Towards Indigenous Cultural Safety:

Integrating Trauma-Informed Practice in Clinical Settings Amongst Social Workers in Health Care

DEVELOPMENT AND IMPLEMENTATION GUIDE

PREPARED BY:
JENNY HYMAN, OLIVIA PALOMINO, TSERING WATERMEYER & BARBARA LEE

THE UNIVERSITY OF BRITISH COLUMBIA
School of Social Work
Vancouver Campus

Providence Health Care
How you want to be treated.

ACKNOWLEDGEMENTS

This work is situated on the unceded territory of the Coast Salish peoples, including the territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and Sə́lílwətaʔ/Selilwitulh (Tsleil-Waututh) nations. This acknowledgment is a reminder of the discriminatory, racist, and colonial practices that have a lasting legacy, and continue to create barriers for Indigenous peoples in the healthcare system.

Funding Acknowledgement:
St. Paul's Foundation's Enhanced Patient Care (EPC) Fund, thanks to the generosity of Lights of Hope donors

---

Reference:
Hyman, J., Palomino, O., & Watermeyer, T., & Lee, B., (2025). Towards Indigenous Cultural Safety: Integrating Trauma-Informed Practice in Clinical Settings Amongst Social Workers in Health Care. Development and Implementation Guide. Prepared for Providence Health Care.

Full report can be found:
https://socialwork.ubc.ca/news/Towards-Indigenous-Cultural-Safety

An earlier version of this report was submitted to Providence Health Care in 2024. This revised and updated version was published online in 2025.

CONTACT

Barbara Lee, MSW, PhD
Assistant Professor, School of Social Work
Director, Centre for the Study of Services to Children and Families
Knowledge Exchange and Mobilization (KxM) Scholar
The University of British Columbia | Vancouver Campus

Jenny Hyman, MSW, RSW
Social Work Site Leader
Mt. St. Joseph's and Holy Family Hospital
Research, Education and Practice Coordinator, Social Work
Providence Health Care

Table of Contents

CONTENTS

INTRODUCTION

This is a critical reflection of the educational initiative undertaken by the Providence Health Care's (PHC) Social Work Department aimed at building capacity amongst social workers to practice using an Indigenous cultural safety (ICS) approach.

Aligning with Indigenous ontological and epistemic traditions, which value a) experiential-based narratives, b) shared ownership of knowledge production and dissemination, the lessons learned in this reflection stem from a review of the efforts to enhance understanding(s) of ICS approach among PHC social workers. Alongside the *Towards Indigenous Cultural Safety: Integrating Trauma-Informed Practice in Clinical Settings amongst Social Workers in Health Care: Evaluation Report* and *Casebook*, this collection of materials reflect the department's ongoing commitment to embedding ICS as an integral part of social work care provision at PHC.

Beginning in the early 2000s, with its roots in nursing research in Australia and New Zealand (see early works such as Ramsden, 2002), cultural safety has a large body of work promoting its adoption in health care settings (Curtis et al., 2019). Due to its titular focus on 'culture' and discursive comparison with culture-based approaches, often with cultural competency, it is situated alongside the evolving continuum of culture-based approaches. Cultural safety's alignment with other approaches such as cultural competency, cultural sensitivity is in combating the reductive notion of 'culture' in health care settings as simply connoting race or ethnicity (Truong, Paradies, Priest, 2014). Rather culture is viewed as an "integrated pattern of communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group" (Ramsden, Cross, Bazron & Isaccs, 1989). However, while cultural safety is purveyed as part of the evolving continuum of culture-based approaches, it critically differs from other approaches. Moving beyond acquisition of knowledge and skills in the provision of care for the cultural 'other', cultural safety focuses on how power dynamics between the care provider and care recipient occur within a complex societal hierarchy, and the imperative for health care providers to reflect on interpersonal power differences. Thus, centering its gaze on power (re)negotiations in care interactions- whereby safety is defined by the care recipient- cultural safety ideally seeks to redress institutional and individual inequities.

