

CAOT Position Statement: Occupational therapy and Indigenous peoples (2018)

European colonization of Canada brought injustice, ill health, and disruption to Indigenous peoples' traditional occupations and ways of being, knowing and connecting. The Canadian Association of Occupational Therapists (CAOT) acknowledges the impact of colonialism and ongoing injustices perpetrated by this history. CAOT also acknowledges the wisdom of the resolutions in the United Nations Declaration on the Rights of Indigenous Peoples (2007) and the calls to action of the Truth and Reconciliation Commission (2015). At this crucial juncture in Canada's history, occupational therapists are well positioned to support and advance reconciliation with Indigenous peoples.

CAOT prioritizes the imperative of moving forward in alliances with First Nations, Métis, and Inuit peoples toward social and occupational justice and self-determination. The relevance and meaningfulness of the occupational therapy profession is strengthened when we recognize and actively seek to remediate its current embeddedness in systems that privilege Western worldviews (Whalley Hammell, 2015). Occupational therapists must critically examine current systems and models to increase the relevance and integrity of the profession. CAOT is committed to and honours the importance of reflexive practice in working with Indigenous peoples, fostered through collaboration, partnership, and relationship building.

Calls to Action for the profession of occupational therapy

CAOT recommends occupational therapists review and reflect on the principles of the Truth and Reconciliation Commission Calls to Action (2015) and the United Nations Declaration on the Rights of Indigenous Peoples (2007) and consider how they align with the profession's core values. Reflecting on these principles can guide and transform occupational therapy practice to be more culturally safe and to provide space for Indigenous worldviews, knowledge and self-determination. Moving forward is a shared responsibility, and all occupational therapists and occupational therapy stakeholders are encouraged to identify where and how to best align their activities for both personal and professional change.

Recommendations for occupational therapists and occupational therapy stakeholders at the individual level

Educate themselves and others about historical and contemporary contexts of colonization in Canada and its direct and indirect impacts on disparate health care and social service delivery.

- Be prepared to share personal positionality when building relationships. Positionality involves introducing oneself in terms of one's background, family and/or ethnicity.
- Ensure collaboration, active listening, and following the lead when working with First Nation, Inuit, and Métis peoples in current systems.
- Be aware of and respect leadership and governance structures and protocols in individual communities and seek collaboration with people according to the specific protocols of those communities.
- Recognize that best-practice and meaningfulness of practice will be led by the people occupational therapists are serving. Occupational therapists can raise awareness of this disconnect and work toward changing the positionality and power dynamics between Indigenous and non-Indigenous peoples
- Adopt an attitude of knowledge exchange rather than knowledge dissemination when sharing information about occupation and occupational therapy.
- Appropriately apply and interpret outcomes of standardised assessments, recognising that these assessments may not be standardised for Indigenous peoples in Canada or appropriate for culturally safe practice.
- Learn about and apply specific legislation of key relevance to Indigenous peoples, such as Jordan's Principle, and recognize and attend to the historical and current structural influences on Indigenous people's health and work to reduce the barriers.
- Use a strengths-based perspective that recognizes the strengths and resiliency of Indigenous people and communities.

Recommendations for occupational therapists and occupational therapy stakeholders as a professional community

- Support the development of educational curriculum and professional development content that teaches the occupational therapy workforce about key concepts such as decolonization, self-determination, self-governance, cultural safety, cultural humility, and Two-eyed seeing, along with principles of anti-oppressive practice.
- Encourage and support members of First Nation, Inuit, and Métis communities to consider careers as occupational therapists, occupational scientists, leaders, program managers, occupational therapy assistants, researchers and educators. This particular action is a direct response to TRC recommendation 23.
- Advocate for, and contribute to, advocacy efforts and promote the potential benefits of occupational therapy services among First Nation, Inuit, and Métis peoples, while first respecting rights of self-determination and self-governance.
- Promote and lobby for access to occupational therapy services for First Nation, Inuit, and Métis peoples to decision makers and funders, as guided by Indigenous peoples.
- Practice allyship with all Indigenous peoples to uphold the rights to self-determination and equitable access to resources.
- Collaborate with representatives of First Nation, Inuit, and Métis communities, in their local regions to contribute to health and social services. Respect diversity in how clients define meaning and prioritize needs and enable engagement in everyday occupations using holistic approaches to wellness.
- Facilitate and lobby for improved access to health care and occupational therapy services in different formats, such as distance sites.
- Engage in organizational reflexivity to examine organizational culture and practices and make changes that will enhance CAOT's capacity to promote equity for Indigenous peoples.
- Develop policies, procedures, and resources (e.g., models, assessment tools) in collaboration with Indigenous peoples that are specifically relevant to Indigenous peoples in Canada.
- Ensure research and evaluation pertaining to Indigenous peoples and communities follows appropriate protocols and processes of ethical conduct specific to Indigenous communities (e.g. OCAP (ownership, control, access and possession),

Tri-Council, ally perspective, Indigenous methodology). Researchers should strive to support these guidelines and respect Indigenous methodologies as legitimate ways to conduct research in manners aligned with Indigenous peoples' worldviews, priorities, and community needs and strengths.

