**Truth and Reconciliation TOOL**

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| **Team** | [internal team, project, program, department, committee, table, etc.] |
| **Focus:** | [initiative, workflow, process, area, etc.] |
| **Date:** | [date of last revision] |
| **Contributors:** | [names and job titles] |

Provincial, federal, and international legislation and guidance calls for meaningful change to ensure the collective and human rights of Indigenous peoples are recognized and upheld, including:

* [**The Path to Reconciliation Act (Manitoba)**](https://web2.gov.mb.ca/bills/40-5/b018e.php#:~:text=The%20Path%20to%20Reconciliation%20Act&text=%22Reconciliation%22%20refers%20to%20the%20ongoing,more%20equitable%20and%20inclusive%20society)
* [**Truth and Reconciliation Commission of Canada Principles**](https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Principles_English_Web.pdf)
* [**Truth and Reconciliation Commission Calls to Action**](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf) **(including** [**Jordan’s Principle**](https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824)**)**
* [**United Nations Declaration on the Rights of Indigenous Peoples Articles**](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)
  + [**What we learned to date report on the implementation of the United Nations Declaration on the Rights of Indigenous Peoples Act**](https://www.justice.gc.ca/eng/declaration/wwl-cna/ccp-pcc/index.html)
  + [**The United Nations Declaration on the Rights of Indigenous Peoples Act Action Plan**](https://www.justice.gc.ca/eng/declaration/ap-pa/ah/index.html)
* [**National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice**](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls-Web-Version-EN.docx)
* [**Disrupt Racism commitment**](https://sharedhealthmb.ca/about/community/racism-disrupted/leadership/)

The purpose of the Truth and Reconciliation tool is:

* To ensure knowledge has been developed among your team of the above legislation and guidance that is relevant to the health system; and
* To help your team explore how to apply these legislation and guidance calls. The tool helps the team identify how their project or change management strategies can support the implementation of this important legislation and guidance.

A facilitation guide has been developed to help teams work through the tool together in a workshop setting. The recommended approach for using the Truth and Reconciliation tool is to:

1. Assign a team member to record the team’s responses to the respective sections/statements in the tool.
2. Review the tool as a team and indicate which legislation and guidance the team could action.
3. In the table after each section, note which statements the team can address and/or is addressing. Be specific – ensure goals or actions are tangible and can be measured.
4. Based on the similarities within the legislation and guidance, the team may have similar responses in different sections (e.g., Call to Action 22 and UNDRIP Article 24).
5. In the table at the end, note which actions will be added to the team’s strategic plan, annual operating plan, and work plan. Be prepared to report on these actions in accordance with any reporting requirements.

# The Path to Reconciliation Act

[The Path to Reconciliation Act](https://web2.gov.mb.ca/bills/40-5/b018e.php#:~:text=The%20Path%20to%20Reconciliation%20Act&text=%22Reconciliation%22%20refers%20to%20the%20ongoing,more%20equitable%20and%20inclusive%20society) came into effect in 2016 and sets out the Government of Manitoba’s commitment to advancing reconciliation. The Principles of the Act are outlined as follows.

*To advance reconciliation, the government must have regard for the following principles:*

***Respect****: Reconciliation is founded on respect for Indigenous nations and Indigenous peoples. Respect is based on awareness and acknowledgement of the history of Indigenous peoples and appreciation of their languages, cultures, practices and legal traditions.*

***Engagement:*** *Reconciliation is founded on engagement with Indigenous nations and Indigenous peoples.*

***Understanding:*** *Reconciliation is fostered by striving for a deeper understanding of the historical and current relationships between Indigenous and non-Indigenous peoples and the hopes and aspirations of Indigenous nations and Indigenous peoples.*

***Action:*** *Reconciliation is furthered by concrete and constructive action that improves the present and future relationships between Indigenous and non-Indigenous peoples.*

| **Identify how your team can address and/or is addressing The Path to Reconciliation Act. Some questions to facilitate your team’s discussion are:**   * How will your team include First Nations, Inuit, and Métis partners in the strategic planning process? * How will you invite Indigenous partners to become team members and participate in your team’s work? * What is one change in day-to-day health services that could be implemented that would demonstrate your team’s efforts to advance reconciliation? | |
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| **Section/Statement** | *Opportunities, considerations, activities, partnerships, agreements, interdependencies, etc. Discuss potential actions to add to your strategic plan, annual operating plan, and work plan.* |
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# Truth and Reconciliation Principles and Calls to Action

