Cultural safety in practice with children, families and communities

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Talk of safety conjures its opposites: danger, risk, injury. And this is precisely what the term cultural safety signals: the possibility that some people who seek help from service agencies feel safe and accepted as who they are in terms of their cultural identity and behaviours, while others feel that their cultural identity or behaviours have been disregarded, challenged or harmed as a result of their encounters with health care providers and services. Unlike the linked concepts of *cultural sensitivity* or *cultural competence*, which may contribute to a service recipient's experiences, *cultural safety is an outcome.* Regardless of how culturally sensitive, attuned or informed we think we have been as a service provider, the concept of cultural safety asks: How safe did the service recipient experience a service encounter in terms of being respected and assisted in having their cultural location, values, and preferences taken into account in the service encounter?

Many people who have been minoritized (e.g., Indigenous, small ethnolinguistic and religious groups) have experienced their cultural identity, beliefs, and lifestyles denigrated by service practitioners who are part of dominant cultural, linguistic or religious groups. These practitioners might include doctors, nurses, teachers, social workers, clergy and others. Another, more subtle, experience of cultural 'un-safety' can occur when a person is asked to present oneself for a service (e.g., traveling to a hospital in a nearby town, meeting a school principal) or to participate in a program of care (e.g., entering a substance use treatment program, moving to a long-term care facility). For many people, this entails crossing cultural borders, to the foreign culture of an mainstream institution, or to a social group composed of people from cultures other than one's own. The sense of risk in cross-cultural encounters, especially when one is part of a culture that has long been the object of social injustice (e.g., discrimination, racism, workplace exclusion, etc.) can be mitigated by being accompanied – for example, by an advocate, navigator, or case worker. This support can provide cultural orientation and mediation both for the service recipient and for the service practitioner.
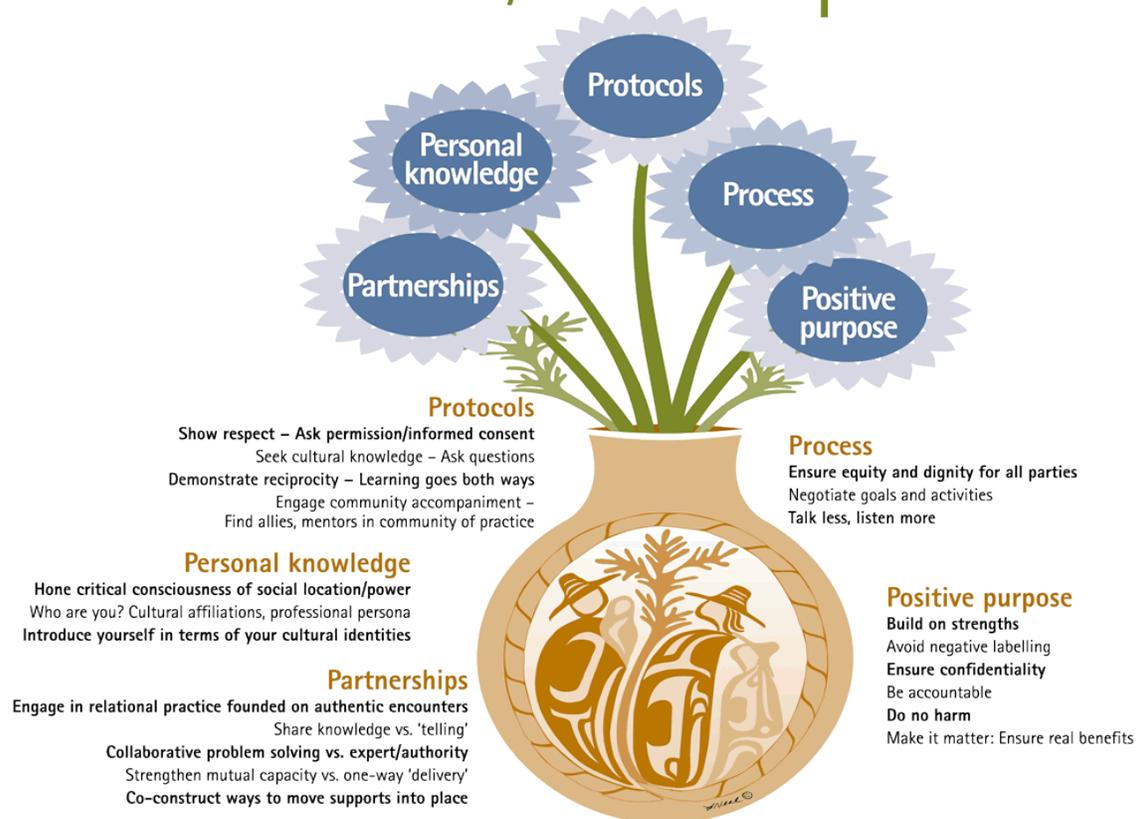
Indicators of Cultural Un-safety
- Low utilization of available services
- 'Denial' of suggestions that there is a problem
- 'Non-compliance' with referrals or prescribed interventions

