Enhancing Cultural Humility and Culturally Safer Practices for Indigenous Clients in Occupational Therapy

Professional Development Resource for Occupational Therapists (2021)

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This resource has been reviewed by our supervisor, Gayle Restall, O.T. Reg. (MB), Heidi Garcia, O.T. Reg. (MB) and Debra Beach Ducharme, Ongomiizwin educator.

Disclaimer: This resource was developed by one or more students from the University’s Rady Faculty of Health Sciences in accordance with their program requirements. The information provided in this resource is intended to provide helpful information and is not intended to replace advice and guidance of a professional health care provider. There are no guarantees of completeness or accuracy with regard to the information contained in this resource. All individuals involved in the creation of this resource disclaim any liability in connection with the use of this resource and of the information contained herein. This resource is provided without warranty of any kind.

Note: the authors of this resource do not identify as Indigenous and are currently on their own journey regarding cultural humility and are learning to provide culturally safer practises.
Land Acknowledgement:

Manitoba Society of Occupational Therapists (MSOT) has members that live, play, and serve clients throughout the province of Manitoba, located on the traditional territory of the Anishinaabeg, Inniniwak, Ojibwe Cree, Dakota, Dene, and on the homeland of the Métis nation. Our office is located on Treaty 1 territory and the homeland of the Métis Nation in Winnipeg. Our work extends throughout Treaty territories 2, 3, 4, and 5. We acknowledge that Winnipeg's water is sourced from Shoal Lake 40 First Nation.

We have been challenged by the Truth and Reconciliation Calls to Action to respect the Treaties made on these territories, to dedicate ourselves to understanding the trauma and harms experienced by Indigenous People in the past and present, and to move forward with Indigenous Peoples in a spirit of reconciliation and collaboration to make Manitoba an inclusive and accessible place for everyone who lives here.

For details of Treaty territories, see link for Map of First Nations and Treaty Areas in Manitoba.

https://www.sac-isc.gc.ca/eng/1100100020576/1616073943706
**Introduction**

This resource was created as a preliminary response to the Truth and Reconciliation Commission’s (TRC) (2015) calls to action. The calls to action in the healthcare section of the TRC report emphasizes the importance of having healthcare professionals and organizations acknowledge the mistakes and harms of the past that contribute to the current societal and health challenges faced by Indigenous People today (TRC, 2015). Occupational therapists can begin to reconcile with Indigenous Peoples by improving their understandings and creating respectful relationships, particularly as they provide health services (White & Beagan, 2020).

**Purpose Statement:**
This resource is a starting point and a small step towards reconciliation. By no means is this an end point in the process of occupational therapy’s continued commitment towards reconciliation with Indigenous Peoples and communities. MSOT is committed to supporting its members through the process of responding to the TRC and providing resources and tools for occupational therapists to take practical steps towards reconciliation in their daily practice and at a larger organizational level.

**Objectives:**
- Encourage meaningful dialogues about Truth and Reconciliation in the occupational therapy profession.
- Raise individual and professional awareness through education and critical reflexivity regarding the history of Indigenous peoples in Canada and the past and current harms and inequities imposed by a colonial society.
- Provide practical recommendations for occupational therapists and MSOT to work toward adapting occupational therapy practice to increase cultural safety for Indigenous clients.

**How to use this resource:**
In this document you will find self-reflection activities, practice framework considerations, a brief introduction to Indigenous Peoples living in Manitoba, distinct groups of Indigenous People, Indigenous festivals and events in Manitoba, Indigenous People and the colonization of Canada, Indigenous Peoples’ contributions to Canada and key health statistics and inequities for First Nations People in Manitoba. You will also find concepts and recommendations for creating a culturally safer and humble practice including micro and meso level ideas for change. Lastly, lists of additional resources are provided to further your knowledge. This document is intended to be flexible to individual learning needs. You can choose to work through the entire document at once, piece by piece, or choose relevant sections to further your learning. The decision can be made based on available time or your current context, knowledge, and skills. You may choose to work through this resource individually or use it to encourage dialogue and conversations with your colleagues in group settings. We encourage readers to engage in the self-reflection activity and move through questions of the continuum tool before reading the resource. We then suggest revisiting these reflection tools later (e.g., several months later) once you have had time to process and apply some of the concepts to your practice to evaluate your learning and progress. This resource may be a starting point, a small step towards reconciliation, or a part of your journey and commitment to work toward reconciliation. Please take time to visit, explore, learn, and reflect using the website links provided in Section 4: Additional Resources.

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Section 1: Self-Reflection

As mentioned above, we encourage you to engage in the below self-reflection activities before reading and exploring this resource, and then again, several months later (once you have had time to apply recommendations and learning to your practice) to monitor your progress.

1) Self-reflection activity:

The following questions relate to positionality and practice framework. Please use the space provided to write down your thoughts and reflections to start or continue your own reconciliation journey.

What is your personal and family history that brought you and your family to this land?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Are you aware of the history of the land you live and work on? If so, where did you learn this information?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Have members of your family or ancestors been affected by colonization, oppression, violence, or war? What is your understanding of the impacts of colonization on Indigenous People and communities?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
What does reconciliation mean to you?

What guides your practice framework? How do you incorporate Indigenous ways of knowing, traditional teachings, or worldviews in your practice?

In what ways may you be able to decolonize aspects of your practice, now and in the future?

Source of questions: Towards a New Relationship, BC Association of Social Workers (2016)
2) Cultural safety continuum reflective tool:

To provide increased levels of cultural safety in practice, occupational therapists need to commit to continuous learning. Reflective activities can support the growth of awareness and capabilities through a process of ‘unlearn – learn – apply – reflect – embed’ (Victoria State Government, 2019).

Use the reflective questions below to reflect on your current level of cultural humility. Move vertically down the columns and then horizontally to position yourself on the continuum. At the bottom of each column, you will find general “ideas for action” that may assist you in your learning. As you engage in new learning or experiences or as time passes, revisit this reflection activity, and consider next steps in continuing your personal journey to creating safer cultural interactions and environments for Indigenous clients in your practice.

Reflection questions and continuum format adapted from:

Aboriginal and Torres Strait Islander cultural safety framework– Cultural safety continuum reflective tool, Victoria State Government Health and Human Services (Victoria State Government, 2019).

