Making Steps towards the Provision of Culturally Safe Children's Rehabilitation Services with Indigenous Communities, Families & Children

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CENTRE DE COLLABORATION NATIONALE DE LA SANTÉ AUTOCHTONE

"We know what we know from where we stand. We need to be honest about that"

(Kovach, 2009).

Today's webinar will provide:

① A critical analysis of the concept of 'children's rehabilitation' in the context of Indigenous families and children in Canada.

① An understanding of how children's rehabilitation programs and practices with Indigenous communities, families and children can be responsive to the historical and ongoing effects of colonization in Canada.

① A review of current practices that are aligned with the principles of cultural safety.

Thinking about Dis/ability in the Context of Indigenous families & children in Canada

- **DIVERSITY** -- Indigenous children in Canada grow up in extremely diverse geographical and socio-cultural families, neighbourhoods, and communities.

- **INVISIBILITY** -- Currently, there is a worrying absence of useful and reliable population level data on childhood disabilities and health conditions in Indigenous populations in Canada.

- Who was Jordan?
- What is Jordan's Principle?
- What is Canada's Child First Initiative?

In the spirit of Jordan's Principle – there is no better time to explore and rethink how children's rehabilitation services with Indigenous communities, families, and children can be provided in ways that are consistent with the principles of cultural safety.

How we think about children's health and development, and childhood dis/abilities - shapes how we think about, fund, & provide children's rehabilitation?

Biomedical/Individualistic Model

- Focuses on individual responsibility and choice.
- Has a powerful influence on:
- The meaning of disability
  - How we educate OTs, SLPs, and PTs
  - How we fund and provide children's rehabilitation.
- Critiqued for framing disability and rehabilitation at the level of the individual – reproducing inequities and injustices (Gerlach, et al, 2017; McPherson, et al, 2015).

THE MOST APPROPRIATE LABEL IS USUALLY THE ONE PEOPLE'S PARENTS HAVE GIVEN THEM.

- Western & 'normative' assessments/standards
- Diagnostic & deficit-oriented labels
- Diagnostic eligibility
- Decontextualized
- Medicalization

