

Supporting Indigenous Elders in their contribution to the well-being of their communities: A partnership approach

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The challenges faced by occupational therapists in an Indigenous context

With an approach that promotes intercultural dialogue, our project aims to support the social participation of Indigenous Elders through intergenerational solidarity, to foster the well-being of Indigenous communities. Occupational therapists are currently involved in Canadian Indigenous communities with clients of all ages, in adaptation and rehabilitation, whether in physical or mental health. Yet the work of occupational therapists faces challenges in terms of cultural competence, which limits the effects of health and social services on issues faced by Indigenous peoples. In accordance with traditional Indigenous models of healing (TRC, 2015; Simard-Veillet, 2015) and community development (AFNQL & FNQLHSSC, 2007), this project is based on the World Health Organization's (2001) International Classification of Functioning, Disability and Health, and the Canadian Model of Client-Centered Enablement (Townsend, Polatajko, Craik, & Davis, 2007). Based on the reciprocal sharing of knowledge between Elders and Indigenous representatives on the one hand, and our research team and collaborators in the health and social services sector and community on the other hand, our project brings to light Indigenous approaches to wellness. Consequently, it contributes to the improvement of cultural safety (Coffin, 2007). This is based on a continuum ranging from an awareness of the individual's culture, to the development of the professional's cultural sensitivity, and eventually to his or her cultural competency, in order to ensure the individual's cultural safety (Baba, 2013). People's cultural safety, based on respect and the prevention of discrimination, is essential in optimizing their ability to express their concerns and preferences, their adherence to the treatment plan, and their seeking subsequent consultations (National Collaborating Centre for Aboriginal Health, 2013).

A partnership approach to health promotion

Our research team, including researchers from Indigenous nations, is currently conducting a *Knowledge Synthesis* (Viscogliosi et al., 2017) in partnership with Elders and representatives of Indigenous communities, as well as an advisory committee. The committee is comprised of experts in

social participation and Indigenous ethics, representatives from the First Nations of Quebec and Labrador Health and Social Services Commissions, health and social service providers, as well as stakeholders from community organizations and Indigenous Friendship Centres. Scientific grey literature, written sources, and video or audio produced by Indigenous communities or organizations working with them, contribute to the richness of this synthesis, as well as to the reciprocal sharing of knowledge (Asselin & Basile, 2012). The Advisory Committee referred us to sources such as the Council of Elders, Indigenous documentation centres, and the websites of Indigenous Friendship Centres and communities. We currently gather with Indigenous communities for coffee-meetings where we share experiences of the contributions made by Elders to the well-being of communities. Furthermore, we meet individually with Indigenous Elders who agree to share their knowledge, explain the issues they face as well as the conditions that facilitate their contributions, and who offer suggestions for participatory research aimed at optimizing their contributions to the well-being of their community. In order to maximize the involvement of Elders in different areas of knowledge, values, and cultural identity, a toolkit – presentation of the key elements of the Elder contribution initiatives will be shared with the communities at the end of the project. Our *Knowledge Synthesis* will foster exchanges with Elders, community representatives, and knowledge users on solutions that encourage the use of individual and collective strengths. In its respectful approach to values and culture, this synthesis will contribute to promote cultural safety, which is fundamental to greater health equity. Lastly, it will support Elders so that they can use traditional knowledge to improve the well-being of their communities.

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