

## JOINT POSITION STATEMENT ON DIVERSITY

This is a joint position statement of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the Association of Canadian Occupational Therapy University Programs (ACOTUP), the Canadian Association of Occupational Therapists (CAOT), the Canadian Occupational Therapy Foundation (COTF) and the Professional Alliance of Canada (PAC).

### Position Statement

Occupational therapy is committed to promoting an equitable Canadian society and to practicing in ways that are accessible, welcoming, meaningful and effective for people from diverse social and cultural backgrounds. Multiple definitions of and approaches to diversity already exist; however, there is not yet consensus within the profession about definitions or approaches. There is discussion within the occupational therapy profession to identify the definition or definitions of diversity that most effectively move the profession toward greater inclusion while exploring the consequences of adopting particular definitions along with attendant frameworks for action. The five organizations strongly support initiatives within the profession to examine the impacts and potential impacts of diversity on occupations; on therapist-client interactions; on occupational therapy theoretical concepts and models; on professional culture; on recruitment and retention of university faculty, staff and students; and on effective work with students and colleagues.

### Recommendations to Occupational Therapists

1. Occupational therapists, working through their organizations and local communities of practice, begin the discussions necessary to identify which definitions of diversity move the profession toward greater inclusion and what frameworks for practice those definitions support.
2. Occupational therapists engage in continuing education to better understand the social and cultural factors that influence occupation and participation for individuals, families and communities.
3. Occupational therapists support one another to engage in self-reflexive<sup>1</sup> practice, critically examining the ways their own social and cultural background affects practice.

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<sup>1</sup> Reflective practice means being aware of our own experiences. Self-reflexive practice goes beyond this to examine how even our awareness and understandings are themselves shaped by our experiences. Critical self-reflexivity means examining how our experiences, awarenesses and understandings are shaped by, maintain and/or alter existing social structures (Kondrat, 1999).

4. Occupational therapists who are addressing diversity issues through innovations in practice and/or in educational approaches document and disseminate those innovations for broader learning.
5. Occupational therapists employ research evidence, as well as contribute to increasing our knowledge base, to better understand sociocultural<sup>2</sup> diversity in relation to occupation, health, therapy and professional education.
6. Those who are teachers, preceptors and mentors in occupational therapy draw upon other fields as well as occupational therapy scholarship to help make clear the impact of sociocultural factors on occupation and occupational therapy practice in Canada.

### **Organizational Initiatives**

1. Promote further discussion and debate within the profession to enhance awareness concerning the relationships among occupation, health and sociocultural status.
2. Promote and publish research and theory concerning the meaning of 'diversity' and its implications for occupational therapy as a profession.
3. Promote discussion, research/scholarship and initiatives concerning the experiences of clients from marginalized and dominant sociocultural groups.
4. Promote discussion, research/scholarship and initiatives concerning the experiences of therapists and occupational therapy students from marginalized and dominant sociocultural groups.
5. Actively support initiatives in professional practices and structures to enhance work across and within diversity.
6. Promote occupational therapy education that centrally attends to the impact of sociocultural factors on clients, families and communities, as well as on therapists and the profession.
7. Document existing sociocultural diversity within the profession to better understand where recruitment and retention efforts may be needed and where they are not.
8. Explore avenues through which the profession can promote and contribute to initiatives that move toward a more equitable society for all Canadians, particularly in terms of occupation and participation.

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<sup>2</sup> The term "sociocultural" is further discussed below in the Background section. It refers to those social and cultural differences that hold social and political relevance due to historical and contemporary power relationships.

## Background

1. Occupational therapy's commitment to issues of diversity arises from its historical roots in 19<sup>th</sup> century social activism (Townsend, 1993) and its contemporary commitment to enabling occupational participation among those who have been disabled by organic condition, sociopolitical circumstances, economic situation and/or physical and other environments. The profession's commitment to equitable practice is evidenced in its philosophy of client-centered practice, acknowledging that each individual carries a unique combination of personal history, experiences, capacities, abilities, temperament and spirit. Yet being client-centered also means recognizing how individuals' membership in sociocultural groups systematically affects access to, engagement in and meaning of occupations. Socially structured differences leave many therapists questioning how best to implement equitable practice in an increasingly diverse Canadian population (Lum et al., 2004).
2. In occupational therapy, diversity and cultural difference are often treated as if synonymous with ethnicity. Increasingly this understanding is broadening to include differences in age, ability status, gender, race, ethnicity, religion, social class, sexual orientation, citizenship status and so on. All of these sociocultural factors influence experiences, opportunities, values, attitudes and beliefs in patterned ways. Culture can be understood as shared spheres of experience and meaning as well as the processes involved in creating, ascribing and maintaining meaning (Iwama, 2003).
3. A range of approaches to diversity have been put forward. Thus far, the focus has been on developing awareness, knowledge and skills to work effectively with people from 'minority' cultural groups - in other words finding out more about specific cultural groups (Dillard et al., 1992). The importance of scrutinizing one's own thoughts and actions to avoid unintentional imposition on others and the need to invite clients to share themselves fully by creating a safe space and time within the therapeutic relationship to explore their backgrounds, their beliefs, their practices and their preferences has also been emphasized (Kirsh, Trentham & Cole, 2006). Other approaches focus more on disparities between social and cultural groups, arguing that some social groups systematically enjoy unearned powers and privileges, while others face unearned disadvantages; here the focus is on social patterns and individual actions (and inactions) that reproduce social inequities such as racism, classism, ablism, heterosexism, sexism and so on (Beagan & Kumaş-Tan, 2006).
4. Many core concepts, values and theoretical models in occupational therapy such as occupational balance, autonomy, independence and choice may not be relevant and valid across all cultures (Iwama, 2003; Hocking & Whiteford, 1995). Perceptions about what constitutes well-being, the centrality of meaningful action, the importance of balance - these may all be fundamentally rooted in white, western, middle-class cultural values (Humphry, 1995; Iwama, 2003).

5. Evidence is lacking concerning who comprises the Canadian occupational therapy population in terms of race, ethnicity, language, social class background, disability status, sexual orientation and religious affiliation. Without this evidence, we cannot know where recruitment and retention efforts may be needed. Nor do we have adequate information concerning how such factors affect occupational therapy students or practitioners, which means we cannot know the extent to which therapists from diverse social and cultural groups experience discrimination and marginalization. We do know that in one recent British study the majority of clinicians studied did not feel that they received adequate education on diversity issues during their occupational therapy studies (Chiang & Carlson, 2003).
6. Perhaps most importantly, we lack substantial evidence concerning how clients from diverse groups (including dominant groups) experience occupations and occupational therapy in the Canadian context. More broadly, we need research concerning how members of different sociocultural communities experience and attribute meaning to particular occupations, as well as how occupational therapy itself is or is not experienced as discriminatory, marginalizing and/or empowering.

## References

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**Note:** This Joint Position Statement on Diversity has been prepared with the input of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the Association of Canadian Occupational Therapy University Programs (ACOTUP), the Canadian Association of Occupational Therapists (CAOT), the Canadian Occupational Therapy Foundation (COTF) and the Professional Alliance of Canada (PAC). The first two organizations are made up of the representatives of the provincial occupational therapy regulatory organizations and academic programs, respectively, and the PAC of provincial professional associations. The participation of these groups represents a desire to reach a broad common understanding on this topic; it does not imply the explicit endorsement of each constituent of these consortiums.

The Joint Position Statement on Diversity Working Group approved this joint position statement on February 15, 2007.