

# Indigenous Allyship Toolkit

A guide to honouring culture, authentic collaboration and addressing discrimination



Prepared by the **Hamilton Niagara Haldimand Brant Indigenous Health Network** in partnership with the Hamilton Niagara Haldimand Brant Local Health Integration Network



# Indigenous Allyship Toolkit

## Acknowledgement

The Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) would like to acknowledge that the regions of Hamilton, Niagara, Haldimand-Norfolk, Brant and Burlington are situated upon traditional territory of Haudenosaunee and Anishinabek.

The Territory is mutually covered by the [Dish With One Spoon Wampum Belt Covenant](#), and agreement between the Iroquois Confederacy, The Ojibway and other allied nations to peaceably share and care for the land and resources around the Great Lakes.

Today, these remain home to many Indigenous Peoples and we are grateful for the opportunity to work with communities across this territory including [Mississaugas of Credit First Nation](#), [Six Nations of the Grand River](#) and [Urban Indigenous population](#).

With gratitude we also acknowledge that the settler population has been able to benefit from this beautiful land.

*Please refer to page 11 for a comprehensive list of the HNHB Indigenous Health Network's partners and provincial bodies.*

## Purpose

The **Indigenous Allyship Toolkit** has been prepared by the [Hamilton Niagara Haldimand Brant Indigenous Health Network](#) in partnership with the [Hamilton Niagara Haldimand Brant Local Health Integration Network](#) (HNHB LHIN) to support health care providers in addressing inequities.

Recognizing there are many existing resources available on this subject created by elders, knowledge keepers and experts, this toolkit is a compilation of these resources and reflection exercises to deepen understanding and provide practical techniques to aid in your journey of self-awareness and allyship.

This toolkit is intended to provide essential resources that will inspire settlers to advocate for social justice for Indigenous people and to appropriately act upon anti-Indigenous racism.

The Hamilton Niagara Haldimand Brant Indigenous Health Network encourages you to share and explore the themes and materials contained within the toolkit. As the intention of the toolkit is to aid in awareness and learning, you are welcome to adapt and re-purpose the original content. All referenced content must be acknowledged and cited accordingly.





## Reflection



Early on in my professional career I had seen little recognition and acknowledgment of First Nations people, Métis and Inuit accessing and receiving health services. I had witnessed and felt the disparity, inequality, injustice and the lack of knowledge mainstream has had for Indigenous peoples.

Working in this environment was a challenge and often facing an uphill battle for better health outcomes for Indigenous people. It was difficult navigating in this environment and I had few allies who understood the racism and health disparities. Within time the landscape has shifted and I have found more professionals are open to hearing the history, engaging in conversation and are open to recognition and acknowledgment of First Nations people, Métis and Inuit.

I believe we are living in exciting times and developing relationships of mutual respect and honouring the roles we each all contribute and advocate towards a positive shift in a good way. I'm hopeful with more collaboration within our Local Health Integration Network and an increased awareness and understanding it will inspire and encourage better relationship and allyship.

**Maggie Copeland, RN BScN**

Indigenous Health Network Co-Chair

Supervisor/Community Health Nurse of the [Mississaugas of the Credit First Nation](#)



# 84%

Indigenous people live in urban communities in Ontario

- Ontario Federation of Indigenous Friendship Centres



"Six Nations Community (Cultural) Safety is when a **reciprocal relationship** exists between a community member and service provider. The respect and trust within this relationship **creates the space for a person to voice their needs based on their values and beliefs**. Respect for tradition and contemporary knowledge creates a **balanced relationship between community members and providers** where both will play a role in well-being".

- Community Safety Training, Six Nations Traditional Medicine Program, March 2019



## Understanding How Colonial History Influences the Patient and Provider Experience Today

In order to establish a reciprocal relationship it is important to first recognize how generations of discrimination and abuse have led to institutional distrust. *Talking Together to Improve Health Project*<sup>1</sup> noted that "recognizing and implementing four key principles and wise practices - Respect, Trust, Self-determination and Commitment, is an important step in working toward improved relationships".

"Cultural safety is not focused on understanding "Indigenous culture"...[it] is about paying attention to the roots of health and health care inequities, such as colonization. " On the journey to allyship it is important to understand how history and generational experience shape the Indigenous experience today.



