

Concepts of justice and the non-traditional placement.

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Published version

POLLARD, Nicholas (2015). Concepts of justice and the non-traditional placement. *Journal of Practice Teaching and Learning.*, 13 (2-3), 72-92.

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Abstract

This paper is based on a presentation given at the 10th International Conference on Practice Teaching and Field Education in Health and Social Work in April 2014.

Occupational Therapy student non-traditional placements are an important element of developing autonomous practitioner skills. This paper considers the changes which have led to an increase in the use of non-traditional placements, and the significance of their basis in the third sector for a profession with origins in social justice and reform in the light of present health and social inequalities. It considers the advantages these placements bring to students and their universities, but also argues that the benefits to all stakeholders, including third sector organisations and their clients are critically reviewed.

Introduction

Non-traditional placements are an important element of developing autonomous practitioner skills amongst occupational therapy students in many countries. The value of these placements is recognised by professional regulatory bodies in the UK (COT 2006; HCPC 2009). In non-traditional settings students have to work with issues that are directly connected to the social context and community issues which form the environment in which health conditions develop (Fortune and McKinstry, 2012).

Students are required to think in different ways or to use threshold concepts (Land et al., 2005; Meyers & Land, 2005) about widening and developing innovative occupation centered approaches to the practices they might use in more clinical settings (Healey

2011). Students are encouraged to broaden their scope for future practice, to consider the possibility of working in different community facilities and social enterprises providing care. Non-traditional placements facilitate students to critically develop the transformative concepts and skills toward the social justice ideas inherent in health and social care professions and which relate to pragmatic reasoning with real events and conditions in the real world (Healey 2011).

Students often have to advocate and promote their professional skills with people who may not have heard of or understand occupational therapy. In the process of these explanations students obtain a better understanding of and belief in their profession, critically appreciating for themselves the added value that occupation-based interventions can bring to work outside the clinical setting (Healey 2011; Clarke et al 2014). Occupation based practices are informed by occupational science with its wider and less directly clinical knowledge base. Taking these principles into non-traditional placements enables students to explore different roles the profession can take in promoting healthy lifestyles (Thew, 2012) and sustainable practices. Often this work involves groups such as refugees, people with learning difficulties or enduring mental health problems who have real difficulty engaging with these concerns. Students often evaluate their non-traditional placements well, and look back on these experiences as key elements of their learning (Cooper & Raine, 2009, Fortune and McKinstry, 2012), even as “growing up” (Clarke et al 2014, p224). Although on graduation most UK students find work in settings in the traditional state sector or new private health organisations, their experiences may contribute to the development of critical theories

about practice which educators hope their students may eventually be leading (Bhaskar 1988; Galheigo 2011a; Tanner 2011).

Non-traditional placements are also referred to as emergent placements, project placements, or role-emerging occupational therapy, and despite their beginnings in the 1970s (Overton, Clark and Thomas 2009) are often considered to be a new development in professional education. After 40 years, the term role-emerging might no longer be appropriate. In Britain, the impetus for these placements has come from a number of sources:

1) Changes in services, in response to reforming developments in health and social care services towards community based practices in primary care (Healey 2011; Letts and Richardson 2012). In the last decade or so voluntary, charity and private bodies have increasingly taken on aspects of the traditional health and social care portfolio, including the development of new forms of social enterprise (Marks and Hunter, 2007). These changes were encouraged to allow for the development of primary care commissioning and to provide the market with a choice of services (Department of Health/Social Enterprise Coalition 2008; Department of Health 2010, 2011).

The cost of long term care and dependency is a major element of healthcare policy in Western economies (Greer 2010). In the UK, where possible, clients are being swiftly moved on for the longer processes of rehabilitation or maintenance to services outside NHS and social services provision. Some, staffed by volunteers or charity workers, are in facilities used by other community members (Sempik, Aldridge, & Becker, 2005; Windley 2012). These facilities are organised independently and may be free of the

institutional feel that traditional services might have had. They may encourage participation from the people attending them, for example, in becoming advocates. Links are sometimes made with other community agencies to develop an ethos which reflects local needs (Pollard & Cook, 2012; Windley, 2012).

