

“Doing” human rights in diverse occupational therapy practices

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This paper shares ideas and poses provocative questions for “doing” human rights, which were generated in a pre-conference workshop at the Canadian Association of Occupational Therapists’ (CAOT) 2015 Conference in Winnipeg, Manitoba. The workshop was sponsored by the World Federation of Occupational Therapists’ (WFOT) International Advisory Group (IAG) on Human Rights, and adopted its vision that every occupational therapist will challenge occupational injustice and advocate for human rights. Opening the workshop, we acknowledged that our discussions were taking place on Treaty One territory and on the traditional territory of the Anishinaabe Peoples and the homeland of the Métis Nation, where people have gathered for centuries to trade goods, share ideas and build communities. This is in sight of the Canadian Museum for Human Rights, which serves as a reminder of Canadians’ collective commitment to furthering human rights for all people.

To build consciousness and ideas for action, participants engaged with interactive exercises, structured discussions, and a stimulus panel (co-authors Gerlach, Huot, Laliberte Rudman and van Bruggen) to explore local and national human rights issues. Participants were asked to link Hammell’s (2015a, 2015b) call for action on human and occupational rights to the question: *How can Canadian occupational therapists respond to the United Nations, World Health Organization, WFOT and Canadian calls to action on human rights?*

Human rights issues and drivers

At the start, participants acknowledged the founding aims of this profession in enabling people with disabilities, chronic illness and marginalized social circumstances to achieve their right to participate in the occupations they need and want to do (Friedland, 2011). Yet, the majority of contemporary practice is constrained in health services that continue to privilege reducing medical symptoms over changing the social determinants of health and addressing structural barriers to occupation (Commission on Social Determinants of Health, 2007; Mpofu & Hocking, 2013; Townsend & Marval, 2013). Participants also acknowledged how occupational therapy is largely centered on intervention at the individual rather than societal level (O’Sullivan & Hocking, 2013; Townsend, Wicks, van Bruggen, & Wright-St Clair, 2012).

Nevertheless, there is an emerging consciousness about the necessity of addressing human rights injustice as a powerful means of enabling people’s full participation in occupations, as individuals and collectives, that are meaningful and enriching (Townsend & Polatajko, 2013; Wilcock & Hocking, 2015; Wilcock & Townsend, 2014). That aligns with global drivers, notably the combined United Nations and World Health Organization (United Nations Office of the High Commissioner for Human Rights, & World Health Organization, 2008a, 2008b), and the World Health Organization (n.d., 2002, 2008). These global bodies emphasize the multifaceted ways in which adverse social determinants that stem from structural inequities impact some population groups more than others. Structural inequities that were identified in the workshop include the influence of neo-liberalism, corporatization and wealth concentration, tax reduction and avoidance (resulting in reduced public spending), and ongoing colonialism, particularly the process of racialization.

In one exercise, workshop participants named particular population groups with whom occupational therapists frequently encounter human rights issues. These include Indigenous Peoples and groups with restricted access to occupation because of disability, mental health issues, aging, lack of housing or employment opportunities, a criminal record, citizenship status, being a single parent, being of African descent, or being queer identified. Another exercise focused on practice settings where occupational therapists are or could be actively “doing” human rights. The list encompassed hospitals, community clinics, long-term mental health services, forensic services and schools. Beyond that, workplaces, employment support services, transition to work, housing, corrections, community re-integration and Indigenous organizations were all recognized as contexts for action. Indeed, such contexts may include anywhere that poverty, discrimination and stigma limit access to occupation, or where standardized services ignore diversity, policies exclude people, or risk management and cost containment practices are given precedence over upholding people’s rights.

Going forward in “doing” human rights

So many opportunities already exist for doing human rights in diverse occupational therapy practices. After only one day,

there was no shortage of provocative questions, such as: How can occupational therapists increase awareness and sensitize each other to human rights issues? When and where might we open conversations and tell stories about occupational justice and human rights with colleagues? Where and with whom might we offer human rights workshops (participants have all been given access to the workshop materials)? What strategies would “normalize” human rights, to make such issues visible and routine in occupational therapy? Might it be useful to organize communities of practice where groups would come together with the intention of supporting each other’s learning (Wegner-Trayner & Wegner-Trayner, 2015)? Should occupational therapists form task forces or working groups, using Facebook, Twitter and other social media to situate occupational therapy in human rights dialogues? How might advocacy groups reflect on human rights issues *with* clients, for example using arts-based media to tell stories of human rights issues? What would entice research teams to adopt a human rights agenda or report the relevance of their findings to a social issue?

Possibilities identified to increase awareness included reflecting on language (e.g., differently abled instead of disabled), participating on the Facebook page established by the WFOT International Advisory Group on Human Rights (<https://www.facebook.com/WFOTHumanRights?fref=nf>) and unpacking our own positions of power and privilege within society (Gerlach, 2015). Some participants envisaged becoming an “activist” writer, while others wanted to apply our shared expertise to transform ourselves, using occupation-based approaches to expose situations in which occupations are unfairly restricted. To embed human rights into practice, participants recognized the necessity of updating job performance and job description forms, and documenting human rights issues in client records. Throughout discussions, we identified the power of “bearing witness” – of making visible the impact of inequitable social conditions on health and participation, so that the people who make funding and service delivery decisions can no longer say they “didn’t know.”

A distinct role was envisaged for CAOT to endorse human rights actions by promoting the use of the *Joint Position Statement on Diversity* (Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian

Occupational Therapy University Programs, CAOT, Canadian Occupational Therapy Foundation, & Occupational Therapy Professional Alliance of Canada, 2014) and advocating for a new *Canadian Journal of Occupational Therapy* requirement that authors consider the implications for policy, alongside those for practice and research. A recurring theme in the workshop was the need for our profession to increase the visibility of human rights within educational programs. CAOT could facilitate revisions to the *CAOT Academic Accreditation Standards* (CAOT, 2011) and the *Profile of Practice of Occupational Therapists in Canada* (CAOT, 2012) to require educators to embed human rights in curricula, thus ensuring graduates have the competencies to address occupational injustice where troublesome human rights issues exist.

To achieve educational reform of that magnitude, participants looked to WFOT to take up recommendations to incorporate human rights into its *Minimum Standards for the Education of Occupational Therapists* (WFOT IAG: Human Rights, 2012). In preparation for that eventuality, participants recommended educators seek alignment across educational curricula and develop expertise in human rights education methods, such as the use of collaborative, project-based approaches. In addition, because they recognize that graduates cannot change practice single-handedly, participants also suggested that universities and occupational therapy associations provide short courses and intensive modules for practitioners. Finally, workshop participants saw an urgent need to be vocal in Canada’s next federal election.

Conclusion

Participants in this workshop agreed “doing nothing is taking action” (Payton, 1984, p. 395). Avoiding taking a stand might be less frightening, but refusing to become a social advocate is refusing to care for and collaborate with those who endure occupational injustice. As individuals and as a professional group, the workshop participants called us all to action to: 1. name occupational injustice and human rights issues arising in diverse practice contexts; 2. ensure that the occupational injustice and human rights issues of Indigenous Peoples in Canada are explicitly addressed; 3. use international documents and local evidence to argue for shifts in practice to address occupational injustice and 4. strategize how



Participants and facilitators of the “doing” human rights pre-conference workshop.

occupational injustice and human rights can be integrated into existing and new forms of occupational therapy.

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