



## Indigenous Cultural Safety, Humility, and Anti-racism Standard

### Introduction

Eleven health profession regulatory colleges have adopted this common joint Indigenous Cultural Safety, Humility, and Anti-racism Standard of Practice for health professionals. This practice standard supports the joint apology and commitment to action signed by the health profession colleges on July 27, 2021.

The Colleges that have participated in this work are the College of Chiropractors of BC, the College of Dietitians of BC, the College of Naturopathic Physicians of BC, the College of Occupational Therapists of BC, the College of Opticians of BC, the College of Optometrists of BC, the College of Pharmacists of BC, the College of Physical Therapists of BC, the College of Psychologists of BC, the College of Speech and Hearing Health Professionals of BC, and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC. The work was also guided by Sulksun (Shane Pointe), proud member of the Coast Salish Nation, Musqueam Indian Band and Knowledge Keeper to all and Joe Gallagher (k'wunəmen), Tla'amin Nation, principal at Qoqoq Consulting.

The Joint Standard has been adapted, with permission, from the [BCCNM](#) and [CPSBC](#) *Indigenous Cultural Safety, Cultural Humility and Anti-racism Practice Standard*, developed collaboratively by the BC College of Nurses and Midwives and the College of Physicians and Surgeons of BC (Jan 2022). The development of their Standard involved extensive consultation with Indigenous people and guidance from Indigenous leaders.

The College has adopted the Joint Standard pursuant to section 62(1)(b) and (c) of its bylaws. In the context of psychology, the principles in the Joint Standard are intended to be complementary to the standards established in the College of Psychologists of BC's *Code of Conduct*, which includes ethical requirements for respecting all individuals, protecting client welfare, and prohibiting discrimination against any individual; however, the Joint Standard is focussed specifically on the problem of Indigenous-specific racism in the BC health care system. The College recognizes the importance of ensuring that all clients, including Indigenous clients, are able to access culturally safe and competent psychological services, while also recognizing the unique nature of Indigenous-specific racism. In accordance with both the Code and the Joint Standard, registered psychologists are expected to engage in active self-reflection, ongoing learning, and empathic and respectful engagement with Indigenous clients in client-led care that is trauma-informed and strengths-based, and to take action when anti-Indigenous racism is observed.

## Core concepts & principles

### 1 SELF-REFLECTIVE PRACTICE (IT STARTS WITH ME)

Registrants demonstrate cultural humility, which begins with a self-examination of the registrant's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients. Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision-making.

#### *Principles*

Registrants:

- 1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- 1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.
- 1.3 Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

### 2 BUILDING KNOWLEDGE THROUGH EDUCATION

Registrants continually seek to improve their ability to provide culturally safe care for Indigenous clients.

#### *Principles*

Registrants:

- 2.1 Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
- 2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the health care system, and its disproportionate impact on Indigenous women, girls, and 2SLGBTQQIA people\*.
- 2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health care experiences and lack of access to and exclusion from health care.
- 2.4 Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between and within Indigenous communities.

### **3 ANTI-RACIST PRACTICE (TAKING ACTION)**

Registrants take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

#### *Principles*

Registrants:

- 3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:
  - 3.1.1 Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
  - 3.1.2 Supporting clients, colleagues and others who experience and/or report acts of racism.
  - 3.1.3 Reporting acts of racism to leadership and/or the relevant health regulatory college.

### **4 CREATING SAFE HEALTH CARE EXPERIENCES**

Registrants facilitate safe health care experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.

#### *Principles*

Registrants:

- 4.1 Treat clients with respect and empathy by:
  - 4.1.1 Acknowledging the client's cultural identity.
  - 4.1.2 Listening to and seeking to understand the client's lived experiences.
  - 4.1.3 Treating clients and their families with compassion.
  - 4.1.4 Being open to learning from the client and others.
- 4.2 Care for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- 4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.
- 4.4 Facilitate the involvement of the client's identified family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

## **5 PERSON-LED CARE (RELATIONAL CARE)**

Registrants work collaboratively with Indigenous clients to meet the client's health and wellness goals.

### *Principles*

Registrants:

- 5.1 Respectfully learn about the client and the reasons the client has sought health care services.
- 5.2 Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals.
- 5.3 Actively support the client's right to decide on their course of care.
- 5.4 Communicate effectively with clients by:
  - 5.4.1 Providing the client with the necessary time and space to share their needs and goals.
  - 5.4.2 Providing clear information about the health care options available, including information about what the client may experience during the health care encounter.
  - 5.4.3 Ensuring information is communicated in a way that the client can understand.

## **6 STRENGTHS-BASED AND TRAUMA-INFORMED PRACTICE (LOOKING BELOW THE SURFACE)**

Registrants have knowledge about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during health care experiences. Registrants focus on the resilience and strength the client brings to the health care encounter.

### *Principles*

Registrants:

- 6.1 Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.
- 6.2 Recognize the potential for trauma (personal or intergenerational) in a client's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.

- 6.3 Recognize that colonialism and trauma may affect how clients view, access, and interact with the health care system.
- 6.4 Recognize that Indigenous women, girls, and 2SLGBTQQIA people\* are disproportionately impacted by Indigenous-specific racism in the health care system and consider the impact gender-specific trauma may have on the client.



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\* The National Inquiry Into Missing and Murdered Indigenous Women and Girls uses the acronym of 2SLGBTQQIA (Two Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual) to refer to a modern day community of gender diverse people across all Indigenous people groups, including gender-diverse Inuit, while recognizing the limitations of any acronym.