Alberta College of
Speech-Language Pathologists
and Audiologists

*Guideline:*

# Indigenous Health: Considerations for Audiologists and Speech-Language Pathologists



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*Indigenous Health: Considerations for Audiologists and Speech-Language Pathologists*

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***Guideline:*** *Provides guidance to regulated members to support them in the clinical application of Standards of Practice.*

## Acknowledgements

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## Introduction

### Background

The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) is the regulatory body for the professions of speech-language pathology and audiology in Alberta. ACSLPA carries out its activities in accordance with provincial legislation to protect and serve the public by regulating and ensuring competent, safe, and ethical practice of speech-language pathologists and audiologists.

Understanding Indigenous health is complex. It requires an understanding of historical and systemic contexts, and this takes time, knowledge, self-reflection, and a desire to truly understand Indigenous clients and communities. The information in this guideline is intended to support regulated members' learning about Indigenous health, and the role they play in supporting Indigenous health.

### How to use this guideline

Regulated members are strongly encouraged to review the ACSLPA guideline: Anti-Racist Service Provision for Speech-Language Pathologists and Audiologists prior to reading this guideline.

This guideline is divided into four sections:

| Sections | Content Description |
|---|---|
| Section 1 | Highlights broad contextual concepts that will assist regulated members to better understand issues surrounding Indigenous health. |
| Section 2 | Highlights significant Indigenous-led movements at the global and national levels that provide avenues for change for improving relationships with Indigenous people |
| Section 3 | Uses the key concepts from the first two sections and provides guidance to regulated members for establishing and supporting safe, ethical, and competent care with Indigenous clients. |
| Section 4 | Finally, this guideline lists outcome measures that can be used to evaluate the impact of actions taken to support cultural safety and cultural humility when working with Indigenous clients. |

Throughout this guideline, information is provided in brief, summative formats, with key information for regulated members highlighted. Regulated members are strongly encouraged to engage in further reading to develop their knowledge of the concepts in this guideline. Links to important documents are provided within this guideline to support further reading.

# Issues Surrounding Indigenous Health

## The Impact of Colonization on the Health of Indigenous Peoples in Canada

> **Scenario:** You notice that after seeing several Indigenous clients in your practice that their health histories show a potential pattern of chronic disease such as Type II Diabetes. You want to learn more about this and begin reading research papers on the topic. The knowledge you gain allows you to better understand the historical impact of health policy on Indigenous peoples and its relation to current health status.

The impact of colonization on Indigenous peoples of Canada is steeped in federal government policy that began long before Alberta was a province. The Indian Act of 1876 became the law that governed federally recognized "status Indians" and the lands on which they lived. Western Treaties number 6, 7 and 8, which cover most of Alberta, were signed by the federal government and various First Nations groups in 1876, 1877, 1899, respectively, in exchange for the rights to the land.

After 1870 the Métis of Western Canada were given Scrip (a certificate entitling the holder to receive something in return), either in the form of land or money. This was a government policy that distinguished any inherent Aboriginal right to Métis land. It was ripe with fraudulent activities that saw many speculators purchase the scrip from the Métis without fair compensation leaving them without a land base.

These policies created a system of responsibility that historically saw the federal government being responsible only for First Nations living on reserve and having no direct responsibility for the health of the Métis or Inuit or to First Nations living off reserve. Today, federal funding for Indigenous health is available through grants for First Nations, Métis and Inuit living on or off reserve.

Colonization, enacted in part through the above policies, has had a devastating impact on Indigenous peoples' health, through the introduction of infectious diseases, the disruption of traditional diets and lifestyles, and the forced removal of children from families. ***The historical trauma of colonization, combined with present day ongoing systemic issues like poverty, inadequate housing, food insecurity, poor policy, and discrimination within the health system, continue to cause significant health disparities for Indigenous people in Canada***, particularly with respect to chronic illnesses, mental health issues, and lower life expectancies.

### Key Considerations

- Understanding the root causes of poorer health outcomes for Indigenous clients is key to providing culturally safe and equitable care.
- Regulated members are strongly encouraged to learn more about the negative impact of the above-mentioned federal policies, along with other policies such as the Indian Act, the Indian Residential Schools system, and the Sixties Scoop.
- Historically, health research that has been directed by governments and educational institutions have focused on the negative health outcomes of Indigenous peoples, with little input from Indigenous nations.

