

Culturally responsive occupational therapy practice with First Nations Peoples—A scoping review

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Abstract

Introduction: First Nations Peoples consistently demonstrate strength and resilience in navigating systemic health care inequities. Acknowledging racism as a health determinant underscores the urgent need for a counterforce—cultural safety. Indigenous Allied Health Australia (IAHA) contends that with cultural responsiveness, the health workforce can take action to create a culturally safe environment.

Objective: To explore features of culturally responsive occupational therapy (OT) practice when providing a service with First Nations People and examine alignment of those features with the IAHA Cultural Responsiveness in Action Framework.

Design: A systematic scoping review was undertaken using CINAHL, Emcare, MEDLINE, PsychInfo and Scopus databases. Examples of culturally responsive OT practice with First Nations Peoples were mapped to the six IAHA Framework capabilities and confirmed by First Nations co-authors.

Findings: OT practice with First Nations Peoples aligned with the six capabilities to varying degrees. The importance of OTs establishing relationships with First Nations People, applying self-reflection to uncover cultural biases, and addressing limitations of the profession's Western foundations was evident.

Discussion: Recognising the interrelatedness of the six capabilities, the absence of some may result in a culturally unsafe experience for First Nations People. OTs must acknowledge the leadership of First Nations Peoples by privileging their voices and consider how established practices may reinforce oppressive systems.

Conclusion: To ensure a culturally safe environment for First Nations People, the OT profession must respect the leadership of First Nations Peoples and address the limitations of the profession's Western foundations to uphold the profession's core value of client-centred care.

Elizabeth Meechan is the first author.

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KEYWORDS

Aboriginal and Torres Strait Islander People, allied health, cultural safety, education, indigenous health, rural and remote health

1 | INTRODUCTION

First Nations Peoples and their cultures continue to demonstrate strength, resistance and survival amid the constant negotiation of complex Eurocentric health care systems.^{1,2} First Nations Peoples continue to experience health inequity individually and corporately from protracted systemic failures resultant from colonisation, racism and other oppressive practices that reinforce social, economic and educational disadvantage.³ Racism is acknowledged as a determinant of health for First Nations Peoples globally.⁴ Addressing racism in health systems is an identified priority in countries where colonisation has occurred, such as Australia.^{4,5} Hence, addressing racism as a determinant of health is a matter of social justice and human rights, as all First Nations Peoples have the right to access health care free from harm and with the freedom to practice and maintain culture and ceremonies.²

As racism is an adversarial determinant of health, cultural safety is the counterforce.⁶ With cultural safety, a person's engagement with the health system has the potential to be free from the experience of racism, offering a path forward in addressing health care inequity through the recognition of the inextricable link between culture and good health in First Nations communities.^{7,8} Cultural safety in health care originated from the decolonising work of Māori nurse Irihapeti Ramsden, whose cultural safety framework challenged the colonial health care system that did not effectively support Māori health outcomes.^{6,9} This construct was eventually adopted and embedded in the Aotearoa (New Zealand) nursing profession and has since been discussed internationally, across a range of health professions.^{6,8,9} Cultural safety requires health professionals to be intentionally reflective of their worldview perspectives, analyse the impact of power imbalances on their practice and take action against institutional discrimination.¹⁰ Contesting systemic power imbalances are, therefore, not simply a goal for practice, but also a political act, challenging agencies of disadvantage in marginalised people as a justice and equity necessity.^{6,10}

As cultural safety can only be defined and adjudicated by First Nations health care recipients, it must be considered in the context of place.^{10,11} For example, cultural safety in Australia has its own context as a country that does not have treaty, as seen in Aotearoa where Treaty of Waitangi was the foundational document that premised

What is already known on this subject

- Culturally responsive practice is crucial for addressing health disparities and ensuring equitable health care outcomes, particularly among First Nations communities.
- For OTs, culturally responsive practice is essential for fostering client-centred care, a value that lies at the core of the OT profession.
- To date, culturally responsive OT practice with First Nations Peoples has not been comprehensively investigated by examining against a recognised First Nations culturally responsive framework.

What this paper adds

- To increase cultural responsiveness when working with First Nations People, OTs need to focus on establishing relationships with First Nations People, applying self-reflection to uncover cultural biases, and addressing limitations of the profession's Western foundations.
- OTs must acknowledge the leadership and self-determination of First Nations Peoples by privileging their voices and considering how established practices may be reinforcing oppressive systems.

the legal obligations between Māori and the Crown to act in good faith towards each other through bicultural partnership.^{11,12} Hence, internationally, a range of cultural safety frameworks have been developed by First Nations Peoples based on Ramsden's model, with each framework providing guidance relevant to the Peoples the service engages.¹¹ One such framework is the *Indigenous Allied Health Australia (IAHA) Cultural Responsiveness in Action Framework*.¹³ IAHA is a national, First Nations-led organisation that leads and supports health workforce development in Australia.¹³ IAHA contends that, with cultural responsiveness, the health workforce can demonstrate the action required to drive change and work towards culturally safe service delivery in Australia.¹³ The IAHA Framework is comprised of six interconnected capabilities to demonstrate culturally responsive practice: (1) respect

for the centrality of cultures, (2) self-awareness, (3) proactivity, (4) inclusive engagement, (5) leadership and (6) responsibility and accountability. The authors of this review acknowledge that concepts of cultural safety and culturally responsive practice are complex, and recommend further reading, discussion and reflection on seminal works for a more in-depth explanation.^{6,13}

Occupational therapists (OTs) support people who have experienced illness and injury to return to and maintain good health, well-being and meaningful participation.¹⁴ OT has a foundational belief that every person is unique in the way they engage with the cultural, social and spiritual components of themselves and their environment.¹⁵ As OT emerged as a profession within the Western health care system, the OT understanding of knowing, being and doing was greatly influenced by Western culture and continues to be Western-influenced.¹⁶ For this reason, it is important to examine the alignment between OT practice and culturally responsive practice, specifically relating to the values of holistic, client-centred care that underpin the profession.¹⁶ Mapping elements of culturally responsive OT practice against a recognised First Nations' cultural responsiveness framework would serve as an important step towards this end. To date, no literature reviews have been published that report such mapping.

Thus, this review aimed to explore features of culturally responsive OT practice when providing a service with First Nations Peoples and examine the alignment of those features with the IAHA Framework. Please note that when referring to First Nations Peoples internationally, the term First Nations is used. When referring to the First Nations Peoples of Australia, the term Aboriginal and Torres Strait Islander People is used.

2 | METHODS

A scoping methodology was employed for this review due to its iterative and reflexive analytical processes that align with First Nations' research methodologies.^{17,18} Both academic and grey literature were included to ensure that a wide variety of perspectives, including those of First Nations Peoples, were incorporated.

The review process was guided by the six steps of the Arksey and O'Malley methodological framework¹⁷: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, (5) collating, summarising and reporting the results and (6) consultation.

The literature search involved a systematic approach developed in consultation with an experienced librarian.¹⁹ Results were reported based on the Preferred Reporting

TABLE 1 Search strategy.

Explanation of chosen search terms

There were two search strings used in this review. One centred on 'OT' and one on 'culture'

The broad term 'culture' and associated truncations were used to accommodate terminology fluctuations surrounding culturally responsive practice. 'Culture' was grouped with the terms Indigenous, First People, First Nation as well as the names of First Nations Peoples in countries impacted by colonisation such as Australia, the United States of America (USA), Canada, and New Zealand to broaden the scope

Specific search strategy

Occupational therap* AND cultur* OR indigenous OT first People* OR first nation* OR native* OR aborigin* OR torres strait island* OR maori* OR inuit* OR cree or apache

This search strategy was adapted to meet the requirements of differing databases

Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol.²⁰ Electronic databases CINAHL, Emcare, MEDLINE, PsychInfo and Scopus were searched using terms and associated truncations relating to the key concepts of OT and culture. The search strategy, including a brief explanation of the rationale for inclusion of terms, is summarised in Table 1. The search was conducted in March 2023 and limited to articles published since 2002, to reflect the increased focus on culturally responsive practice that followed the thesis publication of Dr Irihapeti Ramsden.⁶

Studies included in the review were peer-reviewed, empirical research or published opinion pieces, which described OT practice when working with First Nations Peoples. Studies were excluded if they did not explicitly describe features of culturally responsive OT practice or were not published in English.

Utilising the inclusion and exclusion criteria described, databases were searched, duplicates removed and screening undertaken, on titles and abstracts, and subsequently on full-text articles. To promote rigour, the full-text review was completed by two authors (EM and SD). Hand-searching of reference lists and citations of included studies were carried out with no additional articles identified.

An iterative and reflexive process was undertaken to map and analyse the included articles according to the six IAHA Framework capabilities.¹³ A First Nations Advisor (MT), who was well-versed in the IAHA Framework, reviewed the mapping and analysis to refine and confirm Framework alignment. During this process, concordance, discordance and gaps between existing examples of culturally responsive OT practice and IAHA culturally responsive capabilities were revealed. Finally, the findings for each capability were expressed in a narrative form and reviewed by IAHA (DM, KS, PG), the research team (MT

& RB), and a First Nations academic, well-versed in the concepts of cultural safety and cultural responsiveness (LG).

3 | RESULTS

The initial search resulted in 7901 articles. After removing duplicates, 5553 articles remained. Following title and abstract review, 90 articles remained. A full-text review resulted in 41 articles included in this review (Figure 1). Characteristics of included articles are provided in Table 2 and include country, positionality of authors, aim, design,

participants, methodology, key findings and implications for culturally responsive OT practice. All articles were published between 2002 and 2023 and were conducted across five countries Australia, Aotearoa, Canada, South Africa and the United States.

3.1 | Design and methodology

Of the 41 articles included in this review, a qualitative design was used in 15 articles^{18,21–34} and a mixed methods design in four articles.^{35–38} Of the qualitative studies, a First Nations research methodology was employed in two.^{18,34} The

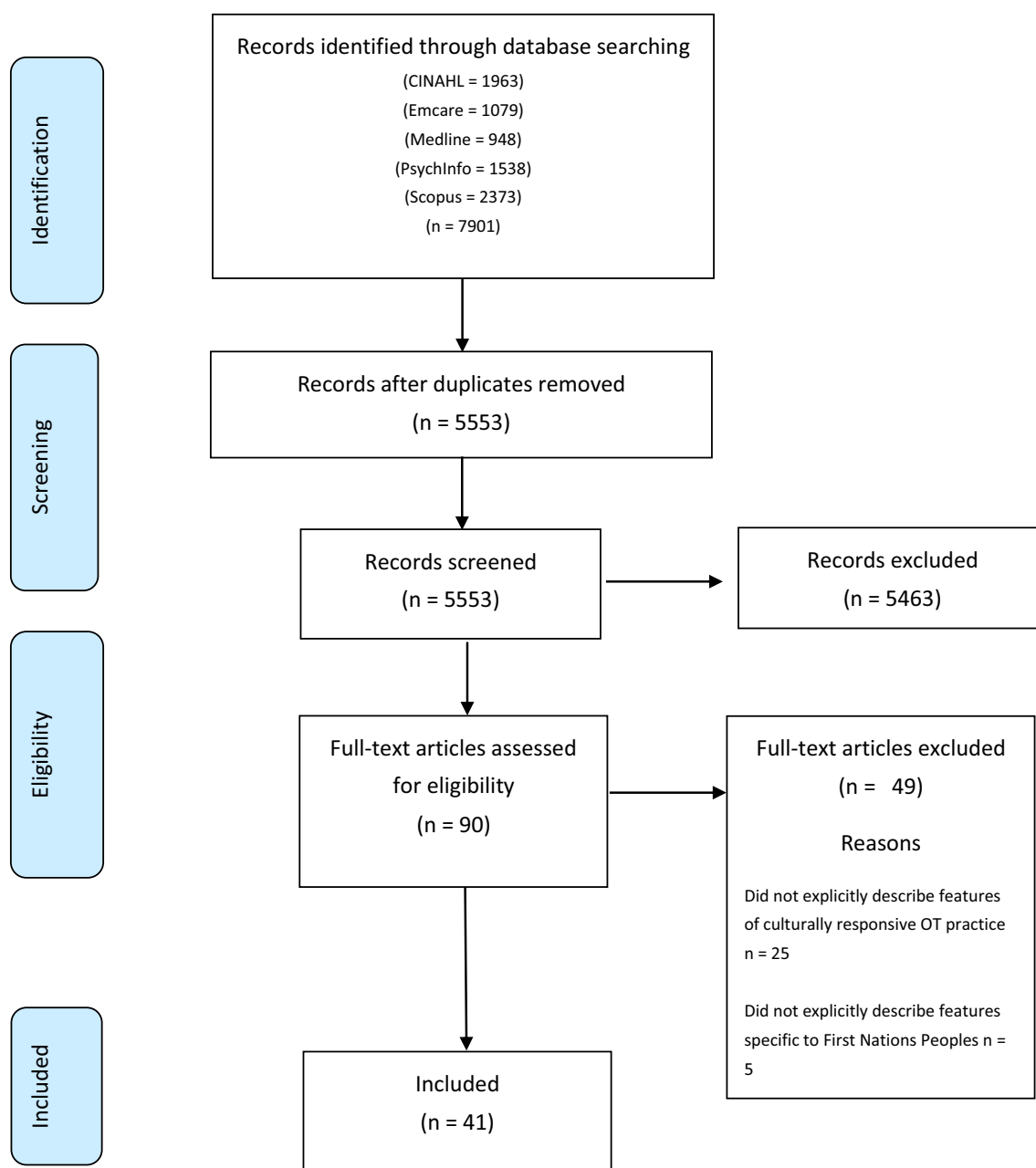


FIGURE 1 PRISMA.