View the [Principles and Wise Practices for Relationship Building](#) handout on p.5

## Self Awareness and Reflection

Becoming an ally and advocating for social justice requires commitment and practice. Diane Goodman, in the book *Promoting Diversity and Social Justice* (2011), suggests refining your skills:

To be able to recognize:

- subtle forms of racism as they occur
- Canadian narratives about Indigenous people as they are expressed
- "hidden" messages embedded in micro-insults and micro-invalidations

To be able to assess:

- how your racial identity might impact how interventions are received
- your ability to assess best options for intervening
- your ability to challenge racism while maintaining the relationship



## Recommended Resources

<sup>1</sup> [Talking Together to Improve Health Executive Summary](#), Ontario Public Health Unit, 2017

- [Evidence Brief: Wise Practices for Indigenous-specific Cultural Safety Training](#), Churchill, M., Parent-Bergeron, M., Smylie, J., Ward, C., Fridkin, A., Smylie, D., Firestone, M. 2017
- [Diversity and Social Justice Training Materials and Publications](#), Diane Goodman, Ed.D
- [First Peoples, Second Class Treatment](#), Allan, B., Smylie, J., 2015
- [Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada](#), Indigenous Health Working Group, The College of Family Physicians of Canada, 2016
- [A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People](#), Thunderbird Partnership Foundation, 2012
- [The Aboriginal Cultural Safety Initiative: An Innovative Health Sciences Curriculum in Ontario Colleges and Universities](#), Shah, C., Reeves, A., April 2016
- [What is Indigenous Cultural Safety - and Why Should I Care About it?](#), Ward, C., Branch, C., Fridkin, A., 2016
- Video - [Cultural Safety: Respect and Dignity in Relationships](#), Northern Health, 2017



# Principles and Wise Practices for Relationship Building

Adapted from Talking Together to Improve Health

## RESPECT

Non-Indigenous people understand, acknowledge and appreciate both the history and current context of Indigenous peoples and that there is not one single approach for all Indigenous communities/patients.

- Awareness of local Indigenous communities and resources
- Cultural Competency and Safety
- Fostering reciprocal relationships and safe space
- Honouring cultures - land acknowledgements, legacy displays, Indigenous artwork, participating in/hosting community events

## TRUST

Foundation to building respectful and mutually empowering long-term relationships while recognizing historical events/contextes that contribute to lack of trust.

- Recognizing: Forced assimilation practices, Ban on traditional practices/gatherings, Segregated Care (Tuberculosis Hospitals), Exploitation of knowledge (traditional medicine) Cultural appropriation
- Engage early and avoid tokenism, encourage dialogue
- Trauma informed care
- Use appropriate communication approaches - face-to-face, warm transfers
- Indigenous control over data collection/sharing/reporting

## SELF-DETERMINATION

Inherent rights of Indigenous peoples to determine own pathways at both the patient and system level. This may include identifying family members/caregivers and incorporating traditional medicine practices.

- Collaboration is driven by Indigenous communities/patient
- Provide the opportunity to build Indigenous workforce capacity
- Build on the strengths of community/patient
- Patient/community has strong representation in the decision-making process (individual/system level)
- OCAP - ownership, control, access to and possession of First Nations health information

## COMMITMENT

Engagement is a deliberate and adaptive process where the system/relationship adjusts to accommodate.

- Reciprocal relationships
- Co-learning - allow for blending of traditional and western medicine/ways of being
- Balance sharing of power
- Mutual accountability
- On-going reflection
- Build capacity within the organization
- Community presence
- Flexible time frames
- OCAP considerations formalized

## PRINCIPLES

## WISE PRACTICES



Allyship is an active, consistent, and arduous practice of unlearning and re-evaluating, in which a person of privilege seeks to operate in solidarity with a marginalized group of people. Allyship is not an identity - it is a lifelong process of building relationships based on trust, consistency, and accountability with marginalized individuals or groups.

• Guide to Allyship, 2016

## Understanding and Acknowledging Bias

"To build strong relationships, health care practitioners need to think about their perceptions of Indigenous Peoples and identify any potential biases or stereotypes that inform those perceptions." (L. Eggertson, CMAJ May 2016) Consider how you can use your position to empower and honour the voices of Indigenous Peoples to create an equitable space.