## Indigenous Rights and Self-Determination

**Scenario:** You work in a rural clinic that is participating in recruiting clients for a university research study in your field of practice. The funding grant indicates that they want to ensure Indigenous community involvement as research participants. You approach your Indigenous clients and connect with the First Nations health department in your area and the local District office of the Otipemisiwak Métis Government of Alberta (formerly the Métis Nation of Alberta). You notice that they all asked the same question about the research topic – "Who chose this topic and why"? This made you think of why such a question was being asked. Your inquiry into this led you to researching the concepts behind Indigenous self-determination, Indigenous rights, and Indigenous data sovereignty.

Indigenous peoples of Canada have pushed to have their inherent Aboriginal rights recognized and honoured since confederation. The Constitution Act, 1982, Section 35, represents the first time that the federal government formally recognized that Aboriginal rights exist in Canada. ***With Aboriginal rights comes the recognition that Indigenous peoples have the right to be self-determining and to control their own institutions – including health and social services.***

### Key Considerations for Regulated Members

- Regulated members are encouraged to reflect on what it means for Indigenous clients to be self-determining and able to prioritize their own health matters when in therapeutic relationships and interactions with SLPs and audiologists.
    - This includes reflection on the concepts and meanings behind the right to have access to traditional medicines and practices when accessing care.
- Indigenous data sovereignty is a process whereby Indigenous nations are prioritizing their own research based on their own needs and have control and ownership of the data produced. This concept and right is particularly relevant for regulated members who are administrators or researchers.

## Reconciliation and Relationship

**Scenario:** Your Indigenous client is beginning to be more candid and relaxed during their clinic visits. They invite you as a clinician to attend a local Indigenous community health fair that is being put on by the community to highlight the various health organizations available to members outside their community. You and your organization have never been invited to such an event and are happy to go despite being worried that "we don't provide outreach services". After attending you meet and connect with many community members and other health and social service departments within the community. You realize that these connections could potentially be beneficial to you and your clients at the clinic and to the organization you work with. You begin to advocate for more community connections with your organization leadership, and they respond positively.

According to the Truth and Reconciliation Commission of Canada, in order for reconciliation to happen in Canada, "there has to be awareness of the past, an acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour". **The ultimate goal of reconciliation is to establish strong relationships with Indigenous clients, families, and communities**.

Reconciliation is an action for all Canadians to strive for, and all Canadians, as Treaty peoples, share a responsibility for:

- Acknowledging, confronting, and accepting the truth of the past, including the legacy of colonization and residential schools.
- Recognizing the pre-existing rights, title, and inherent sovereignty of Indigenous peoples.
- Establishing and maintaining mutually respectful relationships with Indigenous peoples.

### Key Considerations for Regulated Members

- First Nations, Métis, and Inuit peoples, as the original peoples of Canada, and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected.
- Reconciliation requires constructive action on the ongoing legacies of colonialism and its impact on Indigenous health. It is aimed at creating a more equitable and inclusive society by closing the gaps in health outcomes that exist between Indigenous and non-Indigenous Canadians. All regulated members have important roles to play and can take action to support reconciliation, in their therapeutic relationships with their clients, workplaces, professions, and communities.
- Reconciliation includes supporting Indigenous peoples' cultural revitalization, and integrating Indigenous knowledge systems, oral histories, laws, protocols, language, and connections to the land. Regulated members are encouraged to reflect on how they can support this in the context of their work, at the individual, interpersonal, and wider levels.
- ACSLPA recognizes that learning the truth can be painful and create a sense of vulnerability. However, taking action and being accountable for promoting change that improves the experiences of Indigenous clients accessing care may help to lessen feelings of vulnerability.

## Avenues for Change

### The United Nations Declaration on the Rights of Indigenous Peoples

> **Scenario:** Your Indigenous client comes to you and says that they have been seeing a traditional medicine person in their community, and they have recommended an herbal remedy (tea) to assist with their treatment. You are hesitant to endorse this as you worry about possible negative implications. You begin a dialogue with your client, and they encourage you to learn more about traditional medicines and the significant meaning of them from an Indigenous cultural perspective.

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is a declaration adopted by the United Nations General Assembly in 2007. UNDRIP is a human rights instrument that sets out collective and individual rights of Indigenous peoples around the world, and is aimed at recognizing and safeguarding the survival, dignity, and wellbeing of Indigenous people.

UNDRIP defines specific rights related to Indigenous identities, livelihoods, and ways of knowing and being in the world and affirms that Indigenous peoples are entitled to all human rights without discrimination as recognized in international law. The central themes of UNDRIP are:

- The right to self-determination,
- The right to be recognized as distinct peoples,
- The right to free, prior, and informed consent, and
- The right to be free from discrimination.

***In Canada, UNDRIP is used as a foundational framework for Truth and Reconciliation.***

## The Truth and Reconciliation Commission of Canada: Calls to Action

**Scenario:** Your place of employment has created a policy to ensure all regulated members take a course in Indigenous cultural competency training. You question the need for this as you've already taken generic training on anti-racism and see this as redundant. Upon taking the required training on Indigenous cultural competency, you begin to understand the significant difference in the colonial history of Indigenous peoples in Canada compared to other populations. This knowledge allows you to understand current Indigenous health issues in a different light bringing you more confidence to work with your Indigenous clients.

The Truth and Reconciliation Commission of Canada (TRC) was launched in 2008, with a mandate to inform all Canadians about what happened in residential schools. Residential school survivors, their families and communities shared their experiences in residential schools with the commission. In 2015, the TRC released its Final Report, including 94 Calls to Action, which highlight accountable actions that can be taken by all Canadians and institutions to improve relationships with Indigenous peoples. Together with UNDRIP, the **TRC underscores that Indigenous rights and self-determination are front and center in all aspects of Indigenous health**.

### Key Information for Regulated Members

- Regulated members are strongly encouraged to review the TRC Calls to Action (linked above), particularly the 7 'Health' Calls to Action.
    - Regulated members are encouraged to explore how the TRC Calls to Action can be addressed in their workplaces and in their own relationships with Indigenous clients.

## The National Inquiry into Missing and Murdered Indigenous Women and Girls

**Scenario:** Your client is a youth who has been referred to you for potential difficulties with speech. After further assessment you notice clear difficulties with communication. You speak with the parents and learn that the youth has an aunt who has been missing for six months despite extensive searches from the community and the RCMP. It is explained that her disappearance is an active police investigation and that it has affected the whole family and community. The youth is particularly concerned as she is very close to her aunt. This causes you to read more on the Final Report of the National Inquiry into Missing and Murdered Women and Girls. Understanding this context allows you to ensure your approach to treatment interventions are following trauma informed principles.

During the National Inquiry into Missing and Murdered Indigenous Women and Girls, more than 2,380 family members, survivors of violence, experts and Knowledge Keepers shared their stories over two years of public hearing. Experts and Knowledge Keepers spoke to specific colonial and patriarchal policies that displaced women from their traditional roles in communities and governance and diminished their status in society, leaving them vulnerable to violence.

The Final Report of the National Inquiry into Missing and Murdered Women and Girls, entitled 'Reclaiming Power and Place', highlights the historical and current violence experienced by Indigenous women and girls, and that this violence amounts to race-based genocide of Indigenous

peoples which specifically targets women, girls, and 2SLGBTQIA+[1] people. It also states that human rights and Indigenous rights abuses were committed and condoned by the Canadian government. **The Final Report emphasizes the context of multigenerational and intergenerational trauma and marginalization in the form of poverty, insecure housing or homelessness and barriers to education, employment, health care, and cultural support.**

The Final Report specifically addresses the right to health, and states:

"*Colonial violence directed toward cultural practice, family, and community creates conditions that increase the likelihood of other forms of violence, including interpersonal violence, through its distinct impacts on the physical, mental, emotional, and spiritual health of Inuit, First Nations, and Métis Peoples. In sharing stories about the health issues, they or their missing or murdered loved ones faced and the experiences they had in seeking health services, family members and survivors illustrated how addressing violence against Indigenous women, girls, and 2SLGBTQQIA people must also address their right to health*."

