

Cultural Safety Training Development Guide

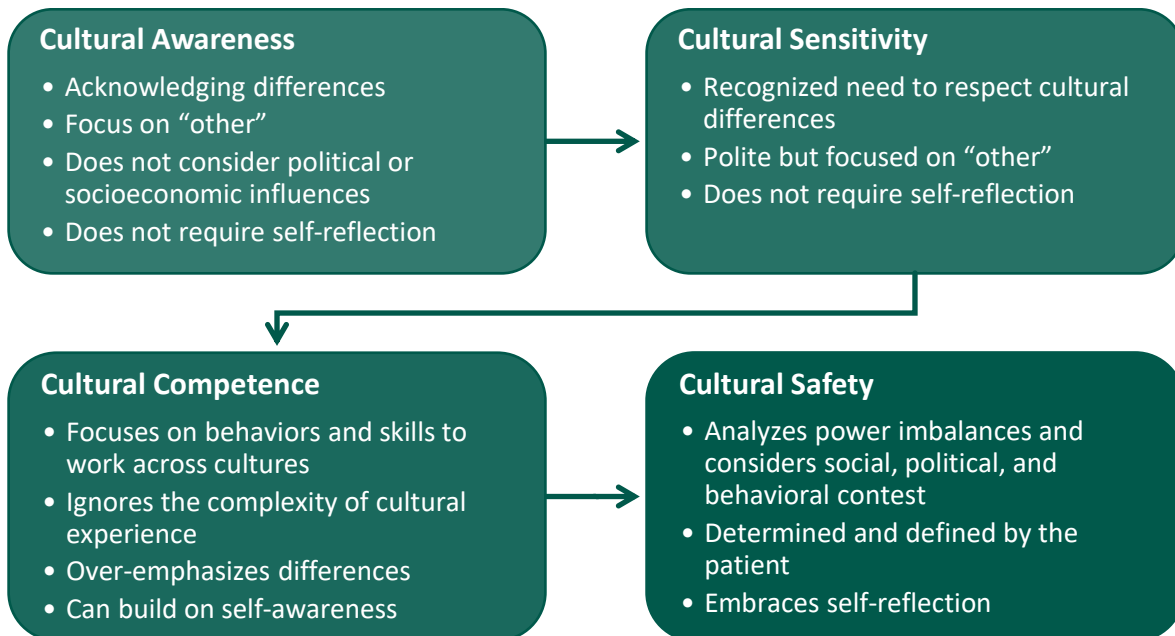
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Creating cultural safety training(s) for health clinics serving people experiencing homelessness and minoritized* populations is crucial for providing equitable and effective healthcare services. Cultural safety builds on our understanding of cultural humility to incorporate the impact of power structures in health care delivery, including systemic racism and historical trauma. This model was developed in New Zealand by Dr. Irihapeti Ramsden and Māori nurses¹ to better serve their community and has been widely adopted in Australia² and Canada.³ This model has its roots in serving First Nations and Indigenous communities and can be translated to better serve all diverse and minoritized populations.

*Minoritization is systemic disenfranchisement that yields a position in which the racialized other is forced to take up less intellectual, political and material space.

The Public Health Agency of Canada has outlined [common definitions](#) that are helpful when understanding cultural safety and how it relates to other cultural frameworks in health.

Cultural Safety Spectrum^{4,5}



Adapted from (see references for full citation):

- [Common Definitions on Cultural Safety: Chief Public Health Officer Health Professional Forum.](#)
- [Cultural Safety in First Nations, Inuit, and Métis public health: Environmental scan of cultural competency and safety in education, training, and health services.](#)

Cultural safety integrates the principles of cultural humility, trauma-informed care, and anti-racism. This provides a holistic framework that centers the person receiving care as they determine whether or not their care is culturally safe.

Frameworks within Cultural Safety⁴

Frameworks	Considerations for Cultural Safety
Cultural Humility	<ul style="list-style-type: none"> • Self-reflection and identifying bias • Systemic factors influence the person
Trauma-informed Care	<ul style="list-style-type: none"> • Individual experiences of trauma tied to a cultural identity • Intergenerational trauma and historical oppression
Anti-Racism	<ul style="list-style-type: none"> • Power imbalances influencing care and disparities • Incorporate socio-political and cultural contexts

While this is not a comprehensive list of all considerations, this guide is intended to help you get started on outlining a cultural safety training program.

