
COTBC

Quality Practice Webinars

Today's session will start shortly

Indigenous Cultural Safety in Your Practice – Part Two

With Dr. Alison Gerlach and Jenny Morgan, RSW



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Welcome

Thank you for attending

- Participants are placed on mute.
- Please type your questions in the chat box.
- Webinars are recorded and posted.
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Indigenous Cultural Safety In Your Practice



Kathy Corbett
Registrar





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Indigenous Cultural Safety In Your Practice



Alison Gerlach, PhD, MSc (OT)

Postdoctoral Fellow, National Collaborating Centre for
Aboriginal Health, University of Northern British Columbia



Jenny Morgan, MSW

Director of Indigenous Health, Women and Families at
BC Women's Hospital and Health Centre



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Indigenous Cultural Safety In Your Practice

Cultural competency is a process not an event;
a journey, not a destination; dynamic, not static...

– Josepha Campinha-Bacote





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Q: Is there a risk that occupational therapy may be experienced as oppressive?

You asked...

There was a display about how Europeans did not see the value of Indigenous cultural activities (e.g., carving and potlatches) as they were not 'productive' in the newcomers' minds. I was struck by how similar this colonialist attitude was to some of the founding ideas of our profession (at about the same time in history). Residential schools sought to teach children 'appropriate' activities and habits.

Any thoughts on this observation?



‘Turning the lens inwards’



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“Occupational therapy in its present dominant form – its knowledge, theory and practice are culturally situated in Western spheres of shared experiences” (Iwama, 2007, p. 24).

“When we unwittingly foist these ideals onto our clients, our therapy becomes vulnerable to the larger dynamics of social injustice and oppression (Iwama, 2007 (p. 23).



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‘Turning the lens inwards’



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Above the surface = *Our* taken for granted/routine ways of *thinking about and doing occupational therapy.*

Below the surface = *The underlying values, beliefs and assumptions that guide/inform our clinical reasoning and practice.*



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Cultural risk and the assessment process

Developmental screening/assessments: “a test, pass and fail and something to be worried about as opposed to helping build on strengths”.

“Formalized assessment and goal setting intervention kind of approach; it doesn’t work, and it doesn’t feel authentic for me either because I know the relationships won’t thrive like they’re not natural” (Gerlach, 2015).



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Q: How to work towards continuing cultural competency?

You asked...

[What] if there is limited knowledge on someone's cultural backgrounds? Are there any guidelines?

Any suggestions on how to build relationships in a community or with a new client?



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Suggestion...

Respectful, non-judgmental, and empathetic interpersonal relationships and relational processes are more important than the content of any intervention tools or programs (Grace & Trudgett, 2012; Lynam, et al 2010).



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Suggestion...

“What was successful was I just created the space to listen. There was lots of reciprocity in the relationship... I was equally learning from her [the mother] about her culture and family and the challenges that she was facing and she was learning from me” (Gerlach, Browne, & Suto, 2016, p. 6).



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Q: How should I respond when I see abuse toward Indigenous people at work, or in a public place?





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Invalidating Encounters



- Dismissal by health care providers: feeling that health concerns were not taken seriously.
- Transforming one's self to gain credibility: feeling the need to change appearance and behavior to obtain credibility and legitimacy.
- Marginalization from the mainstream: feeling of being on the 'outside' and 'intruding'.
- Situations of vulnerability: vulnerability in health care system are a common consequence of Residential School abuse when survivors have to expose their bodies for examination.
- Disregard for personal circumstances: socioeconomic pressures (Browne & Fiske, 2001).



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Affirming Encounters



- ✓ Actively participating in health care decisions: being able to speak openly through shared knowledge and power
- ✓ Receiving exceptional care: health providers with outstanding ability to convey a caring attitude
- ✓ Development of a positive, long-term relationship with a health provider: significance of provider-patient relationships grounded in mutual respect and trust (Browne & Fiske, 2001).



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Q. How do we navigate the child welfare system?

You asked...

Who should we work with in the community when we feel from our own understanding that a child may be neglected, knowing that our present system does not always have the patience or funds required to work with as opposed to against the family. My feeling is that many forms of neglect are not intentional, but systemic if that makes sense.