Social Model

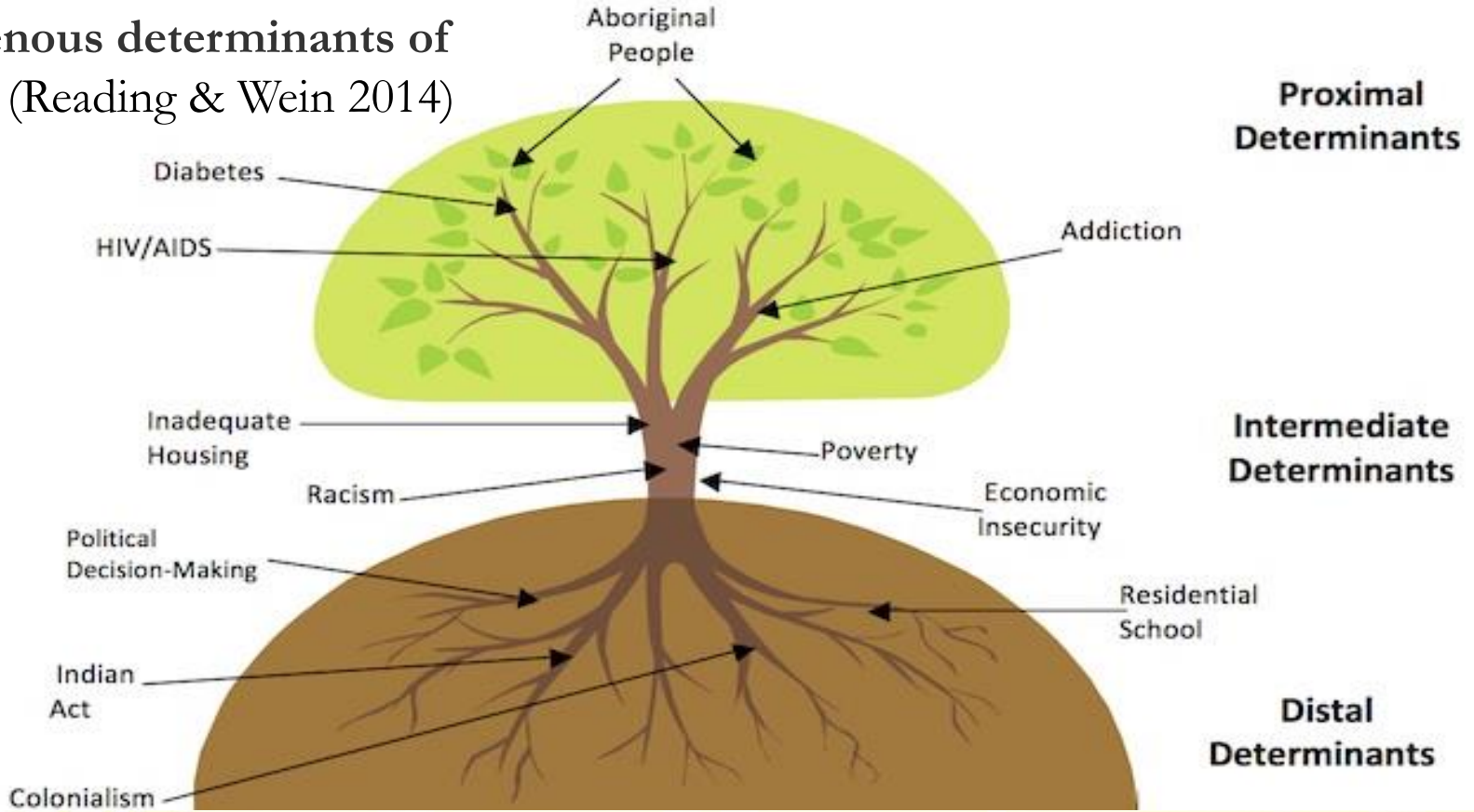
- Focuses on promoting social inclusion, equal rights, and addressing underlying socio-economic and political structural inequities (Gilroy, Donelly, Colmar, & Parmenter, 2013).

(Young, et al 2017) Wikwemikong Unceded Indian Reserve

Aboriginal Children's Health and Well-Being Measure
Wikwemikong Unceded Indian Reserve
January 29th, 2016

Laurentian University / Université Laurentienne

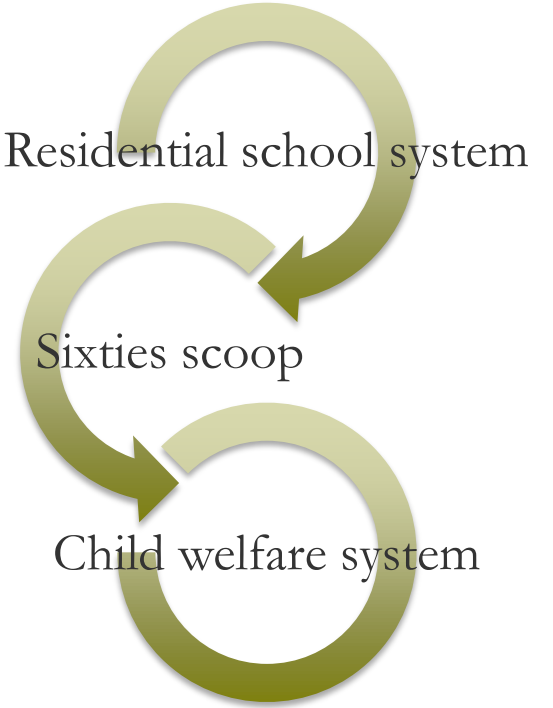
Indigenous determinants of health (Reading & Wein 2014)



