



# Practice Standard: Indigenous Cultural Safety, Humility, and Anti-Racism

## Applies to Occupational Therapists

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Occupational Therapists of British Columbia and will be updated to reflect the amalgamation.



**COTBC**

College of Occupational Therapists  
of British Columbia

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## INTRODUCTION

*In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* provides evidence of Indigenous-specific racism in the B.C. health care system. Indigenous-specific racism and discrimination negatively affects Indigenous clients' access to health care and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions<sup>1</sup>.

The purpose of this standard is to set clear expectations for how occupational therapists are to provide culturally safer and anti-racist care for Indigenous clients.

This standard is organized into six core concepts. Within these concepts are the principles to which occupational therapists are held.

## CORE CONCEPTS & PRINCIPLES

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

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

#### *Principles*

##### Health professionals:

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



## 2 BUILDING KNOWLEDGE THROUGH EDUCATION

Health professionals continually seek to improve their ability to provide culturally safe care for Indigenous clients/patients.

### *Principles*

#### Health professionals:

- 2.1** Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
- 2.2** Learn about the negative impact of Indigenous-specific racism on Indigenous clients/patients accessing the health care system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.
- 2.3** Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health care experiences.
- 2.4** Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

## 3 ANTI-RACIST PRACTICE (TAKING ACTION)

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

### *Principles*

#### Health professionals:

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



## 4 CREATING SAFE HEALTH CARE EXPERIENCES

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

### *Principles*

#### Health professionals:

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

## 5 PERSON-LED CARE (RELATIONAL CARE)

Health professionals work collaboratively with Indigenous clients'/patients to meet the client's/patient's health and wellness goals.

### *Principles*

#### Health professionals:

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



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

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

### *Principles*

#### Health professionals:

- 6.1** Work with the client/patient to incorporate their personal strengths that will support the achievement of their health and wellness goals.
- 6.2** Recognize the potential for trauma (personal or intergenerational) in a client's/patient's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- 6.3** Recognize that colonialism and trauma may affect how clients/patients view, access, and interact with the health care system.
- 6.4** Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health care system and consider the impact gender-specific trauma may have on the client/patient.

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### ACKNOWLEDGEMENTS

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This Standard is adapted with permission from the [British Columbia College of Nurses and Midwives \(BCCNM\)](#) and the [College of Physicians and Surgeons of BC \(CPSBC\)](#) who collaboratively developed the Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standard (January 2022). We gratefully and humbly acknowledge the contributions from Indigenous people and guidance from Indigenous leaders during the consultation process, which informed the development of the BCCNM and CPSBC Standard.

<sup>[1]</sup> Turpel-Lafond, M.E. (2021). In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care. Queen's Printer: Victoria, BC. pg. 37. <sup>[2]</sup> The Colleges that have participated in this work are the College of Chiropractors of BC, the College of Dietitians of BC, the College of Naturopathic Physicians of BC, the College of Occupational Therapists of BC, the College of Opticians of BC, the College of Optometrists of BC, the College of Pharmacists of BC, the College of Physical Therapists of BC, the College of Psychologists of BC, the College of Speech and Hearing Health Professionals of BC and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC.