

# Open Hearts, Open Minds

**Services that  
are Inclusive of  
First Nations,  
Métis and Inuit  
Families**

**best start  
meilleur départ**

by/par health **nexus** santé

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# Introduction

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What does "inclusion" mean and how are the concepts of inclusion applied in our day-to-day work with First Nations, Métis and Inuit families? How can we make practices, programs and policies more inclusive of all people we serve, given the diversity of cultures, experiences and needs?

This report shares how, with an open heart and open mind, you can positively influence the inclusion of First Nation, Métis and Inuit families in services.

The importance of inclusion in services for families has gained increasing attention over the past 40 years. The goal of this report is to provide information to support the development of inclusive services for First Nations, Métis and Inuit families. The report provides key concepts and approaches for being inclusive. An overview of Canada's history gives a cursory background as to why Aboriginal peoples have been excluded and marginalized from services. The report shares insights on inclusive strategies, policies, hiring practices, attitudes, spaces and relationships. Cultural context and cultural safety must also be taken into account. The report also provides information on how you can determine needs and on how to engage and retain Aboriginal families in services.

There is no simple and universal solution to developing an inclusive service, nor is there a one-size-fits-all approach. As a result, approaches suggested in this report are drawn from different disciplines, the experiences of key informants, and the wisdom and experience of practitioners who incorporate inclusiveness into their ways of working within their own communities.

**Aboriginal:** In this resource the word Aboriginal is used to include First Nations, Inuit and Métis people.

Each Nation, community, family and individual is different - it is important to consider individual, family and community needs, beliefs and practices when seeking to be inclusive of Aboriginal peoples.

**"I think that as organizations we need to recognize the successes and look for opportunities to do our work better. There needs to be less resistance to the implementation of culturally safe ways of working and delivering services."**

Key Informant

# What is Inclusion?

**"An Aboriginal worldview would define inclusion as fully embracing diverse Aboriginal cultural norms."**

Service Provider

Inclusion is a process of integrating the goals of social justice, equality and equity. It is closely related to the concept of cohesion, where people willingly work together to achieve a social outcome, such as health or economic wellbeing (Stanley, 2003). When inclusion increases, social outcomes, like health, also increase (Stanley, 2003).

There are three crucial elements of social inclusion/cohesion.

## **Key Elements of Social Inclusion/Cohesion:**

- 1. Relationships** are formed willingly and there is motivation to achieve a common goal.
- 2. Diversity** is embraced.
- 3. Liberal social values** such as the right to nationality, freedom of thought and the right to education are incorporated. (Stanley, 2003)

It is difficult to find discussions related to inclusion without also seeing reference to the causes and risks of exclusion. Inclusion and exclusion are at opposing ends of the same spectrum (Huxley & Thornicroft, 2003). This highlights an important challenge facing service providers - how can we include individuals and groups in a system that has previously excluded them? Having an awareness of the sources of exclusion is key to building inclusive practices, programs and policies. A 2003 survey in Toronto, Montreal, Winnipeg and Saskatoon/Regina identified several key factors that contribute to exclusion.

## **Key Factors that Contribute to Exclusion:**

- **Failing support systems:** Weak family and social networks and the failure of social and service support systems
- **Deprivation of basic living conditions:** Poverty and inequality, including inadequate housing
- **Barriers to developmental opportunities:** Unemployment and lack of education/skills
- **Prejudicial societal and cultural attitudes:** Stigma of poverty, disability, sexual orientation, and culturally-based, systemic and institutional racism
- **Harmful public policy, unresponsive bureaucracies and powerless citizens:** Policies/structures that focus on individual needs and market forces, instead of the collective good (Clutterbuck & Novick, 2003)

Excluded individuals and groups almost always experience several (if not all) of these factors simultaneously. Together, their impacts are magnified, resulting in systemic exclusion and a loss of trust by excluded individuals and groups. In the case of Aboriginal populations in Ontario, the level of trust was also negatively impacted by centuries of colonial practices and attitudes, and persistent jurisdictional issues between provincial and federal health care systems.