<table>
<thead>
<tr>
<th>Unaware</th>
<th>Emerging</th>
<th>Intentional</th>
<th>Innate</th>
</tr>
</thead>
<tbody>
<tr>
<td>What assumptions do you have about Indigenous people, communities, or organizations?</td>
<td>What ideas, beliefs, and practices do you need to unlearn?</td>
<td>Are you active in self-reflection, researching, listening to, and thinking about cultural safety and humility?</td>
<td>Are you open to ongoing learning and self-reflection?</td>
</tr>
<tr>
<td>What assumptions are shaped by stereotypes?</td>
<td>What areas of the history of Indigenous people in Canada do you still need to learn?</td>
<td>Are you engaging in and applying culturally safer practices in your workplace?</td>
<td>Do you share your knowledge and lead cultural safety and humility efforts in your organisation?</td>
</tr>
<tr>
<td>Is your attitude toward Indigenous people positive or negative?</td>
<td>What is your understanding of the impact of past and present continuing harmful practices and policies has had in producing intergenerational trauma and ongoing disadvantage for Indigenous People?</td>
<td>Are you leading initiatives to advance health, wellbeing, and safety outcomes for Indigenous People?</td>
<td>Do you actively advocate for practices that are inclusive of Indigenous People and their communities?</td>
</tr>
<tr>
<td>How does your approach to working with some clients differ from working with others?</td>
<td>Have you established relationships with Indigenous People,</td>
<td>Does your practice include monitoring and accountability for measures of quality</td>
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<table>
<thead>
<tr>
<th>How might your approach (above) create inequalities or inequities for groups such as Indigenous people?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know the local Indigenous communities where you live and work and the communities of the Indigenous people who access or use your services?</td>
</tr>
<tr>
<td>What is your understanding of the gaps between the health outcomes for the Manitoba Indigenous population and the non-Indigenous population in Manitoba?</td>
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<tr>
<td>How do you reflect on your own knowledge and beliefs about Indigenous people and their histories?</td>
</tr>
<tr>
<td>Do you acknowledge the need for including the perspectives of Indigenous people in your role but do not know how to embed or include these perspectives?</td>
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<td>Do you feel equipped for your role in working with Indigenous individuals, families and communities based on your current skills and knowledge of Indigenous people and cultural safety?</td>
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<tr>
<td>Have you participated in a diverse range of learning and development activities about the knowledge and practice of Indigenous people?</td>
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<td>How do you challenge or question practice that isn’t inclusive of Indigenous Peoples’ perspectives?</td>
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<tr>
<td>Does your performance and development plan have a specific cultural goal or measure relating to Indigenous Peoples?</td>
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<tr>
<td>What professional learning opportunities do you need to fulfil your role?</td>
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<tr>
<td>What decisions do you and your colleagues make on behalf of Indigenous people without any input from Indigenous people?</td>
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<tr>
<td>What is your understanding of the gaps between the health outcomes for the Manitoba Indigenous population and the non-Indigenous population in Manitoba?</td>
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<td>How do you reflect on your own knowledge and beliefs about Indigenous people and their histories?</td>
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<td>What professional learning opportunities do you need to fulfil your role?</td>
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<td>on health, wellbeing, and safety outcomes for Indigenous people?</td>
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<td>How do you ensure there are mutually agreed ‘ways of working’ between your organization and Indigenous communities?</td>
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<td>How have you been involved in making changes to reporting systems and funding/service agreements in your workplace?</td>
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<tr>
<td>Are you providing opportunities for Indigenous people to take the lead and make decisions about matters that affect them?</td>
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<tr>
<td>Ideas for Action</td>
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<td>------------------</td>
</tr>
<tr>
<td><strong>Unaware</strong></td>
</tr>
</tbody>
</table>
| Complete a self-reflection activity to capture your current level of understanding about beliefs, values, and attitudes towards Indigenous people.  
Actively look for diverse professional development opportunities that challenge your views and practices, and that centre on beliefs, values, and attitudes regarding Indigenous people.  
Commit to a process of self-discovery and reflection. |
| **Emerging**     |
| Identify gaps in your knowledge via self-reflection.  
Identify potential professional development opportunities that will enhance your understanding of cultural safety.  
Identify and speak with colleagues in partnering organisations who have built positive relationships with Indigenous people, communities, and organisations. |
| **Intentional**  |
| Look for opportunities to work in solidarity with Indigenous people.  
Build and strengthen relationships with Indigenous people, communities, and organisations.  
Enter a mentoring or support arrangement to assist in building your ability to provided culturally safer and more culturally responsive practices. |
| **Innate**       |
| Embed cultural safety and humility as a core value in your daily work practices and reflect this in your performance plan.  
Look for opportunities to share your knowledge about culturally safer practices with colleagues.  
Seek self-reflection feedback from colleagues or service users who are Indigenous. |
Practice frameworks:
The Truth and Reconciliation commission called upon health care professionals to improve their work with Indigenous clients (TRC, 2015). In response, the Canadian Association of Occupational Therapists (CAOT) deemed it imperative that occupational therapy practice “be more culturally safe and to provide space for Indigenous worldviews, knowledge and self-determination” (CAOT, 2018, p.1). CAOT calls for all occupational therapists to educate themselves on the impact that colonization has on health and social delivery services as well as educate themselves on the Truth and Reconciliation calls to action. Occupational therapists can become well situated to advance and support reconciliation with Indigenous Peoples (CAOT, 2018).

Occupational therapy as a profession is situated and rooted in Western frameworks (White & Beagan, 2020). Western notions, such as focus on the individual opposed to the collective, the appeal and push towards occupational balance and independence, the divisions of productivity, leisure and self-care are rooted within our theories and models (White & Beagan, 2020). “The profession’s focus on achieving balance between self-care, productivity and leisure occupations is a Western ideal that is realistic for few people worldwide, particularly individuals from geographically underserved regions or from low-income backgrounds (typically non-White)” (Grenier, 2020, p. 638). These assumptions are not necessarily shared by Indigenous Peoples (Darnell, 2009). Theoretical models in occupational therapy may not be able to address Indigenous health and wellness (Stedman & Thomas, 2011). Therapeutic interactions with predetermined approaches cast a shadow over experiences, knowledge, programs, and resources that exist in Indigenous communities (Gerlach et al., 2018). Facilitating a culturally safer practice means not using a “one size fits all” approach where occupational therapists use frameworks and guidelines because they have been well documented (Stedman & Thomas, 2011). CAOT (2018) calls upon occupational therapists to “develop policies, procedures, and resources (e.g., models, assessment tools) in collaboration with Indigenous Peoples that are specifically relevant to Indigenous Peoples in Canada.”

