

# JOINT POSITION STATEMENT

Toward Equity and  
Justice: Enacting an  
Intersectional Approach  
to Social Accountability  
in Occupational Therapy





# **Toward Equity and Justice: Enacting an Intersectional Approach to Social Accountability in Occupational Therapy**

## **Joint Position Statement May 2024**

This joint document is approved by representatives of the Canadian Association of Occupational Therapists (CAOT), the Association of Canadian Occupational Therapy University Programs (ACOTUP), and Canadian Occupational Therapy Foundation (COTF). Members of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) have approved the English version and the French version review is in process in Quebec. Reviews and endorsements are in process by the boards of the Alliance of Canadian Occupational Therapy Professional Associations (ACOTPA).

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This document will have periodic reviews. If you have recommendations for future versions, please contact [advocacy@caot.ca](mailto:advocacy@caot.ca).

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# THE PROFESSION OF OCCUPATIONAL THERAPY CENTRES EQUITY AND COMMITS TO SOCIAL ACCOUNTABILITY TO SUPPORT EFFORTS TOWARD SOCIAL JUSTICE.

*Occupational therapists, occupational therapist assistants, student occupational therapists, and student occupational therapist assistants in Canada are asked to envision an occupational therapy profession that is rooted in social justice, centres equity, and commits to socially accountable principles, processes, and practices. This joint position statement justifies and supports actions in occupational therapy to decentre whiteness, address health inequities, and promote occupational participation.*

*Justice and ideas of fairness are moulded across social contexts. Social inequities limit access to material and social resources (Emery Whittington, 2021; Hammell, 2021). Increasingly occupational therapy philosophy and practices recognize systemic oppressions disproportionately affect multiple unique and intersecting groups including, but not limited to, those who identify<sup>1</sup> as Black, Indigenous, racialized, 2SLGBTQIA+, disabled, Mad, Deaf, neurodivergent, women, newcomers, older adults, impoverished, or people living with mental health and/or invisible, episodic, or fluctuating conditions. Oppressions such as racism, ableism, and heterosexism have a persistent impact on physical, physiological, and mental health of people, including shorter life span, harms caused by violence, denial of services, and increased chronic illnesses (Alvarez et al., 2016; Krnjacki et al., 2016; McGibbon, 2012).*

*The process and act of colonization in the creation of Canada is founded on seized and stolen Indigenous land (Stinson, 2016). Indigenous Peoples have separate and special relationships with the Government of Canada that include inherent rights and autonomy as outlined in section 35 of the Constitution Act, 1982 (Government of Canada, 2023a). The Government of Canada's United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP) and the UN Declaration Act 2023 action plan will support the implementation of the United Nations Declaration on the Rights of Indigenous Peoples (Government of Canada, 2023b). Occupational therapy professionals must understand their own relationship with Indigenous Peoples, Indigenous rights and autonomy, any personal and familial benefits of colonialism, and individual and collective responsibilities to reconciliation.*

*Social accountability emphasizes a commitment to people whose needs have been under addressed or unaddressed, and strategies, processes, and interventions that improve health and hold systems to account (Boelen, 2016; Lodenstein, 2013). The profession of occupational therapy acknowledges that colonial, historical, systemic, and intertwined oppressions lead to inequities across health, social, environmental, political, and economic systems limiting equitable access to the resources needed for the occupational participation of individuals and collectives (Egan & Restall, 2022; Pooley & Beagan, 2021) and the promotion and protection of human rights (Egan & Restall, 2022; Hammell, 2022).*

*Within the profession of occupational therapy, the leadership, contributions, and perspectives of people who identify as members of underrepresented groups have been under-recognized and undervalued (Beagan, Sibbald, Bizzeth, & Pride, 2022). Many occupational therapists from privileged groups acknowledge these exclusions and missed opportunities: (Y)our stories have not been told; (y)our wisdoms have not been taught; (y)our actions have not been modelled or celebrated.*

*Centring equity must be a collective endeavour (Kania et al., 2022). People with lived experience cannot and should not be the only people making efforts towards equity and reducing injustice (Gebhard et al., 2022). All must take responsibility for their part in realigning occupational therapy for the future. Different people, by virtue of position, experience, and privilege, will have differing opportunities to implement aspects of social accountability and advance equity and social justice.*

