College of
Physiotherapists
of Manitoba

Indigenous Cultural Safety, Health Equity, & Anti-Discrimination Guide

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Client-centred care principles have long been embedded in the Practice Directions and Code of Ethics for physiotherapists. However, there is clear evidence that not all clients receive client-centred care.
The purpose of this document is to serve as a guide for the next steps in the journey towards health equity and culturally safe care for all.

Introduction

The terms cultural competence, cultural safety, and cultural humility have been used in relation to health service delivery for several years and are often used interchangeably. To make effective change, it is essential to know what these terms mean. The College of Physiotherapists of Manitoba (CPM) started its focus on this journey with the College Selected Activities for renewal in 2024 and in 2025. These modules introduced registrants to on the topics of Health Equity and Cultural Humility and Introduction to Indigenous Inclusion and Cultural Safety. In January of 2026, the College released two new Practice Directions related to these topics, Health Equity and Anti-Discrimination and Indigenous Cultural Safety, Humility and Anti-Racism. While the modules and Practice Directions begin to explore key questions physiotherapists may have such as:

What is health equity?
How can a physiotherapist embed anti-discrimination in their practice?
Why are cultural safety and health equity important to Manitoba physiotherapists?
Why is it now time to act?

This guide is meant to further address questions physiotherapists may have and serve as a guide for the next steps in the journey towards equitable physiotherapy care for all Manitobans.

Indigenous Cultural Safety & Humility

The College understands that Indigenous people in Manitoba face health inequity and racism in health care. These challenges have been documented, including the health inequity of First Nations people in the First Nations People's Health Report form the Manitoba Centre for Health Policy in 2019 (Enns, 2019):
To understand why First Nations' health is worse than other Manitobans, we need to first acknowledge the history of colonization and the horrendous effects it had (and continues to have) on the First Nations ways of life. As part of an effort to 'civilize' First Nation people, many children were forcibly removed from their families and communities and placed in residential schools. In being made to adopt the European way of life, they lost much of their language, their culture, and their connection to their families and communities. The trauma from this experience is still being felt today as the pain of this loss is passed down through generations (Enns, 2019).

As well as through direct surveys of First Nations People looking at racism in the Manitoba Health Care System. This 2021 report from the Southern Chiefs' Association highlights the majority of respondents reporting personally experiencing or witnessing a family member or loved one encountering racism in the Manitoba Health Care System (Organization, 2021). Throughout this document, the term Indigenous Peoples is used to refer to all Inuit, First Nations, and Metis Peoples. We recognize that pan-Indigenous approaches can lead to generalizations that are not always accurate and are often undesirable. In situations where a distinctions-based approach is possible, we will refer to the specific group intended.

Health Equity and Anti-Discrimination

The College recognizes that access to health care is a basic human right in Canada. We also acknowledge racism and discrimination impact Manitoban's health care experiences. Dr. Brent Roussin stated in the "A Healthier Maniotba For All" 2025 Health Status of Manitobans Report that, "Racism and discrimination remain pervasive barriers to health equity, affecting access to health care, education, employment, and other determinants of health for many populations including Indigenous peoples, women, newcomers and refugees, people from racialized groups and members of the 2SLGBTQ+ community." (Roussin, 2025)
The College recognizes that many Indigenous and non-Indigenous Canadians experience discrimination and harm when accessing health services due to their identities, culture, or individual characteristics, and the unique intersections between these factors.

Why this Work Matters

The College is mandated to protect the public interest by the government. In part, the College develops Practice Directions that outline expectations of physiotherapists, a Code of Ethics and may provide guidance to interpret, understand and apply all aspects of these requirements into physiotherapy practice. The College recently developed new Practice Directions focused on Health Equity and Anti-Discrimination as well as Indigenous Cultural Safety, Humility and Anti-Racism.
For decades, Canadian physiotherapy regulators have had client-centred care principles embedded in the Practice Directions/Standards of Practice and the Code of Ethics. These expectations have been grounded in key attitudes and behaviours that will be familiar to all registrants:
· Demonstrate sensitivity towards individual clients, respecting and taking into consideration their unique rights, needs, beliefs, values, culture, goals, and environmental context.
· Act in a respectful manner.
· Work in partnership with clients to improve, support and/or sustain their health status and well-being.
· Communicate openly, honestly and respectfully with clients at all times. Respect and support the autonomy of the client to participate in the management and decision-making relating their own health.

