



Canadian occupational therapists' multi-layered work with communities: Moving beyond the individual



HEIDI LAUCKNER, LEANNE LECLAIR, CINDY YAMAMOTO



**DALHOUSIE
UNIVERSITY**



**UNIVERSITY
OF MANITOBA**



CONNECTED IN DIVERSITY: POSITIONED FOR IMPACT

Background



- Community development (CD) is a process where community members come together to take collective action and generate solutions to common problems (UN, 2014)
- While conducting a study that explored how Canadian OTs work with communities, some participants seemed to be *moving towards* CD
- In the literature, there is discussion of the “continuum of CD” (Jackson et al, 1989; Labonte, 2004; Laverack, 2005) but CD seems to be viewed as distinct from other OT practice and there is limited research on how OTs work along that CD continuum

Research question and methodology

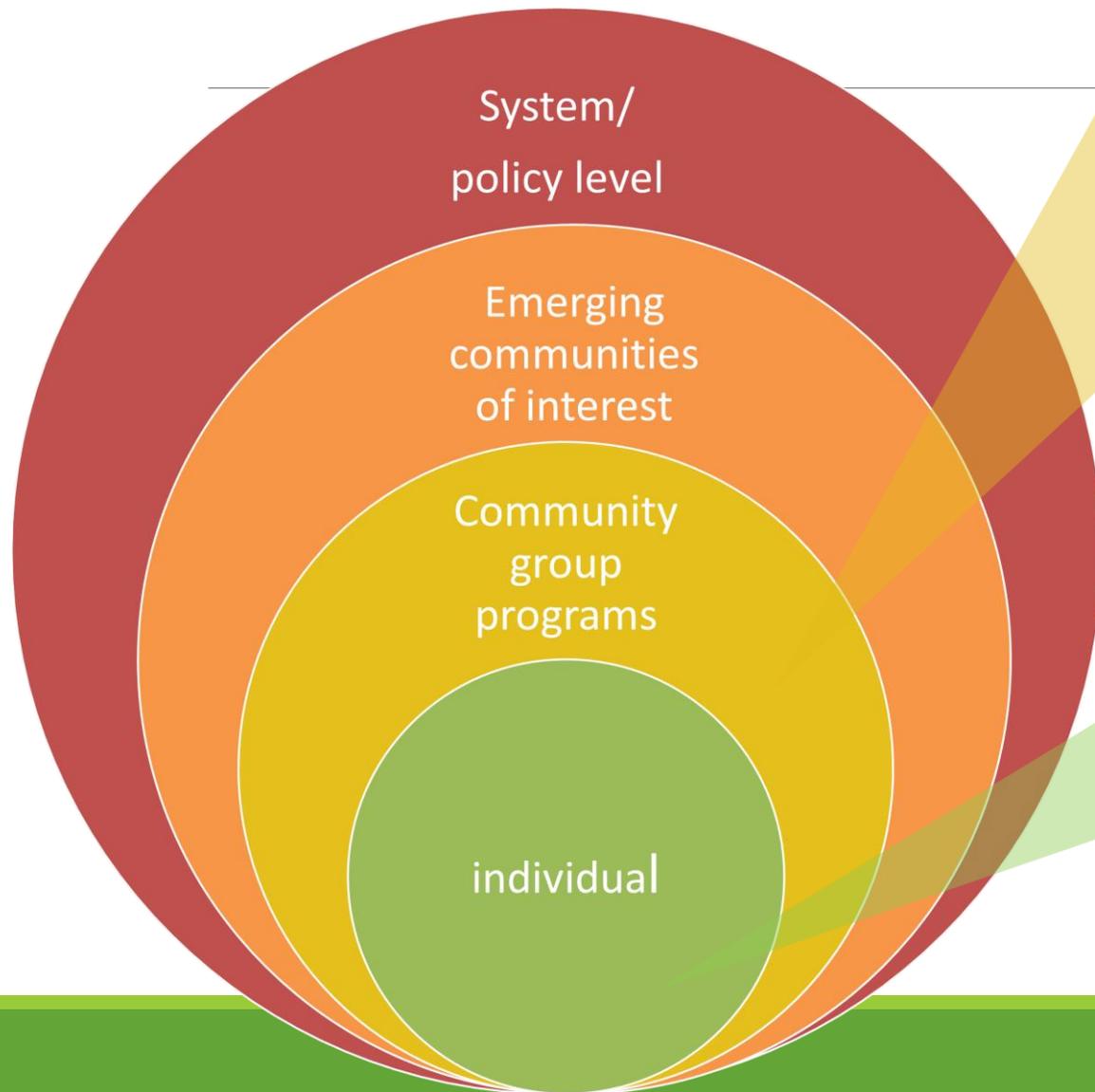
How do community occupational therapists move beyond an individual focus to address community issues in their practice?