Step 1: Understand Cultural Safety

Define cultural safety: Cultural safety goes beyond cultural competence. It involves actively challenging power imbalances and systemic discrimination within healthcare systems. Cultural safety is about creating an environment where people feel safe and respected, regardless of their identity, needs, or experiences. It involves:

- Respectful engagement
- Recognizing and addressing power imbalances
- Practicing cultural humility and self-reflection
- Embracing continuous learning
- Shared respect, meaning, and knowledge

Core principles of Cultural Safety:¹

- Be clearly focused on achieving health equity, with measurable progress towards this endpoint;
- Be centered on clarified concepts of cultural safety and critical consciousness rather than narrow based notions of cultural competency;
- Be focused on the application of cultural safety within a healthcare systemic/organizational context in addition to the individual health provider-patient interface;
- Focus on cultural safety activities that extend beyond acquiring knowledge about ‘other cultures’ and developing appropriate skills and attitudes and move to interventions that acknowledge and address biases and stereotypes;
- Promote the framing of cultural safety as requiring a focus on power relationships and inequities within health care interactions that reflect historical and social dynamics.
- Not be limited to formal training curricula but be aligned across all training/practice environments, systems, structures, and policies.

Source (full citation in references): [Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition.](#)

Cultural Safety is not a framework you will become an expert on overnight or maybe ever. It is important to embrace one of the major tenets of Cultural Safety: “Embracing continuous learning.” We highly recommend starting your journey with this [course](#), hosted by Frontier Nursing University and created by Dr. Erin Tenney and Dorene Waubanewquay Day.

By engaging with the course, the learner will be able to:

- Define cultural safety
- Identify the three key tenets of cultural safety
- Explain the impacts of colonization on Indigenous people in the U.S.
- Describe what culturally safe vs. culturally unsafe care may look like
- Discuss personal and systems change strategies for improving the cultural safety of care

We also encourage you to use the following self-reflection tools:

- [Cultural Safety Self-Evaluation Tool](#) by Central Vancouver Island Multicultural Society⁶
- [Cultural Tree Exercise for Self-Reflection](#) by PRACTICE
- [Mindful of Race](#) by Ruth King (Chapters 3,4,9, & 10)
- [The Inner Work of Racial Justice](#) by Rhonda Magee
- [My Grandmother's Hands](#) by Resmaa Menakem
- [The Racial Healing Workbook](#) by Annelids Singh

If you are interested in purchasing one of these books for your shelf, we recommend supporting your local independent [bookstore](#)!

Step 2: Assess Community Needs and Demographics

Cultural Safety was initially developed as a framework to address and restore the specific healing practices of Indigenous cultures that were eradicated by various forms of colonization. Our belief is this framework can also be applied to various other cultures within the larger population of people experience homelessness.

With this in mind, we suggest taking the following steps to assess the needs of your specific location:

1. Research the history of the area where your clients/patients/consumers live.
 - a. Who were the original occupants of the land?
 - b. What events led to the land being taken?
 - c. Did any other major historical events occur that drove people of another culture to the area?
2. What does the current population of the area where your clients/patients/consumers live look like? Gather demographic data to identify the minoritized populations in the area and their healthcare needs.
 - a. Starting with race, what are the intersectional identities of the communities and/or population your clinic serves?
 - b. Who are your community health workers interacting with?
 - c. Who are your street outreach workers interacting with?
 - d. Are there any populations that are more represented than others?
3. Conduct a needs assessment to understand the specific cultural and social factors affecting the populations served by the clinic.

Step 3: Collaborate with Community Partners

Collaboration is a key component to creating a space where Cultural Safety is respected and fostered. In most, if not all, cases the provider will not be the expert in the room. It is paramount that providers use

the experts from the various and diverse cultures in their communities to drive these conversations and create plans to deliver culturally relevant care.

To accomplish this, we suggest taking the following steps:

1. Consider the relationship you have with potential partners and communities you want to reach out to.
 - a. If you do not have an existing relationship, spend some time educating yourself on the community and partners before reaching out.
 - i. Consider starting with local resources as a starting point.
 - b. Identify potential services and benefits you can offer to the community *and* ask what support they would like from you.
 - c. Remember that you are not the expert. Ensure that it is a true partnership and avoid making the interaction one-time and transactional.
2. Engage with community organizations, leaders, and individuals from minoritized populations to co-design the training program.
 - a. Are there any people in your community that are already completing work around Cultural Safety?
 - b. Are there any culturally focused health boards in your area? If not are there any culturally focused national coalitions?
 - c. Do they have any previously developed resources that would be useful to you?
3. Seek input and feedback to ensure the training is culturally relevant and responsive to community needs.

