

Original Article

International community of practice: learning from experiences of community development and social occupational therapy

Comunidade internacional de práticas: aprendendo com experiências de desenvolvimento comunitário e de terapia ocupacional social

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Abstract

Introduction: Increasingly, occupational therapists and scientists across the globe are calling for a shift away from individualised western medical approaches, to working with communities and collectives, and in the social field. This signals the growing motivation to engage in socially responsive and transformative practices that address political structures and oppressive colonial systems. **Objective:** The purpose of our Community of Practice (CoP) was to explore and describe the epistemologies, vocabularies, and understandings that underpin community development and social occupational therapy within diverse global contexts to advance theoretical perspectives and practices. **Method:** As a CoP of occupational therapy and science scholars situated in four countries (Australia, Brazil, Canada, and South Africa), we met virtually bi-monthly from March 2020 to January 2023. Scholarly work involved critical narrative literature reviews, reflexive presentations, group dialogues, and individual and collective reflections and analyses. **Results:** Individual narratives, four thematic threads, and a selection of vocabularies and epistemologies are presented. The thematic threads were: *Connecting and making space for decolonial praxis*, *Questioning the disconnect between occupational therapy practice and contexts*, *Examining vocabularies that shape contextually relevant practice*, and *Engaging a reflexive stance to work towards equity, justice and social rights*. **Conclusions:**

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Generating knowledge that supports ways of knowing, being and doing reflective of multiple languages, sciences, and contexts will strengthen occupational therapy. Maintaining the pluriversal and resisting 'one size fits all' approaches to human occupation/everyday life is essential. This paper offers practitioners a catalyst for initiating decolonising praxis for learning across global contexts.

Keywords: Colonialism, Social Justice, Social Rights, Sharing of Knowledge, Equity.

Resumo

Introdução: De modo crescente, terapeutas ocupacionais mundialmente estão discutindo mudanças das abordagens médicas ocidentais individualizadas para o trabalho com comunidades, coletivos e no campo social. Isto sinaliza uma motivação crescente para se engajar em práticas socialmente responsivas e transformadoras que abordem estruturas políticas e sistemas coloniais opressores.

Objetivo: Explorar e descrever epistemologias, vocabulários e entendimentos que sustentam a teoria de desenvolvimento de comunidades e da terapia ocupacional social, em diversos contextos globais para avançar em perspectivas teóricas e práticas. **Método:** A partir de uma Comunidade de Prática de terapeutas ocupacionais e acadêmicos situados em quatro países (Austrália, Brasil, Canadá e África do Sul), nos reunimos virtualmente bimestralmente de março de 2020 até janeiro de 2023. Nosso trabalho envolveu revisões narrativas críticas da literatura, apresentações reflexivas, diálogos em grupo e reflexões e análises individuais e coletivas. **Resultados:** Foram escolhidos quatro fios temáticos e uma seleção de vocabulários e epistemologias: Conectando e abrindo espaço para a práxis decolonial, Questionando a desconexão entre a prática da terapia ocupacional e os contextos, Examinando vocabulários que moldam a prática contextualmente relevante e Engajando uma postura reflexiva para trabalhar em direção à equidade, justiça e direitos sociais. **Conclusões:** A geração de conhecimento reflexivo que sustente formas de saber, ser e fazer requer múltiplas linguagens, ciências e contextos que fortalecem a terapia ocupacional. É essencial manter a pluriversalidade e resistir a abordagens únicas para trabalhar com a ocupação humana/vida cotidiana. Este artigo oferece um catalisador para iniciar uma práxis descolonizadora de aprendizado em contextos globais.

Palavras-chave: Colonialismo, Justiça Social, Direitos Sociais, Troca de Conhecimentos, Equidade.

Introduction

Ways of practising with communities and collectives are increasingly being shared by occupational therapists and occupational scientists across the globe (Bianchi & Malfitano, 2022; Hyett et al., 2019; Lauckner et al., 2019; Leclair et al., 2019; Malfitano et al., 2021). In both the occupational therapy profession and occupational science discipline, there is movement from individualised western¹ medical approaches towards working with communities, populations, and societies. In this movement, motivation is growing

¹ Select terms like west, white, eurocentric, have not been capitalised to minimise their power in written language, as a decolonising action.

to engage through decolonising practices that are socially responsive, transformative, and address political structures and processes including the social determination/determinants of health, white power and privilege and social injustice (Souza et al., 2021; Farias & Rudman, 2019; Richards & Galvaan, 2018).

Communities of practice (CoP) create space for knowledge exchange and reflection on action (Barry et al., 2017). Key authors identify three key elements of a CoP: shared domain of interest, community, and practice-focused dialogue (Hurtubise et al., 2019; Wenger, 2011). In the current paper, we share our CoP experience as an international group of practitioners and scholars. Our purpose was to create a forum for examining our practice foundations and the diverse influences on how and why we engage with communities with the overall aim of further strengthening practices. We began our collaboration to discuss community and collective occupations as well as community development practice. However, early in our discussions we acknowledged that dominant western education and research have been applied universally across contexts without critical examination of their underlying assumptions, often reinforcing oppressive hegemonies of white supremacy and settler colonisation (Gibson, 2020; Hammell, 2021; Lavalley & Johnson, 2020). In order to mitigate these tendencies, we agreed to form a CoP in a decolonial manner based on respect and reciprocity that resists the urge to universalise, which is pervasive in the disciplines of occupational therapy and occupational science (Taff & Putnam, 2022).

Identifying ourselves as a “Community Development and Social Occupational Therapy Community of Practice”, the purpose of our scholarly collaboration was to explore and describe the epistemologies, vocabularies, and understandings that underpin perspectives of community development and social occupational therapy within diverse global contexts to advance theoretical perspectives and practices. Within this group, ‘practice’ included all of what we do in our organisations and communities that related to community development or social occupational therapy, constituting teaching, research, projects, and advocacy. The purpose of this paper is to present the process and findings from the literature review and narrative analysis we completed.

Background

Our CoP had the dual name of community development and social occupational therapy to recognise that practice with communities, populations, and societies is defined in ways that make sense for the profession, communities and contexts in which they are used. We agreed that one name or label could not encapsulate this diverse practice area and would erase the differences which we hoped to better understand and learn from.

While the term community development has a complex and contested history, authors suggest that this approach was a theoretical proposition in the west named in the 20th century to describe actions in communities involving the participation of people, and was used by the United Nations in the 1950s to stimulate global application (Gilchrist & Taylor, 2022). More recent approaches to community development emphasise social change, collective action, and mutual respect (Gilchrist & Taylor, 2022) and challenge practitioners to configure themselves as a resource for the community, valuing local knowledge and addressing structural oppression (Freire, 1972). Community development is used by occupational therapists and occupational

scientists globally in pursuit of social justice and change (Irvine-Brown et al., 2021). Social occupational therapy, which was developed in Brazil in the 1970s, focuses on social issues by advocating for actions also beyond the healthcare system to address human rights and social justice through social inclusion and participation. Social occupational therapy occurs in communitarian settings, and it claims that practices focusing on vulnerable populations demand reflection and action based on sociological analysis, outside the illness-health paradigm (Lopes & Malfitano, 2021).