Critical reflectivity of occupational therapy’s foundational theories and frameworks is an ongoing process. Critical appraisal may be a step towards ensuring occupational therapy meets the needs of all people in Canada. We encourage all occupational therapists to reflect on their frameworks used in practice and identify if they resonate with all the people they work with.
Section 2: A Brief Introduction to Indigenous People

Indigenous Peoples in Manitoba

Manitoba is located on the traditional territories of the Inninewak, Dakota, Dene, Anishinaabeg, and Ojibwe Cree First Nations, as well as the Métis nation. Five treaties cover the majority of Manitoba. Winnipeg is located on Treaty 1 territory and has the biggest Indigenous population of any city in Canada (Reynar & Matties, 2017). Brandon is located on Treaty 2 territory, and Thompson is located on Treaty 5 territory (Treaty Relations Commission of Manitoba, n.d.). Manitoba is home to 63 First Nations, including 6 of the 20 largest bands in Canada. Manitoba also has five First Nations linguistic groups: Cree, Ojibway, Dakota, Ojibwe Cree, and Dene (University of Manitoba, n.d.).

Distinct groups of Indigenous Peoples

In Canada, there are three distinct groups of Indigenous Peoples: First Nations, Métis, and Inuit. Each group has distinct language(s), cultures, traditions and beliefs. You may read or hear the term “Aboriginal Peoples.” This was the collective noun used in the Constitution Act of 1982 and may be acceptable to some groups and you will read the term being used in historic documents. It is also used in some counties outside of Canada. However, in Canada, Indigenous is the preferred term.

First Nations

First Nations people hold the legal identity of either status or non-status (registered or not registered under the Indian Act), or treaty (eligible for benefits because of treaties signed between ancestors and the Crown government). If referring to a single First Nation band, the preferred term to use is “First Nation community”. First Nations communities in Manitoba include:

Inninewak (Cree) — There are four different Cree groups: Plains Cree (Central Manitoba, Saskatchewan, and Alberta), Woods Cree (Northern Manitoba and Saskatchewan), Swampy Cree (Manitoba, Ontario and Quebec) and Rocky Cree (Manitoba). Inninewak communities were based on communal principles of cooperation and respect for the land. They believe that everything (living and nonliving) is dependent on each other and therefore must be respected. The Inninewak language is the most widely spoken Indigenous language in Canada. In fact, the name “Winnipeg" came from the Inninewak word for muddy water (in reference to the Red River). Today, 23 Inninewak communities are located across Northern Manitoba.

Denesuline (Dene)—They are one of the groups that make up the Dene Nation. The Dene people are one of the largest First Nations groups living in the subarctic region. Their territory covers the western part of the Northwest Territories, and the Northern part of Alberta, Saskatchewan, and Manitoba. Dene people have great respect for nature. They believe that the land is alive, and everything is sacred. One of their most sacred traditions is playing Drum Songs- for praying, healing, and seeing into the future.
Anishinaabeg (Ojibwe)—The Anishinaabeg have communities in the southern part of Manitoba. They have two main groups: The Plains Ojibwe, who traditionally depended on bison hunting, and the Woodland Ojibwe, who survived by hunting, fishing, and gathering. Just like the Dene, they have a sacred connection to their land. They regard it as a gift from the Great Spirit and it belongs to everyone in their tribe. The Ojibwe live by the Seven Sacred Teachings: love, respect, courage, honesty, wisdom, humility, and truth. They are known for their traditional rites such as the sweat lodge ceremony (done to purify, heal and pray), and pow-wow celebrations (hundreds gather to sing, drum, dance, eat and celebrate).

Ojibwe Cree—This group is a unique mix of Ojibwe and Cree culture, language, and tradition. There are four Ojibwe Cree communities located in the Island Lake region in the Northeast part of Manitoba. Each community has a different blend of Ojibwe and Cree culture. They refer to their language as the Island Lakes Dialect.

Dakota—There are five Dakota communities located in Southern Manitoba. Traditionally, they subsisted in hunting but when they established themselves in Manitoba, they adapted by gardening and raising animals. Their spiritual beliefs centered on the “wakan” which is a spiritual force, power and sacredness. They have a great bond with nature which they regard with utmost respect. The Dakota people are also known for their ceremonies such as the sweat lodge, vision quest, and the sun dance.

Métis

The word Métis is derived from the French term meaning “mixed”. Métis people have both European and Indigenous parentage. The most well-known Métis population lives in Winnipeg (the Red River region). The founder of Manitoba, Louis Riel, was Métis. The Metis developed their own language called Michif, a mix of French and Indigenous languages. They also developed a distinct culture that combined Indigenous and European worldviews, spirituality, and practices. They are known for fine beadwork, fiddling, and jigging (a dance).

Inuit

The largest population of Inuit people are found in Nunavut, Northern Quebec, the Northwest Territories, and the Yukon. Traditionally, they lived in the Arctic for thousands of years. In the past, Inuit were called Eskimos, a colonial name imposed by Europeans. It is no longer acceptable to use this term. The Inuit people (Inuit is plural for Inuk, which means person) believe that all things have a spirit that must be respected. Like most Indigenous Peoples, the Inuit have a strong connection with nature. They have many celebrations that revolve around nature and the seasons and are known for their art forms such as drumming, throat singing, and carving.

Source for Distinct groups of Indigenous Peoples: Live and Learn (2016)

Indigenous festivals and events in Manitoba

Aside from National Indigenous Peoples Day held on June 21st, the Manito-Ahbee Festival, named after the sacred site in the western Whiteshell area of Manitoba regarded as Manito
Ahbee (or “where the Spirit lives” in the Ojibway language) is held annually in Winnipeg. The festival celebrates Indigenous arts, culture, and music and features various events such as the Lighting of the Sacred Fire, Indigenous Music Conference, Manito Ahbee Pow Wow, Indigenous Music Conference, Indigenous Marketplace and Trade Show, dance competitions, Art Challenge, and Youth Education Day. Additionally, many pow wow and treaty day celebrations take place in Indigenous communities across Manitoba in the summer months.