### Key Considerations for Regulated Members

- The violence and Indigenous rights abuses highlighted by the National Inquiry into Missing and Murdered Indigenous Women and Girls are one example of how multigenerational and intergenerational trauma impacts health.
    - Regulated members are expected to understand and work within the principles of trauma informed service delivery. More information on trauma and trauma informed care can be found in the ACSLPA guideline: Professional Boundaries: Trauma Informed Service Delivery.
- Regulated members may find it helpful to review the Calls for Justice included in final report, Reclaiming Power and Place. Reflection on the following principles in the Calls for Justice may be particularly relevant for regulated members:
    - A decolonizing approach: A way of doing things differently, which challenges the colonial influence under which we live, by making space for, honoring, and respecting Indigenous perspectives (Indigenous values, philosophies, and knowledge systems). It is a rights-based approach that recognizes Indigenous Peoples have the right to govern themselves in relation to matters that are internal to their communities; integral to their unique cultures, identities, traditions, languages, and institutions; and with respect to their special relationship to the land. This approach is strengths-based and focuses on the resilience and expertise of individuals and communities themselves.
    - Indigenous-led services and solutions: Consistent with self-determination and self-governance principles, services and solutions for Indigenous peoples must be led by Indigenous governments, organizations, and people. The Final Report highlights that the colonial practice of requiring Indigenous leaders to ask and be granted permission for needed services from the state must end, along with the exclusion of Indigenous women, girls, 2SLGBTQIA+ people, Elders, and children from the exercise of Indigenous self-determination.

[1] This acronym represents Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional people who identify as part of sexual and gender diverse communities. The "2S" at the front recognizes Two-Spirit people as the first 2SLGBTQI+ communities. The "I" for intersex considers sex characteristics beyond sexual orientation, gender identity and gender expression. The "+" is inclusive of people who identify as part of sexual and gender diverse communities, who use additional terminologies (Government of Canada, 2023).

- The definition of "family": Family is not limited to a nuclear family. "Family" must be understood to include all forms of familial kinship, including but not limited to biological families, chosen families, and families of the heart.

## Jordan's Principle – A Child First Initiative

**Scenario:** Your client is a 17-year-old youth who has been referred to you by their First Nation's Health Department as part of a referral funded by Jordan's Principle. The funds will cover fees for service along with equipment needed for the youth. You learn that Jordan's Principle funding will end at age 18. This requires you to reach out to the First Nation to inquire about potential services for adults with disabilities. You learn that supports for adults in need of care in the First Nations community is limited and can take time to access. You work with your organization's leadership to establish an action plan with the family and First Nation to support the ongoing treatment of your client after they turn 18.

Jordan River Anderson was a First Nations child from Norway House Manitoba who had complex health issues. In 2005 he died in hospital after waiting two years for the federal and provincial governments to determine who would cover the funds for his specialized treatment. A ruling in 2016 by the Canadian Human Rights Tribunal called for an end to racial discrimination against First Nations children and to adequately fund health, social services, and education. Today, this is known as Jordan's Principle - A Child First Initiative. **Jordan's Principle calls for providing needed services for Indigenous children and youth with disabilities first and resolving funding disputes between governments later.**

Jordan's Principle highlights the numerous challenges faced by Indigenous people with disabilities when accessing care:

- Discrimination and racism are experienced by many Indigenous people in the Canadian healthcare system.
- Limited access to culturally appropriate services in their home community:
  - Most current models of care and services for persons with disabilities are based on western scientific knowledge and have little culturally relevant Indigenous approaches or perspectives in programming.
- First Nations people are further impacted by social determinants of health that can limit activities of daily living, for example:
  - Poorer housing conditions
  - Inadequate access to services
  - Reduced supports from family and community
  - Lower socio-economic status
- Jurisdictional challenges between federal responsibilities and provincially provided services:
  - First Nations people living on reserve may face challenges when accessing services from some provinces when service provision is viewed as a federal responsibility.
- Limited or no programs specifically designed for Métis:
  - Jordan's Principle funding is only for First Nations children. While there is limited research on Métis with disabilities, Indigenous Services Canada has begun work to support Métis with programs and services for persons with disabilities.