In contrast, the features of an inclusive community are very different.

**Inclusive Communities are:**

- **Invested:** Public and private sectors are invested in the social and economic well-being of the whole community.
- **Equitable:** Community members have the means to live in decent conditions and the opportunity to develop the capacity to participate actively in community life.
- **Diverse:** Diversity is welcomed and incorporated into the structures, processes and functions of daily life.
- **Participatory:** Community members are involved in the planning and decision-making that affects their services. Community members have an effective voice in the management of those spaces.
- **Safe:** Individuals and communities feel safe and secure in accessing services.  
(Clutterbuck & Novick, 2003)

**Consider these questions:**

- *Would your organization be seen as inclusive by Aboriginal families? If not, what changes could be made?*
- *What are the factors that contribute to exclusion of Aboriginal families in your community? Is there something you can do about this?*



# A History of Inclusion

It is not possible to begin to understand the social exclusion of Aboriginal families in Ontario without an acknowledgement of Canada's colonial history. Nearly 150 years' of historical governmental policies dramatically affected the determinants of health and the health status of Aboriginal peoples. Colonization in Canada shaped the current relationships between Aboriginal peoples and the federal and provincial governments. Jurisdictional incompatibilities, continuing impacts of residential schools, intergenerational trauma, and differing philosophies and approaches to health and well-being, have negatively impacted Aboriginal peoples.

Aboriginal peoples have lived in North America for over thirty thousand years (Dickason, 1992; Royal Commission on Aboriginal Peoples, 1996). Even before Canada was formed, the Gradual Civilization Act of 1857 sought to assimilate Aboriginal people "into the lower fringes of whitestream society" (Gray, 2010, p. 9).

Both the French and English fought to colonize what is now known as Canada. The British succeeded and created the Dominion of Canada in 1867 through the British North America Act. Section 91(24) of the British North America Act (1867) particularly impacted Aboriginal peoples as it gave the federal government full authority over "Indians and lands reserved for Indians."

In 1867, the federal government contracted churches to operate residential schools (Gray, 2010) to further Canada's assimilation goals.

The Indian Act (1876) resulted in the creation of reserves, which were parceled sections of land on which only those recognized by the federal government as "Indian" could live. Reserve borders were policed by Indian Agents to limit physical and economic interactions between "Indians" and Euro-Canadians. Travel passes, income-generating activities, and personal relationships were monitored and regulated by Indian Agents. A further goal of reserves was to contain "Indians" in hope that they could become "civilized" and "assimilated" into the broader Euro-Canadian society (Carter, 1996).

The signing of the Treaties also impacted ways in which "Indians" lived (Woolford, 2009). The intent of these treaties was to define the relationships between Aboriginal peoples and the colonizers - now represented by the Canadian government.

**"People need to have training to understand the historical trauma of Aboriginal people, and the statistics of Aboriginal people embedded in the social determinants of health."**

Key Informant

The numbered treaties also structured early health care relationships between Aboriginal peoples and Canada.

**"We had a First Nations mother in our program once and our circle time leader started singing the Grand Old Duke of York. I know this is a British song, but York of course is the old name for Toronto and I think it is a song that should be excluded from the circle time repertoire. It made me feel uncomfortable when she was singing it. The mother moved out of the neighbourhood shortly after this so I never had a chance to ask how she felt about it. It conjured visions of the British fighting with First Nations peoples. Maybe it is harmless as we know the First Nations community also fought for our freedom alongside British soldiers in 1812."**

Service Provider

Commission on Aboriginal Peoples, 1996). In fact, some practices that maintained and improved the health of individuals, families and communities were made illegal through the Indian Act (Waldram, Herring, & Young, 2006). The Sundance and the Potlatch are two examples of ceremonies that were banned by the federal government. As a result of cultural knowledge and practices, loss of Aboriginal midwives, traditional healers and medicine people also heavily contributed to reduced health status amongst Aboriginal people.

