A Community Development approach in Occupational Therapy

A report on a community development process with older adults in Galway, Ireland

Amsterdam School of Health Professions
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Amsterdam School of Health Professions in collaboration with COPE Galway, the OT department of NUIG and the residents of the different communities participating in the project

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This report before you is the result of a twelve week project, that was carried out in collaboration with the Amsterdam School of health professions, the National University of Ireland (NUI) in Galway, COPE Galway and a number of residents from the communities of Suan, Melody Court and Balinfoile Mór.

The motive for this project is based on previous research on older adults living in Galway, that is mentioning the risks of poverty and isolation. The motive for this project exists in the facts that are available about the older people living in Galway, about risks of poverty and isolation. This is often connected with occupational deprivation and can lead to health problems. Since this is not an individual problem, but far more a (population or) community problem, the organization COPE together with the NUI decided to try a different approach and gave Occupational Therapy students of the Amsterdam School of Health Professions, the opportunity to work in a community directed way.

Working with a community development approach meant working with the community to raise awareness about the community people are living in and identifying strengths and challenges within the community. The community of Suan agreed to take on this process. One of the issues, the problem of sustainable activities, was identified by a group of residents and a plan for a four week project in which people from different communities organized and lead workshops themselves, was set up and carried out.

In this thesis we will inform the reader about occupational therapy, the community development approach, the context of older people living in Ireland and Galway and will demonstrate how the theory was implemented in a concrete project in Galway. Finally we will end with the strengths and challenges of the project and the recommendations for COPE and the participating communities.

This report is written for people who are interested in the community development approach in occupational therapy.
1. Objective

Occupational therapy (OT) is a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists (OT’s) achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation.

Many factors combined together affect the health of individuals and communities. These factors can, in a negative way, exclude them from doing what they wish, want or need to do. These are often not individual themes, and therefore should be addressed through community development.

The overall aim of the project was to bring individuals together, raise awareness of the benefits of a strong community for a better quality of life. As a community to identify occupational needs, and as a community address one of these needs collectively and link with other stakeholders who share similar goals for community level change.
2. Motive

This project started with the wish to learn more about community development in occupational therapy.

It was initiated by two occupational therapy students from the Amsterdam School of Health Professions in Amsterdam, the Netherlands. Ellen Fruijtier is a third year student. For her this project was part of her course as a specialization called a ‘minor’. Annemarie Bouwmeester is a fourth year student. For her this project was her final project.

Before they were involved in this project, they had followed a course together in ‘occupational justice’. After this course they held an interest in community development. They then initiated a project with a similar approach together in the Netherlands, and it motivated them to continue to learn more about community development abroad.

Hanneke van Bruggen, director of ENOTHE (European Network of Occupational Therapists in Higher Education) provided contact with Margareth McGrath, from the University of Ireland. She agreed to supervise a project, and used the university’s existing alliances with COPE, to place the students.

The service of COPE Galway provides support for elderly people living in two local authority complexes in Galway, that house primarily older people.

Research shows that service providers in Galway City agree that older people living in Galway City are vulnerable to risks of isolation, poverty and circumstances that disable them from taking an active part in society.

The aim of COPE Galway is to prevent social isolation and promote healthy aging. It is a user-led service and is based on needs as identified by older people both individual and group. Their support involves enabling residents to organize activities and entertainment.

COPE had a good experience before with a community project lead by occupational therapy students from the university of Galway and was open to let two occupational therapy students take part in their community development process.

The students were invited to take part in this process in the community of Suan supported by Caroline Duane, community support worker in senior support services.
3. Occupational Therapy and Community Development

This chapter gives the theoretical background on occupational therapy and the view on health and occupational justice and the connection to community development, the approach the authors used in their project.

3.1 Occupational therapy perspective
In this chapter the perspectives of occupational therapy on occupations, health and community development will be explained as a theoretical background and in the next chapters connected to the practice.

3.1.1 Vision on occupation
The word ‘occupations’ refers to groups of life activities that are considered meaningful by individuals and society, and include activities directed at taking care of oneself, enjoying life and contributing productively to the community (Canadian Association of Occupational Therapists, 2002).

Occupational therapy philosophy proposes that there is a dynamic relationship between engaging in occupation and health. Occupation is described as an important determinant of health and well being that ‘gives meaning to life’. Health is also strongly influenced by having a choice and control in everyday occupation.’ (Canadian Association of Occupational Therapists, 1997).

3.1.2 What is occupational therapy?
Occupational therapy (OT) is a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists (OT’s) achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation. Occupational therapy practice is focused on enabling individuals to change aspects of their person, the occupation, the environment, or a combination of these to enhance occupational participation. (World Federation of Occupational Therapy, 2010)

3.1.3 Determinants of health
The World health Organization states that ‘Whether people are healthy or not, is determined by their circumstances and environment. Many factors combine together affect the health of individuals and communities. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends
and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

Occupational therapist help to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation. They look at the different determinants of health in finding out how they prevent people from participating in everyday life and how these issues can be addressed.

The determinants of health include:
- The social, cultural and economic environment,
- The physical environment, and
- The person’s individual characteristics and behaviors.

These determinants—or things that make people healthy or not—include the above factors, and many others:

- Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.

- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions

- Social support networks – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.

- Genetics - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behavior and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health.

- Health services - access and use of services that prevent and treat disease influences health.