2) Many health and social services professions are undergoing changes which include the redefinition of roles, relocation of services, reduction of staff numbers or the casualisation of their working contracts (IDS 2012). These changes produce many issues of conflicted and renegotiated identities at managerial level and amongst clinicians (Healey 2011; Petchey et al 2013) which reduce staff availability and capacity to take on students during placements. Some managers have not recognised the need for allied health student placements, even with regard to their role in continuing professional development opportunities for their staff. The resulting shortage of placements has been a significant driver for the growth of non-traditional placements.

3) There has been an increasing dissatisfaction within the occupational therapy profession that its alignment with medicine has taken it progressively further away from its roots in activity, or occupation, or the simple 'doing of things' to promote health. The thrust of medicine, increasingly towards biomedical and bioethical positions (Koch 2012), has arguably made it more reductive, more reliant on interventions which can be calibrated and measured to show cost benefits to the service overall and less able to respond to individual need for rehabilitation (Proding et al 2014). There is less time for the individual who must be discharged as quickly as possible – even if this is without an adequate care plan – with the result that people often become dependent on care and socially isolated. Van Bruggen (2011) and Baptiste and Molineux (2012) suggest that

occupational therapists can move into areas beyond those designated and diagnosed by medicine, towards other aspects of social need and marginalisation such as homelessness. These concerns have already long been identified by occupational therapists in Latin America and South Africa (Galheigo, 2005; 2011b; Garcia Ruiz et al 2008, Lorenzo et al 2006; Paganizzi & Mendelberg 2010), and have been applied in the recent development of the profession in Eastern Europe (van Bruggen 2011).

4) There has been a retreat from creative making and doing as a focus for occupational intervention (Peruzza and Kinsella 2010). The heavy workshops, craft and woodwork rooms have gone, along with large occupational therapy departments. Few patients now have long enough periods in hospital to have made use of them. While knitting and horticulture are generally fashionable and popular, with a resurgence of these activities as occupational interventions in mental health, the move to universities and a more academic curriculum in therapists training and education has left them behind. This fits with a broader recognition that as a society we have lost the value of making and mending things, i.e. the significance of doing things with our hands and physical senses – being occupied in manual activities – with passively engaging with electronic media (Ehn and Lofgren 2010).

Community

The focus of non-traditional placements is mostly the community. The term community obscures many differences. For example, the 1990 NHS and Community Care Act enabled the discharge of vulnerable groups of people from closing asylums into the surrounding communities, often areas where people had a low level of income and high

unemployment. Through the social inequalities which were intentionally intensified by UK government policies such as the sale of public housing in the Thatcher period to encourage aspiration (Scott-Samuel et al, 2014), communities began to rediscover that differences mattered, and that they were as much defined by exclusion as by inclusion. As council houses were sold off in the better estates the people unable to buy were congregated together in poorer housing provision. The consequences have not been positive, with much intimidation of vulnerable people as the Hidden in Plain Sight inquiry (Equality and Human Rights Commission, 2011) revealed.

The development of health and social care professions such as nursing, social work and occupational therapy were precipitated by the highly visible wealth and health inequalities in the 19th century and the social anxieties they generated amongst a philanthropic section of the middle classes. The economic policy and social control of many governments in the 1980s and 1990s drew new attention to social inequalities (Scott-Samuel et al, 2014). Pickett & Dorling (2010) argued that some aspects of these inequalities, such as life expectancy, while improved, still maintained the same degree of difference which had been revealed in the 1930s. None the less global economic policies addressed these differences with arguments that care and health resources had to be rationed (Koch 2012). Ethical dilemmas were created for all health and social care workers, such as occupational therapists who found themselves in under-resourced services assessing needs that there was no money to meet. Consequently patients were without the housing adaptations or aids they needed to effectively live their lives (Townsend 1998). Being unable to provide interventions led the therapists to question their role and purpose. By implementing the service cuts occupational therapists found

themselves limiting outcomes for health. People like Liz Townsend and Anne Wilcock were thus to develop a concept of occupational justice (Standyk, Townsend & Wilcock, 2010). Occupational justice, a concept which has become widely taught in occupational therapy education is concerned with enabling people to access their rights to meaningful and purposeful activity as an expression of healthy identity.