Although many believe residential schools to be a distant history, the last residential school in Canada closed in 1996. Accounts of "sexual harassment, sexual assault, rape, emotional, spiritual, cultural and intellectual torment, military and prison-style discipline, negligent homicide, public humiliation along with punishment for cultural expression and participation, and industrial training or indentured servitude" (Gray, 2010, p. 10) are reported by those who were able to disclose their residential school experiences. Not surprisingly, post-traumatic stress disorder is not an uncommon diagnosis for residential school survivors. Intergenerational trauma from residential school experiences impacted individual, family and community relationships.

Colonialism also impacted the health practices of Aboriginal peoples. When the federal government began offering health services, only European notions of health were included (Royal

**"For us, barriers include not wanting to engage due to the stigma of residential school, then that evolving over time into native CAS where there are record number of children and infants being apprehended."**

Key Informant

The delivery of health care services for First Nations communities is significantly different than those delivered to the general population, who usually receive health care services from their province or territory of residence. This is due to the division of powers between the federal and provincial governments created by the British North America Act. The current gaps or overlaps in responsibilities between federal and provincial health care systems have resulted in services for those living on reserves that are sporadic, truncated or even absent (Clarke, 2007). The incompatibility between federal and provincial health systems directly and negatively impacts the inclusion of First Nations families (Boyer, 2009). It is also a significant physical, emotional, cultural and financial cost to First Nations governments and people (Boyer, 2009).

For more information about historical factors influencing Aboriginal maternal child health, see:

- Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families, Best Start Resource Centre  
[www.beststart.org/resources/aboriginal\\_health.html](http://www.beststart.org/resources/aboriginal_health.html)



**"Understand the historical context of Aboriginal peoples and the education system. Understand where people come from. Not everyone has the same experiences. Develop relationships with communities before developing resources/forms/etc. to build positive collaboration, give a voice to the community (within the development process)."**

Key Informant

**Consider these questions:**

- *How have these historical factors influenced the health of the Aboriginal families that you work with?*
- *Do the Aboriginal families that you work with face challenges in accessing needed services?*
- *Considering their history of exclusion, how can service providers make services more inclusive of Aboriginal families?*

# The Diversity of Aboriginal Populations

There are many Aboriginal peoples residing in Ontario. Their languages, cultures, spiritual beliefs, customs and spiritual practices are all different, even if similarities exist.

Ontario has the largest Aboriginal population of any province in Canada, representing 21% of the total Aboriginal population in Canada. It is also a young population. In 2006, 27% of Aboriginal people living in Ontario were under the age of 15, compared to 18% for the non-Aboriginal population. The two largest groups under age 15 are First Nations, representing 72% of Aboriginal youth, and Métis, who represent 22% of Aboriginal youth (Ontario Ministry of Aboriginal Affairs, 2012).

Anishabeg, Cree, Algonquin, Mohawk, Cayuga, Onondaga, Oneida, Seneca, Tuscarora, Chippewa, Huron and Delaware are examples of First Nations that reside within Ontario. Métis and Inuit peoples also live in Ontario.

Within the Aboriginal population in Ontario in 2006, 21% of families were considered low income, making it difficult to attain and maintain good health (Ontario Ministry of Aboriginal Affairs, 2012). This compares to 12% for the non-Aboriginal population. It is also a young population. In 2006, 27% of Aboriginal people living in Ontario were under the age of 15, compared to 18% for the non-Aboriginal population.

In order to be successful, services and for Aboriginal families must respect the diversity of Aboriginal peoples in the province, as well as the high proportions of youth and high levels of poverty.

## Consider these questions:

- *Do you have an understanding of the Aboriginal populations using your services?*
- *Do you ask clients about their origin, Nation and cultural beliefs and practices?*
- *Does your organization, at times, treat all Aboriginal people the same way (pan-Indianism), even though there is great diversity?*
- *Do your services acknowledge the extent and depth of poverty as a key determinant of health in many Aboriginal families?*

**"People don't understand that there are lots of distinct Aboriginal groups even within Ontario."**

Key Informant

**"The diversity which exists within the Ontario Aboriginal landscape provides frontline workers with a unique challenge."**

Service Provider

**"I feel that it will be through cultural education and a system of debunking myths and inaccuracies which concern the First Peoples of Canada to the larger community before a true inclusivity will occur. Relationship building begins when we achieve the ability to be open minded."**

Service Provider

# Creating Inclusive Services

This section provides information about building inclusive services for Aboriginal families, for example, inclusive strategies, policies, hiring practices, attitudes, spaces and relationships. Information about cultural context and cultural safety is also included.