### Key Considerations for Regulated Members

- Providing services to Indigenous clients, families, and communities requires a distinctions-based, culturally safe, and strengths-based approach. More information on distinctions-based Indigenous health and cultural safety for Indigenous clients is provided in later sections of this guideline.
- Regulated members should familiarize themselves with services available to First Nations to support Indigenous clients with disabilities. This includes Jordan's Principle, and services available for long-term care, assisted living, and home and community care. An overview of federal services for adult Indigenous clients can be found at: The Government of Canada's Response: Supporting the Gifts of First Nations Adults Living with Exceptionalities.

## Distinctions-Based Indigenous Health

> **Scenario:** You are asked by your organization to assist in arranging a gathering of Indigenous community members to provide input into some strategic planning your organization is doing. You bring in people from the local First Nations and Métis communities. After meeting a few times some groups begin to ask to have a separate discussion with their specific Indigenous group only, without the others being present. You don't understand this until one of the group members states that the others are not part of their culture and that they are worried that their perspectives are not being fully heard at the gatherings. After exploring this concern further, you begin to realize that you have brought Indigenous group members together in a pan-Indigenous approach as if they all think and speak from the same perspective. You correct this and allow for separate caucuses to accommodate the disparate community voices. This ensures that the feedback to support your organization's strategic planning is truly representative of the respective communities invited to the table.

The term distinctions-based Indigenous health is used by the Canadian government to support its efforts to create distinctions-based Indigenous health legislation. As recommended by First Nations, Métis, and Inuit peoples of Canada, federal Indigenous health policy language recognizes distinctions between First Nations, Métis, and Inuit peoples.

**A distinctions-based approach avoids a pan-Indigenous approach to addressing Indigenous health**. Distinctions-based approaches recognize:

- The distinctions between First Nations, Métis, and Inuit people.
- The geography, connection to the land, language, culture, traditions, and nation-specific unique health needs of individual Nations and communities.

### Key Considerations for Regulated Members

- Regulated members should familiarize themselves with the concept of distinctions-based Indigenous health and explore what this means for their work with Indigenous clients.
    - A distinctions-based approach includes self-identification in terms of community and Nation, as well as individual gender and geographical and regionally specific distinctions which must be taken into account when providing services.
    - Regulated members may find it useful to explore and learn more about the Indigenous communities in their work catchment area. For example:
        - Is the community First Nations or Métis?
        - What is the population size?
        - What linguistic or cultural group does the community originate from?
        - Does the community practice traditional medicine?
        - Are audiology or SLP services provided in their community?

- What services are provided in the rural or urban centers for individuals not living within their Indigenous community?

## Cultural Safety, Cultural Humility and Addressing Anti-Indigenous Racism

### Cultural Safety

**Scenario:** You see your client for the first time, and they express concerns about the policy in your clinic that indicates that they will have to pay a fee for missed appointments without warning. They are hesitant to return as it reminds them of the strictness they experienced in residential school. They explain that they do not drive and must rely on friends or family to transport them to the appointments and that sometimes they can only rely on them at their convenience. They don't want to be judged. This means that they must try and fit the clinic appointment into their driver's schedule and sometimes this may not work. They inform you that they do not want to chance being charged a fee that is out of their control and are worried the clinic will not understand. You are worried that your client will not follow-up with their scheduled appointments and talk to your clinic leadership. They agree to make changes to their policy to accommodate your client's schedule.

Cultural safety is a process that addresses the power imbalances inherent to the delivery of clinical services, in a way that enables people from diverse backgrounds to feel respected and safe from discrimination when accessing services. Regulated members can find more foundational information on cultural safety in the ACSLPA guideline: Anti-Racist Service Provision for Speech-Language Pathologists and Audiologists.

When working with Indigenous clients, practicing cultural safety will require ongoing considerations of the historic power imbalances between healthcare systems and Indigenous clients, and how the history of colonization has resulted in distrust of the healthcare system, the institutions, and of the clinicians who work in and represent these institutions.

