

## INDIGENOUS STRATEGIC PLAN SELF-ASSESSMENT REPORT

Department of Physical Therapy  
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THE UNIVERSITY OF BRITISH COLUMBIA  
**Department of Physical Therapy**  
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## ACKNOWLEDGEMENT

I would like to acknowledge that the department of physical therapy is gathered on the traditional, ancestral and unceded territory of the x<sup>w</sup>məθkwəy̓əm (Musqueam), Sḵw̓xwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations. It is important that this recognition allows us to take pause and appreciate the meaning of the words we use, versus it being a formality. Please take time to learn about how to authentically honor the history, land and its original inhabitants. This can be a journey that looks very different for all of us, but the common goal of authenticity should be an important gauge for all of us to be guided by.<sup>1</sup>

**Traditional:** recognizes lands traditionally used and/or occupied by the First Nations Peoples.

**Ancestral:** recognizes land that is handed down from generation to generation.

**Unceded:** refers to land that was not turned over to the Crown (government) by a treaty or other agreement.

## INTENDED AUDIENCE / DISCLAIMER

Use of this report should always be considered as a whole, to avoid any misrepresentation of the findings and in order to avoid any of the information to be interpreted out of context. The intended audience is for those within the Department of Physical Therapy and for its use to be authentic, and collaborative in nature.

## BACKGROUND

### *UBC Indigenous Strategic Plan (ISP)*

The ISP was launched in September, 2020. It was a university wide response to the United Nations Declaration on the Rights of Indigenous People's (UNDRIP), the National Inquiry into Missing and Murdered Indigenous Women and Girls' (MMIWG) Calls to Justice and the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action.<sup>2</sup>

The ISP process led to eight goals and 43 actions.<sup>2</sup> The mission is to guide UBC's engagement with Indigenous peoples and our commitment to reconciliation.<sup>2</sup>

The ISP self-assessment process was developed to support the implementation of the goals and actions through<sup>3</sup>:

- i. Enabling education and respectful dialogue

- ii. Identifying the goals and actions
- iii. Provision of tools and suggestions on how to take-action.

### *Health Care Professions*

As a health care professional program, we also need to be mindful that there are further specific health care recommendations within UNDRIP<sup>4</sup>, TRC<sup>5</sup>, MMIWG<sup>6</sup> and In Plain Sight<sup>7</sup> reports. These include:

#### UNDRIP

**Article 24:**<sup>4</sup> Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

#### TRC (Calls to Action 18-24):<sup>5</sup>

**18:** Recognize the effects that the colonial legacy has on Indigenous health today  
Recognize and implement Indigenous health care rights as per international and constitutional law and under the Treaties

**19:** Establish and monitor measurable goals to identify and close gaps in health outcomes between Indigenous and non-Indigenous people  
Focus includes chronic diseases, illness & injury incidence, and availability of appropriate health services among other indicators

**20:** Recognize, respect, and address the distinct health needs of Métis, Inuit, and off-reserve Indigenous peoples

**21:** Provide sustainable funding for existing and new Indigenous healing centers to address the physical, mental, emotional, and spiritual harms caused by the colonial legacy

**22:** Recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients in collaboration with Indigenous healers and Elders as requested

**23:** Retain and increase the number of Indigenous professionals working in the health-care field and in Indigenous communities. Provide cultural competency training for all health-care professionals

**24:** Include mandatory Indigenous health education in all health professions programs, such as education related to the history and legacy of residential schools, the UN Declaration on the

Rights of Indigenous People, Treaties and Indigenous rights, Indigenous teachings and practices, intercultural competency, conflict resolution, human rights, and anti-racism

### MMIWG<sup>6</sup>

Note: recommendations that are **bolded** have direct alignment with health care education and clinical practice.

**7.1:** We call upon all governments and health service providers to recognize that Indigenous Peoples – First Nations, Inuit, and Métis, including 2SLGBTQQIA people – are the experts in caring for and healing themselves, and that health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve, in a manner consistent with and grounded in the practices, world views, cultures, languages, and values of the diverse Inuit, Métis, and First Nations communities they serve.

**7.2:** We call upon all governments and health service providers to ensure that health and wellness services for Indigenous Peoples include support for healing from all forms of unresolved trauma, including intergenerational, multigenerational, and complex trauma. Health and wellness programs addressing trauma should be Indigenous-led, or in partnership with Indigenous communities, and should not be limited in time or approaches.

**7.3:** We call upon all governments and health service providers to support Indigenous-led prevention initiatives in the areas of health and community awareness, including, but not limited to programming: for Indigenous men and boys, related to suicide prevention strategies for youth and adults, related to sexual trafficking awareness and no-barrier exiting, specific to safe and healthy relationships, specific to mental health awareness, related to 2SLGBTQQIA issues and sex positivity.

**7.4:** We call upon all governments and health service providers to provide necessary resources, including funding, to support the revitalization of Indigenous health, wellness, and child and Elder care practices. For healing, this includes teachings that are land-based and about harvesting and the use of Indigenous medicines for both ceremony and health issues. This may also include: matriarchal teachings on midwifery and postnatal care for both woman and child; early childhood health care; palliative care; Elder care and care homes to keep Elders in their home communities as valued Knowledge Keepers; and other measures. Specific programs may include but are not limited to correctional facilities, healing centers, hospitals, and rehabilitation centers.

**7.5:** We call upon governments, institutions, organizations, and essential and non-essential service providers to support and provide permanent and necessary resources for specialized intervention, healing and treatment programs, and services and initiatives offered in Indigenous languages.

**7.6: We call upon institutions and health service providers to ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to: the history of colonialism in the**

**oppression and genocide of Inuit, Métis, and First Nations Peoples; anti-bias and anti-racism; local language and culture; and local health and healing practices.**

**7.7: We call upon all governments, educational institutions, and health and wellness professional bodies to encourage, support, and equitably fund Indigenous people to train and work in the area of health and wellness.**

**7.8: We call upon all governments and health service providers to create effective and well-funded opportunities, and to provide socio-economic incentives, to encourage Indigenous people to work within the health and wellness field and within their communities. This includes taking positive action to recruit, hire, train, and retain long-term staff and local Indigenous community members for health and wellness services offered in all Indigenous communities.**

### In Plain Sight<sup>7</sup>

**Recommendation 1:** That the B.C. government apologize for Indigenous specific racism in the healthcare system, setting the tone for similar apologies throughout the health system, and affirm its responsibility to direct and implement a comprehensive, system-wide approach to addressing the problem, including standardized language and definitions, and clear roles and responsibilities for health authorities, regulatory bodies, associations and unions, and educational institutions.

**Recommendation 8:** That all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous peoples.

**Recommendation 14:** That the B.C. government, PHSA, the five regional health authorities, B.C. colleges and universities with health programs, health regulators, and all health service organizations, providers and facilities recruit Indigenous individuals to senior positions to oversee and promote needed system change.