Occupation and justice

Although occupational therapists relate the term *occupation* with a general concept of activity this understanding is not recognized in all cultures, and this in itself may be a problem in the negotiation of cultural diversity. Occupation has become associated with productivity through the concept of occupational performance (Law et al, 1996).

Productivity does not necessarily mean the result from work, and the current emphasis on work as a form of cure for benefit dependency would be a narrower interpretation of productivity than is suggested by occupational therapists (Holmes 2007; Hall 2012).

Some cultures make less distinction between work and leisure (Brislin and Kim, 2003), as would have been the case in many European countries before the industrial revolution. Although the emphasis given to leisure in our present culture is relatively recent in human history (Flanders, 2006), a balance between work and leisure is understood to be an important component of health.

Growth of the non-traditional sector

One impact from the changes which began with the 1990s community care acts was the growth of non-traditional sector of charitable organizations and social enterprises to meet the commissioning processes generated by the outsourcing of care provision

(Rees 2014). The non-traditional sector responded to increasing social inequality, intergenerational poverty and social injustice by adopting community development approaches. Windley (2012), for example, makes a clear link between occupational therapy student experience in this sector and the range of terms used to describe social injustices in occupational therapy theory. She describes how non-traditional placements can involve students taking a community development approach to working for occupational justice in a diverse range of third sector organisations.

Some third sector organisations offer traditional services such as social centres set up by groups of carers and have often adopted the pattern of low key, social group based activities which had previously been applied in OT departments, but with fewer resources. Others developed from community organizations such as city farms (Davies et al 2014). Urban farms which began in the 1970s and 1980s, often started as radical co-operatives concerned with sustainability and ecological awareness (White and Stirling 2013). They may now take on a variety of people with learning difficulties, literacy needs, or mental health issues. Community arts projects may focus on providing facilities to people with a range of disability issues. Allotment projects and community gardening schemes may have reclaimed land to develop community resources or brought new life to disused allotments. These projects did not have to justify themselves as forms of medical rehabilitation so much as providing people with somewhere to be and with something to do (Pollard and Cook 2012).

However, along with the shifts and changes which have taken place in the statutory services and the commissioning process, such as casualisation, there has also been a gradual move to professionalise, bureaucratise and regulate voluntary and charitable

services (Rees 2014, Dunn 2014). These services do not command the same level of resourcing as the state sector and operate under financial constraints. Despite the attempts to professionalise third sector organisation, fair wages and payment for third sector workers will continue to be an issue (Miller and Larkin 2013). While non-traditional settings provide attractive placements for students, Healey (2011) points out that issues of fairness in working conditions are important considerations in determining the benefits of university engagement with placements.

Benefits for the voluntary sector:

Given the constraints, but also the need for innovation, the non-traditional sector needs volunteer input. Students are often willing volunteers, who bring new knowledge and frequently continue to work with a project after their placements have concluded as they need to evidence continuing professional development. Students can take on short term elements of work that others may find hard to negotiate around their existing commitments. Often non-traditional placements involve project work and this can be oriented to the organisation's needs, enhancing a business case, or contributing to the profile of the group. Offering placements may organisations help to meet funding requirements. Students can also contribute ideas about practice and safety (Fortune and McKinstry, 2012).

Benefits for education and the university:

Non-traditional placements clearly benefit student learning and increase the depth of their experience. By encouraging non-traditional learning opportunities universities have been able to demonstrate community involvement. As the sector becomes increasingly

significant in addressing policies for social engagement and the provision of care services through a mixed economy, it has become necessary to give students experience of the charity and social enterprise based opportunities.

