■ WFOT SYMPOSIUM IN THE 42nd JAOT, BUILDING AND REBUILDING COMMUNITY THROUGH OCCUPATION

International Agreement on Occupation

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Abstract: All the WFOT member countries endorsed and welcomed the resurgence of discussion about occupation that has been demonstrated in pivotal WFOT documents, such as the minimum standards (WFOT, 2003), definition of OT (WFOT, 2004a) and the Community Based Rehabilitation (CBR) position paper (WFOT, 2004b). These documents confirm that occupational therapists are well placed to facilitate community development, health promotion and participation in community through occupation. Occupational Therapists use a people-centered process applying an enabling occupation approach which integrates medical and social knowledge and skills in tune with the WHO's ICF and the underlying philosophy of occupational therapy.

Key words: occupation, community based rehabilitation, human rights, ICF

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The World Federation of Occupational Therapists (WFOT) produces documents and position papers for use by occupational therapists internationally. They include definitions of occupation and occupational therapy for use in the global arena. The international views of health at World Health Organization (WHO) level coincide with the Occupational Therapy (OT) perspective that occupation is the basis of health. All the WFOT member countries endorsed and welcomed the resurgence of discussion about occupation that has been demonstrated in pivotal WFOT documents, such as the minimum standards (WFOT, 2003), definition of OT (WFOT, 2004a) and the Community Based Rehabilitation (CBR) position paper (WFOT, 2004b). These documents

confirm that occupational therapists are well placed to facilitate community development, health promotion and participation in community through occupation.

Occupational therapy is a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to assist people to participate in the activities of everyday life and enhance the quality of their lives. 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 (WFOT definition of Occupational Therapy, WFOT, 2004a).

This revised definition reflects terminology of the WHO International Classification of Functioning, Disability, and Health (2002) and is welcomed by member countries. It has been translated into the official languages of WFOT. It is important to note the emphasis on participation

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through occupation in all of these documents.

Through our documentation, WFOT plays a role in leading occupational therapists and other international agencies in understanding occupational issues faced by disadvantaged people around the world. e.g. concepts of occupational deprivation, occupational apartheid - and promoting societies where people get fair access to a range of occupations that will sustain health - occupational justice for all people.

Occupational therapists are committed to advance certain core principles, one of which is the right of all people—including people with disabilities—to develop their capacity and power to construct their own destiny through occupation, which seems congruent with the basic tenets of CBR. (WFOT position paper on CBR, WFOT, 2004b)

The emphasis is on participation through occupation and daily life activities.

WHO developed the International Classification of Functioning Disability and Health (2002) in response to the changes in social thinking over the past two decades. Where 20 years ago there was an emphasis on institutionalization for people with impairment or disabilities, there is now an emphasis on issues of participation and equalization for all people in society. These concepts are very much reinforced by documents produced by the United Nations as well. The framework for participation has, of course, a foundation of the philosophy of occupational therapy.

Participation in meaningful occupation has an important positive influence on health, and lack of participation has been shown to lead to poor health and well being. Many examples of disruption and deprivation in occupation exist in the world today, including persons who are unemployed, refugees, belong to minorities, or those living in areas of conflict and living with disabilities.

WHO (2001a) has focused attention on the participation perspective with the development of the International Classification of Function (ICF). The ICF provides common language to describe how people live with a health condition. It highlights the international concern about healthcare outcomes and proposes a shift of

emphasis away from viewing a person in terms of impairment and handicap and towards the perspective of a person as a human being-functioning in daily tasks, undertaking a variety of roles, and being a member of society.

WHO defines participation as involvement in a life situation and uses the domains of learning and applying knowledge, general task and demands, communication, mobility, self care, domestic life, interpersonal interactions and relationships, major life areas such as work, or school, community, social and civic life. (You can see that occupational therapists had a big hand in writing this document.) It implies being involved, making choices and taking risks.

The implications of this major WHO document for occupational therapy are in reinforcing the client-centered and community approaches that are already being implemented in many aspects of occupational therapy practice. From the occupational therapists' view, now reinforced by this document, the focus should be on a person's occupations within his or her natural environment and on occupational routine for quality of life. The focus should be on the client's opportunity to make choice, set goals and better control circumstances to make life more meaningful.

As noted in *Rethinking Care from the Perspective of Disabled Persons*, WHO (2001b) points out that there should be a holistic approach of access, legislation and funding. Occupational therapists are involved in improving opportunities and access for people with mobility related impairments, establishing accessible information media for people with learning difficulties, as well as appropriate support services for those with mental health problems and multiple impairments.

Occupational therapists are involved at all levels (national, international and local) with consumer groups and organizations and take up grass roots public awareness initiatives of the importance of occupation in and with the community.

As mentioned earlier, WFOT Council ratified the WFOT position paper on community based rehabilitation in 2004. The paper incorporates the concepts of participation and equalization and

notes where occupational therapists facilitate this process. The development of this paper was an excellent example of international cooperation and global communication. WFOT had the input of occupational therapists working in CBR in virtually every part of the world. We discussed, collaborated and agreed on the principles that we as occupational therapists uphold as well as strategies to empower and enable communities and community members to go beyond strict rehabilitation services to build on the principles of sustainable livelihoods, service integration and social inclusiveness. We found some of our therapists are working with the addictions, sexual abuse and family/community violence which constitute common occurrences in war zones. We note that the role of occupation as a primary tool for individual and collective recovery.

Considering the service focus of occupational therapists—enabling people to choose, organize and perform those daily life activities that they find meaningful and useful in their environments, affording them with opportunities to gain greater control over their health and their destinies—occupational therapists are particularly able to facilitate the process of establishing CBR program development at both government and community level. Occupational therapists provide and pass on to community workers and disabled people relevant knowledge and skills to enable them to more actively participate in and take control of their lives and the lives of others within the community.

A good example comes from South Africa's Grandmothers Against Poverty and Aids (GAPA). An occupational therapist worked with grandmothers of children who had lost their parents to AIDS. The Occupational Therapist

brought these depressed, distressed, and frustrated women together through a patchwork quilting group. Over their quilting activities, they discussed their mutual problems of their orphaned teenagers and found solutions and support from each other. From one small class within two years 17 quilting groups developed and are run by the grandmothers who also offer support within their own communities.

In conclusion, occupational therapists use a people-centered process applying an enabling occupation approach which integrates medical and social knowledge and skills in tune with the WHO's ICF and the underlying philosophy of occupational therapy.

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