TABLE 2 Characteristics of included articles.

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Baigent et al. (2019) ⁴⁸	New Zealand	Authorship and positionality not discussed	To introduce the concept of reflective photography as an occupational therapy intervention to support Māori service users' spirituality	A viewpoint article	N/A	N/A	Māori service users found it beneficial to reflect upon images of spirituality within their shared daily activities. With some modification, reflective photography could be used as a therapeutic occupation-focused intervention to assist service users to explore their spirituality	With appropriate mentoring and training, occupational therapists should explore methods that incorporate spirituality for First Nations Peoples who wish to embrace their spirituality in their intervention
Boland et al. (2020) ³⁴	New Zealand	One author identifies as New Zealand Māori. Remaining authors identified as health researchers from New Zealand, with a European ethnic background	To explore equipment use by New Zealand Māori post-stroke	A qualitative study using Te Whare Tapa Whā as an interpretive lens	4 Māori service users and 30 allied health professionals (13 occupational therapists, 17 physiotherapists) of which 3 identified as Māori	Individual interviews with Māori service users. Focus groups with allied health professionals	Using a Māori model of health (Te Whare Tapa Whā) potentially enhances the equipment provision service for Māori stroke survivors. Linking equipment use to wellbeing and family roles was more likely to result in a positive service user experience. Building trust, and showing respect, generosity and care were also linked to positive service users' experiences	Occupational therapists must recognise and respect First Nations peoples' perception of their condition and the impact of this on their wellbeing and the roles that are meaningful to them. Building a trusting relationship between the occupational therapist and First Nations peoples and their family is of the utmost importance

(Continues)

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Booth and Nelson (2013) ²¹	Australia	Authorship and positionality not discussed	Demonstrate examples of reflective practice and how this informed service delivery with First Australians	A narrative research design, using a collaborative autoethnographic approach	One participant: An author and an occupational therapist working in Deadly Ears-Australian program servicing rural and remote communities. Cultural background of the occupational therapist was not disclosed	In-depth interview: One author documenting and reflecting on narratives to present to and discuss with the other author in mentoring sessions	Three major themes identified: 1. Core occupational therapy skills and knowledge 2. Partnerships with communities and organisations 3. Cultural safety	1. The use of reflective practice is a tool to enable culturally safe practice 2. Population-based approach as an example of a culturally safe approach to health care in first Nation peoples' community 3. Professional preparation and support for occupational therapists in the form of undergraduate training and professional development will promote culturally safe practice skills

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Cairns et al. (2022) ³⁶	Australia	Authorship and positionality not discussed	To describe the first cycle of the development of a culturally responsive community rehabilitation service for two remote Australian communities	A mixed-method action research approach	The study described a project being undertaken in two remote communities in Northern Queensland, Australia The study describes a stakeholder group with participants from local health services, Aboriginal community council services, community organisations such as the Police-Citizens Youth Club (PCYC), and the local University Department of Rural Health (both First Nations and non-Indigenous people). Members of the stakeholder group also informally connected with local community members. Numbers of participants not stated	Formal stakeholder meetings held monthly, initially, then transitioned to three times annually, over a 2-year period. Members discussed their experiences of the rehabilitation service Informal engagement between stakeholder group members and the wider community occurred through Yarning and informal conversations	The need for dedicated clinical and cultural supervision was identified Three key elements for culturally responsive care were embedded into the service: reciprocity and yarning; holistic community-wide service; and Aboriginal and Torres Strait Islander mentorship	Highlights the importance of co-design in the development of services that serve the needs of First Nations communities

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TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Davidson et al. (2013) ⁴⁹	Australia	Authorship and positionality not discussed	Explore the lessons learned from an initiative in which occupational therapy students (alongside speech pathology students) participated in service delivery for an urban Aboriginal and Torres Strait Islander school	A commentary piece based on a survey of occupational therapy and speech pathology students and informal commentary from teachers	Eight students (occupational therapy and speech pathology specific numbers not stated) participating in an urban, Aboriginal and Torres Strait Islander school-based clinic. Cultural background of participants was not discussed	A survey of occupational therapy and speech pathology students and informal commentary from teachers	Learning within a service delivery model based in partnership with an Aboriginal and Torres Strait Islander school community was described. These lessons have potential to inform future practice to better serve Aboriginal and/or Torres Strait Islander service users	Culturally safe occupational therapy practice can be supported by: 1. Providing the service in a location most appropriate for First Nations service users to attend 2. Consider more flexibility in service delivery models 3. Take time and care in building trusting and respectful relationships with First Nations peoples and their community 4. Consider holistic factors affecting health outcomes for First Nations peoples 5. Consider a population-approach to occupational therapy service design and delivery

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Du Toit et al. (2014) ²²	South Africa	Authorship and positionality not discussed	Report on the exploration of contributing factors that would support meaningful engagement of SeSotho Elders in residential care	Descriptive qualitative study	Convenience sample of 15 Elders and experts in the field of elder care (workers in residential care facilities in the Free State region of South Africa) and familiar with the role of occupational therapy. Cultural background of participants described as “home language mostly SeSotho” as well as SeTswana, Afrikaans, and isiXhosa	Two focus groups facilitated by an external facilitator. Questions posed, participants wrote responses but no discussion	1. Acknowledgement of human dignity of every elder living in care 2. Elders are prone to loneliness, helplessness and boredom 3. Co-occupations, training of staff, and environmental adaptations to facilitate occupational justice for Indigenous Elders 4. To facilitate meaningful engagement of Indigenous Elders in residential care, residents must have access to culturally appropriate care and activities of their choice	1. Highlights the important role occupational therapists have in advocating for culturally safe care with First Nations peoples in residential care 2. Occupational therapy role in occupational justice: Can advocate for meaningful occupation that is culturally appropriate and modify the environment in care facilities to better accommodate this 3. Highlights importance of partnerships with First Nations peoples, their family and their community as part of care 4. Communication is also an important consideration in care

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TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Gibson (2020) ³⁹	Australia	Author self-identifies as a Kamilaroi woman	A four-part presentation presenting the author's story about their people, decolonisation and occupational therapy	Conference presentation	N/A	N/A	Six dimensions of decolonising occupational therapy practice were described: 1. Listen respectfully to the person 2. Use appropriate communication skills 3. Building genuine relationships 4. Critically reflect on political, social, and historical contexts, as well as the professional context 5. Apply a human rights-based approach 6. Evaluate processes and outcomes	Being a culturally safe occupational therapist means not only recognising ones' own lens and taking action to practice in a safer way, it is also recognising the colonised aspects of the occupational therapy profession and the colonised systems we operate in. By gaining a better understanding of this, this allows us to be better advocates for change

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Gibson et al. (2015) ²	Australia	The first four authors of the paper self-identify as Aboriginal and/or Torres Strait Islander peoples	To 'open a discussion with the occupational therapy profession in Australia relating to the application of human rights, cultural competency and genuine partnerships when working with Aboriginal and Torres Strait Islander peoples'	Viewpoint article	N/A	N/A	Three major themes discussed: 1. Self-determination: Central to occupational therapy practice 2. Cultural competency: Human rights matter 3. Partnerships: Facilitating human-rights based practice	1. Partnerships between occupational therapists and First Nations Peoples is key in facilitating culturally safe practice 2. Becoming familiar with and applying the Declaration on the Rights of Indigenous Peoples (the Community Guide) is an important step in culturally safe occupational therapy practice 3. The self-determination of First Nations peoples must be central to delivering a culturally safe occupational therapy service. The leadership of First Nations occupational therapists should be recognised in how the guiding principles of culturally safe practice can be applied

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TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Gordon-Burns and Paraneha Walker (2015) ⁴⁰	New Zealand	Authors self-identify as Māori. The service user described in this article identifies as Ngāi Pakapaka of Rangitāne iwi	To outline an experience of institutionalised racism involving the practice of an occupational therapist from the perspective of a Māori service user and their whānau	Consumer article	N/A	N/A	Institutionalised racism was enacted by: 1. Use of occupational therapy assessment tools without critique of their appropriateness 2. Generating inaccurate knowledge about a Māori person having a devastating effect on wellbeing 3. The occupational therapist positioning themselves the most valid holder of knowledge about a Māori person 4. Framing of the Māori person to position them as vulnerable, unsupported and exposed	Occupational therapists are trained in and work within systems with colonised foundations. Without addressing this and ones' own bias, significant harm can be caused to First Nations peoples
Graham et al. (2022) ³⁸	New Zealand	Two authors identified as Māori	To examine the design requirements of a telehealth wheelchair assessment service from the perspectives of wheelchair users, their families, and allied health professionals	A mixed methods design and inductive thematic analysis Interviews with Māori participants were conducted by a Māori researcher and double-coded by two Māori researchers with expertise in Māori methodology	42 total participants. 23 clinicians and 19 service users 19 OTs and 4 physiotherapists. One physiotherapist identified as Māori 19 wheelchair users. Three wheelchair users identified as Māori	Focus groups and interviews	Three themes were identified pertaining to the experiences of Māori: Cultural safety, relationship building, summative disadvantage for Māori with disabilities It is crucial OTs discuss the preferences of each First Nations person regarding service delivery Some First Nations Peoples may see culturally safe aspects of telehealth delivery, whilst other Peoples view this modality as a barrier to culturally safe service delivery	

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Gray et al. (2005) ³¹	New Zealand	Authorship and positionality not discussed	To examine OTs attitudes to cultural safety for Māori clients	Qualitative study design	13 participants who identified as OTs Two participants identified as European/Māori	Semi-structured qualitative research interviews and document analysis (documents relevant to the Cultural Safety components of New Zealand OT curriculum and professional body)	Maturity and personal experiences had significant bearing on attitudes surrounding cultural safety	Reinforces the need to culturally responsive practice to be recognised as compulsory training, not only in the form of post-graduate training but in undergraduate education
Gwynn (2005) ⁵⁰	Australia	Authorship and positionality not discussed	To present a discussion on a study conducted on the perceptions of eight occupational therapists regarding strategies they found helpful when working with Indigenous Australians in rural and remote Queensland	Commentary article	N/A	N/A	Finding of the paper critiqued were consistent with papers of the time regarding culturally responsive practice, however, author states the research could be improved with inclusion of First Nations co-authors, wider dissemination and intake of participants, and a wider search of non-OT literature	Emphasises the importance of self-awareness as a key component to improving ones' culturally responsive practice as well as the importance of equal partnerships with First Nations Peoples in research design and delivery
Hammel et al. (2022) ⁵¹	Canada	Authorship and positionality not discussed	To outline new orientations for OT practice that render obsolete the use of the term "change agent" and its associated practices and to invite critical reflection about how the profession might contribute to advancing equity, justice, and social accountability in relation to First Nations Peoples	Editorial by panel of academic OTs	N/A	N/A	New orientations recommended: 1. Moving from the individual to the relational, 2. Questioning and shifting power dynamics in relationships, 3. Aligning with equity, reconciliation, self-determination, and liberation, and 4. Accounting for and acting against the harms reproduced within and by occupational therapy	OT roles, frameworks, and terminology must be regularly critiqued to ensure oppressive power relations are not perpetuated. As individuals we must be mindful of the way in which we may unknowingly position ourselves in power with the wording we use

(Continues)

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Hollands et al. (2015) ²³	New Zealand	Authorship and positionality not discussed	To reveal the sensory experiences of mental health consumers engaging in a culturally-meaningful occupation (Kapa Haka)	Qualitative descriptive methodology with an interpretive lens	Three participants: Mental health service users of Maori cultural background.	Semi-structured interviews conducted with open-ended questions (based on the sensory experiences of the kapa haka)	Three central themes: 1. Gaining a sense of connection and identity 2. Gaining a sense of physicality 3. Gaining a sense of embodied emotion	1. Importance of considering culturally safe therapy environment 2. Use of culturally-meaningful occupation to facilitate therapy 3. Value of group interaction to generate sense of belonging between peoples of similar cultural background in therapy
Hooper et al. (2007) ³²	Australia	Authorship and positionality not discussed	To describe the extent and nature of demonstrated professional partnerships between occupational therapists and Aboriginal health workers in rural and remote communities of North Queensland	Descriptive qualitative design	Seven participants working in rural and remote areas of North Queensland Four OTs and 3 Aboriginal health workers. Cultural background of OT participants was not discussed	In-depth, semi-structured telephone interviews	5 core themes identified: professional interaction; perception of professional roles; benefits to the client; professional interdependence; and significance of Aboriginal culture	Highlights the importance of relationships, between OTs and First Nations service users (in this case, Aboriginal Health Workers), as the foundation of any culturally responsive service