In this CoP, we understood epistemologies to be our unique and shared worldviews and the nature, origin, and limits of the knowledge that shape these viewpoints, which consequently shape our reflection, theorising, research, and practice (our praxis). Our epistemologies are the underpinnings of our vocabularies. Thus, exploration of vocabularies, that is key terms, concepts, ideas, and words, our ontologies, used to describe our ways of practising and thinking, was anticipated to reveal insights of our episteme. While we each recognised that our unique contexts influenced how we worked with communities to pursue health equity, social rights, and justice, through our CoP, we endeavoured to better understand the interplay between local and global factors. While not explicitly named in the initial conceptualisation of this collaboration, during early formative discussions, we agreed to ways of collaborating and scholarly exchange that intentionally identified, acknowledged, reduced, and actively challenged influences of colonial ways of thinking and doing. This occurred through the intentional use of critical reflexivity in group process. Individuals were encouraged to reflect on our own positioning within the contexts that we work and live and critique white power and privilege in both the profession and discipline, which often centres whiteness and views non-whiteness as the 'others' and 'being different'. We recognised the catastrophic impacts of imperialism, whereby the British Empire forcibly took over Indigenous territories across the globe through theft, genocide and exploitation, and then embedded ideologies, discursive fields of study, economic practices and more that subjugated 'others' (Smith, 2021). Some members of this group had already illustrated and/or reflected on the colonising impact on the profession and the way we practice, theorise and more (see Galvaan, 2021; Gibson, 2020; Gibson et al., 2015; Gibson & Farias, 2020; Emery-Whittington et al., 2023; Malfitano, 2022; Ryall et al., 2020), and with this expertise were able to weave decoloniality into the discussions and make them explicit, while other members of the group benefited by deepening their understanding of these approaches.

Community of Practice Process

Communities of practice are increasingly being used to form connections and partnerships for knowledge exchange and learning by practitioners (Hurtubise et al., 2019), and have been discussed in the literature for several decades across disciplines (Wenger, 2011). A CoP is formed by people with a shared interest or passion to build community and collegiality through practice-focused discussions with the intention of reflection and learning (Li et al., 2009; Wenger, 2011). Narrative formed the basis of our knowledge exchange in our CoP presentations and dialogues and the findings presented in this paper; similar to other occupational therapy and science scholarship (Pereira et al., 2020; Whiteford et al., 2018). Narrative and storytelling are important forms of professional reasoning and a

method of relating and connecting with parallels to the Aboriginal research methodology of yarning. Yarning is considered an Aboriginal communication tool that respects cultural protocols, like relationships with each other, Aboriginal People's connections to Country/Land and more (Bessarab & Ng'Andu, 2010).

Key questions

We explored the following key questions:

1. What are the potential common and unique aspects of epistemologies, vocabularies and understandings across our contexts?
2. What is the value of our practices in contributing to issues of health equity, social rights, and justice within different local and global contexts?
3. What are the gaps and potential future directions in local and global contexts regarding epistemologies, vocabularies, and understandings that underpin our perspectives of community development and social occupational therapy?
4. What reflections and learnings can we add to enhance the CoP process?

Group meetings

Since March 2020, we met bi-monthly for virtual CoP meetings as a group of seven scholars and practitioners from four countries (South Africa, Brazil, Canada, and Australia). Group members were known to each other through previous discussions and collaborations related to shared practice and research interests. Some colleagues had worked together previously and other linkages had been made through conferences and educational activities. Common to all of us was an interest in how occupational therapists work with communities, collectives and in the social field, and how occupational science is drawn upon to inform this work. Although a larger group with broader international representation was considered, we decided to proceed with a small, manageable group given time zone differences.

Narrative literature analysis

We conducted critical narrative literature reviews (Grant & Booth, 2009) of our own written work to create presentations for sharing with the CoP and to examine the key questions. For the literature reviews, each group member gathered literature that they had authored that provided insights for responding to our key questions. Any form or type of literature could be included, for instance research publications, teaching resources, and presentations.

Presentations, dialogues, and reflections

We created a presentation schedule to take turns for presenting. Each person spoke about the literature included in their presentation, highlighting their reflections and evolving understandings of epistemologies and vocabularies that historically and currently inform their practice. Flexible presentation formats were employed to embrace diverse

ways of sharing our experiences and reflections. We acknowledged feelings of vulnerability considering varying levels of experience and familiarity with this process for scholarly sharing. Reminding ourselves that we were engaging in a learning journey together that emphasised and intentionally created space for self and collective reflection and learning, rather than criticism of others' ideas. Immediately following the presentation, each group member shared initial reflections on what questions and insights the presentation ignited. Collectively, we discussed the key learnings from each presentation, and revisited this discussion at the following meeting, to share any further insights we had prior to the next presentation. Our individual reflections were further discussed and reflected upon collectively once all individual presentations were completed. Following the final presentation, we each wrote a short individual narrative (approximately 2 pages) using the agreed upon guiding questions (see Table 1) to summarise key critical reflections and learnings, which were then collectively discussed and thematically analysed. Our intention with sharing this paper is to describe the process we followed, with a view of encouraging and supporting other practitioners to consider the possibilities of practice-focused, collective reflective processes in colonised spaces.

Table 1. Questions for individual and collective reflections.

Individual questions for reflecting on group discussions – “where did I start?”
Q. What vocabularies are used to describe practice? Terms, language, concepts, ways of talking about and communicating our occupational perspective of community development and social occupational therapy?
Q. What epistemologies inform our practice? What is the nature of our practice knowledge, where does this come from, what informs this knowledge of occupational perspectives of community development and social occupational therapy?
Q. What is the value of this practice, how does/can this practice contribute to/influence health equity, social rights, access, and justice within our local and global contexts?
Q. What are unique and common aspects/understandings across context and what are gaps and future directions?
Individual questions for reflecting on self – “what changed?”
Q. What have we learned?
Q. How have we changed? What has helped shift thinking/practice/praxis?
Q. How has what I have learned from others/practice influenced my own understandings of self/practice?
Q. How did our understanding of power influence and shift through these conversations?
Collective question about our process/“container” – “what about the process contributed to these shifts?”
Q. What about the space we created allowed us to have these conversations? How did we set up the space?

Narrative analysis

Each group member analysed their own written narrative using our key questions. Following this, more refined analysis was completed to synthesise unique and collective ideas to form thematic threads. This process was iterative with frequent reviews by all group members to ensure that the thematic summaries accurately reflected our unique and shared experiences and reflections and that no important details were missed or erased in this analysis process. The findings of our analyses are presented as individual narratives (to introduce ourselves and our positionalities), thematic threads, and a selection of the vocabularies and epistemologies that were foregrounded.

Introducing Ourselves, Our Contexts, and Intentions for the Community of Practice

In our CoP we shared our individual positionalities through our presentations and dialogues. This was important for situating ourselves in relation to other group members and describing our unique contexts. A short extract taken from our individual narratives is provided in Table 2, to allow for each group member to speak for themselves, to introduce ourselves to the reader, and to invite the reader into our group experience.

Table 2. Introducing ourselves, our contexts and intentions for the Community of Practice.

Ana

The community of practice is a great opportunity to share discussion about occupational therapy practices, its fundamentals and possibilities of actions. Coming from South America, the English language is a barrier to dialogue with the “occupational therapy world”, but, at the same time, part of our tasks as academic scholars. I am part of a collective group in Brazil, who has been working on Social Occupational Therapy, and, as a member of this collective, I have been trying to spread our ideas on an international level, trying to identify partners and dialogue about different ways of professional actions in occupational therapy. I am an academic, living in Brazil. Latin America is an unequal place, related to our colonial history, challenging different professionals to be involved with the social reality.