- Interpretive description (Thorne et al, 2004)
- Snowball sampling of Canadian OTs through our national OT organization who self-identified as having 1 year of CD experience
- 1-hour telephone conversation and 1.5 hour focus group
- Thematic analysis (Braun & Clark, 2006) with multiple researchers reviewing data, discussing and memoing

12 participants from different regions of Canada

- 67% had Bachelor for entry to practice degree
- 58.3 % were in urban settings (25% mixed)
- Average of 17.9 years OT experience and 7.4 experience in CD
- Worked in diverse community settings including community health centres, community programs, government programs; working with children/families, young adults with intellectual disabilities, adults living with mental illness, people at risk of homelessness, families, indigenous and international development, policy development)

Key Findings: CD foundations



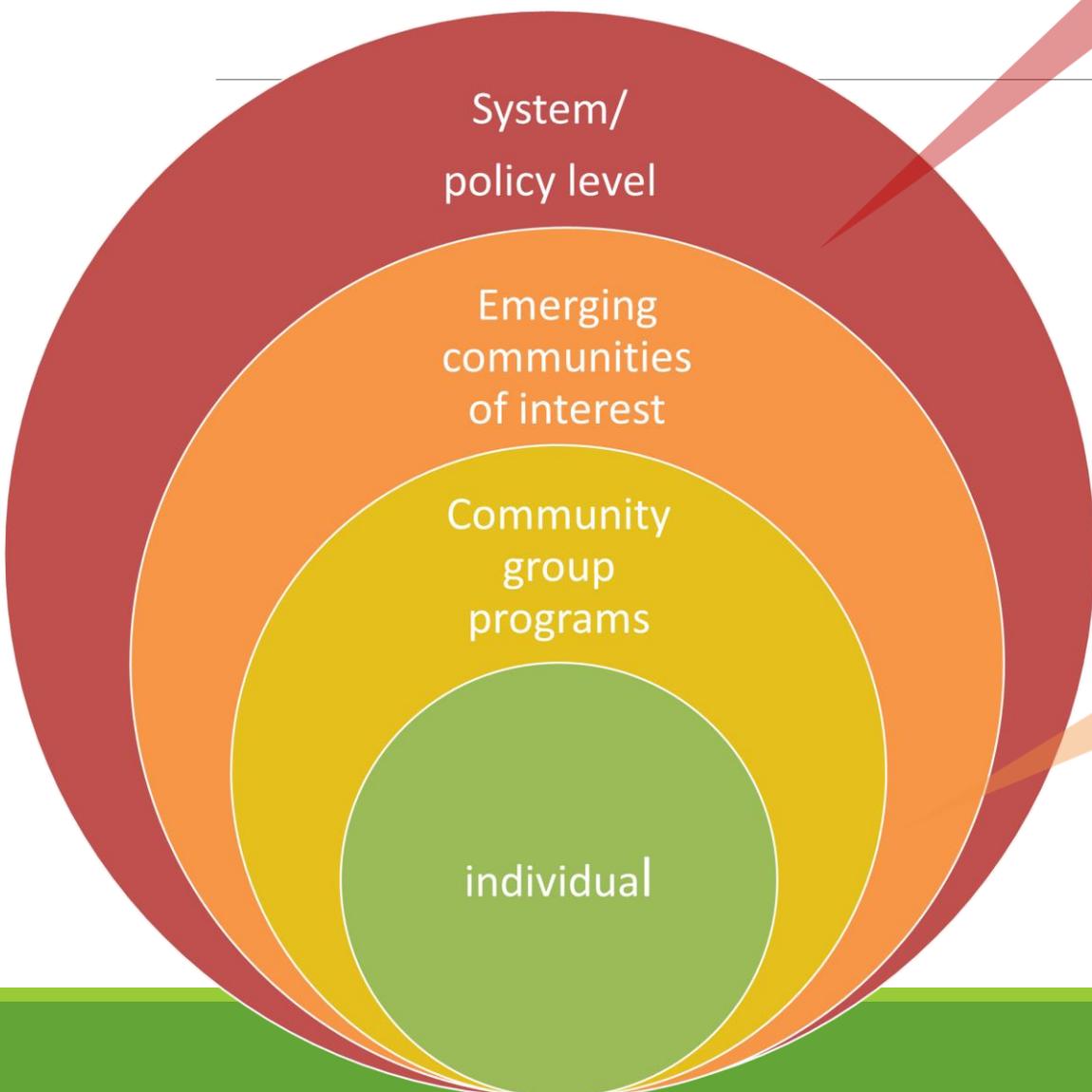
Community group programs:
fostering relationships and skills
while working on share goals

"... the whole point of the workshop [is] that we try to build relationships between the parents ...so they can come up with their own solutions...mostly we try to make the parents feel involved ... to take ownership ... feel more in control of the situation, that they're not alone." (P1)

Individual – viewing client within broader context, linking to community services & skill building, with awareness of impact on individual and community

"helping people live in communities" (P10)

Key Findings: Community & systems level change



Systems/Policy - changing services through collaborations and capacity building around systems/processes that impact the broader population

"our client is the environment, [as] it's the environments that either hinder or facilitate active healthy living that are going to make the difference" (FG 2).

Emerging Communities of Interest – partnering with different sectors around a common issue; working with community champions

"I accompany, but I don't lead" (P11).

Implications: linking individual and community levels

At all levels, these OTs...

- recognized the impact of social determinants of health on individual and community occupations;
- focused on the social aspects of occupation to connect people
- had awareness of different levels and how they impact each other, even if not yet working at all levels

Conclusions and next steps

1. By identifying OT approaches that provide foundations for CD, more Canadian OTs might see how their work contributes to CD
 - Good for the profession and for the health of communities
2. Recognizing our potential contribution to CD will encourage us to seek out and learn from the many valuable international examples
 - Can identify resources/examples to advance OT's CD work and integrate in OT education and professional development
3. Verification and further development of this conceptualization in different contexts is required