**“Sometimes  
you need to move out of  
your comfort zone.”**

Service Provider

## Actions to Promote Social Inclusion should Reflect:

1. **Diversity:** Be grounded in shared values and common commitments while also respecting the diversity within a society.
2. **Inequities:** Reduce economic, social and cultural inequalities within populations (e.g. racism and poverty).
3. **Contributions:** Value and support the contributions of community members to the economic, social and cultural life of a community. (Clutterbuck & Novick, 2003)

## Building Inclusive Services

It is not possible to provide a cookie-cutter approach to building inclusive services for Aboriginal families due to the diversity in Aboriginal populations in Ontario. Despite this, a number of key attributes must be present to promote inclusion in any community.

### Key Attributes to Promote Social Inclusion:

- **Integrative and cooperative:** People are brought together and work together.
- **Interactive:** Groups and organizations support social interaction and community activity.
- **Accessible and sensitive:** An array of culturally sensitive, accessible supports and services are available. (Clutterbuck & Novick, 2003)

## Inclusive Organizational Strategy and Policy

Organizations can develop an inclusive organizational strategy and policy. These can focus on the broad diversity of families, or it can focus directly on Aboriginal families, depending on your service goals. Specific policies may need to be in place to acknowledge and support use of traditional Aboriginal practices and medicines, for example smudging. The input and guidance of Aboriginal community members can be sought to ensure that practices, policies and programs are oriented towards the needs of Aboriginal communities. An anonymous client survey is a practical and constructive way to start.

- Ask Clients:**
- What experiences have families had where they felt less valued, excluded, or different?
  - What happened as a result of this experience?
    - What would help the program and/or service to be more inclusive?

## Inclusive Hiring Policies

Do you have an inclusive hiring policy? What are you doing to encourage applicants from the Aboriginal community? Do you have an orientation plan for new staff? What are the experiences of people from various cultures working in your organization? How long do they stay? What are the reasons they leave?

Oppressed and marginalized people are unlikely to come forward and complain if they feel they are being treated differently and unfairly. It is helpful to ask staff anonymously about inclusion and exclusion in the organization.

### Ask Staff:

- What is it like working for this organization?
- What things do you like about working for this organization?
- What would you change?
- Do you feel included in this organization?
- What makes you feel included or excluded?



These types of questions can be asked of current staff and during an exit interview.

## Physically Inclusive Spaces

There are many things that service providers can consider, large and small, in making physically inclusive spaces for Aboriginal families.

### Inclusive Spaces:

- **Speak to Aboriginal families:** Physical spaces that are specifically designed for Aboriginal populations for learning, training or healing are ideal. While this is not always the case, it is helpful if spaces are suitable for common Aboriginal cultural practices. Some spaces are more practical than others for seating groups in circles for discussion or sharing. Depending on the physical space, fire alarms may need to be turned off during smudging.
- **Use relevant program materials:** Think about how program materials may speak to or exclude Aboriginal families, such as the pictures on your walls, the videos you use in workshops, and the story books and toys that are available for children. Choose food with Aboriginal health in mind, for example lactose intolerance and diabetes are more common in Aboriginal families.

- **Bring services together for Aboriginal families:** Ideally services for families should be offered in spaces where a range of service providers are brought together to build linkages between clients and service providers.
- **Are open to community:** If possible, spaces should also be open for use by community organizations for educational or cultural events, bringing together community members and building familiarity with the spaces.

Not every office or building has suitable space. In some communities, there are opportunities to involve both the public and private sectors to create new services and spaces that are inclusive of all populations or designed specifically for Aboriginal families. This means being involved in the community and recognizing barriers to inclusion.

