Micro-Reconciliation as a Pathway for Transformative Change

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Acknowledgements

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Abstract

In December 2015, the Truth and Reconciliation Commission of Canada's final report was released, accompanied by 94 "Calls to Action" designed to frame Canada's path to reconciliation, the majority of which focus on macro-level changes that place responsibility on governments and public institutions to commit to broad sweeping systemic reforms and investment. Settling of Indigenous land claims, entrenchment and implementation of Indigenous rights and First Nations' Treaty Rights, and reform of Canada's human service sector is expected to play out in Canadian courts and through political, legislative, and policy processes in the upcoming decades. Embedded within the TRC's Calls to Action is also the need for action at micro-levels. "Micro-reconciliation" requires a pervasive and transformative moral refashioning of everyday interpersonal interactions between First Nations, Inuit, and Métis peoples and Canada's settler population. The purpose of this paper is to explore micro-reconciliation as a supportive and necessary approach to enhance and advance cultural safety work and humility across the human service sector. Similar to cultural safety and humility, a micro-reconciliation approach aims to challenge and diminish racism, inequality, and inequity experienced by Indigenous peoples. However, in arguing for changes to the human service sector, micro-reconciliation focuses on the intersections between entrenched structural racism and the psychological and emotional roots of discrimination that are allowed to play out in everyday service delivery provided to Indigenous peoples. The intention of our argument is to link this work with the need for overall structural reform, because without simultaneously identifying and addressing structural violence and systemic racism, micro-level changes aimed at educating and improving care provision will not be sustainable, and resistant to further forms of racism and violence.

Keywords

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Introduction

> Collective efforts from all peoples are necessary to revitalize the relationship between Aboriginal peoples and Canadian society – reconciliation is the goal. It is a goal that will take the commitment of multiple generations but when it is achieved, when we have reconciliation – it will make for a better, stronger Canada. (Truth and Reconciliation Commission of Canada, n.d.-a, para. 3)

The Truth and Reconciliation Commission of Canada's (TRC) final report was released in December 2015, accompanied by 94 "Calls to Action" (Truth and Reconciliation Commission of Canada, 2015a). The actions were designed to frame Canada's path to reconciliation, with the majority of actions focusing on macro-level changes that place responsibility on governments and public institutions to commit to broad sweeping systemic reforms and investment. Settling of Indigenous land claims, entrenchment and implementation of Indigenous rights and First Nations' Treaty Rights, and reform of Canada's human service sector (health, social welfare, justice, education) is expected to play out in Canadian courts and through political, legislative, and policy processes in the upcoming decades (Ralston Saul, 2014; Truth and Reconciliation Commission of Canada, 2015b, 2015c).

Embedded within the TRC's Calls to Action is also the need for action at micro-levels. "Micro-reconciliation" requires a pervasive and transformative moral refashioning of everyday interpersonal interactions between First Nations, Inuit, and Métis peoples and Canada's settler population. Reconciliation work at macro-levels must simultaneously invest in micro-local settings that are "particular, intersubjective, and constitutive of the lived flow of experience" (Kleinman, 1995, p. 123). The purpose of this paper is to explore micro-reconciliation as a supportive and necessary approach to enhance and advance cultural safety work (Browne et al., 2009; Papps & Ramsden, 1996) and humility (First Nations Health Authority, 2017; Foronda, Baptiste, Reinholdt, & Ousman, 2016) across the human service sector. Similar to cultural safety and humility, a micro-reconciliation approach aims to challenge and diminish racism, inequality, and inequity experienced by Indigenous peoples. However, in arguing for changes to the human service sector, micro-reconciliation focuses on the intersections between entrenched structural racism and the psychological and emotional roots of discrimination that are allowed to play out in everyday service delivery provided to Indigenous peoples.

Over twenty years ago, the Royal Commission on Aboriginal Peoples (RCAP) documented the myriad of ways the human services sector contributes to the oppression, marginalization, and discrimination of Métis, Inuit, and First Nations peoples (Royal Commission on Aboriginal Peoples, 1996). The Commission's recommendations outline concrete pathways of reform that support Indigenous self-determination as a key contributor to transformational change. However, the vision of RCAP has not been realized. Indigenous peoples continue to experience significantly higher rates of

health and social disparities, are overrepresented in child welfare and justice systems, and have less access to education, health services, and basic necessities such as clean water, safe housing, and secure sources of food, than other Canadians (Allan & Smylie, 2015; Greenwood, de Leeuw, Lindsay, & Reading, 2018; Henry, Lavallee, Innes, & Van Styvendale, 2018). Racial discrimination and structural violence continue to mark the experiences of Indigenous peoples as they negotiate systems of care, even with acknowledgement by political leaders and senior level government bureaucrats of the pervasiveness of the problem (Allan & Smylie, 2015).

The fear of Indigenous peoples is that a similar fate to the RCAP recommendations awaits the TRC's "Calls to Action" (Morin, 2018). However, it is by design that the TRC Commissioners gave our country "Calls to Action" rather than recommendations, and in doing so, named governments and other institutions, such as postsecondary institutions, as being responsible for the implementation of the actions. Movements within the human service sector to implement the "Calls to Action" and, by extension reconciliation, is occurring across the country, with postsecondary institutions, and the human service sector building reconciliation work into their mandates, training, and annual workplans. The impact of their collective efforts is yet to be determined–specifically whether meaningful and sustainable change from the perspective of Indigenous peoples involved in, and impacted by, the work of the human service sector is realized.

In this paper we focus attention on the challenges within the healthcare system and the human service sector generally when implementing cultural safety and humility as a reconciliation goal. Currently across Canada, cultural safety training of human service sector workers and administrators is occurring. The intention of our argument is to link this work with the need for overall structural reform, because without simultaneously identifying and addressing structural violence and systemic racism, micro-level changes aimed at educating and improving care provision will not be sustainable, and resistant to further forms of racism and violence.

Cultural Competency, Cultural Safety and Cultural Humility

Cultural competency draws attention to the role of "culture" in how individuals (patients, clients) experience their engagement with the human service sector (Boyle & Springer, 2001; Campinha-Bacote, 2002; Lynch & Hanson, 1992; Tseng & Streltzer, 2008). In health care, cultural competency training seeks to educate healthcare practitioners and improve healthcare systems so that they respond appropriately to the needs of ethnically-diverse patient populations. The inclusion of interpreter services, employment of a culturally-diverse staff, and education and training are viewed as measures aimed at improving the practitioner-patient relationship by enhancing communication, increasing trust, and expanding understandings of patients' cultural behaviours and environments (Brach & Fraser, 2002).

Over the past four decades, a growing number of North American healthcare accreditation bodies have developed cultural competency standards and frameworks (Fisher-Borne, Cain, & Martin, 2015; Marshal, 2005). Fisher-Borne and colleagues point to four problems inherent within these frameworks: 1) the frameworks focus on creating environments where practitioners feel more comfortable with "Others" as opposed to placing emphasis on the creation of self-awareness of power differentials, or on the biases and assumptions that practitioners may bring to the client-practitioner relationship when working with clients from diverse ethnic backgrounds and identities; 2) the use of "culture" as a proxy for minority racial/ethnic group identity, which often fails to account for diversity within those groups, and for the profound and prolonged suffering and loss experienced by specific individuals and groups; 3) the emphasis on attempting to "know" and become "competent" in understanding another's culture or cultures as an attainable goal; and 4) the lack of a transformative social justice agenda that acknowledges historical and contemporary adversity and addresses and challenges social inequalities (Fisher-Borne et al., 2015).

In contrast, the concept of "cultural safety" originated with Māori nursing scholars and educators in the 1990s (Papps & Ramsden, 1996). It focuses on the nature of cross-cultural relationships between Indigenous clients, families, and communities and non-Indigenous service providers and systems by concentrating on how historical and contemporary power imbalances, racial discrimination, cultural genocide, oppression, and marginalization manifest in the individual and collective experiences of Indigenous peoples. Unlike cultural competence, the concept of cultural safety is intended to focus less on the benefits of cross-cultural awareness and sensitivity, and more on risks associated with their absence (Brascoupé & Waters, 2009). Because it aims to transfer power from service providers to Indigenous clients, cultural safety is distinct from other cultural approaches and is considered to be a "more radical, politicized understanding of cultural consideration, effectively rejecting the more limited cultural competent approach for one based not on knowledge but rather on power" (Brascoupé & Waters, 2009, p. 10).

While theoretically upsetting entrenched power relations, the practical application of cultural safety remains a challenge. For example, Browne and colleagues point out that the two terms–culture and safety–have the potential to be narrowly interpreted and the use of cultural safety in practice can unintentionally foster the further objectification of people who are already vulnerable (Browne et al., 2009). Farmer cautions against improvements to client care that only highlight psychological and cultural attributes of individuals or groups, and argues this approach tends to exaggerate the personal agency of individuals while failing to recognize that individual risk, distress, improvement, and recovery are embedded in historical, social, and economic determinants (Farmer, 2003). While the idea of cultural safety works against this tendency, human service sector managers are likely to lean towards adopting an essentialized "Indigenous culture" and limiting the scope of "safety" in ways that draw attention

away from, not to, the commonality of constraint that characterizes the lived experiences of First Nations, Métis, and Inuit clients, and which is a central contributor to health and social disparities.

In discussing healthcare delivery, Brascoupé and Waters (2009) argue that the problem with applying a cultural safety framework is two-fold:

> …the power relationship is inherently unbalanced, where the qualified healthcare professional retains the power of their professional knowledge and practical capabilities of their position in relation to the relatively less powerful position of the patient; and second, a paradigm shift with a transfer of power may be of less practical value to a patient than a culturally knowledgeable, respectful, and sensitive service provider….locating cultural safety on the cultural continuum makes it more achievable, effectively defining it as a better form of cultural competence, building a stronger and more trusting mutual relationship between receiver and provider. (p.13)

In recent years, cultural humility has become a companion concept to improve the application of cultural safety, where it is viewed as:

> … a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a lifelong learner when it comes to understanding another's experience. Cultural humility enables cultural safety. (First Nations Health Authority, 2017, p.11)

Cultural humility places the onus on the service provider to approach interactions with Indigenous clients in a humble and open manner, recognizing a bicultural exchange where both parties bring unique perspectives, understandings, and cultural experiences. This exchange is about mutually active listening where both the patient and the provider engage in meaningful dialogue.

Central to cultural humility is an understanding that it is a dynamic and life-long learning process (First Nations Health Authority, 2017; Lewis & Prunuske, 2017). Cultural humility asks learners to acknowledge the psychological roots of discrimination, and reflect on personal experiences and understandings of the world, and how these might differ from the lived experiences of others. However, Kaur and Bal (2018) identify two important limitations: 1) due to socio-political histories the provider and patient may not find a common ground of understanding; and 2) individual success is dependent on an institution's accountability, where practitioners must be aware of their biases and demand representation and training from their institutions.

Arguments such as these raise the question as to whether cultural safety and humility are achievable across the human service sector at all. If our challenge is to work towards a knowledgeable and supportive institutional context to advance cultural safety and reconciliation, how then do we move forward with our goals? In the remainder of the paper we will explore this question.

The TRC's *Calls to Action* and Cultural Safety

The TRC's Calls to Action identify important gaps in the training of human service sector providers. For example, under health, Action 23 calls for governments to "[p]rovide cultural competency training for all healthcare professionals" (Truth and Reconciliation Commission of Canada, 2015a) and Action 24 directs medical and nursing schools in Canada to "require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration of the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices" (Truth and Reconciliation Commission of Canada, 2015a, p. 3). Similar training recommendations are given for child welfare (Call 1), law (Calls 27 and 28), education (Call 63), public sector (Call 57), and business sector (Call 92) workforces. Left out of the language, but implied by the Calls, is that education and training be infused with anti-racist and anti-oppressive theories and analysis that reinforce the importance of applying cultural competency and safety in diverse human service sector settings where Indigenous peoples are vulnerable. However, while the TRC's Calls to Action point post-secondary institutions, governments and health authorities in the right direction, entrenched structural racism persists and, we believe, impedes meaningful application of cultural safety and humility across the human service sector. For example, in healthcare provision, highly structured environments with time-limited practitioner-patient interactions or busy and chaotic emergency rooms are built upon colonial administrative systems that are highly gendered, racialized, and employ manufacturing metaphors of "efficiency", "streamlining", and "leaning" in their operating designs. For patients generally, this context can be alienating, and these effects can be compounded for Indigenous patients and families (Allan & Smylie, 2015; Blackstock, Brown, & Bennett, 2007; Ermine, 2007; Murray, 2010).

Studies examining the health care experiences of Indigenous patients find that delaying or avoiding health care services is associated with anticipated racism, as patients report feeling silenced, disregarded, stigmatized, and negatively stereotyped by health care and other service providers (Brian Sinclair Working Group, 2017; Tait, 2013). Entrenched societal stereotypes of Indigenous peoples as inherently prone to substance abuse, violence and irresponsibility, are known to influence the ways non-Indigenous service providers interpret patient reporting of their symptoms and can negatively influence the type of care they receive (Allan & Smylie, 2015; Truth and Reconciliation Commission of Canada, 2015b). This is illustrated for example, by the case of Brian Sinclair who died in a Winnipeg emergency room after 34 hours awaiting care (Brian Sinclair Working Group, 2017) or recent investigations into

coerced sterilization of Indigenous women in birthing wards in Saskatoon, Saskatchewan (Boyer & Bartlett, 2017).

Meaningful application of cultural safety can be further impeded across the human service sector, because those providing services (e.g., nurses, teachers, social workers, legal aid lawyers, corrections officers, police) themselves commonly feel disempowered within the systems in which they work. In recent decades, restructuring of the Canadian human service sector has involved broad budgetary cutbacks (Boyle & Springer, 2001; Browne et al., 2009). As highlighted by Varcoe and Rodney, these cutbacks have been:

> [i]n keeping with an acquiescence to efficiency and scarcity discourses – to 'do more with less'. These trends have had consequences in terms of workload, level of acuity, staffing shortages, loss of clinical leadership, declining morale, and increasingly pressured working environments. (as cited in Browne et al., 2009, p. 171)

Introducing a cultural safety approach to human service sector workers without first understanding the impact of austerity and other measures upon their perceived abilities to practice cultural safety in their workplaces runs the risk of furthering indifference and, possibly, creating service provider backlash to the idea of cultural safety.

Cultural Safety and Micro-Reconciliation

Drawing upon the concepts of cultural competency (Campinha-Bacote, 2002; Tseng & Streltzer, 2008), cultural safety (Boyle & Springer, 2001; Lynch & Hanson, 1992), and cultural humility (Bozorgzad, Negarandeh, Raiesifar, & Poortaghi, 2016; First Nations Health Authority, 2017) micro-reconciliation challenges governments, public institutions, and the human service sector to develop and adopt anti-racist and anti-oppressive strategies that directly name and address structural racism. We believe that to advance cultural safety as practice, the health, social welfare, justice and education sectors cannot ignore the role that entrenched structural racism plays in shaping the attitudes and behaviours of their work forces. The intended goal of micro-reconciliation is to support institutional pathways that seek to empower all levels of management and employees to understand that: 1) structural racism is embodied in institutional ideas and treatment of Indigenous peoples; 2) these ideas and forms of treatment have been normalized over multiple decades and therefore, treated as acceptable, even today; 3) Indigenous people commonly do not feel empowered to speak up against treatment that they feel is racist and oppressive; and 4) if left unaddressed, structural racism will continue to shape how Indigenous people are treated in local settings, even in light of cultural safety and humility training.

Micro-reconciliation offers an applied institutional pathway forward that recognizes settler Canadians have either inherited at birth, or as newcomers, a divided and racially-charged social landscape that systematically undermines First Nations, Inuit, and Métis personhood, rights, and nationhood. Therefore, if reconciliation is the collective goal of our country, then those institutions that take up the challenge require the moral courage to name the scope of the challenge (micro and macro), address it, and collectively support transformational change grounded in individual and institutional honesty, self-reflection, restitution, and forgiveness (Blackstock, 2011).

Following the insight of the Honourable Murray Sinclair, Senator, who chaired the TRC, we believe that for the human service sector and their Indigenous patients/clients, reconciliation is experienced most intimately and profoundly when it is actively practiced or experienced in micro-local settings. Senator Sinclair states:

> ...we also have to talk about reconciliation at the personal, and family and community level. That is where true change will occur, for it is in our daily lives where we seek and, hopefully, find peace. Our leaders need to show the way, but no matter how many deals and agreements they make, it is in our daily conversations and interactions that our success as a nation in forging a better place, will ultimately be measured. It is what we say to and about each other in public and in private that we need to look at changing. (Sinclair, 2014)

If we agree with Senator Sinclair, then we must confront the dismantling of structural racism with the same commitment currently underway to educate and train the human service sector workforce to practice cultural safety and humility.

Micro-Reconciliation: Acknowledgement, Witnessing and Moral Courage

We contend that unravelling Canada's complex colonial relationships with Indigenous peoples depends on micro-reconciliation being a priority within human service sector institutions and governing bodies. We further contend that it is imperative that ministries, authorities and agencies making up the human service sector find ways to work collaboratively on reconciliation, with the lived experiences of Indigenous peoples who move through their institutes and agencies guiding their work. Central to their mission must be strategies that purposely name and address structural and micro-level racism and oppression. We propose the development of anti-racist and anti-oppression training and education that complements cultural safety and humility training by focusing on dismantling structural racism within the human service sector. The goal here is to transform the ethos of everyday work environments by encouraging personal and collective investment in reconciliation. We propose doing this through the development of transformative action in three inter-subjective and intersecting spheres:

acknowledgment; witnessing; and moral courage. Each sphere transforms and strengthens the foundations for education and learning of cultural safety, cultural humility, and reconciliation in micro-moral settings, specifically administrative and practitioner levels of engagement.

Acknowledgment

At its core, our country's journey to reconciliation involves genuine inter-subjective acknowledgement in local settings of the degree and impact of trauma and injustices experienced by Indigenous peoples. As described by Senator Sinclair, our everyday conversations and interactions can be powerful pathways to transformative change. Reconciliation requires that all Canadians commit to relationships built upon acknowledgment and healing of past wrongs, which includes acknowledgment that the oppressive rationale that led to discriminatory policies and actions continues to influence current decisions. In the human service sector, this requires a genuine commitment to reconciliation being an institutional priority.

According to McLean (2016), the problem of changing attitudes is exasperated by national rhetoric of tolerance and multiculturalism that promises a celebration of diversity but serves to mask state practices that normalize and maintain systems that disadvantage Indigenous peoples. She argues that genocidal policies erased Indigenous peoples from the landscape supporting the doctrine of terra nullis (that no one owned the land prior to European assertion of sovereignty), allowing European settlers to claim status as the "true Canadians" (McLean, 2016). Broad-based success in changing attitudes, opinions and behaviours is therefore a formidable and lofty goal; however, if left unaddressed, it will prevent any substantive reconciliation for the country.

The "truth" in "truth and reconciliation" is easily rejected by many settler Canadians because the oppression of Indigenous peoples is rationalized and normalized in society. Over generations, governments, private sector businesses, and other social institutions have been designed without the involvement of Indigenous peoples, and imposed upon them, leading to disruption in their abilities to advocate and organize. Governments and industry have colluded to exploit Indigenous lands and resources. How much of this plays out in the lives of Indigenous peoples is largely hidden away from public scrutiny, occurring in geographical and social spaces that most settler Canadians are never part of. What Canadians are most likely to see as "truth" are images and accounts of Indigenous peoples as the disparate "Other," contrasted with Canada's master narrative of enterprising nationals who are "responsible citizens, compassionate, caring, and committed to the values of diversity and multiculturalism" (Thobani, 2007, p. 8). With most Canadians having at least some knowledge of the historical assaults imposed upon Indigenous peoples at the hands of governments, churches, and a resource-driven economy, it remains incomprehensible to many that a set of overarching moral justifications that ultimately alleviate Euro-Western culpability do not exist; a recent example being

Senator Lynn Beyak's public defense of the residential school system in which she gave reference to "kindly and well-intentioned men and women … whose remarkable work, good deeds and historical tales in the residential schools go unacknowledged for the most part" (Tasker, 2017).

The over-involvement of Indigenous peoples across the human service sector serves to support arguments such as Senator Beyak's, the implication being that if Indigenous people are seen to be sick, violent, disruptive, failing, lacking, and weak today, than they must also have been this way in the past (Tasker, 2019). Institutional and professional narratives almost always situate Indigenous peoples as "victims", "patients", "clients", "wards", and "criminals", and not in positions of power and decision-making. Designations of "expert", "specialist", "authority", and "professional" are assigned in relation to highly gendered, racialized, and class positioning of workers, and generally exclude Indigenous knowledge and knowledge keepers (e.g., traditional medicine people, Elders, healers).

Acknowledgment of Canada's colonial history brings into question the very legitimacy of our foundational institutions (governments, churches, healthcare, social welfare, justice, education), creating a crisis of national identity if the truths are to be acknowledged. However, acknowledgment of our country's colonial history is paramount, as is widespread acknowledgement that these same institutions continue to fail Indigenous peoples. The factual history and human narratives of cultural genocide, such as those provided by the TRC (Truth and Reconciliation Commission of Canada, 2015a, 2015b), RCAP (Royal Commission on Aboriginal Peoples, 1996), and the Aboriginal Healing Foundation (Aboriginal Healing Foundation, 2019), are reliable sources of knowledge and historical accounting, and evidence that our national identity is built directly from the prolonged suffering, loss, and marginalization experienced by Indigenous peoples. Despite increased public acknowledgement by governments of our colonial past, contemporary responses such as Senator Beyak's continue to be characterized by multiple forms of systemic and sociocultural denial, rejection, defensiveness, and blame, which effectively deflect the grand responsibility reconciliation requires.

Cultural humility training of settler human service sector administrators and workers requires their committed reflection upon a Euro-Western worldview and material culture that situates them in positions of privilege and power founded upon the colonial oppression of Indigenous peoples. Even new racialized settlers quickly learn to disvalue Indigenous peoples as citizens, adopting colonial attitudes and values towards them. This is commonly reinforced by their experiences in their country of origin, where Indigenous peoples remain the most vulnerable and marginalized globally (Henry et al., 2018).

At its core, reconciliation is about acknowledgment that Canadian society is implicated in the "truth" (the disorder brought to the lives of Indigenous peoples) and in the path to "reconciliation" (restitution, dignity, health, restoration of spirit). Educating and training human services sector administrators and workers to genuinely learn and unlearn through a lens of anti-racism and humility

places culturally-safe practices at the centre of everyday micro-level interactions, improving institutional structures and processes from the ground up. We believe that administrators and managers, not just the general workforce, across the human service sector must be taught in a holistic manner that nurtures their vitality and spirit. Education and training must be designed to empower the collective to feel confident to critically scrutinize institutional power structures and practices that perpetuate racism. Equally important here is the commitment of politicians and senior government leadership to actively engage with and support this process across health, justice, child welfare and education sectors (Browne et al., 2009).

Witnessing

The TRC describes witnessing as calling upon individuals to:

> be the keepers of history when an event of historic significance occurs. Partly because of the oral traditions of Aboriginal peoples, but also to recognize the importance of conducting business, building and maintaining relationships in person and face to face" (Truth and Reconciliation Commission of Canada, n.d.)

Witnessing involves the ability of the collective workforce to critically assess taken-for-granted assumptions held about Indigenous peoples that are built into institutional structures and daily practices across the human service sector (Blackstock, 2011). Having human service sector workers acknowledge and bear a traditional witnessing role can place them in solidarity with Indigenous peoples in ways they may have never experienced. However, asking them to embrace this role is only possible if it is valued at all levels of administrative and service delivery, and is understood as transformative practice. Honest reflection of the roots and consequences of colonization require supportive and progressive environments for both Indigenous and settler peoples so that they are not punished nor disempowered by bearing witness. Witnessing calls for courageous efforts by human service sector workers to be a moral eye and voice, so to speak, within the everyday local contexts of healthcare delivery, social welfare, justice, and education. Empowering individuals to feel supported in questioning the status quo and to deconstruct what is taken-for-granted practice, but nevertheless damaging to Indigenous peoples, creates opportunities for change, shifts, and adjustments to the ways we do things—to better serve those we do things for. In discussing the education system, Kumashiro argues that:

> understanding oppression requires more than looking at one's dispositions toward, treatment of, and knowledge about the Other. Educators and students need to examine not only how some groups and identities are Othered, that is, marginalized, denigrated, violated in society, but also how some groups are favored, normalized, privileged, as well as how this dual process is legitimized

and maintained by social structures and competing ideologies (Kumashiro, 2000, pp. 35-6).

Taught through the lens of micro-reconciliation, cultural safety and humility emphasizes relational accountability (Henry, Tait, & STR8 UP, 2016; Wilson, 2008) and self-awareness that supports managers, administrators and service providers to uncover their own biases and assumptions supported by and within Euro-Western education and structures. Critically drawing upon teachings from Indigenous knowledge keepers, reflecting on personal or imagined experiences, and employing approaches to analyze structural and other causes that disadvantage Indigenous peoples within "system of care" provides spaces and opportunities for transformative change (First Nations Health Authority, 2017).

Creating environments for human service sector workers to claim the subjective position of "witness" requires supportive administrative changes, while simultaneously recognizing that everyday work environments (assumptions, attitudes, behaviours, and structures) can stubbornly oppose new ideas and change. Identifying leaders, policy makers, administrators, and other decision-makers who support the reasoning for training and educating in cultural safety and micro-reconciliation practices, and who embrace a constructive desire to both challenge and act in light of oppressive policies, practices and attitudes, is critical for change. Equally important is the identification of practitioners—Indigenous and settler—who feel a personal investment in reconciliation, as well as the support and rewarding of these individuals in their role as leaders and mentors of cultural safety, cultural humility, and micro-reconciliation.

Moral Courage

Reconciliation as pragmatic action centres on the moral courage to name and speak what is known to be true. By way of the RCAP, Aboriginal Healing Foundation, and TRC, Indigenous peoples and their supporters articulated to all Canadians the brutal and devastating truths of colonization. Our country cannot disown these truths nor pretend not to know them; they are our reality as we move forward. The expectation of reconciliation through applying cultural safety and humility is to facilitate a context where Métis, Inuit, and First Nations voices are heard, listened to, and respected, and where Indigenous people, including Elders, serve in positions of leadership, influence, and care. Creating safe spaces in everyday work environments for respectful dialogue and practice can allow for reflection on worldviews and social positions, and help reduce the insecurity of facing the truth. Blackstock and her colleagues refer to courageous conversations as a way to accurately name problems and challenges as they present themselves (Blackstock, 2011). Acknowledging root causes of social suffering—social, historical, political, cultural, geographic, and other factors such as gender, class, age, or ability—that shape the lived experience of Indigenous peoples allows a deeper truth to emerge. To speak about the

harms caused by, or the enhancements needed for our human service sector, inevitably launches us into a moral discussion about what is important to collectively build systems that are not discriminatory to Indigenous peoples. However, this can only be done together, with Indigenous peoples driving the change rather than those who oversee the human service sector taking full lead and control.

In a reconciliation climate that supports a safe environment for individuals to speak up (providers and recipients), leaders, administrators, and mentors within the system must be empowered to constructively redirect abuse, prejudice, and discrimination towards transformative dialogue, solutions, structural change, and forms of restitution. Indigenous knowledge keepers are key facilitators in this process.

Education and mentorship for those working in the human service sector, Indigenous and settler, to speak and affirm truth, as it is understood by those who suffer, is critical to growing moral strength and courage to move towards a shared reality of reconciliation. Such education must be grounded first and foremost in the worldviews of the Indigenous peoples of the territory and provided by them, to limit pan-Indigenous perspectives and understandings. Education must also be grounded in anti-racist pedagogy of learning and unlearning that creates "a new kind of subject that engages in disrupting systems of inequality, creating space for a more humanizing education" (Leonardo, 2009 as cited in McLean, 2016, p. 15). Education must be ongoing to build the required capacity to create cohorts of individuals armed and able to challenge their own assumptions, as well as those embedded within institutional structures and policies and held by their peers and colleagues. Recognizing what aspects of the TRC's Calls to Action are in one's own personal power to put into practice begins a process of challenging systems that underlie settler colonialism.

The role of the human service sector is tremendous in the lives of Canadians. The positional power of leaders and providers has the capacity to make or break micro-level reconciliation processes and practices, instilling standards of service delivery that inter-weave Indigenous knowledge(s), wellness, and healing practices into operational realities. The process of reconciliation as this unfolds over time will, if we follow this pathway, become the mirror image of the attitudes of administrators, employees, and clients, and the normalized way in which Indigenous peoples are supported and cared for in an ethical manner as they work in, seek services and move through systems of care.

Conclusion

Imperial colonialism and subsequent settler colonialism created a dominant culture in which many Canadians operate, even today, without much thought given to its implications. Thus, dominance that is normalized and built into the fabric of Canada's national identity creates a status quo that disadvantages certain citizens and not others. Indigenous cultures and histories become meaningless,

marginal, silent, and, ultimately controlled, while the nation's master narrative of white supremacist heteronormative patriarchy is perpetuated through educational institutions, government legislation and policies, access to resources, systemic violence and racial discrimination. Ermine identifies the critical work of confronting the hidden interests, attitudes, and bedrock assumptions that have traditionally characterized relationships between Indigenous and settler peoples, and thought leaders like him and others seek to challenge the idea that Canada is now in a postcolonial period (Ermine, 2007). At its core, reconciliation is about addressing this challenge.

Healthcare, justice, education, and social welfare are social landscapes where Canada's legacy of colonization and oppression of First Nations, Inuit, and Métis peoples continues to play out. While some positive changes have occurred in recent decades, many of the health and social disparities highlighted by RCAP 20 years ago remain unchanged or have worsened (King & King, 2014). Indigenous peoples continue to experience high levels of discrimination in Canada, and forms of micro-aggression and structural violence are so deeply entrenched in the psyche, bureaucracies, and social fabric of Canadian society that they can go virtually unnoticed. Micro-reconciliation practice moves us in an Indigenous rights direction that is driven by the "heart and not the head"; it draws on international human rights (e.g., human dignity, equality, security and recognition of personhood) (Ralston Saul, 2014) and reinforcement of Indigenous rights (e.g., self-determination, freedom from discrimination, able to maintain and strengthen Indigenous institutions, full participation in State institutions) asking each Canadian to reflect truthfully on how Canada came to be.

A goal of reconciliation is to redefine the relationship between Indigenous nations and the rest of Canada in ways that are acceptable to Indigenous peoples, and which contribute to real gains being made in the reduction of socioeconomic, health, and educational disparities. A central focus is improvements to human service sector institutions and systems that have shown a limited ability to serve (and not harm) Indigenous people. With past practices not demonstrating success and the status quo not being an option, an approach that reinforces the social, political, cultural, and economic rights of Indigenous peoples is paramount. Doing better across the human service sector requires a serious consideration of everyday practices and interactions between Indigenous and settler peoples. Indigenous knowledge keepers are well equipped to guide this journey, while national, provincial, and regional Indigenous leaders are simultaneously tasked with directing governments and other decision makers towards broader systemic change (macro-reconciliation) in political, economic, and social arenas.

Acknowledging the shortcomings of our systems of care requires strength and moral courage by those who work within these systems. Further, acknowledging the shortcomings of mainstream approaches is incumbent upon senior managers, administrators, practitioners, and care providers, who are not always aware of the limits of mainstream approaches. The process of micro-reconciliation thereby encourages meaningful self and collective reflection that is supported by institutions and

managers who believe transformative change is possible and desirable, and that foster and encourage cultural safety and humility.

Basing micro-reconciliation practice on forms of pragmatic solidarity (Farmer, 2003) between Indigenous peoples and settler Canadians, will require regular persistent reflection on individual and societal values and alternative moral behaviours in unethical situations. The idea of focusing on micro-reconciliation and the link between everyday interactions that occur between Indigenous and settler peoples and the structures in which these interactions occurs, provides a pragmatic pathway for human service sector institutions, and those who lead and work in them, to not only foster an understanding of a shared history but also the very different consequences for Indigenous and settler peoples of Canada's history. Healing and support are required for both sides, and this recognition is critical. As in any relationship, taking responsibility and aiming for resolution requires a position of shared humility and respect. Blame is futile in reconciliation. Listening to understand is the foundation.

Human service sector employees (Indigenous and settler) who work with Indigenous people daily are most aware and positioned to bear witness and speak up about discrimination. Embedding cultural safety, humility and micro-reconciliation training in postsecondary education and in professional development across human service sector professions is therefore critical. Also critical is creating opportunities for Indigenous trainees to be mentored and developed as leaders— including in designated Indigenous leadership roles, as well as in leadership roles generally across the human service sector. As we move forward with the initial idea of micro-reconciliation practice, we encourage others, theoretically and as pragmatic transformative action, to further the ideas presented in this paper.

References

Aboriginal Healing Foundation. (2019). Retrieved from http://www.ahf.ca.

Allan, B., & Smylie, J. (2015). *First Peoples, Second Class Treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, ON. Retrieved from https://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Full-Report-FPSCT-Updated.pdf

Blackstock, C. (2011). Wanted: Moral courage in Canadian child welfare. *First Peoples Child & Family Review*, *6*(2), 35–46. Retrieved from http://journals.sfu.ca/fpcfr/index.php/FPCFR/article/view/114/178

Blackstock, C., Brown, I., & Bennett, M. (2007). Reconciliation: Rebuilding the Canadian child welfare system to better serve aboriginal children and youth. *Putting a Human Face on Child Welfare: Voices from the Prairies*, 59–87. Retrieved from https://cwrp.ca/sites/default/files/publications/prairiebook/Chapter3.pdf

Boyer, Y., & Bartlett, J. (2017). *External Review: Tubal Ligation in the Saskatoon Health Region: The Lived Experience of Aboriginal Women*. Retrieved from https://www.saskatoonhealthregion.ca/DocumentsInternal/Tubal_Ligation_intheSaskatoonHealthRegion_the_Lived_Experience_of_Aboriginal_Women_BoyerandBartlett_July_22_2017.pdf

Boyle, D. P., & Springer, A. (2001). Toward a cultural competence measure for social work with specific populations. *Journal of Ethnic and Cultural Diversity in Social Work*, *9*(3–4), 53–71. https://doi.org/10.1300/J051v09n03_03

Bozorgzad, P., Negarandeh, R., Raiesifar, A., & Poortaghi, S. (2016). Cultural safety: An evolutionary concept analysis. *Holistic Nursing Practice*,*30*(1), 33–38. https://doi.org/10.1097/HNP.0000000000000125

Brach, C., & Fraser, I. (2002). Reducing disparities through culturally competent health care: an analysis of the business case. *Quality Management in Health Care*, *10*(4), 15–28. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5094358/pdf/nihms-825244.pdf

Brascoupé, S., & Waters, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. *International Journal of Indigenous Health*, *5*(2), 6. Retrieved from https://jps.library.utoronto.ca/index.php/ijih/article/view/28981/23928

Brian Sinclair Working Group. (2017). Out of Sight: A summary of the events leading up to Brian Sinclair's death and the inquest that examined it and the Interim Recommendations of the Brian Sinclair Working Group. Retrieved from https://media.winnipegfreepress.com/documents/Out_of_Sight_Final.pdf

Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy*, *10*(3), 167–179. https://doi.org/10.1111/j.1466-769X.2009.00406.x

Campinha-Bacote, J. (2002). The Process of Cultural Competence in the Delivery of Healthcare Services: a model of care. *Journal of Transcultural Nursing : Official Journal of the Transcultural Nursing Society*, *13*(3), 181. https://doi.org/10.1177/10459602013003003

Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal*, *6*(1), 193–203.

Farmer, P. (2003). Pathologies of power: health, human rights, and the new war on the poor. Berkeley: University of California Press.

First Nations Health Authority. (2017). *FNHA's Policy Statement on Cultural Safety and Humility*. West Vancouver, British Columbia. Retrieved from http://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf

Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education*, *34*(2), 165–181. https://doi.org/10.1080/02615479.2014.977244

Foronda, C., Baptiste, D.-L., Reinholdt, M. M., & Ousman, K. (2016). Cultural Humility: A Concept of Analysis. *Journal of Transcultural Nursing*, *27*(3), 210–217. https://doi.org/10.1177/1043659615592677

Greenwood, M., de Leeuw, S., Lindsay, N.M., Reading, C. (2018). *Determinants of Indigenous Peoples' Health in Canada: Beyond the Social* (2nd Ed). Toronto: Canadian Scholars.

Henry, R., Lavallee, A., Innes, R., & Van Styvendale, N. (2018). *Global Indigenous Health: Reconciling the Past, Engaging the Present, Animating the Future*. Arizona: University of Arizona Press.

