

Responding to the Truth and Reconciliation Commission's report: The University of Toronto experience

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The Truth and Reconciliation Commission of Canada (TRC; 2015) called on Canadian university educators to rectify longstanding inequities between settler and Indigenous education and to engage with the reconciliation process. Health care educators are called to recognize the value of Indigenous healing practices and to include information on Indigenous health issues as well as anti-racist and culturally safe practices (see the TRC's Calls to Action 22 through 24). The Department of Occupational Science and Occupational Therapy (OS&OT), at the University of Toronto, with guidance from our Diversity and Inclusion Curriculum Theme Committee (D&I Committee), reviewed our curriculum in light of these calls. While our response has focused on the training of students to engage in culturally safe practice with Indigenous clients, much work has yet to be done on student recruitment and relationship building with Indigenous communities. As with any broken relationship, reparation work can be deeply unsettling and fraught with missteps, but, as treaty people, we recognize that a commitment to reconciliation is imperative. The purpose of this article is to describe the work we have done in response to the calls to action of the TRC with an eye to the work we have yet to do.

Work done to date

The D&I Committee provides leadership on issues of diversity, equity, and inclusion. While it is guided by committed faculty members, student representatives play a significant role in the planning and implementation of teaching strategies that foster both positive student experiences and the knowledge and skill building necessary to make inclusive, anti-oppressive, and culturally safe practice possible. The D&I Committee works to infuse and inform the overall curriculum with an equity lens. Components of the curriculum theme include: a) admissions and recruitment; b) intersectional peer dialogue; c) voices of marginalized populations; d) theories, concepts, models, and practice frameworks; and e) fieldwork and mentorship. While these curriculum components encompass an examination of inequities across numerous equity-seeking groups, since the publication of the TRC's report (2015), greater effort has been made to respond to the impacts of colonialism on Indigenous Peoples (Call to Action 24). We also recognize the need to raise faculty awareness of the historical legacy of colonialism on Indigenous Peoples. For example, faculty members and students participate in the KAIROS Blanket Exercise (see <https://www.kairoscanada.org/the-blanket-exercise-video>), a

participatory history lesson, developed in collaboration with Indigenous people (KAIROS, 2019). Specific examples of our responses to the TRC's report are described below as organized by D&I curriculum theme components.

Admissions/recruitment

The recruitment and admissions process of the Department of OS&OT has been identified as an area that needs closer consideration in terms of how a diversity, inclusion, and equity lens can promote more inclusive outcomes, specifically with regard to increasing the number of Indigenous applicants to our occupational therapy program (Call to Action 23). Currently, no student spaces are reserved for Indigenous applicants. Over the last few years, less than 1% of program applicants self-identified as Indigenous, and despite being offered admission, none of these accepted the offer. The D&I Committee advocated for the inclusion of Indigenous candidates as a priority group and provided input and support for an Indigenous scholarship, which is now established. Additionally, input from the group will inform the efforts of the Ontario Council of University Programs in Rehabilitation Sciences, whose members are identifying factors that influence Indigenous candidate applications.

As the Department of OS&OT is a constituent group within the Rehabilitation Sciences Sector of the Faculty of Medicine, alongside the Departments of Physical Therapy and Speech-Language Pathology, D&I members assist in the coordination of an annual mentorship program for Indigenous and Black high school students. This program aims to give these students an opportunity to explore future careers in health care, including occupational therapy. Over the past two years, 160 high school students have benefited from this program. Space is opened for Black and Indigenous therapists and students to take on leadership roles at this annual event.

Intersectional peer dialogue

Approximately four hours in the first term of the occupational therapy program are dedicated to setting norms and expectations for peer dialogue across social identity differences, a process we refer to as intersectional peer dialogue. Students are introduced to key foundational concepts underlying cultural safety (e.g., intersectionality, privilege, power, historical inequities). They then work through a process of creating classroom norms for facilitating peer dialogue. These sessions prepare students to engage in the

next series of sessions, focused on the voices of historically marginalized social identity groups.