*Please note that this statement names harms within and beyond the occupational therapy profession and the concepts introduced may be either extremely familiar or may be new. We acknowledge that significant emotions and vulnerability accompany conversations about equity and justice and that building capacity will take time. Embracing vulnerability involves identifying discussions that have turned to comforting members of dominant groups, returning to discomfort, questioning for whom and why this is uncomfortable, and recentring attention on those who have felt excluded or undervalued (Allen, 2022; Applebaum, 2017). Please experience emotions mindfully, seek support when you need it, and take care. To support implementation, companion documents will offer a gradual and more thorough introduction to the concepts, define terms, and provide resources to support knowledge translation.*

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<sup>1</sup>Terminology will change and evolve. Occupational therapy professionals are encouraged to use language that is culturally safer and/or embraced within their local context.

# 1. Background

Occupational therapists, occupational therapist assistants, students, and people who have used occupational therapy services have shared experiences of harm. Occupational therapists in Canada describe racism while practicing (Beagan, Sibbald, Bizzeth, & Pride, 2022; Hamp, 2022; Tsang & Haque, 2022; Wasmuth et al., 2023) including interpersonal racism, institutional racism, and structural racism (Beagan, Sibbald, Bizzeth, & Pride, 2022). Therapists with disabilities describe negative attitudes of co-workers, professors, and preceptors (Beagan, Sibbald, Pride, & Bizzeth 2022; Bevan, 2014; Brison-Brown & Armini, 2023; Bulk et al., 2017; Chacala et al., 2014; MacLeod Schoeder, 2023; Zafran & Hazlett, 2022). Occupational therapist assistants have experienced racism and discrimination similar to assistants working in different health care roles, including nursing assistants and health care aides (Lightman, 2021; Truitt, & Snyder, 2020). In addition, occupational therapy assistants have described experiences of marginalization and alienation in their places of work (Penner et al., 2020).

In occupational therapy literature, authors document ableism, classism, colonialism, heterosexism, and sexism (Beagan, MacLeod et al., 2022; Mahipaul, 2022; Leite, et al., 2022; White & Beagan, 2020). Similarly, white supremacy and colonialism have influenced structures, values, policies, and procedures within the profession, which then influence who will feel like they belong (Favel et al., 2023; Grenier, 2020). There is predominance of eurocentric or white, middle class ways of knowing in our theories (Beagan, MacLeod et al., 2022; Lussi, 2020; Owens, 2017; Ramugondo, 2018); concepts (Guajardo Córdoba, 2020; Hammell, 2015b; Hammell, 2011), and models (Hunter & Pride, 2021; Iwama, 2009). Given the experiences documented in our literature, and in recognition of those experiences that have not been shared, the profession is urged to adopt anti-racist and anti-oppressive approaches (Ahmed-Landeryou, 2023; Sterman & Njelesani, 2021).

Advancing social justice and equity has a long, arduous history across the globe, and we remember those who have come before us in doing this work. Occupational therapists draw on scholarship from diverse bodies of knowledge, which have under-acknowledged roots in communities (Collins, 2002). An equitable and socially just occupational therapy is informed by theories and concepts including feminism (Collins, 2002; Huff et al., 2018), critical disability theory (Mahipaul, 2022; Shildrick, 2012), critical race theory (Delgado & Stefancic, 2017; Grenier 2020), capability theory (Hammell, 2015a; Sen 2005;), human rights (World Federation of Occupational Therapists [WFOT], 2019), health inequity (Hammell 2020; Marmot, 2015), decolonial theory (Emery-Whittington, 2018; Smith, 2012), structural violence (Dias et al., 2021; Metzl & Hansen, 2014), and other scholarship that centres underrepresented perspectives and priorities.

## 2. Intersectional approach to social accountability

An **intersectional approach** to social accountability emphasizes that organizations and professions, including occupational therapy, need to be accountable for actions and social changes to advance equity and justice. Intersectionality supports a nuanced view of people, recognizing inseparable aspects of identities, and acknowledging that people who have multiple marginalized identities experience non-additive barriers to occupational participation and health (Collins, 2002; Crenshaw, 1989). In other words, when talking about inequities including gender, class, ability, and immigrant status, “the experience is not just the sum of its parts” (Crenshaw, 2020).