**Recommendation 18:** That the B.C. government require all university and college degree and diploma programs for health professionals in B.C. to implement mandatory strategies and targets to identify, recruit and encourage Indigenous enrolment and graduation, including increasing the safety of the learning environment for Indigenous students.

**Recommendation 19:** That a Center for anti-racism, cultural safety and trauma-informed standards, policy, tools and leading practices be established and provide open access to healthcare organizations, practitioners, educational institutions and others to evidence-based instruments and expertise and to expand the capacity in the system to work collaboratively in this regard.

**Recommendation 20:** That a refreshed approach to anti-racism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory, low-barrier components. This approach, co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San'yas Indigenous Cultural Safety training

**Recommendation 21:** That all B.C. university and college degree and diploma programs for health practitioners include mandatory components to ensure all students receive accurate and detailed knowledge of Indigenous-specific racism, colonialism, trauma-informed practice, Indigenous health and wellness, and the requirement to provide service to meet the minimum standards in the UN Declaration

**Recommendation 23:** That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous physicians, experts, and the University of British Columbia or other institutions as appropriate, establish a Joint Degree in Medicine and Indigenous Medicine. That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous nurses, experts, and appropriate educational institutions, establish a similar joint degree program for nursing professions.

### *Physical Therapy Educational Institutions*

The Department of Physical Therapy (DPT) also needs to be accountable to the newly revised national accreditation standards<sup>8</sup>, which were developed to be accountable to the health actions and recommendations listed above.

The recommendations that align themselves with the previously listed recommendations and the ISP are<sup>8</sup>:

#### **Criterion 2.2**

The curriculum plan:

- integrates the theoretical foundation, educational principles, and values of the program
- aligns with the current national Curriculum Guidelines
- includes a statement describing the attributes expected in all graduates
- demonstrates alignment between instructional methods and curricular goals

- The program responds to the impact of white supremacy, colonialism, and racism on healthcare/physiotherapy research, education, and practice and works to address this impact by incorporating content on anti-racism and decolonization within resources and the curriculum.
- The curriculum plan reflects relational accountability to Indigenous Peoples and their communities (e.g., mandatory pre-admissions or curricular content in cultural competency, critical consciousness, cultural safety, cultural humility, history and legacy of residential schools, Indigenous practices, settler-Indigenous health issues, the colonial history of Canada).

### Criterion 2.3

There is an iterative plan for program evaluation and re-evaluation based on clearly defined goals and targets, and which includes the plan for the evaluation of impact after changes are made.

- The program acknowledges the intersecting systems of inequity, oppression, and privilege that influence health across the national, provincial, and local communities served by physiotherapists when developing program goals.
- The program demonstrates relational accountability to Indigenous Peoples and their communities when developing program goals.

### Criterion 2.4

The program collects data from key stakeholder groups in accordance with the program evaluation plan.

- feedback from socially diverse stakeholders regarding the approach taken to ensure sociohistorical diversity within the program and the curriculum

### Criterion 3.2

The university and the program encourage, support, and provide resources for appropriate professional and career development of faculty and instructors relevant to their roles in the program.

- educational opportunities and resources for faculty and instructors about how to contextualize settler-Indigenous health inequities and safely facilitate discussion of privilege, race, and racism in their teaching.
- Resources for professional development include opportunities for faculty and instructors to explore their own unconscious biases and to facilitate learning about anti-oppression practices.
- The program offers and/or supports educational opportunities and educational resources to faculty and instructors to facilitate their own learning on the colonial history of Canada, Treaty rights, Indigenous sovereignty, cultural safety, and anti-racism, and the implications and relevance for physiotherapy education and practice.
- The program offers and/or supports educational opportunities for faculty and instructors which are developed and implemented collaboratively with Indigenous Peoples and their communities.

### Criterion 4.1

The program ensures student participation in program planning, development, and evaluation.

- The participation of Black students, Indigenous students, and students of color is actively sought.

#### Criterion 5.4

The program demonstrates a commitment to relational accountability to Indigenous Peoples and their communities

- documented evidence of efforts to develop and maintain authentic, reciprocal relationships with local Indigenous communities
- documented evidence of authentic inclusion of Indigenous perspectives and worldviews in the development and implementation of policies, faculty professional development opportunities, and curricular content and clinical learning opportunities
- documented program recruitment and admissions policies aimed at increasing the number of Indigenous physiotherapists in practice
- recruitment and retention policies which aim to increase the number of Indigenous faculty members and instructors
- strategies used to support and retain Indigenous students through to graduation
- learning activities related to cultural competency, cultural safety, and cultural humility
- education related to Indigenous practices, Indigenous health issues, the history and legacy of residential schools, the history of Indigenous Peoples in Canada, and the impact of colonization
- opportunities for students to learn from Indigenous educators and Elders
- clinical placement opportunities in urban, rural, and remote Indigenous communities
- meaningful Indigenous partnerships

#### Criterion 5.5

The program demonstrates a commitment to educational and healthcare environments that are justice-driven and anti-oppressive

- program goals and values that reflect the sociohistorical diversity of its stakeholders and the community in which it is located
- anti-oppression standards of behavior and practice at the institutional and interpersonal level
- policies that look to dismantle systemic racism, white supremacy, and colonialism at the organizational and individual level and include the integration of racial justice and accountability
- learning activities related to the impact of racism on healthcare education, research, clinical practice, and health outcomes
- learning activities in intersectionality and its impact in healthcare
- education related to Black and Indigenous health, critical race theory, anti-oppression (including anti-racist) practice, trauma-informed care, the history of oppression in physiotherapy, international treaties, covenants, and policies relevant to the Canadian physiotherapy context
- evaluation of teaching materials for bias and stereotypes related to racism and other intersecting systems of inequity
- clinical placement opportunities that help students understand the lived experiences of those whose experience of oppression differs from their own
- meaningful opportunities for students, faculty, instructors, staff, preceptors to engage in activities



developed and/or lead by community organizers related to sustainable development and social accountability

## TIMELINE

It is important to take note of the timeline and series of events and releases which have happened over the years.

\*IIAC = Initiative for Indigenous Advocacy Committee, which was formed within the DPT in 2017

Publication / Advocacy	Date
UBC Aboriginal Strategic Plan	2009
TRC	2015
UNDRIP	<ul style="list-style-type: none"> <li>● 2016 adopted by Canada</li> <li>● 2019 provincial legislation adoption in British Columbia</li> </ul>
IIAC recommendations made to department council	2019
MMIWG Report	2019
In Plain Sight	2020
UBC ISP (including information on the self-assessment tool kit)	2020
IIAC ISP recommendations presented to department council	2020
DPT Executive starts hiring process for Indigenous Initiatives Manager	2020
DPT Strategic Plan	2021
PEAC (latest publication to include JEDI / Indigenous recommendations)	2021
IIAC ISP recommendations presented to department council	2022
Indigenous Initiative Manager hired	2022

## GUIDING PRINCIPLES

The following are the guiding principles which the TRC<sup>5</sup> makes its recommendations. The DPT should strive to use these as their guiding principles throughout the journey of being accountable to the international, federal, provincial, university, and professional recommendations.