**In 2015, the Truth and Reconciliation Commission of Canada (TRC) published its final report on the residential school system and its legacy and consequences, including** ten [Principles of Reconciliation](https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Principles_English_Web.pdf) **and 94** [Calls to Action](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf)**.**

## Principles of Reconciliation

1. *The* United Nations Declaration on the Rights of Indigenous Peoples *is the framework for reconciliation at all levels and across all sectors of Canadian society.*
2. *First Nations, Inuit, and Métis peoples, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected.*
3. *Reconciliation is a process of healing of relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.*
4. *Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on Aboriginal peoples’ education, cultures and languages, health, child welfare, the administration of justice, and economic opportunities and prosperity.*
5. *Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians.*
6. *All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.*
7. *The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers of the ethics, concepts, and practices of reconciliation are vital to long-term reconciliation.*
8. *Supporting Aboriginal peoples’ cultural revitalization and integrating Indigenous knowledge systems, oral histories, laws, protocols, and connections to the land into the reconciliation process are essential.*
9. *Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.*
10. *Reconciliation requires sustained public education and dialogue, including youth engagement, about the history and legacy of residential schools, Treaties, and Aboriginal rights, as well as the historical and contemporary contributions of Aboriginal peoples to Canadian society.*

## Calls to Action

The following Calls to Action are considered most relevant in the health category. Select those that your team can address or is addressing. Furthermore, if applicable to your work you can reflect on [Calls to Action](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf) excluded from the Truth and Reconciliation tool that your team can address or is addressing. Look at the following categories: Language and Culture; Education and Reconciliation; Media and Reconciliation; and Professional Development and Training for Public Servants.

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| ☐ | *3* | *We call upon all levels of government to fully implement* [*Jordan's Principle*](https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824)*.* |
| ☐ | *18* | *We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.* |
| ☐ | *20* | *In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.* |
| ☐ | *22* | *We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.* |
| ☐ | *23* | *We call upon all levels of government to:*   1. *Increase the number of Aboriginal professionals working in the health-care field.* 2. *Ensure the retention of Aboriginal health-care providers in Aboriginal communities.* 3. *Provide cultural competency training for all health-care providers.* |
| ☐ | *24* | *We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.* |
| ☐ | *33* | *We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner.* |
| ☐ | *55* | *We call upon all levels of government to provide annual reports or any current data requested by the National Council for Reconciliation so that it can report on the progress towards reconciliation. The reports or data would include, but not be limited to:*   1. *Progress on closing the gaps between Aboriginal and non-Aboriginal communities in a number of health indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.* |
| ☐ | *57* | *We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills based training in intercultural competency, conflict resolution, human rights, and anti-racism.* |

| **Identify how your team can address and/or is addressing the Truth and Reconciliation Principles and Calls to Action listed above. Some questions to facilitate your team’s discussion are:**   * What is your team currently advancing in the Principles or Calls to Action? Is there a specific Principle(s) or Call(s) to Action for your team to focus on? * What policies or systemic barriers need to shift to honor the Principles and Calls to Action? * What can your team do to close the gap in health services between Indigenous and non-Indigenous peoples to ensure Indigenous patients receive equitable care? | |
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| **Section/Statement** | *Note any opportunities, considerations, activities, partnerships, agreements, interdependencies, etc. Discuss potential actions to add to your strategic plan, annual operating plan, and work plan.* |
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# UNDRIP Articles

The [United Nations Declaration on the Rights of Indigenous Peoples](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf) (UNDRIP) establishes a universal framework of minimum standards for the survival, dignity, and wellbeing of Indigenous people. Although UNDRIP was adopted by the UN General Assembly in 2007, Canada was one of four votes against adoption. As of 2016, Canada’s position is to support UNDRIP. Following are several Articles related to health:

***Article 21***

1. *Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.*
2. *States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of [I]ndigenous elders, women, youth, children and persons with disabilities.*

***Article 23***

*Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, [I]ndigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*

***Article 24***

1. *Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.*
2. *Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.*

| **Identify how your team can address and/or is addressing UNDRIP Articles. Some questions to facilitate your team’s discussion are:**   * How does your team support the rights and special needs of Indigenous Elders, women, youth, children, and persons with disabilities? * How do you involve Indigenous peoples in the planning of your programs and services? * How do you target feedback on programming and services from Indigenous peoples? | |
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| **Section/Statement** | *Note any opportunities, considerations, activities, partnerships, agreements, interdependencies, etc. Discuss potential actions to add to your strategic plan, annual operating plan, and work plan.* |
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# National Inquiry Calls for Justice

The National Inquiry into Missing and Murdered Indigenous Women and Girls (National Inquiry) published its final report in 2019, calling for transformative legal and social changes to resolve the crisis of violence against Indigenous women and girls, including those who are 2SLGBTQQIA. The report contains 231 [Calls for Justice](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls-Web-Version-EN.docx). Provided below are seven directed at all governments and nine directed at industries, institutions, services, and partnerships related to health and wellness. Select those that your team can address or is addressing.

