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Decolonizing cultural safety education in the healthcare system through cultural immersion in indigenous knowledge sharing & material practice

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Abstract: Racism toward Indigenous peoples in health care settings occurs at individual, institutional and systemic levels in Canada and is a contributing factor to Indigenous peoples experiencing significantly poorer health outcomes than non-Indigenous peoples. Within the Canadian healthcare system, many providers have had limited encounters with Indigenous people outside their workplace, which contributes to their inadequate understanding of Indigenous peoples' worldviews, lived experiences, the impacts of colonial policy on their health, and conscious/subconscious perpetuation of negative stereotypes. This project explores Indigenous-led arts and material practice workshops as a form of cultural safety education by fostering dialogue between non-Indigenous healthcare students and Indigenous students in the Lheidli T'enneh Territory (Prince George, Canada). Uniquely, this project is led by an art and design university, and combines Indigenous and designerly ways of knowing to consider an approach to cultural safety education that is not solely focused on the healthcare student or practitioner as the learner, but includes the community as key contributors to the learning experience. Core to the workshop model is the combination of sharing Indigenous histories and the current state of systemic racism, with the making of drums, rattles and other Indigenous material practice. The paper will provide an in-depth overview of the four key components of the workshop model — convening, sharing, making, and resting & reflecting — and discusses the role of designers in supporting this cultural safety education initiative.

Keywords: cultural safety education; Indigenous methodologies; decolonialism; making

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1. Introduction

Racism toward Indigenous peoples1 in health care settings occurs at individual, institutional and systemic levels in Canada and is a contributing factor to Indigenous peoples experiencing significantly poorer health outcomes than non-Indigenous peoples (Adelson, 2005). These disparities are multifaceted and grounded in Canada's colonial past, a past which not only dismissed Indigenous knowledge and holistic views of health and wellness, but fostered systems of oppression and perpetuated beliefs that portrayed Indigenous peoples as inferior (Turpel-Lafond, 2020, p. 53).

Colonial practices such as Canada's residential schools system2 and the Sixties Scoop3 forcibly removed and isolated Indigenous children from their families, community and traditional lands, in order to assimilate them into the dominant Canadian culture. The legacy of these policies continues to contribute to the over-representation of Indigenous people in child welfare and criminal justice systems, intergenerational trauma, and adverse effects on physical, mental, emotional, and spiritual health of Indigenous peoples. In 2020, Mary Ellen Turpel-Lafond was appointed by British Columbia's Minister of Health to conduct a review of Indigenous-specific racism in B.C.British Columbia's provincial health care system. The In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care report indicates current widespread Indigenous-specific stereotyping, racism and discrimination exist in the B.C. health care system, and further, this racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peopls in B.C. (Turpel-Lafond, 2020, p. 37).

1.1 Western medicine's impact on Indigenous Peoples

Current western healthcare practices are based in systems with colonial underpinnings. While the average individual may feel frustrated navigating healthcare systems at certain points in their lifetime, the impact of colonialism disproportionately impacts Indigenous peoples' health and well-being at a population level (Gracey & King, 2009).

These healthcare systems are grounded in a linear approach to care and care management that focus on physical health and the treatment and cure of illness/disease, resulting in a

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1 Throughout this paper, the term Indigenous is being used as a collective term for First Nations, Inuit, and Métis people. *Indigenous* comes from the Latin word *indigena*, which translates to *native or sprung from the land.* Within Canada, there are an array of Indigenous Peoples, each with their own vibrant and distinct nations and cultural practices (Antoine et al., 2018).

2 Canada's residential schools were a network of boarding schools for Indigenous peoples. Attendance was mandatory from 1894 to 1947, and the last residential school closed in 1997. The network was funded by the Canadian government's Department of Indian Affairs and administered by Christian churches. Over the course of the system's more than hundred-year existence, around 150,000 children were placed in residential schools nationally (*TRC Website*, n.d.).

3 The Sixties Scoop was a period in which a series of policies were enacted in Canada that enabled child welfare authorities to take, or "scoop up," Indigenous children from their families and communities for placement in foster homes, from which they would be adopted by white families. Despite its name referencing the 1960s, the Sixties Scoop began in the mid-to-late 1950s and persisted into the 1980s ("The Sixties Scoop Explained," n.d.).

narrow scope of health inquiry (Sturmberg & Lanham, 2014). Within the Canadian healthcare system, many providers have had limited encounters with Indigenous people outside their workplace, which contributes to their inadequate understanding of Indigenous peoples' worldviews, lived experiences, the impacts of colonial policy on their health, and conscious/subconscious perpetuation of negative stereotypes (Turpel-Lafond, 2020, p. 38).