Below are a few examples of how you can regularly "check-in" with yourself:

- **Who are we leaving out?** During meetings and discussions consider who is and is not at "the table". Are diverse voices and experiences well represented? If not why, how will their voices/experiences be respectfully included and encouraged? "**Nothing about us without us.**" (Herbert, C)
- **What assumptions or biases do I have toward a colleague and/or patient/?** If a relationship is not established there is a tendency to then equate race with culture, meaning we default to stereotypical assumptions or appearance to assume cultural background and beliefs.
- **Am I creating an environment that is culturally safe and accessible?** Whether a space or experience is considered "culturally safe" is determined by each individual (client, colleague, participant). Establishing a reciprocal relationship built on trust and respect is the first step in ensuring cultural safety.
- **Am I prioritizing ongoing learning?** It is important to acknowledge that true allyship is an ever evolving journey that requires constant self-reflection and learning.



## Challenge & Self Reflection

- **Implicit bias Implicit Association Test (IAT)** - This research explains how we may or may not be aware of our bias and that how we perceive others directly impacts our behaviour and leads to differential, negative treatment of racialized minorities. Tests include , gender, race, skin-tone, sexuality and more.
- **Individual Cultural Competence and Critical Self-reflection** - The Basics: Foundational Cultural Competence Workshop Resources, Community Integration Network, \**Exercise on slide 6- Self Awareness & Self Reflection*



## Recommended Resources

- **Evidence Brief: Wise Practices for Indigenous-specific Cultural Safety Training**, Churchill, M. et al. August 2017
- **Changing Outcomes Through Culturally Competent Care - Cultural Awareness, Cultural Competence, and Cultural Safety: The Continuum**, Journal of Obstetrics and Gynecology Canada, June 2013
- **When Talking about Race and Racism, Don't Wait to Feel Comfortable**, Feeley, D., August 2019
- **A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People**, Thunderbird Partnerships Foundation, P. 1-6
- **Poster - Cultural Safety in Practice with Children, Families and Communities**, University of Victoria
- **Racial Equity Tools - Whiteness and White Privilege** • **Video - Aboriginal Cultural Safety: How to be an Ally**, Interior Health



## Recognizing and Addressing Discrimination


Before you begin consider the following to ensure you are prepared to respond and support appropriately.

### Best Practice Check-in:

- Be prepared to offer information or supports. Confirm that you are familiar with, and able to provide what is offered.
- Are you aware of policies/system supports regarding the use of traditional medicine, for example, smudging.
- Are you willing to self-evaluate your own attitudes/beliefs/stereotypes?
- Assess your environment. Are you creating space for open and honest dialogue – does the patient feel safe to express discomfort? Are you in a position to acknowledge your own discomfort?



### Further Resources

 Responding to Biased & Stereotyping Comments: Anti-Discrimination Response Training (A.R.T)

- Considerations before you respond. P. 8
- What can YOU do when you witness discrimination? P. 9-10

### Speak Up!

Practical examples from Teaching Tolerance at [Tolerance.org](https://www.tolerance.org) for how and when to speak up:

- [Among Family](#)
- [Among Friends & Neighbours](#)
- [At Work](#)
- [In Public](#)

## Put it into Practice

Often times standard questions are posed to Indigenous community that can be culturally insensitive, unintentionally offensive or disregard traditional practices.

### Question: Are you Indigenous?

**Consideration:** Although you may be asking to facilitate traditional practices and supports into the care there are many reasons why someone may be hesitant to identify including, racism, involvement of child protection, distrust of the system, prior experiences

**Re-framing Example:** "I'd like to be able to refer you or include any traditional supports available. Do you identify as Indigenous, First Nations, Inuit, Aboriginal, Metis?"

### Question: Who is your next of kin?

**Consideration:** This is typically asked to determine who could be involved in the patient's care and/or will be contacted. Recognizing the term family could mean immediate and community, it is important to allow the patient to identify all members that they will call on.

**Re-framing Examples:** Are there others that you would like to be involved in your care? Who are these persons? How would you like for them to be involved?



