Towards Indigenous Cultural Safety:

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

EVALUATION REPORT

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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

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Reference:
Lee, B., Hyman, J., Palomino, O., & Huang, O. (2025). Towards Indigenous Cultural Safety: Integrating Trauma-Informed Practice in Clinical Settings Amongst Social Workers in Health Care. Evaluation Report. 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.

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EXECUTIVE SUMMARY

Persistent health disparities between Indigenous peoples and non-Indigenous peoples underscore the urgency for culturally safe and trauma-informed healthcare. Despite efforts to increase cultural safety in healthcare, Indigenous populations continue to experience systemic racism when accessing healthcare services. To address these concerns, social workers at Province Health Care (PHC) with input from PHC's Indigenous Wellness and Reconciliation (IWR) team partnered with the University of British Columbia to develop and implement an Indigenous cultural safety educational initiative with primary healthcare social workers.

Throughout 2023, eight educational workshops were offered to primary healthcare social workers. A quasi-experimental mixed methods design-based approach was used to evaluate the educational initiative. Information about the educational workshop was distributed through the Social Work email listserv. Social worker participation was voluntary (N = 46), with non-attendees forming the control group (n = 10) and workshop attendees forming the intervention group (n = 36). Independent samples t-tests were conducted to examine the difference in perceived knowledge in Indigenous cultural safety between the control and intervention group. Within the intervention group, independent samples t-tests were conducted to compare perceived knowledge of Indigenous cultural safety before and after attending the educational workshops. Open-ended responses about the educational workshops were analyzed through content analyses. Although the most appropriate way to assess Indigenous cultural safety is through service users' perspectives on whether they feel safe within the care provided, this was not feasible due to ethical and resource constraints. This study focuses on the efficacy of the training workshop through social worker's self reflections on their own knowledge and practice skills, rather than measuring practice outcomes.

A participants reported witnessing interpersonal racism or discrimination at work directed at Indigenous racialized service users and/or their family/friends (n = 19, 44.2%). Over half (n = 24, 55.8%) indicated that institutional racism was somewhat prevalent in their health care work setting and almost a quarter (n = 9, 21%) indicated racism was very/extremely prevalent. While the intervention group scored higher across half of the domains of Indigenous cultural safety compared to the control group, statistical significance was not reached. All participants in the intervention group scored higher post-workshop across all domains, with the overall mean score and five specific areas of practice reaching statistical significance. Three broad themes were identified from participants' open-ended responses: (a) teaching and learning approaches, (b) structural support for training, and (c) strengths and challenges of the workshop format. These themes highlighted the importance of tailored pedagogical approaches, supportive organizational structures, and practical considerations in workshop implementation.

The study findings suggest the potential of this educational initiative in enhancing cultural safety and trauma-informed care for Indigenous service users among healthcare social workers. Structural supports such as protected time for training emerged as critical facilitators. However, further research is needed to understand healthcare users' perspectives. While this initiative represents progress in addressing healthcare disparities for Indigenous peoples, ongoing efforts and research are essential for sustained improvements in practice.

INTRODUCTION

In 2017, Providence Health Care (PHC) signed a Declaration of Commitment to Cultural Safety and Humility in recognition of its duty to act upon the recommendations laid out by the Truth and Reconciliation Commission of Canada's Calls to Action (2015).

With alarming evidence of rampant systemic racism towards Indigenous individuals in British Columbian healthcare systems, health organizations are urgently seeking ways to address Indigenous-specific racism and promote cultural safety within their institutions (Turpel-Lafond, 2020). In the absence of broad organizational access to the San'yas Anti-racism Indigenous Cultural Safety Training program — available through limited purchased seats for PHC leadership and approved funding for PHC staff — PHC social work leadership team took a new direction with input from Olivia Palomino (Indigenous Social Worker and Cultural Safety Consultant), and created their own cultural safety educational initiative with ongoing input from the Indigenous Wellness and Reconciliation team at PHC. This evaluation seeks to offer an empirically-based educational initiative to advance PHC social workers confidence and ability to offer culturally safe care when working with Indigenous individuals.

> "How do we enhance healthcare social worker's confidence and ability to practice culturally safe care when working with Indigenous individuals in a hospital setting?"

ANTI-INDIGENOUS SYSTEMIC RACISM

On Average

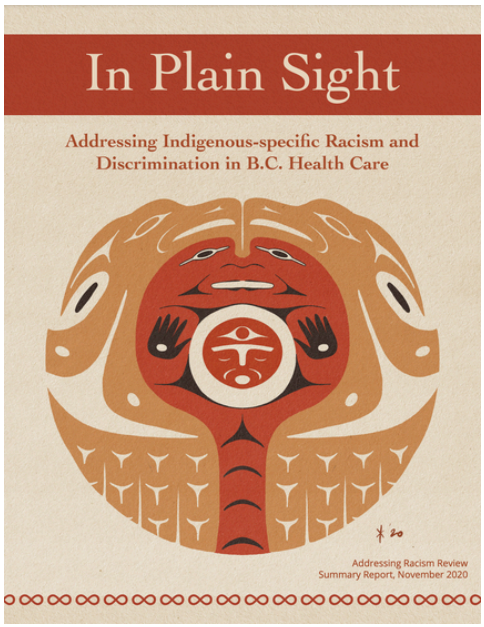
7/10

Indigenous people in Canada have experienced anti-Indigenous discrimination.

Indigenous peoples in Canada face structural barriers to health equity, deeply rooted in colonialism and ongoing, permeating anti-Indigenous racism across institutions.

11-26%

Indigenous people reported feeling not at all safe when interacting with hospital social workers, security staff, discharge planning, emergency room, home care services, or nurses/nurse practitioners.



Specifically, in the province of British Columbia (BC), a 2020 investigation into allegations of racism in healthcare revealed overwhelming evidence for widespread Indigenous-specific racism across BC healthcare institutions (Turpel-Lafond, 2020). Surveys of Indigenous peoples and healthcare professionals revealed rampant negative stereotypes of Indigenous patients (e.g., as “less worthy” of care, alcoholics, drug-seeking, bad parents) and, in turn, experiencing poor quality of care, denial of services, and physical harm among Indigenous patients. Deeply rooted in inequitable healthcare access for Indigenous peoples and colonialism, anti-Indigenous racism was associated with profound effects on health and well-being, including suicidal ideation, substance use, and worse physical and mental health.

INDIGENOUS CULTURAL SAFETY & TRAUMA INFORMED CARE

“Indigenous cultural safety is the process of making spaces, services and organizations safer and more equitable for Indigenous people by considering current and historical colonial impact and seeking to eliminate structural racism and discrimination”. - BC CDC, PHAC

“Cultural safety is about the experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care”. - BC FNHA, PHAC

“A trauma informed care provider understands the impacts and root causes of historical intergenerational trauma (i.e. residential school experiences), recognizes the symptoms of trauma in patients and integrates this knowledge into policies, procedures, practices and settings; "trauma informed care is their commitment to provide services in a manner that is welcoming and appropriate to the special needs of those affected by trauma." - NCCIH, PHAC

DEVELOPMENT OF THE EDUCATIONAL INITIATIVE

Cultural safety requires individuals to reflect on their beliefs to change personal beliefs and values. In order to further advance cultural safety, a trauma-informed practice (TIP) is also essential. TIP aims to change systems by supporting care providers in understanding how service users are affected by traumatic stress (Bryson & Bosma, 2018; Tujague & Ryan, 2021). Overall, cultural safety and trauma informed practice places the onus on the service provider to focus on understanding oneself and internal biases by implementing reflexive practice and allowing patients to determine whether the interaction is safe. To enhance critical reflexive practice, the educational initiative was based upon monthly case studies reviews.

> "The case study method enables professionals to develop and refine problem-solving abilities through in-depth analysis of complex problems" (Patankar, 2023, p. 31)

Case-Based Learning (CBL) builds on prior knowledge, integrate knowledge, and prompts learners to consider application to future situations (Mahdi et al., 2020). Group case study that includes reflective questions can deepen critical thinking and conceptual understanding (Mahdi et al., 2023; Patankar, 2023). Based on these evidence-based empirical approaches, the monthly case study review sessions involved the following three core components:

01

Case Study

The case studies were based on direct social work experiences working with Indigenous clients in PHC but adapted to maintain confidentiality.