Source: Live and Learn (2017)

**Indigenous People and the colonization of Canada**
*(See section four for further information and resources)*

First Nations Peoples lived on their traditional territories, in what is now known as Canada, for thousands of years prior to the arrival of Europeans. They had strong connections to the land which was important to their survival and a central part of their identity. Diverse cultures, laws, languages, ways of life and governance flourished (Senate Standing Committee on Aboriginal Peoples [SSCAP], 2019).

From the late 1400s to the 1800s, European explorers, fur traders, and settlers came to the land, now known as Canada. As they established trade relations with First Nations, the furs and traded goods entered well-established trading networks bringing foreign diseases, such as smallpox, to Indigenous communities. These diseases killed countless Indigenous people and decimated groups regardless of whether the groups had direct encounters with Europeans (Dickason & Newbigging, 2019). Europeans also brought beliefs about land ownership based on *terra nullius* and the doctrine of discovery (SSCAP, 2019). These beliefs indicated that land could be occupied if no one was living on it and that the “discovering” nation would have sovereignty over that land. First Nations were located on the land, but the Europeans believed that the land was not being used for economic purposes and, therefore, was available to be occupied (SSCAP, 2019). These beliefs about land ownership were in sharp contrast to those of First Nations whose strong relationships with the land were based on survival and culture, not ownership.

Although relations between First Nations and the Crown were relatively collaborative during the years of the fur trade, in the 1800s the Crown became interested in the use of lands for settlement (SSCAP, 2019). Consequently, between 1871 and 1921 several numbered treaties were signed between the Crown and First Nations. However, First Nations and the Crown had different understandings of the intent of the treaties and those differences are still being contested today. In addition, several promises and commitments to First Nations included in the treaties were not fulfilled by the Crown (SSCAP, 2019).

The numbered treaties allowed for the establishment of reserves and, during the 1800s to 1900s, the government began to force First Nations onto reserves. A pass system was created that required Indigenous people to gain the permission of specified officials before they could leave the reserve, severely controlling people’s movement (SSCAP, 2019).

In 1876, the government enacted the Indian Act which, with some amendments, is fundamentally the same today. Its purpose was the assimilation of Indigenous people (Dickason & Newbigging, 2019). The Indian Act solidified the government’s control over First Nations Peoples and their
lands, identities, cultural practices, affiliations, the role of women in communities and governance structures (SSCAP, 2019).

From the 1883 to the late 1990s, the government established residential schools in partnership with Christian churches. The purpose of residential schools was to remove children from their families, cut their connections with their culture, language, traditions and identities, and assimilate them into a Euro-Christian society (TRC, 2015). It is estimated that 150,000 First Nation, Metis and Inuit children attended residential schools. Buildings were poorly built and maintained, diets were substandard, education inadequate, and discipline harsh. Children experienced physical and sexual abuse and died in very high numbers, frequently from tuberculosis, influenza and pneumonia (TRC, 2015). The extensive trauma experienced by residential school survivors can have lasting effects on individuals, their children and grandchildren, and communities.

Beginning in the 1960s, in what has become known as the “Sixties Scoop,” large numbers of status and non-status Indian, Metis and Inuit children were removed from their homes through the child welfare system. Some estimates place the number of children taken into care at about 20,000 with 70 to 90% being placed with non-Indigenous families (Vowel, 2016). Although referred to as the Sixties Scoop, the continued overrepresentation of Indigenous children in care is striking. In Manitoba, in 2017, almost 90% of children in care were Indigenous (Manitoba Legislative Review Committee, 2018). Children apprehended through the child welfare system often experience trauma due to loss of connections with family and community and tend to have overall poorer health, education, employment and other life outcomes (Manitoba Legislative Review Committee, 2018).

Despite legislated policies of assimilation, Indigenous Peoples have resisted and kept their language and traditions alive in their communities (Wilson, 2018). They have engaged in many acts of organized resistance and fights for their rights (Dickason & Newbigging, 2019). They have made important contributions to Canadian society.

Examples of Indigenous Peoples’ contributions to Canada

Prior to the arrival of Europeans, Indigenous Peoples had been living on and caring for the land now known as Canada for thousands of years with well developed, political, social, cultural and economic systems. Their influence has continued to resonate throughout the millennia. Both prior to, and after, the arrival of European settlers, Indigenous people have had profound and positive influences on politics, music, art, literature, science, business, medicine, and sports that benefit people living in Canada today and will continue to do so into future.

Indigenous people have participated actively in military service with over 7,000 status First Nations people voluntarily enlisting in the Canadian military during the first and second world wars. Many were awarded for their courage and heroism. Indigenous people have also been instrumental in changes to the constitutional landscape of Canada. They have initiated legal proceedings to protect their rights, leading to the modern treaty process and aspects of self-government (Library of Parliament, 2017).
Key health statistics and inequities for First Nations people in Manitoba

Manitoba’s population is about 18% Indigenous of whom 58.4% are First Nations, 40% Métis, 0.3% Inuit (Statistics Canada, 2017). The statistics below illustrate the large gap that exists between the health of First Nations and all other Manitobans (Katz et al, 2019). It would be unfair to present these statistics without considering the causes of these inequities and the structural and systemic reasons they have persisted over time, as documented in the numerous reports such as the TRC Commission of Canada (2015) report and the final report of the national inquiry into missing and murdered Indigenous women and girls (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Consider immersing yourself in the resources provided in Section 4 to deepen your understanding of the complicated history that affects Indigenous people today. Think deeply about how past, and current harms including systemic racism, continue to affect health outcomes for Indigenous people in Manitoba and Canada.

- First Nations people’s rate of premature mortality (death before age 75) is three times the rate for other Manitobans (compared to two times the rate in 2002).
- Substance use disorder rates for First Nations people total over 12% while rates for the rest of Manitobans total less than 4%.
- Rates of opioid prescribing are more than twice as high for a single prescription, and more than four times as high for multiple prescriptions, for First Nation people as for other Manitobans.
- The suicide rate is about five times higher for First Nations people compared to other Manitobans and the rate of suicide attempts is five to six times higher.
- The incidence of cervical and colorectal cancer is significantly higher among First Nations, but cancer screening rates are significantly lower.
- Continuity of care (seeing the same health professional regularly for primary care) is much lower among First Nations people, and they are less likely to be provided care close to home.