**Social accountability** necessitates three important principles: participation, transparency, and accountability (Fox, 2015; Grandvoinet et al., 2015).

### Participation

In social accountability, the focus on participation emphasizes the inclusion of people who have been historically excluded from discussions and decision making. Engagement at the beginning, middle and end of projects is encouraged to promote change within the context of entrenched exclusion (United Nations Development Program [UNDP], 2013). Participation thrives in the context of vibrant, dynamic, accountable relationships and is a necessary but insufficient condition for social accountability (UNDP, 2013).

### Transparency

Transparency and access to information are needed so that this information can inform individual, group, and community participation. Clear awareness about one’s rights, and access to relevant policies, procedures, background information, and decision-making processes, provides actionable information which increases meaningful participation (Grandvoinet et al., 2015).

## Accountability

Accountability is enacted in partnership with strong participation and transparency. The UNDP describes accountability as “the obligation of power-holders to take responsibility for their actions” (UNDP, 2013, p. 2). Accountability can be supported by specific tools, but strategic approaches that combine multiple methods of initiating change are more likely to be successful (Fox, 2015). These initiatives can be internal or external to an organization and often include elements of both. In an accountable approach, organizations and the people who work for them are answerable to individuals, groups, and/or communities (answerability) and these individuals and communities have capacity to enforce adherence to promised actions (enforceability) (Fox 2015).

### Elements of a socially accountable occupational therapy

Six elements support the implementation of the intersectional approach to social accountability<sup>2</sup>. By integrating these elements into projects, occupational therapy professionals can prioritize processes that advance equity and justice.

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-  **Commitment to ethical principles and practices**

The profession of occupational therapy commits to prioritize the health, well-being, and human rights of marginalized, underserved and underrepresented communities. It is our responsibility to use processes that involve meaningful and inclusive participation, transparency, and accountability to advance equity. Occupational therapists also commit to relational practices to nurture and maintain the many connections within their web of relationships involving individuals, groups, and whole communities (Restall & Egan, 2022; Reo, 2019).

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  -  **Commitment to intentional, inclusive partnerships**

Occupational therapy education, research, administration, and practice ensure intentional, inclusive partnerships of people who identify as members of underrepresented groups. Tokenism is not tolerated. Inclusive participation and decision making is a component of the design, delivery, and evaluation of occupational therapy.

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  -  **Commitment to nuanced, contextualized processes**


The profession of occupational therapy attends to the complexity and multiple facets of people and their micro, meso, and macro contexts (Restall & Egan, 2022). Political, economic, cultural, social, technological, and environmental contexts include embedded norms, values, social relations, relational hierarchies, and system characteristics (Lodenstein et al., 2013). Nuanced, contextualized, and adaptable processes are required to account for power dynamics, support access to resources, and integrate multiple ways of knowing (Restall & Egan, 2022).

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  -  **Commitment to reflexive and transparent leadership**


Occupational therapy leaders and decision-makers commit to sharing power and shifting normative values and ways of doing, creating space for underserved and underrepresented voices, and investing in personal growth. Occupational therapy practitioners without formal leadership roles can advocate for systems change, engage in everyday leadership (Aldrich & Laliberte Rudman, 2019) and enact alternatives to redress harm (Restall et al., 2022).

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  -  **Commitment to responsive governance and accountability structures**

Occupational therapy leaders and decision-makers commit to sharing power and shifting normative values and ways of doing, creating space for underserved and underrepresented voices, and investing in personal growth. Occupational therapy practitioners without formal leadership roles can advocate for systems change, engage in everyday leadership (Aldrich & Laliberte Rudman, 2019) and enact alternatives to redress harm (Restall et al., 2022).

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  -  **Commitment to sustainable contextualized outcomes**

The profession of occupational therapy commits to a focus on processes and outcomes that result in sustainable change towards equity and social justice. Systems and institutional level outcomes and evaluative mechanisms are used to record progress and successes and to ensure that action moves beyond the individual level (Fox, 2015; Sandhu et al., 2013). Projects help ensure access to resources and opportunities for future generations.
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<sup>2</sup>Details about the development of the elements will be available in the forthcoming companion guide.