Step 4: Identifying Facilitators

Identifying a facilitator for a cultural safety training is nearly as important as the content of the training itself. Cultural safety requires vulnerability and self-reflection, which should be modeled by the facilitator. When you are identifying who will be facilitating the training, we recommend considering the following questions:

1. How are we planning to structure a training and how will that impact the style of facilitation?
2. Will the facilitator be internal to the organization or external? Does it make sense for us to have both an internal and external facilitator?
 - a. If an internal facilitator is preferred, what level of the organization makes sense for participants to both buy-in and to encourage engagement?
 - b. Is this already part of someone's job description or would this need to be added into their work? If this is an addition, what are we doing to free up time for the new responsibilities?
3. What identities do potential facilitators bring to the training?
 - a. How are we ensuring that we are not placing the burden of educating staff on less diverse staff?
 - b. How are we compensating and supporting staff who do voluntarily facilitate and educate peers?
4. What skills and experience are helpful in facilitating conversations related to cultural safety (including trauma-informed care, anti-racism, etc.)?
 - a. How are we ensuring that facilitators are equipped to lead conversations and providing support if needed during potentially sensitive conversations?

Step 5: Develop Training Content

As mentioned above, the development of these trainings will most likely not be done by the person or persons providing the care. It is not possible for one person to have the level of expertise needed to make these trainings impactful for all potential clients receiving care at a single location. And that should be understood and accepted. To the best of your ability, you should work with your cultural authorities to customize training materials to address the unique cultural, linguistic, and socio-economic backgrounds of the target populations. You may also need to hold multiple trainings on a topic to build capacity – it may be helpful to have a 101, 201, and 301 to help ensure everyone has a common foundation as well as providing an opportunity to go deeper over time.

Training could cover topics such as:

- Cultural humility and self-reflection
- Understanding historical trauma and its impact on health
- Communication skills and language access
- Addressing implicit bias and stereotypes in healthcare
- Addressing medical mistrust & healthcare system legacy of harm to minoritized communities
- Providing trauma-informed care, that is responsive to the needs of community being served
- Harm reduction principles & practices in all areas of patient care not just substance use treatment
- Using an intersectionality approach in program and service development & delivery
- Access to resources and social services for people experiencing homelessness
- Adopting or adapting quality improvement approaches and strategies to center equity of an equity grounded approach to quality improvement.
- Traditional healing practices that are used among the people you serve.

Step 6: Incorporate Experiential Learning

Experiential learning is most simply defined as “the process of learning by doing.” This unique educational technique allows for training participants to insert themselves into real-life situations and scenarios to apply learning in a meaningful way. Some modalities of experiential learning are more appropriate for different concepts, levels of education, and the time you have available. You may consider using a model such as the [Crossroads Antiracism](#)⁷ training model to support trainings on cultural safety.

Some forms of experiential learning include:

- Interactive activities
- Role-plays
- Case studies
- Simulations using patient personas
- Storytelling

It should also be noted that experiential learning is a great way to create empathy for various cultural groups in your community. That being said, make sure to include people from the target population in the creation of these activities. Yes, it will take more time, but when patients are excluded from the development of these trainings, stereotypes are perpetuated, and misinformation is spread. It is also essential to have a thoughtful debrief for any experiential learning to ensure participants take away intended learnings.

Other key components of experiential learning include observation and reflection. If possible, administer cultural safety trainings in large groups. This allows learners to actively engage in the training content whether they are directly involved in a simulation or not. Even by observing a role-playing scenario, the attendee has witnessed something they can reflect on. It is important to encourage participants to share their experiences and perspectives in the safe and respectful environment created by the training facilitator(s).

Step 7: Provide Resources and Support

As mentioned throughout this document, no attendee will walk away from these trainings knowing everything about cultural safety for the different cultural groups in their communities. However, as planners of the trainings we can provide additional resources to help providers along their journey.

Some supplementary resources include:

- reading materials
- online courses
- community referrals for ongoing learning.

Cultural Safety trainings can also be used as a venue to establish support networks or peer mentoring programs to help staff navigate cultural challenges in their practice.

It is important to consider how you will fund these activities, including compensation of facilitators and staff time. Consider local community foundations or seek out convening grants from larger funding agencies as necessary.

