

Aboriginal Cultural Practices

A GUIDE FOR PHYSICIANS AND ALLIED
HEALTH CARE PROFESSIONALS

Working at Vancouver Coastal Health



**ASSOCIATED
VCH POLICIES
AND GUIDELINES**

These policies are referenced in this document and are available from the VCH intranet:

- AD 0900**..... VCH Consent Policy and Guidelines
- BA_1300** VCH Safekeeping of Patient Valuables Policy
- CA_800**..... VCH Complaint Management Policy
- CA_1000**..... VCH Consent to Health Care Policy
- CA_1200**..... VCH Waste Management – Methods of Disposal Policy
- CA_5200**..... VCH Aboriginal Cultural Competency Policy (July 2015)
- PCG D_015**..... VCH Patient Care Guidelines Death: Universal Referral
- VCH_D_030**..... VCH Procedure after Death Expected and Unexpected
- PCG D_121**..... VCH Discharge of Patients Patient Care Guidelines
- PCG GE_15** VCH Guidelines for Still Birth or Neonatal Death

These documents are available on internet, intranet, or from APNs.

Ministry of Health . My Voice:

- Expressing My Wishes for Future Health Care Treatment Advance Care Planning Guide
- Pamphlet** VCH Aboriginal Traditional Medicines
- FNHA**..... Aboriginal Traditional Food Fact Sheets
- Pamphlet** VCH After the Death of a Loved One: What Do I Do?



INTRODUCTION

HISTORICAL CONTEXT

The effects of colonization and governmental policies of forced assimilation, residential school, forced adoptions and foster care, and forced relocation continue to have a damaging impact on Aboriginal people, as is evident in the current and persistent health disparities between Aboriginal and non-Aboriginal populations.

VANCOUVER COASTAL HEALTH COMMITMENT TO IMPROVING ABORIGINAL HEALTH

Improving the health status of Aboriginal clients is a key priority for Vancouver Coastal Health (VCH).

Research has shown that where cultural safety strategies have been implemented, health outcomes have improved.

HEALTH SYSTEM NAVIGATION

Aboriginal clients should be able to access advice and support to navigate the system by social workers, admitting and discharge staff to help them use services appropriately and to be linked into care when they leave Vancouver Coastal Health services. Some of the services that can be provided by staff in their 'navigation and support role' may include:

- Arranging for translation services
- Helping clients understand health care processes, procedures and terminology
- Helping to ensure admission and discharge planning goes according to patient needs
- Assisting with advanced health care planning

- Facilitating communication and cultural understanding between patient and care providers
- Connecting clients to end of life support
- Coordinating spiritual/cultural advisers/Elders to support clients (information for this can be obtained from the Aboriginal Health team within Vancouver Coastal Health)
- Providing support and comfort to family and friends
- Assisting with referrals within VCH and to community agencies
- Helping to link clients to Aboriginal Health Benefits at the First Nations Health Authority for medical supplies and equipment, dental, pharmacy and medical transport
- Assisting with transition to and within long term care

PURPOSE OF THESE GUIDELINES

These cultural guidelines aim to help VCH staff within hospital settings to provide culturally responsive health care services to Aboriginal clients. The guidelines are underpinned by values, practices, concepts and views of health common to Aboriginal people in the communities we serve.

The guidelines are supported by VCH's **Aboriginal Cultural Competency Policy** document (CA_5200) and by Aboriginal cultural safety training initiatives.

CULTURAL DIVERSITY AMONG ABORIGINAL PEOPLES

There is great diversity amongst Aboriginal people in Vancouver Coastal region and across Canada. These guidelines are intended to be respectful and sensitive to this diversity; hence aiming to provide general guidance and broad information for health care workers. Be mindful that these guidelines do not represent the practices for all Aboriginal groups. Wherever possible, hospital and health services are encouraged, through the guidance and knowledge of their Aboriginal staff and in partnership with their local communities, to establish specific local guidelines to ensure appropriate, culturally safe care.

IMPORTANCE OF ORAL TRADITIONS

Aboriginal cultures have relied on the oral transmission of knowledge to sustain their cultures, political systems, health, education, and identities. Many still depend on oral traditions and greatly value the oral transmission of knowledge as an intrinsic aspect of their cultures. While this written document is intended to be a reference point for building awareness around Aboriginal peoples' cultural ways and practices, true understanding of important cultural knowledge still comes from knowledge conveyed through oral transmission. This short written guide is not a comprehensive resource on all Aboriginal cultural practices. The hope is that health care workers will be inspired to take their learning further and ask more questions. Health care workers are encouraged to forge strong respectful relationships with local Elders, cultural experts and advisers to learn more about cultural practices and teachings.

ABORIGINAL PERSPECTIVES ON HEALTH

While Aboriginal communities are diverse, there is a similarity in their perception of health and wellbeing. Health is generally defined more broadly than one's physical condition and/or the absence of disease. Health and wellness is the balancing of physical, mental, emotional and spiritual needs. This holistic model of wellness includes respectful and reciprocal relationships with families, communities, the land, environment, ancestors, and future generations. Traditionally, Aboriginal peoples' perspective of health and wellness is shaped by their relationship with the earth, the water and all living things in it. This relationship is based on a profound spiritual connection to Mother Earth that has guided Aboriginal peoples to practice reverence, humility and reciprocity. Aboriginal languages, cultures, and their understanding of the world and how to conduct themselves is interconnected with their land or territory.

Prior to European contact, Aboriginal peoples honored a complex system of practises connected to each Nation's unceded home lands. These cultural practises provided health and wellness for Aboriginal peoples, the land and the environment. Aboriginal peoples had and continue to have their own ways of validating their ancient practices. For the most part, western science is just beginning to recognize the health benefits of these traditional ways. As VCH staff, we have a role in respecting and honouring Aboriginal cultural practises in the health care setting.



CULTURAL PROTOCOL

GET TO KNOW THE INDIVIDUAL AND 'WHERE THEY ARE AT' WITH THEIR OWN BELIEF SYSTEM

- An Aboriginal person may not visibly appear Aboriginal, so determine if the client has self-identified. Check the Aboriginal Self Identifier of each new client.
- Some clients may have a traditional and English name. Determine the preferred name and pronounce the client's names correctly. Ask when unsure.
- Cultural beliefs, practices and languages vary between each Nation. Be aware of how the client's world-view impacts their health, behaviour and health care needs.
- Don't assume all Aboriginal clients will have a traditional belief system. Some Aboriginal people have been disconnected from their traditional beliefs, while others are reclaiming their cultural ways and others have practiced their cultural traditions their entire lives.
- Some Aboriginal people do not feel safe to acknowledge their Aboriginal ancestry due to previous experiences in the health care system. They may share their Aboriginal ancestry later if they are feeling safe.

FIND OUT THE INDIVIDUAL'S PREFERRED MEANS OF HEALING AND CARE

- Identify cultural, spiritual, family and language needs. Document in the relevant notes e.g. treatment plan, needs assessment, clinical file. Keep in mind some Aboriginal people may not know their language or culture.
- Work collaboratively with the client's healer(s) and/or Elder(s), client and family regarding the use of traditional medicines if they desire it; and document accordingly.



- Obtain consent from the client and/or family before touching clients anywhere on the body and especially on the head and hair; communicate and chart preferences.
- Aboriginal perspectives on health are holistic; it's important to assess more than the physical aspects of health, and to also consider cultural, emotional, spiritual, and relational health needs.
- Identify who the client's support network is that can help meet their emotional, spiritual and cultural needs – seek consent to involve this support network; document these resource people and their contact numbers.

BEING SELF-AWARE AS A HEALTH PROFESSIONAL

- Aboriginal values may be different than your own; practice self-awareness and be aware of biases and assumptions.