**"People want to see themselves in the environment of their service provider (put in Aboriginal art, paintings and dream catchers)."**

Key Informant

### **Inclusive Attitudes**

Parents often say that what they like most in certain key services is the warm welcoming atmosphere. While this is hard to define and measure, the way families are acknowledged and welcomed in services, is extremely important.

Attitude conveys safety. How are Aboriginal families welcomed in your services? How are people with a range of abilities treated by your organization? How does your organization treat someone who is mentally unwell and/or misusing substances? Is help provided if a client cannot complete an intake form?

Are children and extended family members welcome? Many Aboriginal communities in Ontario value the participation of whole families into decision-making. Does your organization respect this process?

**"Children with special needs might require additional paperwork. Assist parents/guardians with the paperwork. Host meetings with outside agencies (in a space that the parents are comfortable with). Offer to attend meetings with parents and outside agencies."**

Key Informant

## Inclusive Relationships

Relationship-building and trust-building are key elements of services that are inclusive and provide excellent care for all. Relationships include inter-personal relationships, inter-jurisdictional relationships, and relationships between individuals and service providers.

Trust is necessary for service providers and families to collaborate to establish care objectives and to identify ways of achieving those objectives (Gilson, 2003). Trust can never be taken for granted, but must be actively produced and negotiated (Benington, 1998).

### Development of Trust in Organizations Requires:

- **Personal behaviours** that build inter-personal trust, between families and service providers, within organizations, between managers, and between public and private sector organizations
- **Managerial and organizational practices** that provide spaces for caring, engagement and open dialogue, providing opportunities for interactions that support the building of trust
- **Political processes** that support the development of management and organizational practices as well as protection of the least powerful groups (Gilson, 2003)

**"Aboriginal organizations graciously allowed me to go in and pilot a draft video about environmental risks with new parents and pregnant women. The organizations love the video we produced and they feel ownership of it as well because they were involved with the pilots."**

Service Provider

**"We have been working together with a First Nation organization to bring a parenting program to Aboriginal communities in Northern Ontario. How did this happen? With a shared passion, patience, belief in each other, flexibility, perseverance and a good sense of humour! What's needed next? A long-term outlook, creativity, identified/funded roles and commitment at all levels of decision-making."**

Service Provider

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One useful means to understand how to build good relationships can be found in the Haudenosaunee concept of Naturalized Knowledge System (Leech, 2000; Lickers, 1997).

### Concepts in the Naturalized Knowledge System:

1. **Respect:** The tools to build respect are understanding and communication. Understanding can be built through the sharing of stories, observing proper protocols or learning language. Communication keeps the enthusiasm to find solutions alive. Consensus and mediation are used in decision-making so that the client and service provider work together and begin to honour each other's ways and means of doing things.
2. **Equity:** This aspect might also be thought of as reciprocity or sharing. In the Euro-Canadian world, money is often used to gain equity. According to the Naturalized Knowledge System, knowledge, networks, personal and social/political power are the tools that are used to achieve equity. Service providers and families must believe that their contributions are of equal value to the relationship. Equitable relationships must be transparent.
3. **Empowerment:** A sense of empowerment reinforces respect and equity between communities and services, and between service providers and clients. Responsibility and credibility are built through the process of learning and working together. It is often small activities such as meetings and activities that build respect and reinforce empowerment.

Trust is related to and a direct outcome of good relationship building. Trust is a critical element in services for families. Motivation for trust generally includes strong relationships and the belief that the services meet their needs (Gilson, 2003).

### Inclusive Cultural Context

Service provision is founded on trusting relationships and these relationships must be tied to cultural references and practices. The cultural context of the family and their community practices must be understood by the service provider in order for their practice to be effective and inclusive. Different cultures require different modifications to practices in order to encourage participation, and to have a positive impact on families.