Training is only as effective as it is actionable. We recommend looking at how other communities have implemented cultural safety into practice and other trainings to help guide your work. Some places to start include:

- National Collaborating Centre on Indigenous Health, [Indigenous Cultural Safety - An Environmental Scan of Cultural Safety Initiatives in Canada](#)⁸
- National Collaborating Centre on Indigenous Health, [Cultural Safety Collection](#)⁹
- Australian Institute of Health and Welfare, [Cultural safety in health care for Indigenous Australians: monitoring framework](#)¹⁰
- First Nations Health Authority, [Cultural Safety and Humility](#)¹¹
- Health Standards Organization & Accreditation Canada, [Transformative Change: Advancing Cultural Safety Across British Columbia Webinar](#)¹²
- Victoria Department of Health and Human Services, [Aboriginal and Torres Strait Islander Cultural Safety Framework guidelines](#)¹³

Step 8: Evaluate and Revise

Keep in mind trainings, especially ones that deal with sensitive content, are living, breathing, and evolving things. You will most likely not create the perfect training on the first round. It is important to conduct regular evaluations to assess the effectiveness of the training program. These surveys need to focus on more than the attendee experience. Planners and facilitators should be included as well. Addressing each of these very different perspectives will allow training organizers to reflect on the overall impact of the training on participants, inclusion of the correct cultural leaders during planning, and areas of strength/growth during training delivery. Be sure to use the data gained from these

evaluations to update the training content, planning, and delivery methods. Consider incorporating pre and post-tests based on training content to capture knowledge gained.

Sample Questions for Attendees

- How has this training impacted the internalized and interpersonal narratives you carry, especially regarding the populations we serve?
- How does this training mitigate the centering of whiteness and power imbalance innate in healthcare settings?
- Whose narrative/voice was being amplified and why?
- What is something you learned at this training that will impact your delivery of care?
- What are other cultural safety trainings that would be impactful for your community?
- What would have made this training better?
- How did you feel about the engagement level of the training?
- Did you feel the time to process and reflect was adequate?
- What do you plan to implement in the short-term (approximately 6-months) based on the principles of cultural safety?

Sample Question for Planners

- Did you feel like your opinion and perspective was valued in the creation of the training?
- Did you feel seen by the content in the training?
- Is there anything you felt was left out of the training?

Sample Questions for Facilitators

- Did you feel seen by the content in the training?
- Were there any parts of the training that felt underdeveloped?
- Were there any parts of the training that felt overdeveloped?
- How did you feel about the timing/pace of the training?

Evaluation should also go beyond individual trainings to understand how Cultural Safety is being adapted into practice. Organizers should conduct follow-up evaluations with both training attendees and health center consumers.

- Attendee follow-up should ask what they have implemented since the training.
- Client satisfaction surveys should include whether or not the client feels safe at the health center and what their recommendations are for improving safety.

Continuously adapt and expand the training program to address evolving community needs and challenges. Evaluating the impact of cultural safety training and implementation on consumer experience is essential to identify how the program is addressing needs. Additionally, consider how you incorporate cultural safety into larger organizational strategies and further evaluate how the agency has made progress towards reaching these goals. The Canadian Institute for Health Information has created a tool called "[Measuring Cultural Safety in Health Systems](#)"¹⁴ that may be helpful for understanding how training leads to implementation and impact.

Step 9: Foster a Culture of Cultural Safety

This is legacy work. We are tasked with healing the legacy that was left to us and making it better for those who come after us. What that means is just because we are not responsible for creating it, doesn't mean we aren't accountable for healing it! Change starts with you. Once you have started on the journey

of incorporating cultural safety principles into your delivery of care, do not stop there. Make sure to integrate cultural safety principles into organizational policies, procedures, and practices. Also, remember this work is never done. Promote ongoing dialogue and reflection on cultural safety among staff members. Recognize and celebrate cultural diversity within the clinic environment.

Step 10: Continuously Improve and Expand

As more and more people begin to demand the respect that colonization took away from their culture, it is more important than ever that providers learn to adapt. As healthcare organizations and healthcare professionals it is our duty to provide the appropriate care for the patients we serve, and patients are the ones who decide what the appropriate care is. To accomplish this, it is tantamount for healthcare organizations & healthcare professionals to stay informed about emerging issues and best practices in cultural safety and healthcare equity as well as keep an open line of communication between themselves and their patients.

By following these steps, health clinics can develop comprehensive cultural safety trainings that empower staff to provide compassionate and inclusive care to people experiencing homelessness and minoritized populations in their area.

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