1.2 Prioritizing cultural safety & humility

Culturally relevant strategies and learning tools are needed to create environments that are culturally safe. Approaches which are not only tolerant to Indigenous approaches to health management but receptive and sustained. Cultural safety is defined here as the creation of an environment that is physically, socially, emotionally and spiritually safe, by recognizing and respecting the cultural identities of others and not challenging or dismissing their identity or what they need (Turpel-Lafond, 2020, p. 212). To create these spaces, cultural humility — a life-long process of self-reflection of how assumptions, beliefs and privilege are embedded within individuals' understanding and practice — is also needed to be fostered and prioritized at an individual level (Turpel-Lafond, 2020, p. 212).

Many cultural safety training programs currently exist in the form of online training modules and/or webinars (*Culturally Safe Care*, n.d.; Turpel-Lafond, 2020, pp. 102–109). While these formats are convenient, they often do not effectively recognize the importance of relationship building and meaningful cultural connection with local Indigenous communities and exist in educational formats that are inherently colonial. An approach that is counterintuitive to fostering safe spaces and decolonial approaches to dialogue and learning. The *In Plain Sight* report affirms that "current education and training programs are inadequate to address Indigenous-specific racism in health care" and there is a lack of consistently mandated training for health care staff on Indigenous cultural safety (Turpel-Lafond, 2020, p. 102). In recognizing these limitations, we aim to consider the role that culturally immersive and multisensory methods may have in creating sustained, systemic change; a model where health care providers not only strive to create safe environments in their practice, but embody cultural humility as change makers.

2. Cultural connections initiative

How can we address racism in healthcare through community-based cultural safety education, grounded in Indigenous methodologies for learning and dialogue?

This project explores a new Indigenous-led model to cultural safety education, which focuses on cultural immersion as a strategy for engagement. This is a collaboration between the Aboriginal Gathering Place and the Health Design Lab at Emily Carr University of Art + Design (ECU) and the Director of Aboriginal Education at the College of New Caledonia (CNC), and funded through a Systems Change Grant from the Vancouver Foundation (*Systems Change Grants*, 2018). ECU is situated on the unceded, traditional and ancestral xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh Úxwumixw (Squamish), and səl̓ilw̓ətaʔɬ (Tsleil-

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Waututh) territories (Vancouver, Canada), and CNC is situated on the Lheidli T'enneh Territory (Prince George,Canada). The overall goal of this project has been to shift how the next generation of health professionals' views Indigenous health and support an environment where Indigenous peoples consistently access culturally safe and appropriate care, feel comfortable using the healthcare system as part of their health management, and experience better health outcomes. In this paper, we will describe a workshop model that has been tested through three pilot workshops and describe key insights and learnings from our team throughout this process.

Cultural safety education is often viewed to be within the scope of practice of national or regional health authorities. Uniquely, this project is led by an art and design university and combines Indigenous and designerly ways of knowing to consider an approach to cultural safety education that is not solely focused on the healthcare student or practitioner as the learner, but includes the Indigenous community as key contributors and participants to the learning experience and key recipients of value. An approach that aims to flatten power hierarchies and creates space for meaningful connection and shared learning through conversation and making.

The cultural safety training model takes the form of a 3-day workshop. This workshop invites 5–8 health science students and a similar number of Indigenous community members/students to come together in a shared space; there were a number of participants who identified as both a health science student and Indigenous. A key aspect of the workshop model has also been the prioritization of local Indigenous protocols and meaningful integration of local Indigenous artists, knowledge holders, and cultural advisors as workshop facilitators, supported by designers, design researchers, and a healthcare advisor. By partnering with the local community, intentional efforts to recruit workshop participants as well as hosting the workshops in spaces that support local Indigenous organizations.

Through a combination of activities that are grounded in Indigenous methodologies, the workshop aims to create a culturally immersive space for the purpose of shared learning and mutual benefit:

- Sharing of Indigenous histories and contemporary knowledge of Indigenous peoples;
- Intuitive and responsive sharing of Indigenous teachings;
- Listening to lived experiences;
- Dialogue through Sharing Circles;
- Indigenous artist instruction and focused making;
- Casual conversations over tea, during shared meals, and during making;
- One word daily check-ins and check-outs;
- Using moments of transition to rest and recharge between activities and workshop days.

This multisensory experience allowed for tacit and latent knowledge to emerge, in contrast to more direct approaches to knowledge gathering that are direct and tend to elicit information that is top of mind. (Sanders & Stappers, 2012, p. 67). A gentle hands[4] approach that blended hard hitting conversations with the making of drums, rattles, beadings, moose hair tufting and other local Indigenous material practice.