- Joint leadership
- Authenticity

- Trust Building
- Accountability
- Allyship
- Collaboration
- Transparency

## PROCESS

The DPT ISP self-assessment process was facilitated by an Indigenous faculty member and supported by the Initiatives for Indigenous Advocacy Committee (IIAC). The sessions were documented and summarized with support of an administrative assistant.

The facilitator undertook the recommendations to be educated on the facilitation process through the workshops organized by the Office of Indigenous Strategic Initiatives, as well reviewing the necessary self-assessment documents and facilitator guides.

The facilitator met with the department head, to provide monthly updates on the progress.

The meetings were organized within department committees, in order to have smaller groups which would allow for increased opportunities for dialogue. Each committee met for a minimum of two, two hour meetings. Due to scheduling difficulties additional meetings were organized as appropriate. A two or three week gap in between meetings was adhered to, to provide individuals with the time to self-reflect. The meetings were organized through the following DPT committees:

1. Admission's Committee
2. Administrative Staff Committee
3. Curriculum Committee
4. Program Committee
5. Awards and Research Committee's
6. Other

A total of 14 two-hour on-line synchronous meetings were facilitated. The sessions outlines comprised of:

1. Background review presentation
2. Rating the ISP self-assessment document
3. Reflecting on the individual ratings through facilitated discussions
4. Use of storytelling to summarize the goals and work ahead

The rating scale used was<sup>3</sup>:

**Note:** (N) = No not at all AND Don't know

RATING	DESCRIPTION
(N) No not at all / Don't know	The unit has not yet engaged with this area of work or we do not know and need to seek guidance to find out the answer.
(W) Working on this	The area of work has been raised as an issue for consideration or there are pockets of isolated activity within our unit.
(I) Integrated into our plans or priorities	The unit as a whole has made a strategic-level commitment.
(Y) Yes, we are there	The unit as a whole has acted on this strategic-level commitment and we are in a position to help others develop their own policies and practices.
(N/A) Not applicable	We are not clear about how this is related to our unit.

For those that could not attend any of the scheduled meetings, a recording of the background information was available, with the ability to individually go through the self-assessment process and submit their recommendations electronically.

Individual sessions were also offered, as well as an open-door policy by the facilitator to answer any questions or concerns.

Consent was implied through voluntary participation. No video or auditory recordings were made and individual comments were anonymously noted by the administrative assistant through electronic note taking.

## RESULTS

The ISP self-assessment tool kit was formed based on the eight goals and 43 actions of the ISP and has five categories. These five categories were evaluated by the DPT.

1. Understanding
2. People
3. Culture and Systems
4. Relationships and Partners
5. Teaching, Learning and Research

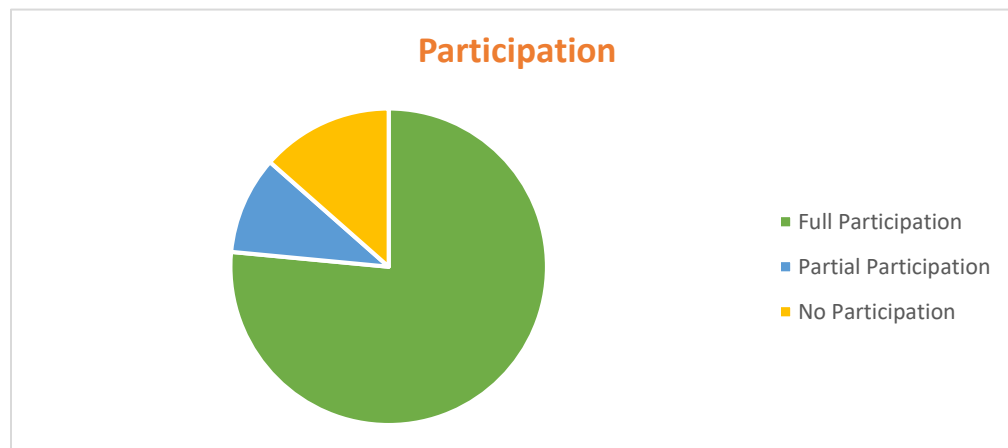
### Key:

- **Red** indicates consensus across participants was established.
- If there are two ratings i.e. N/W, that indicates consensus is split evenly between two ratings.
- Graph Interpretation:
  - y-axis: total number of questions
  - x-axis: rating system

## GLOBAL KEY FINDINGS

### Participation

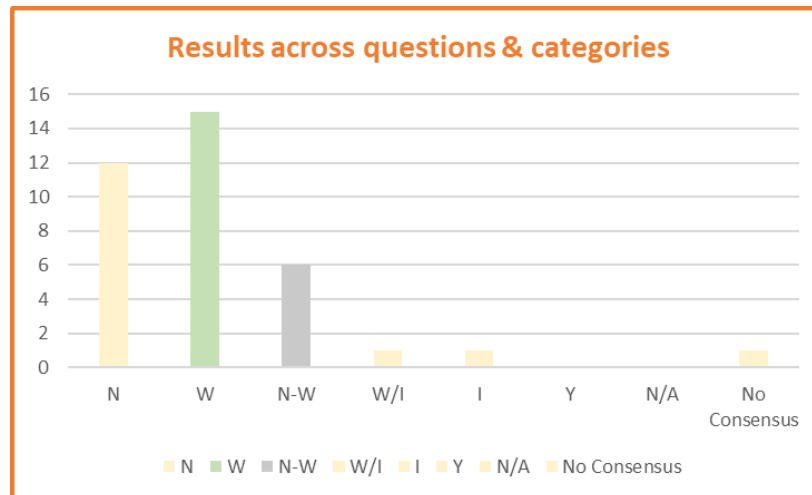
- 87% of the department participated
  - 9% of the individuals who participated partially participated (one of the two meetings)
- 100% of the administrative staff/team participated



