

**AGED CARE
Professional Issues Forum
28 July 2006
WFOT 2006 Congress**

Forum facilitated by Mandy Stanley and Lindy Clemson.

Approximately 19 participants attended this forum.

1. The session began with participants brainstorming topics for discussion. The topics are recorded below:
 - Share Perspectives on commonalities
 - Link with others working in same area
 - Increasing complexity of client issues- need to be OT specialists
 - Raising the profile of our clients
 - Promote the value of working in ageing, for example in mental health
 - Younger persons being diagnosed with dementia- lost in a gap
 - Untapped potential of OT in ageing
 - Advocacy for occupational therapy in ageing
 - Need for professional support ongoing at an international level e.g. an aged care web link?
 - Working effectively
 - Planning for working most effectively with the increasing demographic population
 - Time and work constraints to treat the person from an occupational and participation perspective
 - Aged Care not encompassing e.g. Aging communities?
 - Building more inclusive communities
 - Intergenerational
 - Potential in retirement planning
 - Activity planning and leisure planning and occupational therapy consultancy needed in nursing homes and day centres
 - Evidence e.g. Clark et al.'s Lifestyle Redesign supports OT work
2. Participants were then asked to indicate their preference for particular topics before choosing a small number of topics that would be discussed in more detail in small groups. The following list is the preferred topics:
 - Untapped potential and promoting our profile + 1
 - Time and role limits of working
 - Time and planning
 - Transitions acute to community +1
 - Availability of community services

- OTs have a cost saving potential
 - Role in inclusive communities
 - Crossing the divide between mental health and physical health stream e.g the person with depression, social isolation and a broken hip
 - Time constraints
3. Small group discussions to tease out issues for the following three major issues:
- Systems and transitions
 - Promoting the potential and raising the profile of the occupational therapy profession
 - Building inclusive communities

The most innovative ideas from each small group were shared:

- 1. Systems and transitions – getting it more streamlined**
 - Transition from acute to community- services changing, great variety, struggle to be aware of community resources
 - Having access to client documentation across all services would improve transitions and care
- 2. Promoting Potentials and developing profile**
 - Opportunities to make change at different levels, policy creation to local levels
 - International perspective of sharing
- 3. Building inclusive communities**
 - An OT graduate diploma in urban planning and design

More notes from 2 sub-groups

- 2. Developing the profile of the Occupational Therapy profession**
 - Specialty certification by Occupational Therapy Association
 - Development/ clarification of peer groups/ professional development. ? divisions between mental health and physical leading to occupational therapy having a common focus on occupational performance.
 - Letter with discharge report highlighting breadth and potential of occupational therapy role to general practitioner.
 - Internal promotion to colleagues in individual organizations and local focus leading to consistency
 - Government – policies)
Peers/ colleagues) as clients of our service for promotion
Clients)
Communities)
 - Forum for advocacy to OT National board and beyond to global advocacy
 - Comparison between local and international systems ie. USA creative use of funding to make space for participation focused intervention, impact of documentation to support / communicate this. System not holistic but biomedical focus or diagnosis.

- Residential/ Day care facilities Occupational Therapy role – environmental advisory role, routines etc.
- Occupational therapists on boards of management at residential care and organizations. There are lists of people who want to get on boards of management, opportunities to make change and policy, accreditation boards for care facilities.
- Occupational therapists in non-traditional areas recognizing our skills and offering to new roles
- Grant officers in government – can influence funding
- Support for grant application and communication of availability to occupational therapists
- Special interest group – Australian perspective and USA perspective of organizational challenges (ie local and international groups). Opportunities for global links between special interest groups in gerontology, link on WFOT website as opportunities for forum
- Include on websites examples of occupational therapists currently in promotional roles eg. Running a nursing home.
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3. Building inclusive communities

Inclusive community – one rich in social capital. Increased sense of belonging/ ownership. People feel safe, trust is high. As opposed to feeling scared at night, fears and perceptions.

- Accessible – Attitudes
- Well being flows from being well cared for.
- Lifestyle villages: are these too shut out from the community? Dementia in this environment, all units look the same. Example of Baptist Home in Victoria – 5 different architectural styles for housing people with dementia. Trying not to appear institutional.
- Increase links between elderly people to stay at home in the community.
- Advocate to councils re footpaths, to town planners to make changes to hazards. Councils do it as they don't want the liability.
- Western Australia Redevelopment plan

Using OT pool to share community facilities.

- Belgium – Volunteer centres run by occupational therapists. Leisure/ social/ education. Younger unemployed people involved.
- Socially isolated: children's reading groups with elderly people.
- Opportunities for relationship development, social participation.