Through the gathering of insights — informed by direct quotes from artists, knowledge keepers and participants, as well as insights from the research team engaging in the workshops as participants — the following high-level workshop components emerged:

- **Convening**: the gathering of a diverse group of people in a shared space;
- **Sharing:** an opportunity for learning, unlearning and active listening through Indigenous methods of knowledge sharing, and unstructured moments of conversation;
- **Making**: a tactile experience of connecting to cultural practices through not only material practice but a shared experience;
- **Resting & Reflecting**: a chance to digest what was shared through intentional breaks in programming and spaces for self-reflection and group reflections built into the programming.
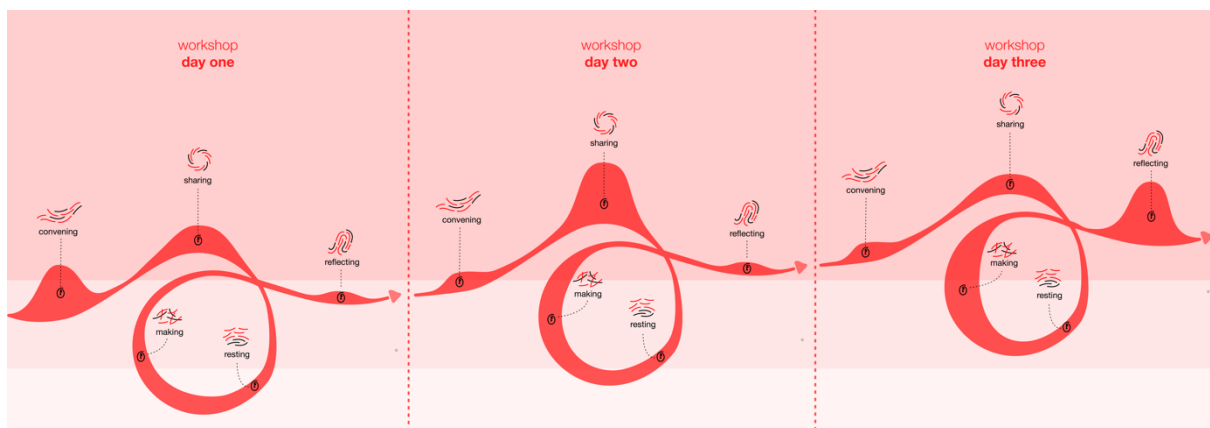

Figure 1. Rhythm of the workshop

This general rhythm repeated itself over the course of the entire workshop, creating a space for deeper immersion into cultural knowledge and practices over the three days together.

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[4] *Gentle hands* is a term shared by Marlene Erickson, one of the core Indigenous knowledge holders on the team, to describe cultural competency. Marlene shared that "when people care about you, they are caring with gentle hands. When people don't feel that sense of caring, they will say no I don't need help and leave. Caring and explaining and respecting their space and beliefs. It doesn't take much to do that" (Erickson, 2021)

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These workshop components are an evolving prototype which are being shared here to highlight key aspects of the workshop model that are transferred to a broader context and may inform a new approach of cultural safety education, as we look to multiply this model in different communities.

2.1 Convening

In an effort to model decolonial cultural safety education practices within our own project team, it has been important to build on established relationships between the Aboriginal Gathering Place at ECU and Aboriginal Programs at CNC and to foster new relationships in the Prince George community, with the guidance team members in the local community. This internal partnership has involved a process of building trust and understanding to decolonize our own internal processes as a team, as a continual effort. It has been important to recognize that authentic connection with community occurs over time, as does nurturing cultural humility on the project team. Giving time and flexibility in the project schedule for this team building aspect was integral in creating a working environment that "moves at the speed of trust," rather than forcing this process semi-arbitrarily to meet project deadlines (Brown, 2017).
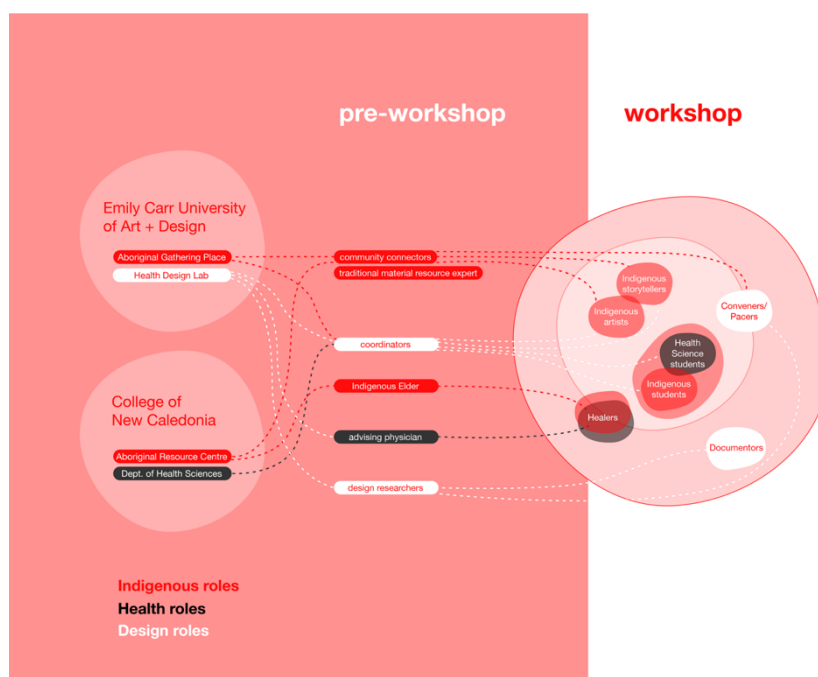