**"Sometimes timing can be everything. If your initiative aligns with Aboriginal priorities or movements at a higher level, such as Idle No More, this can contribute to the interest in your work."**

Service Provider

It is important to know and include distinct cultural health care and parenting practices for Aboriginal populations. How does one show respect and disrespect, demonstrate modesty or privacy? What constitutes courtesy? What are culturally relevant tools and approaches to healing, pregnancy and parenting? When providing new services to Aboriginal families, these concepts take on even greater significance due to the fact that families may be uncertain, intimidated or apprehensive - particularly if they are coming into a cultural context associated with colonialism. Building culture into services can improve the satisfaction of families with services, as well as adherence to care (US Agency of Health Research and Quality, 2004). Inclusive practices recognize that many Aboriginal people believe that health has physical, mental, emotional and spiritual origins that need to be balanced in a holistic manner to gain optimal health or live a good life.

The satisfaction of families and their involvement in services can be enhanced by an improved cultural understanding. The more a family is understood by a service provider, the more likely that the service provider will be able to provide supportive services and suggest an effective (and acceptable) course of action.

Encourage individuals to come to the appointments/services with family members. Accommodate family members in services, to make clients feel at ease and welcome. This is also gives service providers a chance to learn more about the culture of the individual, as well as learning about their social supports and community. Building relationships also works the other way too - if you are organizing events, bring your family and introduce them into the community.

While being open to Aboriginal history, practices and ceremonies is important, it is equally important not to lose your own culture or identity during this process. Instead, seek opportunities to incorporate the perspectives and approaches of Aboriginal populations into your existing program perspectives and approaches. In so doing, you will make your practice more culturally relevant, and you will better serve the populations in your services.

**"Be solid in your identity. Non-Aboriginal people cannot become Aboriginal. What is motivating you? Are you curious? Or do you want to grow? How do you transfer your knowledge? How do you transfer your experiences to others/your children?"**

Key Informant

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## Cultural Safety

Cultural safety is a term that goes beyond cultural sensitivity (being respectful of the differences between cultural groups) and beyond cultural competence (having the skills, knowledge and attitudes to meet the needs of a specific cultural group). The concept of cultural safety recognizes power imbalances, political ideals and de-colonization efforts. Cultural safety involves an understanding that the cultural values of the client are affected by their socio-political past. Through self-reflection, empathy builds, improving the service to the client and leading to improved outcomes. Cultural safety can also lead to advocacy and social justice work on behalf of families and their communities. To learn more about Cultural Safety visit: [www.aht.ca/aboriginal-culture-safety](http://www.aht.ca/aboriginal-culture-safety)

### ***Consider these questions:***

*Reflecting on the following, does your organization provide inclusive services?  
If not, what would make a difference?*

- *Organizational strategy*
- *Organizational policy*
- *Hiring policies*
- *Physical spaces*
- *Attitudes*
- *Relationships with clients and partners*
- *Cultural context*
- *Cultural safety*

**"Service providers need to understand what Cultural Safety is and how those principles are practiced in their organization. They need to ensure that there are principles and policies that ensure staff and service respect these principles. Those accessing service need to feel safe and heard."**

Key Informant

# Services for Aboriginal Families

This section provides information on determining the needs of Aboriginal populations, as well as information about engaging and retaining Aboriginal families in services.

## Needs of Aboriginal Populations

How can service providers understand the needs of the Aboriginal populations they seek to include? The simplest way is to engage Aboriginal community members in ongoing communication. Using the concepts of respect, equity and empowerment, think about how you can build relationships with your local communities and their leaders. Attending meetings, sports activities and local events can build and strengthen relationships. Participate in available training about culture and traditional practices. Show a willingness to learn through asking and listening. This demonstrates respect for the heritage of the families and communities you are seeking to include.