Critical engagement

While non-traditional placements seem to offer many positive advantages, they have many complexities, requiring as Tanner (2011) points out, deep and critical evaluation of the values and benefits. The role of the third sector in health and social care has not been well evaluated (Dickinson et al 2012; Rees 2014). In Brazil, where social occupational therapy has been carried out for several decades, there has been critical discussion of the limitations of interventions and constraints on practice (Galheigo 2005, 2011b). Social occupational therapy practices are supported across the southern American continent through organisations such as the Latin American Confederation of Occupational Therapists (CLATO) and the Community Based Rehabilitation network (RBC Red). Australian occupational therapy education programmes have included forms of non-traditional placement for some years, although these have only been evaluated in a small scale way. Furthermore, although occupational therapists can draw on a range of terms to describe occupational injustices such as occupational deprivation (Whiteford 2000) or even occupational apartheid (Kronenberg and Pollard 2005), which describes a deliberate and systematic process of exclusion from meaningful activities, this critical theory is as yet insufficiently developed (Durocher, Gibson & Rappolt 2013; Durocher, Rappolt & Gibson 2013).

While some South American education programmes (e.g. at Andres Bello University, Santiago, Chile) include modules which draw on critical social theory at undergraduate level, occupational therapy training is spread over a longer period than in the UK. Chilean programmes take five years to complete, with students beginning their two year MSc while in the final year of placement experience necessary for qualification after the completion of undergraduate studies (Pollard et al 2013). An appreciation of the role of the occupational therapist and other health professions with regard to the maintenance of hegemonies (Pollard 2011) is one of the key issues that students might acquire. It can be argued that in being the interface between clients and the hegemonies (represented by health care organisations and the third sector taking on some of these functions) occupational therapists are in a pivotal position. Guajardo (2011; 2013) would argue that this is a historical opportunity in the development of the profession in a global social, economic and political context. This could be the basis for occupational therapists to develop critical leadership roles towards transformational health and occupational justice goals (Townsend et al 2011). However, a critical appraisal of the political realities that determine these developments is also required for effective leadership (Guajardo 2013).

Challenges

Students often find themselves constrained by the length of non-traditional placements and sometimes by the established practices of untrained but experienced volunteers (Clarke et al 2014). Third sector social care involves diverse forms of engagement with many different clients, both those who are referred by statutory services and those who refer themselves, from health promotion and prevention to services which have

replaced day care (Dickinson et al, 2012). Actual service quality varies as each organisation is unique. Their non-traditional nature rarely involves rehabilitation professionals. It has become more difficult to obtain long arm supervision for the students from occupational therapists in practice. Managers do not often recognise the value of long arm supervision to their therapists (perhaps as developing awareness of community facilities or providing practice development in supervision skills), and supervision is not remunerated by universities. This role is often instead taken on by university tutors.

Although some students have previous degrees or previous working experience they need to have the calibre, maturity and depth of critical thinking to make the most of these placement opportunities (Cooper & Raine, 2009, Fortune and McKinstry, 2012). Students often find non-traditional placements challenging. Sometimes the focus for occupational intervention is not clear to them, they may initially base their practice on what they have previously learned in clinical settings, and have to undergo a “paradigm shift” in their thinking (Clarke et al 2014, p228). Placement preparation must include giving students the means to understand how non-traditional settings are relevant to the development of professional skills, their understanding of occupational and social environment (the theory of the affirming environment (Rebeiro, 2001)), relating practice to theory, their experience of different groups and their needs, and their capacity for rapport in many more ways than engaging with activities. Students also need to understand the significance of these organisations to parts of the community and the diverse and organic roles they can play in supporting people (Thomson and Caulier-Grice 2007).

A contract culture

Occupational therapy literature has not considered in much depth the need for stakeholder understanding and buy-in, whether at the third sector managerial and university programme level, or the volunteer, co-worker and participant level.

Stakeholder understanding can take time to develop, but there is a developing contract and commissioning culture in the UK third sector, accelerated by personal budgeting.

Personal allowances for care have enabled people with long term disabilities to apply to manage their own care budget. For some care groups personal budgeting has been seen as a considerable improvement over statutory care, as it has offered some security. However many resources are threatened by austerity measures, and there also appear to be disparities - older people seem to have much less available to them (Miller and Larkin 2013). Rather than voluntary organizations receiving block funding for their work, payment comes from the clients who receive personal allowances to buy day services. Attendance for a day may cost £30 (Needham 2013), for example. Whereas previously the client was an asset for whom organisations could secure funding to meet their needs, the client is now a direct source of funding.