While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole
are the social and economic conditions that make people ill and in need of medical care in the first place. Nevertheless, universal access to medical care is clearly one of the social determinants of health. (World Health Organization, 2003)

‘The longer people live in stressful economic and social circumstances, the greater the physiological wear and tear they suffer, and the less likely they are to enjoy a healthy old age’. (World Health Organization, 2010)

‘It is not simply that poor material circumstances are harmful to health; the social meaning of being poor, unemployed, socially excluded, or otherwise stigmatized also matters. As social beings, we need not only good material conditions but, from early childhood onwards, we need to feel valued and appreciated. We need friends, we need more sociable societies, we need to feel useful, and we need to exercise a significant degree of control over meaningful work. Without these we become more prone to depression, drug use, anxiety, hostility and feelings of hopelessness, which all rebound on physical health’. (World Federation of Occupational Therapy, 2010)

The UN Committee on Economic, Social and Cultural Rights has defined poverty as: “a human condition characterized “a human condition characterized by sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights.” (UN, 2001)

The effects of the factors that determine health can be found on different levels, on the individual level, (micro), the level of the community (meso) and the level of society (macro).
If people are effected in a negative way by factors that determine their health, for a long time which result in ‘a state of prolonged preclusion of engagement in occupations of necessity and/or meaning due to factors outside the control of the individual’ this can be defined as occupational deprivation (Whiteford, 2000). It is closely related to social exclusion, as the same risk factors may produce social exclusion. However, occupational deprivation focuses on the phenomena of being excluded from doing what you wish, want or need to do.

3.1.4 The shift towards community practice
The World Federation of Occupational Therapists is acknowledging the role of occupational therapists in facilitating the rights of occupational participation for all and reducing occupational deprivation (WFOT, 2006).

Townsend, 1993 and Wilcock 1998 both argue that that occupational therapists need to be prepared to work at the level of the group, community and society to ensure that people are given opportunities to engage in civic and community life.
Participation in the community and society is as meaningful, or even more meaningful to some clients as dressing or cooking.
Occupational therapists should have an understanding of the importance of citizen participation to the life of the community and should describe civic participation as an occupational role.
‘Occupational therapists are now encouraged to move beyond individual, hospital-based interventions to work in the community with new teams of non-health care professionals’, but barriers to this shift to community practice remain relevant as OTs consider moving to population approaches (Wilcock, 2003).
‘The job of an occupational therapist is to ‘enable societies in which we find ourselves to create new ways to promote social cohesion, identify common goals and working together to achieve these’ (Kronenberg and Pollard 2006)

3.1.5 Occupational justice
Wilcock (2006) defined occupational justice as “the promotion of just socioeconomic and political conditions to increase individual, population and political awareness, resources, and opportunity for people to participate ....[and become healthy] through engagement in occupations that meet the prerequisites of health and every person’s different natures, capacities and needs”.
Occupational marginalization denies individuals the right to make everyday occupational choices. Overall, the link between occupational justice and health
resonates because “choice and control in what we do to participate in occupations is the basis of our empowerment as humans, and empowerment is a determinant of health for individuals and populations” (Townsend & Wilcock, 2004).

An approach grounded in occupational justice emphasizes people’s occupational rights, such as: experiencing meaningful occupations, developing health and inclusion through participation in occupations, exerting autonomy through occupational choices and benefiting from fair privileges for diverse occupations (Townsend & Wilcock, 2004). Individuals, communities or populations may be unable to exercise these rights resulting in occupational injustice.

In the beginning of this chapter the connection was made between the many factors, like poverty and isolation that have a negative influence on health of individuals and communities. This is often connected with occupational deprivation and occupational justice. Since these are often not individual themes, but far more on a (population or) community level, and can be addressed through community development.

3.2 Community development

3.2.1 What is a community?
Because a community refers to more than just a geographic location, the definition of Labonte (1997) was used in this report, suggesting that community involves the intersection of identity, geography, issue and people: “We all belong to multiple communities at any given time. The essence of being a community is that there is something that is ‘shared’. We cannot really say that a community exists until a group with a shared identity exists”. Geographic communities are not homogeneous and often contain sub-groups based on shared interests and identities (Jewkes & Murcott, 1996).

3.2.2 Community development
Community Development (CD) refers to the process of working with community groups to identify their priorities and develop strategies for them to affect social change and gain increased control and decision making power (Labonte, 1993). Internationally (…) CD is considered a key strategy within health promotion initiatives, and primary health care (WHO, 1986).

Watsons & Swartz (2004) suggest that for CD to occur [....] assistance from outside the community may be required; including assistance from
occupational therapists, but this assistance must be delivered in a manner that respects the integrity, authority and customs of the people. Agents of change from outside the community must set out to work in partnership with the community so that internal and external change can occur.’

So the focus on CD is about working with a community, which is different than working in or for a community. ‘The difference might seem unimportant, but is fundamental; community development is about assuming a role of facilitator, learning about the context and needs of the community and working with it towards relevant solutions’. (Occupational therapy and physical dysfunction, 2009)

With an awareness of power issues, practitioners can transform their power-over status to ‘power-with’, such that power is shared. Reflexivity on the part of the professional is an important element in all CD stages (Camiletti, 1996). Reflexivity involves the deliberate and continual linking of understanding with action and is particularly important in CD work where power differences may exist between professionals and the communities with whom they work. (Ife, 1999)

3.2.3 Vision on participation and empowerment

One of the central concepts to understanding community development are participation, empowerment and capacity building. (Minkler & Wallerstein, 1997). These concepts will be explained with literature and by providing insight in how they are related to the project.

The most important aspect why occupational therapy and a community development approach complement each other, is the importance of participation. As earlier discussed, occupational therapists aim to achieve equal participation for every individual or group. Increasing participation is believed to battle the negative effects that people experience from deprivation, and is addressed by occupational therapists when this causes them to be excluded from participating in daily life at the level of their wish.

Zakus and Lysack (1998) define participation as ‘the process by which members of the community, either individually or collectively and with varying degrees of commitment: develop the capability to assume greater responsibility for assessing their health needs and problems; plan and then act to implement their solutions and create and maintain organizations in support of these efforts’.
In this definition, another important concept of community development in achieving participation is revealed. Capacity needs to be build in order to assume greater responsibility for assessing needs.