**"There needs to be training in how to work with Aboriginal people... The training needs to be created by Aboriginal people and delivered by Aboriginal people. The most sensitive and difficult topic is that 'white' people do not realize the voice of privilege that they speak from and they think that simple solutions are the answer. They... do not understand the oppressed. They also believe that native people do not have the capacity in the community to create viable leadership."**

Key Informant



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**"We have been fortunate to build good relationships with service providers who live and work in First Nations communities through our skills training program for professionals who work with young children. When we were developing resiliency skills training for parents living in challenging circumstances, trainers were instrumental in bringing First Nations and Métis parents together to help us pilot the training. We were delighted to receive input from both parents and trainers that shaped the content, activities and resources so that it was meaningful, culturally relevant and useful for families in their communities. After the pilot, we were especially grateful to capture wonderful documentary-style video of families from these communities, who role model the resiliency skills and bring them to life for other First Nations and Métis parents who participate in future training events."**

Service Provider

**To Learn about the Needs of Aboriginal Communities:**

- Identify and build relationships with Aboriginal organizations in your community. Ask and learn about their services.
- Ask local Aboriginal organizations about local Elders. Speak with Elders and invite them to work with you and your staff to gain an understanding and awareness of Aboriginal cultures, customs and traditions.
- Invite Elders to discuss issues affecting the community with your staff. Learn about practices and ceremonies that could be incorporated into your services.
- Invite guests to discuss their perspectives in meetings. These can include community leaders, keepers of history, water carriers, midwives, etc.
- Learn the community's history, cultural practices and ceremonies from knowledgeable members of the community.
  - Use social media and community media services to keep up to speed on local happenings and issues of importance.

- Determine how specific needs can be met. Would staff or volunteers from the community contribute to inclusion? Would childcare encourage participation in your services? Would transportation assistance increase participation in your services? Have you considered offering services within the community, in spaces that are already comfortable and familiar to families?
- Work with community members to determine how you can contribute to the well-being of the community. This may include undertaking tasks that are not associated with your services, but demonstrate a willingness to make a difference.

## Promoting Services to Aboriginal Families

Consider culturally appropriate ways to reach out to the individuals and communities that you want to include in your services. Talk to other service providers and community members about appropriate and effective ways to promote services to Aboriginal families.

### Culturally Appropriate Means to Promote Services:

- Ask Elders and community leaders how best to conduct community outreach.
- Consider preparing promotional materials in Aboriginal languages.
- Include images of Aboriginal people in your materials.
- Raise issues that are relevant to the community.
- Organize community events or information sessions, where Elders and community members are invited to present and discuss issues of concern to families in the community.
- Bring in knowledgeable people to present on health, children and parenting.
- Look for opportunities to present to Aboriginal leaders, raising awareness at the political level of issues that may concern the community. Focus on showing your interest in tackling these issues with the support and engagement of the community.

**"It doesn't matter how much you plan, if there's energy somewhere, you go where the energy is."**

Service Provider

**"Statements in the predominant Native language of the community would demonstrate the importance of assisting Aboriginal people to feel comfortable in the provision of services."**

Key Informant

Opportunities for promoting your services to an Aboriginal population may not come through your services, but through other means. You may be approached by community members to begin discussions with government organizations, or be asked to draw the attention of others to specific community needs. These are opportunities to build your relationship with the community, raise awareness about your services (through informal conversations) and contribute to the wellbeing of the community.

## Retaining Aboriginal Families in Services

Maintaining the engagement of Aboriginal families in services requires ongoing relationship-building and efforts to shape inclusive practices and policies. Inclusiveness is never done - it is a constant process of building and strengthening relationships, shifting as issues emerge, as new ideas for inclusiveness arise and opportunities present themselves. Keep relationships strong by meeting with partners in the community, hosting Elders, and being/working in community on a regular basis. These also provide opportunities for sharing stories, ideas and building trust.

Maintaining strong engagement of Aboriginal populations in services hinges upon keeping strong engagement in the communities, and in meeting needs.

### Tips to Engaging Aboriginal Populations:

***When in doubt, ask.*** Asking questions shows a genuine interest. Building inclusive services is an ongoing process of learning, assessing and making changes. Learn from clients, community members, other services, leadership, Elders etc.

***Demonstrate long-term commitment.*** Do not expect Aboriginal populations to show a long-term commitment to your services until you have demonstrated a long-term commitment to them. Do not expect results overnight. It may take many years of small successes to attain the level of inclusion that you wish to achieve in your practice.

***Be prepared to accept the thanks that is offered to you.*** Gift giving is a significant cultural practice in many communities. Each gift is a sign of the individual or community extending its thanks to you, acknowledging the importance of your relationship with them, and demonstrating a willingness to continue working together.