Henry, R., Tait, C., & STR8 UP. (2016). Creating Ethical Research Partnerships: Relational Accountability in Action. *The Engaged Scholar*, *2*(1), 183-204. Retrieved from https://jmss.org/index.php/esj/article/view/61486

Kaur, J., & Bal, R. (2018). Cultural Humility in Art Therapy and Child and Youth Care: Reflections on Practice by Sikh Women. *Canadian Art Therapy Association Journal*, *31*(1), 6–13. https://doi.org/10.1080/08322473.2018.1454096

King, A., & King, M. (2014). Improving the Health of Indigenous People Through Health Practitioner Training. In P. Menzies & L. F. Lavallée (Eds.), *Journey to Healing: Aboriginal People With Addiction and Mental Health Issues: What Health, Social Service and Justice Workers Need to Know*(pp. 413–424). Toronto, Ontario: Centre for Addictions and Mental Health.

Kleinman, A. (1995). *Writing at the Margin: Discourse between Anthropology and Medicine*. California: University of California Press.

Kumashiro, K. K. (2000). Toward a Theory of Anti-Oppressive Education. *Review of Educational Research*, *70*(1), 25. https://doi.org/10.2307/1170593

Lewis, M., & Prunuske, A. (2017). The Development of an Indigenous Health Curriculum for Medical Students. *Academic Medicine*, *92*(5), 641–648. https://doi.org/10.1097/ACM.0000000000001482

Lynch, E. W., & Hanson, M. J. (1992). Developing cross-cultural competence: A guide for working with young children and their families. Paul H. Brookes Publishing.

Marshal, S. (2005). *A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia*. Halifax. Retrieved from https://nurseone.ca/~/media/nurseone/page-content/pdf-en/cultural_competence_guide_for_primary_health_care_professionals.pdf

McLean, S. R. (2016). Disturbing Praxis: A Foucauldian Analysis of Student Subjectivities and Classroom Pedagogies in Public Schools. (Unpublished doctoral dissertation). .University of Saskatchewan, Saskatoon, Canada.

Morin, R. (2018, March 19). Action and accountability are what's needed for reconciliation. [Opinion. Column in the CBC project "Beyond 94: Truth and Reconciliation in Canada"]. *CBC News*. Retrieved from https://www.cbc.ca/news/indigenous/opinion-action-accountability-reconciliation-ry-moran-1.4568339

Murray, J. S. (2010). Moral courage in healthcare: acting ethically even in the presence of risk. *Online Journal of Issues in Nursing*, *15*(3). https://doi.org/10.1016/S2155-8256(15)30381-1

Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: the New Zealand experience. *Journal of the International Society for Quality in Health Care*, *8*(5), 491–497. https://doi.org/10.1093/intqhc/8.5.491

Ralston Saul, J. (2014). The Comeback: How Aboriginals Are Reclaiming Power And Influence. Toronto, Ontario: Penguin Canada.

Royal Commission on Aboriginal Peoples. (1996). *Report of the Royal Commission on Aboriginal Peoples: Gathering Strength* (Vol. 3). Ottawa, Ontario: Canada Communication Group — Publishing. Retrieved from http://data2.archives.ca/e/e448/e011188230-03.pdf

Sinclair, M. (2014, April 18). Reconciliation not opportunity to "get over it": Justice Murray Sinclair. [Opinion]. *CBC News*. Retrieved from https://www.cbc.ca/news/indigenous/reconciliation-not-opportunity-to-get-over-it-justice-murray-sinclair-1.2614352

Tait, C. L. (2013). Resituating the ethical gaze: government morality and the local worlds of impoverished Indigenous women. *International Journal of Circumpolar Health, 72*(1). https://doi.org/10.3402/ijch.v72i0.21207

Tasker, J.P. (2017, March 8). Conservative senator defends "well-intentioned" residential school system. CBC News. Retrieved from https://www.cbc.ca/news/politics/residential-school-system-well-intentioned-conservative-senator-1.4015115

Tasker, J.P. (2019, May 9). Lynn Beyak suspended from Senate after refusing to take down letters condemned as racist. CBC News. Retrieved from: https://www.cbc.ca/news/politics/tasker-beyak-ethics-report-1.5129767

Thobani, S. (2007). Exalted subjects: Studies in the making of race and nation in Canada. Toronto: Ontario: University of Toronto Press.

Truth and Reconciliation Commission of Canada. (n.d.). Honourary witness. Retrieved from http://www.trc.ca/reconciliation/honorary-witness.html

Truth and Reconciliation Commission of Canada. (2015a). *Truth and Reconciliation Canada: Calls to Action*. Winnipeg, Manitoba: Truth and Reconciliation Commission of Canada. Retrieved from http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

Truth and Reconciliation Commission of Canada. (2015b). Honouring the Truth, Reconciling for the Future: Summary of the Final report of the Truth and Reconciliation Commission of Canada. Retrieved from: http://www.trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf

Truth and Reconciliation Commission of Canada. (2015c). *What we have learned: Principles of truth and reconciliation*. Retrieved from http://nctr.ca/assets/reports/Final Reports/Principles_English_Web.pdf

Tseng, W.-S., & Streltzer, J. (2008). *Cultural competence in health care*. Springer Science & Business Media.

Wilson, S. (2008). *Research is Ceremony: Indigenous Research Methods.* Winnipeg, Manitoba: Fernwood Publishing.