BLESSING / TRADITIONAL SPIRITUAL PRACTICES

FIND OUT THE INDIVIDUAL'S PREFERENCES FOR BLESSINGS AND TRADITIONAL PRACTICES

- For many Aboriginal clients, blessings and traditional spiritual practices are an essential element in maintaining the physical, mental, emotional, and spiritual dimensions of individual and family wellness – particularly in a hospital setting. The client and family should be offered the opportunity for a cultural blessing or other traditional spiritual practice during care processes, particularly in acute or distressing situations.
- Be alert to cues of clients and family and offer to make arrangements for an Elder or the spiritual care advisor (seek advice from the VCH Aboriginal Health team if you need to access these).
- Be patient – people need time to think and to talk when giving blessings. Avoid the need to speak during moments of silence.

MAKE SPACE AND TIME FOR THIS PRACTICE – AND EXPLAIN IF YOU CANNOT

- Allow time for blessings or traditional spiritual practices; protect blessings or traditional spiritual practices from interruption unless the physical care of the client is compromised; especially before and after invasive procedures that involve the manipulation of body parts.
- If blessings or traditional spiritual practices cannot occur due to extreme circumstances, explain the reasons in a sensitive manner and discuss alternative options.
- Be guided by client and family preferences if circumstances prevent blessings and traditional spiritual practices occurring.

**BLESSING /
SPIRITUAL
PRACTICES**



- If cultural practices are not able to be observed due to circumstances that prevent them, the family may wish to undertake a blessing at a later time or undertake another type of blessing.

CREATE A WELCOMING SPACE

- Be mindful that Elders or Cultural/Spiritual Advisors may bring traditional medicines into the clinical setting such as plants used for smudging or spiritual cleansing.
- If smudging is to occur – consult the VCH **Aboriginal Cultural Competency Policy** (CA_5200) to ensure air ventilation and fire regulation policies are followed. Be prepared to offer an explanation and explore alternatives with clients if smudging is not permitted in the space.



CULTURAL VALUABLES

Cultural valuables including jewellery, textiles and clothing may have cultural and spiritual importance to Aboriginal clients. A cultural valuable worn on the body often has a spiritually protective significance.

Ensure that any requirement to touch personal cultural items or valuables is discussed first with the client and family.

- Follow the policy guidelines set out in VCH's **Safekeeping of Patient Valuables Policy** (BA_1300).
- Obtain permission from the client before removing the item if it must be removed for safety.
- In cases of cultural valuables, where possible, tape the item to the client rather than removing it.
- Offer the client or family the option of removing the item themselves.
- Consider a method of securing the item close by the client during surgery.
- Place item in the care of family members if the client requests it.
- Explain the availability of safe storage of valuables in the inpatient area if the client and family wish to use it for their personal cultural items.

CULTURAL
VALUABLES



FAMILY SUPPORT

The Aboriginal concept of family is broad. There is emphasis on familial and community ties, including the importance of relationships and family responsibilities. Strategies to partner with family in the support and care of the client should align with the health care standards of the hospital.

GET TO KNOW THE INDIVIDUAL AND THEIR FAMILY SITUATION

- Explore the concept of family for your client and their family.
- The concept of 'next of kin' may be broadly interpreted by Aboriginal clients.
- Within VCH guidelines, allow family members (as defined by the patient) to be present during medical or minor surgical procedures.

INVOLVING FAMILY IN ASSESSMENT AND CARE PLANNING

- When requested and appropriate, have family present during development of the care plan; involve the client and family in decision making about proposed treatment options.
- Include family in the provision of care where appropriate, like offering the family the opportunity to bathe or toilet their family member.
- Ask the client and/or family if they wish to nominate a spokesperson for the group.
- Write the name of the nominated spokesperson in the care plan (see above) and include that person in exchanges of information.
- When indicated, check with the nominated spokesperson about suitable meeting times and find private space and adequate time to consult.
- A copy of the care plan may be shared with the client and family.

**FAMILY
SUPPORT**



FAMILY SUPPORT

FAMILY INVOLVEMENT DURING BIRTHS OR DEATHS

- Aboriginal families often gather during times of birth and death; this is in line with Aboriginal cultures where family have certain responsibilities and roles in relation to the client and wider family.
- For births, other family members are often present to celebrate. Some Nations will conduct baby welcoming ceremonies for all newborns in their communities at certain times of the year.
- Be accommodating to Aboriginal families and community members when managing visiting times and visitor numbers.
- Support family to bring food and share meals with the client. Traditional food may be requested by the client, especially when death is expected and/or imminent.



INFORMATION / COMMUNICATION

COMMUNICATION STYLES

- Do not make any assumptions about literacy levels; or that silence means agreement.
- In some Nations it is disrespectful to look into a person's eyes. An Aboriginal client who avoids looking into your eyes may be showing you respect – not that they are not interested in what you are saying.
- An Aboriginal client who uses a soft voice may also be signaling respect.
- Sometimes an Aboriginal client will respond to your question with what seems a long-winded story. Be patient: the reply may contain both the information you want and an indication of their feelings.
- Assess the level of understanding when communicating health information and determine the best method of sharing information to the client and family (verbal, written, visual).
- For many Aboriginal cultures, silence is not awkward – it is a part of communicating. Do not feel the need to fill gaps in conversation with small talk. Allow pauses to occur.

MEET AND GREET

- Introduce yourself and explain your role and service to the client and family – allow time for them to introduce themselves and their role in the family.
- Aboriginal people often prefer face to face communication; take time to communicate plans and services in person.
- Identify with the clients any need for an interpreter and ensure that clients are offered the chance to include an interpreter when required.



INFORMATION / COMMUNICATION

PROVIDING WRITTEN INFORMATION

- Offer a Patient and Family Handbook to clients.
- Mail the Patient and Family Handbook to clients being referred from outside the Vancouver area.


ARRANGING FOR SUPPORTS AND ADVOCATES

- Notify the appropriate VCH staff of Aboriginal clients in their care as soon as possible (e.g. onsite Social Worker).
- Arrange for a health advocate when requested by the client or family.
- If there is potentially distressing news or a significant change of plan, suggest the presence of a Social Worker, Elder, or other support for client and family support.

COMPLAINTS

- In cases where there are quality and care concerns expressed by a client, family, and/or community inform the client and family of the patient complaint process (in line with VCH's **Complaint Management Policy CA_800**).

RESOURCES OUTSIDE OF THE VCH SITE / FACILITY AND ON DISCHARGE

- Depending on where the client lives, consult one of the Aboriginal Health service providers in the community (listed in this guideline) who may be required for support after discharge.
 - Inform the client and family of the Aboriginal resources: Aboriginal community health providers, Aboriginal health providers, support services and relevant agencies outside of the health sector.
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DISCHARGE PLANNING

INVOLVING PATIENT AND FAMILY IN THE PROCESS

- Involve the client and their family in the discharge planning process from the beginning.
- Ensure that a discharge summary is provided to the client's Family Physician or Most Responsible Provider for appropriate follow-up.
- Discharge of clients will follow VCH's **Discharge of Patients Patient Care Guidelines** (PCG D-121).
- Ensure client and family understand the plan. All issues related to a client's capability to make decisions are managed according to VCH's **Consent Policy and Guidelines** (VHSC Policy AD 0900).

IDENTIFY AND ACCESS EXTERNAL SUPPORTS

- Notify the home community as far in advance of discharge as possible so that adequate preparations can be made. Community contact information is listed in this guideline. Provide specific information about the person's follow up needs to ensure safe and continuous care for that person and their family.
- Many First Nations communities are remote; services available in community vary and some are limited.
- Home Care/Community Health may have a different scope of practice from VCH.
- Be familiar with the contact details, appropriate community coordinators, service availability and transportation services of First Nation and/or Aboriginal community health services within the Vancouver Coastal Region listed in this guideline.
- Be familiar with related services and how to access First Nations Health Benefits, such as Patient Transportation and Medical Supplies and Equipment.