In addition, the new Practice Directions outline a physiotherapist's responsibility to:

- Demonstrate respect towards people of all identities, cultures, and individual characteristics and provides safe equitable access to physiotherapy services.
- Incorporate an anti-discrimination approach to all aspects of physiotherapy service delivery
- Reflect on, identify, and not act on any stereotypes or assumptions held about Indigenous Peoples.
- Create safe health care experiences for clients, free from discrimination by seeking to understand how the client's identity, culture, individual characteristics, values, and beliefs affect their experience of care, and incorporating this understanding into all aspects of physiotherapy service delivery.
- Reflect on how privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients. Continue to seek opportunities for education to improve the ability to provide culturally safe care to Indigenous clients.
- Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples.
- Facilitate safe healthcare experiences where Indigenous clients' physical, mental/ emotional, spiritual, and cultural needs can be met by working collaboratively with the client.

While client centred care has long guided the Canadian physiotherapy profession, evidence shows that Indigenous Peoples and other historically marginalized groups are still not consistently receiving such care. Numerous studies, reports, and public inquiries have documented persistent health disparities and inequitable outcomes affecting these communities.

The In Plain Sight report is a key investigation into Indigenous specific discrimination within British Columbia's health system. It provides a comprehensive and troubling account of the widespread discrimination Indigenous people face at the point of care, leading to serious barriers and, at times, devastating consequences.

Research also shows that nonindigenous Canadians can experience discrimination based on identity, culture, or personal characteristics; however, In Plain Sight is notable for its depth and its specific focus on anti-Indigenous racism. Importantly, the patterns identified in the report are not unique to British Columbia. This is clear in the Southern Chiefs' Organization survey of First Nations peoples experience with racism in the Manitoba health care system.

Brian Sinclair, who sought care in the Health Sciences Centre emergency room in 2008, comes to mind as a tangible Manitoba example of a person who was not provided with client-centred care and who suffered severely as a result. Joyce Echaquan's name should also be familiar for many Canadians as a young Atikamekw woman who died in Quebec in 2020 after documenting her experience with racism from heath care staff. The video posted by Joyce Echaquan shortly before her death makes the racism described in research clearly visible. Although these are two well-known, disturbing examples, the research demonstrates that their experiences of harm are not unique.

The reports, research, and personal accounts provide compelling evidence that while health professionals may think we provide empathetic, client-centred care to all clients, Indigenous and non-Indigenous, that is not consistently what our clients experience.

Why isn't Empathy Enough?

What is the College's Role?

Regulators are responsible for setting and enforcing ethical and professional standards for registrants, including promoting understanding of these expectations and addressing inappropriate practice. While current standards emphasize non-discrimination, beneficence, client-centredness, and respect, persistent inequitable health outcomes for Indigenous Peoples and marginalized communities show these principles have been insufficient in practice.
The College recognizes that general calls for respectful, client-centred care are no longer adequate. It is necessary to explicitly acknowledge that systemic discrimination exists in healthcare, including physiotherapy. Meaningful action begins with recognizing that many clients —particularly from Indigenous and marginalized groups—continue to be denied truly client-centred care, despite existing standards.

Taking Meaningful Action

The College is working towards meaningful change by raising registrant awareness of these issues, generating standards and resources, and employing other regulatory tools. Changing the status quo of health inequity will also require action by physiotherapists. It begins with developing self-awareness and knowledge. Physiotherapists need to invest time and energy towards enhancing the care that they provide by engaging in the work of self-reflection, learning and unlearning, and relationship building.
This section provides a starting point for action, however the appropriate next steps for each physiotherapist will depend upon the actions they have already taken.

Working with all Clients Experiencing Inequitable Barriers to Care

Self-Reflective Practice

The importance of self-reflective practice is outlined in the Practice Directions Indigenous Cultural Safety, Humility and Anti-Racism and Health Equity and Anti-Discrimination. A physiotherapist who uses self-examination realizes that change will start with them. By looking at their values, assumptions, beliefs, the privileges embedded in their own knowledge and practice, the physiotherapist can consider how this impacts their therapeutic relation with clients who may have experienced inequitable barriers to care. The physiotherapist should also seek feedback on their behaviours towards these clients. This self-reflection can guide the physiotherapist’s ongoing education on privilege, discrimination, systems of oppression, social determinants of health, cultural safety and humility and social justice.