### 3. Guiding recommendations to support individual and collective commitments to justice, equity, and social accountability

***“The profession of occupational therapy centres equity and commits to social accountability to support efforts toward social justice.”***

Occupational therapy practitioners across all contexts will, with the support of leadership, learn, unlearn, gain skills, take action, and develop perseverance to promote anti-racist, anti-ableist and anti-oppressive practices (ACOTUP et al., 2021). Centring equity and committing to social accountability can help develop and maintain competencies while working toward a new normal.

Guiding recommendations in this document can help connect equity and social accountability to change initiatives that support social justice. The recommendations are not – and cannot – be exhaustive. Thinking broadly about upholding social justice, centring equity, and committing to social accountability may be helpful when adapting recommendations within specific contexts (see Figure 1). Some occupational therapy professionals may find the recommendations are daunting while others find they do not go far enough. As the profession takes steps towards socially accountable change, opportunities for new and different recommendations will emerge.

All occupational therapy practitioners are encouraged to use the guiding recommendations, (Tables 1-7; see Figure 2), to identify opportunities for individual and collective commitments. These recommendations consider micro, meso, and macro opportunities within the profession’s philosophies, practice contexts, research, education, regulatory systems, and institutional policies. The recommendations are designed to shift collective responsibility into action (Beagan et al., 2023; Laliberte Rudman, 2021). The guiding recommendations are expected to become catalysts for specific (e.g., SMART, PACT)<sup>3</sup> commitments created by individuals and collectives.

#### **Figure 1**

*Examples of broad ideas about upholding social justice and centring equity, to inform recommendations*

#### **WHAT DOES UPHOLDING SOCIAL JUSTICE INCLUDE?**

“The principles of social justice are upheld when equality and rights are promoted and barriers to health and well-being are dismantled” (Egan & Restall, 2022, p. 312)

Commitment to intersectional, reconciliatory, participatory, trauma-informed, healing and effective approaches to accountable and transformational changes.

#### **WHAT DOES CENTRING EQUITY INCLUDE?**

Shifting power through sustained focus on collaborative relationship focused practice.

Enacting plans to improve access and service use by and for underrepresented individuals and communities.

Implementing strategies to increase access to all aspects of occupational therapy (i.e., access to education, employment, mentorship, leadership, management, tenure etc. that takes into account current barriers for equity-denied groups).

Shifting policies, practices and resource flow to support plurality, diversity of ideas, and de-centre whiteness.

<sup>3</sup>Specific, measurable, agreed upon, relevant, timely (WFOT, 2020, p. 3); Purposeful, actionable, continuous, trackable (Salmon-Stephens, 2021)

## Figure 2

Areas and roles encompassed by guiding recommendations to advance equity and justice through social accountability

### ROLES AND AREAS WITHIN RECOMMENDATION TABLES

- \* Occupational therapists and student occupational therapists
- \* Occupational therapist assistants and occupational therapist assistant students
- \* Occupational therapists in formal leadership positions including professional associations
- \* Theoretical foundations and/or models
- \* Education
- \* Regulation
- \* Research

## 4. Next steps

*To move from understanding to praxis, I need to work with my partners to co-determine strategies and accountabilities for enacting these principles within specific contexts and for specific actions.*

— *Nicolas Reo, 2019*

The profession of occupational therapy envisions a healthier and more inclusive world in which people participate in occupations without systemic barriers, injustices, and deprivation. Individuals must discern their own starting points and next steps to advance equity and accountability. To support these journeys, this position statement will be accompanied by tools that support learning, reflection, and knowledge translation. Although one person can not commit to following each recommendation, everyone can commit to an action that will promote equity and accountability. Collectively, we can and will make changes that advance equity and justice.

# Toward Equity and Justice: Enacting an Intersectional Approach to Social Accountability in Occupational Therapy

## RECOMMENDATIONS

This joint position statement offers recommendations as a starting point for commitments statements or concrete goals that can help advance equity and justice through enacting social accountability. It is not an exhaustive list, but rather is meant to stimulate action. Prioritizing recommendations and making commitments will involve consideration of local and evolving contexts. The recommendations below are divided into seven subsections and more than one section may apply to an individual's practice.

The following process is offered to support commitment statements: (a) consider the recommendations within the context of your practice, (b) identify easy wins and priority areas (c) use SMART, PACT, or another goal setting approach to create commitment statements, and (d) work collectively. If you would like to suggest other recommendations (ideally with a supporting reference) for the next version of this document, contact [advocacy@caot.ca](mailto:advocacy@caot.ca).

