



Report on the Professional Issue Forum on

## **“Inspiring Actions: Occupational Therapy Paths to Truth & Reconciliation with Indigenous Peoples”**

Vancouver, BC – CAOT Conference 2018

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession’s presence in these areas.

The “Inspiring Actions” PIF took place on June 21, 2018, National Indigenous Peoples Day, to provide a timely and important opportunity for the profession to reflect and document on how occupational therapy can play a greater role in partnering with Indigenous communities and organizations to transform practices, education, and research to address the social injustices and health inequities that many Indigenous people continue to experience.

### **INTRODUCTION**

Indigenous peoples are the youngest and fastest growing segment of the Canadian population. Currently, it is estimated that there are approximately 1.4 million Indigenous peoples living across Canada, who self-identify as First Nation, Metis or Inuit (Statistics Canada, 2013). Across the country, there are more than 600 distinct First Nations and over 60 Indigenous language groups. Similar to all Canadians, there is enormous diversity amongst Indigenous families and communities (Kirmayer, Tait, & Simpson, 2009).

However, ongoing and multifaceted colonial and structural inequities continue to impact the social conditions in which many Indigenous peoples live, work, and play (First Nations Information Governance Centre, 2016; Greenwood, de Leeuw, Lindsay, & Reading, 2015; MacDonald & Steenbeek, 2015; Reading & Wien, 2013). Despite some improvements in recent years, Indigenous peoples continue to experience unjust and remediable health inequities, including higher rates of infant mortality, chronic diseases such as diabetes and arthritis, mental illness and substance abuse, as well as having shorter lifespans compared to the general Canadian population (First Nations Information Governance Centre, 2012; Reading & Wien, 2013).

The historical and on-going social relations of power between Indigenous peoples, the state, and the broader Canadian society play out in the healthcare system, where Indigenous peoples routinely experience individual and systemic forms of racialization and racism in their healthcare interactions and within the system as a whole (Allan & Smylie, 2015). Providing occupational therapy with Indigenous peoples requires occupational therapists to ‘turn our gaze inward’ and reflect on how positions of power and privilege are tacitly embedded in and enacted through the taken-for-granted ways in which therapists conceptualize, teach, research, and ‘do’ occupational therapy (Gerlach, 2016; Gerlach, Sullivan, Valavaara, & McNeil, 2014).

The Truth and Reconciliation Commission (TRC) of Canada (2015) has called upon all Canadians to know the historical context of the relationships between Indigenous and non-Indigenous peoples in Canada and to commit to actions aimed at redressing social injustices. These actions include changes to structures and processes entrenched in health and social services that perpetuate health inequities experienced by Indigenous peoples.

The TRC's Calls to Action have stirred the occupational therapy profession in Canada to reflect more intensely on the practice of occupational therapy with Indigenous peoples. Individual occupational therapists are increasingly questioning their role within the broader national discourse of the TRC and the social injustices and health inequities experienced by Indigenous peoples (Jull & Giles, 2012; Restall, Gerlach, Valavaara, & Phenix, 2016) and are beginning to take action to in small but meaningful ways. However, there remains a significant gap in collective understanding of how occupational therapy practices, education, and research can contribute substantively toward redressing the social and health inequities experienced by Indigenous peoples.

## **OBJECTIVES**

PIFs include panel presentations from experts and discussions from participants to generate strategies, recommendations and actions to advance occupational therapy practice. This year's PIF was an integrated knowledge translation (iKT) project led by Drs. Alison Gerlach and Gayle Restall and inspired by a survey of occupational therapists completed by Nelson and colleagues (2008) at the 2008 Australian National Occupational Therapy Conference. This PIF aimed to explore and document how occupational therapy practices, education, and research can respond to the TRC's calls to action and play a greater role in partnering with, and enhancing the health and wellbeing of Indigenous communities and families in Canada.