Figure 2. Roles: an overview of the involved partners in the planning process, and multiplicity of the roles leading up to the workshop, interchangeability during the workshop and beyond

The dynamic cultural backgrounds and lived experiences of each member bring strength to the team through communication of a variety of perspectives, informing of knowledge, listening through many informed ears, and speaking with many voices. Figure 2 shows some of the roles that come together in advance of the workshop and how they lead into the workshop. There are many points of connection and plurality to the roles the project team took

on at any given time in the project. The idea of clear, singular roles is an aspect of colonial attitudes and academic structures that we have had to reconcile with on this project and move beyond.

From a participant perspective, the workshops aim to take participants through the full spectrum of behaviour change, from the point of signing up for the workshop to following up with participants months later (*Understanding Behaviour Change*, n.d.). Participants come into the workshops with different degrees of readiness or background knowledge of cultural safety and humility and it is important to make concerted efforts towards creating a safer space or brave spaces to have difficult conversations.

We started the workshop with a brave space agreement, which was an entry point to understanding Indigenous methodologies for dialogue and sharing. Methodologies that inherently aim to create safe space for discussion by setting the tone of a room and highlighting the importance of culture and tradition as the point of entry into conversation.

Bringing Indigenous people and non-Indigenous participants together allows for the perspectives, experiences and world views to be catalyzed in place by providing context and faces to stories and sharing. For many Indigenous participants, this became a space to share their stories and have their voice heard by others about their experiences with the health care system, racism and prejudices. Indigenous participants also benefited from relationship building with other Indigenous community members, often finding camaraderie, comradery and empathy through sharing of stories. While many non-Indigenous people may not have similar lived experience, listening to these firsthand accounts humanizes these disparities and encourages these individuals to sit with that discomfort.

2.2 Sharing

Throughout the 3-day workshop, we explored multiple ways for participants to connect with members of their community, to hear stories of lived experience, and to share learnings and feelings in a safe and supportive environment. Participants were exposed to historical and contemporary knowledge of Indigenous peoples, an overview of the current state of systemic racism, local and culturally relevant teaching. Sharing circles helped structure many of our conversations and embedded brave space practices and Indigenous protocols of respect. Allowing time and space for open-ended and open-minded conversations can help foster a culture where the intention is not to reach one presumed learning outcome or directive, but to invite a plurality of views, allow for contradictions, and sit in relation with each other (Fior et al., 2017, p. 160)

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Figure 3. Miroboard used by the team to note-take and synthesize key themes and insights. This pro-
cess helped capture notable stories and quotes from participants, and see what learning
themes emerged through conversations.

Notable quotes and insights were documented by the project team in *Miro*, synthesized post workshop, and organized into high-level thematic categories. The following subsections offer a brief overview of this synthesis of three typologies of our conversations: teachings from cultural knowledge holders, stories of lived experiences from Indigenous participants, and collective reflections on learning.

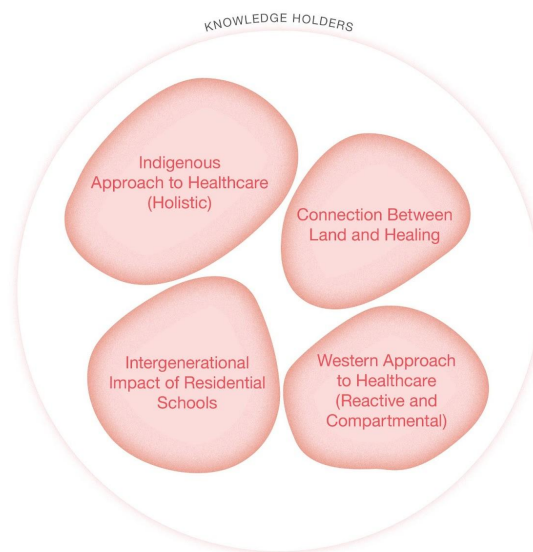**Offering a foundation: Cultural knowledge holders**