Generally those with personal budgets can pay for services, but it becomes more difficult to continue to provide a service for people who cannot pay and do not have personal allowances. Continuity is a problem for voluntary services due to the hand to mouth process of securing funding from one year or funding period to the next. The personal budget recognises that people have long term needs and may require something more like maintenance in the community, but some experiences have been that statutory services have been cut entirely or reduced, care co-ordinators lack

information about what has been done to replace them, and there is uncertainty about where the money to meet individual needs is being provided (Miller and Larkin 2013).

For vulnerable clients with long term care needs and their carers the apparent threat to the security of their care provision can be very unsettling. Clients' vulnerabilities are extended because their services are subject to changes in policy, or priority, or to the ability of a fund-raiser to convince funders against competing and equally deserving demands. These problems of sustainability mean that some vulnerable people might be denied services which cater for their complex needs. In a contracting culture there are pressures to service the broader terms of contracts and the contractor rather than individual needs. There may not be adequate addressing of local needs, nor sufficient overlap to prevent people from falling between services (Dickinson et al, 2012).

Non-traditional placements are often based in social enterprises, or in charitable organizations which function as social enterprises. This is not charity pure and simple; an enterprise is a business, which has to cover its costs and provide for a sustainable future in a competitive environment (Ridley-Duff and Bull 2011). Clients and their carers are suspicious of this change in perception (Miller and Larkin 2013). Miller & Larkin (2013) found that some leaders of third sector organisations are primarily concerned with their responsibilities as charities, for example prioritising the participation of their clients over opportunities for risk taking and innovations which may not deliver security. They are directly liable if money is lost or proven to be used irresponsibly and therefore could not take financial risks. Instead there is a tendency to offer unchallenging activities which do not risk compromising the organization. The uncertainties inherent in the commissioning process make it more difficult for them to be creative and flexible,

and yet their response is to demand more flexibility of their workers. The jobs and the volunteer roles of the people working in these non-traditional services also need to be maintained for them to be able to operate, but many paid workers are being moved to zero hours contracts because the organisations won't be paid if clients don't turn up. The 2014 Locality Report suggests that third sector organisations are expected to run limited versions of services which public agencies have failed to deliver. It is assumed that contracting to the third sector will save money, and these organisations are given less money than was previously available to the public services to perform the same kind of operations.

Many of the third sector organisations which are the basis of non-traditional placements are important in sustaining local cohesion and in developing and empowering people in the community (Thomson and Caulier-Grice 2007). There can be a reluctance to explore problems in case the organisation is threatened and these benefits are lost.

This is an issue raised in a study of community based development activities Sakellariou and Pollard explored occupational therapists' involvement in community projects around the world through a questionnaire and a review of literature on community based rehabilitation (CBR), a form of community development work (Sakellariou et al 2006, Sakellariou & Pollard 2006, Pollard & Sakellariou 2007a, 2007b, 2009). Practitioners' responses about their experiences of community based rehabilitation were overwhelmingly good, and no negative experiences were reported.

However, one of the complaints against community based development activities was that they sometimes produced a kind of altruistic tourism which produces little lasting benefit to the hosts (Pollard & Sakellariou 2009). This is unlikely to be reported in

literature that focuses on the experiences of student volunteers or visiting practitioners rather than the recipients of CBR. While some respondents gave evidence of long term careers in community based rehabilitation, but these are by no means the majority. Interventions tended to be short, and rarely evaluated. Local people may spend a lot of time educating visiting students who do not bring as much as they take away. There are also many opportunities for misconception – that the people coming in to offer interventions had more or different forms of expertise than they actually have, they bring ideas which are incompatible with local conditions and go away with misconceptions (Sakellariou & Pollard 2006, Pollard & Sakellariou 2007a, 2007b, 2009).