### Feedback on the facilitation process

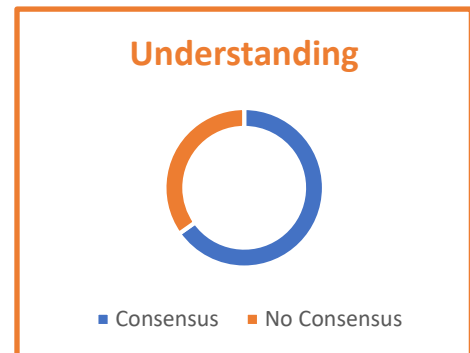
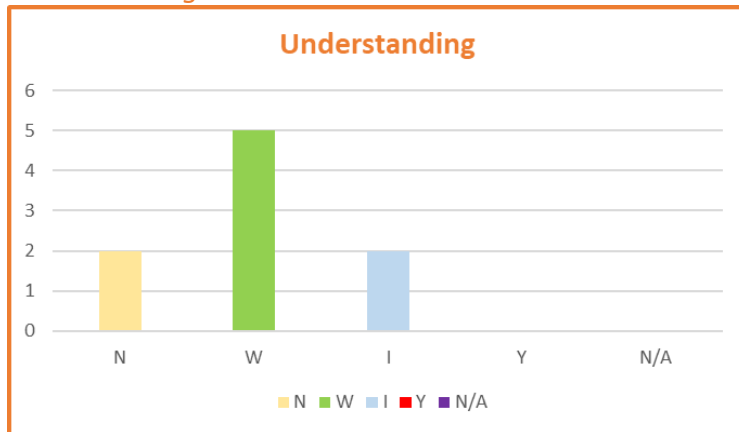
- Authentic
- Appreciated the perspectives, patience, and vulnerability brought to facilitation

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable



### ISP Categories

#### Understanding



RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

1. Our unit is able to formally acknowledge the territories in which UBC campuses are situated.

Rating: **I**

#### Summary of discussion points:

- More education on how to incorporate authenticity (reflecting privilege, differences in how to acknowledge)
- We are on our way, but perhaps some individuals are not yet comfortable with the acknowledgment

<b>RATING</b>
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

2. Our unit demonstrates a desire to learn about Indigenous cultures and Indigenous ways of knowing and being, including the distinctness of Indigenous Peoples in BC and Canada.

**Rating: W**

**Summary of discussion points:**

- UBC has offered some learning opportunities, but I am not aware of any from the department. Staff that have training have done it on their own desire. We are headed in the right direction.
- Desire is present for more education and training

<b>RATING</b>
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

3. We understand that the university has complex, formalized, and evolving relationships with local Indigenous Nations and we are continuously seeking clarity about these relationships before we act.

**Rating: W**

**Summary of discussion points:**

- Unaware of any formalized agreements between the department and any Indigenous communities
- Admissions committee and clinical education team may have some relationships, but more understanding of the connection to “continuously seeking clarity”. Our partnership with the center of excellence in Indigenous health is an example.

<b>RATING</b>
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

4. We provide opportunities for students, faculty, and staff to build awareness and knowledge on the realities, histories, cultures, and knowledges of Indigenous people in Canada

**Rating: W**

**Summary of discussion points:**

- There is willingness to participate in education from supervisors, but not from a departmental level.
- Consider how learnings extend into curriculum
- Future opportunities may exist by 2023 (expansion of UBC 2324 to faculty)

<b>RATING</b>
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

5. We have and are able to identify the services and resources available to Indigenous students, faculty, and staff relevant to our unit.

**Rating: N**

**Summary of discussion points:**

- Relevant to UBC, but NOT our department. We need a list of resources, our information needs to be updated, it should be readily available to all students and faculty/staff. DPT and FOM student handbooks list resources for students.

<b>RATING</b>
<b>(N)</b> No not at all / Don't know
<b>(W)</b> Working on this
<b>(I)</b> Integrated into our plans or priorities
<b>(Y)</b> Yes, we are there
<b>(N/A)</b> Not applicable

6. We demonstrate awareness of, and responsiveness to, challenges and systemic barriers faced by Indigenous students, faculty and staff in our unit,

**Ranking: W students / N faculty and staff**

-note: captured both in W & N

**Summary of discussion points:**

- Require more information on the barriers that are being experienced. Lack of information on this.
- Department may not be responsive in ways that are specific to Indigenous students' needs.

<b>RATING</b>
<b>(N)</b> No not at all / Don't know
<b>(W)</b> Working on this
<b>(I)</b> Integrated into our plans or priorities
<b>(Y)</b> Yes, we are there
<b>(N/A)</b> Not applicable

7. We understand that the Indigenous Strategic Plan is a response to Canada's historic and continued colonial oppression and the Plan moves beyond equity, diversity and inclusion to acknowledge Indigenous peoples' distinctive histories, experiences, and lived realities associated with and impacted by colonialism.

**Rating: I**

**Summary of discussion points:**

- ISP is mentioned in the PT strategic plan.
- The PT strategic plan is missing actions and future commitments

<b>RATING</b>
<b>(N)</b> No not at all / Don't know
<b>(W)</b> Working on this
<b>(I)</b> Integrated into our plans or priorities
<b>(Y)</b> Yes, we are there
<b>(N/A)</b> Not applicable

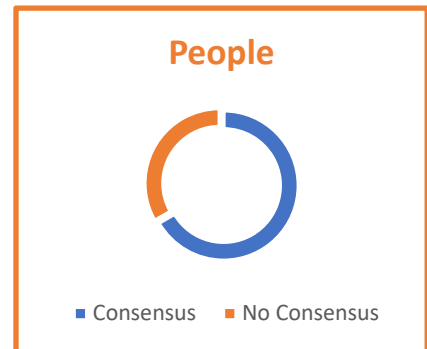
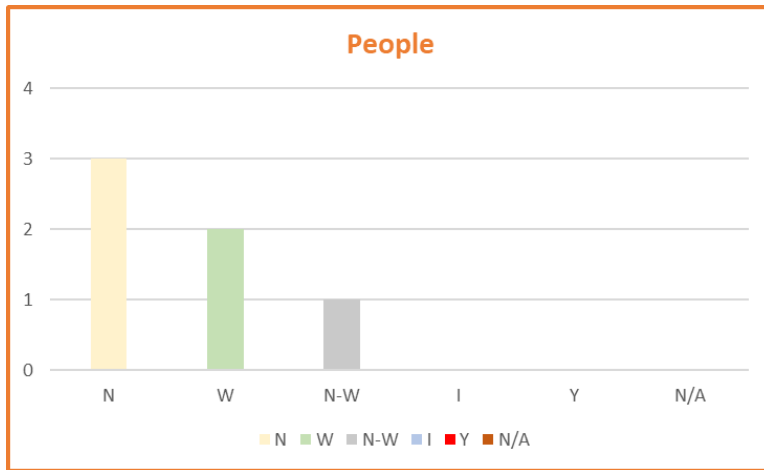
8. We are committed to furthering our unit's understanding of the continued history of colonialism, including the residential school system and its ongoing impact on Indigenous peoples, specifically in the sphere of higher education.

**Ranking: W**

**Summary of discussion points:**

- Access to funding in order to be accountable to this, is starting to be made available.
- Require more clarity on what students are exposed to, compared to other FoM departments. What is Indigenizing education? And what does this look like?

People



1. Our unit actively values, develops, and implements specific strategies to recruit and retain Indigenous students, faculty and staff.