Figure 4. High-level conversation themes

The cultural knowledge holders on our team — elders and respected Indigenous leaders from the community with deep knowledge of Indigenous history, culture, making, and lived experience — grounded each day with their understandings of Indigenous health care, community, and relationships to land. In sharing the history of Lheidli T'enneh peoples and territory, they described traditional holistic approaches to health care which emphasized a preventative and wellness-first model of care, in contrast to the Western healthcare. Access and participation in traditional ceremonies and cultural practices created and maintained an environment where mental, emotional, and spiritual health was valued equally with physical well-being.
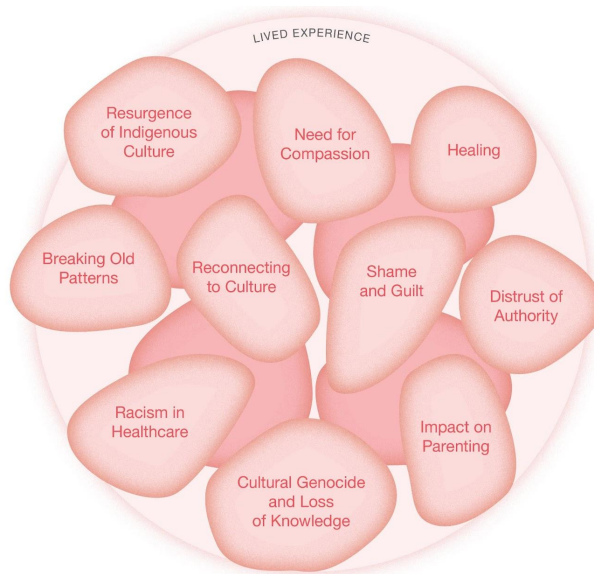
These traditional ways of being and knowing were informed through oral tradition, and created a sense of care that extended beyond the individual, valuing the complex interpersonal relationships that occur between everyone within the community. Healthcare, for Indigenous peoples, is fundamentally community care, rooted in an extended relational understanding of family where everyone in your community is cared for as your brother or sister, aunt or uncle, parent, or grandparent.

Access to and relationship with the land is also integral to Indigenous models of care. Precontact Indigenous peoples had access to a balanced diet informed by seasonal hunting, fishing and gathering of foods, and teachings and understandings of traditional medicines, foods and materials uniquely informed by the land. Western contact and colonization severed this connection to the land and traditional cultural practices, and today's environmental crises directly affect Indigenous peoples' access to healthy whole foods, physical activity and traditional medicines. Cultural knowledge holders shared the positive health impacts of place and land-based diets and medicine and the connection between our health and the health of our environment.

Today, Indigenous community care includes breaking cycles of intergenerational trauma caused by colonization. Connection and healing within Indigenous communities are essential in rebuilding and maintaining complex relational Indigenous systems of care, and in turn, creating culturally safe healthcare in general. It is of the utmost importance that Indigenous communities lead these initiatives, and receive support to practice traditional protocols and collective care models.

Many of the teachings shared by cultural knowledge holders were rooted in an intuitive sense of when moments for alignment or deeper reflection were needed throughout the workshop; this created space and opportunities for each person to connect with the teachings in their own way, based on their own past experiences or cultural backgrounds.

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Speaking to Lived Experiences

Figure 5. Stories of lived experiences: summary of Reflections from workshop participants

Building off the foundation of learning offered by our cultural knowledge holders, Indigenous participants spoke to their own lived experiences of racism in health care. These stories demonstrated to the group how colonialism, racism, and the impacts of residential schools are still very much a part of the current lived experience of Indigenous people in our community. Hearing these stories was an essential aspect of how we learned and processed knowledge together — it's one thing to read about racism and abuse, it's quite another thing to listen to a fellow group member talk about how racism has impacted their life. We have attempted to capture this learning here by letting quotes from the participants lead and sit alongside our synthesis.

> "Dirty Indian - who taught us that? We live with these terms - we internalize them." — Workshop Participant

Indigenous participants talked about how harmful stereotyping by healthcare professionals impacted their understanding, quality, and access to care. Being stereotyped and disregarded by medical professionals caused many Indigenous people to resist seeking health care and instilled a distrust of authority figures.

> "Being parents without learning how to be a parent, it's hard. Residential Schools took that away from people." — Workshop Participant

Residential schools had a profound impact on parenting; often Indigenous people were not shown or taught how to care for themselves in residential schools, physically, mentally, or emotionally. They were fed substandard diets and did not have access to adequate hygiene facilities. Health and wellness practices traditionally taught by Indigenous communities were suppressed, and Indigenous people were taught to feel shame and guilt about their bodies and cultures, teachings that were passed down to their children and grandchildren.

