



British Association of Occupational Therapists  
College of Occupational Therapists

## **“Occupation Matters”** **COT Harrogate 2004 Conference**

This year’s COT annual conference, which took place in Harrogate in June, proved to be both inspiring and motivating for all those that attended.



In a passionate keynote address, Professor Whiteford, director for research into professional practice, learning and education (RIPPLE) at Charles Sturt University in Australia, considered why occupation matters to individuals and what some of the issues and challenges are in engaging in necessary and meaningful occupation.



**Professor Gail Whiteford**

Challenging delegates to think about the impact that choices in occupation have on the global environment, both professionally and personally, Professor Gail Whiteford urged the audience to question whether they are part of the problem or part of the solution to today's global economic, social and environmental issues.

'Occupation is central to our existence and is a defining characteristic of being human,' she said. 'As we know now from focussed research, occupation that is meaningful has a positive, health enhancing effect and is basic to the self narrative of individuals as they progress through the life course.' However, because of the importance of occupation to peoples' lives, 'exclusion and deprivation from it can have serious and pervasive consequences, physically, mentally, spiritually, existentially and socially'.

Stressing that the world has a population of around 6 billion, which is set to increase to around 9.3 billion people by 2050, she drew attention to the fact that there are around 180 million people currently unemployed. She also pointed out that the richest countries represent 20 per cent of total population, yet consume 86 per cent of global resources, while the poorest countries have a private consumption rate of just 1.3 per cent.

Obviously, these statistics have significant implications, she told delegates. 'Around the world, people have varying occupational opportunities that have nothing to do with their inherent capabilities or personal choices but are rather the by-products of macro level political and economic forces outside their immediate control.'

The forms that peoples' occupations have taken in industrial times have been so detrimental to the global environment, she said, we need to rethink how we as individuals and as a profession go about doing things. 'It is time to recognise the limitations of biomedicine as a historically dominating paradigm in occupational therapy and instead make occupation our epistemological foundation.'

The second keynote address of the conference was given by James McKillop, who recounted his experience of the bewildering and traumatic journey towards a diagnosis of dementia and how just three hours a week of person-centred care turned his life around and opened the door to a rich and more fulfilling existence.



**James McKillop**

Having worked for the same employer for 25 years, Mr McKillop found that he was slowly forgetting how to do his work, his quality of life was increasingly being eroded, he was experiencing problems with driving and his domestic life was in tatters. The illness, which at that time he still did not know he was suffering from as his doctor kept assuring him there was nothing seriously wrong, had led to him becoming ostracised from his own family and out of work. 'That was the darkest period of my life and I still shudder at the memory,' he told delegates.

After private treatment with a neurologist and visits to a psychiatrist, Mr McKillop was finally diagnosed as suffering from dementia. However, light came in the form of Alzheimer's Scotland and support in the form of person-centred care from a lady named 'Brenda' and now Mr McKillop is an accomplished photographer and public speaker. 'I have opened peoples' eyes as they think that you cannot do anything with dementia,' he said. 'Before diagnosis, I was a step away from being put into a care home. But I am not unique.'

Kay East, chief health professions officer at the Department of Health (DH) told delegates to keep patient choice uppermost and get involved with policy to make sure occupation matters. 'In the DH we're really keen on policies to support choice,' she said. 'We really do need to make this central to our practice.'



**Kay East**

Occupation matters because it is essential to health. 'The relationship between occupation and our stories about ourselves shape what we know about our identity, and we are most ourselves when we engage in meaningful occupation,' said Ms East. She reminded delegates that OTs have a lot of control over their environments, and that policy is 'our' occupation.

'The balance of power shifts to you to make decisions about how care is delivered,' she said, noting the framework in place to support this. It includes Sir Nigel Crisp's view of the NHS and DH, 'Improvement, expansion and reform', set to be refreshed this year as CEOs and health authorities decide what the next DH priorities are to be.

Emerging themes in this process include chronic disease management (CDM), public health issues and diversity.

Karen Middleton, in Kay's team with the allied health professions branch at the DH, reminded delegates that OTs can be co-signatories of the new contracting arrangements in primary care. She added that a new payment by results system, to be phased in by 2008 and settled locally, will be based on a tariff calculated among other elements on what OTs do.

Sheelagh Morris, Karen's fellow team member, highlighted senior managers' importance to her work on patient group directives and an outline curriculum framework, because of their responsibility to make them work locally.

Despite the work OTs can do, and the influence they should wield over commissioners and policy development, Kay said, 'It's no good anyone feeling they're key to good health'. The patient will always remain the ultimate care manager.