### Section 1

#### **Occupational therapists and student occupational therapists**

Co-create with service users, amplify voice and priorities, and support capacity building with and for people who identify as members of underrepresented groups (Egan & Restall, 2022; Grandvoinet et al., 2015).

Contribute to workplace cultures that are psychologically safer (Avvampato, 2023; Newman et al., 2017), open to new, diverse ideas, and offer a shared sense of respect and belonging, in part through the creation of ethical space and continual dialogue (Ermine, 2007).

Advocate for access to information and processes needed for policy and institutional change (Grandvoinet et al., 2015; Kirsh, 2015; Letts et al., 2022).

Support a culture of accountability through actions such as seeking feedback, learning from mistakes, and promoting a culture of growth throughout one's career (Ramani et al., 2017).

Develop structural competencies (i.e., recognize and respond to the influence of structures and structural conditions on occupational participation), promote culturally safer spaces, and ensure that practices are accountable through regularly reporting on progress towards achieving recommended actions (Boydell, 2019; Hammell, 2021; Metzl & Hansen, 2014)

Identify how systems of oppression (e.g., racism, ableism) can show up in *how things are usually done* and work reflexively and collectively within one's sphere of influence (Beagan, Sibbald, Pride, & Bizzeth, 2022; Medhi, 2016; Nicholls & Elliot, 2019).

Adopt a critical perspective to recognize and analyze whiteness and white supremacy to help resist racism, ableism and other forms of oppression. Consider your own positionality when deciding how to respond (Beagan, Sibbald, Bizzeth, & Pride, 2022; Gebhard et al., 2022, Hammell, 2023).

Identify examples and instances of additional labour that can occur while working with the current healthcare system as a member of an underrepresented group, and work in your sphere of influence to distribute workloads (i.e., Beagan, Sibbald, Bizzeth, & Pride, 2022; Givens, 2023).

Ensure that occupational therapists who identify as members of underrepresented groups are not solely responsible for highlighting equity in the workplace and consider positionality when deciding whether and how to respond to inequities (Washington, 2020).



**Occupational therapists and student occupational therapists**

Review all policies, documents, and forms within your sphere of influence to conform with anti-oppressive and trauma informed approaches, and gender-affirmative language (e.g., Grenier, 2021).

Participate in collective opportunities to inform institutional policy, equity indicators, resource distribution, service priorities, or other aspects of the institutional environment.

Advocate individually and collectively for and participate in workplace processes designed to advance equity and sustainability such as increased transparency, flattened work structures, and accountability and safety measures (e.g., reduce barriers to reporting microaggressions, oppressive/inequitable situations or interactions) (e.g., Ashley, 2021).

**Occupational therapist assistants and occupational therapist assistant students, in collaboration with occupational therapists**

Support co-creation with clients, service users, families, and others within intervention sessions and support equity and social accountability initiatives in the workplace.

Contribute to workplace cultures that are psychologically safer (Avvampato, 2023; Newman et al., 2017), open to new, diverse ideas, and offer a shared sense of respect and belonging, in part through the creation of ethical space and continual dialogue (Ermine, 2007).

Promote access to environments and resources to increase occupational participation (e.g., physical, social, sensory) for service users and colleagues and create conditions in which people know they belong.

Understand the relationships between macro contexts and occupational participation and develop structural competencies (i.e., recognize and respond to the influence of structures and structural conditions on occupational participation) (Hammell, 2021).

Take concrete steps to “contribute to a practice environment that is culturally safer, anti-racist, anti-ableist, and inclusive” (CAOT, 2024, p. 9)

Contribute to providing access to information and processes for individuals and families and help answer questions, set goals, advocate, and navigate systemic barriers (CAOT, 2024).

Support culture of accountability through actions such as seeking feedback, learning from mistakes, and promoting a culture of growth throughout one’s career (Ramani et al., 2017).

Become familiar with and identify examples of social accountability, intersectionality, oppressions, white supremacy, microaggressions, implicit bias, privilege, cultural humility, culturally safer relationships, and trauma-informed care.