02

Ethical Considerations

British Columbia College of Social Worker (BCCSW) Code of Ethics and Standards of Practice for consideration.

03

Group Discussion

A series of reflection questions for learners to discuss, problem-solve, and engage in critical thinking.

IMPLEMENTATION OF THE EDUCATIONAL INITIATIVE

The accompanying Casebook includes the eight case studies, ethical considerations, and group discussion questions that were used for the indigenous cultural safety workshops offered to primary healthcare social workers at PHC throughout the year 2023.

The casebook can be access:
https://socialwork.ubc.ca/news/Towards-Indigenous-Cultural-Safety

The Indigenous cultural safety workshops were offered on a monthly basis for several practical and learner-centred objectives:

01

Workload Management and Commitment

First, monthly workshops allows interested participants the opportunity to plan ahead and integrate the training into their existing work commitments and avoid overwhelm on already demanding workloads.

02

Ongoing Reflection and Sustained Learning

Second, this interval between workshops allow learners to reflect on the material covered in each session and also apply what they have learned and identify areas where further professional development and change is needed. The continuous monthly learning reinforces key concepts and gradually deepen participant's understanding, critical thinking, and problem-solving approach to the complex case scenarios.

03

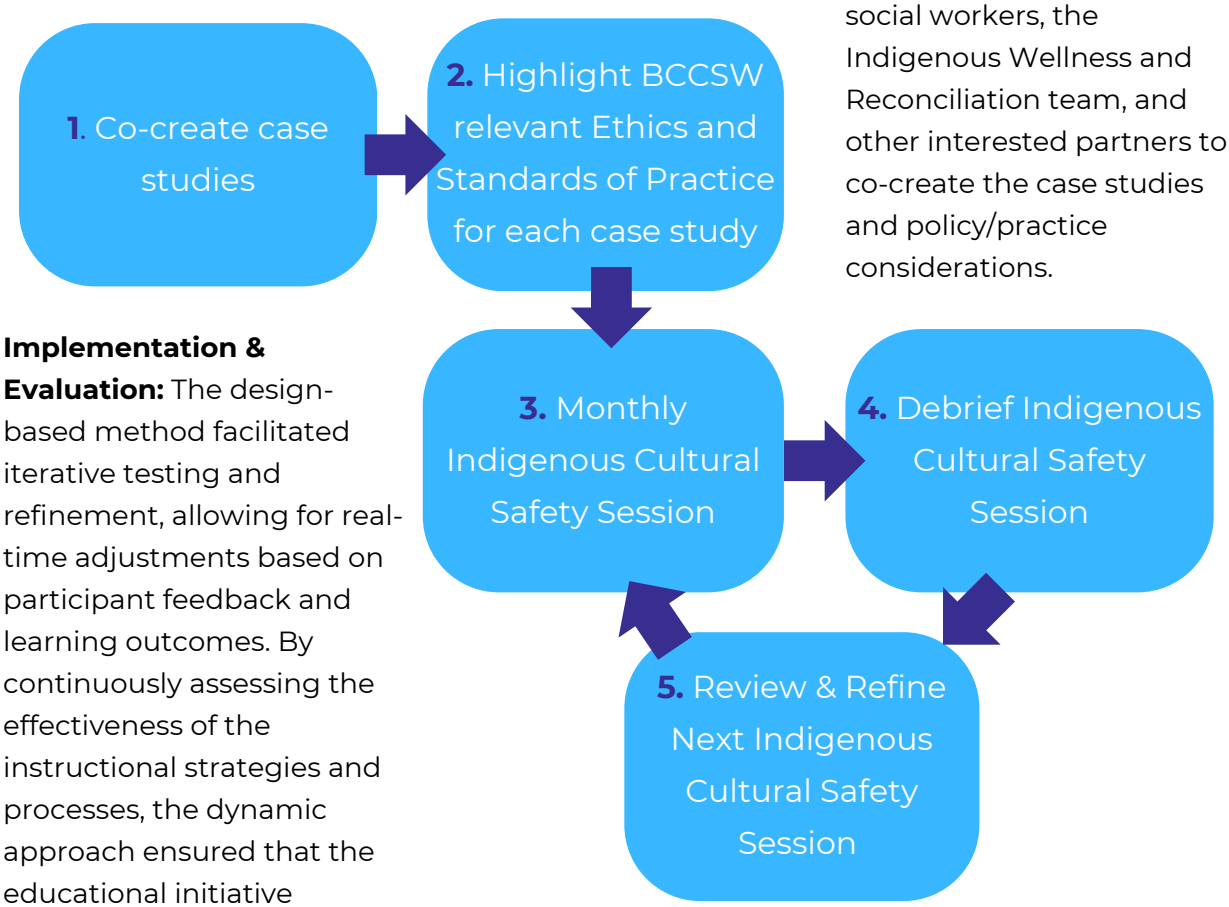
Iterative Adaptation and Development

Third, this ongoing reflection is not only for learners, but also an opportunity for the facilitators to adapt the content or process based on participants' feedback and evolving needs. The post-workshop online survey included a workshop feedback component and results were reviewed and taken into consideration in the planning of subsequent and future indigenous cultural safety workshops.

A DESIGN-BASED APPROACH

A design-based approach was employed to develop, implement, and evaluate the educational initiative to create an adaptive and responsive training that was focused on learner-centred outcomes.

Figure below illustrates the key components of the design-based approach:



Development: This approach involved a collaborative process that integrated the perspectives social workers, the Indigenous Wellness and Reconciliation team, and other interested partners to co-create the case studies and policy/practice considerations.

Implementation & Evaluation: The design-based method facilitated iterative testing and refinement, allowing for real-time adjustments based on participant feedback and learning outcomes. By continuously assessing the effectiveness of the instructional strategies and processes, the dynamic approach ensured that the educational initiative remained relevant and aligned with the learners' needs and goals.

ENGAGING IN EVALUATION

Research Design

To evaluate the effectiveness of the educational initiative, a quasi-experimental mixed methods design-based approach was used to compare the outcomes between participants who received the intervention and those who did not, as well as, the comparison of outcomes of participants before and after the educational initiative. Given the complexities of educational interventions and the practical and ethical challenges of conducting randomized experiments in clinical settings, a quasi-experimental design offers a pragmatic approach to evaluating the effectiveness of the initiative. A mixed methods approach leverages the strengths of quantitative and qualitative methods to triangulate the perspectives of social workers. While cultural safety is best assessed by service users experience, this study focuses on social worker's self-reflections to examine the ithe utility and impact of the educational initiative in their ability to provide culturally safe care for patients.

Data Collection

Information about the educational workshop was distributed through email via the PHC Social Work listserv. The email included a weblink with information about evaluating the educational workshop and how to participate in the study. To be eligible to take part in the study, participants had to be employed as a social worker or social work assistant at PHC and fluent in English. Participation was voluntary and confidential. While PHC was aware of who attended the workshops; PHC was not aware of who participated in the study. Those who opted not to attend any educational workshops were eligible to be in the control group. Those who attended any number of workshops had the option to self-selected whether they participated in the evaluation component and were the intervention group.

From January to November 2023, eight educational workshops were offered to PHC social workers. Workshop attendees had multiple opportunities to participate in the study. Their repeated workshop attendance and participation in the study was noted. All participants whether they were in the control or intervention group were eligible for a gift card draw prize. There was one prize for each group, control or intervention.

Measurement

The first three authors, with the assistance of two MSW research students, and consultation with the PHC Indigenous Wellness and Reconciliation department, developed the measurement instrument. The questionnaire was comprised of three components:

01

Participant Demographics

This component was comprised of five multiple choice questions and asked participants their gender identity, ethno-cultural background, how long they worked at PHC as a social worker, whether they witnessed any kind of interpersonal racism or discrimination at work directed to Indigenous racialized service users, and the existence of organization or systemic racism in the workplace. These questions were not presented if participants completed the questionnaire after a workshop.