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| **Calls for Justice – All Governments: Health and Wellness** | | | |
| ☐ | *3.1* | *We call upon all governments to ensure that the rights to health and wellness of Indigenous Peoples, and specifically of Indigenous women, girls, and 2SLGBTQQIA people, are recognized and protected on an equitable basis.* | |
| ☐ | *3.2* | *We call upon all governments to provide adequate, stable, equitable, and ongoing funding for Indigenous-centred and community-based health and wellness services that are accessible and culturally appropriate, and meet the health and wellness needs of Indigenous women, girls, and 2SLGBTQQIA people. The lack of health and wellness services within Indigenous communities continues to force Indigenous women, girls, and 2SLGBTQQIA people to relocate in order to access care. Governments must ensure that health and wellness services are available and accessible within Indigenous communities and wherever Indigenous women, girls, and 2SLGBTQQIA people reside.* | |
| ☐ | *3.3* | *We call upon all governments to fully support First Nations, Inuit, and Métis communities to call on Elders, Grandmothers, and other Knowledge Keepers to establish community-based trauma-informed programs for survivors of trauma and violence.* | |
| ☐ | *3.4* | *We call upon all governments to ensure that all Indigenous communities receive immediate and necessary resources, including funding and support, for the establishment of sustainable, permanent, no-barrier, preventative, accessible, holistic, wraparound services, including mobile trauma and addictions recovery teams. We further direct that trauma and addictions treatment programs be paired with other essential services such as mental health services and sexual exploitation and trafficking services as they relate to each individual case of First Nations, Inuit, and Métis women, girls, and 2SLGBTQQIA people.* | |
| ☐ | *3.5* | *We call upon all governments to establish culturally competent and responsive crisis response teams in all communities and regions, to meet the immediate needs of an Indigenous person, family, and/or community after a traumatic event (murder, accident, violent event, etc.), alongside ongoing support.* | |
| ☐ | *3.6* | *We call upon all governments to ensure substantive equality in the funding of services for Indigenous women, girls, and 2SLGBTQQIA people, as well as substantive equality for Indigenous-run health services. Further, governments must ensure that jurisdictional disputes do not result in the denial of rights and services. This includes mandated permanent funding of health services for Indigenous women, girls, and 2SLGBTQQIA people on a continual basis, regardless of jurisdictional lines, geographical location, and Status affiliation or lack thereof.* | |
| ☐ | *3.7* | *We call upon all governments to provide continual and accessible healing programs and support for all children of missing and murdered Indigenous women, girls, and 2SLGBTQQIA people and their family members. Specifically, we call for the permanent establishment of a fund akin to the Aboriginal Healing Foundation and related funding. These funds and their administration must be independent from government and must be distinctions-based. There must be accessible and equitable allocation of specific monies within the fund for Inuit, Métis, and First Nations Peoples.* | |
| **Calls for Justice – Industries, Institutions, Services, and Partnerships: Health and Wellness Service Providers** | | | |
| ☐ | *7.1* | *We call upon all governments and health service providers to recognize that Indigenous Peoples – First Nations, Inuit, and Métis, including 2SLGBTQQIA people – are the experts in caring for and healing themselves, and that health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve, in a manner consistent with and grounded in the practices, world views, cultures, languages, and values of the diverse Inuit, Métis, and First Nations communities they serve.* | |
| ☐ | *7.2* | *We call upon all governments and health service providers to ensure that health and wellness services for Indigenous Peoples include supports for healing from all forms of unresolved trauma, including intergenerational, multigenerational, and complex trauma. Health and wellness programs addressing trauma should be Indigenous-led, or in partnership with Indigenous communities, and should not be limited in time or approaches.* | |
| ☐ | *7.3* | *We call upon all governments and health service providers to support Indigenous-led prevention initiatives in the areas of health and community awareness, including, but not limited to programming:*   * *for Indigenous men and boys* * *related to suicide prevention strategies for youth and adults* * *related to sexual trafficking awareness and no-barrier exiting* * *specific to safe and healthy relationships* * *specific to mental health awareness* * *related to 2SLGBTQQIA issues and sex positivity* | |
| ☐ | *7.4* | *We call upon all governments and health service providers to provide necessary resources, including funding, to support the revitalization of Indigenous health, wellness, and child and Elder care practices. For healing, this includes teachings that are land based and about harvesting and the use of Indigenous medicines for both ceremony and health issues. This may also include: matriarchal teachings on midwifery and postnatal care for both woman and child; early childhood health care; palliative care; Elder care and care homes to keep Elders in their home communities as valued Knowledge Keepers; and other measures. Specific programs may include but are not limited to correctional facilities, healing centres, hospitals, and rehabilitation centres.* | |
| ☐ | *7.5* | *We call upon governments, institutions, organizations, and essential and non-essential service providers to support and provide permanent and necessary resources for specialized intervention, healing and treatment programs, and services and initiatives offered in Indigenous languages.* | |
| ☐ | *7.6* | *We call upon institutions and health service providers to ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to:*   * *the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples;* * *anti-bias and anti-racism;* * *local language and culture; and* * *local health and healing practices.* | |
| ☐ | *7.7* | *We call upon all governments, educational institutions, and health and wellness professional bodies to encourage, support, and equitably fund Indigenous people to train and work in the area of health and wellness.* | |
| ☐ | *7.8* | *We call upon all governments and health service providers to create effective and well-funded opportunities, and to provide socio-economic incentives, to encourage Indigenous people to work within the health and wellness field and within their communities. This includes taking positive action to recruit, hire, train, and retain long-term staff and local Indigenous community members for health and wellness services offered in all Indigenous communities.* | |
| ☐ | *7.9* | *We call upon all health service providers to develop and implement awareness and education programs for Indigenous children and youth on the issue of grooming for exploitation and sexual exploitation.* | |
| **Identify how your team can address and/or is addressing Calls for Justice. Some questions to facilitate your team’s discussion are:**   * What policies or systemic barriers need to shift to honor the Calls for Justice? * How do you incorporate or where can you incorporate Indigenous healing into the health services process? * What current activities are you doing to implement these Calls for Justice to reduce barriers to service for Indigenous patients and their families? What can you do in the future? | | | | |
| **Section/Statement** | | | *Note any opportunities, considerations, activities, partnerships, agreements, interdependencies, etc. Discuss potential actions to add to your strategic plan, annual operating plan, and work plan.* | |
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# Disrupt Racism Commitment

