: www. naho.ca