02

Indigenous Cultural Safety

This component was comprised of 18 questions that asked participants to self-assess on a scale of 1 (Not at all) to 4 (Very well) on various aspects of culturally safety and trauma-informed care. (See next page for details)

03

Workshop Feedback

This component was comprised of seven questions asking participants to respond Yes or No to their impressions of the training, such as the case vignettes, expected learning needs, effectiveness, timing, willingness to return, and access to protected time; as well as, two open ended questions about what they liked and disliked about the workshop. These questions were only presented for participants after a workshop.

Measuring Indigenous Cultural Safety

A search of the empirical literature was conducted to identify existing measures of Indigenous Cultural Safety. The *Multicultural Practice Competencies Tool* (Alberta Health Services, 1996) and the *Addressing Racism* questionnaire (Government of B.C., 2020) appeared to be relevant and suitable measures that were developed and used in a Canadian context. These tools were further adapted for the PHC context by the first three authors and the PHC Indigenous Wellness and Reconciliation department.

Instructions: Please rate yourself based on the following scale: Very well, Well, Somewhat, and Not at All. You can opt "Prefer not to say" if you do not wish to answer this question.

1. I can identify and articulate the culture(s) I belong to and the significance of the relationship to cultures of Indigenous service users

2. I can identify and articulate my own cultural identity as it pertains to beliefs and values around health and wellness, and the impact of these beliefs on Indigenous service user/service provider relationships

3. I recognize that my definition of family, cultural experiences and perspectives of acceptable codes of conduct may vary from Indigenous service users and their loved ones

4. I can specifically identify and articulate privileges or lack thereof in relation to my social location (ex. age, race, gender, etc.)

5. I am open to feedback from service users regarding the cultural safety of my interventions and I demonstrate a receptivity and willingness to learn

6. I can identify the triggers my social location can provoke and how that may impact Indigenous service users

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7. I recognize there is vast diversity across Indigenous cultures and understand the need for ongoing learning

8. I can identify implications of concepts such as colonization, cultural genocide, intergenerational trauma, institutional racism, and internalized oppression on individual Indigenous service users, their families, and communities

9. I can identify where to seek current research and education regarding the provision of culturally safe care for Indigenous service users, their families, and communities

10. I recognize the benefit of integrating the strengths of Indigenous ways of knowing and the strengths of Western ways of knowing into practice with Indigenous service users

11. I can articulate the findings and recommendations of the In Plain Sight (Turpel-Lafond, 2020) report

12. I can describe concrete examples of institutional barriers within my organization that prevent Indigenous service users from accessing our health services

13. I recognize the underlying professional values that influence my organization and supporting health and social welfare systems

14. I can educate colleagues about how our assessments, recommendations, and interventions may differ from the cultural practices of Indigenous service users and groups

15. I know when and how to reach out to the Providence Health Care Indigenous Wellness Reconciliation Team, to Indigenous specific resources, and home communities when supporting Indigenous service users

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16. I recognize and employ trauma-informed practices with Indigenous service users

17. I recognize incidents in which Indigenous service users are being treated unfairly and take action through systemic and/or interpersonal methods

18. I can seek out an Indigenous service users' spiritual needs related to their individual health and wellness

End of Questionnaire

Data Analysis

Quantitative

Quantitative data were analyzed with independent samples t-tests and analyses of variance (ANOVA) in SPSS 28. Independent samples t-tests were conducted to examine the difference in perceived cultural safety between participants who attended the educational workshops versus those who did not. As well, independent sample t-tests were conducted to examine the difference in perceived cultural safety for participants before compared to after attending the educational workshops. ANOVA were conducted to examine the difference in perceived cultural safety among the participants who attended multiple educational workshops. Additional paired t-tests were conducted to examine intra-individual score changes for each workshop (These findings are not included in the results section of this report but can be found in the Appendix). All significance level was apriori set at $p < .05$ to facilitate analysis of the data.

Qualitative

Qualitative data as gathered by the open-ended workshop feedback were analyzed using content analysis. The qualitative text responses were initially coded, counted, and categorized by the first and last author. The themes were derived and agreed upon in discussion between the first and last author, and the research team.

Sample

Overall, 47 participants took part in the evaluation of the educational workshop, however, one participant was removed due to the completion of both control surveys (n=2) and workshop surveys (n=1), thus resulting in the final sample of 46. Ten were in the control group, and 36 were in the intervention group. In the intervention group, 19 attended only one workshop, while 17 participants attended more than one workshop. Table 1 details the number of social workers who attended multiple workshops.

Table 1. Number of social workers who attended multiple workshops (N = 17).

	n	**%**
Attended 2 workshops	11	64.7
Attended 3 workshops	4	23.5
Attended 4 workshops	2	11.8

Table 2 presents the participants demographics stratified by group. Overall, the majority of the participants were female (n = 42, 91.3%) and White (n = 26, 56.5%), and employed for less than one year at PHC (n = 16, 34.8%) as a social worker (n = 33, 71.7%). This demographic profile was in the full sample, as well as, the intervention and control group. Three participants did not complete the demographic questions in the questionnaire.

Table 2. Demographic characteristics of intervention and control group.

	Full Sample (n=46)	**Intervention** (n=36)	**Control** (n=10)
	n (%)	n (%)	n (%)
Gender			
Female	42 (91.3%)	32 (88.9%)	10 (100.0%)
Male	1 (2.2%)	1 (2.8%)	-
Not reported	3 (6.5%)	3 (8.3%)	-
Ethno-cultural identity			
White	26 (56.5%)	19 (52.8%)	7 (70.0%)
Asian	11 (23.9%)	8 (22.2%)	3 (30.0%)
Multi-racial	5 (10.9%)	5 (13.9%)	-
First Nations	1 (2.2%)	1 (2.8%)	-
Not reported	3 (6.5%)	3 (8.3%)	-
Years working at PHC			
<1 year	16 (34.8%)	11 (30.6%)	5 (50.0%)
1-4 years	12 (26.1%)	9 (25.0%)	3 (30.0%)
5-9 years	4 (8.7%)	4 (11.1%)	-
10-14 years	4 (8.7%)	4 (11.1%)	-
15-20 years	6 (13.0%)	4 (11.1%)	2 (20.0%)
Not reported	4 (8.7%)	4 (11.1%)	-
Professional title			
Social worker	33 (71.7%)	26 (69.4%)	8 (80.0%)
Social work assistant	2 (4.3%)	2 (5.6%)	-
Other[a]	4 (8.7%)	4 (11.1%)	-
Not reported	7 (15.2%)	5 (13.9%)	2 (20.0%)

Note.
PHC = Providence Health Care.

[a] Other positions included counsellor, clinical educator, social work case manager, and student.

RESULTS

Quantitative Data Analysis

Baseline Perspectives of Interpersonal and Institutional Racism in the Workplace. Overall, many participants indicated they have witnessed interpersonal racism or discrimination at work directed to Indigenous racialized service users and/or their family/friends (n = 19, 44.2%). Over half (n = 24, 55.8%) indicated that institutional racism was somewhat prevalent in PHC, with the remaining equality distributed between very prevalent/extremely prevalent (n = 9, 21%) and not sure (n = 9, 21%). Only one participant indicated there was no institutional racism in PHC.

Table 3. Social Workers' Perspectives of Racism at Providence Health Care (N = 43)

	n	%
Witnessed racism at work		
Yes	19	41.3
No	12	27.9
Not sure	11	25.6
Prefer not to say	1	2.3
Existence of institutional racism		
Non existent	1	2.3
Somewhat prevalent	24	55.8
Very prevalent	7	16.3
Extremely prevalent	2	4.7
Not sure	9	20.9

Note:

- For "Witnessed racism at work," respondents were asked "*Have you witnessed any kind of interpersonal racism or discrimination at work directed to Indigenous racialized service users and/or their family/friends based on their appearance, ancestry, or heritage?*"
- For "Existence of institutional racism," respondents were asked "*From your perspective, organization or systemic racism in your workplace is*".
- Three participants did not complete the demographic portion of the questionnaire.