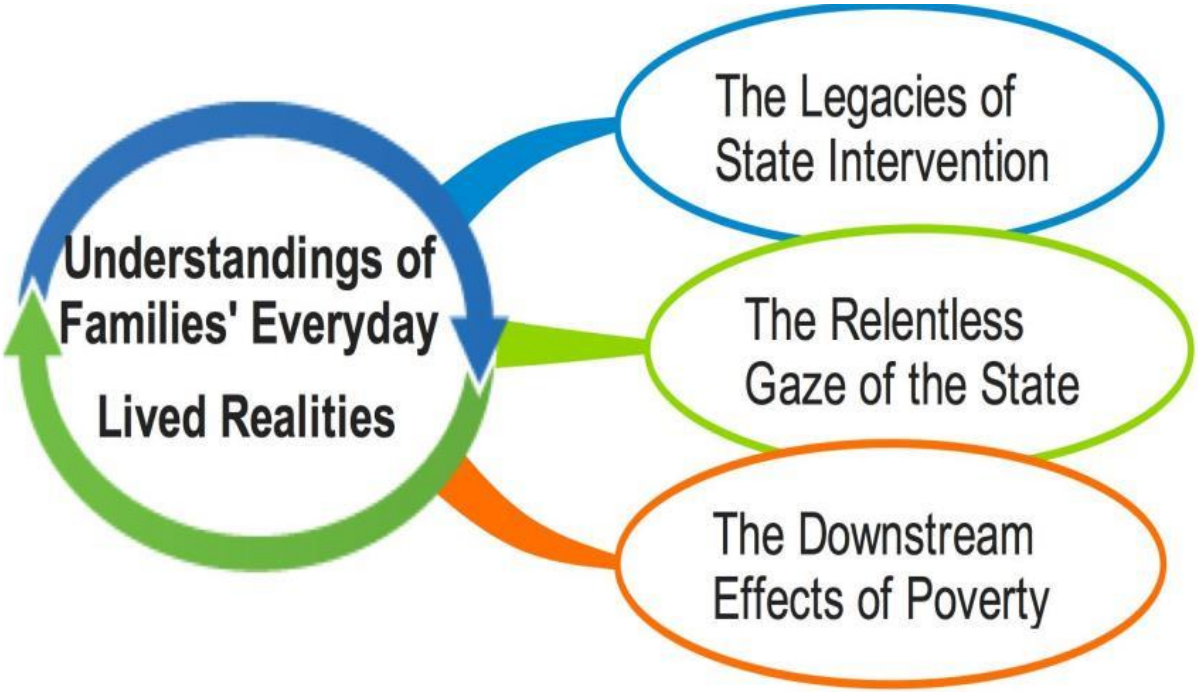
The Disabling Impacts of Colonization

- Colonization has been described "as the broadest and most fundamental determinant of Indigenous health and well-being in countries where settler-colonial power continues to dominate" (de Leeuw, Lindsay, & Greenwood, 2015, p. xii).
- Prevailing perspectives on disability and mainstream rehabilitation organizational and practice approaches have largely failed to recognize the multifaceted disabling impacts of colonization on the health and well-being of Indigenous families and children (Gilroy et al., 2013).

Continuities in Structural Violence



(McKenzie, et al, 2016)



(Gerlach, 2018)

positive
knowledge
experience
interaction
experiences
cultural
acceptance
power
proficiency
listening
truth
reinforcement
engagement
diversity
contemporary
practice
training
social
attitudes
health
dignity
identity
efficient
control
diverse
appropriate
respect
safety

<-Cultural Safety….Cultural Risk->

- **Cultural safety** 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 (Centre of Excellence for Indigenous Health website, UBC).

- **Cultural unsafety or risk** occurs when a person feels **'demeaned, diminished or disempowered'** in the healthcare system (Wood & Schwass, 1993).