- Value and evaluate collective outcomes (e.g., family, community), in addition to individual outcomes in practice.
- Collaborate with Indigenous organizations to promote intergenerational solidarity to promote elders' traditional knowledge transmission to the youth to preserve the language and cultural identity and support the development of individual and collective strengths.
- Promote and advocate for collectivist approaches in occupational therapy, and foster interprofessional collaboration with researchers, educators and practitioners in areas such as health promotion and public health to understand and address determinants of health.
- Advocate for the importance for community-directed research and participatory action research approaches to funding bodies and institutions, acknowledging the investment of time in terms of relationship building and capacity development.
- Embrace, embody, and role model for Canadian occupational therapists, the ethos of "Nothing about us, without us" (Herbert, 2017).

CAOT Initiatives

To enable occupational therapists to provide effective, respectful, culturally safe, and collaborative services with First Nation, Inuit, and Métis persons, families, communities, and nations, CAOT will:

1. Identify and develop formal alliances and partnerships with First Nations, Métis, Inuit organizations.
2. Advocate for funding and access to occupational therapy services for First Nation, Inuit, and Métis peoples, as guided by people in these communities.
3. Represent occupational therapy at national and regional (where chapters exist) forums related to First Nation, Inuit, and Métis peoples' health and wellness.
4. Acknowledge the relevant treaty and/or traditional territories at conferences, courses, and events.
5. Provide continuing education and networking opportunities for occupational therapists to build capacity for best practice in service delivery for First Nation, Inuit, and Métis peoples and communities.

6. Advocate for funding and resources to facilitate the development of appropriate resources (e.g., assessment tools).
7. Provide regular information exchange related to Indigenous health and wellbeing and occupational therapy through *Occupational Therapy Now* and the *Canadian Journal of Occupational Therapy* to support knowledge exchange and professional growth.

Background

1. "Indigenous" is a term that may be used to refer to a group of people descended from pre-colonial inhabitants of a region. The collective of all Indigenous peoples in Canada may also be referred to as "First Nations, Inuit and Métis". "Aboriginal" and "Indian" continue to appear in many Canadian government and legal documents (e.g., Indian Act, in the Constitution Act, etc.), but should generally be avoided except when referencing these documents. "Native" should also be avoided. Further, it is best to avoid the classifications of "Indigenous Canadians" and "Canada's Indigenous peoples," instead opting for "Indigenous peoples in Canada." Not all individuals identify as Canadians and framing Indigenous peoples as "belonging to Canada" reinforces colonial narratives. Whenever possible, it is best to be specific and name the distinct Indigenous population or community you are referring to (e.g., First Nations, Inuit, or Métis, or better yet, specific subgroups of these populations, such as Anishinaabe, Inuvialuit, etc., or Gwawaenuk Nation, etc.). Indigenous, First Nation, Inuit, Métis, and other population or community names should be capitalized to show respect. When in doubt, ask a group how they prefer to be named and follow their preference.
2. Nationally, there is recognition of cross-sectoral responsibility to engage in efforts aimed at improvement of health among First Nations, Inuit, and Métis peoples in Canada. Many health status outcomes of First Nations, Inuit, and Métis peoples are below the national average Goel, Shah & Svoboda, 1996; NAFC, 2013). The experiences of many First Nations, Inuit, and Métis peoples with the mainstream health care system have often been negative and has been perpetuated by ongoing, entrenched racism and systemic barriers to health care access (Allan & Smylie, 2015).
3. Occupational therapists are committed to promoting equitable health and health services in Canadian society by practicing in ways that are accessible, welcoming, meaningful, and effective for people from diverse social, economic and cultural backgrounds (CAOT, 2007). These views are captured and promoted in the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) Joint Position Statement on Diversity (2011).
4. Occupational therapists espouse principles that value collaboration and listening to key stakeholders as critical for successful and relevant outcomes. To ensure services are meaningful for clients (individuals, families, groups, communities, organizations, or populations), relationships with representatives of First Nations, Inuit, and Métis peoples that respect diverse needs and ways of knowing are essential.
5. While these are principles of client-centred care, they are especially relevant when working with communities of people to which one does not belong and where one might not recognize assumptions that come from their own worldviews. Collectivism is an important part of many Indigenous communities and should be considered in the context of client-centred practice and the engagement of Indigenous peoples in development of the programs, policies and structures that affect them.
6. A core competency of occupational therapy practice is enablement. Enablement consists of the key concepts of choice, right to risk and personal autonomy, client participation, vision of possibility, change, justice, and power sharing (Townsend and Polatajko, 2007) and is compatible with self determination and community development perspectives.
7. Many best-practice guidelines may assume a Western middle-class norm and might not represent the values and priorities of all peoples. This may require 'unlearning' the privileging of Western worldviews and dominant approaches (e.g. biomedical model). Occupational therapists should use their influence within their practice settings when they become aware of the disconnect between a Western worldview and the values and priorities of Indigenous people.
8. Work with regulatory associations, policy makers, funding agencies and advocates to ensure that occupational therapists have the flexibility to participate in practices relevant to the communities in which they work (e.g., exchange of gifts or tobacco).
9. Indigenous peoples in Canada are protected by section 35 of the Constitution Act, 1982, which enshrines Indigenous rights. Treaties and other legislation also serve to protect the special relationship between the Crown and Indigenous peoples in Canada.
10. In 2017, the Ministry known as Indigenous and Northern Affairs Canada was divided into two new departments: A Department of Crown-Indigenous