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Hopkirk (2013) ⁴¹	New Zealand	Author self-identifies as Māori	This paper was presented as the Frances Rutherford Lecture at the New Zealand Association of Occupational Therapists Conference in 2012 The analogy of the flax rope is used as a metaphor to describe the way in which the occupational therapy profession can weave a strong rope together for a better future	Conference presentation	N/A	N/A	- Occupational therapists have the tools to deliver much to the people and to the communities of Aotearoa - Mechanism to move into the future include Māori-responsive services, driven by Māori aspirations, values, cultural contexts and ways of doing - Occupational therapy and Māori health values align well giving us a common ground to make a strong multi-fibre rope to build a strong people	The occupational therapy profession needs to recognise the leadership of First Nations occupational therapists. Frameworks developed and stories told by First Nations occupational therapists can provide guidance for culturally safe occupational therapy practice

Hopkirk and Wilson (2014) ¹⁸	New Zealand	Author one identifies as Māori from the Ngāti Kahungunu tribe. Author two identifies as 'a descendant from the Scots, from the clan of Gunn'	Understand and value the knowledge of First Nation people of New Zealand and promote culturally safe and responsive practice	Māori methodologies, using the seven principles of Māori research were used to protect Māori knowledge shared in the study	23 total respondents 18 occupational therapist survey respondents, with seven of the respondents identifying as Māori Five health experts for in-depth interviews, all of Māori cultural background	Survey and in-depth interviews	- Culture is central to practice - Shared occupational therapy and Māori perspectives, such as spirituality and person-centred practice - Holistic view of health - Importance of acknowledging relationship with environment and link of environment to health - Family and well communities	- Demonstrates that occupational therapy and First Nations people have shared perspectives: importance of person-centred practice, spirituality and environment - Occupational therapy perspectives can also differ to First Nations peoples' worldview with some First Nations peoples stating less focus on occupation and more emphasis on relationships and family
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TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Iwama (2007) ¹⁶	New Zealand	Authors states parental ancestors resided in the area of Japan that is known today as Nagano and Yamanashi prefectures and Fujian, China	An analysis of the cultural self as OTs	Conference presentation	N/A	N/A	Living in the complex and dynamic tensions between Māori and non-Indigenous Peoples, OTs have opportunities to reflect on and innovate culturally safe practices	Highlights the importance of OT recognising the Western roots of our profession and the impact this has on delivering a service this is culturally responsive to First Nations service users Also highlights the importance of recognising the dynamic cultural context OTs live and work in
Jacek et al. (2023) ³⁰	Canada	Authors described their cultural identity as “white settler-descent OTs” and acknowledged this positionality and privilege “inherently biases the research due to a lack of Indigenous representation”.	To collect data to inform the development of a survey intended to determine the knowledge gaps of OTs in relation to Indigenous health.	A Delphi process was used to prioritise and refine potential themes identified via literature review.	18 OTs with membership in an Indigenous health network. Cultural background of OTs was not discussed	Three rounds of consultation using the Delphi method	10 themes agreed by expert panel: 1. Impact of colonialism, 2. Indigenous relationships/partnerships, 3. Power imbalances, 4. OT as a vessel that perpetuates the cultural genocide of colonialism, 5. Advocacy/innovation, 6. Inappropriate use/imposition of Western norms, 7. Cultural safety, 8. Respecting knowledge, 9. Underlying assumptions of the profession, and 10. Reflective/critical practice	OTs must recognise Western bias and the limitations this may pose to a culturally responsive practice OTs can also utilise positional power to advocate for change I the health care system to improve health care outcomes for First Nations Peoples

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Jeffrey et al. (2005) ⁵²	New Zealand	To enhance OTs awareness of the dissonance between Western training and the delivery of a culturally responsive service and discuss some of the causes of resultant cultural issues	Author identifies as non-Māori and stated their recognition of the limitation of this lens	Opinion piece	N/A	N/A	Four key considerations: 1. Mainstream mental health services in New Zealand are provided primarily within the medical model, which has evolved from scientific or technical-rational paradigms 2. Traditional Māori views of health and healing are at variance with many aspects of the current and dominant mental health service provision 3. Parallels can be drawn between aspects of traditional Māori cultures and the culture of OT 4. OT as a profession is well placed to advocate for culturally safe practice and work in partnership with Māori Peoples to enhance mental health service provision for Māori Peoples	OTs must acknowledge the significant impact colonisation has had on First Nations Peoples' health and recognise how this harm is perpetuated by OTs working with unaddressed biases

(Continues)

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Jull and Giles (2012) ¹	Canada	Authorship and positionality not discussed	To discuss the meaningful role occupational therapists can play in improving (Canadian) Aboriginal peoples' health through examining, critiquing and changing the foundational, Eurocentric values that exist in the profession, in collaboration with Aboriginal peoples	Opinion piece	N/A	N/A	Occupational therapists strive for client-centred care however the profession must choose to end the unquestioning acceptance of our core assumptions that lead to culturally unsafe practices. The profession cannot merely modify what we do, we must collectively examine the concepts we have assumed to be true in order to be truly culturally safe	Occupational therapy services need to not only be accessible to First Nations peoples they also need to be safe. This can be done by recognising the importance of diversity in the profession, individuals recognising their own beliefs and assumptions leading to culturally unsafe practice and collaboratively recognising and addressing the Western-dominant structures that reinforce these beliefs and assumptions

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Keightley et al. (2011) ²⁴	Canada	One author described: First Nations community co-investigator. Remaining authors not clearly discuss cultural background (however article stated first and second authors are from a 'Western worldview')	To explore the perceptions of healing brain injury from First Nations Elders and Traditional Healers	Participatory action research design	10 participants from First Nation communities who have experience in working with people with brain injury	A focus group with Elders and Traditional Healers	Four themes: 1. Pervasiveness of spirituality 2. "Fixing" illness or injury versus living with wellness 3. Working together in treating brain injury 4. Financial support needed for traditional healing	1. Occupational therapists may have differing perspectives on best outcomes for First Nations peoples with brain injury compared to First Nations Elders and healers 2. Importance of a collaborative approach between occupational therapists and First Nations community and Elders 3. Occupational therapists need to consider barriers in finances to support traditional methods of healing

(Continues)

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Nelson (2007) ³⁷	Australia	Authorship and positionality not discussed	To outline issues of service provision for Indigenous families in Brisbane, Australia and present guidelines for the development of a socially and culturally appropriate OT service for urban Indigenous children	Mixed methodology	Part 1: 50 OTs participated in the survey. Cultural background of OTs was not discussed Part 2: 4 school principals, 9 teachers, 3 teacher aides (one of these was also a parent), 7 parents, 1 nurse and 1 family liaison worker employed at one of the schools 16 participants were Indigenous and 9 were non-Indigenous	Part 1: Survey of Paediatric OTs in Brisbane Part 2: Focus groups and interviews with recipients of a newly established OT service for Indigenous children	Five main themes: 1. The need to develop effective relationships 2. Develop particular personal qualities 3. Understand the background of both the client and the therapist 4. Both gain and give knowledge 5. Address logistical issues of service delivery	OTs must recognise the importance of understanding the social and cultural context of both their First Nations clients and themselves
Nelson (2009) ⁴²	Australia	Author self-identifies as a white Australian woman and occupational therapist. Positionality and limitations of a Western world-view was discussed	To explore ways in which we as occupational therapists in Australia can participate in enabling a different and better future for all Australians	Conference presentation	N/A	N/A	In order to practice in a culturally safe way, we as a profession must understand where we have come from. We must understand the impact of colonisation and acknowledge the impact it has had on First Nations peoples. We must examine the way in which our profession positions ourselves and the First Nations people we work with. We must prioritise building meaningful relationships with First Nations peoples and recognise this takes time. We need to be 'learners' and not 'tellers'. We must also proactively take collective action, raising awareness and ensuring culturally safe practice is a priority for our profession	Occupational therapists need to do more in examining our professional history and the foundational values of the profession that may lead to culturally unsafe practice. Concepts such as 'enabling' must be examined as this positions occupational therapists as an 'expert' that undermines the self-determination of First Nations peoples. Flexibility, humility and self-awareness of occupational therapists, as individuals and as a whole, is needed

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Nelson et al. (2011) ³⁵	Australia	Authorship and positionality not discussed	To present the current issues in Australian occupational therapy practice delivering a service for First Australians	Mixed methods approach	41 occupational therapists working with or interested in First Australian health issues. No participants identified as First Australian	Survey and workshop group discussion at 2008 Australian national occupational therapy conference	1. In survey, participants rated confidence and competence to work with First Australians as low to moderate. Higher levels of perceived confidence and competence was associated with current experience “in the field” 2. Six themes from workshop discussion: Building relationships, service provision and design, education and training of occupational therapists, increasing First Australian representation within occupational therapy, professional issues, political issues Under levels: individuals, managers, researchers and professional bodies 3. Lack of education and experience leads to feelings of low-level confidence and competence, which may impact service delivery and engagement with First Nations peoples and community 4. Organisational change needed to allow occupational therapists time to build relationships, and allow access to interpreters	1. Highlights importance of building collaborative relationships with First Australians 2. Importance of education of occupational therapists to facilitate culturally safe practice 3. Lack of education and experience leads to feelings of low-level confidence and competence, which may impact service delivery and engagement with First Nations peoples and community 4. Organisational change needed to allow occupational therapists time to build relationships, and allow access to interpreters

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TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Nelson et al. (2004) ⁵³	Australia	Authorship and positionality not discussed	To document a 6-month pilot project of a visiting OT program being delivered to Indigenous children in schools in Brisbane, Australia	Report	N/A	N/A	A school-based service was supported by the participants of the pilot program due to convenience, potential for a reduction in feelings of shame experienced by parents and children, an important adjunct to the teacher's daily work, and reduction in time accessing a mainstream service Other considerations included: consistency of the OT over time, working as a team with family, community, teachers and liaison workers, and the need for more culturally appropriate assessment tools	OTs need to recognise the 'deficits' that may be placed on First Nations Peoples when the reality is the deficit of the culturally unsafe environments and services available for First Nations Peoples to access
Ouellet et al. (2022) ²⁹	Canada	Authors identified as non-Indigenous and recognised the limitations of this lens.	To present a reflection on the experience in developing an OT and physical therapy programme in a health centre located on the Hudson Bay coast of Nunavik, a culturally complex northern Indigenous health care setting	Qualitative study design	Four non-Indigenous rehabilitation professionals (OT and physical therapists) A rehabilitation department of the Puvirnituq hospital or in the premises of the local community service centres during Inuit community visits	Reflections of challenges encountered by OTs working with First Nations Peoples (Inuit) over a 4 years process	10 major themes relating to the challenges encountered and strategies implemented: 1. Diverse clinical needs; 2. Communication issues; 3. Acquisition of cross-cultural interaction and population-specific knowledge; 4. Adaptation of clinical practice to Nunavimmiut; 5. Client engagement in rehabilitation; 6. Professional isolation; 7. Lack of awareness around the objectives and scope of rehabilitation practice; 8. Use of culturally safe assessment tools; 9. Staff turnover; 10. Large geographic area to be served	OTs must acknowledge that services must be adapted, collaboratively with community members, to serve First Nations community members Self-reflection is a crucial step to building relationships that can lead to effective change

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Paluch et al. (2011) ⁴³	Australia	Authorship and positionality not discussed	An outline of the growth of KOTS (Koori Occupational Therapy Scheme), providing examples of the action that occupational therapists can take part in to contribute to the health of First Australians as well as the existing needs and challenges inherent in this process	A viewpoint article written by KOTS committee members	N/A	N/A	Five key themes: collaboration on all fronts, starting at the root (educational disadvantage), environmental change, reflecting on and addressing our own limitations, and long-term vision (of KOTS) Occupational therapists can and must play a role in advancing the health of, and promoting social and occupational justice for, First Australians	Acknowledging the knowledge and leadership of First Nations peoples is critical for the progression of the occupational therapy profession in culturally safe practice. This acknowledgement must also be supported by action, which can involve occupational therapists removing barriers to First Nations peoples becoming occupational therapists such as providing educational scholarships and fostering community links and mentorship to provide a more welcoming space for First Nations students

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TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Pidgeon (2015) ⁴⁴	Australia	Authorship and positionality not discussed	An account of one occupational therapist's experience visiting occupational therapists working in remote areas with Indigenous peoples and comparing practice across Australian, American and Canadian practice contexts	Opinion piece by one occupational therapist	N/A	N/A	Six key themes: cross-cultural practice (with therapists largely identifying as non-Indigenous), practice supports (to support culturally safe practice), occupation (recognising therapist bias in priorities), assessment (issues of standardised assessment), visiting services (service access barriers and strategies), and extended scope of practice (generalise occupational therapy skills)	The occupational therapy profession is becoming more aware of the significance of culture in the lives of the people we work with. In this increasing awareness, occupational therapists are urged to also consider ones' own culture and take more responsibility in recognising our role in addressing the bias that affects service delivery for First Nations peoples. Collaboration with First Nations communities in the design and delivery of remote occupational therapy services is crucial