This is what cultural safety looks like…

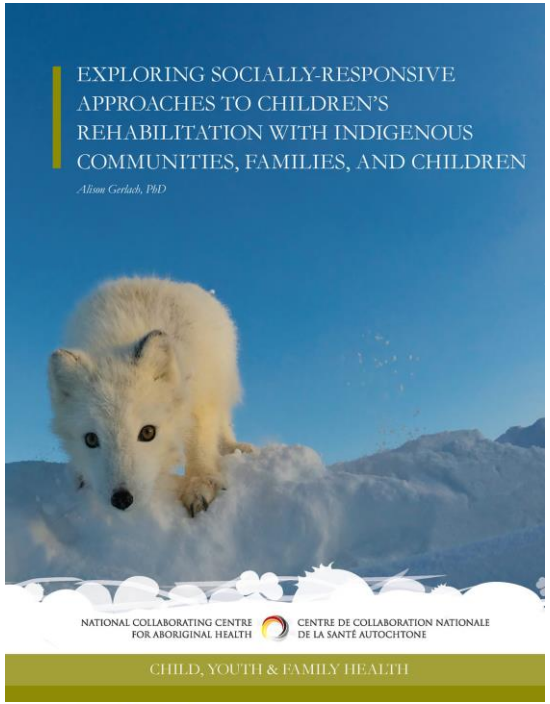
- Mother: *You walk through the door it doesn't matter who you are or what your circumstances are,* ***there's no judgment****. . . .* ***They are really here to help make you comfortable*** *. . . I feel like a piece of the furniture and I make sure in my life wherever I go if I don't feel like a piece of furniture I move on, [laughing] and it was very easy to feel comfortable here and to relate to others and accept their help.*

- Mother: ***It's safe for you to express what you need to express and ask for help*** *with what you need help with because you know they're not goanna take it and use it against you or make you feel threatened or anything. They make sure that you feel safe and secure with what you share* (Gerlach, Browne & Greenwood, 2017).

Bringing a Cultural Safety Lens to Children Rehabilitation

- How can we enhance child development/rehab. centers and services so that Indigenous families and parents feel welcome, comfortable, safe, and accepted?
- Recognizing that it is the responsibility of rehab. centers and services to transform/adapt - and that only the clients of these services can determine whether they are culturally safe.

Exploring Socially Responsive Approaches….



Literature supplemented by interviews with key informants in 8 different provinces and territories:

SLPs (n=5)
OTs (n=5)
PTs (n=2)

The majority of rehabilitation therapists in Canada have varied European ancestry. It is not known how many rehabilitation therapists self-identify as having Indigenous ancestry.

EMERGING THEMES

- Responding to Communities' Rights to Self-Determination
- Learning from 'Community'
- Focusing on Strengths & Wellbeing
- Investing in Relationships
- Making Space for Indigenous Knowledges & Languages
- Using Assessments Cautiously
- Reaching Rural & Northern Communities

sharing knowledge · making a difference
partager les connaissances · faire une différence
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T.R.C.

U.N.
D.R.I.P.

U.N.
C.R.P.D.

Community self-determination

A Relational Orientation (Gerlach, 2018)

I have worked with many people who feel that they know so much; 'you need to listen to us' - instead of being open and working together with families, and focusing on a strengths-based approach rather than a disability approach (OT, Manitoba).