## Recommended Resources

- [New Guide on Caring for Indigenous Patients](#), Canadian Medical Association, May 2016
- [9 Tips for Creating a Culturally Competent Environment for Aboriginal Patients](#), Indigenous Corporate Training Inc., February 2013
- [Six Steps for Speaking Up](#), Tolerance.org
- [Video - Racism in Health Care](#), CBC News, 2015
- [Video - Brian Sinclair Inquest](#), CBC News, 2013

# Responding to Biased & Stereotyping Comments

## Anti-Discrimination Response Training (A.R.T)

As adapted from the Anti-Racism Response Training (A.R.T) developed by Dr. Ishu Ishiyama and Diane Goodman's, *Promoting Diversity and Social Justice*.

Before determining how you will address the comment with the person responsible the following issues should be considered.

### What is your goal?

Do you want the behavior to just stop or are you interested in educating the person? When we have little invested in our relationship or there is no relationship just stopping the behavior can be the most appropriate.



### Tone

Tone is as, or more important, than what you say. If you want people to listen to you, then tone needs to be conversational and non-confrontational.

### What is your relationship with the person?

How you approach a close family member might be different from your boss or stranger. The nature of the relationship, how important the relationship is to you, and the risks involved all need to be considered.

### What is the context or setting?

What you might say in a formal meeting might be quite different than what you might say in a social gathering.

### Should you respond publicly or privately?

There are different factors to weigh. Private conversations provide a greater opportunity to educate and dialogue with the person. A public response can embarrass the speaker but publicly acknowledges the problems with the statement and educates on a broader level.



Refer to handout "Responding in Action" for practical tips on how to interrupt and respond to racist and discriminatory remarks and actions in real time.



# Responding to Biased & Stereotyping Comments

## Anti-Discrimination Response Training (A.R.T)

As adapted from the Anti-Racism Response Training (A.R.T) developed by Dr. Ishu Ishiyama and Diane Goodman's, *Promoting Diversity and Social Justice: Educating People from Privileged Group*.

### What can YOU do when you witness discrimination?

**Remember:** When people feel attacked, they become defensive and don't listen. Keep your tone non-confrontational and non-judgmental. Decide whether you want to simply stop the comment or also educate.



Interrupting biased comments is an important way to foster equity and inclusion. By having a range of different, practiced responses, we are more likely to say something in the moment. (Goodman, D., 2011)

#### Express your feelings

Tell the person how you feel about their comments/actions and why you are offended or upset, "I'm offended when you talk about Indigenous people that way" or "I'm surprised to hear you say that".

#### Call it out - challenge the stereotype

Identify the stereotype that is embedded in the statement and correct misinformation. "That's discrimination" or "It sounds like you think all Indigenous people don't pay taxes. Do you know that only Indigenous people who earn their income on reserves don't pay taxes".

#### Disagree

This can be a very effective response. While simply disagreeing can sometimes be enough, it can also be followed up by explaining your reasons for your disagreement. For example, "I disagree with what you just said or did" or "I don't think that is true".

#### Question the validity of the comment

"Everybody?" "Always?" This can be as simple as saying, "All Indigenous people? Do you really think so" or "Do you think such a broad generalization about a whole group of people is true?"

# Responding to Biased & Stereotyping Comments

## Anti-Discrimination Response Training (A.R.T)

As adapted from the Anti-Racism Response Training (A.R.T) developed by Dr. Ishu Ishiyama and Diane Goodman's, Promoting Diversity and Social Justice.

### What can YOU do when you witness discrimination?

#### Point out how it offends and hurts

Point out the hurtful impact of the statement or action. You can do so by including a statement about your expectations of them, "What you just said is very hurtful. I'm surprised you would make such a comment."

#### Put the offender on the spot

This response forces the person to offender to explain their comment and to think more about what they said, "could you repeat what you just said?"

"I don't understand what you are saying. What does race have to do with it? or "Really? Is that what you think"

#### Help the offender to self-reflect

This response involves encouraging empathy. Pose questions like, "How would you feel if someone made a comment like that about your family?" or "You sound frustrated. Is there something else going on?"

#### Support the victim

This can be a very effective response. While simply disagreeing can sometimes be enough, it can also be followed up by explaining your reasons for your disagreement.

For example, "I disagree with what you just said or did" or "I don't think that is true"

#### Use humor

A slight exaggeration or gentle sarcasm can make the point, when it is clear that it is humour, not agreement.