Due to the ongoing and multigenerational impact of colonization, healthcare providers need to use a trauma-informed lens when working with Indigenous people (Barudin & Zafran, 2020). Occupational therapists need to learn about the history of colonization and take the time to learn about transgenerational and historical trauma (cumulative emotion and psychological wounding across generations) and their impact on Indigenous Peoples’ health and wellbeing (Barudin & Zafran, 2021). Recognizing the signs of trauma, understanding triggers, and appropriately responding is vital to minimize re-traumatization or further traumatization (Saskatchewan Society of Occupational Therapists, 2020).
Section 3: Concepts & Recommendations for Creating a Culturally Safer and Humble Practice

Concepts: Critical Reflexivity, Cultural Competence, Cultural Humility, Cultural Safety, Allyship and Solidarity

Critical Reflexivity:
Critical reflexivity requires introspection, an examination of values, beliefs, motives, feelings and how these influences and contribute to a social situation (Cambridge University Press, 2021). It involves examining how everyday behaviours and actions affect power relations with clients. Critical reflexivity is an important initial step to recognizing and unlearning views that are systematically harmful to groups, including the Indigenous population. Furthermore, the responsibility for critical reflection lies with the dominant culture (Beagan, 2015). Reflexivity is needed for transformation and involves a continual commitment and continual “willingness to learn, to listen and to become” (Kluttz et al., 2020 p. 63).

Cultural Competence:
Cultural competence refers to the development of skills, knowledge and awareness into one's own biases and cultural values. Culturally competent therapists understand and appreciate differences between clients regarding their health beliefs and behaviors, work effectively with clients who have different views than themselves, respect differences in cultural groups, and can adjust their practice to provide effective care to clients (Beagan, 2015).

Recent literature, however, has critiqued the use of the term cultural competence due to the notion that culturally competent therapists act as if they already know who clients are and may practice in a culturally competent manner only to “check it off the list.” Cultural competence is also not a skill that should be achieved but rather, a process (Beagan, 2015). The practice of cultural competence implies the health practitioner is superior, being a “hero”, and extending grace by learning about the other culture and therefore is more capable of treating people from other cultures (Grenier, 2020). Furthermore, there is an increasing amount of research discouraging the use of the term and encouraging the use of cultural humility as a framework (Agner, 2020).

Cultural Humility:
The concept of cultural humility challenges the understanding of cultural competence and involves being curious about who a client is rather than assuming you already know who they are. “Cultural humility challenges occupational therapists to recognize the ways in which their own perspectives may differ from those of others and to acknowledge the advantages that derive from their own professional and social positions” (Beagan, 2015). Cultural humility is a mindset involving a lifelong process of considering how your own biases might affect how you treat and understand others. Culturally humble practitioners have a continuous commitment to self-reflectively critique their personal biases, and the power and privilege we hold as healthcare professionals (Gerlach, 2012; Beagan, 2015; Agner, 2020).

Cultural Safety:
Refers to “what is felt or experienced by a patient when a healthcare provider communicates with the patient in a respectful, inclusive way, empowers the patient in decision-making and
builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care” (National Aboriginal Health Organization, 2008, p. 19). Therapists cannot self-identify as culturally safe practitioners; the perception of cultural safety can only come from and be identified by the person receiving services (National Aboriginal Health Organization, 2008). Practicing in a culturally safer manner involves continuous commitment to learning.

Cultural safety moves beyond sensitivity and awareness of cultural differences to analyzing power imbalances, discrimination, and the lasting effects of colonization on social, economic, political, and health inequities. Furthermore, in Indigenous health literature, cultural safety has been found to be an important tool for implementing health and social policies (Gerlach, 2012). Therapists and the wider public should consider using the term culturally safer, as opposed to culturally safe, since a practitioner’s journey to create safer health care experiences for Indigenous people is continuous.

To help consolidate the above concepts, consider the following (next page) Continuum of Cultural Safety (The Chief Public Health Officer’s Report on the State of Public Health in Canada, 2019):
Solidarity:

Occupational therapists are encouraged to work in solidarity with Indigenous people, organizations and communities to redress the inequities that are experienced by Indigenous people. The term “ally” has frequently been used. However, an ally is never a self-identity but rather a designation by the leadership of an equity deserving group. Kluttz et al. (2020) noted that allyship is designated by a specific Indigenous community, regarding a specific situation for a specific time. Allyship can be detrimental and perpetuate colonial structures when used as an intrinsic end goal for an individual as opposed to a continuous process of learning, unlearning and taking action in solidarity with Indigenous people. Solidarity requires lifelong critical reflection and repositioning as well as acknowledgement of personal positionality and privilege. Solidarity is a process and work that focuses on affirming the detrimental effects of colonization. “Decolonising solidarity acknowledges that solidarity work is not as fixed and tidy as allyship tells us, that motivation must be interrogated in both a political and moral sense, leading to the realisation that our futures are wrapped up together, that a decolonised society is better for everyone” (Kluttz et al., 2020, p. 55).

Recommendations for creating a culturally safer and humble practice:

1. Promote cultural safety and humility in the workplace through bulletin boards, hallway notices, office pictures, e-newsletters, videos and posters. Utilize the Creating a Climate for Change resource booklet: www.fnha.ca/culturalhumility

2. Develop and implement policies in the areas of Indigenous traditional territory acknowledgement and ceremonial use of tobacco and medicines. See the following link for a guide to creating a land acknowledgement: https://www.amnesty.ca/blog/activism-skills-land-and-territory-acknowledgement

3. Provide services and support to Indigenous clients in settings that are comfortable and familiar to them—home or community facility (White & Beagan, 2020).

4. Make Indigenous approaches and traditional healing practices available in health programming and clinical settings. For example, have a ceremony/smudging room and/or traditional Healer available in your organization or facility.

5. Retain the services of an Elder or Knowledge Keeper to guide the work you are doing (First Nations Health Authority, n.d).

