

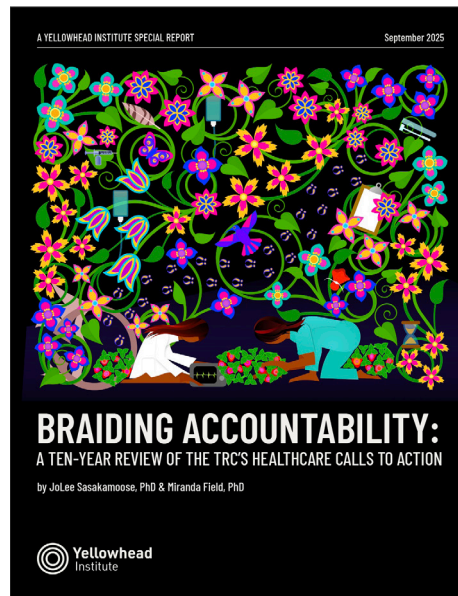
An Overview of the Braiding Framework: Symbolic Progress Without Structural Change

INTRODUCTION

In 2015, the Truth and Reconciliation Commission of Canada (TRC) released 94 Calls to Action, including seven specific to health (Calls 18–24). These Calls demand structural reforms to address the deep inequities in Canada’s healthcare systems and to recognize and support Indigenous-led approaches to health and wellness.

Part 1 of this two-part resource introduces the Braiding Framework, an analytical tool designed to assess the relationship between Indigenous and non-Indigenous systems in terms of wellness, shared authority, and service transformation.

Part 2 applies the Braiding Framework to determine whether government actions and policies represent meaningful progress or are merely symbolic gestures of reconciliation. It provides a summary evaluation of how federal, provincial, and territorial governments have responded to those health-specific Calls to Action over the past decade.



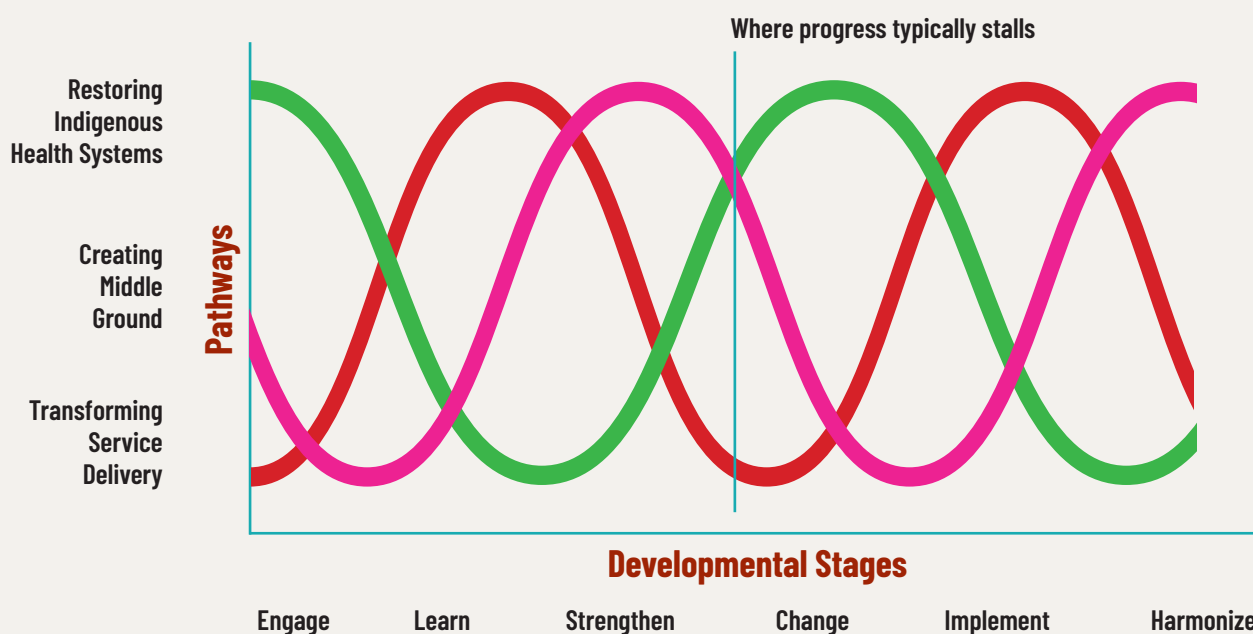
Read the Yellowhead Institute Special Report, *Braiding Accountability: A Ten-Year Review of The TRC's Healthcare Calls to Action*, to learn more about this framework and the TRC Health Calls to Action.

THE BRAIDING FRAMEWORK

The braid metaphor highlights three **interwoven pathways** that must be advanced together in health transformation:

1. **Restoring Indigenous Wellness:** revitalizing Indigenous-led health systems rooted in ceremony, land, language, and law
2. **Creating Middle Ground:** establishing ethical space where Indigenous and Western systems engage as equals, guided by principles of relational accountability
3. **Transforming Service Delivery:** embedding Indigenous governance, protocols, and values into mainstream health systems so that Indigenous law and practice are not “add-ons” but core

The Braiding Framework



Our scan of TRC responses shows that most jurisdictions remain stuck at the first three stages (Engage, Learn, Strengthen). Land acknowledgements, cultural safety workshops, and Indigenous navigation services dominate, while very few systems advance to Change, Implement, or Harmonize.

Each pathway moves through developmental stages that reflect the depth of institutional change:

1. **Engage** – Institutions initiate symbolic gestures: statements of acknowledgment, consultation meetings, cultural programming
2. **Learn** – Cultural competency or anti-racism training begins; Indigenous knowledge is introduced as supplementary “content”
3. **Strengthen** – Institutions hire Indigenous staff or create advisory councils; Indigenous health initiatives appear, but without decision-making authority

4. **Change** – Indigenous Nations co-develop priorities, indicators, and accountability measures; resources begin to shift but authority is still negotiated
5. **Implement** – Shared governance structures emerge; Indigenous-defined measures become standard; institutions are accountable to Indigenous governments
6. **Harmonize** – Indigenous-led health systems operate as equal and authoritative; Indigenous governance, law, and knowledge are embedded into the foundation of healthcare delivery

The braid metaphor insists that progress along one strand (for example, cultural competency training) must be matched by movement along the others (restoring Indigenous wellness, transforming service delivery). Without braiding, efforts unravel into fragmented gestures that leave colonial structures intact while failing to challenge underlying power relations. Defining the developmental stages in this way reveals that institutions often perform reconciliation theatre – celebrating activity in the early phases of reconciliation while avoiding the redistribution of power required in later phases.

See Part 2 for an analysis of each TRC Health Call to Action according to the Braiding Framework.