#### Share your own experience/process

If in the past you laughed at similar jokes, or made similar assumptions, what led you to change?

## HNHB Indigenous Health Network Partners and Provincial Bodies

(HNHB LHIN) Indigenous Health Network Members -

<http://www.hnhblhin.on.ca/goalsandachievements/integrationpopulationbased/indigenoushealthandwellness/indigenoushealthnetwork.aspx>

Aboriginal Health Access Centres - <https://www.allianceon.org/aboriginal-health-access-centres>

Metis Nation of Ontario - [metisnation.org](http://metisnation.org)

Ontario Aboriginal Housing Services - [ontarioaboriginalhousing.ca](http://ontarioaboriginalhousing.ca)

Ontario Federation of Indigenous Friendship Centres - [ofifc.org](http://ofifc.org)

Ontario Indigenous Cultural Safety Program - <https://soahac.on.ca/ics-training/>

Ontario Native Women's Association - [onwa.ca](http://onwa.ca)

## Recommended Resources

In the spirit of continuous learning, below is compilation of resources to support you in your journey. These materials have been approved by members of the Indigenous Health Network, however, this list is certainly not exhaustive. We encourage you to seek additional resources that resonate with you.

**Health Professionals Working With First Nations, Inuit, and Métis Consensus Guideline**, The Journal of Obstetrics and Gynaecology Canada (JOGC) June 2013 [https://www.jogc.com/article/S1701-2163\(15\)30699-X/abstract](https://www.jogc.com/article/S1701-2163(15)30699-X/abstract)

**The Aboriginal Cultural Safety Initiative: An Innovative Health Sciences Curriculum in Ontario Colleges and Universities**, Shah, C., Reeves, A., International Journal of Indigenous Health, Volume 10, Issue 2, 2015 <https://journals.uvic.ca/index.php/ijih/article/view/14388>

**A Guide to Allyship, 2016** <http://www.guidetoallyship.com/>

**Promoting Culturally Safe Care for First Nations, Inuit and Métis Patients; A Core Curriculum for Residents and Physicians**, The Indigenous Physicians Association of Canada and the Royal College of Physicians and Surgeons of Canada, 2009, Winnipeg & Ottawa; IPAC-RCPSC Core Curriculum Development <https://www.ipac-amac.ca/downloads/core-curriculum.pdf>

**Addressing Cultural Bias in Medicine**, Rahman, S., Scientific American, November 27, 2018 <https://blogs.scientificamerican.com/voices/addressing-cultural-bias-in-medicine/>

**First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada**. Allan, B. & Smylie, J. (2015), Toronto, ON: the Wellesley Institute.

\* **Executive Summary** - <http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf>

\* **Discussion Paper** - <http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf>

**Talking together to improve health – key findings from the Ontario Public Health Unit Survey on engagement with First Nations communities**, Talking Together to Improve Health Project Team (2017). Sudbury, ON: Locally Driven Collaborative Projects. <https://www.publichealthontario.ca/-/media/documents/lhcp-firstnations-engagement-survey-report.pdf?la=en>

**A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People**, Thunderbird Partnership Foundation (2012). <https://thunderbirdpf.org/nnapf-document-library/>

**Measures of Cultural Competence: Examining Hidden Assumptions**. In Academic Medicine, Vol. 82, No. 6 / June 2007. [http://journals.lww.com/academicmedicine/Abstract/2007/06000/Measures\\_of\\_Cultural\\_Competence\\_\\_Examining\\_Hidden.5.aspx](http://journals.lww.com/academicmedicine/Abstract/2007/06000/Measures_of_Cultural_Competence__Examining_Hidden.5.aspx)

**New guide on caring for Indigenous patients**, Eggertson, L. CMAJ May 17, 2016 188 (8) 563; DOI: <https://doi.org/10.1503/cmaj.109-5257>

**Key Dimensions of Equality-Oriented Health Care**, EquipHealth. <https://equiphealthcare.ca/#jp-carousel-1982>

**Changing Outcomes Through Culturally Competent Care: Cultural Awareness, Cultural Competency, and Cultural Safety: The Continuum** – Chapter 8, The Journal of Obstetrics and Gynaecology Canada (JOGC) June 2013 [https://www.jogc.com/article/S1701-2163\(15\)30708-8/pdf](https://www.jogc.com/article/S1701-2163(15)30708-8/pdf)