Exploring Ethno-Cultural Identity and Witnessing Racism at Work. Additional analyses were conducted to explore whether participants' ethno-cultural identities and their identification of racism at work were associated with differences in Indigenous Cultural Safety knowledge. Independent samples t-tests revealed that participants identifying as White rated their knowledge significantly higher than those identifying as Black, Indigenous, Person of Colour (BIPOC) on two specific items. For item 10, which asked about "*Recognizing strengths of integrating Indigenous and Western ways of knowing*," White participants reported an average score of 3.54, compared to an average score of 3.00 among BIPOC participants ($t(41) = 2.57$, $p < .05$). Similarly, for item 11, which focused on the ability to "*articulate 'In Plain Sight*,'" White participants reported an average score of 2.27, while BIPOC participants rated themselves lower at 1.76 ($t(41) = 2.02$, $p < .05$). No significant differences were observed for the other items or the overall knowledge sum score. Detailed results for these sub-analyses are available in the Appendix.

Comparable Indigenous Cultural Safety Knowledge and Skills Between Intervention and Control Groups. Independent samples t-tests were conducted to compare the intervention and control groups on their knowledge and skills related to culturally safe and trauma-informed care. The results indicated no significant differences between the two groups, either for individual items or for the mean scores, which were calculated as the average of all responses for each participant (see Table 4). Several factors may explain these findings. Some participants in the control group may have previously engaged in other cultural safety of trauma-informed care training, acquired knowledge through lived experience, or pursued self-directed learning. However, it is also possible that some individuals opted out of the workshops based on over confidence in their existing knowledge. These findings suggest the importance of promoting ongoing learning and reflecting upon assumptions of competency in cultural safety and trauma informed care.

Table 4. Independent t-tests between intervention and control groups.

	Intervention (n=49)		**Control** (n=10)		t	*p*
Question	**M**	**SD**	**M**	**SD**		
1. My culture & relationship to Indigeneity	2.90	0.71	2.60	0.52	1.25	.216
2. My culture & health beliefs	2.98	0.69	2.70	0.48	1.22	.229
3. My perspectives vary from Indigenous service users	3.53	0.62	3.30	0.48	1.11	.270
4. Identifying social location & privileges	3.39	0.61	3.50	0.53	-0.54	.588
5. Open to feedback regarding cultural safety and receptive to learn	3.57	0.61	3.40	0.52	0.83	.412
6. Recognizing triggers of social location	2.98	0.78	3.00	0.67	-0.77	.939
7. Recognizing Indigenous culture diversity & ongoing learning	3.61	0.57	3.50	0.53	0.57	.569
8. Identifying impact of colonization, trauma, & institutional racism	3.04	0.74	3.40	0.52	-1.47	.147
9. Knowing where to seek cultural safety research & education	2.61	0.70	2.70	0.82	-0.35	.728
10. Recognizing strengths of integrating Indigenous & Western ways of knowing	3.33	0.75	3.50	0.71	-0.67	.502
11. Can articulate “In Plain Sight”	2.10	0.75	2.20	1.03	-0.34	.733
12. Can describe examples of institutional barriers	2.86	0.76	2.80	0.79	0.21	.831
13. Recognize professional values of organization and health systems	3.14	0.71	3.10	0.74	0.17	.863
14. Can educate colleagues	2.69	0.71	2.40	0.52	1.24	.222
15. Know when & how to contact the PHC Indigenous Wellness Reconciliation Team	2.94	0.75	3.10	0.99	-0.59	.560
16. Employ trauma-informed practice	3.10	0.71	3.30	0.48	-0.84	.407
17. Recognize unfair treatment & take action	2.94	0.81	2.70	0.48	0.89	.377
18. Can identify spiritual needs related to health & wellness [a]	2.73	0.68	2.80	0.63	-0.30	.762
Mean scores	**3.03**	**0.47**	**3.00**	**0.34**	**0.17**	**.869**

[a] Items 11, 17, 18: intervention n = 48

Improvements in Indigenous Cultural Safety Knowledge and Skills Following Workshop Participation. Independent samples t-tests comparing pre- and post-workshop survey responses revealed statistically significant increases in participants' scores following attendance at the Indigenous Cultural Safety workshops (see Table 5). The overall mean score increased significantly from pre-workshop (M = 2.82) to post-workshop (M = 3.03), t(99) = -2.23, p = .028. Significant improvements were also observed for five specific items, which are highlighted in bold and described below.

Table 5. Independent t-tests between all pre-surveys and post-surveys.

	Pre (n=52)		**Post** (n=49)		t	*p*
Question	**M**	**SD**	**M**	**SD**		
1. My culture & relationship to Indigeneity[a]	2.61	0.72	2.90	0.71	-2.02	**.046**
2. My culture & health beliefs	2.69	0.73	2.98	0.69	-2.03	**.045**
3. My perspectives vary from Indigenous service users	3.35	0.71	3.53	0.62	-1.39	.168
4. Identifying social location & privileges	3.17	0.79	3.39	0.61	-1.53	.129
5. Open to feedback regarding cultural safety and receptive to learn	3.54	0.61	3.57	0.61	-0.27	.787
6. Recognizing triggers of social location	2.88	0.81	2.98	0.78	-0.60	.549
7. Recognizing Indigenous culture diversity & ongoing learning	3.56	0.70	3.61	0.57	-0.43	.669
8. Identifying impact of colonization, trauma, & institutional racism	2.90	0.69	3.04	0.74	-0.96	.337
9. Knowing where to seek cultural safety research & education	2.40	0.66	2.61	0.70	-1.53	.128
10. Recognizing strengths of integrating Indigenous & Western ways of knowing	3.15	0.89	3.33	0.75	-1.05	.296
11. Can articulate "In Plain Sight"	1.88	0.62	2.10	0.75	-1.61	.112
12. Can describe examples of institutional barriers	2.69	0.78	2.86	0.76	-1.07	.286
13. Recognize professional values of organization and health systems	2.92	0.68	3.14	0.71	-1.59	.115
14. Can educate colleagues	2.37	0.74	2.69	0.71	-2.27	**.026**
15. Know when & how to contact the PHC Indigenous Wellness Reconciliation Team	2.73	0.72	2.94	0.75	-1.43	.157
16. Employ trauma-informed practice	2.81	0.74	3.10	0.71	-2.03	**.045**
17. Recognize unfair treatment & take action	2.57	0.73	2.94	0.81	-2.39	**.019**
18. Can identify spiritual needs related to health & wellness[a]	2.51	0.76	2.73	0.68	-1.52	.133
Mean scores	**2.82**	**0.47**	**3.03**	**0.47**	**-2.23**	**0.028**

[a] Items 1, 17, 18: pre n = 51

[b] Items 11. 17, 18: post n = 48

For item 1, "*My culture & relationship to indigeneity*" scores increased from a pre-workshop mean of 2.61 to a post-workshop mean of 2.90, $t(98) = -2.02$, $p = .046$. Similarly, for item 2, "*My culture and health beliefs*" scores improved from 2.69 before the workshop to 2.98 afterward, $t(99) = -2.03$, $p = .045$. Participants also reported increased confidence in educating colleagues, as reflected in item 14, where scores rose from 2.37 to 2.69, $t(99) = -2.27$, $p = .026$. For item 16, "*I employ trauma-informed practice*" pre-workshop scores of 2.81 increased to 3.10 post-workshop, $t(99) = -2.03$, $p = .045$. Finally, item 17, "*I recognize unfair treatment and take action*" showed a significant increase from 2.57 to 2.94, $t(97) = -2.19$, $p = .019$. These findings indicate meaningful improvements in participants' knowledge, attitudes, and skills related to Indigenous cultural safety and trauma-informed care following the workshops.