Micro level ideas for change: Individual level as OT practitioner, and Canadian citizen

1. Reflect on your own role in reconciliation as a practitioner. What steps have you taken, are taking, or will take towards reconciliation? (CAOT, 2018). An important first step in creating change is increasing awareness of the need for Truth and Reconciliation. Read the Truth and Reconciliation Commission Calls to Action (2015) report here: http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf


3. Read about the social and structural determinants of health and consider them when working with Indigenous clients (First Nations Health Authority, n.d.). See the following document to learn more: http://www.nccah-ccnsa.ca/docs/social%20determinates/NCCAH-lop-die-Wien_report.pdf

4. Learn how health statistics for Indigenous people dramatically differ from non-Indigenous people and what the numbers are (First Nations Health Authority, n.d.).

5. Build relationships with Indigenous community members. There is a need to build relationships and to collaborate with Indigenous people and organizations to enlarge your network and your understanding (CAOT, 2019).

6. Learn about the Indigenous communities in your area: local history; governance and political structure; traditional protocols and teachings (First Nations Health Authority, n.d.).

7. Read books written by Indigenous authors, watch movies about Indigenous history. See Section 4: Additional Resources (Ducharme & Fontaine, 2021).


9. Introduce yourself to clients with personal and positional information (i.e., heritage, cultural background) to build a relationship instead of limiting the interaction to a health care exchange (CAOT, 2018). Indigenous people value relationships (White & Beagan, 2020).

10. Ask if an interpreter is needed, and/or provide pictorial images to improve communication when English is not the first language (White & Beagan, 2020).

11. Develop a relationship of reciprocity by exchanging information in dialogue rather than a presentation of information to allow for questions, collaboration, and understanding (CAOT, 2018). See the brief article, “Nothing about us, without us”: Taking action on Indigenous health (Herbert, 2017).
12. Learn about legislation, such as Jordan’s Principle, and funding options to provide optimal healthcare to Indigenous clients (CAOT, 2018). For more information see the following link: https://www.sac-isc.gc.ca

13. Recognize that standardized assessments were developed and tested with non-Indigenous populations; be cautious when interpreting results (CAOT, 2018). (See Appendix A for pediatric considerations).

14. Have a strengths-based mindset that recognizes the hardships endured and the resilience demonstrated by many Indigenous people (CAOT, 2018).

15. Become trauma-informed in your practice. Indigenous peoples have and continue to experience transgenerational trauma. Therefore, it is important that healthcare providers use a trauma-informed lens when working with Indigenous clients. Recognizing the signs of trauma, understanding triggers, and appropriately responding is vital to minimize re-traumatization or further traumatization (Saskatchewan Society of Occupational Therapists, 2020).

16. Conduct culturally safer research that respects ceremony and tradition. Learn about and apply the principles of Ownership, Control, Access, and Possession- OCAP (First Nations Information Governance Centre, n.d.). See the following link for information on OCAP training: https://fnigc.ca/ocap-training/

**Meso level ideas for change: Organizational level, OT profession**

1. Conduct a survey to assess staff and leadership attitudes about Indigenous Peoples and knowledge of cultural safety and humility concepts/skills (First Nations Health Authority, n.d.).

2. Develop an organizational understanding of the impact of acculturation, assimilation, and historical events in all interactions with First Nations clients and First Nations partners through mandatory cultural safety and humility training for all staff (First Nations Health Authority, n.d.).

3. Develop resources in collaboration with local Indigenous communities to help staff better understand local community protocols and traditions (First Nations Health Authority, n.d.).

4. Include mandatory cultural safety and humility courses in healthcare training programs (First Nations Health Authority, n.d.).

5. Include the expertise of community leaders, Healers, Elders, and other resource persons in service delivery and in developing resources (First Nations Health Authority, n.d.).

6. Develop/adapt and implement assessment instruments or tools that are culturally safer realizing that the standard assessments may not be relevant for Indigenous clients because
most of the tools used in occupational therapy were developed with a “Western worldview” (CAOT, 2018).

7. Increase Indigenous representation in the occupational therapy profession, including leadership positions (First Nations Health Authority, n.d.).

Consider writing the ideas and actions you plan to engage in as part of your commitment:
Section 4: Additional Resources

Key documents:

- Truth and Reconciliation Commission of Canada: Calls to Action http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

Trauma-informed practice:

- This resource may be helpful in understanding how to apply a trauma-informed approach: Understanding and Applying Trauma-Informed Approaches Across Occupational Therapy Settings https://www.aota.org/-/media/Corporate/Files/Publications/CE-Articles/CE-Article-May-2019-Trauma.pdf
- This guide was developed on behalf of the BC Provincial Mental Health and Substance Use Planning Council in consultation with researchers, practitioners and health system planners across British Columbia and may be helpful when using trauma-informed practice: BC Trauma Informed Practice Guide http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Cultural humility & stigma resources:

Contacts for relevant Indigenous information:

- Manitoba Indigenous Cultural Education Centre Inc.—A resource for educational books, DVD, programs, artifacts, and art pieces for the purpose of increasing Manitobans’ understanding of Indigenous culture https://www.micec.com/
- Ongomiizwin—Indigenous Institute of Health and Healing Rady Faculty of Health Sciences, University of Manitoba. Ongomiizwin is the largest Indigenous education and health area in Canada that provides leadership, advances excellence in research, education, and health services in collaboration with the Indigenous community. Knowledge Keepers and Elders guide their work to achieve the goal of health and wellness for Indigenous Peoples. Ongomiizwin also leads the Rady Faculty’s Reconciliation Action Plan in response to the TRC. https://umanitoba.ca/healthsciences/indigenous/institute/
- Indigenous Corporate Training Inc. Port Coquitlam, BC. https://www.ictinc.ca/ Resources include:
  - *Indigenous Peoples: A Guide to Terminology*—eBook for download https://www.ictinc.ca/indigenous-peoples-a-guide-to-terminology?hsCtaTracking=78222e95-067f-4dbf-b5ab-dcf30327c183%7Cbeecdb1c0-7f37-4a84-98e4-b5fb804e47ef
  - *27 Tips on What to Say AND Do When Working Effectively with Indigenous People* and other free eBooks at https://www.ictinc.ca/free-ebooks
- Pow Wow 101: https://www.manitoahbee.com/about-us/pow-wow

