

# Cultural Safety

Exploring How the Concept of Cultural Safety  
Applies to Aboriginal Health and Wellness

Simon Brascoupé  
Carleton University  
National Aboriginal Health Organization  
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# Key development Indicators

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

# Overview

- The goal of the research paper is to explore both *the concept* of cultural safety and its *practical implications* for policies and programs designed to improve the health of Aboriginal people and the wellness of Aboriginal communities.

# The research paper

- defines cultural safety (and how it differs from cultural competence or transcultural training and practices)
- shows why it's important to move from the *concept* of cultural safety to the *outcome* of cultural safety (namely the success of an interaction)
- explores the idea of a shift from cultural safety *for individuals* to cultural safety at *institutional and policy levels*
- provides recommendations in five areas.
- Four case studies at the end of the research paper show how cultural safety has helped communities at risk and in crisis engage in healing that led to lasting change.

# Moving from *concept* to *outcome* with cultural safety

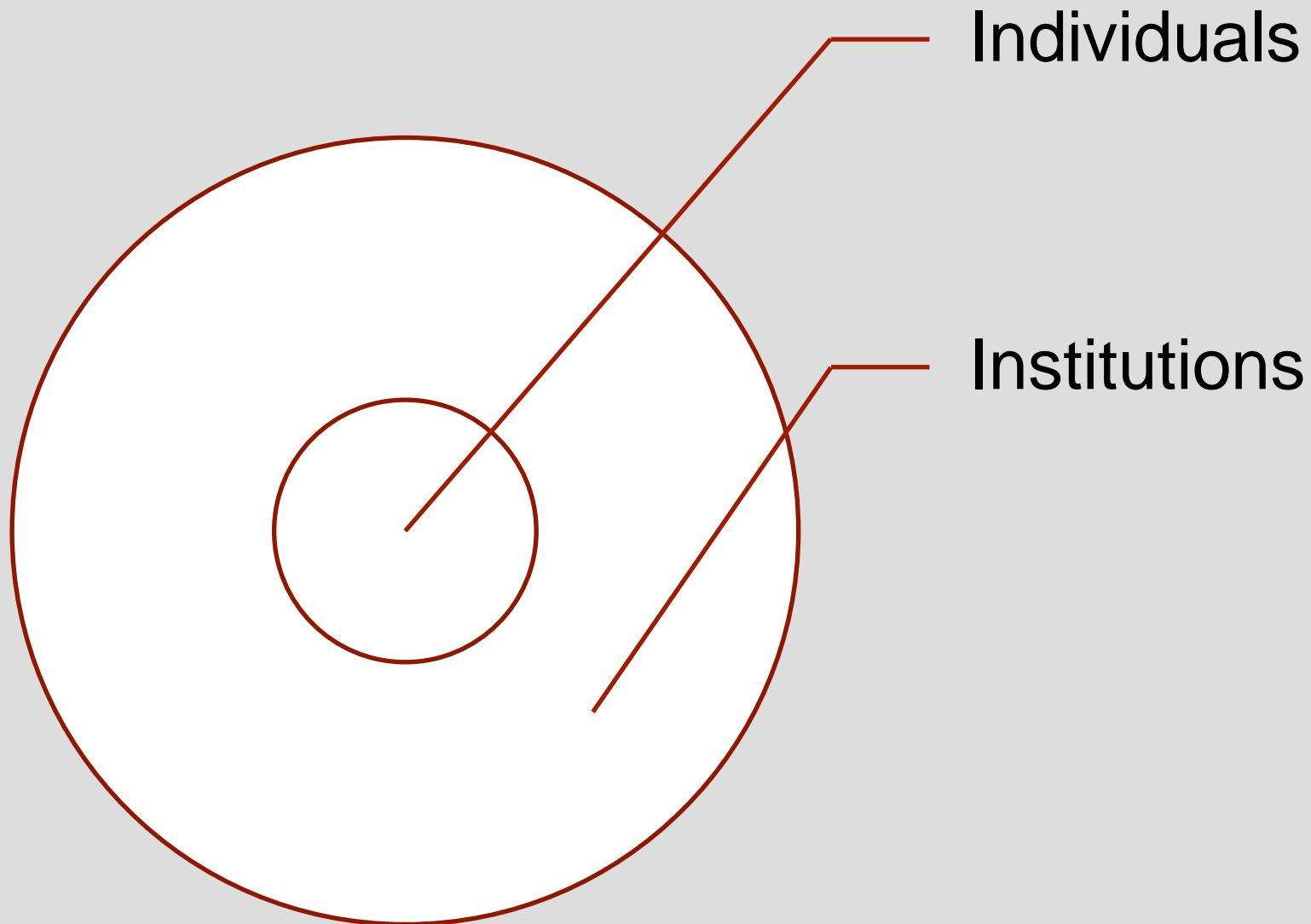


Concept

The diagram features two white rounded rectangular boxes with a subtle drop shadow, positioned horizontally. The left box contains the word 'Concept' and the right box contains the word 'Outcome'. A large, light gray arrow with a white outline points from the 'Concept' box to the 'Outcome' box, indicating a directional flow or process. The background is a light gray gradient.

Outcome

# Moving from *individuals* to *institutions*



# Cultural Safety

- Is a concept first developed in New Zealand to provide quality care within the cultural values and norms of the Maori.
- The concept is spreading to other fields of human services, like education and
- Spread to other areas of the world, particularly with Indigenous Peoples in former European colonies.

# Cultural Unsafe Care

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

*Nursing Council of New Zealand*

# 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.

# Broader Determinants

## NAHO Broader Determinants of Health

- Access
- Colonization
- Cultural continuity
- Globalization
- Migration
- Poverty
- Self- determination
- Territory