Embedding safety as a key factor in service delivery, the approach critically aligns with antiracist, decolonial practices to redress individual and systemic discriminations. Research (Brown et al., 2005; Wylie & McConkey, 2019) has shown that the intersectional impact of individual and structural factors including poverty, ongoing legacy of settler colonialism resulting in generational trauma, discrimination, and racism, lead to Indigenous people being much more susceptible to poorer health outcomes in comparison to non-Indigenous groups. Additionally, for more than a decade now numerous studies have highlighted how during interactions with care providers in health care settings, Indigenous people are often directly affected by providers' lack of knowledge of Indigenous history, cultures, and knowhow of trauma-informed practices. That Indigenous people are in fact often subjected to discriminatory biases and outright racist treatments (In Plain Sight, November 2020) and during clinical encounters has most recently been exemplified through the publicly known cases of Joyce Echaquan in 2020 and Brian Sinclair in 2008. As such, cultural safety is advocated for the improvement of health care delivery for Indigenous population for it a) places the onus on the service provider to engage in a reflexive practice to redress one's internal biases, and b) acknowledges the patient's right to determine whether an interaction/s are safe within the context of care provision.

BACKGROUND AND RATIONALE FOR THE SOCIAL WORK ICS INITIATIVE

Responding to the myriad individual and structural barriers that Indigenous people face affecting the quality of care and basic right to equitable health care, increasingly cultural safety as an approach is adopted by health authorities in B.C. (O'Neil et al., 2016).

In the case of Providence Health Care (henceforth PHC) too, there is ongoing organizational support for and recognition of the need for the development and growth of Indigenous-focused initiatives. More specifically, within this larger setting, the PHC Indigenous Wellness and Reconciliation (henceforth IWR) program's strategic plan provides a long term vision for building cross disciplinary capacity towards enhanced delivery of safe health care approaches for Indigenous peoples. Since the existence of the IWR program, the implementation of Indigenous cultural safety education and training, as well as, the recruitment of indigenous Indigenous Wellness liaisons and Indigenous peer support workers, have variously assisted in paving a pathway towards planning, development, and implementation of Indigenous-focused safe care approaches.

At the same time, the need to respond to the growing demands for capacity building of health care providers in Indigenous cultural safety trainings across the PHC organizational program settings poses concrete challenges on IWR's time and existing resources. Beyond pragmatic constraints from an Indigenous rights standpoint, it also critically raises the ethics of accountability in transferring the 'burden' of cultural knowledge translation and dissemination solely onto Indigenous staff for it a) inevitably increases their workload and b) shifts the collective responsibility of decolonizing one's perspectives and behaviours towards Indigenous people as the latter's prerogative. As the recommendations from In Plain Sight note: "while the work of addressing racism in the health care system must be done together, we know that the responsibility and burdens of this work lie with non-Indigenous individuals, communities, organizations and governments" (p 181).

Considering the requirement for Indigenous collaboration, inclusion, alongside the ethical imperative for all healthcare providers to work towards alleviation of discrimination and endemic racism against Indigenous peoples, the Social Work department undertook a series of ICS training workshops for PHC social workers across various sites in close and frequent consultation with IWR. Upon recommendation of the IWR vice president Harmony Johnson, the 'ICS project' embedded within it a program evaluation component consisting of a mixed methods quasi-experimental design developed in collaboration with the University of British Columbia (UBC) School of Social Work. Findings of the evaluation are presented in *Towards Indigenous Cultural Safety: Integrating Trauma-Informed Practice in Clinical Settings amongst Social Workers in Health Care: Evaluation Report*.

