



Community occupational therapy practice in Canada: A diverse and evolving practice

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This special edition of *Occupational Therapy Now* is a showcase of community occupational therapy practice in Canada. Community practice is founded on the concept of a healthy community, namely, a community that creates environments and develops resources that enable people to “mutually support each other in performing all the functions of life and in developing to their maximum potential” (World Health Organization, 1998, p. 13). Community occupational therapy practice revolves around the social participation (social roles and meaningful activities) of the individual, group, or community. It reaches various clients in keeping with prevention, health promotion, citizen participation, and empowerment.

Despite all of its possibilities, community occupational therapy practice has not yet reached its full potential. In fact, community practice both influences and is influenced by the environmental and socio-cultural contexts in which it operates. So, like our clients who experience some difficulties in their development or well-being, our practice faces very tangible **challenges**. Some of these challenges – barriers to community practice, lack of financial or physical resources (e.g., public transit) that can lead to instability or even inability to provide services – will be addressed in the articles of this special edition. Restrictions and a lack of knowledge, both stemming from health organizations and occupational therapists, are just some of the obstacles encountered by the practice. Also among these is the emphasis on acute health problems and the biomedical model of health, in the health system. From a societal point of view, in North American culture, the praising of individualism over mutual support in communities, insidiously impedes the full development of community occupational therapy.

Yet, and perhaps even because of these challenges, community occupational therapy practice continues to develop and grow in relevance. Just like our clients progressing towards their goals, community practice persists, transforms, pushes past barriers, and explores new avenues to become what it is meant to be. Marval (p. 12-13) and Hazlett (p. 10-11) respectively, demonstrate how community occupational therapy programs successfully overcome the barriers inherent to their practice environment. Indeed, there have been many **achievements** in community occupational therapy practice for a diverse clientele. Occupational therapy expertise contributes to the empowerment of people so that they

can reach their full potential: e.g., in the implementation of exercise groups for people with low vision (Teng, p. 21-22) or those with reduced mobility (Turcotte et al., p. 29), through groups for overcoming the fear of falling (Filiatrault et al., p. 30), and in the training of assistance volunteers (Lacerte et al., p. 27-28). Anchored by the conceptual models of the profession, occupational therapists play pivotal roles in the health of communities, through their preventive and health promotion interventions, by building on the strengths of individuals, and in having a broader perspective on the problems encountered in the community; for example, due to poverty (Davies, p. 14-15) or homelessness (White & O’Keefe, p. 26). Community occupational therapists’ initiatives allow people with intellectual disabilities, among others, to live in their community (Yamamoto et al., p. 25); and for hairdressing students to learn how to work safely in order to prevent musculoskeletal disorders (Lecours & Therriault, p. 23-24). Similarly, the contribution made by occupational therapists in establishing a continuum of care between hospital and community services, provides a smooth return home to the post-hospitalized population (Weill, p. 20).

These successes underscore the importance of **partnership** built on the strengths of the community. These strengths can be those of community organizations and their volunteers (Filiatrault et al.; Lacerte et al.; Teng; Turcotte et al.), university programs (Lecours & Therriault; Teng; Yamamoto), Indigenous communities (Viscogliosi et al. p. 16-17), instructors of professional programs (Lecours & Therriault), or research teams (Filiatrault et al.; Lacerte et al.; Viscogliosi et al.). It turns out that successful initiatives count on the **empowerment** of populations. At the heart of each of these initiatives, the occupational therapist puts his or her expertise to the service of the community.

Nevertheless, there are still areas of expertise **to be developed**. For example, Winlaw (p. 18-19) emphasizes that occupational therapists remain relatively absent in refugee support interventions, and that it is high time that we contribute to the health and well-being of these populations in need. Moreover, according to Viscogliosi and colleagues (p. 16-17), there is a long way to go to ensure the full participation of our Indigenous peoples, all while respecting their values, a field in which knowledge still needs to be synthesized.

There are several **means** of developing community occupational therapy. The first is clinical tools, and among these is a caseload management tool, as developed by Arès et al. (p. 6-7). This tool supports community occupational therapy practice by providing concrete ways of managing challenges. Research, in partnership with community stakeholders, is another indispensable means of illustrating the relevance of developed initiatives (Filiatrault et al.; Lacerte et al.), and of identifying new avenues to be prioritized (Viscogliosi et al.). More introspectively, the self-critical analysis of professionals, and consequently that of the profession, remains an essential way of recognizing the way forward. This reflective capacity of community occupational therapy promotes the evolution of practice in new niches, wisely illustrated by Winlaw (p. 18-19). Similarly, Michetti and Dieleman (p. 8-9) demonstrate how to shift one's focus in order to transform a current practice, in this case: adopting a lens that is more oriented to occupational therapy, in case management.

Following the example of many authors of this special edition, we invite occupational therapists to think about a few questions to guide the deepening of our community practice.

- What are our achievements in relation to the people or communities we support? How do we support the connections between various partners to foster the development and participation of individuals, groups, or communities?
- What are the main constraints limiting the development of our community practice? To what extent do these barriers limit our scope?
- How can we break down or overcome barriers in order to enable our community practice to flourish? In order to better align our practice with our professional values, can we consider some elements differently?
- What opportunities could we seize, and what tools could we develop to expand or improve community practice?
- Are there new partners with whom we could collaborate, new clientele or communities to which we could contribute our expertise? Would it be possible, in our interventions and as a result of them, to target a wider community rather than isolated individuals?

This special edition of *Occupational Therapy Now* highlights various facets of community occupational therapy practice which is essential to the well-being and health of Canadians. Too often, the skills and expertise of community occupational therapists remain under-exploited. However, due to the aging population, the prevalence of chronic diseases, and the cost of the resulting health systems, experts agree on the need to invest more in frontline services for individuals and communities, as well as in prevention and health promotion interventions. According to Clark et al. (2012), Graff et al. (2008), and Zingmark, Nilsson, Fisher, & Lindholm (2016), community occupational therapy practice is able to contribute effectively and economically to this imperative. We need to recognize, and even create, opportunities to fully play this role in communities. The reflections and successes that make up this special edition are examples that we hope will inspire other innovative initiatives in Canada. By continuing to build on partnerships and the empowerment of individuals and communities, community occupational therapy practice can continue to progress, with the aim of reaching its full potential.

References

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