Rating: **W**

Summary of discussion points:

- We need to work on job postings and how candidates are reviewed. Hiring an Indigenous manager is on the right track, but our department has really lacked accountability with this.
- We have Indigenous admissions guidelines for students.
- Who is making the policies? Is their diversity in the creation of them? Is their diversity in who is creating them?

2. We recognize and fairly compensate Indigenous faculty and staff who contribute, develop, or deliver Indigenous content and /or tools for fostering culturally safe classrooms and workplaces, for work performed over and above their usual duties.

Rating: **N**

Summary of discussion points:

- Some are aware of the contributions the DPT is making to students and faculty, but not sure if it's across the board and fully integrated in our plans.

3. Our faculty and staff engage in learning and professional development in the areas of Indigenous peoples' human rights.

Rating: **W**

Summary of discussion points:

- There are pockets of individuals for whom it's important and they have gone through some training. Unsure if or how it's going to be integrated for all in the DPT. Faculty have competing priorities.
- Opportunities seem to be taken on an individual level rather than departmental

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable



RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

4. We have culturally relevant resources and support (e.g. mentorships, professionals and leadership development opportunities) available to Indigenous faculty and staff as they progress in their careers.

Rating: **N**

Summary of discussion points:

- It is hard to know if we are meeting the needs, as we are unsure who identifies.
- DPT should create opportunities for Indigenous students/staff to request/state what is needed (open and ongoing discussions). Perhaps consult with CTLT, provost office etc.

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

5. Indigenous faculty and staff are proportionally represented in leadership and management positions as compared with their overall numbers in the unit.

Rating: **N**

Summary of discussion points:

- What barriers exist to recruitment in hiring of staff and faculty?
- No support or response from internal HR when individuals inquired about minority status on job applications and how that was considered based on ISAT.
- What is proportional representation, what does that value bring to the department? Seeing the link between the value and proportional representation.
- Need to compare context between FoM departments, in order to identify how we are doing and how we can improve.

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

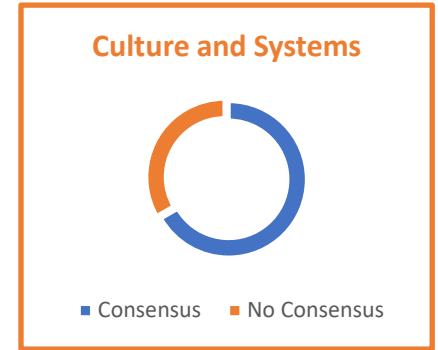
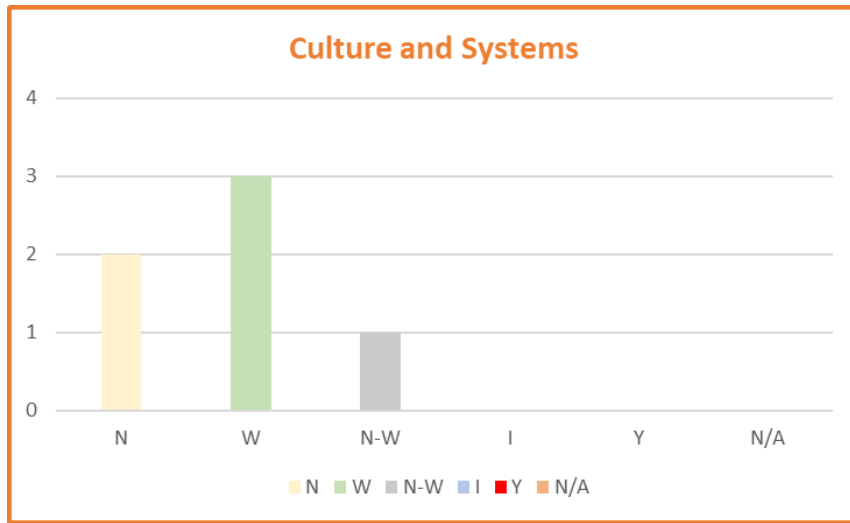
6. We have integrated competence or interest in developing competence in teaching Indigenous content and working with Indigenous students and colleagues into our job descriptions.

Rating: **N-W**

Summary of discussion points:

- Job descriptions are one aspect of this. Also having a baseline level of training and education once staff/faculty are hired is important. Standardizing the education/competency of preceptors would be a good goal too.
- Unsure if integrated into everyone's job descriptions or if it should be.

Culture and Systems



RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

1. We prioritize welcoming and respectful learning and working environments in our unity through the implementation of programs, services, support mechanisms, and spaces dedicated to Indigenous students, faculty and staff.

Rating: **N/W**

Summary of discussion points:

- There is Indigenous artwork in the PT Research Clinic and one book in the lunchroom library
- There are support mechanisms, like Indigenous specific MMI prep workshops
- Building relationships with Elders as a foundation.
- One Indigenous Faculty provides mentoring

2. We are able to identify and discuss biases and stereotypes about Indigenous peoples when they present themselves in our work.

Rating: **W**

Summary of discussion points:

- Try to mitigate biases in MMI
- Some health curriculum is taught from a biomedical lens, which excludes Indigenous perspectives.
- We have created some education and training for students ex. UBC2324, but not sure how supportive the department has been with this.

<b>RATING</b>
<b>(N)</b> No not at all / Don't know
<b>(W)</b> Working on this
<b>(I)</b> Integrated into our plans or priorities
<b>(Y)</b> Yes, we are there
<b>(N/A)</b> Not applicable

3. Our unit actively participates in policy and practice change that seeks to counter colonialism and systemic barriers and that aligns with Indigenous strategic priorities.

**Rating: W**

**Summary of discussion points:**

- Our strategic plan does not align with ISP. Some evidence, but lots of room for improvement.
- IIAC
- Standing Indigenous items on committee agenda.
- Awards committees have consulted with Indigenous allies for wording and language support.

<b>RATING</b>
<b>(N)</b> No not at all / Don't know
<b>(W)</b> Working on this
<b>(I)</b> Integrated into our plans or priorities
<b>(Y)</b> Yes, we are there
<b>(N/A)</b> Not applicable

4. We develop fiscal plans and policies that ensure Indigenous programs, students, faculty, staff, and concerns are adequately and continually supported.

**Rating: N**

**Summary of discussion points:**

- Departmental fiscal plans so far include the Indigenous Manager and a portion of recruitment, unsure of what is beyond that
- Transparency is required

<b>RATING</b>
<b>(N)</b> No not at all / Don't know
<b>(W)</b> Working on this
<b>(I)</b> Integrated into our plans or priorities
<b>(Y)</b> Yes, we are there
<b>(N/A)</b> Not applicable

5. There is clear accountability within our unit for our actions as they relate to Indigenous engagement.

**Rating: N**

**Summary of discussion points:**

- We need measurable goals.
- Need more transparency and accountability
- Overall our systems need to create safety for people to 'check off' identifying as Indigenous and other equity deserving identities and we need to be accountable to their engagement.