DISCHARGE
PLANNING



TRADITIONAL FOOD

Traditional foods have meaning in Aboriginal cultures and are intricately linked to land, animals, plants, family, community, ancestors, and future generations. The receiving and sharing of foods allow for the practice of important cultural values such as cooperation, reciprocity, respect and relationships. For many communities access to traditional foods is part of their everyday life – so ‘city food’ can often feel foreign and unhealthy.

HANDLING OF FOOD AND CONTAINERS, PRACTISE AROUND FOOD, AND TRADITIONAL FOOD PREFERENCES

- Consult with the client and their family with regards to cultural practises around food. Each Nation has different teachings. An Aboriginal Patient Navigator or VCH Elder may be able to help you in this process.
- Some Nations have a protocol where the curtains must be closed from dusk until dawn and won't eat if this isn't done.
- Particular food may be requested by the client such as salmon, game, eulachon (oolichan), berries, roots and medicines. It would be helpful for staff to review the **First Nations Traditional Food Fact Sheets** (www.fnha.ca/wellnessContent/Wellness/Traditional_Food_Facts_Sheets.pdf) to provide some understanding around traditional food and their cultural significance. Encourage and welcome the inclusion of traditional diet for the client to enjoy with their family and help them to access kitchens to warm up and serve food.
- Ensure that no traditional food is disposed of without prior consultation with the client and/or family. Some Aboriginal peoples include spirit plates for their ancestors. When food must be disposed of, it should be offered to the family to take away.



TRADITIONAL HEALING AND MEDICINES

Healers have different teachings depending on their Nation, but they include spiritual, emotional, intellectual and physical wellness. Some healing practices may include plant medicines, energy work, smudging with the four sacred medicines, brushing off with cedar boughs, spirit plates, prayers, sweats, ceremonies, stones, water, and other cultural teachings. For more information refer to VCH's Aboriginal Traditional Medicines pamphlet.

GET TO KNOW THE INDIVIDUAL'S PREFERENCES FOR INCORPORATING TRADITIONAL MEDICINES AND PRACTICES


- Due to historical and ongoing colonial policies and practices Aboriginal clients and families often don't feel safe sharing their traditional healing practises and teachings. Culturally safe practises throughout a client's care will create a space for the client and their family to share the necessary aspects of their traditional healing practises.
- Support a conversation around the use of any traditional medicines or non-pharmacological remedies. You are not trying to access any intellectual property around traditional medicines – but wanting to ensure nothing is prescribed or done that may affect the use of medicines they are using.
- The above should be recorded on the nursing assessment form and brought to the attention of the client's medical consultants.

SUPPORT TRADITIONAL HEALING WHEREVER SAFE AND PRACTICAL

- Facilitate traditional healing requests from clients and their family.
- Respect traditional healers and their practises, looking for opportunities to build relationships so that a plan of care for Aboriginal clients with their families can be created collaboratively.
- If the client's beliefs make successful treatment impossible, it is appropriate to share your concerns and seek a compromise in a respectful way.



TRADITIONAL HEALING AND MEDICINES

- Relationship building housed in cultural safety with the client, their family and their traditional healer is best practice. Traditional healers have teachings that have been passed on for thousands of years and they have their own ways of applying rigor to traditional healing practises, as does western science. Working together is in the best interest of the client.
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BODY PARTS / TISSUES/ SUBSTANCES

The separation of body parts/tissues/substances from the body may be inconsistent with Aboriginal belief in wellness and has the potential for spiritual distress. Any time a body part or tissue is separated from the body, the person is seen as being particularly vulnerable spiritually and potentially susceptible to negative influences on their final journey.

VCH's Patient Care Guidelines Death: Universal Referral (PCG-D-015) and Procedure after Death Expected and Unexpected (VCH-D-0030) details procedures for the respectful return, retention or disposal of body parts/tissues/ substances which are also cognisant of Aboriginal beliefs and values. Faithful implementation of the policy mitigates the stress risk.

GETTING CONSENT REGARDING TISSUE, BODY PARTS AND SUBSTANCES

- Initiate the discussion about tissue return at the earliest acceptable opportunity.
- Obtain informed consent in line with VCH's **Consent to Health Care Policy** (CA_1000) for the collection, retention, return and or disposal of substances e.g. blood.
- Consider having a client advocate present during the discussion.

CLARIFYING OPTIONS

- Allow adequate time for the patient and/or family to consult and reach a decision unless immediate physical care is severely compromised (e.g. urgent amputation).
- Offer the option of a blessing or traditional ceremony and make arrangements if requested.
- Document all discussions and decisions in the appropriate clinical notes.

RETURNING BODY PARTS, TISSUE AND SUBSTANCES

- Ensure any special requests regarding the retention, return or disposal of body parts/tissue/substances are documented and monitored.
- Offer the patient and/or family the return of clients' hair, fingernails and toenails.

BODY PARTS / TISSUES/ SUBSTANCES

- Where body parts/tissue/substances are not immediately returned, they will be retained for a reasonable and flexible timeframe to allow for the patient and/or family to consent to a process for return, retention or disposal.
- Have regard to the VCH's **Waste Management – Methods of Disposal Policy** (CA_1200).
- Make every attempt to ensure body parts/tissue and substances are returned quickly.
- Inform the patient and/or family of any necessary safety precautions regarding the handling and disposal of the returned body parts/tissue/substances.
- Ensure that the return of body parts/tissue/substances will be carried out in a way that is consistent with cultural practices.
- If return or retention is not requested, staff will consult and agree to the disposal and/or burial of the body parts/tissue/substances with the patient and/or family. This will be carried out in a manner that respects cultural practices.

LINENS

- Linen or materials that have contact with the body may be considered spiritually connected to the person. Kleenex used for capturing tears should be offered to the patient or family to take, or if the family agrees, disposed of in a sensitive manner.

HAIR

Long, uncut hair is considered sacred by some Aboriginal people. Braids or uncut hair generally signify that the style worn is of spiritual and cultural importance to the individual and reinforces his or her sense of identity as a member of a particular community. For many, hair gives strength. In some cultures hair is cut at a certain time to signify a milestone in life. Given the cultural significance of hair to many Aboriginal people, it is important to exercise caution when touching or needing to cut hair as part of any medical procedure.

LINENS / COMBS

- Refrain from using pillowcases for any purpose other than placement under the head.
- Combs and brushes are not placed on a surface where food may be placed.

BASIC RULE – DO NOT CUT HAIR WITHOUT CONSULTATION

- Unless due to a medical emergency, hair should never be cut without prior consultation with the patient and/or their family.
- Obtain informed consent in line with VCH's **Consent to Health Care Policy** (CA_1000) for the collection, retention, return and or disposal of body parts, including hair.
- Allow adequate time for the patient and/or family to consult and reach a decision unless immediate physical care is severely compromised e.g. brain injury.
- Respect all decisions made by the patient and/or family. Document all discussions and decisions in the appropriate clinical notes and ensure any special requests regarding the retention, return or disposal of hair is documented and monitored.

WHEN HAIR CUTTING IS REQUIRED

- If the cutting of hair is required, offer the patient and/or family the return of the client's hair.
- If return or retention is not requested, staff will consult and agree to the disposal and/or burial of the hair with the patient and/or family. This will be carried out in a manner that respects cultural practices.

HAIR

RETURNING HAIR

- Where requested, make every attempt to ensure hair is returned quickly.
- Ensure that the return of hair will be carried out in a way that is consistent with cultural practices and in consultation with appropriate Aboriginal staff.
- If possible, locate a clean cloth or bag to return the hair neatly and well presented to show respect.

ORGAN DONATION AND ORGAN RECIPIENTS

The burial of an incomplete body may be inconsistent with traditional values and customs.