Chontel

I am a Kamilaroi woman with cultural and family connections to the Collarenebri area in Australia. I currently live and work on Kamilaroi country. I grew up with a familial understanding about the impact of advocacy, racism and many different forms of oppression. I understood how the broader contexts, like political and social contexts, influence individual lives. For example, in the early to mid-1900s a time when the Australian Government's policies supported segregation, my grandmother, many of her brothers and sisters, and other families in our community were not allowed to attend the government school because their Aboriginal identities. Following leadership from my great grandmother and other community members, Aboriginal children were eventually allowed to attend the government school. My Gran and other students' experiences then reflected another government policy era of assimilation, which included the belief that Aboriginal people were viewed as inferior to non-Aboriginal children. For example, my Gran was expected to perform at a lower level in her exams, when compared to the non-Aboriginal children. My work now centres on more than just inclusion of Aboriginal and Torres Strait Islander people, in that it now promotes and facilitates the implementation of Indigenous ways of knowing, being and doing.

I grew up valuing all forms of education and feel that having both the cultural and socio-political context provided me with a framework to navigate the western world, including that of education and health systems. I pay my respects for Elders, past and present, many of whom have had a profound impact on my life, including my professional work. I acknowledge fellow Aboriginal and Torres Strait Islander people in Australia and Indigenous people across the globe. There are significantly diverse cultural ways of knowing, being and doing for each Indigenous nation, and even within an Indigenous nation. There are also commonalities across the nations, including some responses to imperialism and colonisation. It is important to understand that the term Indigenous is not a term that I generally use, unless I'm speaking in an international context. I generally use terms like Kamilaroi and Aboriginal, as these terms make sense and have meaning for me and where I currently live.

My starting point for the community of practice, was twofold. The first was from a place for supporting occupational therapy allies to implement community development in a way which would be of benefit for Indigenous people. The second was to better understand colonisation, which is one of many expressions of imperialism, and the impact this has on the occupational therapy profession and occupational science discipline across the globe.

Table 2. Continued...

Heidi

When I shared my personal narrative with our community of practice, I inserted my positionality statement part way through my presentation in order to illustrate my evolving recognition of the implications of my positionality overtime. I was honest that I was much less aware of my positionality over 20 years ago when I was first introduced to community development in the context of international development in post-apartheid Namibia after working as an occupational therapist in the USA for a few years. Those international experiences not only raised questions for me about occupational therapy's role in community development locally and internationally, but also raised many questions for me regarding my own power and privilege locally and internationally as a white, cis-gender, settler-colonizer descendent of European refugees who settled in Canada after WWII. This critical examination of my positionality that began many years ago when I was afforded the opportunity to look at my own experiences within and from the perspective of another context has continued in my current work as an occupational therapy educator, researcher and international fieldwork coordinator at Dalhousie University in Mi'kma'ki (in Eastern Canada), the ancestral and unceded territory of the Mi'kmaw People. I viewed involvement in this CoP as an opportunity to learn with and from those with experiences within other contexts to deepen our collective understanding of how coloniality impacts what we do and how we might do things differently with each other and the communities with whom we work. For me, such a journey requires engagement with those multiple perspectives to assist me in understanding myself within my own context more fully and more critically.

Leanne

As a white Canadian settler, occupational therapy educator, researcher and academic administrator at the University of Manitoba, located on Treaty 1 territory in central Canada, the ancestral lands of Anishinaabeg, Cree, Oji-Cree, Dakota and Dene Peoples and the homeland of the Red River Metis, acknowledging that white, western, Eurocentric perspectives have predominated my understanding of occupational therapy and many of my life experiences, this group offered me new learnings and perspectives on teaching, research, scholarship and practice related to community development and social occupational therapy. The community of practice allowed me to learn with, from, and about colleagues living in different geopolitical contexts around the globe. It provided me with an opportunity for critical reflexivity on my positionality and taken for granted ways of thinking through collective dialogue about our experiences and perspectives that contributed to my life-long work of de-linking, undoing, unlearning, and unpacking colonial knowledge, power and practices and relearning truth.

Liesl

I am an Afrikan OT and educator, who is also a white middle-class womxn. I am a lecturer in the Division of Occupational Therapy at the University of Cape Town and, since the inception of my teaching career, I have been working to understand how we might practice in and with communities. These are only some of my identities that have various and multiple meanings in my own local context and show up intersectionally across different spaces in different ways. In our community of practice, I was struck by the ways in which we 'located' ourselves and understood this 'location' differently dependent on so many different aspects, but a large part of this was our geopolitical positions and the unique histories and current realities of the contexts we found ourselves in. I was particularly interested in how these facets shaped our thinking and use of knowledges in practice. It felt like there was a 'coming to know' throughout my experience of engaging with the community of practice – this was shaped by who I am but also what I could come to know through learning alongside and with others.

Nerida

My starting point for beginning this community of practice was from a place of seeing and uncovering the limitations of my praxis that relate to my whiteness and colonial upbringing and worldview where I had been undoing the layers as a process of decolonising praxis. I selected two main themes for my presentation which were community-centred practice and complex population health issues – this also reflected the vocabularies I chose to discuss. I am a colonial settler, a 5th generation white Australian with European and Chinese ancestry. I live on the unceded lands of the Dja Dja Wurrung people in a rural town in

Table 2. Continued...

central Victoria, Australia. Rural place is important to me and a central part of my identity, and my family have lived in this place since european invasion.

This identity and context inform my practice, research, and knowledge construction, and part of my process of decolonising praxis has started with decolonising my mind by seeing and dismantling the myths, lies, and untruths I have lived and breathed all of my life here, and in my profession and discipline of occupational therapy. The importance of community comes from who I am and my rural upbringing, and this is why it is central in my research and community practice. I'm motivated to understand how occupational therapists practice with communities can be more respectful, reciprocal, equitable, and just.

Roshan

I saw the community of practice as an opportunity for dialogue, introspection and collective reflection that provided a space to delve deeper into the different ways that community development and human occupation was seen in different contexts. Context matters, but how context is interpreted is political. Coming from our political history of unjust race relations in South Africa and given the continued social inequality that we live with, equity as a principle for engaging is paramount. Rather than only declaring my positionality, working out how it constrained and assisted with being open to different ways of knowing mattered to me.

Thematic Threads: Collective Analysis and Deliberations

In our written individual narratives, the factors that we identified that were important to our practice with communities and collectives, and in the social field, were also important to our CoP group process. Therefore, our thematic threads relate to our practice and process learnings, which are presented together because they are inseparable. The following four threads were identified through our analyses:

- *Connecting and making space for decolonial praxis,*
- *Questioning the disconnect between occupational therapy practice and contexts,*
- *Examining vocabularies that shape contextually relevant practice, and*
- *Engaging a reflexive stance to work towards equity, justice and social rights.*

Connecting and making space for decolonial praxis

The acts of connecting, positioning, listening, and relating were intentionally negotiated through the group process and significant time was invested to connect and develop the CoP. We recognised the need to pause and make space through considering our unique and shared positionings and relationality. We agreed to share professional as well as personal reflections, honouring ourselves as complex, multifaceted beings. Leanne likened the opportunity to dialogue with and learn from each other to a “gift and privilege”.

This intentionality and negotiation were necessary to resist the urge to ‘universalise’ and enact colonial ways in the space we were creating. This was present when we recognised the potential for power discrepancies in the group and took time to deliberate and make decisions together. Leanne noted that:

Taking time at the beginning of each session to revisit the previous session and additional thoughts that others had upon further reflection always created space for greater understanding. The opportunity to dialogue openly about this work and the importance it holds for each of us despite not always being recognized by the profession helped fuel the desire to continue. (Leanne).

We each saw the value in the space that was being co-created. Although the questions driving our engagement in the CoP focused on the ‘how’ of our practices, we simultaneously paid attention to the ‘how’ of the group, as well as the ‘who’ and the ‘what’ and engaged with critical questions like: “how are we going to relate to one another?” And “what do we need this process to be?” (Heidi).