"It's so important for us to not judge people when they come in for help, to be human and kind." — Workshop Participant

"It's not necessarily a huge paradigm shift — small things can make a huge difference." — Workshop Participant
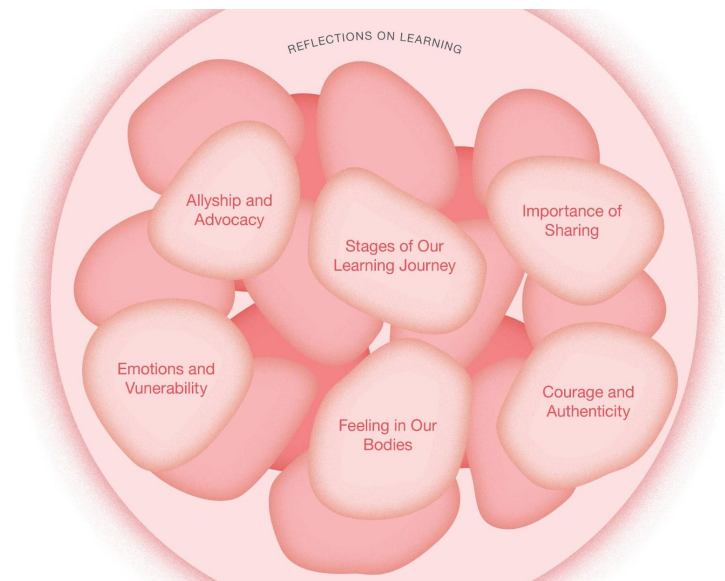
Health Science students were asked to be mindful of how their patients may feel about physical interactions and should be aware of the history and impacts of residential schools and racist health care practices. When giving care, health care workers should try to clearly explain to Indigenous patients what they will be doing and why, and to be aware and sensitive to how Indigenous patients may be feeling.

"Everything about our culture was "bad" — home was referred to as a "camp." You don't have a home — you're primitive, savages." — Workshop Participant

"Our connection to our culture was beaten out of us." — Workshop Participant

Despite the on-going impacts of colonial assimilation efforts, Indigenous participants also shared stories of healing, of breaking old patterns, and the importance of compassion. Participants express their desire to contact elders, knowledge keepers, and family members to ask questions, or share their cultural learnings. It is not uncommon for Indigenous people who have been disconnected from their culture to feel shame, and fearful to ask relatives about their experiences. Many described how they have been reconnecting to their Indigenous culture through traditional material making, stories, healing practices, and community building. They understood that this resurgence of culture and repair of relationships is the foundation needed to create communities that can advocate for and practice culturally safe health care.

Reflections on Learning

Figure 6. Reflections of Learning from workshop participants

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Throughout the weekend, in the sharing circles, during the making, and in unstructured conversation spaces, we reflected on our learning together: what it felt like in our hearts, minds, and bodies, and individual and collective pathways forward.

We recognized that we are all in different stages of our learning journey. For example, the learning and unlearning of first year health care students is going to be different from someone who has felt the impacts of systemic racism their whole lives.

> "How did I not know about this growing up?" — Workshop Participant.

As a group, we talked about our emotional reactions to these stories and the vulnerability and courage it takes to be authentic with each other, even in challenging moments of learning. We describe how this learning felt in our bodies — sweaty palms, racing hearts, moments of catharsis — and how important it was to create a space where everyone felt safe and supported.

> "Indigenous people need to advocate for ourselves and loved ones, to get the proper care we deserve." — Workshop Participant.

> "Healthcare is something you should be able to turn to when you need it the most. I hope that as a future nurse I am better than that. I hope that I can be the change." — Workshop Participant.

We talked about what it means for each of us to be an ally within our practices and our communities. Indigenous participants talked about how important it is to advocate for themselves and their loved ones, to get the proper care they deserve. Non-Indigenous students acknowledge their role in addressing racism in health care and creating change.

> "We won't understand until we share and hear all our stories." — Workshop Participant.

Storytelling is engrained in Indigenous culture as a way of sharing knowledge and wisdom. It is important for healthcare professionals to commit to listening, and to being open to truly seeing Indigenous peoples different ways of learning. Storytelling can help us understand how to turn knowledge to action — knowing the history, seeing Indigenous peoples and their ways of knowing, building trust, and being a catalyst for change.

Figure 7. Participants take part in a Sharing Circle.

These three typologies of conversation — teachings from knowledge holders, stories of lived experience from Indigenous participants, and reflections on learning from the whole group — happened throughout the weekend, sometimes in a more structured format, but often emerged alongside each other.

All of these stories and reflections gave us the opportunity to learn from people in our community, and to see and acknowledge each other as learners, teachers, and experts of our experiences. By building interpersonal relationships the community is strengthened, people reconnecting to culture are enabled to ask questions and continue their relationship outside of the workshop.

2.3 Making

Indigenous ways of making have been passed down for time immemorial and are embedded in generations of oral knowledge. In the workshop, learning how to make was not focused on completion or refinement, but on the time spent with materials and teachers, and the opportunity to share and create stories with each other.