Aboriginal clients and family being offered the option of organ donation will be given as much support and time as they require to reach an informed decision. Equally, donor recipients and their families may wish to undertake cultural practices or ceremony to ensure the physical, mental and spiritual safety and wellbeing of the person, family and community.

GAINING INFORMED CONSENT

- Refer to VCH **Procedure after Death Expected and Unexpected** (VCH-D-0030).
- Ensure discussion occurs early and is carried out in a sensitive and non-judgmental way.
- Be prepared to work with the entire family.
- Allow time for the family to discuss the issue by themselves without clinical staff present.
- Offer support from an Elder, or Spiritual Care Advisor.

EXPLAINING PROCEDURES AND PROCESSES

- Ensure clients and/or family are aware and agree to the possibility that certain body parts and/or tissue may be stored for use in the future (Future use will only be the original purpose as agreed to by clients and/or family).
- Record and carry out the wishes of the patient and/or family for return or disposal if the original purpose for retention changes e.g. return or disposal.

RESPECTING ORGAN DONORS AND RECIPIENTS

- In cases where the patient is a recipient of organ donation, provide an opportunity for the family to undertake ceremony (e.g. smudge) or traditional spiritual practices to respect and honour the whole person – physical, mental and spiritual.
- In some cases, where there is agreement from both sides, families from both donor and recipient may wish to meet to acknowledge the new connection between families. Staff will do their best to facilitate this meeting with consent of both parties.



BIRTHING

Birth is a sacred event in Aboriginal cultures. Creating a bond between the new mother and infant is an important part of childbirth and cultural practices play a key role in facilitating this.

There is incredible diversity in the ways that Aboriginal cultures celebrate birth. Some ceremonial practices used during birth and labour include having a drummer, holding a smudging ceremony before and after the birth, and giving the new baby a cedar bath.

LABOUR / DELIVERY

- Identify if the family will be a part of the birth and if they would like to go through any cultural practices.
- Discuss with the family how many they need to have in the delivery room to conduct any birthing related ceremony. Be mindful that ceremonies and cultural practices relevant to birthing are very diverse and may involve the extended family.
- Provide a waiting space for the friends and family that have come to the hospital to welcome the baby.
- Pay careful attention to the sacred handling of the placenta and umbilical cord and offer these back to the family if they wish to take with them. Some cultures bury the after-birth in sacred places.

MISCARRIAGES OR UNEXPECTED DEATHS

- In the event of a miscarriage or the baby is stillborn, discuss with the family the return of the fetus. Staff should refer to VCH's **Guidelines for Still Birth or Neonatal Death** (PCG GE-15).
- As with any family, the loss of a newborn is a traumatizing event. Identify a suitable space for family to gather, to grieve and to conduct any appropriate ceremony.
- Offer Elder or spiritual support. If needed, facilitate through local Elders, spiritual advisor or with the guidance of the VCH Aboriginal Health team.



PASSING OVER (DYING AND DEATH)

Care when death is expected or imminent includes: moral and practical support; respect for their values and beliefs and supporting their customary cultural practices. Each family will have their own variation on passing over and funeral customs, including use of languages, symbols, ceremonial objects and practices.

FIND OUT WHAT THE FAMILY WANTS AND NEEDS AT THIS SENSITIVE TIME

- Staff should enquire with the family about the cultural and spiritual practices they wish to follow.
- When possible, ensure family has the choice of taking their terminally ill relative home.
- Provide telephone access for family and other means of communicating with family and community.

MAKING APPROPRIATE SPACE

- A single patient room may be required to support ceremonial practices, including smudging, traditional spiritual practices and drumming as well as a family room to support family gatherings and planning.
- If space is not available, provide chairs for family to sit in the hallway near the room of the deceased.
- Always keep family informed of the primary nurse and social worker so they may ask questions and address any concerns.

ENABLING THE FAMILY TO CARE FOR THEIR LOVED ONE

- Refer to VCH's **Procedure after Death Expected and Unexpected** (VCH-D-0030).
- The family may wish to give the deceased a sponge bath prior to having him/her moved to a larger room for viewing by the family.
- The body of the deceased is not moved until all the significant family members have arrived to conduct appropriate ceremony to guide their loved one on the next step of their journey.
- It is sometimes culturally significant to keep the deceased attended to at all times; this may not be possible if a coroner is involved – but every attempt should be made to have at least one family representative present with the body or an explanation provided as to why this cannot happen at certain times.



PASSING OVER (DYING AND DEATH)


PROVIDE TIME AND SPACE FOR BLESSINGS AND SPIRITUAL PRACTICES

- Families will be given the opportunity to perform cultural and spiritual practices before the deceased is removed from the room and before a post mortem is carried out.
- Allow for blessings or traditional spiritual practices to be performed in the room where a patient has died, as soon as possible after the deceased person is removed. From a cultural perspective the room is not spiritually cleansed until traditional spiritual practices or a cleansing ceremony has been performed.
- Do not take food or drink into the room until ceremony has been performed.

CLEANING / CLEARING A HOSPITAL ROOM OR BED WHERE SOMEONE HAS PASSED

- Do not clean the room or remove items until a spiritual blessing or ceremony has been performed.
- Facilitate access to Elders, facilities (Sacred Space), Traditional Healers or Spiritual Leaders.
- Provide the family with a copy of the VCH brochure **After the Death of a Loved One: What Do I Do?**

RETURNING THE PERSON TO THEIR FAMILY

- Facilitate a timely release of the deceased person so that the family can return home; some First Nations cultures require that the deceased be buried within a specific number of days after passing.
 - Handle the deceased in a sensitive and respectful manner.
 - If there is the potential for involvement from the coroner, family should be informed at the earliest opportunity.
 - If an autopsy is required, inform the family of the reason and time of the procedure as soon as possible. Continually update and inform family.
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**ABORIGINAL
PATIENT NAVIGATORS**
PROVIDING SUPPORT TO
STAFF

The **Aboriginal Patient Navigator** (APN) program is a VCH program that helps staff to better support Aboriginal people to access and use health services across the various facilities. The role of the APN is to support, guide and advise staff who admit, work with and discharge Aboriginal clients and who need help to ensure the client and their family have a culturally safe experience of VCH services. APNs can support Social Workers, admitting staff, nurses, physicians, and discharge personnel to provide culturally appropriate support and navigation to Aboriginal clients, and to link the clients with external Aboriginal resources and services.

APNs support admitting, frontline and discharge staff to provide referral, health care advocacy and support to Aboriginal clients to ensure access to appropriate health care and community services.

If staff need further guidance, call the Aboriginal Patient Navigator Team for advice.

TOLL-FREE 1.877.875.1131

EMAIL info.aboriginalhealth@vch.ca



**KEY CONTACT DETAILS
FOR VANCOUVER
COASTAL REGION**

Halika'as Heiltsuk Health Centre

Box 819 – 212 Wabalista Street
Bella Bella, BC V0T 1Z0
Phone: 250 957-2308 ext 230
Fax: 250 957-2311

Kitasoo Xai Xais Health Centre

General Delivery
Klemtu, BC V0T 1L0
Phone: 250 839-1136
Fax: 250 839-1136

Nuxalk Health & Wellness Centre

Box 392
Bella Coola, BC V0T 1C0
Phone: 250 799-5809
Fax: 250 799-5640

**Wuikinuxv (Oweekeno) Health
Centre**

PO Box 3500
Oweekeno Village, River Inlet
Port Hardy, BC V0N 2P0
Phone: 250 949-8622
Fax: 1 866 881-0355

**Lil'Wat Nation Pqusnalhcow
Health Centre**

Black Bear Road
Mount Currie, BC V0N 2K0
Phone: 604 894-6656
Fax: 604 894-6643

Southern Stl'atl'imx Health Society

#6-7327 Industrial Way
Pemberton, BC V0N 2L0
Phone: 604 894-0151 ext 225
Fax: 604 894-0152