Capacity building means developing the capacity and skills of the members of a community in such a way that they are better able to identify, and help meet, their needs and to participate more fully in society. (Charity commission 2000)

Community capacity building is concerned with
- providing opportunities for people to learn through experience
- opportunities that would not otherwise be available to them; and
- involving people in collective effort so that they gain confidence in their own abilities and their ability to influence decisions that affect them.

Thus individual involvement and collective activity go hand in hand: the aim is to encourage people in a community to join together with others so as to provide through collective effort what the community needs, but in such a way that those taking part also develop their own potential as members of society (Charity commission 2000).

In this project the capacity building by the residents of Suan included identifying their needs and together choosing the subjects of the different workshops. Three of the participants also lead a workshop. Some of the participants met each other for the first time. For some the activities were new to them. Most of the participants visited the university for the first time at the final presentation of the students. At the last meeting the students attended a large group of people decided to continue or (for the new participants) start the workshops and volunteered to lead one or more of the workshops. People were individually involved in collective activities. People had a crucial say in the process and participated in new experiences and challenges.

Empowerment and participation are closely inter-related. In a sense, these two notions in social policy are indivisible: empowering people means promoting opportunities for their participation, while participation requires empowering people to enable them to exercise this human right.

Both empowerment and participation can be economic, social, or political. They both are applicable at different levels: from individual to family to community to national and up to global level. People are empowered through participation.
The meaning of empowerment varies in different socio-cultural and political contexts. From an occupational perspective empowerment means ‘personal and social processes that transform visible and invisible relationships so that power is shared more equally.’ (CAOT, 2002)

This project tried to promote opportunities for people to participate and make their own decisions. This project offered new opportunities for people through the different activities, leading of the workshops, meeting new people and visiting a different community.

3.2.4 CD from an OT perspective
Community development is an approach occupational therapists use to achieve inclusion in occupational performance leading to participation. A recent definition of CD from an occupational therapy perspective includes this occupational focus: “a process that is multi-layered, community-driven, in which relationships are developed and the community’s capacity is strengthened, in order to affect social change in their community that will promote the community’s access and ability to engage in occupations” (Lauckner, 2007). In citing ‘occupation’ specifically, CD initiatives incorporate the notions of “occupation as means” and “occupation as ends” (Trentham, 2007).

3.2.5 Approach
There are different community development approaches. The following approach was chosen for the project, because it recognizes that strategies shift over the life of a CD project. (Labonte, 1994). It writes about 5 stages of community development along a continuum.

- The first point on this continuum, personal action and empowerment, is enhancing an individual’s sense of control and developing trust (Labonte, 1994)
- The second stage, small group development or mutual support, promotes change within the group by bringing individuals together and encouraging self help. These small groups move on to the third stage, where the group mobilizes to address issues collectively and links with others who share similar goals for community level change.
- In the fourth stage, coalition advocacy or partnerships, efforts are directed towards changing policies through committee and board memberships.
- The final stage, political action or social movements, emphasizes sustainable efforts and ongoing community participation in decision-making. Along this continuum, from individual to collective change, power shifts and resources are
re-allocated, resulting in group empowerment (Bracht, 1999). In this project the first two steps were the ones the community addressed.
4. Collaborations

This project came to exist due to a collaboration between different parties mentioned in chronological order:

4.1 The Amsterdam School of Health Professions, where the idea for a OT project with a community development approach was initiated by two students, and supported by the occupational therapy department.

This project was part of:

1) a final project, of fourth year student Annemarie Bouwmeester and
2) a ‘minor’ for third year student Ellen Fruijtier. A minor can be explained as an intensive program where a student gets the change to specialize in a specific area or subject.

Both students had a great interest in the community development approach in occupational therapy.

The project was supervised by the Amsterdam School of Health professions by senior advisor Hanneke van Bruggen.
Hanneke is the director of ENOTHE and senior consultant International Affairs for the Amsterdam School of Health Professions, and has many years of experience in practising a community developmental approach as an occupational therapist.

4.2 The National University of Ireland in Galway (NUI Galway), where the idea was welcomed by the occupational therapy department and further arranged.

NUI Galway has over 16,000 students and more than 2,200 staff, and a distinguished reputation for teaching and research excellence in the fields of arts, social science, and celtic studies; business, public policy and law; engineering and informatics; medicine, nursing and health sciences; and science.

The project was supervised by Margareth McGrath, lector at the NUI Galway and Master of Science in Rehabilitation Studies. ‘She is currently pursuing her PhD at the National University of Ireland, Galway. Her focus is on occupational therapy and health promotion for older adults. Margaret is interested in the potential for occupational therapy to contribute to community development
and in collaboration with her colleagues in Occupational Therapy at NUI Galway has established the first service learning program for occupational therapy students in the Republic of Ireland’.

The occupational therapy department has a program within their curriculum, in which students set up an community occupational project. There is a partnership between the Occupational Therapy department of the university of Galway and Cope Galway in which students get the change to set up an community project, or in this case take a step in the community development process in one of the community support projects of COPE Galway.

NUIG funded the transport for the participants of the workshops to attend the presentation of the students at the university.

Magaret also brought the students in contact with Lorraine Mc Ilrath, Project Coordinator and Academic Staff Developer (Service Learning) at the Community Knowledge Initiative. She also supports student volunteering through the ALIVE programme and finds innovative ways to connect the institution with communities nationally and internationally.

4.3 The CKI started as a project, launched by the NUI Galway in 2001, set out to underpin and realise a civic mission as part of its core activities. The initiative aims to promote greater civic engagement through core academic activities, namely teaching, research and service at the levels of students, staff, courses, programmes and the institution as a whole.

The CKI agreed to fund the project, providing a budget for expenses to transport people, and to provide coffee, tea and material when needed.

4.4 COPE Galway is a Galway charity that provides services to the most isolated in our community including a refuge for women and children affected by domestic violence, accommodation for those experiencing homelessness and sustenance and social supports for older people at home. The fundraising and outreach activities aim to secure the financial and logistical support required to deliver essential services while promoting public awareness and encouraging positive community engagement.