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Figure 8. Traditional Material Practice kits, drums, hide, beading, rattle making

Each day, invited local artists and Indigenous artists on the project team taught participants how to bead and tuft, as well as use traditional materials and methods to create rattles, drums, drum sticks, cedar pouches. This helped ground the learning from the sharing circles to land and to tactile materials that come from the places we live, embedded with the knowledge and history of local Indigenous peoples.


Figure 9. Drum making together

Making together also acts as an equalizer, redistributing perceived social authority often held by the medical system and Western epistemologies. Making together brings people's humanity to the forefront and allows for trust to build around a mutual experience. Rattle making helped demonstrate the traditional practice of using every part of the animal and honouring the life in everything, while drum making requires patience and resilience that exhausts the body, yet brings out the best laughter and stories. There is a sense of relief and reward after the 3-5 hours it takes to make a drum, a process that brought everyone together and reminded us of integral Indigenous teachings: we are all one.

"By making the drums ourselves, you see that it's not just about learning about cultural safety, but by participating in it. You're not just hearing about it, you're doing it" — Workshop Participant.

"I gifted the drum to my dad — he was so happy and proud. 'You made this!?' For my dad, talking is hard, and he opened up when I gave him the drum. He told me to talk to grandma while she's still here." — Workshop Participant.

Making opens up the participants' creativity, which in turn opens up their ears, eyes and heart (Thambinathan & Kinsella, 2021). One of the participants expressed that they felt really relaxed when they were making, and that it helped make space to rest and process tough conversations from the sharing circles. We let participants know that the projects were not meant to be completed in the workshop, but instead use this time to connect with the material, local Indigenous culture, and each other. While not all Indigenous people are able to work with the land or in their home communities, bringing these materials and practices into an educational or urban community setting helps to bridge the gap of disconnect to the land and cultural practices.
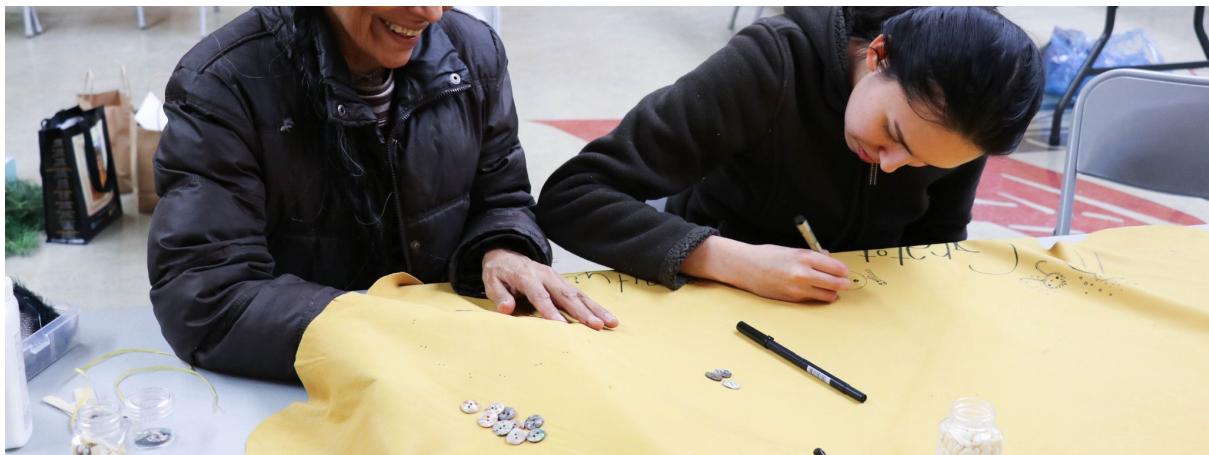
Figure 10. Contributing to group hide project

During our in-person workshops, we were able to work on a group hide project together. The hide helped show the community that we had built over the course of the workshop, and the participants expressed visually and tacitly the intricacy of what they had learned and felt. While some elements of the making were curtailed Zoom-based workshops (soaking the hides for drum making became difficult, and some people had difficulty understanding how to use some of tools and materials), the workshop put an emphasis on the conversations that emerged while making, providing a physical outlet while having deep, meaningful, and sometimes difficult discussions. Unlike seminars and lecture-based education, making together gives the opportunity to demonstrate learning, receive feedback, and share and gift learnings with each other, our families, and our communities.