We did not prescribe a particular format for our presentations and made space to reveal and deconstruct different knowledge for the purposes of reflection, learning, and critical questioning. Connecting in this way we prioritised relationships, and thus an approach of relationality, over procedure and action. We reflected that this emphasis on relations is usually less valued in practitioner communities dominated by white/western worldviews where interactions are often more impersonal, aiming to be objective and to quickly achieve the stated goal. This way of connecting with each other as people and in relation to our experiences of our connections with land, spirituality and wellbeing reflected key principles in yarning. Leanne described this as

a brave space [and reflected that] like the work of community development, [in our discussions] we focused on building relationships and emphasising the importance of valuing different ways of knowing ... I think this helped to make dialogue/conversations feel safer in the group (Leanne).

For some, this sense of safety significantly contrasted with how they had sometimes felt within the profession where practice with communities, collectives and in the social field could be relegated to the margins. Heidi reflected on this, in ways that others could relate to either directly or as an observation of others in the profession (Nerida, Leanne and Chontel):

I reflected on the alienation I sometimes felt in the profession as I tried ... to shift our focus to communities and collective doing, and I felt more support from this community of practice that, if done well, efforts towards this shift were worthwhile. My internal, quiet questioning of my allegiance to the profession of OT was validated and given a place to speak. I would much rather work towards being amongst this group of colleagues, striving for their decolonising approaches. How might such dialogues continue and expand? I want to align myself with those doing this type of work and learn ways to support their perspectives, and those of the communities with whom we work, being shared (Heidi).

Thus, we came to recognise that our way of engaging in our CoP mirrored how many of us prioritised relationships, dialogue, and mutual knowledge exchange in our practice with communities.

Questioning the disconnect between occupational therapy practice and contexts

The historical and current enduring impacts of colonisation and racism in and on our practices in occupational therapy and occupational science became central aspects of our discussions, offering points of connection for sharing our experiences and viewpoints. Individual and collective reflection on white, western and eurocentric vocabularies and epistemologies that were presented created space for honest discussion and critical examination of the harmful influences of western science on occupational

therapy, which is tied to imperialism and historical and ongoing colonial contexts (Chontel) (See Emery-Whittington et al., 2023). Some group members reflected on a personal historical turning point or crossroads (Nerida, Heidi, and Leanne) that involved questioning the profession, professional perspectives and values, and frustrations or challenges relating to structural issues, stigma, discrimination, and uncertainties in how to approach our practice and address our own knowledge gaps. Group members were at different points in their journeys with respect to the process of questioning and responding to this disconnect. For instance, Heidi said, “[as I learned from others] I realised that I neglected to examine the impact of broader contextual factors within my research.” Chontel’s experiences meant that an awakening was not required, but instead reflected her life-long journey of learning with and from each other about how we can dismantle the oppressive processes and structures within our profession and communities. An example of disconnect presented in Nerida’s presentation on community participation which led Chontel to reflect on the importance of protest and resistance, highlighting that “the choice ‘not to participate’ is just as powerful for Indigenous people” when being forced to assimilate into an oppressive environment (Chontel) (See Gibson et al., 2020a). The limiting vocabularies of occupational therapy means that contexts or experiences did not understand or honour all forms of occupations, such as the refusal to participate in culturally irrelevant and/or unsafe spaces.

The vocabularies that we identified in our own literature and shared through our presentations reflected the contexts in which we were situated, and related to our positionality, worldview, and epistemologies. Our presentations revealed how each of our unique contexts and worldviews underpinned the practices and research that we enacted. We all engaged with a process of locating ourselves in our vocabularies, through the lens of “self as practitioner”, making our vocabularies explicit whilst simultaneously revealing our implicit vocabularies (Liesl). Each presentation was also oriented around the historical, political, geographical and/or socio-cultural contexts of our practices, revealing embedded knowledge systems and the shared belief that practices were strengthened when informed by local context, including place, land/nature, and community. Listening to and learning from each other’s stories offered a different vantage point, likened to “holding a mirror to each other” (Heidi), allowing us to better understand our own experiences and social positions. This led us to conclude that a contextually-located and responsive practice was critically important for work with communities, collectives, and in the social field.

The recognition of the importance of context opened the possibility to examine the reasons for the use of vocabularies and epistemologies within each of our unique practices. We saw the consequences of the hegemony of occupational therapy and the need to recognise a wider range of vocabularies that support an understanding of human doing and being in varied contexts and to move beyond the exclusive use of “occupation” to broader terms such as “everyday life” or *cotidiano*, in Portuguese (Ana). We deliberated on the co-optation or adjustment of dominant occupational therapy vocabularies for use within community settings. Liesl said, “I had questions about the way the profession positions itself globally, and for each of us locally, and how this shapes how and why we might end up using the vocabularies and knowledges that we do”.

Examining vocabularies that shape contextually-relevant practice

Group members shared the historical contexts and trajectories of their practices, some of which were grounded in protest, resistance, and social movements (Chontel, Liesl, Roshan, and Ana). Ana shared how the vocabularies of social occupational therapy were developed historically and informed by social sciences, with a social reading of society. Nerida, Heidi and Leanne's occupational therapy practice with communities in white western contexts was informed by and used the vocabularies of population health and health promotion, with key references of the Ottawa Charter (World Health Organization, 1986) and the Declaration of Alma Ata (World Health Organization, 1978). Vocabularies of "community development" shared by Heidi and Leanne were not used by Nerida and Chontel because of different interpretations and uses of this terminology in their contexts. For example, Chontel explained that there is a potential implication with this vocabulary that communities need development, which can be misused to maintain a sense of authority and/or power over communities, which is in direct conflict with the existing literature. For example, it is often Elders and older Aboriginal people caring for kin and/or building the capacity of health services, so that health services (including occupational therapy) are culturally responsive (Gibson et al., 2020b).

Sharing our practice examples demonstrated that our vocabularies were developed, evolving and formed in reference to a contextually-relevant stance. Liesl reflected, "we all seemed to be asking 'what works in terms of *our* context?' situated within our own unique geopolitical, social and personal histories". Seemingly we were all looking within and outside of the profession for answers and to find new ideas in community development, critical theory and social justice literature and practices. Our understandings of vocabularies were also shifting and being shaped by our contexts at the time of our group dialogues, demonstrating a reflexive stance in relation to the epistemologies being engaged with. Our CoP individual presentations acted as a catalyst for discussing vocabularies that we struggled with and questioned, revealing some of the tensions that each faced in our praxis (Roshan).

This reflexive stance was supported by the ways in which members of the CoP had questioned the limiting occupational therapy vocabularies available, which resulted in them having to build epistemologies beyond the profession and healthcare. We all identified occupational therapy and occupational science terms that we struggled to apply or find relevant for practice including 'client', 'consumer', 'patient', 'community development', 'community-based rehabilitation', 'occupation', 'occupational therapy', and 'therapy', recognising that there was a tendency within occupational therapy to universalise concepts that are too limited to properly explain practices with communities.

For example, Roshan and Chontel shared the tension inherent in using the word 'client' as a term that could be used to dehumanise people and create an imbalanced power relationship between the person and the occupational therapist. We grappled with this as a group because of the pressure to use language that was understood by occupational therapists and the communities we serve. Roshan reflected that Ana's presentation on the development of social occupational therapy in the São Paulo context was powerful for demonstrating the limitations of aiming for uniformity, strengthening and/or confirming the views in the CoP that multiple vocabularies and epistemologies could exist simultaneously because they had to be matched with local realities and communities'

needs. For instance, Chontel referred to prominent Aboriginal authors and international Indigenous scholars in her work, whilst Nerida drew from literature on rural health. Heidi and Leanne demonstrated how they had found community-based participatory research, inclusion, and community empowerment literature helpful to explore community practice within the Canadian context.