CONCEPTUALIZING ICS FOCUSED WORKSHOP SERIES FOR SOCIAL WORKERS

Central to the development of the ICS educational workshops was to address the need to enable social workers' journey towards ICS approach, to critically acknowledge the discipline's historical role in abetment of colonialist policies affecting Indigenous families and communities. Contextually, majority of the PHC social workers are trained in Canada and have basic awareness regarding the ongoing impact of settler colonialism on Indigenous people as part of the degree curricula especially given the rise of disciplinary focus towards decolonizing praxis in recent decades. However, the social work department noted ongoing challenges in interventions with Indigenous patients and families largely due to:

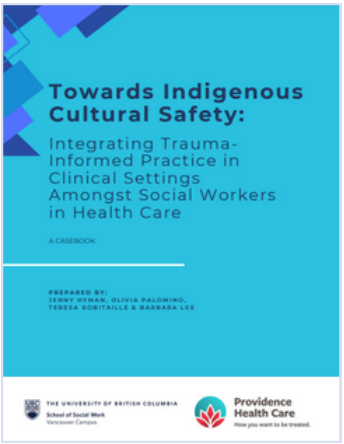
- Individual differences within the group in terms of knowledge on Indigenous issues, exposure to approaches such as ICS due to differences in graduate Social Work education programs.
- Recruitment of internationally trained social workers who are new to Canada and therefore the need to raise awareness and knowledge of Indigenous issues within the Canadian context.
- Transitioning from conceptual know-how to actively cultivating Indigenous cultural safety as an approach in clinical settings.
- Recurring cases outlining tensions between Indigenous patient and family cultural expectations vis-à-vis dominant policies related to patient privacy and confidentiality.

Therefore, in August 2021 the PHC Social Work Research and Education coordinator Jenny Hyman in collaboration with the IWR's coordinator Olivia Palomino (at the time) began the development of the ICS project. The detailed timeline (see appendix A) outlines the various project planning activities undertaken by the two main facilitators who conducted the ICS workshop series. Of note, implementation of the initiative stalled for a period due to funding and personnel turnover issues. However, in October 2022, the initiative was resumed by the Social Work department through funding received from the PHC Enhanced Patient Fund (EPC). Subsequently Olivia Palomino, due to her association with the project since its inception, lived experiences as an Indigenous person and professional knowledge of the discipline was recruited as the external consultant to assist with the initiative. With the recruitment of the Indigenous external consultant, the social work department subsequently developed and facilitated a total of eight ICS workshops for the PHC social workers across its sites. In the following section the key highlights of the case study curriculum development planning processes and implementation are presented.

Development of the Workshop 'Case Study' Materials

Focusing on the overall goal of the development of both conceptual know how and practice-based application of ICS service provision, the workshop sessions were tailored on a case study-based approach. To explicate, the efficacy of case study as a teaching methodology is well established in health care settings and used prominently in social work formal training (LeCroy, 2014) as well as in continuing professional development courses. Therefore, social work practitioners are familiar with the selected pedagogical approach fostering an enabling learning environment. Furthermore, case studies account for the need for contextual relevance including accurate reflection of the larger organizational work environment and depiction of 'real' social work interventions.

Relatedly, a critical review of cases involving social work interventions with Indigenous patients and families was undertaken by the department. In particular, prior requests from frontline social workers for case consultations regarding interventions with Indigenous patients and families were reviewed. Based on the complexity of the individual cases, thematic recurrences and potential for collaborative learning, a total of eight case studies were developed for the purposes of the ICS workshop. Inspired by real life social work interventions with Indigenous patients, the materials consisted of both individual case intervention as well as a compendium of several clinical 'stories' that unfolded in various PHC acute care and outpatient settings. All personal identifying information were removed to anonymize patient information.



IMPLEMENTATION OF THE ICS WORKSHOP SERIES

With the completion of the development of educational materials, subsequently a total of **eight** educational monthly workshops focusing on ICS were conducted between January to November 2023 for social workers across PHC.