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2.4 Resting & reflecting

Throughout the workshops and gathering there were moments for rest. Similar to conversations, moments of rest came up in structured and unstructured ways. These looked like sharing meals together, casual conversations over tea, and time outside of structured group activities. While working through the intensity of making, sharing, and building relationships these moments were integral to the flow of the workshop. We achieved these during the workshop in several ways that align with the intimate nuance and natural flow of the workshop. Intuitively allowing space for moments of pause and to check in with each other throughout the workshop effectively developed a collective emotional connection and reflections in intentional ways. Understanding intuitive, yet deliberate transitions between scheduled activity, sharing, and listening through one word check-ins captured participants' feelings at that moment, giving the opportunity to check in without requiring an in-depth response and created a way for the team to "Listen to how people feel" (McKercher, 2020, p. 48). By intentionally building intuition into the workshop, participants share in ways they felt comfortable, while bringing diversity in voices to the table, even if not all at the same time.

Intentionally intuitive transitions into indigenous elders' teachings, storytelling allowed breathing space for participants to feel, compose, break from sometimes intensive emotional and mental learning, as well as the hands-on making process. Indigenous students expressed feeling light, restored, abundant and hopeful after attending the workshop, while non-Indigenous students reported feeling heavier sentiments as well as being shocked by the experiences and stories shared after participating.

Conversations between participants and facilitators/evaluators that occurred several weeks post-workshop enacted a continuation of connection built during the active workshop. In these conversations, participant reflections expressed how cultural safety from the context of the workshops fit into their everyday lives, and has a ripple effect through their own families, communities and cohorts.

The learning and connection that occurred throughout the workshops continued with participants beyond the workshop, communicating feelings of family and companionship that stayed with them following the workshops themselves. Storytelling and sharing elements were a powerful avenue for bridging cultural connections and building emotionally authentic relationships with different people, to the point where participants felt strong connections to one another that might otherwise take a longer time to develop.

3. Lessons Learned

A question that we often asked ourselves was *what is the role of a designer in supporting cultural safety education initiatives?* In this section, we will share some lessons learned through the cultural connections initiative. In centering Indigenous pedagogical methods like sharing circles and traditional material practice, we also gave ourselves permission to set aside conventional participatory design methods, such as journey maps, photo journals and

empathy probes. We challenged the epistemology of these design methods, and our roles as designers on the team.

3.2 Designers as propellers

Given that Indigenous material practice was a core aspect of the workshop experience, it was important that the Indigenous artists and leaders on our project team had the space and time to prioritize their efforts towards preparing material practice kits which were a key aspect of creating a culturally immersive workshop experience for participants. In order to create this space, there was a clear role for designers to support the peripheral aspects of the planning to propel the project forward. Throughout the pre-workshop planning, the workshop itself, and post-workshop evaluation, the designers' roles and responsibilities shifted and blurred, inhabiting coordinator, facilitator, communication designer, artist, and participant at different times.

3.1 Designers as conveners

There is an emerging role for designers to take on a supportive role in amplifying the voices and skills of others, rather than first offering tools or methods to solve a design problem (McKercher, 2020, p. 28). An approach that embraces the diversity of the team, emphasizes the importance of establishing relationships and allows for values and goals to emerge and methodological approaches to be co-created.

3.3 Designers as documenters & synthesizers

As the sharing circle components of the workshop addressed difficult topics such as inter-generational trauma, racism, and shame experienced by Indigneous peoples, the emotional impact of hearing and sharing stories of lived experiences inhenernelty had a higher emotional burden on our Indigenous team members. Given this emotional work that was being done by our Indigenous team, it was important for the non-indigenous team members to take on the researcher role of observers and documenters in the workshops, and continue that role beyond the workshop as synthesizers.

4. Conclusion

As a group of Indigenous artists, knowledge holders, and non-Indigenous designers and a physician coming together, we understood the value of making and how it can support dialogue in the context of cultural safety education. Through the refinement of the cultural connections workshop model, we hope to scale this initiative to other communities while prioritizing modes of collaboration that emphasize working relationally with respect, trust and reciprocity. Those are the skills that are most important for designers working within this space.

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lands of the Musqueam, Skxwú7mesh-ulh Úxwumixw (Squamish) and Tsleil-Waututh peoples. We practice these land acknowledgments not only as acts of recognition, but also as a reminder to attune ourselves to the real, lived and material impacts of colonial ideologies and related systemic forces, and to understand the ways our actions and ideas can support Indigenous-led decolonial practices. In line with these practices, we have listed the authors on this paper in a manner that honours Indigenous protocols of deferring to the local Indigenous community for guidance and direction in the development of this workshop model, followed by other Indigenous leaders.

The order of the authors upholds our Indigenous leaders from the College of New Caledonia who live and work on Lheidli T'enneh territory (authors 1 and 2), followed by Indigenous leaders (authors 3 and 4), Indigenous research assistants (authors 5 and 6) and our non-Indigenous team members (authors 7-10, in alphabetical order) from Emily Carr University of Art + Design who live and work on Musqueam, Skxwú7mesh-ulh Úxwumixw (Squamish) and Tsleil-Waututh territory.

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