Voices of historically marginalized social identity groups

Students have several opportunities across the two years of the program to hear first-person accounts of how historical disadvantage, prejudice, and discrimination shape everyday occupational engagement. For example, the three-hour Blanket Exercise grounds Indigenous ways of knowing and demonstrates the impacts of colonialism on current-day occupational engagement.

Theories, concepts, models, and practice frameworks

We continue to work toward finding the right balance between providing students with language, concepts, and equity practice frameworks and specific practice strategies. In dedicated sessions, students build on their understanding and application of several key concepts (e.g., anti-oppression, cultural humility, cultural safety). Over the past several years, we have moved from an emphasis on the experience of marginalization, which can lend itself to “othering,” to greater examination of how privilege, in particular white privilege, limits the occupational engagement of historically marginalized social groups. An anti-oppression framework is congruent with the TRC’s call to engage in allyship. Allyship skills are discussed as strategies to advocate in solidarity with Indigenous Peoples for changes to structures, policies, processes, and procedures that are experienced as oppressive (PeerNet BC, 2016). While allyship considers practice aimed at structural inequities, cultural safety and cultural humility are presented as frameworks to respond at the individual, therapeutic level. With the understanding that oppressive structures, attitudes, and norms are traumatizing, students also bring to these discussions their growing understandings of trauma-informed care principles (Clarke, Classen, Fourt, & Shetty, 2014).

Fieldwork and mentorship

Using an anti-oppressive lens, students are supported to engage in critical reflection when debriefing about positive and challenging situations encountered in fieldwork. Panel discussions with therapists and senior students representing historically disadvantaged social identity groups aim to build students’ capacity to deal with challenging situations and dilemmas encountered during fieldwork.

The D&I Committee identified the need for advocacy, networking, and mentorship by and for students and clinicians who identify with historically marginalized communities. This

led to the development of Occupational Therapists for Equity Advancement (OTEA), originally formed by Black, Indigenous, and LGBTQ2+ occupational therapists in the summer of 2018. A website, currently in development, provides a venue for potential mentors from interested groups to share information and contacts.

Reflections and ongoing challenges

As we work toward fulfilling the aims of the TRC, we question how words such as rehabilitation, disability, and therapy are perceived by Indigenous people, as their understandings may be coloured by prior experiences with culturally unsafe health, education, and social systems (Nixon et al., 2015). We remain interested in learning how occupational therapy concepts might be decolonized and reframed by Indigenous Peoples in ways that support culturally safe practice. With respect to Indigenous land acknowledgements that the students hear prior to selected class presentations, we attempt to identify and question our shared meanings of the terms used. We ask ourselves how to make the land acknowledgement more meaningful, so that rather than a rote recitation, it is talk that leads to a “walk.” We also question what it really means to be treaty people and how our understanding impacts instruction regarding occupational engagement.

These questions prompt broader reflection on whose values and knowledge are included in “evidence-based practice,” whose voices are excluded from this rhetoric, and how much work there is yet to do. We continue to adapt course materials, gather resources, and create opportunities to support students in their own critical reflection about how they practice.

Through our activities, we work to practice allyship and critical reflexivity, as well as apply cultural safety, cultural humility, and anti-oppressive and trauma-informed practices, not just in what we teach students, but also in our pedagogies. However, even in writing this, we acknowledge the absence of Indigenous voices on our D&I committee and in this article. We recognize that the roots of colonialism run deep, impacting Indigenous individuals’ participation in curriculum development, practice, and learning spaces. There are many questions we have yet to ask, and we strive to be open to the answers, even when they are difficult to hear.

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All authors are members of the Diversity and Inclusion Curriculum Theme Committee in the Department of Occupational Science and Occupational Therapy at the University of Toronto. Membership includes graduate students, alumni, and faculty members. For any questions or comments about the article, please contact: b.trentham@utoronto.ca

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