01 Workshop Structure and Processes

The ICS workshops were tailored to maximize participation of frontline social workers and as such pragmatic considerations including workload and time management issues, attendance, influenced its design and implementation. The monthly, one-hour workshop series were conducted virtually over ZOOM. Of the two facilitators for the ICS workshop series, the external consultant identified as Indigenous while the other, the PHC Social Work Research and Education coordinator identified as an ally.

02 Structural Outline

Prior to each monthly workshop, the two facilitators met a week ahead to review the workshop learning agenda. The meeting included a review of the case study in detail, refining discussion questions for each session, highlighting pertinent issues related to the Social Work Ethical framework and/or the standards of professional practice outlined in the British Columbia College of Social Work (BCCSW). A day prior to the implementation of the session, the PHC Social Work Research and Education coordinator sent a reminder to all staff regarding the session including an evaluation survey link to gather participants' feedback regarding the workshop (see the evaluation report for further details). Each virtual session began with Indigenous territorial acknowledgment, narration of the case followed by specific discussions related to the case as well as larger Indigenous issues, rights and advocacy.

03 Indigenous Cultural Safety & Social Work Practice Domains

The following presents the descriptive titles and sequence of the ICS workshop series implemented by the social work department. Given that the titles identify the types of topical areas where social work practice including health care acts, organizational policies, systemically intersect and affect Indigenous patient care delivery, they offer concrete indicators for further ICS interventions. From a social work disciplinary standpoint, these clinical domains are highly significant in that they identify tangible outlets for further exploration into praxis improvement in ICS beyond conceptual discourse on the subject.

TABLE 1. ICS AND SOCIAL WORK DOMAINS

Workshop Title	ICS Related Issues/Themes
Advanced Care Planning and Substitute Decision-Making	• Highlights tensions between legislation and policies in BC as it relates to who you can share information with and Indigenous protocol.
Involuntary Admissions	• When individual autonomy is limited, and state processes dictate decision making then the risk of historical and general trauma is heightened. • Is there a culturally safe way to create a plan when it is not in accordance with patient and family's wishes.
Guardianship and Decision-Making	• Individual and familial autonomy, safety, state (MCFD) intervention in familial matters. • Social workers having to navigate ethically fraught situation- how to be family-centered? • The law not recognizing the complexity of Indigenous relationships.
Indigenous Communities Underserved by the Healthcare System	• Limitation of resources (e.g., dialysis treatment) and forced relocation.
Child Protection with Indigenous Communities	• SW's positionality and role in supporting patient when MCFD is involved. • Ethically fraught area given historical context.
Stereotypes about Indigenous Communities	• How stigmas about disability, Indigeneity, addiction intersect and impact Indigenous patient care. • Desensitization, learned amongst Indigenous individuals due to ongoing discrimination.

Continued from previous page.

Enhancing Engagement of Patients in Decision-Making	• Impacts of historical institutionalization on Indigenous seniors who require long-term care in facility. • Importance of trauma-informed care and trust-building. • Listening and incorporation patient's values and priorities in advocacy.
Privacy and Information Sharing	• Impacts of colonization and foster care system on traditional family structures. • Laws that govern social work practice around information sharing and funeral disposition planning are not centred around Indigenous protocols/laws/practices. • Challenges in providing culturally safe care that is both person and family-centred.

To the extent possible, the workshop series actively included participant feedback and recommendations to shape subsequent educational sessions including outline of the sessions and the scope of facilitators' roles. For example, participant feedback during the first workshop for less leadership involvement in facilitation of the session consequently led to the subsequent workshops being mainly overseen by the Indigenous external consultant. Participants also requested change in workshop schedule based on their availability and to accommodate a larger pool of social workers to attend the series. The workshop timings were accordingly modified by the facilitators. Additionally, participants requested to send the case study for review ahead of the session which led to the relevant case material for each workshop being distributed ahead of time to all social workers. Overall, the 'case' studies prompted active participation and engagement amongst those who attended the sessions. Furthermore, beyond the topical subject, the sessions included information on the role of the IWR, toolkits and referral processes. Participating social workers were encouraged to liaise with the department thus encouraging active collaboration with IWR on Indigenous related practice issues.