Education

There are three main areas of education for physiotherapists to pursue:

- Anti-discrimination,
- Cultures, communities, and lived experiences that differ from their own,
- Trauma and trauma-informed practice.
- Physiotherapists should develop their knowledge and understanding of concepts related to anti-discrimination, such as:
- privilege, discrimination, and systems of oppression,
- social determinants of health,
- cultural safety and humility, and
- social justice.

The College Selected Activity modules on Health Equity and Introduction to Indigenous Inclusion and Cultural Safety can be accessed in the Professional Development and Committee Portal .

Physiotherapists are encouraged to take time to learn about people from cultures, communities, and lived experiences that differ from the physiotherapist's own, paying particular attention to the communities that they provide physiotherapy services to. Learn about belief systems, ways of knowing, norms, and values common among members of a community.

Finally, physiotherapists are responsible for developing their knowledge and skills related to trauma-informed practice

Manitoba physiotherapists can access the Trauma-Informed Guideline through the Professional Development and Committee Portal on the College website.

Indigenous Specific Education

When learning about Indigenous Peoples, physiotherapists should be thoughtful about their approach. In some instances, learning can occur at the pan-Indigenous level, for example when seeking to understand intergenerational trauma and the lasting effects of Residential Schools, Indian Hospitals and the 60's scoop. However, physiotherapists should also seek out learning specific to the distinct First Nation, Inuit, or Metis communities that they serve. Indigenous people do not all share the same language, culture, customs, practices, and beliefs. Physiotherapists should strive to have both general knowledge and knowledge that is as specific to their context and population served as possible.

Relationships

Developing relationships includes developing relationships with the community at large, the individual client, and their family or support persons.

Being open to new experiences and purposefully seeking out events and conversations with people from different communities, cultures, and lived experiences from one's own can be rewarding and can increase cultural awareness. Being aware of significant religious, cultural or community events or volunteering within the community can be a way to learn about others and a way to give back to the community.

When it comes to developing therapeutic relationships with individual clients, the physiotherapist inquires respectfully about the individual, their lived experiences, and reasons for seeking care. The physiotherapist must avoid making assumptions about the client based on the physiotherapist's normative beliefs or the client's visually identifiable characteristics. Making assumptions can lead to miscommunication, mistrust, and can adversely affect the therapeutic relationship.
With regards to the client's support persons, physiotherapists must understand that although informed consent is received directly from the client, concepts of family and the role of family or respected community members in health care decisions can differ based on the culture or community in question. Physiotherapists must not impose their own beliefs about the role of family and community members in health decisions onto others.

Relationship Building with Indigenous Clients

Developing relationships with Indigenous people and communities takes time. Relationships can be developed or strengthened by learning from Elders and Indigenous community members, by listening to their stories and lived experiences. Developing relationships with community leaders and Elders can be essential to the ability to deliver care to individuals within a given community.

The Journey is Never Over

The physiotherapist's willingness to continue to learn creates positive therapeutic relationships and a culturally safe environment for the client.

Why now?

The strategic plan developed by Council in 2025 includes a goal related to Equity, Inclusion and Reconciliation. Council acknowledges the College's role in Truth and Reconciliation by embedding goals related to the TRC and EDI into their current strategic plan. As part of this goal, Council has approved the new Practice Directions on Health Equity and Anti-Discrimination and Indigenous Cultural Safety, Humility and Anti-Racism to provide expectations to registrants for culturally safe and competent care. At the same time, Council and College staff look at other ways to embed the principles of the TRC into the College's mandate, culture and partnerships.

We know that improvement will take concerted effort and above all things, time.
We all need to work together to make meaningful and immediate change.