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Reisinger and Ripat (2014) ²⁵	USA	Authorship and positionality not discussed	To explore factors that contribute to successful assistive technology (AT) prescription within the Navajo Nation	“Social constructionism approach to inquiry”	Total: 35 participants. 28 AT users from the Navajo Nation, seven AT providers (occupational therapists included) whose cultural background was not disclosed	Talking Circles (a culturally-appropriate form of focus groups) with key stakeholders: AT users and AT providers	Central themes: 1. First Nations AT users not feeling understood 2. AT-providers: roles and responsibilities highlighted	1. Occupational therapists must recognise a service outcome may have its own meaning for First Nations peoples, for example, AT may have a different use and meaning for a First Nations person 2. Therapists must consider the barriers First Nations peoples face accessing AT when living in rural or remote areas: consistency of service provision, access to equipment and funding 3. Therapists must consider the importance of working collaboratively with local, culturally appropriate health services for best service outcomes

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TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Restall et al. (2016) ⁴⁵	Canada	Two authors self-identified as Euro-Canadian occupational therapists and two authors self-identified as Indigenous occupational therapists	To provide commentary on how occupational therapists can respond to the Canadian Truth and Reconciliation Commission's call to action	Editorial	N/A	N/A	Occupational therapists must expand our approach beyond focusing on individuals and their immediate environment. We must move out of the comfort zone of "business as usual" and do more to address our role within structures that oppress First Nations peoples. A way forward is for occupational therapists and occupational therapy associations and education programs to create partnerships with First Nations leaders and stakeholders to guide the transformation of practices	Occupational therapists, particularly non-Indigenous, have to take responsibility for our role in perpetuating Western-dominant health care that limits the outcomes and self-determination of First Nations peoples. We need to do more to engage critically in the underlining biases that form some of the foundational practice models of care used and increase our ability to engage in complex political environments
Sarovich et al. (2022) ³³	Australia	First author identified as non-Indigenous and recognised the limitations of this lens, being primarily responsible for managing data collection and analysis Two authors identified as Indigenous Community Research Partners	To explore the experience of Aboriginal and Torres Strait Islander people, participating in a co-designed student-assisted community rehabilitation service in a remote Aboriginal community in Far North Queensland	Exploratory qualitative design Interpretive phenomenological analysis was applied through inductive thematic analysis	Six older Aboriginal and Torres Strait Islander people engaged in a rehabilitation the service over a 7-week period	Observation, informal yarning and semi-structured interviews	Four key themes: 1. A connection to people, both within the program and those significant in people's lives; 2. A connection to past experiences, roles and events; 3. A connection to the future of cultural knowledge; 4. A sense of achievement and fun	Emphasises the need and importance of two-way, reciprocal learning as well as the recognition of culture as a foundation to service delivery

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Schlötjes et al. (2022)	New Zealand	First author identified as non-Indigenous	To share practical experiences of a non-Māori therapist working with Māori People and whānau (significant people) on a journey to wellness	Reflection piece	N/A	N/A	Key findings: 1. There is no prescription however, there is a need for flexibility, creativity and an individualised kete; 2. Paramount for success is a culturally safe and genuinely invested relationship; 3. Focus on mana, integrity and the skills, experiences and resources of the tangata whaiora; 4. Therapist reflections enhance the personal hīkoi of the tangata whaiora and their potential, honouring relevant 'doing' experiences	Emphasises recognising the importance of flexibility in service design and delivery, and a genuine investment in the relationship built with the First Nations client
Silcock (2020) ⁴⁶	New Zealand	The author self-identifies as 'a New Zealander of European decent' and occupational therapist. Positionality as a Western therapist and privilege of this position discussed	To understand Euro-normative worldviews continue to dominate occupational therapy practice as well as looking for space where occupational therapy practice can actively resist this dominance (in the context of decolonising practice working with First Nations peoples)	Research article discussing the finding of a PhD project carried out in 2014–2018	N/A	N/A	Occupational therapists need to recognise the close ties our medico-legal regulation has to Euro-normative worldviews. As we often involved in the practical implementation of health policy, we are well-placed capitalise on the discretion we have in every day decision making. As 'street-level bureaucrats' we can support movement towards a more equitable and decolonised society through the position of power and discretion we hold as a profession	Occupational therapists "become the public policies we carry out". Our position to decide in how we deliver policy turns our actions into politicised acts. This is equally a great opportunity and responsibility to better advocate for systemic change that enables equal treatment and outcomes for First Nations peoples

(Continues)

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Stedman and Thomas (2011) ²⁶	Australia	Authorship and positionality not discussed	To explore occupational therapist views of their effectiveness in modifying their practice for older adults of an Aboriginal or Torres Strait Islander background	Qualitative methodology-interpretive approach	Seven OTs. Cultural background was not discussed	In-depth, semi-structured interviews	Four themes: 1. Views of effectiveness 2. Awareness of culture and respect for the individual expectations 3. Developed different expectations 4. Ensuring quality outcomes	Highlights importance of occupational therapists modifying practice to achieve equitable outcomes for First Australians: 1. Being mindful of culture and its impact on intervention and occupational performance 2. Suspending judgement through self-awareness 3. Understanding the impact of the socio-cultural and physical environment 4. Establishing person-centred goals collaboratively 5. Involving peoples' family and social support Also highlights importance of reflection
Thibeault (2002) ⁵⁵	Canada	Authorship and positionality not discussed	To reflect on the evolution of occupation throughout Inuit history and at its potential for individual and collective healing	Reflection piece	N/A	N/A	Inuit occupational wellbeing cannot be dissociated from economic and environmental factors. Occupational losses organised under three themes: 1. Loss of traditional modes of productivity 2. Loss of traditional modes of leisure 3. Loss of relevant occupational models	Reinforces the importance of OTs considering the loss of meaningful occupations due to colonisation and impacts of Western capitalism

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Tse et al. (2005) ⁵⁶	New Zealand	Authorship and positionality not discussed	To advance the discussion surrounding the consideration of spirituality in OT services.	Conference presentation	N/A	N/A	By addressing the spiritual needs of Māori service users, a more holistic OT approach is possible. Assessment and intervention implications highlighted.	OTs must recognise the important link between spirituality and occupation.
Watts (2002) ²⁸	Australia	Authorship and positionality not discussed	To explore the experiences, perspectives and practical strategies of OTs working with Aboriginal and Torres Strait Islander people living in rural and remote areas of Queensland Australia.	Qualitative, exploratory, descriptive study design	Eight OTs with at least 12 months' experience providing services to Aboriginal and Torres Strait Islander people in health, rehabilitation or education services. Cultural background was not discussed.	Semi-structured interviews	Strategies for facilitating effective communication with individuals and families, and collaborating with other service providers was discussed. The role of Aboriginal Liaison Officers or Indigenous Health Workers, cross-cultural training, and mentorship from Indigenous Liaison Officers, was emphasised.	Relationships with First Nations Peoples, their family and community is key to effective OT service provision. Building relationships with First Nations health workers is key to creating a culturally safe therapy environment.
Vaughan and Mackenzie (2011) ²⁷	Australia	Authorship and positionality not discussed	To explore the perspectives of older Indigenous Australians about their health and wellbeing.	A qualitative study using a phenomenological analysis approach.	Four female and two male Indigenous Australians over 45 years old, attending an Aboriginal Medical Service in Southwest Sydney, Australia.	Six face-to-face interviews with Indigenous Australians over the age of 45 living in Southwest Sydney, Australia.	Four core themes emerged relating to perceptions of ageing well as Indigenous Australians: 1. Personal identity 2. Family 3. Community 4. Perceptions of health and ageing. Engaging in meaningful occupations to support culturally valued roles were key elements in strengthening identity and facilitating personal, family and community health.	It is crucially important that occupational therapists prioritise the voices of First Nations peoples to direct the focus of the service provided. When working with First Nations peoples, occupational therapists must also consider the perception of the individual of what it is to be well to ensure therapist assumptions do not influence decisions on occupational priorities.

(Continues)

TABLE 2 (Continued)

Citation	Country of origin	Authorship and positionality	Aim	Design	Participants and setting	Data collection methods	Key findings	Implications for culturally responsive OT practice
Webb (2021) ⁴⁷	New Zealand	Authorship and positionality not discussed	To reflect on an occasion of service with a Māori client, identifying knowledge gaps and uncovering personal bias to acknowledge areas with opportunities for improvement	A self-reflection of a case study	N/A	N/A	In this case study, cultural invisibility was identified as the predominant barrier for service provided. Culture (recognition of) could have been a strong foundation for the planning and implementation of rehabilitation. As clinicians, we have a responsibility to address cultural invisibility through self-reflection and challenge unconscious bias. Policy changes and appropriate funding may also assist to address barriers to rehabilitation experienced by Māori clients	Vulnerability is an important and necessary quality occupational therapists must embody to reflect on practice and take responsibility for practices that may be been culturally unsafe. It is our responsibility to address the bias that influences our practice as well as the systems we operate in
Zeldenryk et al. (2006) ⁵⁷	Australia	Authorship and positionality not discussed	To analyse how the forced removal of Indigenous children from their families and communities, through the Australian Commonwealth policy of assimilation, deprived Indigenous children of culturally significant occupations	Viewpoint article	N/A	N/A	Outlines three areas of occupational deprivation of First Australians: 1. Deprivation of a culturally significant social environment 2. Spiritual deprivation of one's land and Story 3. Deprivation of initiation processes	OTs must recognise the impact of racist, colonised actions taken against First Nations Peoples and how these actions continue to impact First Nations Peoples today

TABLE 3 IAHA framework capabilities.

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Baigent et al. (2019) ⁴⁸	Reflective photography used as a tool for First Nations clients to explore spirituality. First Nations participants found it beneficial to reflect upon images of spirituality within their shared activities	Acknowledges that occupational therapists, particularly those with Western worldviews, would benefit from exploring their own sense of spirituality. Recommend by engaging in personal reflection First, therapists would offer better intervention for clients who wish to explore their spirituality	Explores reflective photography as a potential option for a culturally safe method for interviewing with First Nations Peoples Advocates for further research to be done in this area			
Boland et al. (2020) ³⁴	First Nations Peoples' perceptions of health and family roles were considered key to equipment prescription. How ones' culture influences equipment use and perception was highlighted	Therapists understood that First Nations Peoples service users' beliefs and perceptions of equipment may differ from their own	Culturally safe data analysis used and promoted a First Nations model of health to frame First Nations Peoples' perspectives on service use	The perspectives of First Nations Peoples were central to the findings which highlighted the importance of the relationship between the therapist and First Nations service users	Culturally safe practice described and examples of culturally safe practice and research methodologies provided	Culturally safe research methodology used in both information gathering and analysis
Booth and Nelson (2013) ²¹	Occupational therapist recognised traditional model of practice would not be appropriate to deliver in First Nations communities	Occupational therapist used reflection as a tool to assist in improving practice in First Nations communities. Occupational therapist recognises gaps in own cultural understanding and values	Article describes a service that utilises a population-based approach	Article describes a service that includes and involves First Nations community and local organisations in service delivery	Occupational therapist working collaboratively with educators to support meaningful engagement of First Australian children	Reflective practice used to improve outcomes for First Nations Peoples and community Partnerships established in service to create sustainable change Study describes service as capacity-building being embedded in the organisation

(Continues)

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Cairns et al. (2022) ³⁶	Recognised that culturally responsive services for First Nations Peoples require holistic and community-wide perspectives on healing. The use of a First Nations cultural responsiveness framework (IAHA) was used to guide the project. The role of a First Nations community rehabilitation co-worker was recognised	Recognition of dominance of non-Indigenous researchers and health providers in the initial phases of the project, creating a power imbalance rooted in colonial structures	Article describes an action research approach to co-design a community rehabilitation and lifestyle service in two remote First Nations communities	Highlights the importance of co-design of a local rehabilitation service with First Nations community members	Utilised a strengths-based, action research approach, collaborating with First Nations community members. Continuation of the service long term was considered in the design of the service	Asymmetric power relations in health service were recognised and actions were taken to address this e.g. a structured assessment process was identified as inappropriate Recognition of the time required for an authentic co-design process was acknowledged
Davidson et al. (2013) ⁴⁹	Describes the success of a service being moved to be located from a university clinic to the school First Nations clients attended as well as increased flexibility in both service and organisational structures. Also describes the importance of acknowledging First Nations Peoples' navigation of multiple cultural knowledges (both First Nations and Western)		An example of an inter-professional service, collaborating with multiple stakeholders, to best meet the needs of First Nations school-aged children receiving services	Advocates for the importance of occupational therapists to take time in building trusting relationships with First Nations Peoples, for example planning for several appointments as opposed to a 'one-off' service. Article also advises therapists give information about themselves as a way of reducing the power differential		
Du Toit et al. (2014) ²²	Strategies to improve culturally safe practice included clothing considerations, using language of choice, including community members, and including culturally meaningful occupations in practice	Authors recognised that non-Indigenous occupational therapists must consider cultural background to deliver person-centred care to First Nations People	Article provided examples of environmental considerations to allow for culturally safe practice with First Nations People	Article recognised the importance of partnership with First Nations Peoples and their community		