Drawing on a range of epistemologies, some of which were often unrecognised within occupational therapy and occupational science, was seen as a strategy for developing vocabularies and epistemologies for practice that challenged, extended, and sometimes dismantled occupational therapy professional boundaries and silos (Ana), reflecting the need for working in other fields such as social assistance, education, justice, and culture (Ana) as a way of practising community development and social occupational therapy. The contextual location of language was also critical, with recognition and respect for the historical generative discourses and cultural meanings of vocabularies. Chontel's presentation on occupational therapy practice with communities in a colonised context emphasised this, and she reflected that there needed to be ongoing and deep reflections about how language is tied to socio-political contexts rather than seeing this as "just a new term or concept to learn". The limitations we had faced in the profession regarding generating and using vocabularies and epistemologies that were more aligned with the local context simultaneously allowed us to reflect on the possibilities for growth (Roshan) that a more reflexive stance offered.

Engaging a reflexive stance to work towards equity, justice and social rights

We share what emerged in our reflections about these possibilities as we describe how we engaged a reflexive stance to take up the challenge of working for equity, justice, and social rights. A common interest reflected within our vocabularies was the concern with making a difference within systems rather than only for individuals (Roshan, Leanne) and the approaches required to do so. Chontel, reflecting on Heidi's presentation, noted:

The layering of the community development work... is reflective of the agile approaches required. Community development work is in opposition to occupational therapy values, in that as an occupational therapist you are seen as the expert, but this is not the case in community development. I think it is important to begin the journey and extend the journey of one's positionality and the growth over time and reflecting on your own gaps and the gaps of the system that you work in, [this] is important – this process is what we want and need others in the profession to go through too. I felt that this process [within the presentation] was one of decolonisation – loosening of ideas, undoing, questioning, critiquing power, identifying gaps in knowledge and more (Chontel).

It was important in our discussions to examine whose knowledge is privileged as we questioned "what is valued or not valued (in the profession), who benefits and who does not benefit, be that in our own countries or internationally" (Chontel) and "the value of this practice and who it was serving" (Nerida). Chontel described that:

As an occupational therapist, or any health professional, it is important to understand how the profession, as a collective, has similar ideologies to imperialism and colonisation... If we cannot understand the relationship between imperialism and our profession, then as a collective we will continue to contribute to issues impacting health equity, social rights and justice, ultimately causing more harm to the people that we are meant to serve as a profession (Chontel).

Heidi described in her narrative how it was possible to reproduce these imperialist views if we are not critically reflexive about the vocabularies and epistemologies we use:

Listening to colleagues' awareness of oppressive colonial practices, racism, capitalism and a range of political factors that they recognize as impacting their community contexts, I became painfully aware of how little attention I paid to our own colonial and racist forces within our Canadian context and how these impacted community development practices. I came to realize that by not bringing a more critical perspective to my research on community development, I'm contributing to the systems and assumptions that reinforce power imbalances and oppression... I became more aware that by not actively critiquing and resisting dominant oppressive ways, I was reinforcing them (Heidi).

Each of our presentations demonstrated a commitment to working towards a society where equity and justice was possible. However, the CoP itself operated as an act of resistance which allowed us to focus on what may be informing our actions in community development and social occupational therapy. For example, Chontel shared:

I feel that in this CoP... we are critiquing and breaking down the power imbalances within the profession and also in our work with communities. I feel that our CoP focus was not on equity, rights and social justice, but more on human connectedness and resisting western hegemony – noting that it is western hegemony that often dehumanizes people and their connections, and does so, as a means to justify inequities, inequalities and injustices.(Chontel).

Nerida indicated in her narrative that:

with assistance of the CoP, I am further querying what was missing in my practice and the limitations of my approaches from a critical perspective – whiteness, white saviour, deficit viewpoints – wanting to work with community in ways that reduce power differentials and reduce and prevent harm (Nerida).

Similarly, Heidi reflected, “I began to see connections between oppressive systems and the dismantling potential of mindfulness and embodied knowing woven into decolonizing approaches and wondered how this might relate to community change.”

Spaces for ongoing critical self-reflection and theorising appeared central to support how we generate and use knowledges that support our practices in more meaningful ways”. Roshan, Ana and Chontel’s narratives each highlighted the importance of theorising, and Roshan said, “(if) the actions taken towards promoting equity and justice does not reflect the complex theorising and thus the actions may be under-estimated.”

The CoP created a space for this reflection and theorising, as Ana described, “the process in the Community of Practice shows different perspectives, theories, and ways of doing occupational therapy. It feeds the process of theoretical debates and its diversity.” This demonstrated that the CoP was a critical space for “a process of contestation within occupational therapy and about occupations...” (Chontel), and Ana reflected the “inseparability between macro and microstructure”.

Leanne framed the importance of understanding and valuing multiple worldviews and ontologies within this space of contestation – a concept consistent with other concepts shared by key Indigenous authors (Dudgeon & Fielder, 2006; Ermine, 2007). Leanne indicated that, “Pluriversality provides an alternative conceptual frame to work relationally in a globalized world that shares a multiplicity of ontologies and sensemaking frameworks.” The pluriversal vocabularies and methodologies that formed the basis for our presentations and discussions are presented in Table 3.

Table 3. A selection of vocabularies and epistemologies shared during Community of Practice dialogues

Vocabularies	Epistemologies
Decolonising person-centred care approaches	There is a disconnect between occupational therapy and occupational science ways of knowing, being and doing and Indigenous people’s ways of knowing, being and doing. In a decolonising and anti-racist model of care, integral in all occupational therapy and discipline work is being aware of social, historical and political contexts that perpetuate racism and other forms of oppression. And once aware of these contexts, take affirmative actions to shift the oppression. Generally that shift needs to be with your own critical reflection of self and doing anti-colonial work (Ryall et al., 2020). Implement a healing approach, which not only recognises past traumatic events but also how to take active steps not to cause further harm via your own therapeutic practice. Collaborate with communities, take time to build genuine rapport with Elders and hear stories (Gibson et al., 2020b). Once you understand your own role in contexts, like colonisation and healing, it will be easy to work with Indigenous communities and do so where truth-telling and self-determination and Indigenous culture are at the centre of your work (Gibson et al., 2020b).
Social occupational therapy	Social occupational therapy is a field in occupational therapy with expertise, knowledge and methods to mediate social participation of people who have socioeconomic factors hampering their social participation. Social occupational therapy was centred on the process of connecting with people where they are and through what they value, while also resisting the urge or push to follow a technical, mechanistic approach (Lopes & Malfitano, 2021).
Occupation-based Community Development	The Occupation-based Community Development framework (Galvaan & Peters, 2017) provides a process and guidance to rethink what is known and to create spaces where new ways of knowing, being, and doing could be co-constructed and hegemony could be challenged on a daily basis.
Canadian Community Development Practice Process	Within a Canadian context, occupational therapists engaging in community development acknowledge the complexity of communities, with a greater focus on the social determinants of health. Their community development practices adapted the typical practice process to include: i) Getting to know the community, with a focus on building the relationships, exploring resources and prioritising together; ii) Getting the ball rolling and planning together, which involved co-planning, respecting culture and acting as catalysts; iii) Building upon occupational opportunities including occupations that build skills; iv)

Table 3. Continued...