**Treaty 7, Indigenous Ally Toolkit**, Calgary Foundation - <https://calgaryfoundation.org/wp-content/uploads/Ally-Toolkit-web.pdf>



## Recommended Resources Continued

**Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada**, The College of Family Physicians of Canada, Indigenous Health Working Group February 2016. -

[https://www.cfpc.ca/uploadedFiles/Resources/\\_PDFs/SystemicRacism\\_ENG.pdf](https://www.cfpc.ca/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf)

**What is Indigenous Cultural Safety - and Why Should I Care About It?** Ward, C., Branch, C., Fridkin, A., Visions Journal, 2016 p.29 -

<https://www.heretohelp.bc.ca/visions/indigenous-people-vol11/what-indigenous-cultural-safety-and-why-should-i-care-about-it>

**When Talking about Race and Racism, Don't Wait to Feel Comfortable.** Feeley, D., Institute for Healthcare Improvement, Line of Sight August 2019 - <http://www.ihl.org/communities/blogs/when-talking-about-race-and-racism-dont-wait-to-feel-comfortable>

**9 Tips for Creating a Culturally Competent Environment for Aboriginal Patients**, Indigenous Corporate Training Inc., February 2013 -

<https://www.ictinc.ca/blog/9-ways-to-create-a-culturally-competent-environment-for-aboriginal-patients>

**Six Steps for Speaking Up**, Tolerance.org - <https://www.tolerance.org/magazine/publications/speak-up/six-steps-to-speak-up>

**Promoting Culturally Safe Care for First Nations, Inuit and Metis Patients – A Core Curriculum for Residents and Physicians.**

Indigenous Physicians Association of Canada (IPAC) and The Royal College of Physicians and Surgeons of Canada - <https://www.ipac-amac.ca/downloads/core-curriculum.pdf>

**Cultural Safety in Practice with Children, Families and Communities**, Ball, J, M.P.H, Ph.D., School of Child and Youth Care, University of Victoria. <http://www.ecdip.org/docs/pdf/Cultural%20Safety%20Poster.pdf>

**Whiteness and White Privilege**, Racial Equity Tools <https://www.racialequitytools.org/fundamentals/core-concepts/whiteness-and-white-privilege>

**Diversity and Social Justice Training**, Goodman, D. Publications and Resources <http://dianegoodman.com/Publications.html>

**10 Ways to Be a Genuine Ally With Indigenous Communities**, Amnesty International <https://www.amnesty.org.au/wp-content/uploads/2018/05/10-ways-to-be-a-genuine-ally-to-Indigenous-communities.pdf>

**San'yas Indigenous Cultural Safety Training**, Provincial Health Authority in British Columbia <http://www.sanyas.ca/>

## Recommended Videos

**Brian Sinclair Inquest** - Global News, August 30, 2013 <https://www.youtube.com/watch?v=NITrHzxbhK>

**Racism in Health Care**, CBC News, February 3, 2015 <https://www.youtube.com/watch?v=IXr-Cfj3EPM>

**Engaging with Indigenous Patients and Partners**, Jodi Rock, November 2019 <https://www.youtube.com/watch?v=BkNyffC1rcI>

**Nadine Caron, Canada's First Female Indigenous Surgeon**, CBC News, December 12, 2016 <https://www.youtube.com/watch?v=7BFnHxBcXXQ>

**Aboriginal Cultural Safety: How to be an Ally** - Interior Health, April 11, 2019 <https://www.youtube.com/watch?v=cLDkA2RleCM>

**Cultural Safety: Respect and Dignity in Relationships** - Northern Health, February 14, 2017 <https://www.youtube.com/watch?v=MkxcuhdglwY>

**Indigenous Cultural Safety Training - Advancing ICS Training in the Champlain Region.** May 31, 2017, Champlain Local Health Integration Network <https://www.youtube.com/watch?v=ioXkkQRzUko>

# Notes and Reflections



## Gratitude

The members of the Hamilton Niagara Haldimand Brant Indigenous Health Network recognize the many voices that contributed to this toolkit. It is with gratitude that we thank the allies that apply this work and raise the voices and experiences of our community.

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