LEARNINGS AND RECOMMENDATIONS

As the first ICS-based educational series specifically targeted towards social workers in the field, the workshops provided a platform to critically engage in Indigenous specific practice concerns. Beyond conceptual knowledge, the analysis of the case studies offered an opportunity to delve into how social workers concretely engage with Indigenous patients, their support network and how these practices differ based on practitioners' own continuum of learning, their understanding, and experiences. Additionally, cultural safety discussions also identified the complexity of integrating ICS as an approach within the health care system. The learnings from the workshop -in terms of processes, educational material and structural challenges - are extrapolated below:

Process-Based Learnings & Approaches

Amending Teaching Strategies to Create Safe Spaces

The creation of safe space is key to participant engagement in ICS particularly since the learning involved probing into gaps in practice knowledge, examining practitioner biases, prejudices in a group setting. The facilitators therefore implemented ongoing changes in workshop teaching strategies and the series evolved over time. For instance, after the initial ICS workshop, participants' feedback was to minimize the social work research coordinator's role as the co-facilitator due to their dual positionality as the site leader. Consequently, in subsequent workshops, the Indigenous co-facilitator adopted a front role in facilitating the sessions in order to ease individual social workers' comfort in sharing practice challenges without perceived fear of performance evaluation implications. In retrospect, such apprehensions may have also been eased by reviewing the material with the concerned individual ahead of the group session and conducting a debrief after the session regarding their experiences of the case analysis.

Increasing Opportunities for Learning, Reflection, and Application

Ideally the interim between each session could be lengthier in duration so that social workers have increased opportunity to reflect upon and integrate ICS learnings from the session in work settings. Further, the duration of the individual workshops will benefit from being longer than an hour as participants can delve deeper into complex case analysis and have more time for discussions and questions.

Critically Reflecting on the Case Analysis Approach
Reflecting on the case analysis approach, while problematization of the cases and current practices provided valuable insight into gaps in awareness, knowledge translation, such critiques may need to be balanced by inclusion of strengths-based case analysis as well.

Structural Challenges & Recommendations

Establishing Standardized Guidelines for Practice through Collaboration
Integrating ICS as an approach requires a need to establish standardized guidelines for practices. However, since what constitutes culturally safe is determined by the care recipient's subjective experiences, outlining a top-down departmental guideline for integration of ICS practices appears contraindicative to its philosophy. Therefore there is a need to collaborate with both IWR as well as external Indigenous advocacy groups to form an ICS working group.

Reviewing the Implementation of ICS
Individual case analysis showed instances where there are disjuncts between certain provincial acts and legislation and Indigenous cultural notions, beliefs, whereby following the recommended protocol led to overlooking or even the subversion of Indigenous conceptualizations of familial relationships, and boundaries related to privacy and confidentiality. For example, one case was centred around a social worker's interventions after an Indigenous man in her care died who had informed her that he had no connection to his birth family, and later died. The social worker discussed funeral planning with his friend (the only person involved in his care) and they agreed that SW would refer to the Public Guardian and Trustee (PGT) for Funeral planning. PGT referred to BC government's funeral program through the Ministry of Social Development and Poverty Reduction who proceed with authorizing cremation as per their standard protocol when there are no known preferences/beliefs indicating a person would have wanted otherwise. Subsequently, his birth family discovered that he had died and were distraught that they hadn't been advised as they wished to have obtained his remains for traditional protocols and burial on their home territory. Such cases demonstrate the challenges in providing culturally safe care to Indigenous communities in the context of family separation/foster system. They also raise a need to review implementation of ICS approach through an intersectional lens taking into consideration individual practices as well as review of structural policies affecting delivery of safe care.