Comparable Indigenous Cultural Safety Knowledge and Skills Among Participants Attending Multiple Workshops. We examined changes in Indigenous cultural safety knowledge for participants who attended multiple workshops by comparing their initial baseline pre-workshop scores to their final post-workshop scores. While there was a slight increase in the mean score from 2.85 pre-workshop to 3.04 post-workshop, the change was not statistically significant ($t = -1.55$, $p = .127$). This suggests that, although there was some improvement, the increase in knowledge for participants attending multiple workshops was not large enough to rule out chance.

To further understand differences based on workshop attendance, we compared three groups: participants who attended multiple workshops, those who attended only one workshop, and the control group (who did not attend any workshops). ANOVA results showed no significant differences across groups for most items. However, there was one notable exception: the item "I know when and how to contact the PHC Indigenous Wellness Reconciliation Team" differed significantly among the groups ($F(2, 38) = 4.20$, $p < .05$). A post-hoc analysis using Tukey's test revealed a surprising result—participants who attended only one workshop reported significantly higher knowledge on this item compared to those who attended multiple workshops ($p < .05$). This finding may suggest that the content of the first workshop had a strong immediate impact, but subsequent workshops did not necessarily lead to further gains in this specific area of knowledge.

Detailed results for these sub-analyses are available in the Appendix.

Qualitative Data Analysis

Three broad themes were identified from participants' open-ended responses about the workshops: (a) pedagogical approaches to facilitate safe learning, (b) structural support for training, and (c) pragmatics of the workshop.

Teaching and Learning Approaches

Overall, participants agreed that the workshops facilitated learning and helped them learn about Indigenous cultural safety and best practices. Specifically, participants reported that the workshop encouraged open-ended and honest discussions (n=16) and self-reflection (n=6), and was educational/informative (n=6). For example, a participant expressed that the workshop was *"thought provoking and really made [them] reflect on [their] social work practice"*, while others liked how the discussion helps them *"understand... various Indigenous cultures and their support system"* and how it was *"open-ended with no definite answer, as all situations will require diverse thinking."*

The workshops also provided a safe space to express opinions (n=5) and opportunity to hear from others (n=6). The space was successful in *"encourag[ing] everyone to share and valu[ing] everyone's thoughts"* and making participants *"feel safe to ask questions and explore."* Participants expressed the value to *"[hear] from people with different experience and expertise... [and] learn from each other."* However, there were also some concerns over safety in the workshops (n = 3) due to the non-anonymous nature of the synchronous discussion and presence of leadership at work. Some participants *"disliked that much of the talking was from leadership / supervision"* and expressed that *"staff could be discouraged from freely sharing as their comments are not anonymous."*

There was positive support for the use of real-world case studies (n=23), which were *"helpful to look at what could have been done [and what got missed], and ways to provide more training... to [social workers] to ensure the best possible support and care for Indigenous patients."* The case studies provided opportunities to *"learn from others' experiences, struggles, and resources" and "helped illustrate the systemic oppression that played out."*

Lastly, the appreciation of hearing Indigenous voices (n=7) and non-Indigenous participation (n=1) were also reflected in participants' comments. Participants liked that "*there were Indigenous people in the group that shared their views"* and that *"[the workshop] was run by someone Indigenous"*, which *"was very valuable to further understand [Indigenous people's] experience and perspective." "Seeing non-Indigenous PHC staff attend the workshop to improve their education"* was seen positively. However, some participants expressed needing more input from Indigenous individuals (n=2). They hoped to hear more *"from the Indigenous participants rather*

than facilitators" and for *"members of the [PHC] Indigenous wellness team to attend"*, acknowledging the need and value of centering Indigenous voices in conversations about trauma-informed care for Indigenous service users.

Structural Support for Training

Participants also provided feedback on the limited structural support to participate in training, such as the educational workshops. Commonly expressed was the heavy burden to participate (n=4), often due to heavy workloads and the lack of protected time from work pressures. The use of case studies may also be an emotional burden (n=2) to some participants. It is emotionally-challenging to hear about *"horrible, awful, and likely preventable situations"* and real cases where Indigenous patients *"experience discrimination and/or neglect of cultural needs that promote recovery and peace."* Some participants also noted the lack of training during the workshop on the referral process to the PHC Indigenous Wellness team (n=2).

While the open-ended discussions provoked thoughts and self-reflection, they may not adequately address structural restrictions (n=4) and some participants struggled with its uncertainty and lack of clear answers (n=2). While social workers can try to implement ideal practices individually, it can feel like they are *"being questioned for not doing enough when [they are] restricted [by] the system's limitation and resources"* and *"policies that are not taking into account cultural safety."* Specifically, one participant expressed the dilemma between best practice and reality: *"I find we are sometimes told no/that is not possible when we try to advocate for patients, or there is simply no time to connect with the patient on the level that we would like to."* However, on an individual basis, the workshops and discussions may still be useful in generating concrete advice on how to respond to Indigenous patients (n=1).

Strengths and Challenges of the Workshops Format

Some participants also provided feedback and suggestions on the pragmatics of the workshops. Discussions being remote (over Zoom) increased its convenience, accessibility, and practicality (n=3) but may carry negative implications (n=3) as well. Here, the remote format was regarded as less engaging and less conversational than in-person discussions. There were also regrets that the discussion period was too short (n=4) and the workshop timing was not ideal, conflicting with other commitments (n=4). Lastly, some participants suggested alterations to the workshop content (n=4), such as adding visual aid and providing more examples and resources.

Research Limitations

This study has several limitations that warrant consideration when interpreting the findings. First, it is important to note that the measure of Indigenous cultural safety would ideally be based on service recipients' assessments of whether they feel "safe" within the care provided. However, due to ethical challenges and resource limitations associated with designing an evaluation involving patient experiences, this study focused instead on social workers' self-reflection of their own knowledge and skills. While this approach provides valuable insights into participants' perceptions, it may not fully capture the impact of the workshops on actual social work practice or client experiences.

Second, the relatively small sample size may have limited the statistical power to detect significant changes, particularly among participants who attended multiple workshops. A larger sample would provide more robust insights into the effectiveness of repeated participation in the Indigenous cultural safety workshops.

Third, the measures used to assess Indigenous cultural safety knowledge and skills may not have been sensitive enough to detect subtle changes resulting from the intervention. Furthermore, participants may not have had sufficient time to integrate and apply what they learned, leading to no detectable differences in learning outcome.

Fourth, the reliance on self-reported survey data introduces potential response bias, as participants' perceived knowledge and skills may not fully align with their actual practice or improvements. Future studies could benefit from incorporating objective measures or observational assessments to evaluate outcomes more comprehensively.

Fifth, the design-based approach facilitated continuous improvements, however the variations in workshops content and facilitation differences may have influenced these results, highlighting the need to examine how workshop frequency, structure, and interactivity shape learning outcomes. Addressing these limitations in future research would strengthen the evaluation of Indigenous cultural safety training and its impact on practice and client well-being

LESSONS LEARNED

The development, implementation and evaluation of the Indigenous Cultural Safety Workshops highlights both successes and challenges, offering important insights for improving future initiatives.

01 Strengthening Partnerships Between Indigenous Wellness and Reconciliation Team and Social Work Department

This initiative provided a valuable opportunity for the Indigenous Wellness and Reconciliation Team and the Social Work Department to collaborate, fostering stronger relationships and partnerships. By working together, these teams were able to align their expertise and goals toward enhancing training to support Indigenous cultural safety and improving social work practices.

Recommendation

Moving forward, this collaboration could co-develope future training programs, integrating Indigenous voices and knowledge into workshop content, and identify solutions to address systemic barriers to cultural safety within social work practices.

02 Pedagogical Considerations

The workshops used real-world case studies to facilitate learning by encouraging open-ended discussions and self-reflection. Real-world case studies were highly valued for their practical relevance and ability to highlight systemic challenges. Participants valued the opportunity to reflect on their own practice, engage in thought-provoking discussions, and gain a deeper understanding of Indigenous cultural safety. While open-ended discussions prompted valuable reflection, some participants struggled with the lack of clear answers, particularly given systemic constraints. Individual efforts to practice cultural safety often felt disconnected from larger organizational realities.