COPE Galway is one of the organizations in Galway City providing services for older people. Their aim –through a community development approach, is to prevent social isolation and promote healthy aging. It is a user-led service and is based on needs as identified by older people both individual and group.
Community support involves enabling residents to organize activities and entertainment.
The community support project provides a range of social support to older people living in two local authority complexes in Galway.

The overall aim of the community support workers projects is to increase the opportunity for social interaction with the local and wider community.

The elderly support service of COPE Galway, were able to create an opportunity for the occupational therapy students to work with an community development approach in the community. They had previous experience working with occupational therapy students from the University of Galway in a occupational therapy project. They offered supervision, support and contacts in the community.

Anne Kenny, manager senior support services agreed to accept students in the elderly support department.

Caroline, Community Support Worker in senior support service, agreed to guide and supervise the students, and let them take part in the community development process she started two years ago.

Cope Galway works in the community of Suan, to give individual support but also facilitate the community development process of the community.

4.5 SUAN housing estate is part of the Sandyvale housing estate and comprises 18 units of housing. These are single story houses and a smaller number of two story apartments. These units are owned and managed by Galway City Council and the residents are the tenants of the council. The SUAN complex is designated as older persons’ residences. The support provided by COPE is Quit separated to the council involvement, although there is considerable communication between both agencies. (Muireann Morris, 2009)

The residence of SUAN agreed take the students on as partners in a part of the community development process. Initially by talking to the students about their community and later agreeing in addressing one of the issues that came up during these conversations.
5. Context

This capital pays attention to the following subjects:
- Policy in Ireland
- Population numbers of older people living in Galway
- Community occupational therapy in Galway
- Risks of poverty and isolation for older people in Galway/Ireland
- The report ‘Community Profile of Supports and Services for Older People in Galway City’. Their findings played a big role in understanding the aspects of vulnerability among older people in Galway, and initiated the project.

5.1 Policy in Ireland

‘By European standards, Ireland is a relatively youthful nation; 11% of Ireland’s population is age 65 and over, well below the EU average of nearly 17%. Demographic trends such as improvements in life expectancy, lower birth rates and migration suggest that Ireland will experience and increase in the aging population in the coming decades with the number of older people over 65 years likely to double to beyond 1 million in the next twenty five years.

Income and support for older people in Ireland arise from a combination of pensions and benefits in kind. The pension system in Ireland has the aim of providing a safety net rather than income replacement. As a result, the risks of poverty in Ireland for older people is one of the highest in Europe. Older Irish people rank second highest for the risk of poverty in the EU after the social transfers and pensions are taken into account.

In the 2006 census, almost 394,000 persons, representing 9% of the population, reported a long lasting health problem or disability. The proportion of older people with long lasting health problems or disability is much higher with 30% of those aged 65 and over reporting difficulties. In addition, the proportion of people reporting a disability increases with age. There are an estimated 70,000 older people living in the community and in need of some form of personal care, including continuous care. That care is largely provided by family carers with an estimated 100,000 providers of such care in the country’. (Technology Research for Independent Living, 2009)

5.2 Population of older people in Galway

There are 11,600 people aged over 55 in Galway City, which represents 16% of the overall population of the city. There are 6,386 females and 5,214 males.
The Rockbarton, Renmore and Lough Atalia communities have the highest percentage of older people.

5.3 Community occupational therapy
The mission statement of a community occupational therapist is to explore with the person the impact of disability with a view to facilitating the person and their family to reach maximum level of independence and quality of live within their own environments, valuing the goals that are important to the person and working towards achieving these goals. In the adult community services the majority of clients are elderly.

There are OT’s working in primary care teams, which are multidisciplinary teams. There are different ways to get referred to an OT, through public health nurses, GP, consultant, other OT’s, physiotherapists, speech and language therapist, area medical offices, voluntary bodies, other allied health professionals or through self-referral.

5.4 Risk of poverty and isolation for older people
A Social Portrait of Older People in Ireland points to the fact that older people’s average incomes ‘are a good deal lower than the working age population or the population as a whole’.
More than one quarter of those aged 65 and over fell below the ‘at poverty-risk’ threshold; ‘this is about one and a half the rate for the total population and the working population.’
It further states that ‘social isolation is a particular risk to older people’, and points out that older people are among the groups that require help ‘if they are to participate fully in the information society.’ According to CSO figures they use computers far less than younger adults do.

According to the report ‘Community Profile of Supports and Services for Older People in Galway City’, that was conducted on behalf of the Galway City Partnership (J. Lally and H. Mortimer in March 2008) contributory factors for risks of poverty and isolation include:

- Abandonment; little or no time with family, due in some cases to a ‘falling out’, or because family members lack the time or moved away for work or personal reasons.
- Loss of a partner and a lack of counselling service for this.
- The main carer is unable to access social networks, respite or personal time due to lack of support
- Living alone
- Fear generated by a perceived rise in crime or by a lack of community/ neighbour support
- No support network; ‘no one to call on when in trouble’. Also pointed out is the importance of good public transport. It would assist in taking away older people’s isolation.
Service providers also felt men living alone find it harder than women to go out ‘they are less able to manage and they fear loneliness more.’

5.5 Needs, identified by service providers
The report also listens a number of needs that where identified by service providers of older people in Galway City. The authors chose only to mention those of relevance to the project:

- Funding
Some services are seeing financial hardship due to the increasing cost of fuel and food, and a key concern for older people is funding for private nursing homes.

- Access and supports to information
Service providers highlighted the need for older people to receive assistance with form filling and the bureaucracy around it. Another issue was the myriad information sources: when older people need information they may not know how to access it, especially when they are ‘in panic.’

- Advocacy
Another common theme among service providers was advocacy for older people, that would help them find out information so they could make informed decisions and life choices, support older people in making those decisions, and help them to tell other people what they want (family members, organisations, social workers, health workers or relatives).