## **PANEL PRESENTATIONS**

The PIF began with an acknowledgement of the traditional and unceded territory of the Coast Salish Peoples, and the traditional territories of the Squamish, Musqueam and Tsleil-Waututh First Nations on which the City of Vancouver is located.

Elder Roberta Price, from the Snuneymuxw and Cowichan First Nations opened the PIF with a call for gratefulness to guide the reflections and work to be done in this PIF. Throughout the PIF panel presentations and discussions, Elder Price shared her deeply personal story about her family's experiences in residential schools, her painful experiences of foster care and the toll of being separated from her family and culture. She also shared some of her journey towards healing which includes telling her story and connecting to her Elders, culture and ceremonies. She also reminded the PIF participants that reconciliation and healing is not just the responsibility of Indigenous peoples, but of all people, governments and institutions in Canada.

Dr. Gayle Restall is an Associate Professor in the Department of Occupational Therapy at the University of Manitoba. Dr. Restall has been a registered occupational therapist for the past 38 years and has a PhD in Community Health Sciences. She has extensive research experience in community engagement and participatory research methods in partnership with people who have been disproportionately disadvantaged by the social determinants of health including Indigenous peoples. Gayle focused her presentation on first introducing the purpose and process of the embedded iKT study in order to obtain informed consent of all PIF participants to provide data for this study. She then provided a summary of the principles behind the TRC's 94 Calls to Action some of which include: addressing the legacy of

colonialism, building mutually respectful relationships between Indigenous and non-Indigenous peoples and upholding the UN Declaration of Rights of Indigenous Peoples.

Angie Phenix & Kaarina Valavaara are Métis occupational therapists who co-chair the CAOT Occupational Therapy Network on Aboriginal Health and are passionate about transforming occupational therapy to better support equity for Indigenous peoples' health, education and well-being. They shared some of their journey about being disconnected from their Métis culture as a result of colonial policies, legislation and educational institutions which erased Métis history and experiences. They also shared how they were able to start reclaiming their culture and ways of knowing through education. They highlighted the tension between a desire to advance the health, education, and well-being of Indigenous peoples with the fact that current professional models, theories and values were borne from western thought and institutions and may not be sufficient to truly partner and advance equity with Indigenous peoples.

Dr. Alison Gerlach is an Assistant Professor in the School of Child & Youth Care at the University of Victoria. She has been working with Indigenous communities, families and colleagues as an occupational therapist and researcher for the past 20 years. Her program of critically-oriented research includes understanding how children's occupational therapy and rehabilitation can be provided in ways that are socially responsive and culturally safe. Her presentation focused on how applying critical theory can provide a way forward towards health equity for Indigenous peoples. She emphasized that current occupational therapy practice and institutions that focus on the individual and do not consider broader community or social, political, or economic determinants will be inadequate to advance equity and the efficacy of occupational therapy for Indigenous peoples' health and wellbeing.

## ROUNDTABLE DISCUSSIONS

As participants entered the PIF room, they were asked to self-identify their area of experience/interest in one of three areas: practice, education, or research, and were directed to sit a table with other participants who expressed this same interest. In between panel presentations, they were guided to discuss the following three 'big questions' in relation to occupational therapy research, education, and clinical practice with Indigenous peoples:

1. Where are we (as occupational therapists and occupational therapy) now?
2. Where do we want to be?
3. How do we get there?

Student occupational therapists acted as note takers at each table.

The following key points arose from discussions around the three central questions:

### 1. Where are occupational therapists now?

Participants reported that:

- Occupational therapists are well positioned to work with Indigenous clients, but limited interactions, lack of knowledge, skills and tools make it difficult to navigate how to best offer services.
- Claims of being 'client-centred' are inadequate to meet the needs of Indigenous clients
- Occupational therapy's current knowledge about Indigenous people's health and healing practices, cultural safety and humility is in beginning stages.