Vocabularies	Epistemologies
	Revisiting the approach to monitor and recognising the difficulty of measuring change; and v) Striving for sustainability which involves identifying local community, having champions from community, finding funding and being involved over a longer term. (Leclair et al., 2019)
Community Centred Practice Framework	The Community-Centred Practice Framework identifies four main features to conceptualize occupational therapists practice with communities drawing upon occupational therapy and science concepts and critical theory: community identity, community occupations, community resources/barriers, and participation enablement (Hyett et al., 2018)
Yarning	Yarning provides a way of connecting with Aboriginal culture and does so in many ways, like sharing Aboriginal people’s voices, sharing knowledges, connecting with each other, caring for each other, problem-solving and setting priorities Yarning may influence how you see yourself and the world you live in, as well as set the parameters for how you connect with each other. Importantly, in the research and health contexts, yarning principles may be applied, with the aim of establishing connections with yarning members, a shared understanding of the issue at hand and more. In yarning, it is important to have the right community members involved, be that Elders, Traditional Owners of Country, and other community members who may be the knowledge bearers of the yarning topic (See Gibson et al., 2020a, 2020b; Bessarab & Ng’Andu, 2010; Emery-Whittington et al., 2023).
Territorial actions	The concept of territory suggests a combination of space, process, and relationship that surpasses the delimitation of physical space, whereas the concept of community suggests the idea of collectivity and the construction of networks, belongings and identities. Addressing territory and community jointly indicates reflection on the understanding of the ways of life and modes of appropriation of the material, social, cultural and relational resources that are established in a place, from a collective perspective of life, that centrally influences the occupations, doings, and the ‘everyday lives’ of different people, groups and communities (Bianchi & Malfitano, 2022).
Campaign	<i>“A campaign involves the design of strategies to counter the hegemonies associated with the participation of marginalised social groups that result in exclusion and injustice. It is implemented in collaboration with this group, as well as with different combinations of key role players and stakeholders, depending on the issue at hand and the direction the community decides to take.”</i> (Peters & Galvaan, 2018, p. 143)
Community organising	Choosing to practice outside of public healthcare system in order to engage with community and increase accessibility of health and social services for marginalised groups, using a five-stage model of community organization (Bracht & Kingsbury, 1990)
Continuum of Community Development	A continuum from developmental casework to social and political movements illustrates a continuum of community development (Jackson et al., 1989) that moves towards multi-layered work with communities that is informed by social and systems change. This continuum of community development involves the following points along which individuals or communities could enter the continuum: addressing individual struggles (developmental case work); bringing people with similar experiences together with other social groups to counter act feelings of isolation (mutual support); generating opportunities for shorter-term involvement in events around shared interests that aim to create social change (Issue identification and campaigns); involving people in the decision-making processes at local levels (participation and control of services); and ongoing commitment to social change (Jackson et al., 1989).

Discussion

The four thematic threads that we identified describe a collective ‘coming to know’, how our vocabularies and epistemologies were contextually-specific and uniquely oriented to local contexts, which we understood more fully within global discussions. The threads reveal positionality, context, language and pluriversality as critical elements in the generation and use of the vocabularies and epistemologies that have informed our community development and social occupational therapy practice. As such, they offer important points of connection for thinking about knowledge-generation practices within occupational science, which we discuss below.

The value of embracing decolonial praxis for knowledge generation

In a literature review of CoP in occupational therapy (Barry et al., 2017), no previously published literature described aspirations for a decolonial approach. However, Indigenous occupational therapy scholarly leaders and advocates, like Ramugondo & Emery-Whittington (2022) and the work of Phenix and Valavaara (such as, Restall et al., 2019) have made significant progress in this space. Although our processes of interacting and generating knowledge together were a starting point for our decolonising praxis, they resonate with decolonial ideas for generating knowledge (Galvaan, 2021). Embracing a decolonial praxis within our CoP created a learning community with interactions based on mutual respect and trust, as a foundation for sharing ideas, asking questions and sense making (Li et al., 2009, p. 3), allowing us to engage a reflexive stance which was important for presenting and critiquing our knowledges without necessarily devaluing them. This offered the opportunity to simultaneously deconstruct our knowledges and (re)construct new thinking where relevant. Some of our vocabularies and knowledges were reflective of an epistemic disobedience (Mignolo, 2011) where we had intentionally disregarded dominant ways of thinking in occupational therapy in order to embrace knowledges that could more readily support practices that were contextually-relevant. We saw this kind of epistemic disobedience of having the potential to craft the kinds of ‘radical openings’ suggested by Magalhães et al. (2021), making space for critical epistemologies - ways of thinking and doing that were more relevant in our different contexts. Drawing this decolonial stance into the ways we engaged during our CoP meant we were able to see, question and dismantle the dominance of western science through honest and critical discussions about whiteness and racism, equity, discrimination, and poverty. Locating ourselves and our vocabularies and epistemologies within social, political, and cultural contexts were key to our critique of them and our practice actions. These discussions reinforced the disconnect between occupational therapy practice and contexts, and taking action towards equity, justice and social rights.

The space we created is similar to what Dudgeon & Fielder (2006, p. 401) describe as a “third space”, which is a “radically hybrid space—unstable, changing, tenuous, neither here nor there” in-between the coloniser and the colonised where innovative collaborations and insights can emerge. Zimitri Erasmus draws on the work of Stengers (2005) to prompt us to consider how we might “do the world with other questions, with other words” (Erasmus, 2017, p. 133) and as such we saw ourselves as engaging in

a process of learning and not discovering (Erasmus, 2017) choosing to dwell in a contested knowledge space of discomfort and struggle (Dudgeon & Fielder, 2006) that challenged assumptions or prior ways of knowing and doing and resisted generating knowledge to only justify current stances (Galvaan, 2021). Such a way of being is characteristic of dwelling in the third space and “...requires the spirit of generosity and trust: it cannot be manufactured in a formulaic way. It can probably be faked and romanticised, but then there is no risk, no productive tension, and no change” (Dudgeon & Fielder, 2006, p. 407). We recognised that such spaces and dialogues were capable of fostering a “de-linking that leads to de-colonial epistemic shift and brings to the foreground other epistemologies, other principles of knowledge and understanding and, consequently, other economy, other politics, other ethics” (Mignolo, 2007, p. 453). This has been recognised as important for avoiding new forms of colonisation as we theorise ways of thinking about human occupation and justice (Córdoba, 2020; Emery-Whittington, 2021) within occupational science.

The potential for a pluriversal occupational therapy and occupational science

The examination of the foundations of our unique and shared epistemologies and vocabularies revealed the pluriversality that existed across these (Mignolo, 2013) since we were all committed to using knowledges that had meaning and relevance for our local contexts. Valuing this pluriversality, rather than resisting it, invited us to 'dwell in the borders', examining the coloniality of knowledge that shapes which epistemologies are ordinarily taken seriously and valued (Mignolo & Walsh, 2018) within occupational therapy and occupational science. Embracing a decolonial praxis in knowledge-generation is what made space for these different ways of knowing, and promoted a critical consciousness (Freire, 1972) within our CoP. This prevented the foreclosure associated with assuming that there is only one way of knowing, demonstrating the importance of relational connection for knowledge generation through which different perspectives can be understood and valued equally. As Reiter (2018) explains, there is space for many different ways of explaining and sense making. The selection of our vocabularies and epistemologies for occupational therapy practice in our contexts demonstrates just how important different knowledges are for contextually-relevant practices that addresses issues of equity and justice in local contexts. Adopting and valuing a pluriversal mindset for knowledge-generation in occupational science can push the discipline to avoid universalising and erasure of those knowledges that have benefit for local contexts where white, westernised ways of thinking and doing can do harm. To develop such a mindset those who see themselves as occupational scientists and occupational therapist have to learn to value the opportunity to listen, learn and create space, rather than seeking 'discovery' (Kwaymullina, 2020) or justifying current perspectives. This would support the development of a socially-transformative praxis, an agenda that has been firmly espoused by the occupational science discipline in recent years (Laliberte Rudman et al., 2019). However, this will take a centering of relationality, positionality and accountability in our doing with communities and in the social field in ways that are contextually-relevant (Gibson et al., 2021) so that we can also guard against extractive colonialism and the misappropriation of contextually and culturally relevant knowledges (Drummond, 2020). Embedding resistance against a

'one approach fits all' in understanding human occupation/everyday life and directing occupational scientists and occupational therapists towards a pluriversal vision for future knowledge generation. Resistance, which requires identifying and acknowledging privileges and intentionally creating space for critical reflective processes and actions, which is challenging to achieve in colonised spaces of practice and academia with workload, revenue and output pressures.