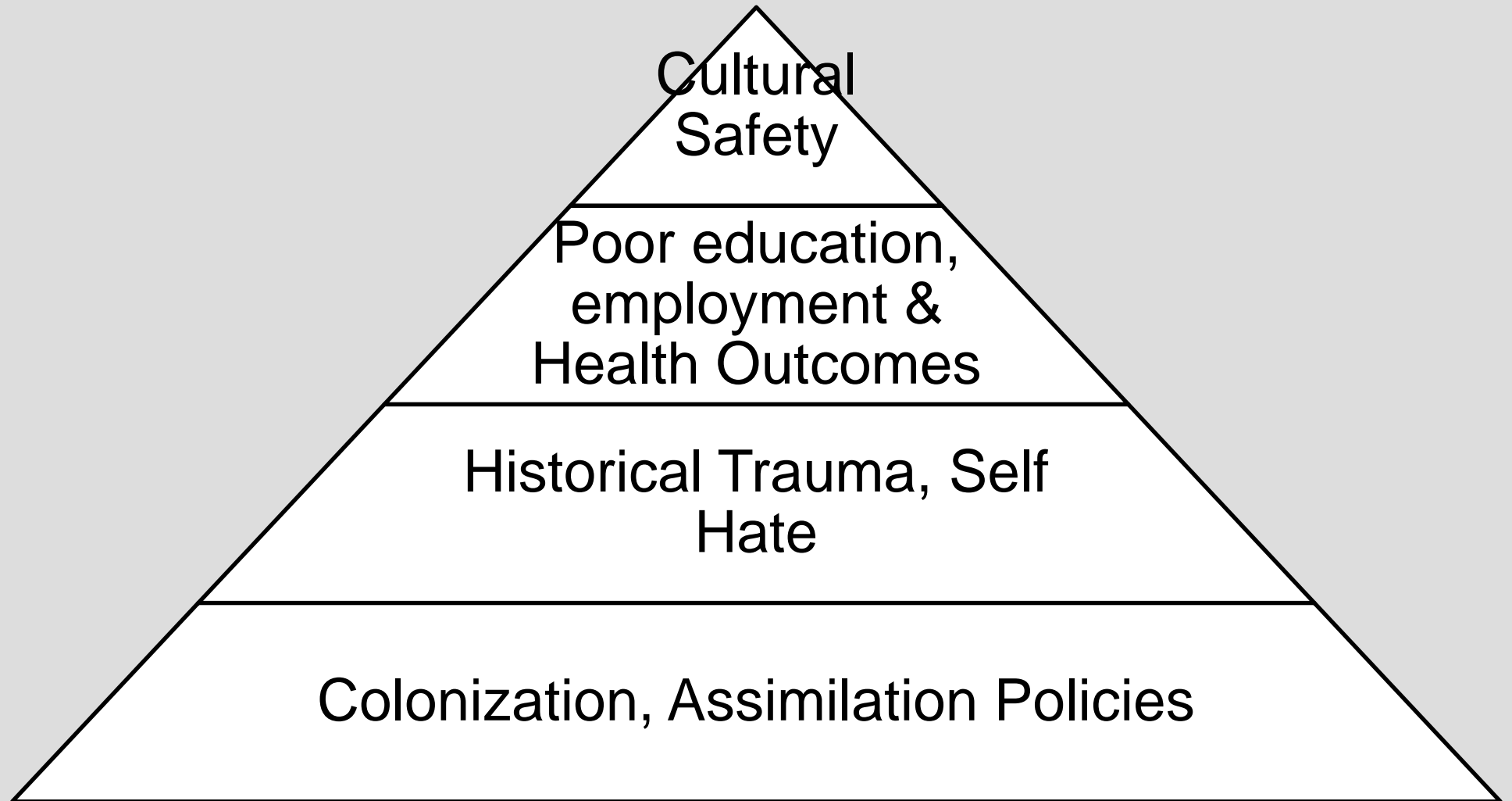
# Social Determinants

- Income
- Social support networks
- Education
- Employment
- Social environments
- Physical environments
- Personal health practices and Coping skills
- Healthy child development
- Biology
- Health services
- Gender
- Culture

# Social Determinants of Health

- Aboriginal status
- early life
- education
- employment and working conditions
- food security
- gender
- health care services
- housing
- income and its distribution
- social safety net
- social exclusion
- unemployment and employment security.

# Look at underlying causes



# Culturally unsafe care/teaching

- Difference in values, ethics & knowledge
- Negative portrayal of Aboriginal peoples
- Historical trauma & effects of colonization
- Basic access barriers

NAHO, 2008

# Cultural Competence

## Cultural Competence Outcomes:

- Improved client compliance
- Improved health

# 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.

# Cultural Competence Continuum

- Cultural destructiveness
- Cultural incapacity
- Cultural blindness
- Cultural pre-competence/Cross Cultural
- Cultural Competence
- Cultural Proficiency
- **Cultural Safety**

The National Center for Cultural Competence

# Continuum



# Review

## Review on Cultural Safety

- 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.”

# Cultural Safety Framework

## Cultural Safety Framework:

- Cultural Safety
- Cultural Competency
- **Healing and Wellness**

# Culturally Safe Healing

Elements of culturally safe:

- Build trusting build foundation with clients to start intensive treatment
- Clients rights clearly stated; code of ethics, guiding principles, etc
- Safe therapeutic process: plan or road map for healing journey
- Create comfortable place and safe atmosphere
- Reinforce safety: assistance is available throughout their healing journey

National Aboriginal Healing Foundation

# Healing and Wellness

- "Healing" for many Aboriginal communities means recovering from the social impacts of colonization which have adversely affected the lives and health of Aboriginal peoples for generations.
- "Wellness" refers to maintaining and enhancing the health and well-being of individuals, families, communities and nations.
- The healing and wellness sought by many Aboriginal people today is based upon a return to traditional spiritual values and knowledge which promotes self-reliance.

# Indigenous knowledge

“Indigenous knowledge is a complete knowledge system with its own epistemology, philosophy and scientific and logical validity...which can only be understood by means of pedagogy traditionally employed by the people themselves.”

Battiste and Henderson, 2000

# Holistic Healing

## Medicine Wheel teaching

- Physical
- Emotional
- Mental
- Spiritual

# Healing Path

## Healing Path Medicine Wheel Teaching

- Talking Lodge
- Listening & Teaching Lodge
- Healing Path Lodge
- Healing Lodge

# 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;
- Counseling and group work; and
- Community development initiatives.