- When working with Indigenous clients, OT's often work from a "patch work" model due to limited relationships with Indigenous groups, lack of formal and informal educational opportunities, regulatory competencies, and overall knowledge of working with Indigenous clients.

## **2. Where does the profession want to be?**

Participants envisioned a future where occupational therapists:

- Implement relevant TRC calls to action through building relationships with Indigenous groups and individuals while working with partners to challenge and transform current health care practices.
- Collaborate with Indigenous organizations, communities, groups and individuals to inform occupational therapy tools and practice frameworks.
- Engage in research with rather than to, on or for Indigenous peoples.
- Actively challenge and evaluate current educational models in preparing students for working with Indigenous peoples.
- Have an increased representation of Indigenous peoples across the profession (education, clinical and research).
- Enhance understanding of the history of colonization and how it can shape Indigenous peoples' health and health care.
- Recognize what it means to strive to be an ally with Indigenous partners.

## **3. How does the profession get there?**

Participants identified the following ways that occupational therapists can close the gap between where occupational therapy is and where we want to be in our relationships and work with Indigenous peoples:

- Advocate for more equitable partnerships with Indigenous peoples, including Elders and knowledge keepers.
- Build relationships with Indigenous peoples through listening, collaborating and seeking opportunities to spend time learning from Indigenous partners, reviewing the TRC report and engaging in education from Indigenous groups.
- Work with Indigenous partners to review occupational therapy assessment tools, forms, etc. to make them more relevant and appropriate.
- Challenge social and health care policies and systems that reproduce colonial structures
- Engage in personal reflection on therapist's own understanding and role in the ongoing legacy of colonization.
- Because reconciliation is a process of healing, engage in "courageous conversations" by having difficult discussions around the effects and trauma of colonization and occupational therapists role in addressing the ongoing effects of colonization, including power sharing and social responsibility, to help close the gaps in health outcomes between Indigenous and non-Indigenous Canadians.
- Increase occupational therapy visibility in Indigenous communities by looking for alternative practice spaces – such as friendship centres in urban centres.
- Connect with like-minded occupational therapists to create partnerships and ally-ships with Indigenous peoples to advocate for change from a grassroots/community-driven perspective –

including focussing on practice environments that value and prioritize time to build relationships before providing Western based assessments or interventions.

## RECOMMENDATIONS

Key points from discussions around the three central questions included an acknowledgement that, as a profession, we are in the beginning stages of recognizing that our current practice is often inadequate to meet the needs of Indigenous peoples' health. Participants emphasized that, regardless of where we want to be as a profession or how we will get there, occupational therapists need to take time to listen and take the lead from Indigenous partners before providing solutions. The following are recommendations based on the group discussion:

1. Identify promising occupational therapy practices and contributions to Indigenous health and wellbeing throughout Canada.
2. Develop occupational therapy organizations and practitioners' capacity to advocate for partnerships with Indigenous peoples and organizations.
3. Secure partnerships to advance occupational therapy practice with Indigenous peoples.
4. Enhance occupational therapists' awareness and understanding of how their social positioning of power and privilege within a colonial society influences their relationships and work with Indigenous peoples.
5. Generate information and evidence to guide occupational therapy practices, education, and research with Indigenous clients and communities in Canada.
6. Generate an evidence-based national position statement on occupational therapy and Indigenous peoples' health and wellbeing that provides occupational therapists with guidance on transforming their relations with Indigenous communities and individuals and taking action to redress the health and health care inequities experienced by Indigenous people.

## CONCLUSIONS

Occupational therapists attending the forum talked passionately about the need to take action to shift occupational therapy, education, research and clinical practice to better address the inequities experienced by Indigenous peoples. Participants acknowledged the important role of individual therapists in shifting practices and creating change at organizational and collective levels.. As a starting point, participants identified several actions that individuals and organizations can take to move toward the vision of where occupational therapists want to be in our relationships with Indigenous peoples.

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Note: Sections of this report were previously published in OT Now (provide the reference)