Enhancing the Recruitment of Indigenous Social Work Practitioners

Organizationally, the ICS workshop series sparked an awareness of the lack of social work practitioners within PHC who identify as Indigenous. Understanding the impact of colonization on Indigenous people, their marginalization from societal progress and positions of power (including service administration and resource allocation roles which are dominant scopes of social work practice) calls for an ethical imperative to recruit more Indigenous social workers. From a pragmatic standpoint, such representation is valuable to the organization in that the repertoire of lived experiences embodied by Indigenous social workers is of significance.

Increasing Indigenous Representation in Leadership

The lack of Indigenous social workers within the department also poses its own set of ethical and logistical challenges during the planning and implementation of the ICS workshop series. For example, the non-Indigenous social worker leading the ICS initiative found that the process of spearheading such a project often felt morally and ethically fraught with uncertainties as to her own positionality and power. Pragmatically too, in the absence of Indigenous social work leadership and expertise within the department, frequent consultation with IWR regarding various aspects of the initiative was needed which entailed more process coordination and prolonged time commitment. While Indigenous liaisons are valuable cultural interlocutors, there is a need for Indigenous social workers since practice interventions within this realm require both cultural grounding as well as disciplinary knowledge.

Developing ICS Training and Educational Materials for PHC

Related to capacity building of ICS service provision, based on the overall experiences of conducting this initiative, there is a strong need for the development of ICS educational materials and systematic training modules. Whether such an initiative can be developed within PHC to target the needs within the organization or in cross sectoral partnership with other health authorities and Indigenous advocacy bodies should be explored further. With increasing hiring of internationally trained health care workers and particularly the recruitment of social workers within this category who are new to the Canadian cultural context, the need to provide education on indigenous issues and ICS training is critical for provision of culturally safe care. In tandem, reviewing and promoting clear process and workflows for Indigenous self-identification within social work practice may support more culturally safe and responsive care.

In conclusion, the initiative targeted towards PHC social work practice development, provided valuable insight into existing knowledge and social work practice challenges in integrating ICS approaches within acute care and outpatient settings. In addition, the resultant educational case materials developed for the workshop series contributes a foundational base for the continuation of ICS training workshops for frontline social workers. Lastly, this initiative aligns with ongoing Indigenous focused health initiatives within the organization and aspires to forge ICS practice pathways towards more focused disciplinary and program specific trainings in future.

REFERENCES

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health, 18*(1), 174-174. https://doi.org/10.1186/s12939-019-1082-3

O'Neil, J., Gallagher, J., Wylie, L., Bingham, B., Lavoie, J., Alcock, D., & Johnson, H. (2016). Transforming first nations' health governance in british columbia. *Clinical Governance*, *21*(4), 229-244. https://doi.org/10.1108/IJHG-08-2016-0042

LeCroy, C. W. (1992). Case studies in social work practice. Wadsworth Pub.

Ramsden, I., Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu. A thesis submitted to the Victoria University of Wellington in fulfilment of the requirements for the degree of Doctor of Philosophy in Nursing, in Department of Nursing. 2002, Victoria University of Wellington Wellington. p. 211.

Wylie, L., McConkey, S., & Corrado, A. M. (2021). It's a journey not a check box: Indigenous cultural safety from training to transformation. *International Journal of Indigenous Health, 16*(1), 314-332. https://doi.org/10.32799/ijih.v16i1.33240

Wylie, L., McConkey, S., & Corrado, A. M. (2019). Colonial legacies and collaborative action: Improving indigenous peoples' health care in canada. *International Indigenous Policy Journal, 10*(5), 1-27. https://doi.org/10.18584/iipj.2019.10.5.9340

Funding for this document is provided by St. Paul's Foundation's Enhanced Patient Care (EPC) Fund. The opinions expressed in this document are those of the authors and do not necessarily reflect the official views of St. Paul's Foundation's nor Providence Health Care.