- Reticence in interactions with practitioners
- Anger
- Low self-worth
- Complaints about lack of 'cultural appropriateness' of tools and interventions transported from dominant culture to minority culture

Are there guidelines for practice that will increase the likelihood that people who seek help will experience the service setting, encounter, and outcomes as culturally safe? Research undertaken in the Early Childhood Development Intercultural Partnerships Program at the University of Victoria's School of Child and Youth Care has helped to shed light on this question. Findings of several projects involving partnerships with First Nations communities have led to the formulation of several principles.

Cultural Safety **5 Principles**

- Protocols
- Personal knowledge
- Partnerships
- Process
- Positive purpose

Protocols
Show respect – Ask permission/informed consent
Seek cultural knowledge – Ask questions
Demonstrate reciprocity – Learning goes both ways
Engage community accompaniment –
Find allies, mentors in community of practice

Personal knowledge
Hone critical consciousness of social location/power
Who are you? Cultural affiliations, professional persona
Introduce yourself in terms of your cultural identities

Partnerships
Engage in relational practice founded on authentic encounters
Share knowledge vs. 'telling'
Collaborative problem solving vs. expert/authority
Strengthen mutual capacity vs. one-way 'delivery'
Co-construct ways to move supports into place

Process
Ensure equity and dignity for all parties
Negotiate goals and activities
Talk less, listen more

Positive purpose
Build on strengths
Avoid negative labelling
Ensure confidentiality
Be accountable
Do no harm
Make it matter: Ensure real benefits

Five Principles to Engender Cultural Safety

1	**Protocols**	Find out about cultural forms of engagement and respect these.
2	**Personal knowledge**	Become mindful of one's own cultural identity, socio-historical location in relation to service recipients, pre-commitments to certain beliefs and ways of conceptualizing things like health and wellness. Be prepared to share information about oneself if this will help to create equity and trust.
3	**Partnerships**	Promote collaborative practice in which those seeking help are also welcomed into a joint problem solving approach as carriers of important information and know-how.
4	**Process**	Engage in mutual learning, frequent checking in to ensure that proposed action plans 'fit' with service recipient's values, preferences, and lifestyles.
5	**Positive purpose**	Ensure that there is a good probability that positive steps to achieve a service recipient's goals (or resolve problems) can be taken and that these are likely to be beneficial. Make it matter.

Practicing these principles can increase the likelihood that a person seeking help will feel respected, included, and protected in terms of their cultural identity, cherished values and goals.

KEY RESOURCES

ECDIP Publications, Presentations and Reports

Zeidler, D. (2011). Building a relationship: Perspectives from one First Nations community. *Canadian Journal of Speech and Language Pathology and Audiology, 35*, 136-143.
http://209.217.105.25/english/resources/database/files/2011_CJSLPA_Vol_35/CJSLPA_2011_Vol_35_No_02_Summer.pdf

Ball, J. (2009). *Cultural safety in health care for Aboriginal Peoples.* Presentations to the British Columbia Public Health Services Authority and Vancouver Coastal Health Authority. Fall, Vancouver. [PDF] (2.9 MB)

Poster: *Cultural safety in practice with children, families and communities.*
Presented at The Early Years Interprofessional Research and Practice Conference, Vancouver, February 1, 2008. [PDF] (305 KB)

Powerpoint Presentation: *Creating cultural safety in speech-language and audiology services.* Presented at the Annual Conference of the BC Association of Speech-Language Pathologists and Audiologists, Whistler, October 25, 2007.

Readings

Brasoupe, S., & Water, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. *Journal of Aboriginal Health,* November, 6-41.
http://www.naho.ca/jah/english/jah05_02/V5_I2_Cultural_01.pdf

National Collaborating Centre for Aboriginal Health. *Cultural safety in health care.*
http://www.nccah-ccnsa.ca/368/Cultural_Safety_in_Healthcare.nccah

Smye, V., & Brown, A. (2002). 'Cultural safety' and the analysis of health policy affecting Aboriginal people. *Nurse Researcher, 9* (3): 42-56.

Papps, E., & Ramsden, I., (1996). Cultural safety in nursing: the New Zealand experience. *International Journal for Quality in Health Care , 8* (5): 491-497.

Schick, C., & St. Denis, V. (2005). Troubling National Discourses in Anti-Racist Curricular Planning. *Canadian Journal of Education, 28* (3): 295-317.