***Cultural safety is defined by the recipient of care, therefore only Indigenous clients, families, and communities can define what constitutes a culturally safe experience from an Indigenous perspective***. In this regard, building respectful relationships with Indigenous clients and communities underscores the practice of cultural safety, so that service providers and clients and communities can collaborate to reach common understandings of how service providers and organizations can help to engender cultural safety in practice.

#### Key Considerations for Regulated Members

- Regulated members are encouraged to carefully evaluate their clinical and professional practices to identify power imbalances and to explore ways to reduce imbalances.
- Regulated members should work in collaboration with clients so that clients' cultural identities, beliefs, and needs are acknowledged, respected, and supported.
- Regulated members, along with their clients, should explore ways to make clients more comfortable in the healthcare environment. For example:
  - Communicating clearly when explaining care to clients, regularly checking for understanding and consent.
  - Seeking permission for any touch that is required for assessment or intervention – explaining what types of touch will be required and why.
  - Obtaining feedback to acknowledge an understanding of the procedures that will be utilized for care.
  - Recognizing signs of discomfort or lack of understanding of the procedure being utilized and stopping if necessary.

- Regulated members may find it helpful to explore their thoughts and feelings about interactions with Indigenous clients, particularly when they find themselves thinking or behaving in ways that are different from their interactions with non-Indigenous clients. Some prompts for self-reflection are:
  - What was the situation?
  - Why did I react this way? What precipitated this?
  - How can I challenge myself to change this behaviour?
- Regulated members are encouraged to review their organization's policies and procedures to identify any potential culturally unsafe practices. Regulated members should work with their administrators to find ways to make necessary changes in order to promote client safety.

## Cultural Humility

> **Scenario:** Your client's family asks if you could include the use of traditional foods for their loved one's treatment. You readily agree after discussing it with your leadership. You then have a spurt of anxiety as you realize that you don't fully understand the details of this request. What does "traditional foods" mean? Is it frybread that is sold at the cultural events? You realize that although you are excited about working with this request you soon realize you have no expertise in this area and must seek out the experts. You begin exploring this with the family and they explain what they want to bring in. They provide you with the history and cultural and spiritual significance of the traditional foods and its importance to their loved one. This teaching allows you step out of your comfort zone and allows you to begin to understand an alternative way of knowing and practicing.

**Cultural humility is a lifelong approach of self-reflection of one's own assumptions, beliefs, and personal and systemic biases. For regulated members, this includes reflection on how these assumptions impact their clinical interactions and their service provision**. Although it is self, rather than other focused, practicing cultural humility also requires that members seek knowledge respectfully from clients regarding the cultural and structural influences that affect their care, rather than assuming knowledge or an expertise on their client's experience. Regulated members can find more foundational information on cultural humility in the ACSLPA guideline: Anti-Racist Service Provision for Speech-Language Pathologists and Audiologists.

### Key Considerations for Regulated Members

- Humility can be thought of as vulnerability in the face of uncertainty, and this is a source of personal strength.
- Practicing cultural humility requires self-reflection and the recognition, challenging, and addressing of unconscious bias.
- It is important to recognize that western trained clinicians are not "the expert" in Indigenous health and wellness, particularly concerning traditional medicines. It is integral to bring in the voices of the Indigenous communities to provide such expertise.
- Regulated members should be open with their clients when inquiring about specific historical background information (e.g., did they attend residential school? Were they adopted?) or specific cultural background information (do they participate in traditional cultural activities like singing and dancing? Do they practice traditional ceremonies to promote wellness?).

- Regulated members should be prepared to collaborate with Indigenous clients to explore ways in which traditional Indigenous knowledge or practices can be utilized in the course of their treatment – for example, are there foods, music and dancing that can be incorporated in treatment?
- Regulated members are encouraged to utilize a 'therapeutic use of self' approach, which will allow them to use elements of their own personality, perceptions, and insights to promote wellness with their clients. At times, sharing personal, relevant experience can help Indigenous clients to get to know their clinician on a more personal level, which can reduce the power imbalance between the professional and the client, and foster trust and safety. This approach allows regulated members to provide more personal information about themselves that they deem necessary to advance their clinical interventions (Jamil et al., 2024). Examples of therapeutic use of self, include:
    - Self-disclosure: sharing a brief, relevant personal experience to help a client feel less alone and more understood (e.g., a service provider sharing their own struggles with accessing care).
    - Honesty: communicating in an honest and authentic manner, aligning one's words with their actions (e.g., a service provider being open and honest about mistakes made, and taking action to address them).
    - Responding to direct personal questions: considering the therapeutic value of disclosure in response to personal questions, and responding as appropriate e.g., do you have kids? What part of town do you live in?