With the commitment and support of Manitoba’s health system leaders, the healthcare system is acting and taking the critical steps to [disrupt and dismantle racism](https://sharedhealthmb.ca/about/community/racism-disrupted/leadership/) and discrimination in all forms. The commitment of health senior leadership is to work together to:

* **Improve access to information and enhance learning** – by supporting the collection of race, ethnicity and Indigenous identity data to support health systems planning and learning; hosting educational and learning-based events that allow health-system staff to engage in critical self-reflection and learning; and developing and sharing resources that will support improvements in equity, access and experience.
* **Engage community, staff and patient/public groups** for input in the development of an anti-racism action plan. Working in partnership with Indigenous, Black and Racialized community members; collecting the experiences of patients/residents/clients, families, staff, physicians, volunteers and learners; and incorporating their guidance.
* **Develop and implement policies and procedures** to ensure the creation of safe care environments, through meaningful Indigenous reconciliation; by encouraging and supporting those who speak out against racism and discrimination; and through the creation of safe reporting options and action against acts, words or actions that violate existing policies and protocols.
* **Create and share resources**, materials and reminders that support education, awareness, and change.

| **Identify how your team can address and/or is addressing the Disrupt Racism commitment. Some questions to facilitate your team’s discussion are:**   * What policies need to shift to support jurisdictional collaboration? * What activities or training is your team undertaking to reduce Indigenous-specific racism? * What opportunities for dialogue have you or will you have with your teams and Indigenous peoples to disrupt systemic and interpersonal racism in health systems? | |
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| **Section/Statement** | *Note any opportunities, considerations, activities, partnerships, agreements, interdependencies, etc. Discuss potential actions to add to your strategic plan, annual operating plan, and work plan.* |
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# Summary of actions for Strategic Plan, Annual Operating Plan (AOP) & Work Plan

**Please note all sections that relate to the action. Identify the responses in this tool that will be added to your strategic plan, annual operating plan, or work plan, noting which sections you are responding to.**

| **Section/Statement** | **Actions** |
| --- | --- |
| *E.g. Call to action 22; UNDRIP article #24; Call for Justice 3.2* | *E.g., Hire an Elder into a primary care setting to provide services for primary and/or acute care (to be added to annual operating plan)* |
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