<b>RATING</b>
<b>(N)</b> No not at all / Don't know
<b>(W)</b> Working on this
<b>(I)</b> Integrated into our plans or priorities
<b>(Y)</b> Yes, we are there
<b>(N/A)</b> Not applicable

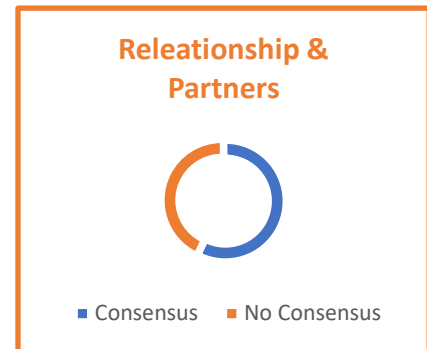
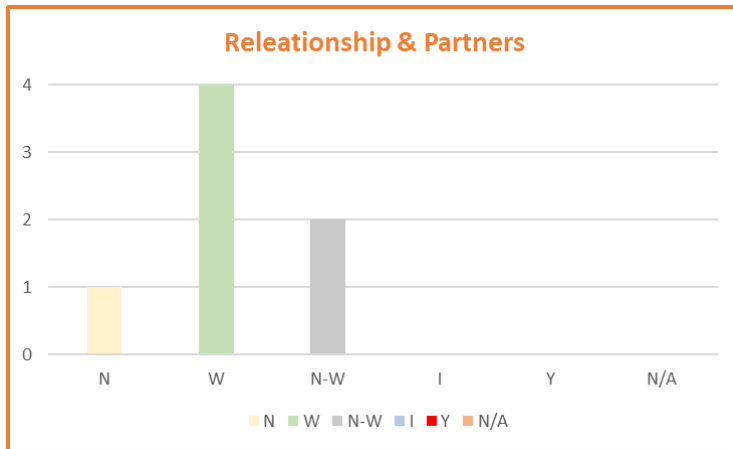
6. We are organized to effectively advance our ISP implementation objectives.

**Rating: W**

**Summary of discussion points:**

- Identification of actions, roles and responsibilities

Relationships and Partners



RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

1. We welcome the leadership of Elders, cultures, and knowledge holders by creating space for them to work, teach, and promote their expertise in our unit

Rating: **W**

Summary of discussion points:

- Not sure if it is occurring.
- Unsure where in the curriculum.
- Fluctuating and inconsistent support of UBC 2324
- We need to be mindful of the burnout of our Indigenous staff and faculty

2. We actively seek opportunities to foster reciprocal relationships with Indigenous communities on and off our campuses.

Rating: **W**

Summary of discussion points:

- Lots of relationship building in the MPT-N program (clinical placements), but not as much in MPT-V program. Perception that Indigenous health is a northern issue
- We need a safe environment for those that self-identify to speak up
- People may be unsure how to do this and having support would be appreciated.

3. We respect that each community will have a unique process for making decisions about participating or partnering in a project and that the process may require adjustments of our timelines and expectations.

Rating: **N/W**

Summary of discussion points:

- What do we mean by community? What does it look like across our nation or BC?
- Need for further education on-reserve vs off-reserve and what that means.

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

- Emotional intelligence needs to be an essential piece of building our Indigenous and Justice Equity Diversity Inclusion (JEDI) foundational knowledge (often not acknowledged even in JEDI spaces)

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

4. Our unit meaningfully engages with and considers priorities raised by Indigenous students, faculty, staff, and community members when developing unit operations and practices.

Rating: **W**

Summary of discussion points:

- What are our intentions? Do we intend to engage?
- ISP grant support for our Indigenous students (IIAC support)
- Need to have resources for people that are at different stages so that they can deal with their fears or else it manifests as behaviors that are destructive.
- We need to take on engagement as a department and not put it on Indigenous individuals only as this only creates a burden. Better engagement with the IIAC.

5. We strategically prioritize the procurement of goods and services from Indigenous businesses and vendors.

Rating: **N**

Summary of discussion points:

- Indigenous gifts are available, but the DPT needs to educate on where and how we can purchase them and direction on priority and consistency in the practice.

6. We work with other units across UBC to collaborate on Indigenous-focused projects, programs, and initiatives.

Rating: **W**

Summary of discussion points:

- Some integration with FOM in the North
- We need to integrate the curriculum across the program

7. We raise awareness among our partners and stakeholders of our institutional commitments to, and the importance of investing in, sustainable initiatives that advance post-secondary opportunities for Indigenous learners.

Rating: **N/W**

Summary of discussion points:

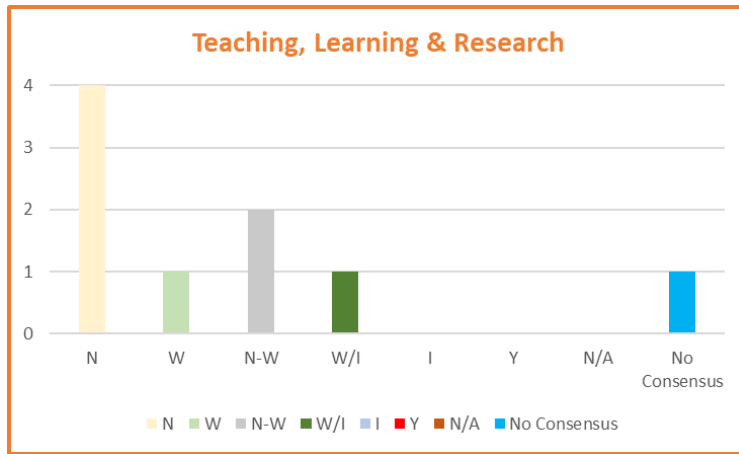
- We need to support our allies/advocates and look more broadly across our roles
- We need sustainable initiatives.

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

Teaching, Learning and Research



RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

1. We support and hold each other accountable in creating welcoming and inclusive learning environments.

Rating: **W/ I**

Summary of discussion points:

- Creating awareness for future PT practitioners

2. We actively promote Indigenous curricula for all students through responsive programming, orientations, and instruction.

Rating: **No Consensus, even across all ratings**

Summary of discussion points:

- UBC 23 24
- Not aware of any material that we are using.

3. We formally recognize excellence in implementing Indigenous knowledge systems into teaching, curriculum development, research, and service in our criteria for tenure, promotion, and merit for faculty and staff.

Rating: **N**

Summary of discussion points:

- Do not know
- Merit is a new process and we should consider this. We currently have a working group.
- Additional workload for staff/faculty that are working on minority initiatives should be considered/rewarded.

4. We partner with Indigenous communities to develop post-secondary Indigenous knowledge programs.

Rating: **N**

Summary of discussion points:

- Currently not considered and it should be.

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

5. Our unit supports research that is co-developed, prioritized, and led by Indigenous communities.

Rating: **N/W**

- There is at least one Faculty doing research with Indigenous communities

6. Our unit follows community-led research protocols and ethical guidelines to ensure students and faculty are approaching research opportunities with communities in a respectful and formalized manner.