Ensure that occupational therapist assistants who identify as members of underrepresented groups are not solely responsible for highlighting equity in workplaces and consider positionality when deciding whether and how to practice solidarity (Grant, 2019; Washington, 2020).

Identify examples and instances of emotional labour that can occur while working with the current healthcare system as a member of one or more underrepresented groups, and work to redistribute workloads (e.g., Beagan, Sibbald, Bizzeth, & Pride, 2022; Givens, 2023).

## Occupational therapists in formal leadership positions including professional associations

Increase visibility of formal and informal equity work, by centring it within roles and responsibilities, allocating paid time and remuneration, and offering other capacity building supports to enable people to engage in relationship-building and equity advocacy.

Promote the development of a culture and organizational structure that regularly conveys equity initiatives to all key partners, supports employees and service users to ask difficult questions, remains open to new ideas, challenges norms (including time/space of service delivery), and reimagines policies, processes, and decisions (Erskine et al, 2023).

Establish equity indicators and outcomes with local underserved groups, create decision making processes (e.g. using anti-oppressive lens) that are intentionally intersectional and inclusive of priority groups, conduct regular institutional equity appraisals to support and address excluded communities, accessibility, and unmet needs (i.e., review inclusion/exclusion criteria of programs: who's eligible; how many weeks can they attend, who can afford payment, how is time, and pace structured etc.) (e.g., Jacobson & Seto, 2022).

Identify, create, and/or support leadership positions for people or communities who are the most impacted by a professional role or institution's services (e.g., on boards, councils, managerial staff), examine who can realistically access these positions, and advocate for and/or provide the resources they will need to succeed (Kinébanian & Stomph, 2010).

Create spaces of belonging within culturally safer spaces for people who identify as members of underrepresented groups, offer mentorship to people in new positions, create opportunities for and with them, and legitimize doing this by modelling (Germeroth, 2023; Hocking, 2017).

Recognize and make visible the systemic barriers, injustices, alienation, and deprivation in the professional journey and career trajectories (i.e., retention practices and promotion into leadership positions) of underrepresented occupational therapists (Beagan, Sibbald, Bizzeth, & Pride, 2022).

Forefront the human rights of employees and support management and institutional responses when clients are unable to respect a therapist's human rights (Williams & Rohrbaugh, 2019).

Recognize when institutional needs and reputation (i.e., policies, procedures, training, etc.) can erode relationships and trust between employer and employee thus creating external and internal constraints that perpetuate oppression (Ahren, 2018; Brewer, 2021).

Provide guidance and resources (or advocate for resources) to support the implementation of Domain C of the *Competencies for Occupational Therapists in Canada* (ACOTUP et al., 2021).

When portraying occupational therapy in the media, include representations of diverse occupational therapists and service users.

Anticipate that a small number of people will not be dedicated to this work and use "education and communication, along with clear expectations through policies and procedures, as ways to encourage personal growth and learning" (Ibarra et al., 2021, p. 6).

## Section 2

*Roles in occupational therapy are underpinned by, and may include work related to, theoretical foundations and models, education, regulations, and research. All occupational therapists can engage in critical reflection about principles and practices that disrupt and/or perpetuate experiences of oppression and may find ways to contribute to these areas across their career trajectory.*

### Theoretical foundations and/or models

Deepen your understanding of core and new constructs of occupation from the perspectives and experiences of underrepresented groups and the Global South (Sakellariou et al., 2017).

Question and reconceptualize taken-for-granted assumptions. Identify ideas underpinned by Western traditions in occupational therapy, making Western influences visible (Farias & Rudman, 2019; Hammell, 2015).

Explore, validate, and celebrate occupations unique to underrepresented groups and promoting occupational rights in activities such as activism, disobedience, resistance, and transgressions (Turcotte & Drolet, 2022).

Engage with and deepen the complexity of occupational therapy conceptual models to account for multiple ways of knowing, being, doing, belonging, and becoming. Collaborate and co-create with multiple partners, with attention to diverse perspectives and experiences (Ahmed-Landeryou et al., 2022; Galvaan et al., 2021).

When introducing new models and approaches (i.e., education, research, regulation), offer transparency on who was/was not offered an opportunity to participate. Develop consultation processes that include intersectional groups (e.g., adults with acquired disabilities from underrepresented cultural groups).