Indigenous centers of healing and wellness:

- GiigWiGamig First Nation Health Authority —composed of leadership from 3 First Nation communities (Sagkeeng, Black River, & Hollow Water) to independently operate Giigewigamig Traditional Healing Center at Pine Falls Health Complex, Manitoba https://www.facebook.com/Giigewigamig/ for announcement and resources

Educational video clips:

- Naming and refuting common stereotypes: 5 Things We Need to Stop Saying About Indigenous People featuring Wab Kinew. https://www.cbc.ca/firsthand/blog/5-things-we-need-to-stop-saying-about-aboriginal-people
- Senator Murray Sinclair on Reconciliation:
  [https://www.bing.com/videos/search?q=TRC+MINI+DOCUMENTARY+MURRAY+SI
  NCLAIR&docid=608045289056135092&mid=02F7E79FACC4191B43F602F7E79FAC
  C4191B43F6&view=detail&FORM=VIRE](https://www.bing.com/videos/search?q=TRC+MINI+DOCUMENTARY+MURRAY+SI
  NCLAIR&docid=608045289056135092&mid=02F7E79FACC4191B43F602F7E79FAC
  C4191B43F6&view=detail&FORM=VIRE)
- Chief Robert Joseph on Residential Schools: Namwayut—we are all one
  [https://www.youtube.com/watch?v=2zuRQmwaREY](https://www.youtube.com/watch?v=2zuRQmwaREY)

Films:

- Documentary: 8th Fire: Aboriginal Peoples, Canada, & the Way Forward (2012), created
  by CBC, hosted by Wab Kinew. Four episodes that have the goal of both Indigenous
  People and non-Indigenous better understanding each other and continuing to improve
  their relationship with each other in the future.
  - Episode 1: Indigenous in the City
  - Episode 2: It’s Time
  - Episode 3: Whose Land is it Anyway?
  - Episode 4: At the Crossroads
    [https://www.canadashistory.ca/education/classroom-resources/cbc-s-8th-fire](https://www.canadashistory.ca/education/classroom-resources/cbc-s-8th-fire);
    [https://www.cbc.ca/firsthand/m_blog/8th-fire-wabs-walk-through-history](https://www.cbc.ca/firsthand/m_blog/8th-fire-wabs-walk-through-history)

- Film: They came for the children: A Film in 5 Parts Based on the TRC Final Report on
  Residential Schools in Canada by Filmmaker Kevin Moynihan, with the financial help
  the Jesuits and several other religious orders, endorsed by Father Peter Bisson, SJ, former
  Provincial of CDA and party to many aspects of the TRC
  - Five short films, 20 minutes each, accessible for free at:
    1. Introduction: What Happened – exploring the Indian Residential Schools
       Settlement Agreement which gave us the TRC
    2. History: The main historical concepts from Assimilation to “We are all Treaty
       People”
    3. The Residential Schools: An exploration of life at the schools
    4. The Church Apologies and Indigenous Spirituality
    5. The 94 Calls to Action and some examples of positive response

- Film: We were Children (2012 · Drama/Documentary · 1h 28m). Story of two Indigenous
  children told in their own voices, Glen Anaquod and Lyna Hart, who experienced
  residential schools and the process of assimilating the native population into “Canadian
  society” by “Killing the Indian in the child”. (Google review, EV Staff from

- Film: Where the Spirit Lives (1989 · Drama/Drama · 1h 36m) Story of Komi, a First
  Nations girl who is taken from her home and sent to a residential school, renamed
  Amelia, and trained to become “Canadian” and learn English. She wants to keep her
  identity and has plans to escape (Google Review).

- Film: Muffins for Granny (2006 · Drama, 1 hr 26 min) by Nadia McLaren. Filmmaker
  tells the story of her grandmother’s experience of residential school with the help of the
  stories of seven elders (https://www.imdb.com/title/tt5146124/).
● Film: Indian Horse (2017 · Drama · 1h 41m) Based on true story of young Ojibway boy, Saul Indian Horse who is taken from his family and sent to residential school in 1950s. He learns hockey and ends up playing professionally. Memories of the past haunt him. His struggles continue with alcoholism and racism (Google review, https://www.indianhorse.ca/en/film).

● Film: nîpawistamâsowin: We Will Stand Up by Tasha Hubbard 2019 (1 h 38 min). A Cree woman, filmmaker, and Assistant Professor at University of Saskatchewan shares about her own adoption, history of the settlement of the Prairies, and the desire for Indigenous children to be safe. There is a 52-minute version. Other films include: Two World Colliding (2004, 49 minutes); The birth of a Family (2017, 52 min version & 1 hr 19 minutes). https://www.nfb.ca/film/nipawistamasowin-we-will-stand-up/; https://www.nfb.ca/directors/tasha-hubbard/

Multimedia:

● Music Album/Graphic Novel/Television Film: Secret Path inspired and created by Gord Downie & Jeff Lemire, a Canadian multimedia art project focused on the story of an Indigenous boy, Chanie Wenjack, and his escape from Cecilia Jeffrey Indian Residential School near Kenora, Ontario. (Google Review, https://secretpath.ca/)
  • Additional Information: The Secret Path was broadcast by CBC in an hour-long television special on October 23. The Secret Path and Road to Reconciliation panel discussion can be watched at cbc.ca/secretpath. Proceeds from the sale of Secret Path will go to The Gord Downie Secret Path Fund for Truth and Reconciliation via The National Centre for Truth and Reconciliation at The University of Manitoba (https://secretpath.ca/)

Books:


● Other Critical Studies in Native History: https://uofmpress.ca/books/category/critical-studies-in-native-history

● Book: The Inconvenient Indian: A Curious Account of Native People in North America by Thomas King, 2012 (232 pages). Author’s “critical and personal meditation on what it means to be ‘Indian’ in North America”: looking at the interactions between non-Natives and Natives via historical events, film and pop culture, laws and treaties, and “his own experiences with activism”. https://penguinrandomhouse.ca/books/93028/the-inconvenient-indian-by-thomas-king/9780385664226


- Book: *Skyscrapers Hide the Heavens* by J. R. Miller (1989), 481 pages. “First comprehensive account of Indian-white relations throughout Canada’s history”, starting with the fur trade (cooperation) to coercion by the whites and the current confrontation of the whites by the Indigenous people.