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Poverty misconstrued as ‘willful parental neglect’ is the primary reason for Indigenous children being removed from their family homes (Sinha, Trocmé, Fallon & MacLaurin, 2013).

The under-funding, current structure, and ‘protection first’ agenda of the child welfare system is failing many Indigenous families and children in BC and across Canada (Representative for Children and Youth, 2013).



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Some options to consider:

- transparency - duty to report *with* not about family;
- guide/support family in accessing basics – food; housing; healthcare; childcare etc;
- know who is available in the neighbourhood or community (social and professional network) to provide ongoing support – the manager of the health centre; Aboriginal IDP or SCDP consultants for advice?

Intersectoral community network tables (Lynam, et al 2010).

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DECLARATION *of* COMMITMENT

CREATE A CLIMATE FOR CHANGE

- Articulating the pressing need to ensure cultural safety within First Nations and Aboriginal health services in BC.
- Opening an honest and convincing dialogue with all stakeholders to show that change is necessary.
- Forming a coalition of influential leaders and role models who are committed to the priority of embedding cultural humility and safety in BC health services.
- Leading the creation of the vision for a culturally safe health system and developing a strategy to achieve the vision.
- Supporting the development of workplans and implement through available resources.

ENGAGE & ENABLE STAKEHOLDERS

- Communicating the vision of culturally safe health system for First Nations and Aboriginal people in BC and the absolute need for commitment and understanding on behalf of all stakeholders, partners and clients.
- Openly and honestly addressing concerns and leading by example
- Identifying and removing barriers to progress.
- Tracking, evaluating and visibly celebrating accomplishments.

IMPLEMENT & SUSTAIN

- Empowering health organizations to innovate, develop cultural humility and of cultural safety.
- Allowing organizations and individuals to address problems without fear of stigma.
- Leading and enabling successive levels of cultural humility and safety are essential levels of the health system.





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<http://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>



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<http://www.fnha.ca/Documents/FNHA-Cultural-Humility-Pledge-Card.pdf>



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Q: How can my organization support cultural safety?

Ask...

- How many Indigenous families are accessing your programs and services?
- How are Indigenous families represented in your organization's decision-making (e.g. on the Board)?
- How can your organization/program create spaces in which Indigenous knowledges on health and wellbeing are viewed as equally credible and valued and where Indigenous practices, protocols, and cultures are respected, offered, and celebrated?
- How can power hierarchies with clients and between staff in your organization be flattened?
(Browne, Varcoe, et al., 2012)



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Q&A



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How can COTBC and other Colleges help?

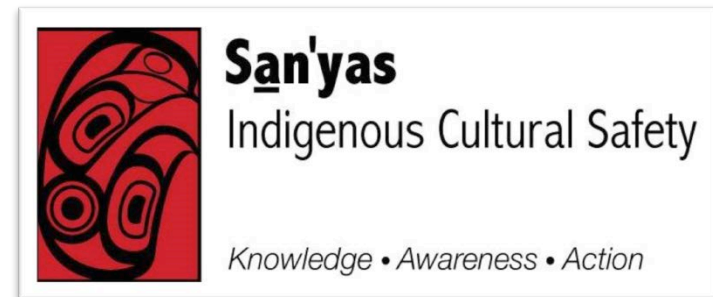




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What has COTBC done so far?





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New Zealand example

The logo for the Occupational Therapy Board of New Zealand is located in the top right corner of the slide. It features a stylized green graphic of a person's head and shoulders, with the text 'Occupational Therapy Board of New Zealand' in a serif font, followed by the Māori name 'TE POARI WHAKAORA NGANGAHAU O AOTEAROA' and the tagline 'FOSTERING FAITH AND CONFIDENCE IN THE PROFESSION' in a smaller sans-serif font.

PERFORMANCE INDICATORS FOR COMPETENCY

2. Practising appropriately for bicultural Aotearoa New Zealand

You treat people of all cultures appropriately. You acknowledge and respond to the history, cultures, and social structures influencing health and occupation in Aotearoa New Zealand. You take into account Te Tiriti o Waitangi The Treaty of Waitangi and work towards equal outcomes for all your clients.

http://www.otboard.org.nz/wp-content/uploads/2015/04/Competencies_April20151.pdf



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In closing...



**...It's time for your final
questions or comments.**



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References

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References continued...

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