Sechelt Indian Band Health Centre

PO Box 740
5555 Sunshine Coast Highway
Sechelt, BC V0N 3A0
Phone: 604 885-2273
Fax: 604 885-6369

Tla'Amin Health Centre*

RR#2 Sliammon Road
Powell River, BC V8A 4Z3
Phone: 604 483-3009
Fax: 604 483-2466

**Tsleil-Waututh Nation Health
Department***

3075 Takaya Drive
North Vancouver, BC V7H 3A8
Phone: 604 354-8478
Fax: 778 340-3900

* also operate a medical clinic on reserve



**KEY CONTACT DETAILS
FOR VANCOUVER
COASTAL REGION**

**Squamish Nation Yúustway
Health Services Department***

Unit 9a, 380 Welch Street
West Vancouver, BC V7P 0A7
Phone: 604 982-0332
Fax: 604 982-9372

Musqueam Indian Band*

6735 Salish Drive
Vancouver, BC V6N 4C4
Phone: 604 263-3261
Fax: 604 26304212

**Native Court Worker and
Counselling Association of BC**

(addictions counselling)
207 – 1999 Marine Drive
North Vancouver, BC V7P 3J3
Phone: 604-985-5355
Outside the Vancouver area Toll
Free: 1-877-811-1190
Fax: 604-985-8933

Vancouver Native Health Society

(primary care medical clinic)
449 East Hastings Street
Vancouver, BC V6A 1P5
Main Office
Phone: 604.254.9949
Fax: 604.254.9948

Urban Native Youth Association

(also operates a youth focused
medical clinic)
1618 East Hastings Street
Vancouver, BC V5L 1S6
Phone: 604 254-7732
Fax: 604 254-7811

Lu'ma Medical Centre

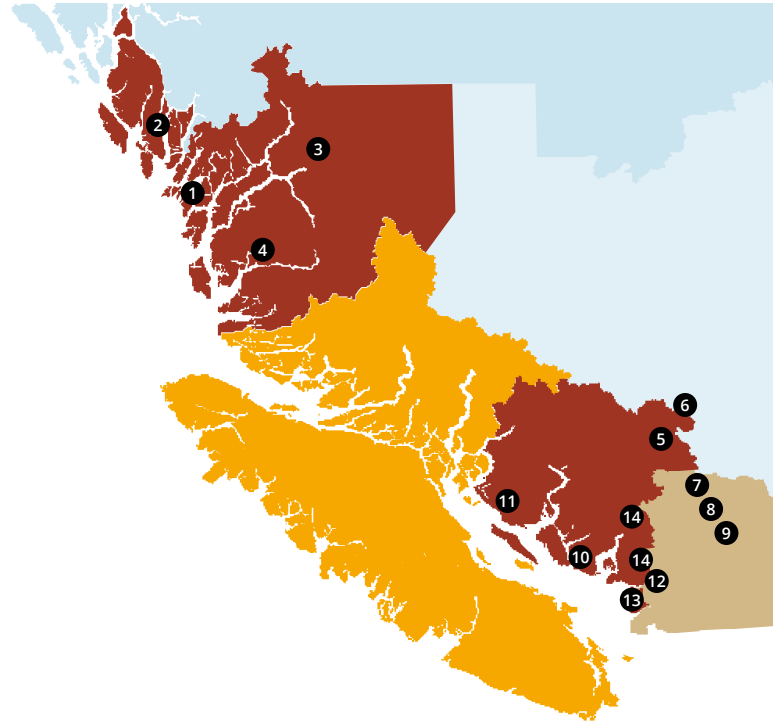
2970 Nanaimo St
Vancouver, BC V5N 5G3
Phone: 604 558-8822
Fax: 604 558-8823

* also operate a medical clinic on reserve



FIRST NATIONS: VANCOUVER COASTAL REGION

- 1 Heiltsuk
- 2 Kitasoo/Xai'xais
- 3 Nuxalk
- 4 Wuikinuxv
- 5 Lil'wat
- 6 N'Quatqua
- 7 Samahquam
- 8 Skatin
- 9 Xa'xtsa
- 10 Shísháhl / Sechelt
- 11 Tla'amin / Sliammon
- 12 Tsleil-Waututh
- 13 Musqueam
- 14 Skwxú7mesh Úxwumixw





HEILTSUK NATION (BELLA BELLA, CENTRAL COAST)

The unceded homelands of the Heiltsuk Nation are located on the Central Coast region of British Columbia, centered on Campbell Island, in the community of Waglisla (Bella Bella).


The Hailika'as Heiltsuk Health Center has its own health board. It provides a variety of health services including a dental practice; health promotion programs (e.g. diabetes prevention, screening, immunization), elders program, youth program, physiotherapist, addictions counselling and Home and Community Care. They have telehealth capacity and also support community members with medical transport to access services in Vancouver or on Vancouver Island.

Vancouver Coastal Health's Bella Bella Hospital is located in the Heiltsuk community, but is a provincial facility. It has a medical clinic, pharmacy, laboratory and several acute and long term care beds.

KITASOO/XAI'XAIS (KLEMTU, CENTRAL COAST)

Kitasoo community resides in Klemtu, on the east side of Swindle Island on BC's central coast, in the heart of the Great Bear Rainforest. The town of Klemtu is home to the Kitasoo/Xai'xais people. Two distinct tribal organizations live here: the Kitasoo (Tsimshian) who were originally from Kitasoo Bay and the Xai'xais of Kynoc Inlet.

The village is served by two grocery stores, a post office, cafe, community sports facility, Big-house, and a health centre operated by Chief and Council. The Kitasoo/Xai'xais Health Centre delivers health promotion programs, Home and Community Care, addictions counselling, a visiting Doctor (from Bella Bella Medical Clinic) provides a clinic at regular intervals. Other visiting health professionals include an optometrist, den-



tist, audiologist and clinical counsellor. The Health Centre also helps to coordinate medical travel and have telehealth capability.

NUXALK (BELLA COOLA, CENTRAL COAST)

The Nuxalk Nation has been located in and around Bella Coola, British Columbia for thousands of years. The Nuxalk Nation is a mixture of many villages that were distributed throughout their land. The Nuxalkmc (Nuxalk People) have traditionally depended on a diverse and healthy diet based on salmon, other seafood, root vegetables and greens, wild berries and game from their home territories.

The Nuxalk Health and Wellness Center is part of the Nation's structure and is located in the same building as the Band Council. They provide community health nursing, health promotion programs, dental services, counselling and support with accessing Health Benefits. They also have telehealth capability.

The Bella Coola Valley General Hospital operated by Vancouver Coastal Health hosts a medical clinic, pharmacy and laboratory as well as several acute and long term care beds.

WUIKINUXV – OWEKEENO (RIVERS INLET, CENTRAL COAST)

The Wuikinuxv Nation is located in the Rivers Inlet area. The cyclic lifestyle of the Wuikinuxv revolves between the traditional necessities of hunting and gathering, preserving and trading, and commercial activities such as the logging and commercial fishing industries. Since logging and fisheries jobs are often seasonal, community members are often away hunting, fishing and preserving their foods to see them through winter months and off-seasons.

The Wuikinuxv Health Center is part of the Nation's structure and is located in the same building as the Band Council. They provide health promotion programs, counselling and support with accessing Health Benefits and nursing / physician services visit from Port Hardy and Port McNeil with prescriptions being flown into the community.

LIL'WAT (MOUNT CURRIE, PEMBERTON)

The Pemberton valley, Mt Currie and Whistler are situated on the unceded traditional territories of the Lil'wat people. Historically organized in extended family groupings, the Liíwat7úl wintered in villages consisting of clustered s7ístkens (semi-subterranean pit houses) and in temperate months, life was lived outside, with fishing, hunting and gathering taking up peoples' days as they travelled their traditional territory.