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Gibson (2020) ³⁹	Discusses the importance of understanding and considering the cultural occupations of First Nations Peoples. Also discusses healing as a cultural occupation	Recommendations made to enhance self-awareness, such as learning about colonisation and the ongoing impacts of colonisation, the use of culturally safe frameworks, learning about racism and how it plays out in everyday life, and reflecting on who you are and what privileges you will continue to receive while racism remains unaddressed	Develops and explores a six-dimension, strengths-based framework for working with older Aboriginal People	Discusses decolonization as a journey of self-determination for First Nations Peoples as their narratives can be expected to be heard. Article strongly advocates for listening carefully to First Nations Peoples, using appropriate communication skills, suspending judgement, being in the moment, and when needed, being silent	A strengths-based framework was described to support the OT profession in the decolonisation process	
Gibson et al. (2015) ²	Occupational therapists should explore occupations in the context of individual and community beliefs, perspectives, and conceptual frameworks for health, wellbeing and occupations. Consideration must be made to acknowledge First Nations Peoples are required or forced to manage time and occupations across both First Nation and Western cultures, dealing with competing priorities	Advocates for understanding that occupational therapy is a Western social and culturally constructed profession that influences communication, understandings, world views and concepts and frameworks	This article provided a self-reflexive questions for occupational therapists to consider how our socially and culturally constructed profession influences everyday practice	Partnerships between First Nations Peoples and the occupational therapy profession as an avenue to facilitate culturally safe practice is discussed. Also highlights the importance of recognising the right of First Nations Peoples to self-determination and that self-determination should be central to occupational therapy practice		

(Continues)

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Gordon-Burns and Paraneha Walker (2015) ⁴⁰	Presents examples of how to demonstrate this capability such as considering the environmental context of questions asked in a cognitive assessment (e.g. quizzing on animals unfamiliar to First Nations People), understanding the importance of context in communication of how meaning may be interpreted differently, incorporating family and where one comes from into the conversation, and reconsidering if the Western way of assessment is appropriate	Strongly demonstrates the impact of a poor self-awareness on the part of the occupational therapist and how this impacts rapport and therapy outcomes with First Nations Peoples	Discussing the importance and meaning of cultural safety from the perspective of a First Nations service user and their family	Advocates for collaboration between therapists, the First Nations community members, and family in the facilitation of therapy sessions and health services broadly		
Graham et al. (2022) ³⁸	Utilised First Nations research methodology to conduct interviews with First Nations Peoples. Study recognised feelings of unsafety when OTs conducted home visits. Recognition of culturally-based introductions between a First Nations service user and a First Nations clinician		Study considered the culturally-specific perspectives and needs of First Nations Peoples when conducting a larger needs-based study for wheelchair users and telehealth requirements	Study emphasised importance of shared decision-making between OTs and First Nations service users e.g. each individual First Nations person's right to decide if a telehealth appointment is a safe and appropriate choice for them	Article highlights that current widespread dissatisfaction regarding culturally responsive services indicates that maintaining the status quo is unacceptable in the current health care system further impacting First Nations People who identify as having a disability	Recognition of the cumulative effects of institutionalised racism experienced by First Nations Peoples in the current health care system further impacting First Nations People who identify as having a disability

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Gray and McPherson (2005) ³¹	Acknowledges cultural knowledge cannot always be learned academically. Being around members of the community is where health professionals learn the most about community and culture. Recognises increasing knowledge can facilitate attitudinal change	Paper acknowledged the complexity of the concept of cultural safety and directed the reader to further reading from Ramsden, 1993. Acknowledged that racism can be an unconscious phenomenon and health professionals may be unaware of the attitudes they have that are racist and may be translated to practice. Cultural safety can only be defined by the recipients of the service	Contributing to the limited research regarding cultural safety for Māori Peoples at the time			Acknowledges that OTs must learn about power relationships between health professionals and clients. Recognition that many issues for First Nations Peoples' health is a result from the colonised processes and continued dominance of the euro-centric perspective
Gwynn (2005) ⁵⁰		Without thorough consideration of ones' own worldview, culturally responsive strategies may be adopted at a superficial level	Provides a critique of a study conducted describing elements of culturally responsive practice	Article highlights that if First Nations Peoples are the focus of a study, their perspectives need to also be included in the study		Critiques that research presented from the perspectives of the professionals, without the input of First Nations Peoples, has major limitations
Hammell et al. (2022) ⁵¹		Article states that OTs claiming to be "change agents" protects OTs from seeing own profession among the systems that need change	Advocates for changes in the power relations the profession is engaged in	Highlights the importance of collaborative relationships with First Nations Peoples. Highlights responsibility of OT to work towards a "relational approach in co-creating culturally-safer relationships and anti-racist, ethical spaces"	Highlights that professions are often complicit within oppressive power relations. Recommends changes to the OT term "change agent"	
Hollands et al. (2015) ²³	A culturally meaningful task (kapa haka) was used for therapy		Incorporating culture into therapy at a mental health service	The voices of First Nations People were highlighted in the study in relation to how the kapa haka shaped their experience	This study demonstrated the effectiveness of incorporating the Kapa Haka	

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TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Hopkirk (2013) ⁴¹	Discussed that occupational therapy has the tools to deliver much to First Nations communities. Occupational therapy from the Western view considers People in an individualist nature rather than an interdependent reality recognised by First Nations cultures. Centralising practice in the family and community of the individual is recommended as well as assessment and interventions provided from a First Nations' world view	Acknowledgement of ones' own cultural identity and positioning throughout	The development of a framework to guide culturally safe OT practice, acknowledging the spirituality of First Nations Peoples		Recognises the leadership in occupational therapy as non-Western therapists have reconsidered their practice with their own world view	Advocates that occupational therapy is a profession that affirms occupational justice. States that we are challenged to consider the impact of First Nations Peoples being prevented, limited or marginalised from participating in meaningful occupations. Western paradigms globally have shaped occupational therapy theory and practice and challenge to reframe this practice in non-Western worlds has been heard
Hopkirk & Wilson (2014) ¹⁸	Culture and spirituality considerations in practice highlighted	First Nations occupational therapists stated Indigenous views were paramount and occupational therapy view was secondary Acknowledging own biases was highlighted	A framework for occupational therapy practice with Māori Peoples was developed in this study	The views of Māori occupational therapists and Māori health practitioners were explored as part of the framework development	Development of a conceptual framework may assist in promoting culturally safe occupational therapy practice	Cultural safety was embedded throughout the research process in this study. Results of this study advocate for Māori community
Hooper et al. (2007) ³²	Recognition of First Nations Health Workers as an important role for culturally safe service experiences		Presents the opportunity for meaningful intervention strategies with the partnership of First Nations Health workers and contributes to the limited literature of the time that discusses this relationship	Recognition of professional partnerships between OTs and First Nations Health Workers. Highlights the importance of clear understanding of each role. Participants indicated the health outcomes were greater when this partnership was formed		

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Iwama (2007) ¹⁶	OTs must recognise the cultural contexts through which our therapeutic interactions are translated. Only considering independence in ADLs may rob a person from their interdependent role	OT discusses own cultural lens, cultural background and how this shapes worldview and OT practice. All of 'ones' own experiences shape ones' cultural lens which gives a sense of meaning to occupations in ones' own life as well as others. Focusing on the culture of others allows one to escape from responsibility of examining ones' own culture	Advocacy for examining ones' own lens and the impact of an un-examined cultural lens has on culturally safe therapy experiences			Acknowledges that the OT profession is culturally situated within Western norms. Highlights issues of power and equity as Western cultural norms being embedded in ones' own practice can exclude many others. The OT profession must examine the very core of ideas of the profession and determine whether the service we provide through our therapeutic selves is truly relevant, adequate and safe for all clients

Jacek et al. (2023) ³⁰	Respecting the knowledge of First Nations Peoples was highlighted. The centrality of "nothing about us without us" is key to OTs contributing to relevant and impactful role contributing towards the rights of First Nations Peoples. OTs must value First Nations knowledge and make space for First Nations Peoples to engage in culturally relevant occupations	Highlights the importance of addressing ones' own knowledge gaps about First Nations health, power and privilege as a non-Indigenous health professional, and the resultant biases that impact therapy	A call for the OT profession to respond to the Truth and Reconciliation Commission to engage in the process of reconciliation with First Nations Peoples. The profession must be proactive in the flexibility of delivering OT services	OTs must engage in respectful relationships with First Nations Peoples to provide equitable, safe and competent care	Calls for advocacy of the OT profession to address environmental factors, social and political, that constrain occupational engagement of First Peoples and contribute to health inequities	The impact of colonisation on the health of First Nations Peoples was strongly highlighted as well as the OT profession as a vessel that perpetuates the cultural genocide of colonialism
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TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Jeffrey (2005) ⁵²	First Nations beliefs and practices regarding health and ill health are often at variance with many aspects of Western health care	States that an OT must work with the reality of clients from a critically aware perspective	Advocacy for First Nations ways of knowing and healing in mainstream health care	OTs recommended to have guidance and supervision from First Nations colleagues with sensitivity to the impact of colonisation on First Nations Peoples		Recognises the way knowledge is valued in health care has Western roots. For this reason, First Nations models of health care are often overlooked. Recognition of the loss of occupations due to colonisation and effects of racism
Jull and Giles (2012) ¹	Advocates for Western-trained therapists to gain an understanding of First Nations cultures. Also need to recognise that Western models of health care delivery are insufficient for understanding and addressing the needs for health and well-being of First Nations Peoples	Emphasises that without self-reflection, the profession could be at risk of being an inadvertent contributor to the issues that undermine First Nations' health. Occupational therapists must examine their personal and professional culture and gain an understanding of how this influences the service they provide	Discussing the importance of individuals, and the profession as a whole, to take responsibility for the Western-dominant roots of the profession and how we may inadvertently perpetuate harm if unaddressed	Emphasises the importance of collaboration and building relationships with First Nations Peoples, and collectively discuss the meaning of client-centered care. Also emphasises the importance of including First Nations Peoples in the re-examination of the profession's core assumptions		Article strongly advocates for the profession to take responsibility for colonial power relations we are a part of that result in poor health outcomes for First Nations Peoples. Culturally safe practice cannot be fully implemented without the ongoing critical examination of occupational therapy's foundational belief system
Keighley et al. (2011) ²⁴	Study highlighted the importance of incorporating First Nations perspectives of healing in practice	Study findings indicated differences between First Nations healers' perspectives and occupational therapy values	The study served to bridge the gap between Western occupational therapy and traditional perspectives on recovery and healing for First Nations People	The voices of First Nations People were highlighted in the study findings (all participants were First Nations People)		Study makes recommendations to better facilitate culturally safe practice, for example increasing financial support for traditional healing

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Nelson (2004)	Seeing First Nations children in groups. May minimise what some participants described as 'shame' when children attended therapy sessions Using community spaces for therapy-school. Also can assist with barriers to therapy		Pilot of a program to better address the needs of First Nations children in a school environment	Highlights the importance of relationships as the foundation of any effective OT program. Voices of First Nations Peoples hears (parents of First Nations children)		Recognition that First Nations Peoples may be labelled with 'deficits' when deficits lie in the failure of the environment to consider cultural needs
Nelson (2007)	OTs recognised assessment tools did not consider First Nations Peoples in their design. Using community spaces for therapy e.g. school. Providing therapy in community spaces can assist with barriers to therapy. Social relationships of First Nations clients was highlighted	Acknowledgement that when conducting research that relates to culture, one must acknowledge their own culture and collaborates with those belonging to the cultural group who is part of the research. Recognition that the therapist's values or goals may differ to the client and may not be the therapy priority	Guidelines developed to advocate for the needs of First Nations children and their families in metropolitan schools	Recognition that the service must be modified to recognise the social and cultural environment of the person. Recognition of the importance of a cultural liaison was highlighted		Acknowledgement that First Nations Peoples have participated in research that has often benefitted the (Western) researcher but provided little lasting benefit to the First Nations Person and their community. Recognition of the forcible removal of First Nations children and the impact this has had on the health of individuals, their families and their community

(Continues)