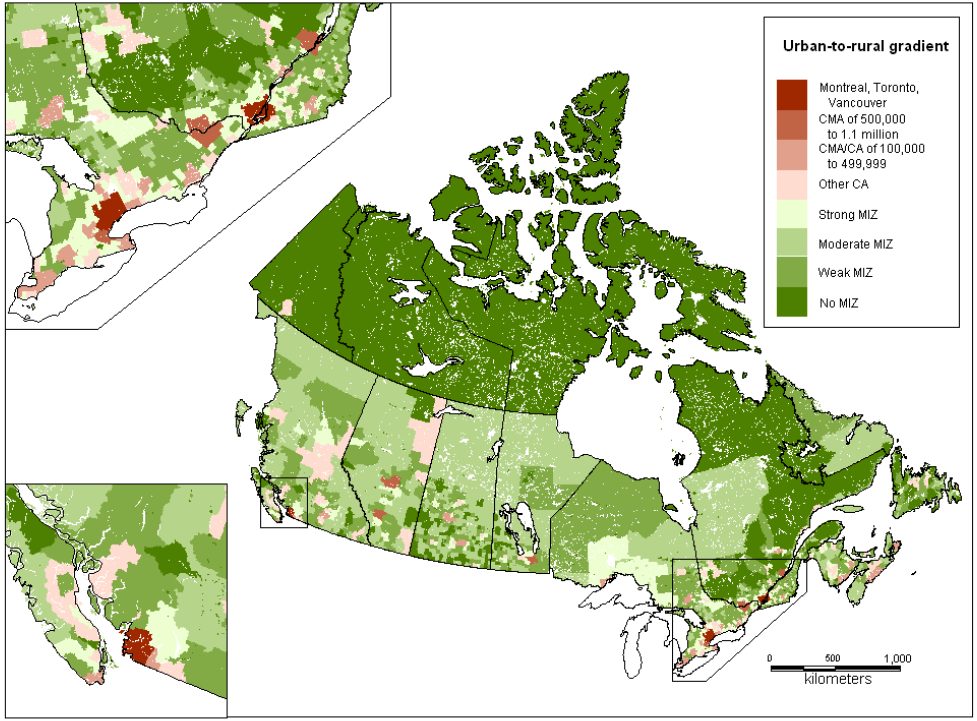
[There] needs to be a broadening and recognition that how we interact with a person likely has a greater impact on them than anything else we are doing. Your technical knowledge is a small piece compared to your ability to develop trust and relationships with families (PT, Yukon Territory).

The 'Cultural Risk' of Normative/Standardized Assessment Tools & Processes

Some of the families have said 'I'm ok with you working with them [their children] but I don't want them to undergo any testing' (SLP, British Columbia).

I don't think we are assessing children on things that are important and functional. [There are also] challenges in terms of differences in dialect and lack of assessment tools. For example for a vocabulary test when you look at the items and it has a tree branch but they have no trees (SLP, Northwest Territories).

Reaching & Responding to Rural & Northern Communities



Back in the 1990's I was working in fly-in communities and I was getting really frustrated about going up there and setting up these lovely treatment plans and bringing in equipment, only to come back on the next visit and nothing had been addressed and the equipment was collecting rust in the backyard. And I was thinking there has to be a better way here (OT, Manitoba).

Having a relationship in place before using telehealth makes a big difference in order for the process to work effectively (SLP, Northwest Territories).

telerehabilitation

People said they really appreciated not having to come down to [the city] to get the assessment and follow up; that they can stay in their communities.... My follow-up is all by telehealth now – it's becoming the new way. People were at first a bit sceptical... [but] they are telling us that they do really appreciate this service (OT, Manitoba).

A 10 year old Inuit girl was seen first at our major children's hospital and came back to us for follow-up care, so we had her started on a post-op exercise program. I had seen her here before she went back to the coast, and then we could check in on her progress every couple of weeks [using telehealth].... I could observe her walking and doing the different leg movements for me and then we could progress the exercises based on what I could see. It was a check in for us and a motivator for her too (PT, Labrador & Newfoundland).

Time for Transformation….?

① How do you come to know and respond to the unique and multifaceted context of each family's and child's life – including how their health and wellbeing are influenced by broader social and structural factors? How do you take these factors into consideration in your organization's policies and your routine practices?

② What changes do you need to make at an organizational, professional, personal level in order to provide socially-responsive and culturally safe rehabilitation in partnership with Indigenous communities and organizations?

③ HOW WILL YOU KNOW if your service is culturally safe?

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