- Representation and lobbying
Service providers felt that the most vulnerable where not representing themselves due to a lack of capacity building, and that services were operating without any or enough older people represented in their structures. Another concern by organisations was the lack of awareness of the lobbying power older people had.
- Literacy
According to service providers, the most vulnerable age group of people with literacy difficulties are older people – they are often early school leavers who went to England to work in manual labour, as builders etc. They may be out of education for a long time. They may have turned down promotions in work over the years for the fear they would be ‘found out’. Over 55-s have more traditional fears about spelling, e.g. they would be ashamed if they spelled things wrong in application forms.

- Limitations of services
The stretched and under resourced services (...) are not supporting this stage of life change in a positive, empowering manner.
The lack of primary care teams in the community is seen by many service providers as a problem, as the lack of co-ordination and liaison between services.

Different parts of the city present different needs for older people
Service providers feel that older people could be more active, more involved in the community, more self-reliant, but the ‘for the elderly’ label stops people from getting involved.
Key gaps in services include (among others) the lack of day centers.
The home help service is not meeting the practical needs of older people.

The needs found by service providers in the report show there are many risk factors that exist among the older population, that contribute to vulnerability, as well as deprivation from meaningful occupations.
A critical note on this research being the service providers being asked about the needs of older people and not the older people themselves.

Both reports together show how the determinants of health (food, education, healthcare services) have an effect on daily life. These circumstances will also have an effect on the occupation of people, when it is harder for people to tell what they want, knowing where to find information on different activities, having the money to travel, not having the skills to do what they want to do, etc. As an occupational therapist you can look at the occupational needs of people, and together look for ways to create the right opportunities to have these needs met. For example, creating equal opportunities for older people to participate in society.
5.6 Recommendations of the report, of relevance for the project:

- On support infrastructure:
The feasibility of establishing Lunch Clubs similar to those established by COPE in the Imperial Hotel should be examined in other parts of the city, where demand or population numbers do not allow for the establishment of Day Care centers.
An Older People’s Resource Centre [and others] _should be developed in conjunction with older people, carers, state agencies and community and voluntary organizations._

- On raising awareness:
The work of Care and Repair and Westside Age Inclusion should be highlighted in the local media to inform service users and providers.
Local media, both radio and newspapers, should develop an older people’s advice and information slot every four to six weeks, to ensure that older people hear about rights, entitlement, social and community events.

- On building supports:
A phone link service should be established in the city to check in on older people living alone and to remind them of appointments.
A local study should be carried out with older people and organizations supporting visitation programs, to ascertain the levels and causes of and solutions to loneliness, isolation and lack of social contact in Galway City.

And:
‘A local action plan should be developed by older people’s service providers and communities, to help address some of the issues raised in this report. ‘

5.7 Conclusion
The information from the different research rapports give an indication for the vulnerable situation older people are living in.
The last recommendation from the second report, developing a local action plan, created a possibility for the OT students to start up a project together with the COPE and the residents of Suan.
6. The process

This chapter describes the process started by the authors (referred to as ‘students’ in the text) to learn more about the community development approach in occupational therapy. In this chapter the step that has been taken by the students in the ongoing community development process is revered to as a ‘project’.

The process can be described as continuously changing. This chapter means to give the reader of this report insight in the complexity of the process, by explaining steps that were taken, and changes that where made.

6.1 Starting point

After 4 weeks of volunteering in different activities and meeting with the people working at COPE and the older residents of Galway, a meeting with Anne, COPE’s manager senior support services and Caroline the community support worker in senior support services, was the official starting point of the project. 

In this meeting was decided that the students were going to take part, as occupational therapists in the community development process started two years ago by Caroline in the community of Suan.

The part of this process they would participate in, would be to help the community build alliances as this was the wish of the community according to COPE.

The students were going to work together with the community and COPE to help and start this process.

The residents had agreed in a meeting with Caroline to a meeting with the students. Caroline was going to supervise the project. This also meant the students were not neutral but linked to COPE who is a partner of the community of Suan in the CD process.

6.2 First step: Introduction

The first step for the students would be preparing a small presentation to introduce themselves to the community and inform people about what occupational therapy has to offer.

To give accurate information on occupational therapy in Ireland they arranged a meeting with an community occupational therapist in working in the Galway region.

Invitations to the presentation were given by going door to door with leaflets. The decision to invite people this way was based on the positive experiences Caroline had with outreach work in the community of Suan.
After designing the presentation the students contacted their supervisor, Hanneke van Bruggen, in Holland. The feedback they got made them change their plans. They realized the steps they were taking were too big and did not include the residents of Suan, as is essential in the community development approach.

They informed themselves a bit more on the first steps in the community development process by reading about similar projects, talking to other occupational therapy students, Caroline and Margaret McGrath their supervisor at the university of Galway. They realized the importance of their first introduction. Giving a presentation might turn the focus on them and their role as experts. Instead, the students wanted the focus to be on the community, people sharing information, planning and working together, their role would be supporting the process.

They realized it was essential to see the bigger picture, but to take things one step at the time and try to take these steps together with the community, the residents of Suan as well as COPE. They started to search for a balance between using their knowledge but letting the community own the project.

The students decided on having an informal meeting with the residents and Caroline in which they would introduce themselves and talk to the residents about their community and ask them to get involved in a presentation about their community for a next meeting. The focus of these first meetings would be on raising awareness, to get people thinking about their community, talk to their neighbours about the strengths and things they would like to see changed in their community. The most important thing would be they would be the owners of the process from the beginning, the knowledge is shared, decisions are made together. As important in the first stage of the CD process just as developing trust. The students could also use the opportunity to share knowledge and talk about the occupational view on the benefits of a strong community. After these first meetings a list of identified problems could be made. The community could select one of the issues they want to address first and together make an action plan.