# What is healing

## Levels of Healing:

- Individual
- Family
- Community

Healing is a developmental process aimed at achieving balance within oneself, within human relationships and between human beings and the natural and spiritual worlds.

# Individual Healing Journey

- Stage 1: The Journey Begins
- Stage 2: Partial Recovery
- Stage 3: The Long Trail
- Stage 4: Transformation and Renewal

Mapping the Healing Journey 2002

# Community Healing

## The Four Seasons of Community Healing

- Stage 1: The Journey Begins (Thawing from the long winter)
- Stage 2: Gathering Momentum (Spring)
- Stage 3: Hitting the Wall (Summer)
- Stage 4: From Healing to Transformation (Fall)

# Healing Path



# 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.

# 4 Major Challenges

There are four major challenges for providers and cultural competency in healthcare.

- Recognize the impacts of colonization and historical trauma as significant impacts on the health of First Nations people
- Address the challenge of communication, by better understanding culture and cultural difference.
- Respect First Nations culture and traditional knowledge as important to First Nations health and well-being.
- Overcome the challenge of trust, for some, authority figures are immediately mistrusted.

# Cultural Safety Framework



# Culturally Unsafe Indicators

- Low utilization of available services
- Denial of suggestions that there is a problem
- Non-compliance' with referrals or prescribed interventions
- Reticence in interactions with practitioners
- Anger
- Low self-worth
- Complaints about lack of 'cultural appropriateness' of tools and interventions

# Decolonising Healthcare Education

International Findings: Recommendations for de-colonisation process for nursing:

- Education for all nurses include mandatory subjects in Indigenous history, culture, health and principles of self-determination and management;
- Indigenous studies are not to be included in multi-cultural studies. First Nations people have and are still being colonised;
- Non-indigenous university staff must have colonisation and anti-racist workshops;
- Aboriginal and Torres Strait Islander RNs need to be engaged as consultants to faculties of nursing, to act as educators and mentors; and
- The implementation of a process whereby Aboriginal and Torres Strait Islander nurses are able to learn about their own history for personal growth and development.

# 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.

# Benefits

## Why Culturally Competent Health Care?

- Improve Quality of Services and outcomes
- Respond to Aboriginal needs
- Meet accreditation requirements
- Reduce liability and malpractice
- Support student/workforce diversity initiatives
- Improve retention of health human resources
- Achieve social justice

# Recommendations 5 Areas



# Recommendations

- **Training**
- help non-Aboriginal professionals achieve cultural competence
- teach professionals the history of the community they are working in
- teach both professionals and administrators the concept and practice of cultural safety
- support the creation of a body of teaching materials on cultural safety
- include cultural safety as a professional competency for all professionals with Aboriginal clients
- **Institutions will need to have access to**
- role models and case studies that show what culturally safe practices look like
- a training manual to support them in setting their own policies and training on cultural safety
- **Communities will need to**
- train community leaders in cultural safety
- have access to a step-by-step manual on cultural safety

# Recommendations

- **Qualifications and reward**
- Professional qualifications will require an understanding of culturally safe practice
- Ways to rewards this type of competency will need to be developed
- **Research**
- Aboriginal institutions and communities may want to partner with academic or professional institutions in studies on cultural safety
- Aboriginal leaders and institutions may lobby for government support for research into this topic
- It will be important to create a body of data on this subject to support good practices and training
- **Strategies**
- Include cultural safety and healing strategies in all programs and policies that deal with the stressors that push communities from risk to crisis
- Recruit First Nations' students to assume health care jobs and other positions of authority in communities
- Leaders and communities may want to set standards and policies on cultural safety, through partnerships with health, education and other sectors.

# Recommendations

- **Education**
- First Nations can work closely with colleges/universities to support the training of teachers and administrators in cultural safety.
- Colleges/universities can build strong links to local First Nations to gain new Aboriginal students.