Rating: **N**

Summary of discussion points:

- 

RATING
(N) No not at all / Don't know
(W) Working on this
(I) Integrated into our plans or priorities
(Y) Yes, we are there
(N/A) Not applicable

7. We recognize and compensate, in a timely and equitable manner, Indigenous people who are engaged in research and/or who support the Indigenization of curriculum.

Rating: **N**

Summary of discussion points:

- Most grants include honorarium for Indigenous partners.
- Some feel that this is improving

8. We support research opportunities for students in the areas of indigenous knowledge systems in health, governance, education, law, business, the sciences, the arts, and/or Indigenous languages.

Rating: **N/W**

Summary of discussion points:

- PHTH 552 sometimes has projects that raise awareness

## RECOMMENDATIONS

The following recommendations have been generated by the journey towards meaningful reconciliation. Reconciliation is a moral and legal imperative from a social justice standpoint in which we all have an important part to play and this is not easily accomplished. It can be deeply uncomfortable to confront our own privilege and act to address inequity. This process will take commitment, consistency, time, continued resources/funding and should be considered a journey and not a box that needs to be checked off.

*Key Findings/Themes (long-term goals)*



ACCOUNTABILITY



EDUCATION



TRANSPARENCY



COLLABORATION



RESPECT &  
RECOGNITION

### Short-term recommendations

#### Admission's Committee

- Revision of the Indigenous Admissions policy on a yearly basis, as needed and ensure policy is aligned appropriately in the committee's terms of reference.
- Creation and/or formalization of an Indigenous lead subcommittee which is made up Indigenous faculty, staff, community members and students, whose mandate is to inform the committee on policy and implementation of policy.
- Past and current Indigenous student engagement to identify systemic barriers, challenges and their needs.
- Creation of an Indigenous mentoring pathway, which includes formalized connections to resources and specific short term and long term strategies to recruit and retain Indigenous students.
- Indigenous cultural humility and safety training for all committee members and additional training as needed for those that evaluate the Indigenous student applications.
- Land acknowledgement and sharing circle prior to the review of Indigenous student applications, preferably led by an Indigenous faculty member, Elder, Indigenous community member or ally.
- Review compensation policies for the staff that contribute to the review of Indigenous students (i.e., acknowledgement of the additional training and education they require for MMI's)
- Liaise with our stakeholders to collaborate and support sustainable initiatives that advance opportunities for Indigenous applicants.

Aligns with ISP: Understanding 1, 2, 3, 4, 5, 6. People 1, 2. Relationships and Partners 1, 4, 7.

#### Administrative Staff Committee

- Creation of land acknowledgement resources for staff and faculty
- Indigenous training for administrative staff: history, stereotypes, bias, human rights, & communication strategies.
- Development of a central space to gather, share and provide information, services and resources to Indigenous students, faculty and staff
- Review and/or creation of policies and practices that bring awareness and responsiveness to systemic barriers and challenges faced by Indigenous faculty and staff (i.e/ hiring practices and policies)
- Development of a recruitment and retention mentoring pathway for Indigenous staff. Including a review of compensation practices for those that contribute, develop or deliver the tools for fostering culturally safe workplaces - specifically over and above their usual duties.



- Becoming accountable towards proportional representation goals, specifically of those in leadership positions.
- Creation of a safe space for Indigenous staff.
- Accountability guidelines, with a fiscal plan
- Development of a budget and/or policy to procure goods and services from Indigenous businesses and vendors

Aligns with ISP: Understanding 1, 2, 4, 5, 6. People 1, 2, 3, 4, 5. Culture and Systems 1, 2, 5.

### Curriculum Committee

- Implementation strategy of Indigenous stream coordinator recommendations:
  - A socially diverse group of knowledge keepers, educators, students and community should be collectively working together in supporting Indigenous Curriculum recommendations and the evaluation process.
  - Education and training of faculty and staff should be a priority for the department to have a broad ability to incorporate Indigenized Curriculum and for necessary program evaluation
  - Curriculum should include the following:
    - Cultural competency
    - Critical consciousness
    - Cultural safety
    - Cultural humility
    - History and legacy of residential schools
    - Indigenous practices
    - Settler-Indigenous health issues
    - The colonial history of Canada
- Education and training on cultural humility/safety, colonization, residential school system, and Indigenous human rights, for all instructors.
- Relationship building with local Indigenous Nations, including seeking clarity on how to build relationships, with a goal on development of Indigenous knowledge programs.
- Ensure fair compensation for Indigenous faculty and staff who contribute to the development and delivery of Indigenous content, specifically for work performed over and above their usual duties.
- Incorporation of land acknowledgement, sharing circle or collaboration with Elder, ally, Indigenous faculty and/or community member when discussing and developing Indigenous content.

- To review current content in MSc required RHSC courses and to explore the addition of a module on Indigenous research methodologies and collaborations.

Aligns with ISP: Understanding 2, 3, 4, 8. People 2, 3. Relationships and Partners 1, 4. Teaching and Learning 2, 3, 4, 7.

#### Program Committee

- Currently under review by the committee and recommendations are pending.

#### Research Committee

- To solicit/welcome and to learn from updates on the work of colleagues in BC, Canada, or internationally, who are conducting research in the space of Indigenous wellness, especially as it impacts physical activity and physical therapy.
- To identify and share resources and support relationship-building for faculty who are developing existing or new scholarly collaborations with Indigenous partners.
- To encourage and support faculty members wishing to learn about Indigenous research methodologies and collaborations.
- Consider an Indigenous focused Knowledge Broker call for a collaborative Knowledge Translation project.
- To consider hiring an Indigenous scholar and/or to seek out and welcome collaborations with Indigenous scholars who have established research focus in Indigenous health and wellness, and physical activity or physical therapy, particularly on projects that identify and seek to close gaps in physical therapy access for Indigenous peoples within Canada.

Aligns with ISP: Teaching, Learning and Research 2, 3, 5, 8.

#### Other

- Creation of a standing item and incorporate ISP into the terms of reference of the department council.
- Incorporate the ISP recommendations throughout the terms of reference for all DPT committees, as appropriate.
- Review of communications to staff and community, in order to be consistently using appropriate terminology with regards to ISP accountability (i.e. capitalization of the word Indigenous).
- Collaboration with the IIAC, that is built on trust and communication.

- Fiscal responsibility in accountability to the ISP, TRC, UNDRIP, MMIWG, In Plain Sight and PEAC standards.
- Recognition from non-Indigenous faculty and staff on the work that needs to be done collectively.
- Showcase our initiatives in a respectful manner that highlights collaboration and achievements towards reconciliation.
- Creation of a mentorship program for Indigenous faculty, focusing on recruitment, retention and promotion, including implementation of merit recommendations and becoming accountable towards proportional representation goals, specifically of those in leadership positions.
- Creation of welcoming and safe space for Indigenous faculty.
- Build on continued advocacy with FoM in relation to financial equity amongst programs and departments, specifically with financial support addressing the needs of Indigenous student admissions and mentoring.