Definitions

- **Anti-discrimination** is a form of action against discrimination, systemic racism and other forms of oppression impacting marginalized groups, grounded in human rights principles of dignity, justice, and equity. An anti-discrimination mindset is based on conscious efforts and actions to provide equitable opportunities for all people on an individual and systemic level.
- **Bias** is prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. This can include both explicit and implicit bias. Implicit bias refers to having attitudes, stereotypes, or prejudices towards people or groups without being consciously aware of them.
- **Client** can be interchanged with the term Patient. “Clients are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient
- **Client Centered** - The provision of care that is respectful of, and responsive to, one’s clients’ preferences, unique needs, and values.
- **Cultural humility** is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.
- **Cultural safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
- **Identity, culture, and individual characteristics** refer to an individual’s personal traits and the communities to which a person belongs. This can include, but is not limited to, characteristics such as physical appearance, body size, disability status, religion, race, Indigeneity, nationality, age, language, immigration status, ethnicity, sex, sexual identity, gender identity, socioeconomic status, and mental health or neurodiversity. All individuals inhabit more than one social location and possess a unique combination of identities and individual characteristics.
- **Indigenous:** within this standard indigenous refers to First Nations, Inuit and Metis peoples in Canada
- **Microaggressions:** are everyday forms of racism, expressed through comments, actions, or behaviours that convey negative, stereotypical, or derogatory messages about a person’s race or ethnicity. They often occur casually or unconsciously but can cause significant cumulative harm. Examples include making assumptions about someone's abilities based on their race, questioning a person's Indigenous identity, or dismissing their lived experiences.
- **Racism:** a system of beliefs, attitudes, and actions that creates or perpetuates inequality, discrimination, and/or prejudice against individuals or groups based on their race or ethnicity. It often involves the use of power and privilege to advantage one group while disadvantaging and causing harm to others.

- **Systems of oppression** refer to society level norms or structures that give advantage or disadvantage to individuals or groups, based on a characteristic or identity. Systems of oppression can be reproduced without individuals' intention or awareness. These systems intersect and can result in significant social and health inequities. Systems of oppression can include but are not limited to racism, sexism, heterosexism, cisgenderism, ableism, classism, anti-Semitism, Islamophobia, and sizeism. Because individuals inhabit multiple social locations, systems of oppression can intersect.
- **Social justice** refers to fairness as it manifests within society and includes fairness in healthcare. It is grounded in human rights principles and depends on four key goals: human rights, access, participation, and equity
- **Respect** is the recognition of the inherent dignity, worth, and rights of every person, demonstrated through attitudes, language, and actions that are considerate, non-judgmental, and inclusive. In health care, respect means listening to clients, acknowledging their identities, cultures, and individual characteristics, and ensuring that care is delivered in ways that affirm their autonomy and humanity.

References

Enns, J. (2019). Manitoba Centre for Health Policy. Retrieved from University of Manitoba: http://mchp-appserv.cpe.umanitoba.ca/reference/FN_Summary_web.pdf
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Roussin, D. B. (2025). Office of the Chief Provincial Public Health Officer. Retrieved from Governemtn of Manitoba: https://www.gov.mb.ca/asset_library/en/cppho/docs/health-status-2025.pdf

In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care report provides evidence of Indigenous-specific racism in the B.C. healthcare system. Indigenous-specific racism and discrimination negatively affect Indigenous clients' access to healthcare and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.
BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism PRACTICE STANDARD COMPANION GUIDE excerpt:
"Update Jan. 5, 2023:
Some registrants and members of the public have raised concerns about the BCCNM's reliance on the In Plain Sight Report, the final report of the Addressing Racism inquiry, given the recent questions about one of its key authors, Dr. Mary Ellen Turpel-Lafond. The In Plain Sight team was comprised of a number of recognized Indigenous advisors and leaders. While Dr. Turpel-Lafond was the chair of the investigation, the investigation as a whole is larger than her. The report and its recommendations are a summation of the experiences, stories and facts of thousands of Indigenous people highlighting their experiences within the B.C. health care system. The information, data, facts and recommendations from the report are not contestable. Indigenous specific racism is prevalent throughout B.C.'s health care system and it has its origins in the province's history of settler colonialism. It is important for us to continue to recognize and honour the contributions of these individuals to the report, and to use their shared knowledge and guidance to improve the health care system. The work stands on its own merit and we value the evidence it has provided as we work to meet our obligations and commitments as a regulator, to minimize the harms caused to Indigenous people by systemic racism within the B.C. health care system."