Relations and Northern Affairs, and a Department of Indigenous Services. According to the Government of Canada, the Department of Crown Indigenous Relations and Northern Affairs aims to “transform how we relate to, and work in partnership with, Indigenous peoples, to accelerate the renewal of our relationship with First Nations, Inuit and Métis, on a distinction-basis, [and] to support Indigenous visions of self determination” (Government of Canada, 2018). The Department of Indigenous Services Canada was created to “improve access to high-quality services for First Nations, Inuit and Métis; support and empower Indigenous peoples to control the delivery of those services; and improve the socioeconomic conditions and quality of life in their communities” (Government of Canada, 2018).

11. In November 2017, Statistics Canada released new data from the 2011 National Household Survey that shows that there are 1,400,684 Indigenous people in Canada, representing approximately 4.3% of the total Canadian population. The analysis shows that the Indigenous population is growing and young, with a median age of 23 for Inuit, 26 for First Nations, followed by Métis at 31. Services such as occupational therapy will continue to be in great demand, and this presents an opportunity for the profession to lead the way in demonstrating the practices of relationship building and honouring Indigenous worldviews.

Glossary of Terms

Allyship: occurs when an individual in a position of privilege engages in a continual, reflective, and active practice of learning and unlearning related to the impacts of the distribution of power in society and seeks to act in solidarity with a group that experiences oppression. Allyship is characterized by ongoing relationship-building, humility, listening, valuing marginalized voices and knowledge, and a genuine interest in challenging power structures that oppress and marginalize populations (The Anti-Oppression Network, n.d.).

Client-centred practice: is based on enablement foundations and employs facilitation skills, in a collaborative relationship with clients, to advance a vision of health, well being, and justice through occupation (Townsend & Polatajko, 2007). Client-centred occupational therapists demonstrate concern for clients, involve clients in decision-making, advocate with and for clients’ needs, and otherwise recognize clients’ experience and knowledge (CAOT, 2002; 2002a).

Clients: may be individuals, families, groups, communities, organizations, or populations who participate in

occupational therapy services by direct referral or contract, or by other service and funding arrangements with a team, group, or agency that includes occupational therapy (Townsend & Polatajko, 2007).

Colonialism: is the development of institutions and policies by European imperial and Euro American settler governments towards Indigenous peoples with the intention to dispossess Indigenous peoples from their land and subjugate Indigenous ways of knowing and living to correspond to dominant EuroCanadian culture (Alfred, 2009).

Colonization: can be defined as some form of invasion, dispossession and subjugation of a peoples. Colonization results in significant racism (both interpersonal and systemic) against Indigenous peoples during interactions with health care providers, and within legislation, institutions, policies, and programs that affect the health and wellbeing of Indigenous peoples (Allan & Smylie, 2015). Colonization is widely accepted in the international literature as a key determinant of health for Indigenous peoples (Mowbray, 2007).

Cultural humility: the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person] (Hook et al., 2013).

Cultural safety: refers to what is felt or experienced by a client when a health care provider communicates with the client in a respectful, inclusive way, empowers the client in decision-making, and builds a health care relationship where the client and provider work together as a team to ensure maximum effectiveness of care. Culturally safe encounters require that health care providers treat clients with an understanding that not all individuals in a group act the same way or have the same beliefs (NAHO, 2003). Only the recipients of care have the authority to determine whether their care is culturally safe or unsafe (Papps, 2005). In culturally safe practice, it is the responsibility of the dominant health care culture to undertake a process of change and transformation (Wood & Schwass, 1993).

Culturally unsafe practice: refers to any actions that diminish, demean or disempower the cultural identity and well being of an individual (NAHO, 2006).

Reflexivity: critical reflection on the social conditions under which disciplinary knowledge comes into being and gains credence, and interrogates the wider technical, political, and institutional processes that contribute (Kinsella & Whiteford, 2009).

Occupational therapy: the art and science of enabling engagement in everyday living, through occupation;

of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life (Townsend & Polatajko, 2007).

Positionality: “refers to how we are positioned (by ourselves, by others, by particular discourses) in relation to multiple, relational social processes of difference (gender, class, race, ethnicity, age, sexuality, etc.), which also means we are differently positioned in hierarchies of power and privilege” (The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies, 2016)

Racism: “the belief that all members of each race possess characteristics or abilities specific to that race, especially so as to distinguish it as inferior or superior to another race or race” (Oxford Living Dictionaries, 2017)

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