Regulated members are encouraged to review the ACSLPA guideline: Professional and Therapeutic Boundaries when incorporating therapeutic use of self into therapeutic relationships with clients and families.

## Addressing Anti-Indigenous Racism

> **Scenario:** You are new to your workplace and have been there for six months. One day you overhear one of your colleagues telling an off-colour joke about your Indigenous client that you find offensive. You hesitate but bring this up to your supervisor. Their response shocks you as they say "oh, that's just Bob, that's his sense of humour. He never means offence". You begin to read more about anti-Indigenous racism and the impact of policies (or lack of policies) that negatively affect cultural safety in the workplace. You bring this topic back to your leadership and they agree to begin to explore ways to promote cultural safety with an effort to reduce anti-Indigenous racism.

Anti-Indigenous racism is defined as the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous people in Canada. ***Addressing anti-Indigenous racism in healthcare requires action to counteract the harms of racism, discrimination, and stigma experienced by Indigenous clients when they seek care.*** Regulated members can find more foundational information on anti-racism in the ACSLPA guideline: Anti-Racist Service Provision for Speech-Language Pathologists and Audiologists.

### Key Information for Regulated Members

- Personal accountability and responsibility are required to combat anti-Indigenous racism:
    - Regulated members are expected to create culturally safe therapeutic relationships with Indigenous clients, families, and communities.
    - Regulated members can play an important role in promoting shifts in values, programs, policies, and behaviours at the institutional level.

    - Regulated members can review workplace policies and procedures to address any inconsistencies that could perpetuate anti-Indigenous racism.
- Regulated members are encouraged to review the documents linked in this guideline to reflect on how they can be used to better support their work with Indigenous clients.

## Measuring Change

Cultural safety, and how safe a client feels in a therapeutic interaction and relationship, can only be defined by the client. However, the following outcomes and sample measurements may assist in measuring the impact of actions implemented to promote and support Indigenous cultural safety for clients and communities.

| Outcome | Sample Measurement |
|---|---|
| Improved relationships with Indigenous clients, families, and communities | Increased number of Indigenous clients, Indigenous client retention, number of family and community connections made |
| Care environments are client-centered, strengths-based, and meet clients and families where they are at | Increased opportunities for, or creation of procedures for client input into goal setting and direction of intervention |
| Care intervention plans include traditional approaches to treatment | Increased use of client-centered unique approaches to care utilizing traditional languages, music, and food |
| Improved client experience with service providers and increased trust in healthcare system | Direct client assessment of their experiences (e.g., through interviews, survey, or other feedback mechanisms) |
| Improved culturally safe health care environments | Direct client assessment of their experiences (e.g., through interviews, survey, or other feedback mechanisms) |
| Development and implementation of anti-racism initiatives | Creation of anti-racism policies specific to anti-Indigenous racism, reduction in client experiences of racism (measured through direct client assessment) |
| Improved Indigenous health outcomes | Improvement in client health and functioning over care period and beyond. |

## Conclusion

This guideline was created to support regulated members in their understanding of the factors impacting Indigenous health and wellbeing, and to support the provision of safe, ethical, and competent care for Indigenous clients, families, and communities. This guideline asks regulated members to understand how the past impacts the present for Indigenous peoples in Canada. The history of colonialism and its negative impacts on the health and wellness of Indigenous peoples are evident. But self-determination and reconciliation efforts by all Canadians, government, institutions, and organizations are having an impact. There are several significant movements that have emerged in the Canadian context that have the potential to continue to change this landscape. These are led by Indigenous peoples themselves, and they have created a foundation for society to begin developing new pathways that are meant to improve the health and wellbeing of Indigenous peoples.

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