The Pqusnalhcw Health Center, located in the Lil'wat Nation's community, also referred to as Mt Currie, provides a wide variety of health services to the community, including: health promotion programs, community health nursing, Home and Community care, dental services, addictions counselling and mental health, early childhood health, immunisations and support to access First Nations Health Benefits. They have a number of visiting health professionals such as physiotherapists, occupational therapists and speech language therapists to support rehabilitation. Community members will first access the VCH Pemberton Health Centre (which includes ambulance and a small emergency room) or local medical clinics and if needed, will be transferred either to Squamish General Hospital or Lions Gate Hospital for more complex care needs.

N'QUATQUA, SAMAHQUAM, SKATIN, AND XA'XTSA (PEMBERTON/MT CURRIE)

These four communities are located north and southeast of Lil'wat Nation's community (Mt Currie) and are members of the Lower Stl'atl'imx Tribal Council (LSTC) along with Lil'wat Nation.

The Southern Stl'atl'imx Health Society (SSHS) is an independent entity governed by representatives from all four Nations, that provides some health services to the four communities to complement the services that each community provides itself. Like Lil'Wat Nation, community members from these four communities will first access the VCH Pemberton Health Centre (which includes ambulance and a small emergency room) or local medical clinics, and if needed, will be transferred either to Squamish General Hospital or Lions Gate Hospital for more complex care needs.

Each of the 4 communities has its own Chief and Council. The Council from each community appoints two members to the Board of SSHS. SSHS employs nursing / clinical / counselling staff to support Community Health Representatives (CHRs) and citizens in each community who have chronic illness or other conditions and to conduct Nursing and home-care support. Each community's Band Councils employ the CHRs – which they prefer to call Wellness Workers - to undertake and focus on cultural and “wellness” activities that help to keep citizens well, mobile and independent.

SHÍSHÁLH (SECHELT, SUNSHINE COAST)

The Sechelt (Shíshálh) First Nation is located on the Sunshine Coast. In 1986 the Shíshálh Nation was recognized as an independent self-governing body by the government of Canada. The Sechelt Indian Government District holds jurisdiction over its lands and exercises the authority to provide services and education for its residents.

Shíshálh is focused on land, ocean and water preservation and adopting ecosystem based management approaches in its territory. With immediate access to the town of Sechelt on the sunshine coast, the community has access to a hospital, local retail shopping and other community resources and services. They also

operate their own health program which includes a community health worker, community health nurse and counsellor. Their location is immediately adjacent to the Sechelt Hospital which is a VCH facility that was renamed from the former St Mary's to Sechelt in 2015.

TLA'AMIN / SLIAMMON (POWELL RIVER, SUNSHINE COAST)

The Tla'amin First Nation is located north of the City of Powell River. Tla'amin Nation has moved into self-governance, with their Treaty effective date of April 2016. Other cultural traditions which continue to this day include language revitalization, traditional food gathering (such as smoked salmon) and tribal journeys in canoes. Today the community of Tla'amin is still heavily involved in food gathering and fishing, preserving and ceremony.

The Tla'amin Health Centre operates a Nurse Practitioner-based clinic as well as a dental service, health promotion programs, counselling, Home and Community Care and telehealth programs. They have some visiting specialists and also have telehealth capability.

TSLEIL-WAUTUTH NATION (NORTH VANCOUVER)

The Tsleil-Waututh Nation is located on the north shore of Burrard Inlet, and is surrounded by the city of North Vancouver.

Tsleil-Waututh Nation, also known as "People of the Inlet," have inhabited the lands and waters of their traditional territory surrounding the Burrard Inlet for over a thousand years. Historically the ancestors' survival was dependent on cycles of hunting, harvesting and preserving foods and trading.

Community members access services from its health team located in the Tsleil-Waututh Nation community which now has a new (August 2016) medical clinic as well as community health workers, counsellors, social workers and community health nurse. Community members will also access physicians, dentists and pharmacists on the north shore of Vancouver and if needed their nearest acute facility is the VCH Lions Gate Hospital (LGH).

SQUAMISH NATION (WEST & NORTH VANCOUVER & SQUAMISH VALLEY)

The Skwxwú7mesh Úxwumixw (Squamish People, villages and community) have a complex and rich history. Their unceded homelands include present day Greater Vancouver area, Gibson's landing and Squamish River watershed. Current Skwxwú7mesh generations can trace their connections to one or more of the strong leaders and speakers who signed the Amalgamation on July 23, 1923. The Squamish culture is rich and resilient and they continue to practice their customs and traditions, which are strongly interconnected with their traditional territory.

Yúustway Health Services Department (YHSD) is one of many Departments of the Nation and provides many services to community members. Yúustway (meaning "taking care of each other") operates the Kal'numet Primary Care clinic and provides mental health and addictions services; Home and Community Care; health promotion and education; public health and elders programming. They have a successful working partnership with Community Health at VCH North Shore who provides nursing services in their community as well.

MUSQUEAM INDIAN BAND (SOUTH VANCOUVER)

The Musqueam "People of the River Grass" have lived in their present location since a time immemorial. Musqueam are traditional **hənq̓əminəm** speaking people. Their people moved throughout their traditional territory using the resources the land provided for fishing, hunting, trapping and gathering as a way of life. Today, the Musqueam people still use these resources for economical and traditional purposes.

Although a metropolitan city has developed in the heart of Musqueam territory, their community maintains strong cultural and traditional beliefs. Community historians and educators teach and pass on their history to the people, to keep the culture and traditions strong.

Musqueam Indian Band operates its own health department which includes counsellors; Home and Community care nursing; chronic disease and exercise programs and in 2016 they opened their own medical clinic on-reserve which includes a physician and Nurse Practitioner. They provide a significant level of advocacy for community members dealing with health services off-reserve in Vancouver and at local hospitals.

ABORIGINAL POPULATION IN URBAN VANCOUVER

Vancouver is home to an extremely diverse Aboriginal population. In addition to the three local First Nations communities Musqueam, Squamish and Tsleil-Waututh (sometimes referred to as the 'host Nations' following their significant collaboration with Lil'Wat Nation, in the 2010 Winter Olympics), Vancouver's urban Aboriginal population is also comprised of First Nations Nations, Metis and Inuit people from across BC and North America.

First Nations peoples are the largest Aboriginal group in Vancouver, accounting for six in ten (58%) of the Aboriginal population. Métis account for 37 percent of the Aboriginal population, while less than one percent identified as Inuit, and four percent offered other or multiple responses.

There is an important growing trend of rural-urban migration for Aboriginal people, increasing the number of permanent Aboriginal residents in urban centres across the country. Aboriginal people typically relocate to urban centres for family, city-life, or to seek education and employment opportunities. Some urban Aboriginal people have lived in cities for generations, while for others, the transition from rural areas or reserves is still very new. Urban Aboriginal people in Vancouver are not a transient demographic and most have no plans to return to their home communities on a permanent basis.

Most urban Aboriginal people living in Vancouver consider it to be their home. However, it is also important for many Aboriginal people living in Vancouver to keep a close connection to the community of their family's origin. This might be the place where they were born, or where their parents or grandparents lived. Connection to these communities helps many people to retain their traditional and contemporary Aboriginal culture.