6.3 Preparations
A week before the first meeting the students went door to door to invite the residents of Suan. They met with 5 residents and invited them personal to the
meeting. People who were not at home were invited through invitations in their mailboxes.
On the day of the meeting people received a letter of remembrance in their mailboxes.
The students prepared their meeting by presenting their ideas to Margaret and after using her feedback, going over it with Caroline.

6.4 The first meeting
Five residents attended the meeting. One man and four women. The setting was informal, people were seated around the table and there was tea. The students introduced themselves and in an informal way talked to the residents about their community. Subjects as, mobility, helping your neighbours but respecting their privacy, being part of different communities, the presence of people at organized activities and meetings, the importance of safety came up during conversation. One of the women talked about some of the problems she encounters in her daily life for the first time. She is in a wheelchair and dependent on home care, but is not always treated with respect and dignity. The students guided the meeting by introducing the subject, community and the benefits of a strong community, to the group and ask for their perspective on the situation in Suan.
At the end of the meeting the students asked the residents if they would like to have another meeting to talk some more about their community as time is running out. The residents agreed on this.
At the end of this meeting Caroline asked the residents present if the women from the Ballinfoile Mór Women’s Association could join the next meeting. This way other communities could be part of the process from the beginning.

6.5 Change of strategies
The students prepared for the next meeting. But in their opinion, it was too early to invite another community as people just made the first step in the process of talking about their own community. Three different issues could be identified from the first meeting. Mobility, finding a balance between helping a neighbor and respecting each other’s privacy and sustainable activities. Their aim was to check the relevance of these issues with the residents at the next meeting and choose a subject they would want to address together.

They discussed their point of view with Caroline. COPE had a different perspective on the process. They felt the steps already been made. The community had been talking amongst each other about their community and the outcome was they were ready to build alliances with other communities.
This should be the point where the students join the process. Because the subject of activities and the lack of participants had come up during the conversation, they wanted the students to use the activities as a way to get people from different communities together. The students asked for information on the process to have better understanding on this decision, the experiences from previous actions and the moment they got into the process. It is the policy of COPE not to give this kind of information. The students respected the decisions, but found it very important the whole community would be involved in the process. They wanted to make the residents decision making and do the planning.

The next meeting could be about daily occupations, and brainstorming on activities people would like to do together and find out what experience and knowledge there is within the group on activities people could share. The outcome of the meeting could be a plan of action. One idea for the next meeting could be the participants giving workshops or demonstrations on the activities they like to do, these could be different things every week but also the same thing every week.

6.6 Funding for activities
The students asked the Community Knowledge Initiative for funding for some tea coffee, sandwiches. The CKI provided a budget that more than covered these expenses.

6.7 The second meeting
Invitations for the second meeting were arranged by Caroline and put in the mailboxes of the residents of Suan by the students. Sandwiches were arranged by the Community Catering for this meeting.

The women from Ballinfoile Mór Women’s Association were not able to attend the second meeting because of other obligations. But they were informed by Caroline on the subject of the meeting and one of the women offered to do a ‘Go for life’ session. Another woman from the community of Melody Court, also a community Caroline works in, offered to give a workshop in knitting or embroidery.

This meeting had a more formal setting, to keep the focus on the subject. People were seated in half a circle. The students stood or were sitting in front of the group. Five people attended the meeting, one man and four women. In the last meeting they had ask the students to tell something about older
people in Holland. The students told a little about the life of their grandparents and the older adults recognized the living situations and occupational habits. This conversation help getting to know each other a little better and setting a good atmosphere. Next was the brainstorm on occupations people would like to do together and occupations people enjoyed doing and had experience in. Some of the ideas came from the residents and some from Caroline. She mentioned the idea for workshops and told the group two women from other communities had also volunteered to give a workshop. One of the residents of Suan also volunteered to do a pot planting workshop. Together they made a list of the activities for the next four weeks. Starting with the pot planting workshop given by the resident of Suan. Funding for materials would come from COPE and the money from CKI, but people were also asked to bring their own materials were possible. Caroline offered to get the materials needed to be bought and arrange transport for the residents of the other communities to the community centre of Suan.

6.8 Goal of the workshops
The goal of these four meetings would be, meeting with people from other communities to share knowledge on different activities, to strengthen or initiate networks between communities as a way of meeting new people and broaden networks and to organize sustainable activities.

After the meeting their was tea and sandwiches. People started talking more about their community and their lives. There was recognition in each other’s stories and people got an inside on each other’s lives and sometimes found the same challenges or experiences.

6.9 Workshops

6.9.1 The first workshop
The first workshop was given by one of the residents of Suan. She wanted to arrange the workshop herself. She took arranged the materials and the setting of the room. Caroline and the students were participants at the workshops. Nine women were present, from different communities in Galway. One women from the women’s association indicated she was under the impression there would be an exercise workshop, she also had some trouble finding the community center. Information about the workshop was given to her over the telephone by Caroline a few day earlier, but differently interpreted. This was a problem that
would be avoided next time by distributing leaflets with information about the workshops.

During the workshop people got information about pot planting and gardening. Pot’s were planted by the woman giving the workshop. She made a pot for every participant. She also thought of a raffle for a big pot of plants. Participants were enthusiastic and asked questions and told stories. A woman told the group she didn’t like to garden very much, but became interested through the workshop. Participants from Melody court complimented the residents of Suan on their well kept and comfortable community center. They made plans to make some adjustments to their own center. One of the ladies hung a humoristic poem about aging on the wall, the other made flower arrangements and they talked about having the center painted, to make it more feel like a home.

The woman giving the workshop told the students she was very nervous before the workshop but felt good afterwards. The students offered to help her prepare the workshop, but she wanted to do it by herself. She was glad people were interested and had fun. The participants said they had fun and liked the idea of sharing information because they have a lot of wisdom amongst them.