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Nelson (2009) ⁴²	Advocates for occupational therapists to always check with community members about the words used to refer to their cultural identity. Highlighted occupational therapy professional strengths such as seeing the 'whole picture', being flexible and adaptable, and considering the whole context of a person. Highlights we are also limited by Western models of care	Article states (from the position of a non-Indigenous author) that our own culture is often invisible to us, focusing on the cultures of other that may at times be tokenistic or over-simplified	Articles shows an example of a non-Indigenous occupational therapist clearly acknowledging their positioning and sharing their journey towards culturally safe practice	Building relationships with First Nations clients' needs to be prioritised. Occupational therapists are encouraged to be present in shared spaces, engage in two-way sharing, and engage with interpreters to build these relationships. Advocacy for better representation of First Nations Peoples in the profession is also recommended	Argues that the occupational therapy profession needs to make First Nation health a priority within our profession. We need to be creative with funding and services that meet the needs of First Nations Peoples	Emphasises the need for the profession to examine the Western origins of the profession, the impact of colonisation on First Nations' health outcomes and resultant, ongoing power dynamics that 'others' and positions First Nations Peoples. A recommendation for professional development through mentoring and support systems to foster the communication of success stories of culturally safe practice
Nelson et al. (2011) ³⁵	Occupational therapists highlighted the need to use interpreters where needed, allocate extra time for sessions and be flexible in delivery	Occupational therapists identified the need to develop reflective practice around cultural safety	Occupational therapists recommend educators include material relating to cultural safety in OT curriculum	Occupational therapists identified the importance of working with families and communities as well as increase representation of First Australians in research		Advocates for change at individual, educational and national levels of occupational therapy
Ouellet et al. (2022) ²⁹	Considers that for many First Nations Peoples, the health and wellbeing of the individual is closely associated with the health of the culture, the land, the community and the spiritual world. Outlines cultural differences where Western culture often values independence. Recognises follow up sessions should be facilitated in the environment most comfortable for the client	Professionals responsible for the development of the program recognised limitations, not belonging to the First Nations community they serve. Therapists participated in local community events to build knowledge and relationships with First Nations communities. Highlights importance of reflexive practice	Discussing challenges and strategies when developing a service to provide rehabilitation to First Nations communities at a regional centre	Therapists recognised language barriers, and inconsistent therapist presence as barriers. Presented interpreters, mentors, and broadening of therapist skillset as potential strategies. Reinforces need to ensure goals of therapist and client align. Advocates for the recruitment of First Nations rehabilitations professionals	Therapists using flexibility in facilitating a service in allowing First Nations Peoples to use the service in timeframes more suitable (rather than enforcing Western timeframes)	Highlights that systematic and long-term investments in training of First Nations professionals needs to occur. Recognises lack of trust between First Nations Peoples and health services may be associated with the history of colonisation and harm caused to First Nations Peoples by the health care system

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Paluch et al. (2011) ⁴³	Highlights that the occupational therapy profession is grounded in Western principles which may be vastly different to First Nations worldviews however some aspects of occupational therapy and First Nations concepts of health are synergistic, for example interconnectedness with family and a holistic view of health and well-being	Article states that it is a matter of professional responsibility to ensure that occupational therapists delivering health care are aware of the impact of their own culture and cultural values on the delivery of services	This article describes proactive steps taken to advance culturally safe occupational therapy practice in Australia by initially starting as a local initiative to then planting seeds for a national-level cross-disciplinary activity		Describes the Koori Occupational Therapy Scheme (KOTS) created in response to the small number of First Nations occupational therapists and students in Australia. Providing scholarships for First Nations students to complete their degree and advocating for increased representation of First Nations Peoples in the profession	Highlights that the lack of representation of First Nations occupational therapists has deep roots in educational disadvantage of First Nations Peoples. This can be assisted with efforts to improve recruitment and retention of First Nations occupational therapy students as well as creating culturally safer curriculum. Occupational therapists have a moral responsibility to advocate with and behalf of First Nations Peoples

Pidgeon (2015) ⁴⁴	Therapists reported that the application of 'best-practice' models based on a medical diagnosis may not give the best results. Indicated that involving the wider family in assessment and goal setting, using clinical observation of occupational performance over standardised assessment, and completing therapy in an environment that is familiar and safe for First Nations clients was important	Occupational therapists recognised that their perception of areas of primary concern/priority for therapy goals did not align with the perceptions of their First Nations clients	Collecting the stories of occupational therapists working with First Nations People in remote areas across three countries, Canada, USA and Australia	In this article, Elders and significant family members were described as important in decision-making. Therapists taking the time to develop relationships and trust and being open to assisting and participating with clients in day-to-day activities. Involving a cultural translator was also considered as important		Non-Indigenous occupational therapists need to be aware of the impact of colonisation of First Nations Peoples and harmful, government-led actions (such as the Stolen Generation in Australia and the Residential Schools System in Canada) and how this can impact trust with non-Indigenous health professionals
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Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Reisinger and Ripat (2014) ²⁵	Used Talking Circles in methodology of the study Findings indicate importance of considering culturally meaningful engagement Findings indicate importance of incorporating healing ceremony		Study highlighted importance of using a culturally safe data collection method	Findings discuss importance of establishing long term relationships with First Nations Peoples		
Restall et al. (2016) ⁴⁵	States that occupational therapists, individually and collectively need to expand their clinical, education and research practices beyond a focus of individuals and their immediate environments	Occupational therapists need to engage critically with the nature and underlying assumptions of occupational theories and concepts. We need to acknowledge that we bring our own values, beliefs, and experiences into our practice	There is an opportunity for occupational therapists to translate our aspirations of client-centredness, human and occupational rights, and socially transformative practices into reality	Emphasises the importance of collaboratively creating partnerships with local, provincial, and national First Nations leaders and stakeholders to guide transformation of practices, curricula and professional competencies		Article states that the silence of the occupational therapy profession on colonial structures in health care, academia and society make us complicit in upholding the system that perpetuates the marginalisation and oppression of First Nations Peoples
Sarovich et al. (2022) ³³	Study highlights the importance of hearing the individual stories and perspectives of the First Nations clients OT work alongside. Highlights that an appropriate rehabilitation program can help clients feel supported in their cultural identity. Maintaining engagement with community was highlighted as a priority as well as the importance of incorporating culturally important items in therapy	Recognition of the limitations of a Western lens during the data collection and analysis process of the study	Study advocates for the voices of First Nations Peoples in a co-designed community rehabilitation program in a rural community	Article discusses the link between culturally responsive services and co-design of services (between health services and First Nations community members). Highlights the opportunity for rehabilitation clients to connect with and Yarn with community members as part of the service. Connection the Elders as part of the service was highlighted		Advocates for the importance of recognising First Nations Peoples as central to the design and delivery of rehabilitation services and the recognition of ones' own lens and the impact this may have on service provision

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Schlotjes et al. (2022) ⁵⁴	Recognition of using a First Nations approach to guide data analysis. Highlights that best practice occurs when the First Nations Person is the driver of their healing, connecting to their own body. Also highlighted importance of conducting therapy in environments preferred by the client e.g outdoors preference	Critical self-reflection was highlighted as essential to provide a culturally responsive service	Article frequently uses First Nations' language throughout and advocates for culture of the client as central to the service experience	The relationship between the First Nations client and the OT was central to the service	First Nations language was used throughout publication	In order to be culturally responsive, OTs must critique the power imbalances that occur in health care and society
Silcock (2020) ⁴⁶		Author recognises that they have benefitted from living on and owning land forcibly taken from First Nations Peoples and that their cultural position is of a direct descendant of colonising power. The author tries to balance these power relations and subject positions by maintaining an open stance with the profession. Author states that if the occupational therapy profession does not connect to macro-level social structures of power, practice remains highly dangerous	Raising awareness of the importance of non-Indigenous occupational therapists and the profession as a whole, recognising our positional power dynamics and the responsibility we have to contribute to movement towards a more equitable and de-colonised society		Recognises First Nations occupational therapists have been advocating and guiding the occupational therapy profession towards de-colonising cultural work for some time	Occupational therapists can support movement towards a more equitable and de-colonised society through the position of power and direction we hold as a profession
Stedman and Thomas (2011) ²⁶	Occupational therapist participants highlighted the need to be aware of culture and respect the individual needs of service users	Participants highlighted the importance of reflection to inform views of effectiveness and suspending judgement	Study advocates for further change in occupational therapy practice to bridge the gap of inequity for First Nations People in Australia. Study advocates for First Nations Peoples' voices to be heard as a matter of priority	Participants discussed importance of setting goals collaboratively and gaining the perspectives of First Nations People. Study also recognised importance of First Nations People to be represented more in future research	Recognised funding is required for research opportunities where First Nations Peoples can define culturally appropriate services	

(Continues)

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Thibeault (2002) ⁵⁵	Detailed report on the occupations of a First Nations People impacted by past and current colonised practices. Reinforces that occupational patterns cannot be dissociated from the context they emerge. Recognises the First Nations Peoples must balance between traditional and modern occupations		Reporting on the loss of occupations of First Nations Peoples			
Tse et al. (2005) ⁵⁶	Describes that spirituality is inextricably linked in First Nations culture. A holistic view of health whereby each attribute is interconnected and cannot be viewed in isolation. Emphasises link of spirituality to occupation. Resources are recommended to the reader to expand their understanding of First Nations' spirituality. Also recognises therapists must not assume all First Nations Peoples wish to discuss spirituality		Recognition and advocacy for First Nations spirituality in connection to mental health services	Argues programs developed by community OTs should reflect the social, cultural and spiritual value of the community and should include the client's community. Also argues that clients gain support from members and leaders from their spiritual groups		Emphasises that elements of poor (mental) health must be considered with the impacts of colonisation and racism

TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Watts et al. (2002) ²⁸	Recognition of the importance of a cultural translator in OT practice. Recognition of the importance of involving the family (where appropriate). Considerations to therapy environment made e.g. school vs home environment. Flexibility of appointment times emphasised. Western standardised assessment tools deemed to be often inappropriate	Recognition that clients may not structure their life in the same way Western therapists may	This article explored experiences, perspectives and practical strategies of occupational therapists working with Aboriginal and Torres Strait Islander people living in rural and remote areas of Queensland, Australia	Suggestions made to improve forming relationships with First Nations clients. Recommendation to avoid dominating conversation and directing questions. Collaborative goal setting emphasised. Describes the impact on rapport and relationships if therapists rotate through the role frequently		
Waugh and Mackenzie (2011) ²⁷	Performing occupations to fulfil roles as grandparents and educators of culture and tradition were seen as important for First Nations Peoples. Recognition of how forcible removal of First Nations Peoples affecting these roles and identity was described as well as the importance of family and community connections. Consideration of the link of culture to improved perception of physical and spiritual health was also discussed	Occupational therapists maximising their own understanding of First Nations Peoples' culture and history and overcoming their (the occupational therapists) own stereotypes was recommended	This article demonstrates the importance of seeking and considering First Nation Peoples' perceptions of health and wellbeing as central to considering occupational therapy input	Occupational therapy needs to consider the social, emotional, spiritual and cultural wellbeing of the whole community when working with First Nations Peoples. Referral to First Nations Health Workers, contact with the wider First Nations community, and cultivating relationships with local First Nations organisations was also recommended		This article highlighted ways occupational therapists can promote the health of First Nations Peoples, for example supporting roles and occupations that are meaningful to First Nations Peoples and intervening to modify contextual factors that affect health and wellbeing wherever possible

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TABLE 3 (Continued)

Article	Respect for the centrality of cultures	Self-awareness	Proactivity	Inclusive engagement	Leadership	Responsibility and accountability
Webb (2021) ⁴⁷	The 'Hui Process' was used as a tool to describe the case study, which is designed to acknowledge the interconnectedness of all things guiding interactions and relationships for First Nations Peoples of New Zealand. Recognition of the importance of family and the role of family in healing for some First Nations Peoples was highlighted	The author uses self-reflection as a tool to discuss a case study of their work with a First Nations service user. Author acknowledges their responsibility to learn and "do better" regarding culturally safe practice	Author reflects on and shares their personal journey in improving their culturally safe practice and discusses the use of a culturally safe tool as a way to incorporate principles of culturally safety into practice	Recognition of the importance of family and including family in initial meetings, goal setting and assessment was highlighted, as well as considering the Western approach to communication as a barrier		Recognition of the continuation of disparities between First Nations Peoples and non-Indigenous Peoples unless occupational therapists as individuals and collectively address this inequity, using self-reflection to challenge unconscious bias
Zeldenryk et al. (2006) ⁵⁷	Recognition of culturally significant roles in the community. Reconciles First Nations children were alienated from culture. Recognition that First Nations culture is inextricably linked to health		Discusses occupational deprivation		History presents important lessons for OT and OT must use their position to advocate for occupational losses due to colonised regimes	Recognition that OT must understand the occupational experiences of First Nations Peoples from the past to understand the impact on health of individuals and communities today e.g. the forcible removal of First Nations children from their families and communities
Totals	38	32	41	33	17	30

remaining qualitative studies employed collaborative autoethnography,²¹ a Delphi approach,³⁰ descriptive,^{22,23,28,29,32} participatory action,²⁴ social constructionism,²⁵ naturalistic,³¹ a phenomenological approach²⁷ an interpretive²⁶ design, or a combination of descriptive, phenomenological and interpretive design.³³ The remaining 22 articles were opinion pieces in peer-reviewed journals.^{1,2,16,39–57}

3.2 | Population and settings

Of the 41 articles, the voices of OTs featured in 36.^{1,2,16,18,21–23,25,26,28–32,34,35,37–39,41–57} Of these, only three articles stated First Nations OTs were included as participants.^{18,31,34} The voices of First Nations OT service recipients featured in only five articles.^{24,27,33,36,40} OT practice was discussed in rural and remote communities in nine articles,^{21,24,25,28,32,33,36,44,50} in regional centres in three articles^{22,26,29} and metropolitan centres in five articles.^{27,37,40,49,53} The setting was not specified in the remaining 24 articles.

3.3 | Authorship and positionality

An OT was stated as the first author in 32 articles.^{1,2,16,18,21,22,26,27,30–37,39,41–48,51–57} The cultural background of authors was stated in 16 articles, in nine of which authors or co-authors identified as First Nations Peoples. Authors explicitly described their positionality in nine articles, including First Nations Peoples^{39,41} in two articles and non-Indigenous people in seven articles, all of whom acknowledged the limitations of their position when discussing culturally responsive practice.^{16,29,30,33,42,46,52}

3.3.1 | IAHA framework mapping

Mapping of the 41 articles to the six IAHA Framework capabilities is shown in Table 3. Synthesis of culturally responsive OT practice examples and recommendations to guide future OT practice are provided as follows. Where possible, recommendations made by First Nations authors have been highlighted.