Recommendation

Future workshops using case studies can continue to maintain the reflective and discussion-based format while encouraging concrete strategies and resources for participants to consider in practice. Additionally, ensuring the prominent inclusion of Indigenous perspectives, such as from the Indigenous Wellness and Reconciliation Team, to further strengthen the workshop impact and alignment with organizational policies and priorities.

03 Structural Support and Systemic Barriers

Participants identified structural challenges that limit the effectiveness of the workshops. Heavy workloads, lack of protected time, and systemic constraints made it difficult for some to engage fully. While individual social workers were inspired to implement best practices, they also expressed frustration with systemic limitations, such as policies that fail to support culturally safe care and resource restrictions that hinder meaningful patient engagement.

Recommendation

Whenever possible, PHC should seek to implement strategies to ensure staff can have protected time to attend these workshops. Ongoing learning is required through continuation of Indigenous cultural safety rounds, increased consideration of Indigenous cultural safety in case consultations, and strategize different ways to build worker knowledge and awareness of Indigenous Wellness and Reconciliation Team roles and referral process.

04 Progressive Learning

The educational initiative offered multiple opportunities to participate in training, however each workshop session was independent with a different case scenario for review and discussion. This may have contributed to the finding that a single workshop may provide sufficient foundational knowledge and skills. Alternatively, progressive learning—a series of interconnected workshops that build on foundational knowledge—remains a promising approach to deepen understanding and foster long-term practice change.

Recommendation

Future workshop development can consider intentional scaffolding of content that advances knowledge over time and integrate opportunity to revisit, apply, and develop skills over time. This can be complemented with asynchronous learning modules that can sustain learning and application between workshop sessions.

05 Establish Indigenous Cultural Safety (ICS) Reflection Rounds

While the development of structured case studies has provided meaningful opportunities for guided learning, the creation and facilitation of these materials require significant time and administrative capacity. Given existing resource constraints, an alternative or supplemental practice can be to implement regular Indigenous cultural safety reflection rounds as a more sustainable, relationship-based formats for ongoing professional development.

Recommendation

Introducing regular ICS reflection rounds offers a more sustainable approach to ongoing learning. These rounds would bring together social workers and Indigenous Wellness Liaisons (IWLs) to collaboratively discuss real cases from current practice, creating space for supportive consultation and guidance on how to provide culturally safe care. Facilitated conversations could be guided by the reflective questions developed during the initial ICS initiative—such as: “Which BCCSW Code of Ethics principle is relevant?”, “What is getting in the way of supporting cultural safety?”, “Whose needs are being prioritized?”, and “What options could make this care safer for the Indigenous client?” This format strengthens relational accountability, encourages collaborative problem-solving, and enhances culturally responsive care within everyday practice contexts.

06 Development of a Cultural Safety Framework for Social Workers

The findings highlight the critical need for a comprehensive Cultural Safety Framework to guide social work practices, addressing both individual and systemic barriers to Indigenous cultural safety. Social workers operate within institutions where Western and colonial values, norms, and perspectives often underpin legislation, policies, and procedures. These systemic structures can perpetuate inequitable institutional experiences for Indigenous peoples and contribute to challenges in accessing culturally safe care.

Recommendation

A Cultural Safety Framework can be co-developed or in consultation with the Indigenous Wellness and Reconciliation Team and other interest-holders to provide clear, actionable guidance for social workers on delivering culturally safe, trauma-informed care. By embedding this framework into social work practices, PHC could move beyond individual knowledge-building and take meaningful steps toward structural change, fostering equitable and culturally safe care for Indigenous populations.

The Indigenous Cultural Safety Workshops were successful in fostering critical self-reflection, open dialogue, and learning about best practices. However, addressing structural barriers, enhancing workshop delivery, and centering Indigenous voices remain essential for maximizing their impact. Lessons learned point to the importance of aligning educational efforts with broader organizational commitments — such as reviewing policies, enhancing structural supports, and creating space for ongoing relational learning. Embedding these practices will support more meaningful and sustainable improvements in culturally safe care.

A PATH FORWARD

> This initiative represents a critical step toward fostering Indigenous cultural safety within social work practice and advancing equitable care for Indigenous populations.

The evaluation findings highlight both the successes and challenges of the Indigenous Cultural Safety Workshops, underscoring their role in sparking self-reflection, facilitating open dialogue, and equipping social workers with foundational knowledge and tools. Participants' experiences revealed the value of pedagogical approaches, such as case studies, Indigenous facilitation, and open-ended discussions, while also shedding light on the structural and systemic barriers that limit the full realization of culturally safe practices.

While this report focuses on the evaluation findings of the workshops, it is complemented by *A Development and Implementation Guide* and *A Casebook* that further contextualizes the initiative and provides deeper insights into the development process, lessons learned, and real-world case studies used in the educational workshops. Together, these resources offer a foundation for continued learning and serve as a basis for enhancing Indigenous cultural safety training across Providence Health.

This initiative both strengthened participants' understanding of cultural safety and created opportunities for collaboration between the Social Work Department and the Indigenous Wellness and Reconciliation Department, paving the way for stronger partnerships and systemic change. Moving forward, sustained efforts to develop a comprehensive Cultural Safety Framework, informed by Indigenous voices and worldviews, will be essential to addressing colonial structures and embedding culturally safe practices into all levels of social work.

By building on these findings, reflecting on implementation experiences, and centering Indigenous knowledge, this initiative lays the groundwork for transformative change—one that empowers social workers, supports Indigenous communities, and works toward a future where cultural safety is not an aspiration but a shared reality.

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APPENDICES

01.

Additional Results

Table A1. Independent samples t-test results comparing Indigenous cultural safety between White- and BIPOC-identifying participants

Table A2. Analyses of variance in differences in Indigenous cultural safety based on experiences of witnessing racism at work

Table A3. Independent t-tests comparing initial pre- and post-workshop differences in Indigenous cultural safety knowledge

Table A4. Analyses of variance between repeated workshop attendees, one-time workshop attendees, and control group/ no workshop

02.

Executive Summary

03.

Results Summary

APPENDIX

Appendix - Table A1.

Independent samples t-test results comparing Indigenous cultural safety between White- and BIPOC-identifying participants

	White (n=26)		BIPOC (n=17)		t	*p*
Question	**M**	**SD**	**M**	**SD**		
1. My culture & relationship to Indigeneity [a]	2.85	0.54	2.75	0.78	0.47	.639
2. My culture & health beliefs	2.88	0.65	2.71	0.59	0.91	.367
3. My perspectives vary from Indigenous service users	3.50	0.51	3.29	0.77	1.06	.297
4. Identifying social location & privileges	3.42	0.50	3.24	0.75	0.98	.332
5. Open to feedback regarding cultural safety and receptive to learn	3.46	0.51	3.71	0.47	-1.59	.120
6. Recognizing triggers of social location	3.00	0.69	2.82	0.81	0.76	.449
7. Recognizing Indigenous culture diversity & ongoing learning	3.62	0.50	3.41	0.62	1.19	.240
8. Identifying impact of colonization, trauma, & institutional racism	3.19	0.63	2.88	0.78	1.43	.160
9. Knowing where to seek cultural safety research & education	2.77	0.77	2.59	0.62	0.82	.419
10. Recognizing strengths of integrating Indigenous & Western ways of knowing	3.54	0.51	3.00	0.87	2.57	.014
11. Can articulate “In Plain Sight”	2.27	0.83	1.76	0.75	2.02	.049
12. Can describe examples of institutional barriers	2.96	0.72	2.59	0.51	1.85	.071
13. Recognize professional values of organization and health systems	3.15	0.68	2.88	0.70	1.27	.210
14. Can educate colleagues	2.69	0.68	2.41	0.71	1.30	.201
15. Know when & how to contact the PHC Indigenous Wellness Reconciliation Team	3.12	0.86	2.88	0.69	0.93	.357
16. Employ trauma-informed practice	3.27	0.60	3.00	0.71	1.34	.189
17. Recognize unfair treatment & take action	2.96	0.66	2.71	0.92	1.06	.295
18. Can identify spiritual needs related to health & wellness [b]	2.88	0.67	2.76	0.66	0.55	.584
Mean scores	**3.09**	**0.39**	**2.85**	**0.42**	**1.86**	**0.070**

[a] Item 1: BIPOC n = 16

[b] Item 18: White n = 25

Appendix - Table A2.

