

# Community development/ Community based OT in practice and education

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# Agenda of workshop

- 12.20 Welcome,  
presentation of members CD2
- 12.25 Presentation survey
- 12.45 Questions, feedback on the survey
- 12.55 Discussion in subgroups of 3 or 4  
participants
- 13.20 Plenary session results subgroups
- 13.30 End of workshop

# Background

- 11/ 2008: first meeting of the group to discuss the creation of a joint European module on Community Development in OT
- 10/2009: Workshop on Community Development as an Approach in OT at the 15th ENOTHE Conference in A Coruna
- 10/2009-02/2010: Literature research
- 02-04/2010: design of the questionnaire; pretest I and II
- 04/2010: launch of the ENOTHE online survey on Community-Based OT/Community Development in OT

# Rationale for the Questionnaire

- Our workshop at the 15th ENOTHE conference in A Coruna identified :
  - different structure of the health and social sector in European countries
  - differences in the nature and organisation of services
  - different knowledge or understanding of community-based OT
- Introductory text on community development (based on the 1986 Ottawa Charta, the 2004 WFOT position statement on CBR and Wilcock 2006)
- Many possibilities for personal comments were offered > this was widely used by respondents

# Basic demographic information

- The questionnaire was answered by 93 ENOTHE members living in 33 countries
- More than half of the respondents are from 7 countries: Germany (10) Belgium (9) UK (7) Netherlands (7) Norway (6 ) Finland (5) Spain (5)
- Included are also 4 ENOTHE members from outside Europe: Canada, USA, Tunisia, South Africa

# Services/settings where Community based OT take place

**Most of the services/settings where CBOT currently takes place are**

- services for elderly people (87 %)
- community mental health programs (78 %)
- community health centers or public health clinics (55 %)
- services for people with substance misuse problems (51 %)

**The least common services/settings are**

- neighbourhoods inhabited by people living in poverty (17 %)
- homeless shelters (15 %)

# Stakeholders/ professionals with whom OT's cooperate in community setting

■ Care givers and care givers organizations	79 %
■ Physiotherapists	79 %
■ Social workers	79 %
■ Teachers in nursery/primary/secondary schools	64 %
■ Nurses	63 %
■ Service coordinators of day care centre, volunteer org.	61 %
■ General practitioners	60 %
■ Community workers	55 %
■ Personal assistants	52 %

# Current focus of Community based OT-most frequently mentioned

■ Health and well-being	74 %
■ Quality of life	68 %
■ Equipment and adaptation	66 %
■ Participation of individuals	65 %
■ Accessibility	62 %
■ Meaningful occupations of individuals	61 %
■ Prevention / health promotion	51 %



# Current focus of Community based OT-less frequently mentioned

- Social inclusion of communities 34%
- Consultancy with regard to local policy 24%
- Occupational justice 19%
- Sustainability of networks, partnerships etc.  
in the community 15%
- Provision of advice to organisations  
in the community 12%

# Factors negatively affecting the development of Community based OT

- lack of funding / financial resources
- persistence of the medical paradigm:
  - OT being taught in “faculties of health”
  - OT being funded by Departments of Health
  - The word “therapy” being inappropriate for occupational community development
- lacking profile of OT in this area of expertise
- lack of OTs' public relations skills
- lack of OTs

# TUNING Competencies

In the *Reference Points for the Design and Delivery of Degree Programmes in Occupational Therapy* established by the ENOTHE Tuning Project (2007), five OT competences are mentioned which in our opinion apply to community development practice:

12. *Collaborate with communities to promote and develop the health and well-being of their members through their participation in occupation.*
17. *Establish and maintain collaborative partnerships, consult and advise with clients, carers, team members and other stakeholders on enabling occupation and participation in a wide range of contexts.*
18. *Collaborate with clients to advocate for the right to have their occupational needs met.*
29. *Develop new knowledge of occupation and occupational therapy practice, particularly in relation to local and/or emerging health and social challenges.*
35. *Consider developments and influence policies in health and social care, society and legislation at international, national and local levels that effect occupational services.*

# About OT education

- Second part of the questionnaire had 65-70 respondents
- 39 respondents quote the fact that they started to implement the Tuning – competences on community development
- 24 say that that these Tuning competences are indeed part of the undergraduate program.
- 6 respondents say that they are planning to and 2 respondents say that they do nothing with the Tuning competences on community development

# Important topics preparing students for community based work

Seen as important and very important are of 69 respondents

■ Ethics	67
■ Prevention and health promotion	67
■ Cultural diversity	66
■ Networking skills	66
■ Law	64
■ Negotiation skills	64
■ Project management	62
■ Counseling	61
■ Social psychology	61
■ Leadership skills	60
■ CBR	59
■ Social entrepreneurship	57
■ Social Science	56
■ Entrepreneurship	56
■ Action research	56
■ Political science	45

# Settings where Community development OT- placements or projects take place

■ Services for elderly people	80 %
■ Community mental health programs	75 %
■ Community health centers / public health clinics	57 %
■ Services for people with substance misuse problems	42 %
■ Mainstream schools / nurseries	40 %
■ Voluntary organizations	32 %
■ Family services	32 %
■ Social service agencies	29 %
■ Services for migrants or asylum seekers	26 %
■ Services for unemployed people	23 %
■ Self help organizations	23 %
■ Youth services	19 %
■ Neighborhoods inhabited by people living in poverty	12 %
■ Homeless shelters	8 %

# Resume 1

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There is a lot more information in the survey, too much to mention in this workshop.

# Resume 2

- Our conclusion so far, based on the survey, is that many OT's in Europe think that community development / community based practice is important to implement in our profession because of the changes in our health care systems.



# Resume 3

- There is a need to explore the (potential) concepts and frameworks of community practice in OT in the context of social and health care in our own countries (see also Joy Doll, 2010, p. 7 – 8)
- OT's do interesting projects and placements in this field, and mention the facts that OT-students need more education in this direction.

# Discussion, question 1

- The ongoing dominance of the medical model and lack of knowledge of the potential for CBOT in many countries is seen as an impediment to the development of community – based practice. In addition the lack of focus on prevention and the determinants of health means that there is less potential for CBOT.
- Do you think that if we start with a bigger focus on prevention we will come by doing this automatically to CBOT? Why or why not?

# Discussion, question 2

- There appears to be an opinion that OTs lack the requisite skills for accessing and understanding the complexities of communities and a large number of skills for this type of work were identified. OTs need to become more visible and to know how to access/influence policy makers. OTs need to know how to work collaboratively with groups of stakeholders to access funding opportunities.
- Which is the best way to teach or to learn and why?
- What do we need to offer practicing OTs in terms of courses etc. in order to assist them in this type of work?

# Discussion, question 3

There is a strong feeling amongst respondents that students require education in community based working with 96% of respondents indicating that this should be done at Bachelor's level. A long list of suggested topics for inclusion in such education were indicated. Strong emphasis was placed on the potential use of action research methodologies in the development of CBOT. Emphasis was also placed on the need for students to understand the complexity of through teaching on ethics, health promotion, negotiation skills and entrepreneurship. This would obviously take a lot of collaboration within institutions and it may be difficult access people with sufficient expertise in some institutions where OT is taught. This would mean a significant change to the some OT education programmes and placement opportunities/projects carried out by OT students.

- Do all OTs have to be interested in this kind of work? Can we really propose a shift in educational programmes when there appear to be few OTs working in a truly CBOT model?