6.9.2 The second workshop
The second workshop given by a resident of Melody Court was about knitting. The lady prepared the workshop herself, bringing instructions on paper for everyone and all the materials. She gave everybody the materials they needed and walked through the room giving instructions. Participants chatted amongst each other and were getting to know each other. They talked about their lives, their occupations and compared their community centers and the use of it. The students sometimes initiated conversations about community to get people talking and thinking about the different communities and occupations. Other times they kept out of conversation to let people talk amongst each other and get to know each other. A number of times the participants asked questions about older people living in Holland, about the differences and similarities. This also initiated thinking of aging, housing, health and occupations.

The students had prepared a SWOT analysis for the end of the meeting to talk about the strengths, weaknesses, opportunities and threats of the project the participants of the workshop were part of. Because there were some new people attending the workshops, it also gave the opportunity to give everyone
an overview of the project. It was the intention of the students to let one of the residents of Suan explain the process, as they are the owners. But because people were very busy with the knitting and it took some time for people to get started the students decided it was not the time to do an analysis as it would take too much of the focus of the workshop and would not be respectful to the woman giving the workshop. But the project was subject of conversation anyway as one of the ladies from an the Ballinfoile community asked how the workshops started. One of the ladies from Suan explained how it all started and this led to the conversation about the importance of being active and way’s of meeting new people. One lady said she found it important to keep busy, to study and exercise, meet new people. Another lady said she didn’t like going to activities were she would know no one, but she thought the workshops were a good, save way for her to meet new people. Another woman said she enjoyed the humor of the other ladies.

6.9.3 The third workshop
The third workshop was about doing exercises. The workshop was given by a resident of Ballinfoile Mór. She was experienced in giving ‘Go for live’ training. Five people attended the workshop. The exercises in a chair, lasted about half. This way also a resident in a wheelchair could participate. There was music and the lady giving the workshop gave instruction and advices during the movements. Afterwards she gave some instructions for line dancing to one of the participants who told her she was interested in dancing and was thinking about joining a dance group.

The students asked people to evaluate the workshops. They started the SWOT analysis, but people just wanted to talk about the positive outcomes. The students experienced a lack of experience on leading group evaluations as different people started to talk about different things at the same time and not getting any information about the weaknesses and threats.

Participants said they found it all positive. The specific quotes are summarized in the next chapter.

The participants were positive about the outcomes and agreed to participate in a next meeting to make a plan for future get-togethers.

Caroline’s suggestion to plan this meeting at Melody Court so people could visit the other community was received as a good idea.

The fourth meeting would have been about painting, but this changed to the presentation of the project at the university by the students.
6.10 The presentation
Five of the participants and even a man who didn’t participate in the workshops, but who the students met through the musical evenings they attended. Two of the participants, from the Renmore community and the Ballinfoile Mor community, were willing to talk about their experience at the presentation. They talked about them not feeling old and the will to stay active and healthy. Of being proud of giving the workshops and teaching and learning new things. One of the women told that she saw a great opportunity to meet new people through the workshops, doing different activities together and finding out she liked it. She said they had fun and the meeting inspired to make some changes in their own community building.

6.11 Future steps
At the next meeting the three communities were gathered at the community building at Renmore. There were many people attending the meeting, but just one woman from the community of Suan. She had to get there by wheelchair taxi together with the students. Caroline lead the meeting. The students started with giving an overview on the project so far. Caroline put together some forms people could fill in about activities people had experience in and activities they would like to attend. After people filled in the forms Caroline made a list of weekly activities and people who wanted to lead the activities. The activities would be held in different communities. Transport would be arranged by Caroline. To work out all the arrangements in one meeting could be effective, but could also mean there isn’t the chance to think about how participants can make the arrangements like transport themselves or find some funding for materials and transport. Because there was just one residents of Suan it would be interesting to know the reason why people didn’t attend, do they still feel it is their project, what would they like to see happen in what pace and where?

6.12 Other partners and experts of the project
During the whole process the students met with different partners and experts on Community development in Ireland. By attending different activities the students met people from many different communities in Galway. To meet with different people helped the project, because people had spoken to or seen the ‘two Dutch students’, this made the first step in getting the trust of people to participate a little easier.
These activities included:

– The students also met with a community occupational therapist to get a better understanding about the situation for older people in Galway and the support of occupational therapists.

– The students were present at two activities of the intergenerational project. There they met the young people participating in the project. They had a day of spring cleaning and a music session. Both the older and younger people seemed to have fun together, by helping each other, telling about their lives, giving a concert or talking about music and instruments.

– The students participated in a meeting with residents of a neighborhood in Galway and community support workers. Together they wanted to give an overview what kind of facilities the neighborhood offers for different groups of residents and also come up with a list of support that is missing. It was too bad this was at the end of the project, it gave a good overview on all the support in the area. There were not many older adults present at the meeting, most people were working in the area. The ideas were written down on posters but never used to discus.

– The students attended a congress on life enhancement for older people: translating research into practice. This gave some good examples on the community development approach. The meeting itself was a good example in the way the it was setup. Older people participating in different projects gave presentations and the older people participating in the meeting were given the opportunity to give their opinion on different subjects.
7. Evaluation

The project has been evaluated with the participants of the project that were present at the last (exercise) workshop. People where asked what they thought about the project; what they thought was good and what they thought could be improved. It must be noted that this had been briefly, and without the use of a existing model for evaluation, due to certain limitations.

However, the authors think the given answers are promising and encourage that they are explored in further discussions. Specifically interesting would be critical aspects of the project of things that can be improved, as the response mainly focussed on the aspects that went well. Because the group that participated has changed during the project, it would be interesting to evaluate the project further with the people that decided to not go to the workshops.

The following answers that were given are quotations;

‘We know now more people in the area.’

‘It got our brains going, I have new ideas.’

‘It motivated us.’

‘We had fun’

‘The project opened up something for us, it brought communities together to use this place.’

‘I wouldn’t normally do this things, but now I know the people and that makes it easer.’

‘I hope you come over to have tea at our place.’

‘It got us thinking about changing things in our own community center.’
8. Recommendations

In this chapter, the students reflect on the process and have written down some recommendations for the development of the process in the future.