### Education

Offer opportunities for co-creating initiatives that support the participation and leadership of people who identify as members of underrepresented groups.

Ensure diversity among faculty and students that this is underpinned by respect and legitimacy of diversity of worldviews and practices (Taff & Blash, 2017).

Create accessible occupational therapy programs with varied delivery options to meet diverse access needs (e.g., part-time, online and weekend programs, virtual and in-person fieldwork placements), that can be delivered with and in underserved communities.

Incorporate critical service-user involvement (SUI) to move beyond a focus on lived experience and create opportunities for students to benefit from SUI experiential knowledge, which includes both lived experience and a critical/political understanding of those experiences (Cleminson & Moesby, 2013; LeBlanc-Omstead & Mahipaul, 2022, p. 24).

Ensure accessible mechanisms toward accountability for systemically underrepresented students, education partners, and/or community members, including a trauma informed and culturally safer complaints process, remuneration of expertise, secure funding (grants and scholarships), navigation of scholarship processes, and mentorship (Taff & Blash, 2017).

Develop long-term, anti-colonial reciprocal processes and initiatives for curriculum and course design, outreach, and recruitment that are rooted in relationship building and reciprocity with local underserved communities (Egan & Restall, 2022; Zafran, 2020).

Identify educational theories and implement pedagogical strategies that support anti-oppressive approaches to learning in all courses (Grenier et al., 2020; LeBlanc-Omstead & Mahipaul, 2022). Share these with preceptors to promote their inclusion in fieldwork experiences.

## Education

Identify and redress the null curriculum in occupational therapy programs to avoid reproducing normative assumptions and stereotypes (Zafran, 2021).

Embed social accountability and principles of social accountability into occupational therapy education (Ventres et al., 2017).

Provide relationship-building resources so that all occupational therapy students can engage in fieldwork in settings with current or historical experiences of oppression within the context of developing ethical and reconciliatory long-term community-university partnerships.

Promote occupational therapy to students coming from social science and more critical theory backgrounds. Provide ethical spaces for students when they question how occupational therapy does or does not engage with justice-oriented and/or critical approaches (Ermine, 2007; McMillan, 2023).

## Regulation

Offer opportunities for co-creation initiatives that support the participation and leadership of people who identify as members of underrepresented groups.

Ensure culturally safer recruitment and retention practices for regulators', volunteers, council/board members, and employees, ensuring access for occupational therapy service users and attention to intersectionality.

Create and resource advisory positions for subject matter experts who identify as members of underrepresented groups to consult on interpreting standards of care within a regulatory context.

Develop a position statement or guidance to occupational therapists and the public about the role of the regulator when therapists experience human rights violations from members of the public while at work.

Ensure regulatory guidance for occupational therapists to support understanding of their obligations regarding practice competencies, standards of practice, and codes of ethics including expectations for navigating systemic barriers.

Develop resources that promote the regulator's positions related to equity and justice (i.e., the public is served by the investment of resources—time, training, funds—to advance equity) and outline occupational therapists' obligations to advance equity and justice.

Commit to a regular review of competencies, standards of practice, and codes of ethics from an anti-oppressive and decolonial lens. Consider (a) how ideas of professionalism are being overtly and covertly communicated within college documents and (b) whether guidelines allow for trust-building with equity-seeking communities (professionals, students, and/or public)

Ensure regulatory requirements and guidelines are written so that therapists from underrepresented groups do not feel they are being asked to do something that is unsafe for them because of their identity.

Anticipate that a small number of people will not be dedicated to this work and use "education and communication, along with clear expectations through policies and procedures, as ways to encourage personal growth and learning" (Ibarra et al., 2021, p. 6).

Provide trauma informed, culturally safer complaints processes for the public ([Canadian Network of Agencies for Regulation](#) resources may be helpful).

## Research

Engage with methodologies that centre participatory, anti/decolonial, critical, liberatory, and justice-oriented perspectives and/or create space for research that uses non-Western methodologies (Indigenous, critical disability, etc.) Consider which partnerships are required to fully implement a methodology (e.g., Restall et al., 2016).

Increase research into collective approaches related to occupational therapy and occupational participation. Explore the relationships between occupations and occupational participation and socially accountable concepts, initiatives, and strategies.