The international agreement on occupational therapy and what it means in practice was the hot topic session on the Wednesday of conference. In a series of thought provoking presentations, the key message was the need for occupational therapists to think more globally and the need for accessibility of care for all, based on fairness and solidarity.

Dr. Kit Sinclair, president of the World Federation of Occupational Therapists (WFOT) said that the emphasis on the revised definition of occupational therapy, ratified in Cape Town in April, was on participation. 'The emphasis of the WFOT's position statement on community based rehabilitation (CBR) is on participation through occupation and daily life activities,' she told delegates. 'Just 20 years ago, the emphasis was on institutionalisation.'



**Dr. Kit Sinclair**

However, she stressed that there is a need for an international holistic approach to access, funding and legislation when it comes to occupational therapy. 'OTs are involved at all levels - locally, nationally and internationally,' she said. 'The WFOT position paper on community rehabilitation is an excellent example of international co-operation and commitment.'

The European perspective was offered by Maria Skouroliakos, president of the Council of Occupational Therapists in European Countries (COTEC). Ms Skouroliakos pointed out that due to the significant health inequalities across Europe, the European Council wants access, quality and financial sustainability to be the key drivers for an improved future health care system.

One of the WFOT's recent activities has been to revise the minimum standards for the education of occupational therapists, and Claire Hocking, principal lecturer at the school of occupational therapy at Auckland University, New Zealand and editor of the Journal of Occupational Sciences, outlined the new programme.

Ms Hocking, one of the co-authors of the revised standards, told delegates that the impetus for the revision had come initially from the OT schools internationally and that the focus was specifically about putting occupation at the heart of the standards. 'There is no similar document for other health professionals,' she emphasised, 'this is something that OTs have that we need to be proud of.'

At the core of the revised standards programme is the nature and meaning of occupation and the need for OTs in any part of the world to understand basic principles such as the occupational nature of humans, the problems and experiences people face through occupation and the resulting health outcomes.

'The focus is on the person-occupation-environment relationship,' she enthused. 'This is because we need to understand the cultural influences on occupation, why people engage in occupation, how occupations are performed and organised, the temporal aspects of occupation and how occupation can be used therapeutically.'

In a session on diversity in recruitment, delegates heard that occupational therapy has to become more diverse or it will founder as a profession. Helen Wiseman, allied health professions lead for recruitment, retention and return at the Department of Health, said September 2003 NHS workforce census figures show AHPs drop out of the job market between the ages of 50 and 60. 'They're the very people we desperately need to keep, to bring on the next generation. We need to tempt them back with flexible conditions,' she said.

People's perception of OT has to change, she added, advising more attention to marketing, as only 10.8 per cent of OTs are men, and 4.3 per cent from black and minority ethnic groups.

Sue Rugg, COT research and development officer, said joint validation committee figures show that while OT student numbers have grown by 37 per cent in the UK from 1994 to 2002, there is only a marginal trend towards increased diversity. Over the period, males averaged 9 per cent of entrants. Although non-Caucasian and disabled student numbers had risen to around 7 per cent and 2 per cent respectively by 2002, the data was recent and partial. 'Expansion levels since 2000 would have to double to reach

government expansion targets of 40 per cent by 2004. It hasn't happened,' she pointed out.

Ms Rugg made the following recommendations:

- \* review the current system for collecting data on OT student entrants;
- \* research OT student attrition more fully (the average is around 10 per cent); and
- \* expand the COT's recruitment strategy.

Lee Price, diversity officer at Southampton University, said the main challenge for universities was to make their programmes truly inclusive. 'Compared with other courses, there is an enormous amount of contact hours,' he said. 'There are moves to reduce them, but you have to be aware people have family commitments precluding university attendance at nine in the morning.'

Denise Sterling of St James' University Hospital in Leeds, said organisations that address diversity issues are linked to success. 'We have to modernise, or we won't survive,' she said. 'If there's no change, we could be labelled as a covertly racist profession. There has been attrition in OTs from diverse backgrounds who have felt isolated and unsupported, and have just given up.'

Alongside the main plenary sessions and paper presentations, a series of workshops, fringe meetings and events also took place covering a wide range of topics.



**COT Stand in the Exhibition**

***Visit the COT website for details of next year's College of Occupational Therapists annual conference, 'Activity, Participation, Occupation', to be held in Eastbourne, UK, between 20 and 24 June 2005. The call for papers and abstract form can be downloaded from the website ([www.cot.org.uk](http://www.cot.org.uk)) and the closing date for submission of completed abstracts is Friday 3 September, 2004.***

**Tracey Khanna, Editor, Occupational Therapy News**  
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