These issues raise several questions about the non-traditional sector as a viable field for professionals. They might enable students to gain relevant experience and develop their knowledge, but few professionally qualified people would be prepared to accept zero hours contracts when more secure employment can be found. The non-traditional sector sometimes appears to be used as a cheaper replacement for public services. Some enduring mental health clients have already had years of finding that statutory services could not deliver anything for them, therapies had not worked and they have been sent from one expert to another who cannot help them, or perhaps, after many years of being misdiagnosed, their real problem becomes apparent (Pollard 2014). Personal budgeting may enable them to buy services but the choices can be between activities such as poor standard vocational training for jobs that rarely exist and therapeutic approaches which they have already tried and found unsuccessful. There are very good and effective services which are typified by having consistent staffing and well established community relationships (Pollard and Cook, 2012). As the 2014

Locality report suggests, as the non-traditional sector has begun to experience the impact of austerity there are questions of purpose, of value and of creativity towards service goals which have to be worked out against the imposed restrictions defined by external outcomes and costs.

While these are similar concerns to those discussed earlier which led to the framing of concepts such as occupational justice, there are deeper questions. If some of the critiques of CBR projects represent forms of colonialism overseas, it is possible to practice forms of colonialism just down the road, across the axes of culture, class, power, and different capabilities within the diverse but global society which parts of Britain have recently become. Some of the precepts for working in non-traditional areas have arisen from the experience of service learning in places where these issues have been very much contested, such as South Africa (Joubert et al 2006). The challenges Sakellariou and Pollard (Sakellariou & Pollard 2006, Pollard & Sakellariou 2007a, 2007b, 2009) found in the literature on community based rehabilitation seems to echo some of the issues identified with non-traditional placements.

Some communities in the UK have been the site of repeated interventions taking various forms over many years and their provision, subject to the short term whims of 5 year administrations, is patchy. Few of these are evaluated in the long term. A consequence can be that projects are insufficiently planned and do not adequately consider how longer term goals can be sustained beyond the life of the funding grant. Thomson and Caulier-Grice (2007) point to typical problems in evaluating community projects such as the variety of objective, organisation, diversity of participants and

different demands of funding with external requirements as well as the lack of experience of suitable methods.

Professional educational programmes need to have manageable learning experiences for their students. Students need to feel they can make some small differences (Clarke et al 2014), and will learn from dealing with difficulties and adversities if they are not too overwhelming. While some of the literature on the non-traditional placement explores the placement experience for the student it may not enlarge on the role the university can play as a partner to the organisation. Joubert et al (2006) describe how Cape Town University developed service learning through offering support to community organisations. This could then be followed and extended through placements; Ridley-Duff and Bull (2011) illustrate potential developments that can be worked with third sector organisations from the business studies perspective. In Sheffield Hallam University some occupational therapy student work with community organisations has been facilitated through the agency of the student union. With more interfaculty working and dedicated staff it may be possible to establish the links which would support sustainable practice, but this has to be balanced against other curriculum and teaching demands. There may be the potential to develop student participation in small evaluation studies which could attract funding and be used to evidence the value of third sector organisations and occupation based practices. Students might be thus enabled recognise and to learn the kinds of steps that need to be taken with organisations and their participants to effect changes.

Conclusion

Changes in the health and social care sector have increased the importance of third sector organisations in service provision. These developments have increased the potential for student placement outside statutory services in non-traditional placements. Providing placements in these settings can enable students to make links with the voluntary and charitable sector and gain knowledge which may benefit their ability to meet clients' needs on graduation as practitioners. Some students might acquire the entrepreneurial skills and key leadership abilities to establish organisations themselves. They may also learn how to sustain the creativity that people in third sector organisations develop in suiting their activities and resources to changing funding focuses, the operation below the radar that tries to ensure continuity, and the maintenance of activities that are quietly unfunded, costed differently, worked out in spite of imposed restrictions: the skills of resiliency and the experience of commitment.

Engagement with third sector placements may give students a more detailed appreciation of the sociopolitical and community development theory which relates to non-traditional areas and its connection to professional practices and service provision. Students need to develop a critical understanding of the third sector as service providers. To enable this engagement universities and educators may need to look beyond the learning opportunities to the potential for synergies with, and supportive roles in the sustainability of their non-traditional placement providers and the people they work with.

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