Analyses of variance in differences in Indigenous cultural safety based on experiences of witnessing racism at work

	All (n=42)		Yes (n=19)		No (n=12)		Unsure (n=11)		F	η^2	*p*
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**			
1. My culture & relationship to Indigeneity	2.83	0.63	2.89	0.58	2.67	0.65	2.91	0.70	0.56	0.03	.577
2. My culture & health beliefs	2.83	0.62	2.95	0.52	2.75	0.75	2.73	0.65	0.58	0.03	.567
3. My perspectives vary from Indigenous service users	3.40	0.63	3.42	0.61	3.17	0.72	3.64	0.51	1.68	0.08	.200
4. Identifying social location & privileges	3.33	0.61	3.26	0.56	3.33	0.65	3.45	0.69	0.33	0.02	.721
5. Open to feedback regarding cultural safety and receptive to learn	3.55	0.50	3.37	0.50	3.75	0.45	3.64	0.51	2.51	0.11	.094
6. Recognizing triggers of social location	2.90	0.73	2.84	0.69	2.83	0.84	3.09	0.70	0.48	0.02	.624
7. Recognizing Indigenous culture diversity & ongoing learning	3.52	0.55	3.58	0.51	3.42	0.67	3.55	0.52	0.32	0.02	.729
8. Identifying impact of colonization, trauma, & institutional racism	3.05	0.70	2.95	0.71	3.33	0.65	2.91	0.70	1.46	0.07	.246
9. Knowing where to seek cultural safety research & education	2.69	0.72	2.74	0.81	2.58	0.67	2.73	0.65	0.18	0.01	.835
10. Recognizing strengths of integrating Indigenous & Western ways of knowing	3.33	0.72	3.32	0.75	3.25	0.87	3.45	0.52	0.23	0.01	.794
11. Can articulate “In Plain Sight”	2.07	0.84	2.11	0.81	1.92	1.00	2.18	0.75	0.31	0.02	.739
12. Can describe examples of institutional barriers	2.81	0.67	2.95	0.52	2.58	0.67	2.82	0.87	1.09	0.05	.347
13. Recognize professional values of organization and health systems	3.05	0.70	3.00	0.47	3.08	1.00	3.09	0.70	0.08	0.00	.925
14. Can educate colleagues	2.57	0.70	2.74	0.45	2.17	0.72	2.73	0.91	3.06	0.14	.058
15. Know when & how to contact the PHC Indigenous Wellness Reconciliation Team	3.02	0.81	3.11	0.74	2.67	0.99	3.27	0.65	1.85	0.09	.171
16. Employ trauma-informed practice	3.14	0.65	3.05	0.62	3.17	0.58	3.27	0.79	0.40	0.02	.671
17. Recognize unfair treatment & take action	2.83	0.76	2.68	0.58	2.75	0.97	3.18	0.75	1.63	0.08	.208
18. Can identify spiritual needs related to health & wellness	2.83	0.67	2.84	0.60	2.67	0.65	3.00	0.82	0.68	0.03	.515
Mean scores	**2.99**	**0.41**	**2.99**	**0.37**	**2.89**	**0.48**	**3.09**	**0.42**	**0.64**	**0.03**	**.532**

Note. One participant who answered “preferred not to answer” for witnessing racism was excluded from this analysis

[a] Item 1: Yes n = 18

Appendix - Table A3.

Independent t-tests comparing initial pre- and post-workshop differences in Indigenous cultural safety knowledge

Question	Pre (n=31)		Post (n=31)		t	*p*
	M	**SD**	**M**	**SD**		
1. My culture & relationship to Indigeneity [a]	2.67	0.76	2.90	0.70	-1.27	.210
2. My culture & health beliefs	2.68	0.75	2.94	0.68	-1.42	.160
3. My perspectives vary from Indigenous service users	3.32	0.79	3.55	0.62	-1.25	.217
4. Identifying social location & privileges	3.26	0.82	3.39	0.67	-0.68	.498
5. Open to feedback regarding cultural safety and receptive to learn	3.55	0.62	3.58	0.62	-0.20	.839
6. Recognizing triggers of social location	2.90	0.83	3.03	0.80	-0.63	.535
7. Recognizing Indigenous culture diversity & ongoing learning	3.58	0.72	3.65	0.55	-0.40	.693
8. Identifying impact of colonization, trauma, & institutional racism	2.97	0.75	3.00	0.73	-0.17	.865
9. Knowing where to seek cultural safety research & education	2.45	0.72	2.61	0.72	-0.88	.381
10. Recognizing strengths of integrating Indigenous & Western ways of knowing	3.19	0.91	3.32	0.75	-0.61	.544
11. Can articulate “In Plain Sight”	1.90	0.60	2.00	0.79	-0.54	.590
12. Can describe examples of institutional barriers	2.71	0.74	2.87	0.72	-0.87	.387
13. Recognize professional values of organization and health systems	3.03	0.66	3.13	0.72	-0.55	.582
14. Can educate colleagues	2.35	0.84	2.77	0.76	-2.06	**.044**
15. Know when & how to contact the PHC Indigenous Wellness Reconciliation Team	2.71	0.78	3.06	0.73	-1.85	.069
16. Employ trauma-informed practice	2.81	0.79	3.10	0.70	-1.53	.132
17. Recognize unfair treatment & take action	2.70	0.65	2.97	0.81	-1.41	.165
18. Can identify spiritual needs related to health & wellness [b]	2.57	0.82	2.74	0.73	-0.89	.380
Mean scores	**2.85**	**0.46**	**3.04**	**0.47**	**-1.55**	**.127**

[a] Items 1, 17, 18: pre n = 30

[b] Items 11. 17: post n = 30

Appendix - Table A4.

Analyses of variance between repeated workshop attendees, one-time workshop attendees, and control group/ no workshop

	All (n=42)		**Control** (n=10)		**One-time** (n=14)		**Repeated** (n=17)		**F**	**η^2**	***p***
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**			
1. My culture & relationship to Indigeneity	2.83	0.67	2.60	0.52	3.07	0.73	2.76	0.66	1.64	.08	.207
2. My culture & health beliefs	2.88	0.64	2.70	0.48	3.00	0.68	2.88	0.70	0.63	.03	.538
3. My perspectives vary from Indigenous service users	3.49	0.55	3.30	0.48	3.71	0.47	3.41	0.62	2.01	.19	.149
4. Identifying social location & privileges	3.41	0.55	3.50	0.53	3.57	0.65	3.24	0.44	1.67	.08	.202
5. Open to feedback regarding cultural safety and receptive to learn	3.54	0.55	3.40	0.52	3.64	0.63	3.53	0.51	0.55	.03	.579
6. Recognizing triggers of social location	2.98	0.72	3.00	0.67	3.21	0.80	2.76	0.66	1.53	.07	.230
7. Recognizing Indigenous culture diversity & ongoing learning	3.59	0.55	3.50	0.53	3.71	0.47	3.53	0.62	0.59	.03	.560
8. Identifying impact of colonization, trauma, & institutional racism	3.12	0.71	3.40	0.52	3.14	0.77	2.94	0.75	1.33	.07	.276
9. Knowing where to seek cultural safety research & education	2.71	0.75	2.70	0.82	2.93	0.73	2.53	0.72	1.09	.05	.345
10. Recognizing strengths of integrating Indigenous & Western ways of knowing	3.39	0.67	3.50	0.71	3.50	0.52	3.24	0.75	0.78	.04	.467
11. Can articulate “In Plain Sight”	2.18	0.73	2.20	1.03	2.00	0.82	2.18	0.73	0.22	.01	.807
12. Can describe examples of institutional barriers	2.83	0.70	2.80	0.79	3.07	0.62	2.65	0.70	1.44	.07	.250
13. Recognize professional values of organization and health systems	3.12	0.68	3.10	0.74	3.14	0.66	3.12	0.70	0.01	.00	.988
14. Can educate colleagues	2.63	0.67	2.40	0.52	2.93	0.73	2.53	0.62	2.38	.11	.106
15. Know when & how to contact the PHC Indigenous Wellness Reconciliation Team	3.07	0.82	3.10	0.99	3.50	0.52	2.71	0.77	4.20	.18	**.022**
16. Employ trauma-informed practice	3.17	0.67	3.30	0.48	3.29	0.73	3.00	0.71	0.95	.05	.396
17. Recognize unfair treatment & take action	2.90	0.77	2.70	0.48	3.29	0.73	2.71	0.85	2.90	.13	.067
18. Can identify spiritual needs related to health & wellness	2.80	0.65	2.80	0.63	2.86	0.77	2.75	0.58	.100	.01	.908
Mean scores	**3.03**	**0.42**	**3.00**	**0.34**	**3.20**	**0.41**	**2.92**	**0.44**	**1.95**	**.09**	**.157**