Our work was conducted with a specific group, all involved with academic environments, reporting research and practitioner experiences. However, even if it is based on a singular experience, we believe it is important to disseminate this kind of approach to spread possibilities for decolonial praxis in colonised spaces. Our approach in our collective scholarship intentionally pursued knowledge exchange and generation in ways that humanised us, supporting our connections as equals. This involved maintaining and sharing the power in the interpretative process, resisting the conventions that are typically masqueraded as the gold standard in positivist science that is moulded on white western ways of doing scholarship.

Conclusions

The learnings that we have shared here are not intended as a formula for knowledge generation in the profession and discipline. Rather we share our experiences and learning to extend an invitation for occupational scientists and occupational therapists to consider how they might do knowledge-generation 'otherwise' (Erasmus, 2017). The intent would be to move beyond unidimensional ways of knowing that are exclusionary and do not represent many perspectives that have value for understanding human occupation and everyday life in diverse contexts. Whilst there has been movement towards this end (Hendricks et al., 2022), amplifying the generation of knowledges in occupational science and occupational therapy that supports ways of knowing, being and doing reflective of multiple languages, sciences, and contexts will strengthen the disciplines and professions. This paper offers initial thinking about how to initiate a decolonising praxis when learning with scholars and practitioners across global contexts to support knowledge generation in more critically conscious ways.

Advocacy for recognising plural vocabularies and epistemologies in occupational therapy and occupational science needs to be central to any potential future directions for knowledge-generation. Recognising where there are opportunities to draw upon research and practices from specific contexts, and naming points of commonality and difference, knowing where and why we take different paths and resisting the imperialist and colonial roots of occupational therapy and occupational science, this would offer the opportunity to grow the discipline towards pluriversal mindset.

References

- Barry, M., Kuijjer-Siebelink, W., Nieuwenhuis, L., & Scherpbier-de Haan, N. (2017). Communities of practice: a means to support occupational therapists' continuing professional development. A literature review. *Australian Occupational Therapy Journal*, 64(2), 185-193.
- Souza, J. R., Borba, P. L. O., Pan, L. C., & Lopes, R. E. (2021). 'Inclusion' and 'Democracy' in Education: an exploration of concepts and ideas for occupational therapists. *World Federation of Occupational Therapists Bulletin*, 77(2), 107-113.

- Bessarab, D., & Ng'andu, B. (2010). Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Indigenous Studies*, 3(1), 37-50.
- Bianchi, P. C., & Malfitano, A. P. S. (2022). Professional practice of occupational therapists in Latin American countries: what characterizes a territorial-community action? *Cadernos Brasileiros de Terapia Ocupacional*, 30, e3053.
- Bracht, N., & Kingsbury, L. (1990). Community organization principles in health promotion: a five-stage model. In N. Bracht (Ed.), *Health promotion at the community level* (pp. 66-88). Thousand Oaks: Sage.
- Córdoba, A. G. (2020). About new forms of colonization in occupational therapy. Reflections on the Idea of Occupational Justice from a critical-political philosophy perspective. *Cadernos Brasileiros de Terapia Ocupacional*, 28, 1365-1381.
- Drummond, A. (2020). Embodied Indigenous knowledges protecting and privileging Indigenous peoples' ways of knowing, being and doing in undergraduate nursing education. *Australian Journal of Indigenous Education*, 49(2), 127-134.
- Dudgeon, P., & Fielder, J. (2006). Third spaces within tertiary places: Indigenous Australian studies. *Journal of Community & Applied Social Psychology*, 16(5), 396-409.
- Emery-Whittington, I. G. (2021). Occupational justice-colonial business as usual? Indigenous observations from Aotearoa New Zealand: la justice occupationnelle: sous régime colonial comme d'habitude? Observations d'autochtones d'Aotearoa en Nouvelle-Zélande. *Canadian Journal of Occupational Therapy*, 88(2), 153-162.
- Emery-Whittington, I., Draper, L., & Gibson, C. (2023) Connections, disruptions and transformations: Decolonising qualitative research. In S. Nayar & M. Stanley (Eds.), *Qualitative research methodologies for occupational therapy and occupational science*. Abingdon: Routledge. (in publication).
- Erasmus, Z. (2017). *Race otherwise: forging a new humanism for South Africa*. Johannesburg: Wits University Press.
- Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal at the University of Toronto Faculty of Law*, 6(1), 193-203.
- Farias, L., & Rudman, D. L. (2019). Practice analysis: critical reflexivity on discourses constraining socially transformative occupational therapy practices. *British Journal of Occupational Therapy*, 82(11), 693-697.
- Freire, P. (1972). *Pedagogy of the oppressed*. London: Penguin Books.
- Galvaan, R. (2021). Generative disruption through occupational science: enacting possibilities for deep human connection. *Journal of Occupational Science*, 28(1), 6-18.
- Galvaan, R., & Peters, L. (2017). Occupation-based community development: a critical approach to occupational therapy. In S. Dsouza, R. Galvaan, & E. Ramugondo (Eds.), *Concepts in occupational therapy: understanding southern perspectives* (pp. 172-187). India: Manupal University Press.
- Gibson, C. (2020). When the river runs dry: leadership, decolonisation and healing in occupational therapy. *New Zealand Journal of Occupational Therapy*, 67(1), 11-20.
- Gibson, C., & Farias, L. (2020). Deepening our collective understanding of decolonising education: A commentary on Simaan's learning activity based on a Global South community. *Journal of Occupational Science*, 27(3), 445-448.
- Gibson, C., Butler, C., Henaway, C., Dudgeon, P., & Curtin, M. (2015). Indigenous peoples and human rights: some considerations for the occupational therapy profession in Australia. *Australian Occupational Therapy Journal*, 62(3), 214-218.
- Gibson, C., Chatfield, K., O'Neill-Baker, B., Newman, T., & Steele, A. (2021). Gulburra (to understand): Aboriginal Ability Linker's person-centred care approach. *Disability and Rehabilitation*, 43(19), 2713-2719.
- Gibson, C., Dudgeon, P., & Crockett, J. (2020a). Listen, look & learn: exploring cultural obligations of Elders and older Aboriginal people. *Journal of Occupational Science*, 27(2), 193-203.