Ensure knowledge of colonial and extractive history of research and ensure harms are mitigated in all partnerships and projects regardless of aim or methodology.

Foster community and co-researcher relationships and other mechanisms that forefront community priorities and rights to inform research agendas (e.g., Nicolaidis, et al., 2019). Consider socially accountable principles in the process of generating research questions.

Senior academics/researchers advocate with funding agencies for access and support for precariously employed and/or consultants and community members who identify as members of underrepresented groups (i.e., flexible deadlines, avoidance of rigid language/writing requirements, opportunities for compensation).

Advocate for tenure and promotion processes that recognize, and value equity work undertaken by underrepresented and emerging scholars and the additional labour involved in praxis-oriented research (Nyunt et al., 2022; Taff & Blash, 2017).

Develop guidelines for inclusive and non-normative language in scholarship including in occupational therapy journals, choose language that does not reinforce medical and social power dynamics, and provide writing support and mentorship authors who identify as members of underrepresented groups.

Advocate for broader open access to knowledge and research findings (Landis et al., 2023).

Develop knowledge translation initiatives that allow underrepresented communities to benefit from research (Perkins et al., 2020).

# GLOSSARY OF TERMS

## **ANTI-OPPRESSION**

An approach to inclusive practice that recognizes how social structures, power inequities, social attitudes, processes, and policies create and sustain the dominance of one group over others through silencing, disempowerment, or marginalization (The anti-oppression network, 2014; Daniel, 2021; Kumashiro, 2000). Anti-oppression efforts go beyond building “culturally sensitive” interpersonal skills with the aim of dismantling or reconfiguring oppressive social structures (Galloway et al., 2019).

(Egan & Restall, 2022, p. 311)

## **EQUITY**

Distinct from the notion of “equality” where everyone receives the same supports or resources, equity is concerned with leveling the playing field. It assumes that some people or groups are able to access more resources than others. Equity implies that everyone receives the resources and opportunities they need to flourish (Espinoza, 2007).

(Egan & Restall, 2022, p. 308)

## **INTERSECTIONALITY**

The interconnected nature of social categorizations such as race, class, and gender that create overlapping and interdependent systems of discrimination and disadvantage (Crenshaw, 1989; Oxford University Press, 2022). Intersections can occur among multiple factors, including race, ethnicity, social class, disability, sexuality, and gender identity, and can worsen violations to human rights (Institute of Health Equity, 2019)

(Egan & Restall, 2022, p. 309)

Intersectionality encompasses visible and invisible identity characteristics that may lead to people and systems reducing opportunities to participate in groups, communities, and societies (Canadian Research Institute for the Advancement of Women, 2021).

## **JUSTICE & SOCIAL JUSTICE**

### ***Justice***

Justice is a multidimensional concept found in ethics, legal systems, philosophy, and political thought and takes many meanings in different contexts and includes, but is not limited to, distributive justice, procedural justice, relational justice, and intergenerational justice (Miller, 2021). When thinking about justice and occupational therapy, what is “just” must be considered through multiple worldviews and values (Kiepek et al., 2022).

### ***Social justice***

Social justice is “the objective of creating a fair and equal society in which each individual matters, their rights are recognized and protected, and decisions are made in ways that are fair and honest” (Oxford reference, n.d.). Social justice is related to the equitable distribution of resources to meet basic needs, opportunities, and life chances. The United Nations describes social justice as “an underlying principle for peaceful and prosperous coexistence within and among nations” (United Nations, 2017, para1). The principles of social justice are upheld when equality and rights are promoted and barriers to health and well-being are dismantled.

(Restall & Egan, 2022, p. 312).

Occupational therapists can “contribute to social justice by drawing attention to inequities in opportunities for participation in occupations and towards methods to redress inequitable access” (Kiepek et al., 2022, p. 266).

## **SOCIAL ACCOUNTABILITY**

Social accountability emphasizes a commitment to the rights and priorities of under-represented citizens, as identified by and with citizens in respectful partnerships (Boelen & Heck, 1995; Grandvoinet et al., 2015). This body of knowledge provides strategies, processes, and interventions to improve health and hold systems to account (Boelen, 2016; Lodenstein, 2013). Social accountability prioritizes participation, transparency, and accountability and shifts power dynamics towards co-creation of more equitable systems and outcomes (Fox, 2015).

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