Aligns with ISP: Understanding 5, 6. People 1, 4, 5. Culture and Systems 1, 3, 4, 5, 6.

## **FUTURE CONSIDERATIONS & Long Term Goals <sup>9</sup>**

The purpose of UBC's Indigenous Strategic Plan is to become a leading voice in the implementation of Indigenous peoples' human rights, as articulated in the United Nations Declaration on the Rights of Indigenous Peoples. As part of the UBC collective, we are responsible for its implementation, progress and success within the DPT.

Beyond the UBC ISP, we, as a health professional program, are accountable to keystone documents like UNDRIP, TRC Calls to Action, MMIWG Report, and In Plain Sight. These documents are based on the many Indigenous voices across BC and Canada, and they have called on us to do better and have provided a number of specific recommendations to guide us. Furthermore, as an entry-to-practice physiotherapy education program we are required to meet the PEAC accreditation standards, and should strive to exceed them. The new accreditation standards include a focus on Indigenous students, staff, and faculty, and the inclusion of Indigenous knowledges, experiences, and histories.

Indigenous peoples' human rights have been violated and dishonored for hundreds of years. UBC is now trying to do its part in righting these wrongs in this so-called journey to meaningful reconciliation.

Meaningful reconciliation is not easily accomplished. It can be deeply uncomfortable to confront our own privilege and act to address inequity. It moves beyond inclusion and requires the acknowledgement of specific histories, experiences and lived realities associated with and impacted by colonialism, and foundational, intellectual, cultural, and structural changes.

Adam Gaudry talks about the spectrum of Indigenous inclusion to reconciliation Indigenization to decolonial transformation <sup>10</sup>. The DPT is currently in the inclusion stage, where efforts are in hiring an Indigenous staff member and recruiting Indigenous students. Unfortunately, this often alienates Indigenous peoples through the idea that they will adapt to the current culture of the department/university. The ISP Assessment has demonstrated that Indigenous students, staff and faculty do not feel supported, the Department does not understand their unique barriers and difficulties, nor do we currently have an inclusive learning environment that supports Indigenous content and advocates for Indigenous rights.

**Therefore, the long-term goal of the DPT should be reconciliation and transformation, creating a culturally safe space where Indigenous peoples (students, staff, faculty, and community members) desire to learn and collaborate.** This process will take a collective commitment, consistency, time, and continued resources and funding. We know that implementing this Plan will take hard work and the resolve of all members of the UBC community at every level, especially those at the highest level.

Creating a culturally safe space in the DPT will not only support Indigenous peoples, but everyone within the DPT community, as well as the larger society. When DPT staff and faculty value Indigenous knowledge, experiences, and histories, their teaching is better informed and they are better able to demonstrate culturally safe practices for their students. Not only does this have the potential to create safer learning and working spaces for Indigenous students, staff, and faculty, but this also means that students will graduate valuing these knowledges and practices and strive for safer care for Indigenous patients.

The amplification of Indigenous voices is an essential element to this necessary transformation. It will require building a strong and ethical foundation for this work to thrive. The DPT will need to identify resources, people and priorities to address gaps in levels of support in order to keep moving forward with implementation. This will rely on the robust and ethical collection and reporting of progress and narratives.

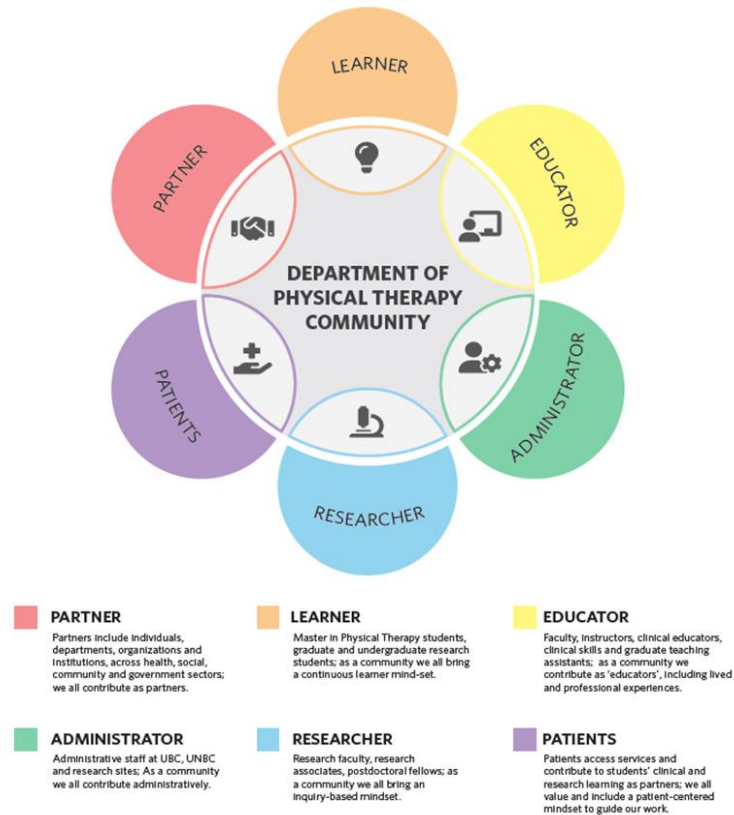
Our journey towards reconciliation should be monitored through evaluation and reflection on progress towards these recommendations, and seek to update action plans on a regular basis. If our long-term goal is to create a space of cultural humility and safety, then we must also acknowledge that only Indigenous voices can attest to our success. Indigenous staff, faculty, and students will be essential voices in the evaluation of our changes. The PEAC Accreditation standards, further this by including criteria for ensuring Indigenous students are involved in program planning, development, and evaluation. The monitoring of these actions will also support the accreditation process with PEAC, and likely support future physiotherapists in the registration under CPTBC.

While transformation is a tremendous task, we are all in this together, and should work as a team to accomplish our goals. The Indigenous Initiatives Manager will also be there to collaborate and support the Department in implementing the results of this report through

specific and manageable action items. The Department should consider maintaining this position in the long-term as stated, reconciliation will require ongoing work, and should not be led by the voice of one Indigenous person. This work will require the voices of many, and the DPT should therefore, plan for expanding its collaboration and support efforts through partnerships with Indigenous peoples and communities, and working alongside existing partners such as the IIAC and Faculty of Medicine.

The Department should strive to be a leader in advancing Indigenous human rights, forging ahead to continue implementing actions that create a culture of respect, humility, and safety. In doing so the Department will attract Indigenous staff, faculty, and students; and other programs and organizations will look to the Department for guidance, following in their footsteps.

## ALIGNMENT WITH JEDI



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## PHOTO CREDITS

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## IN GRATITUDE

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