- Gibson, C., Crockett, J., Dudgeon, P., Bernoth, M., & Lincoln, M. (2020b). Sharing and valuing older Aboriginal people's voices about social and emotional wellbeing services: a strength-based approach for service providers. *Aging & Mental Health, 24*(3), 481-488.
- Gilchrist, A., & Taylor, M. (2022). *The short guide to community development*. Bristol: Policy Press.
- Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal, 26*(2), 91-108.
- Hammell, K. W. (2021). Social and structural determinants of health: exploring occupational therapy's structural (In)competence. *Canadian Journal of Occupational Therapy, 88*(4), 365-374.
- Hendricks, F., Galvaan, R., & al-Ninowy, S. M. Y. (2022). Tensions in describing Muslim religious practices: insights generated from an Islamic monotheist perspective. *Journal of Occupational Science*. In press.
- Hurtubise, K., Pratte, G., Rivard, L., Berbari, J., Héguy, L., & Camden, C. (2019). Exploring engagement in a virtual community of practice in pediatric rehabilitation: who are non-users, lurkers, and posters? *Disability and Rehabilitation, 41*(8), 983-990.
- Hyett, N., Kenny, A., & Dickson-Swift, V. (2018). Re-imagining occupational therapy clients as communities: Presenting the community-centred practice framework. *Scandinavian Journal of Occupational Therapy, 26*(4), 246-260.
- Hyett, N., Kenny, A., & Dickson-Swift, V. (2019). Re-imagining occupational therapy clients as communities: presenting the community-centred practice framework. *Scandinavian Journal of Occupational Therapy, 26*(4), 246-260.
- Irvine-Brown, L., Ware, V. A., Malfitano, A. P. S., & Di Tommaso, A. (2021). Re-engaging in our role with communities: the coupling of occupational therapy and community development. *Australian Occupational Therapy Journal, 68*(4), 308-316.
- Jackson, T., Mitchell, S., & Wright, M. (1989). The community development continuum. *Community Health Studies, 13*(1), 66-73.
- Kwaymullina, A. (2020). *Living on stolen land*. Broome: Magabala Books.
- Labiberte Rudman, D., Pollard, N., Craig, C., Kantartzis, S., Piškur, B., Algado Simó, S., Van Bruggen, H., & Schiller, S. (2019). Contributing to social transformation through occupation: experiences from a think tank. *Journal of Occupational Science, 26*(2), 316-322.
- Lauckner, H., Leclair, L. L., & Yamamoto, C. (2019). Moving beyond the individual: occupational therapists' multi-layered work with communities. *British Journal of Occupational Therapy, 82*(2), 101-111.
- Lavalley, R., & Johnson, K. R. (2020). Occupation, injustice, and anti-Black racism in the United States of America. *Journal of Occupational Science, 29*(4), 487-499.
- Leclair, L. L., Lauckner, H., & Yamamoto, C. (2019). An occupational therapy community development practice process. *Canadian Journal of Occupational Therapy, 86*(5), 345-356.
- Li, L. C., Grimshaw, J. M., Nielsen, C., Judd, M., Coyte, P. C., & Graham, I. D. (2009). Evolution of Wenger's concept of community of practice. *Implementation Science: IS, 4*(11), 1-8.
- Lopes, R. E., & Malfitano, A. P. S. (2021). *Social occupational therapy: theoretical and practical designs*. Philadelphia: Elsevier.
- Magalhães, L., Farias, L., Rivas-Quarneti, N., Alvarez, L., & Malfitano, A. P. S. (2021). Commentary on "The development of occupational science outside the Anglophone sphere: enacting global collaboration". *Journal of Occupational Science, 28*(3), 425-434.
- Malfitano, A. P. S. (2022). An anthropophagic proposition in occupational therapy knowledge: driving our actions towards social life. *World Federation of Occupational Therapists Bulletin, 78*(2), 70-82.
- Malfitano, A. P. S., Whiteford, G., & Molineux, M. (2021). Transcending the individual: the promise and potential of collectivist approaches in occupational therapy. *Scandinavian Journal of Occupational Therapy, 28*(3), 188-200.
- Mignolo, W. D. (2007). Delinking. *Cultural Studies, 21*(2-3), 449-514.

- Mignolo, W. D. (2011). Geopolitics of sensing and knowing: on (de)coloniality, border thinking and epistemic disobedience. *Postcolonial Studies*, 14(3), 273-283.
- Mignolo, W. D. (2013). On pluriversity. *Walter Mignolo*, 30, 1-7.
- Mignolo, W. D., & Walsh, C. E. (2018). *On decoloniality: concepts, analytics, praxis*. Durham: Duke University Press.
- Pereira, R. B., Whiteford, G., Hyett, N., Weekes, G., Di Tommaso, A., & Naismith, J. (2020). Capabilities, Opportunities, Resources and Environments (CORE): using the CORE approach for inclusive, occupation-centred practice. *Australian Occupational Therapy Journal*, 67(2), 162-171.
- Peters, L., & Galvaan, R. (2018). Critical occupational therapy in the margins: parent participation in under-resourced schools. In P. Silbert, R. Galvaan, & J. Clark (Eds.), *Partnerships in Action. University-school-community* (pp. 131-145). Cape Town: HSRC Press.
- Ramugondo, E. L., & Emery-Whittington, I. (2022). A decolonising approach to health promotion. In S. Kessi, S. Suffla & M. Seedat (Eds.), *Decolonial enactments in community psychology* (pp. 191-211). Cham: Springer.
- Reiter, B. (2018). *Constructing the pluriverse: the geopolitics of knowledge*. Durham: Duke University Press.
- Restall, G., Phenix, A., & Valavaara, K. (2019). Advancing reconciliation in scholarship of occupational therapy and Indigenous Peoples' health. *Canadian Journal of Occupational Therapy*, 86(4), 256-261.
- Richards, L. A., & Galvaan, R. (2018). Developing a socially transformative focus in Occupational Therapy: insights from South African practice. *South African Journal of Occupational Therapy*, 48(1), 3-8.
- Ryall, J., Ritchie, T., Butler, C., Ryan, A., & Gibson, C. (2020). Decolonising occupational therapy through a strengths-based approach. In T. Brown, H.M. Bourke-Taylor, S. Isbel, R. Cordier, & L. Gustafsson (Eds.), *Occupational therapy in Australia: professional and practice issues* (2nd ed.) (pp. 130-142). New York: Routledge.
- Ryan, A., Gilroy, J., & Gibson, C. (2020). # Changethedate: Advocacy as an on-line and decolonising occupation. *Journal of Occupational Science*, 27(3), 405-416.
- Smith, L. (2021). *Decolonizing methodologies: research and Indigenous peoples* (3rd ed.). London: Zed Books.
- Stengers, I. (2005). The cosmopolitical proposal. In B. Latour & P. Weibel (Eds.), *Making things public: atmospheres of democracy* (994-1003). Cambridge: MIT Press.
- Taff, S. D., & Putnam, L. (2022). Professional neocolonialism in occupational therapy: a historical review and critique. *Cadernos Brasileiros de Terapia Ocupacional*, 30, e2986.
- Wenger, E. (2011). *Communities of practice: a brief introduction*. Alexandria: National Science Foundation. Retrieved in 2023, March 26, from <http://hdl.handle.net/1794/11736>.
- Whiteford, G. E., Jones, K., Rahal, C., & Suleman, A. (2018). The Participatory Occupational Justice Framework as a tool for change: three contrasting case narratives. *Journal of Occupational Science*, 25(4), 497-508.
- World Health Organization – WHO. (1986). *Ottawa Charter for Health Promotion*. Retrieved in 2023, March 26, from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- World Health Organization, United Nations Children's Fund. (1978). Primary Health Care: report of the International Conference of Primary Health Care. In *The International Conference on Primary Health Care, Alma-Ata*. Geneva: WHO. Retrieved in 2023, March 26, from <https://apps.who.int/iris/handle/10665/39228>.

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