**"It is sometimes good to not organize events around a health centre/nursing station/etc. but around community centres/schools/curling rinks/ice fishing/community events - be part of the community."**

Key Informant

**"I am a Community Health Nurse in a First Nation community. I have found that my parent groups like to be creative. The best times to discuss parenting issues are around some glue, markers and scissors. Everyone enjoys the morning and the conversations flow around everything from potty training to getting children to sleep in their own bed, to which store has the best deal on pasta sauce this week! The kids aren't separated from us either. They play and colour and have a snack with the parents."**

Service Provider

**Consider these questions:**

- *Has your organization ever completed a needs assessment of Aboriginal families? If you were to complete a needs assessment, what would it be helpful to learn?*
- *What are some ways you can promote your services, specifically to Aboriginal families?*
- *What would make a difference in terms of retaining Aboriginal families in services?*

**"There is always some sort of food involved and of course, it is always healthy. It's more of a cultural aspect to have food at gatherings and makes a welcoming environment to have a snack or meal with others."**

Service Provider

# Assessment Tools

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This section shares assessment tools that can be used at the individual and organization level. The tools will help you in considering changes to build inclusive practices and services for Aboriginal families.

## Self-assessment

- What do I know about the Aboriginal people in my community? What Nation are they from? How many went to residential school?
- What have I learned about Aboriginal history and policies? How can I respect these influences in my practices?
- What are some local Aboriginal traditions and practices? How can these be incorporated/respected in my services?
- What are the Aboriginal organizations in my community? How can I better connect my services with local Aboriginal services?
- What are the strengths of the Aboriginal community and the Aboriginal families that I work with? Are my services designed to respect and build on these strengths?
- Who are the Aboriginal leaders and role models? How can I get support for and input on needed services from these leaders?
- How can I get input from Aboriginal families on service delivery?
- How can I learn more?

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## Organizational Assessment Checklist

- How many Aboriginal people work in my organization?
- Are Aboriginal staff only in Aboriginal specific positions?
- Do Aboriginal families actively participate in services provided by my organization?
- Are traditional practices, such as smudging accepted/supported by my organization?
- Does my organization use images, events or activities that either include or exclude Aboriginal people?
- Does my organization meet with Aboriginal Elders and community leaders?
- Is my organization aware of the needs and priorities of Aboriginal communities?
- Does my organization have a policy on inclusive practices?
- Does my organization have materials in Indigenous languages?
- What can my organization do to be more inclusive of Aboriginal families?

# Key Links, Resources and Services

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**Aboriginal Human Resource Council**

[www.aboriginalhr.ca/en/home](http://www.aboriginalhr.ca/en/home)

**Aboriginal Nurses Association of Canada**

[www.anac.on.ca/publications.php](http://www.anac.on.ca/publications.php)

**Health Nexus Santé: Count Me In!**

[www.count-me-in.ca](http://www.count-me-in.ca)

**Inclusion Network: Inclusion Resources**

[www.inclusion.com/resources.html](http://www.inclusion.com/resources.html)

**Indigenous Physicians Association of Canada**

[www.ipac-amic.org/newslettersreports/ipac-rcpsc](http://www.ipac-amic.org/newslettersreports/ipac-rcpsc)

[www.ipac-amic.org/newslettersreports/ipac-afmc](http://www.ipac-amic.org/newslettersreports/ipac-afmc)

**National Aboriginal Council of Midwives**

[www.aboriginalmidwives.ca](http://www.aboriginalmidwives.ca)

**Society of Obstetricians and Gynecologists of Canada: Aboriginal Guidelines**

[www.sogc.org/clinical-practice-guidelines/aboriginal](http://www.sogc.org/clinical-practice-guidelines/aboriginal)

**Wellesley Institute: Social Inclusion Audit and Toolkit**

[www.wellesleyinstitute.com/publication/social-inclusion-audit-and-toolkit/](http://www.wellesleyinstitute.com/publication/social-inclusion-audit-and-toolkit/)

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