- Book: *Children of the Broken Treaty: Canada’s Lost Promise and One Girl’s Dream* by Charlie Angus, 2017 (344 pages). This book is written by NDP member of parliament for James Bay lowlands, Ontario. He writes about a largely youth-driven human rights movement in the country’s history started by Shannen Koostachin, a Cree woman. It is a movement that asks for equity in education, a basic human right. Angus is also the voice for other issues faced by the people at Attawapiskat and other First Nations communities in his constituency.

- Book: *In Search of April Raintree* by Beatrice Mosionier, 1983 (248 pages). This Canadian classic was written by a Manitoban author who grew up in the foster system. She writes about two sisters taken from their family, separated, and placed in different foster homes. They stay in touch over the years. One sister embraces her Métis roots but the other chooses not to. https://www.mcnallyrobinson.com/9781553791737/beatrice-mosionier/in-search-of-april-raintree

- Book: *Structures of Indifference: An Indigenous Life and Death in a Canadian City* by Adele Perry and Mary Jane McCallum, 2018 (186 pages). This story is based on Brian Sinclair’s 34 hour wait and death in a hospital emergency room. A non-Status Anishinaabe resident of Winnipeg that was ignored, died, and represents the dehumanized ideas about Indigenous people.

- Book: *Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s* by Maureen K. Lux, 2016 (288 pages). This records the shocking history of “segregated health care” that was “underfunded, understaffed, overcrowded, and rife with coercion and medical experimentation” experienced by Indigenous People until challenged by “grassroots activism that pressed the federal government to acknowledge its treaty obligations.”

while the European colonies remained on the eastern part of North America.


- Book: *Kiss of the Fur Queen* by Tomson Highway, 1998 (324 pages) A story of two young Cree brothers named Champion and Ooneemeto Okimasis, who are taken from their homes in Eemanipiteepitat in Northern Manitoba and sent to a residential school. (Google review)


**Podcasts:**


- Podcast: Seven Grandfather Teachings that guide Anishinaabe life by Tanya Talaga. Tanya is an award-winning Ojibwe author, with roots in Fort William First Nation (Thunderbay) and journalist who has been active for over 20 years in addressing Indigenous issues. She teaches the Seven Truths of love, respect, honesty, bravery, humility, wisdom, and truth. (https://www.audible.ca/blog/en/spotlight-on-tanya-talagas-seven-truths#)
  - Other teachings: *Seven Fallen Feathers & Seven Truths*, which look at the history of the deaths of 7 young Indigenous students and Indigenous community in northwestern Ontario and across Canada.

**NOTE:** Films, novels, YouTube clips, and podcasts by Indigenous people and/or about Indigenous history were suggested by instructors and participants in Approaching Reconciliation through Teaching Practice Workshop Event. [Webex Meeting] 107130. University of Manitoba. May 11-12, 2021; our consultant, Debra Beach Ducharme and our Student Advisor, Gayle Restall also recommended a few additional books and resources.

**Workshops, seminars, courses:**

*Many of these resources were created with/by Indigenous scholars and/or Elders.*

- First Nations University of Canada & Reconciliation Education: 4 Seasons of Reconciliation. Three hour online Indigenous Awareness training resource that assists workplaces to address some of the TRC Calls to Action https://www.reconciliationeducation.ca/.

- Indigenous Cultural Safety Collaborative Learning Series: National Indigenous Cultural Safety Webinar Videos. Twelve webinar videos that are intended to share knowledge,
experiences, and perspectives of Indigenous Peoples with the goal of promoting Indigenous cultural safety across sectors
https://www.icscollaborative.com/about-the-series

- KAIROS CANADA: Kairos Blanket exercise (2016). Interactive teaching tool of Indigenous history using blankets and a script read by a narrator and actors that should be followed by a talking circle (about two hours) https://www.kairos canada.org/what-we-do/indigenous-rights/blanket-exercise
- Manitoba Indigenous Cultural Safety Training: San’yas training. On-line training program with the goal of developing “understanding and promoting positive partnerships between service providers and Indigenous people.”
  https://www.sanyas.ca/training
- University of Alberta: Indigenous Canada 12-lesson Massive Open Online Course (MOOC) 21 hours of learning, created by the Faculty of Native Studies, covering “key issues facing Indigenous people today from a historical and critical perspective highlighting national and local Indigenous-settler relations.”
  https://www.ualberta.ca/admissions-programs/online-courses/indigenous-canada/index.html
- University of Saskatchewan: Role of Practitioners in Indigenous Wellness program. Online module videos developed by Indigenous professionals and community members
  https://rehabscience.usask.ca/cers/courses/the-role-of-practitioners-in-indigenous-wellness.php
- Winnipeg Regional Health Authority: Indigenous Cultural Awareness Workshop. Two-day workshop designed to bridge the gaps in understanding between health-care providers and Indigenous patients and patient’s families contact WRHA Indigenous Health – Cultural Initiatives at 204-940-8880.
References


- Avoid the use of standardized assessments when possible as many of the current standardized assessments are likely to be culturally inappropriate due to a lack of consideration of Indigenous culture and language. Standardized assessments are mostly norm-referenced on American or British children and Indigenous children may not have experience with the tasks or materials used in standardized assessments therefore, assessment results are not representative of their true skills. Through culturally inappropriate assessments, Indigenous children are potentially placed into a deficit model which can cause more harm than good.

- Establish a relationship with the child to ensure assessment information is an accurate representation of the child’s abilities.

- Conduct the assessment in the most natural environment for the child and consider having Indigenous colours and art hanging in the therapy space or incorporate into interventions.

- Collaborate with the child’s entire support system as much as possible.

- If a standardized assessment is needed, consider modifying assessment to make it more culturally relevant and allowing children extra time to process information.

- When possible, have an Indigenous healthcare professional present to translate assessment meanings.

- Demonstrate unfamiliar tasks and use various non-verbal methods to communicate (i.e. diagrams, drawings).

- Assess a child in a group setting (i.e. cooking skills, printing), this may help the child feel more comfortable.

- The assessment tasks must be purposeful. Indigenous children will rarely be motivated to participate in something that they perceive to be meaningless or when they know an adult wants to gather information on them.

- Use land-based interventions whenever possible.