Towards Indigenous Cultural Safety: Integrating Trauma-Informed Practice in Clinical Settings Amongst Social Workers in Health Care

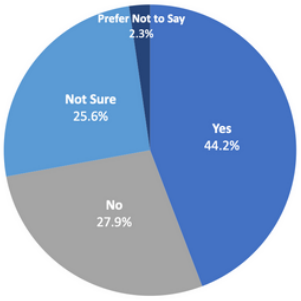
Executive Summary

Researchers: Barbara Lee, Jenny Hyman, Olivia Palomino, Olive Huang

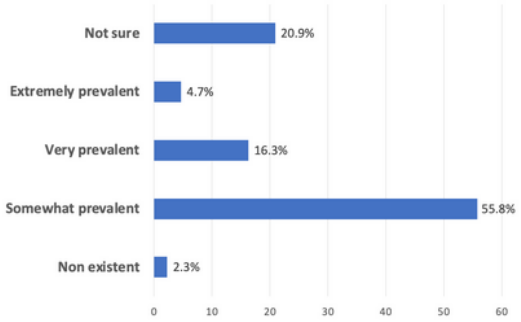
Persistent health disparities between Indigenous peoples and non-Indigenous peoples underscore the urgency for culturally safe and trauma-informed healthcare. Despite efforts to increase cultural sensitivity and cultural safety in healthcare, Indigenous populations continue to experience systemic racism when accessing healthcare services. To address these concerns, social workers at Province Health Care (PHC) with input from the Indigenous Wellness and Reconciliation team partnered with the University of British Columbia to develop, implement, and evaluate an Indigenous cultural safety educational initiative.

Witnessed Racism

A majority of participants reported witnessing interpersonal racism or discrimination at work directed to Indigenous racialized service users and/ or their family/friends (n = 19, 44.2%).



Institutional Racism



Over half (n = 24, 55.8%) indicated that institutional racism was somewhat prevalent in their health care work setting and almost a quarter (n = 9, 21%) indicated racism was very/extremely prevalent.

Educational Initiative

In 2023, eight thematic case study workshops were offered to primary healthcare social workers.

- Advanced Care Planning and Substitute Decisions
- Involuntary Admissions
- Privacy and Sharing Information
- Stereotypes about Indigenous Communities
- Indigenous Communities Underserved by Healthcare Systems
- Substance Use
- Guardianship and Decision-making
- Enhancing Engagement of Patients in Decision-making

A quasi-experimental mixed methods design-based approach was used to evaluate the educational initiative. Participation was voluntary, with non-attendees forming the control group, while workshop attendees forming the intervention group. Overall, 46 participants were included in the evaluation.

The intervention group scored higher across half of the domains of Indigenous cultural safety compared to the control group.

All participants in the intervention group scored higher post-workshop across all domains of Indigenous cultural safety.

Conclusion

The study findings suggest the potential of this educational initiative in enhancing cultural safety and trauma-informed care for Indigenous service users among healthcare social workers. Structural supports such as protected time for training emerged as critical facilitators. Ongoing efforts and research are essential for sustained improvements in practice. Most importantly, further research is needed to understand healthcare users' perspectives.

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

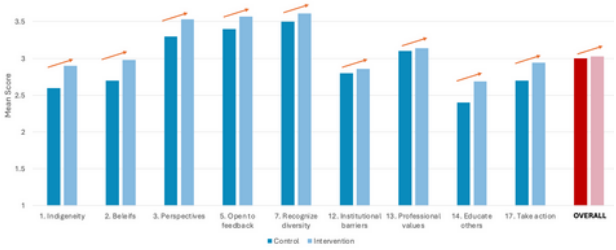
Towards Indigenous Cultural Safety: Integrating Trauma-Informed Practice in Clinical Settings Amongst Social Workers in Health Care

Results Summary

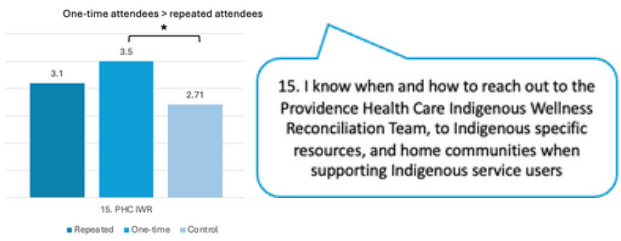
Researchers: Barbara Lee, Jenny Hyman, Olivia Palomino, Olive Huang

Throughout 2022-2023, social workers at Province Health Care (PHC) with input from the Indigenous Wellness and Reconciliation team partnered with the University of British Columbia to develop, implement, and evaluate an Indigenous cultural safety educational initiative. In 2023, eight thematic case study workshops were offered to primary healthcare social workers. A quasi-experimental mixed methods design-based approach was used to evaluate the educational initiative. Participation was voluntary, with non-attendees forming the control group, while workshop attendees forming the intervention group. Overall, 46 participants were included in the evaluation.

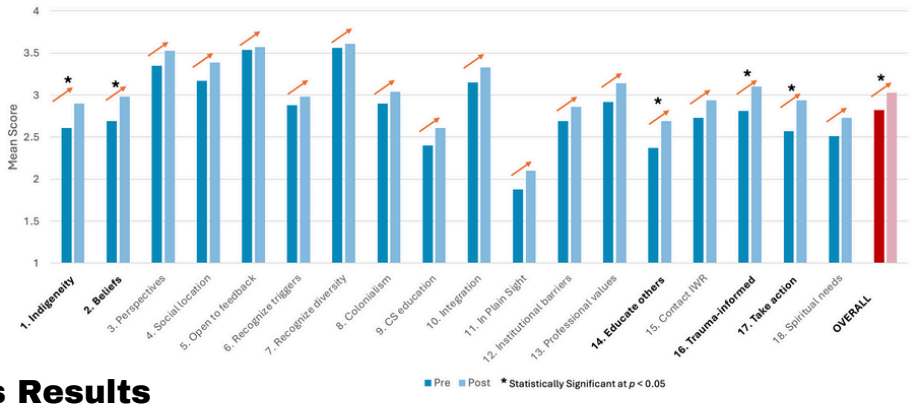
Overall Higher Knowledge in Indigenous Cultural Safety in Workshop Attendees versus Non-Attendees



Workshop Attendees Had Greater Knowledge about PHC Indigenous Wellness Reconciliation Team



Statistically Significant Improvements After Versus Before Workshop



Content Analysis Results

The qualitative feedback identified the pedagogical approach of critical case studies worked well to facilitate learning, structural supports are needed for training, and offered pragmatic considerations for future training.

"Case vignettes helped illustrate the systemic oppression that played out."

"I wish we had more time!"

""The time isn't necessarily protected from work pressures... so unable to fully attend the attention it deserves."

"A lot of great self-reflection and reflection on social work as a profession, including our past and current relationship with colonial structures of power and oppression."

Conclusion

The study findings suggest the potential of this educational initiative in enhancing cultural safety and trauma-informed care for Indigenous service users among healthcare social workers. Ongoing efforts and research are essential for sustained improvements in practice.

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

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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.