Aboriginal people in Vancouver have a rich history of organizing in their communities. These organizations bring together Aboriginal people from all over BC and North America. Some of the urban aboriginal organizations include:

- **Vancouver Aboriginal Friendship Centre** (VAFC) – located on Hastings Street east at Commercial Drive and, like many other Friendship Centres across Canada, offer a range of social support services including daycare. They also operate the well-attended West Coast nights to celebrate different cultures that are open to the public.
- **Urban Native Youth Association** (UNYA) directly opposite the Friendship Centre on Hastings Street offers a wide array of native youth specific programs, including: a computer learning centre; career support; counselling; a youth medical clinic operated by a Nurse Practitioner which includes midwifery services; a residential addictions treatment facility; school and holiday programs and health promotion.
- **Lu'ma Medical Centre** operates a medical clinic targeting the Aboriginal population, but is available to non-Aboriginal people, located at Grandview and Nanaimo Streets (opened in 2016).
- **Vancouver Native Health Society** (VNHS) which is an experienced health service provider located in the downtown eastside that serves several thousand Aboriginal clients. They operate a medical centre; dental clinic; and pharmacy along with several other programs including HIV prevention.
- **Native Court worker and Counselling Association of BC** located in West Vancouver and downtown Vancouver, provides addictions and mental health counselling; group support and therapy.

There are many other Aboriginal organizations in Vancouver who provide services in different areas such as employment and career advice; childcare; child and family services; justice; education and housing. A good resource to access information on these other Aboriginal services is accessible at lnhs.ca/wordpress/wp-content/uploads/2010/01/Guide.pdf (A Guide to Aboriginal Resources in greater Vancouver). It should also be noted that many other Aboriginal people reside off-reserve in other parts of the region; however, the numbers are not as significant.

GLOSSARY

These descriptions are to assist those with limited familiarity of Aboriginal cultures with the more commonly used concepts and terms in relation to Aboriginal cultural practices. It is important to keep in mind that there is no one “Aboriginal” culture in Canada. First Nations cultures in BC alone are linked to and comprise of over 200 First Nations communities. Therefore to even define where one culture begins and ends is quite difficult. However, there are some basic concepts and principles that are found in many Aboriginal cultures.

Note: Definitions are drawn from a variety of sources including BC First Nations and Aboriginal People’s Mental Wellness and Substance Use Ten Year Plan; Chamberlain, S. P.; Dr. Tervalon & Dr. Murray-Garcias; California Health Advocates; Kahui Tautoko Consulting (Canada) Ltd; Health Council of Canada; First Nations and Aboriginal Physicians Association of Canada ; Management Service for Health.

TERMINOLOGY

ABORIGINAL


Aboriginal is a collective term used to describe the three constitutionally recognized First Peoples populations in Canada – First Nations, Métis and Inuit. While the term Aboriginal is commonly accepted, identifying each of these populations specifically by name is preferable where appropriate.

CULTURE

Represents the values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world.

CULTURAL RESPONSIVENESS

Cultural responsiveness has an organizational focus and builds the capacity of the system or institution to be culturally competent. This includes improving professional attitudes, knowledge, behaviors and practices (the ‘people’ component), as well as strategies, plans, policies, procedures, standards and performance management/ remuneration mechanisms (the ‘institutional’ component) in order for the ‘whole’ to be



responsive. Cultural responsiveness is concerned with improving both the competency of the practitioner and the system in which the practitioner operates.

CULTURAL SAFETY

Cultural safety is an outcome of culturally competent practices, defined and experienced by those who receive the service - they feel safe. Cultural safety is based on understanding the power differentials and potential discriminations inherent in health service delivery, and the need to address these inequities through education and system change.


For health services to First Nations, Inuit and Métis peoples, power differentials and discrimination are understood as a residual element of colonization and function as a barrier to facilitating the health and healing of First Nations, Inuit and Métis peoples.

FIRST NATIONS

The term 'First Nations' has largely become the preferred terminology for the First peoples of North America in what is now Canada. First Nations people may be 'Status' (registered) or 'non-Status Indians' as defined under the Indian Act.

FIRST NATIONS AND ABORIGINAL

First Nations and Aboriginal means "native to the area or lands." First Nations and Aboriginal is more frequently used in an international or global context, however, it can also be applied within a local context as well. The United Nations refer to First Nations and Aboriginal broadly as 'peoples of long settlement and connection to specific lands who have been adversely affected by incursions by industrial economies,



displacement, and settlement of their traditional territories by others'. Similarly, the term can also refer to groups of peoples or ethnic groups with historical ties to a territory prior to colonization or formation of a nation state. Typically, First Nations and Aboriginal peoples have preserved a degree of cultural and political separation from the mainstream culture and political system of the nation state within the border of which the First Nations and Aboriginal group is located.

FIRST PEOPLES

First Peoples refers to First Nations, Métis, and Inuit Peoples in Canada, as well as First Nations and Aboriginal peoples around the world. The plural 'peoples' recognizes that more than one distinct group comprises the First Nations and Aboriginal population of Canada compared to singular 'people' which might refer to individuals.

HEALTH

In virtually all First Nations and Aboriginal communities, the concept of health centers around balance and harmony within and between the mental, emotional, spiritual, and physical aspects of individuals. Human health is also seen as interdependent with the natural and spiritual world. The acknowledgment of this interconnection between human, natural, and spiritual worlds is fundamental to an understanding of all the aspects of First Nations and Aboriginal cultures. Moreover, the expression of culture such as through language, art, and healing is not in and of themselves distinct practices within community life, but different expressions of a holistic way of living in community and culture. For example, transformation masks seen in First Nations and Aboriginal Northwest Coastal Cultures used in various ceremonies illustrate the interdependence of artist, spiritual, and healing practice.

INDIAN

'Indian' refers to the legal identity of a First Nations person who is registered under the Indian Act. The term 'Indian' should be used only when referring to a First Nations person with status under the 'Indian Act', and only within its legal context. Aside from this specific legal context, the term 'Indian' in Canada is considered outdated and may be considered offensive due to its complex and colonial use in governing identity through this legislation and other distinctions of 'Treaty, non-Treaty, Status, non-Status'.

INDIAN ACT

The Indian Act is Canadian federal legislation, first passed in 1876, that sets out certain federal government obligations, determines the relationship between First Nations and Aboriginal peoples and the Canadian government, and regulates the management of reserve lands. It is considered a paternalistic document that determines who is and who is not recognized with constitutionally enshrined rights as an 'Indian' or not. The act has had a largely negative impact on First Nations and First Nations and Aboriginal peoples and communities, especially women in relation to marriage status transfer, and has led to the division of families and communities.

INUIT

The Inuit are the Aboriginal inhabitants of the Arctic circle. They are a distinct population of Aboriginal peoples who are registered as such under the Indian Act. They are united by a common cultural heritage and a common language. 'Inuit' means simply "the people" in Inuktitut.

MÉTIS

Métis refers to a person who is descended from early French explorers/settlers and First Nations women. The Métis Nation Governing Members have formalized a national citizenship definition that is defined as a person who self-identifies as Métis, is of historic Métis ancestry, is distinct from other Aboriginal peoples and is accepted by the Métis Nation. Métis people identify themselves, and are recognized, as distinct from First Nations, Inuit or European descendants. They have a distinct culture, traditions, and language (Michif), that incorporate aspects of both French-Canadian and First Nations cultures. This could explain why they were called 'Métis', which came from the French word for 'mixed'. The term métis (lowercase m) is often used to describe someone of mixed Aboriginal ancestry.

NATIVE

'Native' is a general term that can refer to a person or thing that has originated from a particular place. However, in the context of colonialism, the term 'Natives', as applied to the inhabitants of colonies was considered a patronizing term. 'Native' does not denote a specific First Nations and Aboriginal ethnicity (such as First Nation, Métis, or Inuit). In Canada, the terms 'First Nations' and 'Aboriginal' are generally preferred to 'Native'.

NON-STATUS INDIAN

A First Nations and Aboriginal person who is not registered under the Indian Act. This may be because his or her ancestors were never registered, or because he or she lost status under paternal provisions of the Indian Act.