IAHA capability: Respect for the centrality of cultures
Respect for the centrality of cultures is defined as identifying, respecting and valuing cultures as central to the health and well-being of First Nations Peoples.¹³ Examples of this capability were grouped into three themes: *culturally responsive environments*, *culturally meaningful occupations*, *respecting traditional ways of knowing and healing*.

3.3.2 | Culturally responsive environments

Culturally responsive environments were demonstrated by being flexible and providing services in appropriate locations for First Nations People, such as local community spaces, First Nations health services, schools or the family home, as opposed to the OT clinic.^{18,25,28,35,37,44,49,53} When preferred, OT sessions were conducted outdoors.^{28,29,54} In the context of home visits, First Nations Peoples expressed the importance of cultural protocols, feeling culturally unsafe when clinicians, unaware of customs, entered their homes.³⁸ In clinical spaces, the therapeutic environment was enhanced with the use of culturally significant music, dance, clothing, art and ceremony, if and when appropriate.^{18,22,23,25} A First Nations OT's use of culturally based introductions created a bond with First Nations Peoples.³⁸

Recommendations regarding culturally responsive environments were made. When commencing therapy, building a trusting relationship and mutually sharing (such as where one comes from) was recommended as a way to create understanding.^{38,54} Both First Nations and non-Indigenous OTs advocated for recognition of Westernised clinical frameworks and acknowledged the limitations of Westernised assessments guiding practice and models of care.^{29,36,37} Only then was a culturally responsive environment possible.^{1,40–45} First Nations service users advised that use of assessment tools and frameworks without critique was to enact institutionalised racism.^{16,28,40,52} While some First Nations parents agreed that early assessment of children was important to address concerns early, they urged OTs to prioritise the relationship with the child and their family first and to consider the impact of 'singling out' children and reinforcing a sense of 'shame'.⁵³ Further, it was suggested that if the assessment was necessary, it could be conducted in partnership with an Aboriginal and/or Torres Strait Islander Health Practitioner.³²

3.3.3 | Culturally meaningful occupations

Prioritising culturally meaningful occupations and roles was considered crucial.^{2,16,22,23,25,27,29,39,41,54,57} Examples of OTs incorporating culturally meaningful occupations as part of therapy included use of traditional dance and chant for sensory modulation and considering spirituality in daily shared activities. OTs were urged to recognise that cultural occupations for some First Nations Peoples were deprived or disrupted through the impact and violence of colonisation^{55,57} as was seen with the Stolen Generation in Australia⁵⁷ and residential schools in Canada.⁵⁵ They were also urged to recognise and consider the importance of interdependent roles of First Nations Peoples and how these roles

could be considered in therapy, for example, providing aids to assist family in care-giving roles and allowing opportunities for healing through connecting with family and community.^{16,18,22,25,27–29,34,41} First Nations authors emphasised that consideration be given to First Nations Peoples who are knowledgeable in navigating multiple cultural contexts as they may be required or forced to manage their time and occupations across both First Nations and Western cultures, dealing with competing priorities.² Recognising the self-determination of First Nations Peoples to seek their own balance between traditional and modern occupations was also recommended.⁵⁵

3.3.4 | Respecting traditional ways of knowing and healing

Examples of respecting ways of knowing and healing demonstrated by OTs included the use of reflective photography as a tool to assist clients in exploring their spirituality,⁴⁸ using a spiritually meaningful task as part of therapy sessions,²³ and incorporating First Nations Healers as part of therapy.²⁴ Both First Nations and non-Indigenous therapists recognised that OT models of practice, when used in isolation, were not always appropriate in First Nations communities.^{1,21,35,40–45,47,48} They highlighted the importance of recognising the intimate link between spirituality and cultural identity for First Nations Peoples.⁵⁶ As spirituality is part of 'being' and 'doing', spirituality can be central to healing and wellbeing.⁵⁶

Although spirituality is often regarded as important within OT theoretical models, authors indicated this is not always addressed in clinical practice nor OT literature.^{18,24,41,48,56} OTs recognised the Western focus on the individual self, in contrast to the First Nations' holistic view that they are one of many: people of wider systems; connected to spirituality, family, community and the land.^{16,29,52,55} To be culturally responsive, a holistic, community-wide definition of health and perspective of well-being is needed.^{29,36} OTs were urged to avoid making generalisations and that not all First Nations Peoples wish to share their spiritual beliefs. Therefore, OTs must seek their client's permission and follow the client's lead before exploring their meaning of spirituality.^{37,56}

IAHA capability: Self-awareness

Self-awareness is about understanding that one's own culture, assumptions, and beliefs can impact practice.¹³ Self-awareness was repeatedly advised, with self-reflection and reflexivity recognised as powerful tools to improve culturally responsive practice.^{1,2,18,21,22,24,26,27,29,34,35,39–48,50,54} Examples of self-awareness demonstrated by OTs included recognising

that they may structure their lives differently to the way First Nations clients do,^{28,37} recognising their own lens and how this impacted data collection and analysis in research,^{18,33,42} and power dynamics as health professionals and researchers.³⁶

First Nations and non-Indigenous authors advised directly discussing one's own culture, acknowledging the limitations of one's worldview, and the importance of addressing cultural biases that may impact service delivery.^{1,18,21,27,29,30,32,36,39,42,43,45,47,51,52} To enhance one's ability to reflect and unpack inherent biases, OTs were encouraged to gain a better understanding of colonisation, dominant Western worldviews in education and health systems, and how individuals are impacted or privileged by Western ways of knowing.^{1,2,21,37,39–42,45,46,48} Greater self-awareness by OTs was recommended by attending and participating in community events and traditional activities²⁹ and taking the time to explain to clients 'who you are', and the cultural context from which one comes.^{16,54}

First Nations authors recommended that OTs must learn about racism, how this plays out in everyday life and how non-Indigenous people may continue to be privileged while racism remains unaddressed.³⁹ As racism can result from unconscious bias, OTs may be unaware of attitudes that are translating into practice.³¹ Consequences of not examining one's own bias were discussed, for example risking a superficial interpretation of recommended strategies to enhance culturally responsive practice.⁵⁰

IAHA capability: Proactivity

Proactivity is defined as the health professional taking responsibility for their own development in culturally responsive practice.¹³ By contributing to the literature on culturally responsive OT practice with First Nations Peoples, articles included in this review represent proactivity in advancing cultural responsiveness in the OT profession. Examples of proactivity include introducing spirituality and culture into practice^{23,24,41,47,48}; using a community-led, population-based approach^{21,36,49}; developing surveys and interviews to determine OT knowledge gaps,^{30,37} demonstrating culturally responsive data collection^{18,25,34}; building a scheme to support First Nations OT students and clinicians at both local and national levels⁴³ and highlighting perspectives of First Nations Peoples as central to the development and evaluation of practice.^{1,2,24,26,27,29,32–36,38,39,41,51,53}

IAHA capability: Inclusive engagement

Inclusive engagement refers to appreciating and implementing processes for First Nations Peoples' self-determination and leadership and establishing respectful and equal partnerships in therapy decision-making.¹³

Inclusive engagement was considered under two themes: partnerships and the voices and perspectives of First Nations Peoples.

3.3.5 | Partnerships

Partnerships between First Nations Peoples and OTs were viewed as critical in enabling culturally responsive practice.^{1,2,18,23–25,27,30,34,40,41,43–45,51} In individual sessions, partnership was demonstrated as shared decision-making occurring between the client, their family and the therapist, as well as establishing long-term relationships with the client and their family.^{21,22,25,26,28,29,35–38,40,44,47,53,54} At the program level, a partnership was demonstrated in the development of an OT therapy program, in which there was genuine investment by the therapist to reflect on and include the social, cultural and spiritual value of the client's community.^{54,56}

Partnerships with community, local services, First Nations colleagues and community organisations were considered crucial in the development and evaluation of OT services.^{2,18,21–27,34–36,40,43,49,51–53} Partnerships with key community members were recommended^{18,21,24,25,36,56} including community Elders,^{18,21,44,45} First Nations health workers for cultural brokerage,^{32,36} and Traditional Healers.^{24,25}

3.3.6 | Voices and perspectives of First Nations Peoples

The importance of hearing the voices of First Nations Peoples to guide culturally responsive practice was highlighted.^{2,18,21,22,24,26,27,34,38,39,41,50} Examples demonstrated by OTs included seeking the perspectives of First Nations service users' experiences of a mental health service,²³ listening to the perspectives of Elders and Healers to guide brain injury service delivery,²⁴ and seeking guidance and feedback from parents regarding a school-based OT service.⁵³

First Nations health care consumers, First Nations health care professionals, First Nations OTs and non-Indigenous OTs all agreed that OTs need to address communication issues to hear the voices of First Nations Peoples.^{18,22,28,29,35,38–40,47,53} Suggestions included using First Nations Peoples' language in sessions (using an interpreter), engaging with a cultural interpreter or liaison professional,^{22,25,26,28,29,32,35,42,44,53} and ensuring both the therapist and the person receiving the service were aligned in priorities and needs of sessions.^{18,27,34,40,47,50,53}

The use of inclusive language in the delivery of services was highlighted, using a strength-based discourse

instead of a deficit-based discourse when discussing care and outcomes for First Nations Peoples.^{38,39} Rather than labeling a First Nations child as having learning difficulties, OTs need to instead, consider whether the deficit lies in the schooling environment that may be failing to meet the child's educational needs.⁵³

Finally, respecting and welcoming increased cultural knowledge was considered important for OTs^{30,31} in two ways: knowing the individual cultural protocols and cultural practices that could facilitate appropriate and effective treatment; and growing a greater understanding of issues relating to First Nations Peoples, that could facilitate attitudinal change by the OT.³¹

IAHA capability: Leadership

Leadership refers to leading by example in culturally responsive practice, influencing change and inspiring others to take action.¹³ Examples of leading culturally responsive OT practice included: the development of culturally responsive practice frameworks,^{18,39,41} use of First Nations Peoples' language in publications,⁵⁴ use of a First Nations' model of health to explore First Nations Peoples' perspectives^{34,41} and development of a community-led service, with funding applications made for the sustainable future of the service.³⁶ First Nations authors recommended that the profession acknowledge the leadership of First Nations OTs and find ways to better nurture and support their leadership in education and clinical practice.^{39,41} This was also recognised and recommended by non-Indigenous OTs.⁴⁶

Calls for OT leadership included addressing environmental, social and political factors that contribute to health inequities, innovation through flexible service delivery, and raising awareness of the occupational deprivation experienced by First Nations Peoples due to colonised systems and racist Government policies.^{29,30,57} Self-determination of First Nations Peoples being central to practice was also highlighted.^{36,39,41} Authors suggested that this could be achieved by acknowledging traditional knowledge, taking action to improve the representation of First Nations Peoples in the OT profession and using research as a platform for the voices of First Nations Peoples to be heard.^{18,24,34,41,43}

IAHA capability: Responsibility and accountability

Responsibility and accountability refer to setting and achieving culturally responsive practice goals, aligning to outcomes that are important to First Nations Peoples.¹³ This capability relates to embedding cultural responsiveness at an organisational level within health services and being accountable for achieving these set goals.¹³ *Responsibility and accountability* were grouped into three themes: *OT education, culturally responsive research and recognising the Western foundations of OT.*

3.3.7 | OT education

Examples of cultural responsiveness embedded into OT curriculum included focusing on 'what works' using case studies of OTs working with First Nations Peoples and undergraduate students working in First Nations health services on placement.^{35,49} Recommendations were made for tertiary education providers to create and sustain collaborative partnerships with local First Nations community members and to provide OT students with the opportunity to engage with First Nations People, particularly through placements.^{35,45} This was reinforced by acknowledging the limitations of learning 'academically' compared to 'living with and being around' First Nations Peoples.³¹ At a post-graduate level, increasing exposure and access to resources and training on culturally responsive practice was suggested,^{21,35} with support from accrediting bodies.³⁵ Finally, genuine investment in the training of First Nations therapists was highlighted.²⁹

3.3.8 | Culturally responsive research

Advocacy for the voices of First Nations Peoples to be heard, through the use of Indigenous research methodologies was demonstrated by OTs.^{18,24,25,30,33,34} For example, the Te Whare Tapa Whā guiding framework was used to view Māori equipment user experiences,³⁴ Māori Ways of Knowing Model was used to reflect,⁵² Māori Methodology was used to protect the management of Māori knowledge^{18,38} and participatory action approaches were used to collaborate with First Nations communities in Canada and Australia.^{24,36} Rather than participate in highly structured written methods, OTs were advised to consider that some First Nations participants may prefer to provide information orally, for example through Talking Circles²⁵ and Yarning.³³ OTs were encouraged to recognise the problematic history of OT research and First Nations Peoples; a relationship by which non-Indigenous researchers gain data from engagement with First Nations Peoples with no lasting benefit to the First Nations community.³⁷