8.1 Progress to date
In the first meetings the Suan community identified their interests
I) Activities
II) Mobility in the community
III) Balance between privacy and helping each other (when to visit/when to stay away)

A Community project addressed activities through the workshops.

8.2 What was successful?
- Good attendance from different communities
- Older adults leading the workshops
- Tea/coffee allowed for greater socialisation

8.3 What would we change if we did it again?
- Instead of selecting one of three issues to work on we would facilitate the community to make this decision- this would probably have meant taking a longer period of time to enable the group to go through typical group development stages. This would have increased the level of group cohesion and may have influenced the extend to which the group would continue to develop when our aspect of the project was completed.

- Perhaps consider grading the transition to Melody Court further. For example:
  Week 1: Introduce the idea of Melody Court
  Week 2: Discuss in the group what the group members think about Melody Court
  Week 3: Plan to visit Melody Court as a group activity
  Week 4: Go to Melody Court
  Week 5: Discuss the visit to Melody Court
  Week 6: Make decision to continue

- What we did- the idea to visit Melody Court was proposed at the end of a meeting with limited time to discuss/think about alternative options
- Group members had to get to Melody Court independently or arrange transport with Caroline. It may have worked better if the group themselves organised collectively to get to Melody Court. Only one resident from Suan made it to Melody Court – This lady travelled with the students in a taxi. It is not clear that this is sustainable into the future

8.4 What are the next steps?

Revisit the other issues originally identified:
- Clarify if these issues are still important
- To see if the members of Suan would like to address these issues. Further brainstorm with the Suan Group members
- Activities that the group would like to do.
- Bigger issues in the community which are important to group members- transport, etc.

To ensure that the group in Suan continues to develop we think the following actions will be helpful:
- Meeting with all of the Suan group to identify why only one person visited Melody Court.
- This may highlight other issues for Suan relating to transport, etc.
9. Discussion

As in every process, especially when people are new to the subject, there are many things that could have been done different in retrospect. There are many small and big decisions to be made, even before the process starts. Most of the time these decisions are made conscious, but sometimes the effects afterwards make them visible.

This chapter is about sharing the knowledge the students gained through recognizing the challenges, strengths, limitations and complexity of this project. No project is ever alike but by sharing this information they hope to help people preparing for similar projects.

9.1 Challenges and limitations

9.1.1 The difficulty of community development, and ownership
To begin with, it could be argued that this project turned out to lean more toward a community-based program (professionals or agencies identify the problems and develop strategies to address them, with the intention that community members will eventually take over responsibility) than a community development project, as the community could have been more involved in developing strategies. One of the reasons for not giving enough ownership to the community, would be lack of experience by the students. They struggled with the process of CD and time management. The students were learning about CD while taking part in the process.

9.1.2 Time
One of the other bigger limitations of the project was in time. A community development approach takes much longer than the available twenty weeks the students had to work with the community. Together with the community they took a step in the CD process but they now see smaller steps would been more effective. They now feel there was too little time for the residents of Suan to become the owners of the project.

9.1.3 Entering an ongoing process
What made entering an ongoing process complex for the students was the policy of COPE not to share information about the steps that had been made in the process. Not having previous information made the students unsure about agreements that had been made between the community of Suan and COPE, the steps that already been taken and steps that were still necessary, partnerships that excised, the working methods of the community worker, etc.
9.1.4 Culture and language
Language was not as big as a barrier as the students anticipated, but it sometimes made it harder to make themselves understood in the right way or to understand conversations. But people were very helpful in this matter. However, writing the report in a different language turned out to be quite a challenge.

Another thing was cultural differences, in recognizing Dutch people are more direct for example in giving their opinions.

9.2 Strengths

9.2.1 Professional supervision
One of the main strengths of this project was the quantity and quality of experience and knowledge in the supervision by Caroline, who worked with this community for two years, by Margareth, who has experience working with older people and knowledge about CD, and by Hanneke who has years of experience in CD.

9.2.2 Entering an ongoing process
There was already a CD process going with the community of Suan. Because there was too little time for the students to go through the whole process of CD, it was a good opportunity to learn about CD, by participating in one of the steps taken by the community together with COPE. This also meant the process could be continued if after they left as the community worker could take over as a facilitator again. COPE took a change in giving two occupational students the chance to learn about the community development approach in occupational therapy, not knowing exactly how this process would take shape.

9.2.3 Opportunities, offered by collaborations
COPE gave the students the change to gradually meet people from different communities, experts and partners. This turned out to be a big step in the project. It made it easier to gain the trust of people and build alliances necessary for the project. As one of the participants of the workshops told the students, knowing them made her find out about the workshops.

It was not only COPE who introduced the students to different people and invited them to congresses and lectures, also Margaret McGrath gave them the opportunity. Through Margaret the students got in contact with Lorraine McIlrath who partially funded the project.
9.3 Ethic

The process raised some ethical questions, starting with the lack of experience by the students. Although there was sufficient supervision, at times the students felt inadequate to facilitate a process they were still learning to understand. They didn’t want to have a negative effect on the ongoing process. Things they would have done different in retrospect would be taking more time to talk to the residents about their community and together decide which issues were of importance to them and wish one they would want to address first and how. Through the whole process there should have been more information sharing by the students, for example a meeting about partnerships. The students feel arrangements like transport should have been made by the residents themselves as they are the owners of the project and to make the arrangements more sustainable.

Community development in occupational therapy is a complex approach. It cannot be learned in twenty weeks. It is about human rights, national policies but also about not being able to care for your garden or not having people to do activities with. The students felt their education did not prepare them enough for a project like this. They would have benefited from more knowledge about CD and how this fits in with OT. They also find themselves short of knowledge how to organize the big quantities of information and writing a report.

This combined with suddenly living in another country, meeting new people speaking a different language, finding the way around the city, made there was a lot to learn in a short period of time.
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