PROTOCOL

In mainstream Canadian society the definition of protocol in this context refers to a code of conduct, manners, courtesies or customs that dictate what is seen as proper or acceptable behaviour in specific situations. In a First Nation and Aboriginal context, it is similar and protocols are rules that govern human behaviour and ways of relating to one another that are “right or wrong”. These include protocols that govern relationships between the seen and unseen worlds, and to all living things from the rocks to the trees, to animals, water and the land. Some are based in cultural traditions and others have been established more recently.

STATUS INDIAN

This term, while outdated and inappropriate, is still used in the Canadian government to mean a First Nations and Aboriginal person who is registered under the Indian Act.

COMMON PRACTICES & CONCEPTS

BURNING

A burning ceremony is done to acknowledge and/or feed relations in the spiritual world. When feeding a spirit of a specific individual, it is common to also burn certain objects that the individual may require in the spiritual world, such as clothes.

CEREMONIES

The authenticity and integrity of the teachings and ceremonies are governed by specific and often strict protocols and practices. Ceremonies are always conducted by leaders, ceremonial Elders or speech makers or those who hold the protocol teachings.

It is important to note that when you are planning to attend a ceremony, ensure that you are aware of and show respect by asking about process and guidelines that participants are expected to follow.

There are 4 main parts of a ceremony:

- Opening prayer
- Work;
- Gift giving and
- Feast.

Each of these is a ceremony within a ceremony:

1. Opening Prayer

Usually lead by an Elder, the opening prayer is intended to acknowledge the gratitude for life and ask for assistance with the work or intention of a gathering.

2. Work

The work is focused upon the specific intention of the ceremony, for example, to give a traditional name.

3. Gift Giving

Part of all First Nations and Aboriginal ceremony, gift giving is the enactment of a core value in First Nations and Aboriginal culture, the practice of generosity and reciprocity

4. Feast

The feast is usually opened with a prayer, and often, a “spirit plate” is made to feed the guests from the spiritual world. It is customary to have helpers feed the elders prior to people feeding themselves or their children.

EAGLE FEATHERS

First Nations and Aboriginal peoples regard the eagle as a sacred bird. The eagle represents core values and/or powers such as strength, loyalty, honesty, and compassion. Like all ceremonial objects, the eagle feather is always treated with the utmost respect.

ELDERS

Elders may be male, female or two-spirited and are the carriers of the wisdom and teachings rooted within the culture.

FASTING

Fasting is a fundamental aspect of First Nations and Aboriginal spirituality. A fast is undertaken for personal reason and almost always requires an Elder to guide the ceremony. Many cultures use a four-day fasting period. In some cultures, the Sweat Lodge is used for the fasting ceremony.

FEASTING

Some ceremonies such as “doctoring” sweat require the participant to eat a meal. There are specific rituals requiring special foods. Sacred food for the Ojibway, for instance, consists of wild rice, corn, strawberries, and deer meat. Typical feast goods for the Cree from the prairies would be Bannock (Indian bread), soup, wild game, and fruit (particularly Saskatoon berries or mashed choke cherries). For West Coast First Nations, sacred goods might include fish prepared in a special way. Although foods may differ, their symbolic importance remains the same.

FOUR DIRECTIONS

Acknowledgement of the four directions, sometimes referred to as the four powers or four winds, play an integral part of many cultural practices. Pow-wow arbors (dance grounds), smoke houses, sweat lodges, smudge ceremonies, etc. all acknowledge the four directions. For example, west coast big houses have the doors facing directions in relation to times of the day, time of life, and time of year. One of the more common embodiments of the teaching of the four directions is the medicine wheel.

FOUR MAIN PLANTS

Many traditions acknowledge four main plants for ceremonial use, such as the smudge. These plants are: Cedar, Sage(s), Sweetgrass, and Tobacco.

HEALING CIRCLE

The healing circle is a talking circle with the intention of specifically addressing or healing an individual or individuals. Often led by an elder or spiritual leader, the healing circle is more formal than the talking circle.

MEDICINE WHEEL

The Medicine Wheel comes from prairie cultures, but is now common to many First Nations and Aboriginal communities. The Medicine Wheel is a symbol that represents the circle of life. It is a very deep and complex symbol. A full understanding of all the teachings related to the Medicine Wheel would take a lifetime. A core concept of the Medicine Wheel is balance, harmony, and interconnectedness. A Medicine Wheel can represent:

- The four aspects of life: emotional, intellectual, physical and spiritual
- The four stages of life: infant, youth, adult, and elder
- The four seasons, the four cardinal directions, etc.

MYTH, LEGEND, AND STORY

First Nations and Aboriginal cultures are rooted in oral traditions. Through oral tradition, the culture is preserved and carried on through the word of elders and leaders. First Nations and Aboriginal healing generally centers on traditions and ceremonial practices, and all ceremony is rooted in teachings and stories. For First Nations and Aboriginal cultures, stories are not fictional accounts, but an acknowledgement that human beings and human life is rooted in the stories we live by.

NAMING CEREMONY

A Naming Ceremony is where an individual is given a “traditional name.” There are various types of names given for various reasons. For some cultures, family names are given to members of the family who are then required to “carry” the name and to ensure that they conduct themselves in a way that the name indicates. For example, if the name refers to courage, the individual will need to act courageous to ensure their integrity and the integrity of the name.

Another common purpose for receiving a traditional name is to acknowledge a new relationship to the community and/or spiritual world. For example, when an individual is given certain spiritual rites, they may also receive a name to go with those specific spiritual rites.

PIPE CEREMONY

The pipe ceremony is a sacred ritual for connecting physical and spiritual worlds. “The pipe is a link between the earth and the sky,” explains White Deer of Autumn. “Nothing is more sacred. The pipe is our prayers in physical form. Smoke becomes our words; it goes out, touches everything, and becomes a part of all there is.”

POTLATCH

The potlatch is a ceremony common to all Pacific Coast tribes. The chief of one lineage or tribe will invite other communities to a ceremony of feasting, dancing, and gift giving.

POW-WOW

Some say the name is derived from the Algonkian word meaning, "to dream." Pow-wow is a time for celebrating and socializing. In some cultures, the pow-wow itself was a religious event, when families held naming and honouring ceremonies.

PRAYERS

All ceremonial practices are a form of prayers. Prayers in First Nations and Aboriginal cultures are an expression of the human relationship between the Creator and spirit helpers and are offered at individual or group ceremonies.

SMUDGE

One of the most common ceremonies is the Smudge. It is usually considered a purification ceremony. This ceremony is done by burning specific plants and brushing the smoke over oneself. Like all ceremonies, the smudge invites health into a person's life.

SUN DANCE

The Sun Dance amongst the plains cultures is as a replay of the origin of human culture and focuses on gratitude to the Creator for the renewal of life.

SWEAT LODGE

The sweat lodge can best be described as a rebirthing process. It is used for purification, for spiritual renewal and healing and for education of the youth. A sweat lodge is a small covered frame of willows with hot rocks placed in the center. Water is thrown on the rocks to create steam.

TALKING CIRCLE

Sitting in a circle, a group will take turns sharing and/or discussing specific issues.

TALKING STICK

Usually carved with specific symbols such as the eagle and/or thunderbirds, the talking stick acts as the “law” of the circle. The person who has the talking stick is the only person who can talk in the circle.

WINTER CEREMONIES

Coastal Cultures often incorporated winter ceremonies. These ceremonies are often organized by the specific leaders and are built upon sacred stories, practices, and protocols. Winter ceremonies are usually held in community big houses. These ceremonies are considered a powerful means of addressing the ill health of individuals, families, and communities.

WITNESS CEREMONY

A traditional west coast (Coast Salish) ceremony, the witness ceremony is intended to ensure the community members “witness” certain events, such as a Naming Ceremony. Specific individuals are called to witness the event and are usually given two quarters as acknowledgement for their work of witnessing. Those who accept to witness are responsible for ensuring that the community knows of the event and to vouch for the integrity of the ceremony for future reference.

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