3.3.9 | Recognising and unpacking the Western foundations of OT

The importance of recognising and addressing the impact of the Westernised foundation of the OT profession was repeatedly highlighted. It was argued that, without examination of Western voices and perspectives and acknowledgment of this biased lens, there is risk of perpetuating harm to First Nations Peoples.^{1,2,36,39,41,43,45,46,50,51} Interestingly, however, there were no examples of how

OTs had addressed this in practice, despite having acknowledged its importance. Suggestions were made on how the Western OT lens could be unpacked, by applying a human rights-based approach to change policies, work practices, systems and structures that cause harm and restrict the self-determination of First Nations Peoples.^{2,39} Such approaches must be free of the notion that First Nations Peoples 'need to be helped'; that non-Indigenous OTs are the 'change agents'; that First Nations People must improve culturally responsive practices without remuneration. Emphasis was placed on the importance of allowing adequate time to make decisions in collaboration with First Nations Peoples; and when recruiting First Nations Peoples into teams.^{39,51}

Colonial power relations between Western-trained therapists and First Nations Peoples were highlighted.^{16,27,30,31,33,37,39,41,43,46,47,52,54} Authors urged the OT profession to recognise and respond to how non-Indigenous and First Nations Peoples are positioned can perpetuate the harm of colonisation.^{39,41,43,45,51} Further, for OTs to understand First Nations Peoples' health, they must first understand the effects on health or ill-health and consider the effects of oppression, racism, trauma, grief and cultural genocide.^{1,29-31,37,38,44,45,56,57} To apply a human rights-based approach, OTs need to re-examine the very core ideas of the OT profession to determine whether OT services provided are adequate and address First Nations Peoples' needs.¹⁶

4 | DISCUSSION

In this review, culturally responsive OT practice with First Nations Peoples was explored and found to align with the six capabilities of the IAHA Framework¹³ to varying degrees. As the culturally responsive practice capabilities are interrelated, it must be acknowledged that the presence of some capabilities, and exclusion of others, may still lead to a culturally unsafe experience.¹³ To progress the OT profession in this regard, key findings highlighted the importance of therapists building a relationship with First Nations people as the foundation for practice, of reflecting on the culture and bias in themselves, and of addressing the limitations of their practice that are related to the Western foundations of the profession.

Similarities between OT values and principles of those of culturally responsive practice were evident in this review, such as person-centredness, a holistic approach, the importance of one's environment and community, and creating goals collaboratively.^{2,18,22,24,25,34-36,41-43,52,56} International OT practice models such as the Canadian Model of Occupational Performance and Environment

(CMOP-E), and the Kawa model, have elements in common with traditional ways of knowing and healing from First Nations Peoples' perspective.^{58,59} Alignment between the principles of OT practice and culturally responsive practice means the profession has a foundation from which to advocate for culturally responsive practice.^{37,60} Furthermore, with a focus on occupation, the OT profession is well-positioned to advocate alongside First Nations Peoples whose occupations are impacted by colonisation and ongoing marginalisation and racism.^{2,46} For example, the generational loss of family roles and child occupations as a consequence of punitive government policy resulting in the Stolen Generation in Australia.⁵⁷

Conversely, to uphold the OT value of client-centredness, the profession must focus on the ways established practice reinforce oppressive systems to First Nations Peoples, particularly regarding the Western cultural influence in the profession.¹⁶ Accordingly, many aspects of OT practice do not align with First Nations perspectives and if unaddressed, will perpetuate systems that cause harm.^{42,43} For example, OT practice lends to an individualistic approach, assuming goal setting and treatment sessions are appropriate in a one-on-one approach, which does not consider the interdependent, family-centred approach appropriate for some First Nations cultures.^{16,28,29,41,52} While universal practice principles exist, nuancing OT practice through co-design and community-led decision-making will assist in meeting the unique needs of each individual community.³³

Well-meaning therapists, particularly non-Indigenous therapists, may be focusing on what they 'need to do for First Nations Peoples'³¹ and frequently use wording such as 'empowering'⁴² and 'change agents'⁵¹ to describe practice. In the context of culturally responsive practice, this positions OTs as the 'experts' and 'leaders' in this space, perpetuating a Western-dominant power dynamic that undermines the self-determination of First Nations Peoples.^{39,42,51} It also distracts OTs from looking inwardly, both individually and collectively, to address changes needed in themselves.^{16,51} This reinforces the importance of self-awareness, recognising the cultural lens each OT holds and how this shapes the way they engage and respond to others.^{13,29,42}

Partnership with First Nations Peoples is key to addressing the OT knowledge and practice gap. Recognition and implementation of a First Nations' culturally responsive practice framework, such as the IAHA Framework, is an example of how the profession can partner with, and seek guidance from First Nations Peoples and communities.¹³ As culture is inextricably linked with wellness and healing for many First Nations Peoples, OTs have a responsibility to partner with First Nations Peoples to ensure the service

provided does not interfere and instead compliments cultural wellness practices.^{7,61,62} Further, much of culturally responsive OT practice is discussed through the lens of non-Indigenous OTs.³⁹ The majority of the profession identifies as non-Indigenous and while non-Indigenous therapists must take responsibility to drive change in a Western-dominant profession, care must be taken to ensure this action does not undermine the leadership, cultural knowledges and self-determination of First Nations OTs.^{39,51,63} Positionality of authors on publications discussing culturally responsive practice is also recommended to demonstrate recognition of the author's cultural lens, particularly those who identify as non-Indigenous and are influenced by a Western worldview.⁴² This review included articles published since 2002 and it is encouraging to see an increase in First Nations OTs and publications where their cultural positionality is clearly stated over that time.

The OT profession needs to closely examine how evidence to support practice is sought. Being a Western-dominant profession with Western origins, OTs are conditioned to believe that Western ways of producing and communicating knowledge are superior or more rigorous than knowledge sources using non-Western methodology.⁶⁴ By holding Western ways of knowledge production as the highest standard for evidence, there is a risk of shutting out First Nations voices in academic and clinical spaces that do not 'adhere' to the 'Western way' of collecting and sharing evidence.⁶⁵ This is particularly problematic considering First Nations Peoples are currently required to adhere to Westernised practice principles to complete OT training and become qualified therapists.⁵² Further, opportunities for richness, nuance and complexity of a holistic practice are lost when non-Western perspectives are excluded.⁶⁶ By working within a social justice and human rights framework, the profession must recognise the leadership of First Nations Peoples in culturally responsive practice and reconsider the way we view and seek knowledge.^{13,51}

OT curricula play a critical role in creating change towards culturally responsive OT practice.^{21,35,67,68} As mentioned, the holistic scope of OT is enhanced by the richness of perspectives across cultures. Thus, responsibility exists to ensure non-Western voices, such as those from First Nations Peoples, are appropriately heard in the development, delivery and evaluation of OT curricula. Moreover, Western curricula that leave First Nations OT students feeling culturally alienated, could be experienced as racist and would, hence, require urgent attention.⁶⁹ Curriculum content on cultural responsiveness needs to be established and maintained in partnership with First Nations Peoples and should be interwoven throughout a course rather than included as a 'one-off' session.⁶⁷

Furthermore, the process of engaging with First Nations Peoples in curriculum development must be, itself, culturally responsive and is undertaken in a way that respects First Nations' self-determination and leadership.¹³ First Nations' research methodology often embeds Knowledge Translation to ensure findings are reported back to community in a useable way.⁷⁰ This should be reflected in curriculum development with authentic partnership with First Nations Peoples.⁷⁰ The OT profession can learn from other published examples of this process and from other professions, such as nursing and midwifery,¹² in which the cultural interface offers a space where varying cultural lenses can be brought together for understanding, debating and ultimately transforming our ways of knowing and working.⁶⁶

The goal of education is to set standards for life-long learning. Hence, those who develop curricula have a responsibility to create and achieve meaningful and measurable goals, collaboratively developed with First Nations leadership, to facilitate lifelong learning in culturally responsive OT practice.¹³ Without delay, the OT profession must work to embed standards of culturally responsive practice, determined by First Nations Peoples, into practice and ensure processes are in place to hold services accountable to these standards. Accrediting bodies must employ comprehensive evaluation processes that ensure the culturally responsive aspirations of the profession result in tangible actions and outcomes.

Equally, it is crucial to recognise the cultural load that is often carried by First Nations OTs. In the OT profession's enthusiasm to enact change, hastily thrusting First Nations OTs into leadership roles, while they may still be developing their own professional identity, can be harmful and undermine their self-determination.¹³ Instead, the role First Nations OTs wish to play must be negotiated and their own professional goals respected. Moreover, as First Nations OTs have also been educated in Western systems,⁶⁶ the profession needs to make space for First Nations OTs to engage in decolonising practices, supporting the development of their own professional identity.¹⁶

Finally, for respectful and collaborative engagement with First Nations Peoples to occur, the OT profession needs to reflect on the historical and continued lack of cultural responsiveness in Western-dominant curriculum and teaching spaces.² Non-Indigenous educators need to take a greater stand in taking responsibility for the colonised origins of curricula and the silencing of First Nations voices who offer leadership in guiding OT practice.^{1,39,49,63} This stand originates in nursing education and is translatable across disciplines.⁷¹ By recognising and unpacking the colonised roots of the

profession and the colonised systems of which the profession is a part, curriculum becomes a more responsive space for First Nations students and teaching staff. With this increased inclusion and engagement, progress can continue to be made towards culturally responsive OT practice.^{39,41}

4.1 | Limitations

Limitations of this review need to be acknowledged and caution applied when interpreting the results. A thorough literature search was undertaken; however, it is possible some articles were not identified that could have contributed to further understanding of the topic. OT-specific articles were prioritised for this review; therefore, applicable learnings from other professions and sectors were not included. Although beyond the scope of this review, the experiences of other professions could serve to add depth and breadth to understanding the topic. Conversely, inclusion of studies from culturally diverse communities could lead to generalisations that obscure differing world views. The non-Indigenous cultural lens of the first author will have influenced the collection and interpretation of this data, even if minimised through the close working relationship with First Nations co-authors and the iterative and reflexive process employed to identify personal and professional bias. The First Nation's lens in the results may have been limited by the small number of First Nations authors who self-identified and the large number of authors who did not state their positionality. Increased recognition of author positionality in the literature will assist in highlighting First Nation's voices.

5 | CONCLUSION

The findings of this review reveal that OT practice with First Nations Peoples aligns to varying degrees with the six capabilities of culturally responsive practice according to the IAHA Framework. Key findings highlight the importance of therapists building a relationship as the foundation for the therapy, and the importance of self-awareness by reflecting on the culture and bias in themselves. To create an environment in which First Nations people can feel culturally safe, the OT profession must respect the leadership and self-determination of First Nations Peoples to guide practice, by privileging the voices of First Nations therapists, scholars, practice frameworks and communities. Critically, the Western foundations of the OT profession, must be acknowledged and addressed, so that it does not continue to undermine the profession's ability to meet the needs of First Nations Peoples, and the core OT

value of client-centered practice. The future of the profession therefore relies on further research in this area, led by First Nations clinicians and scholars and non-Indigenous OT colleagues, through genuine, bicultural partnership.

AUTHOR CONTRIBUTIONS

Elizabeth Meechan: Conceptualization; writing – original draft; writing – review and editing; visualization; validation; methodology; investigation; project administration; formal analysis; resources; data curation; software. **Lynore Geia:** Writing – review and editing; supervision; resources; validation; conceptualization; methodology. **Marayah Taylor:** Writing – review and editing; methodology; resources. **Donna Murray:** Methodology; resources. **Kylie Stothers:** Methodology; writing – review and editing; resources. **Paul Gibson:** Methodology; writing – review and editing; resources. **Sue Devine:** Conceptualization; writing – review and editing; validation; methodology; supervision; resources; visualization; writing – original draft. **Ruth Barker:** Conceptualization; writing – review and editing; validation; methodology; resources; supervision; visualization; writing – original draft.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.

TERMINOLOGY STATEMENT

Terminology referring to First Nations Peoples and Aboriginal and Torres Strait Islander Peoples has been used in accordance with AIATSIS guidelines and supported by all four Aboriginal and Torres Strait Islander co-authors of this manuscript.

AUTHOR POSITIONALITY AND IDENTITY

Elizabeth Meechan: Elizabeth identifies as a non-Indigenous, occupational therapy academic. The author writes from this position, acknowledging their power and privilege, taking responsibility for their part in participating in the discussion of culturally responsive OT practice with First Nations Peoples. The first author acknowledges and respects the self-determination and leadership

of First Nations Peoples including First Nations occupational therapists. **Lynore Geia:** Dr Lynore Geia, identifies as Bwgcolman, Palm Island, First Nations Nurse and Midwife, Professor of Nursing and Midwifery, School of Nursing and Midwifery, Edith Cowan University. **Marayah Taylor:** Marayah is a proud Pitta-Pitta Wangkamudla woman, living and working on Bindal and Wulgurukaba Country. **Donna Murray:** Donna is the Chief Executive Officer of Indigenous Allied Health Australia and identifies as Wiradjuri and Wonnarua. **Kylie Stothers:** Kylie is the Executive Director of Workforce Development of Indigenous Allied Health Australia and identifies as Jawoyn.

ETHICS STATEMENT

None.

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