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EDUCATION AND TRAINING

Community–university partnerships in occupational therapy education: a preliminary exploration of practice in a European context

Margaret McGrath[1], Ines Viana Moldes[2], Hetty Fransen[3], Saskia Hofstede-Wessels[4], and Karin Lilienberg[5]

[1]School of Health Sciences, College of Medicine, Nursing and Health Sciences, National University of Ireland, Galway, Ireland, [2]Facultade de Cienceias da Saúde, Universidade da Coruña, Spain, [3]Ecole Superieure des Sciences et Techniques de la Santé de Tunis, University of Tunis- El Manar, Tunisia, [4]Hogeschool Van Amsterdam, The Netherlands, and [5]Tallinna Tervishoiu Kõrgkool, Tallin, Estonia

Abstract

Aim: To explore community–university partnerships in occupational therapy education in Europe. *Method*: Educators from Europe were invited to participate in the study. Data were collected using a questionnaire designed for the study. Eleven completed questionnaires were included. Descriptive statistics were generated from quantitative data while qualitative data were analyzed using inductive content analysis. *Results*: The majority of participants reported that community–university partnerships were part of the third year of undergraduate occupational therapy studies. Partners were from a broad range of sectors. The activities undertaken were typically focused on specific target groups within the community. Three main themes emerged from the qualitative analysis (i) instigating community–university partnerships, (ii) processes of creating and sustaining partnerships and (iii) perceived outcomes of community–university partnerships. *Conclusions*: This is the first study of community–university partnerships in Europe generating some useful findings. Clarification is needed regarding the use of the term community–university partnership. Educators are called upon to consider how partnerships are embedded into curricula and to address issues of sustainability.

➤ **Implications for Rehabilitation**

- Healthcare education should prepare rehabilitation professionals to collaborate with diverse communities.
- Community–university collaborations appear to offer opportunities to support students to develop competences for future community orientated practice.
- Key issues to be considered include choice of pedagogical approach, issues of reciprocity and sustainability.

Introduction

Community–university partnerships in higher education

Hart [1] defines community–university partnerships as ''the formation of relationships between a university and the communities within its locality based on a principle of reciprocity.'' In recent years, there has been substantial growth in the development of formal partnerships between universities and communities. This growth may be due to a number of co-occurring factors. First, there has been an increase in international interest in the purpose of higher education institutions and the role such institutions play in broader society [2,3]. Second, benefits of scholarly engagement to both universities and communities have

been documented [4,5]. For universities, collaboration with communities can lead to new forms of knowledge creation and enhanced learning opportunities for students [4]. For communities, access to university resources can support community development and solving of social problems [5]. Finally, the potential benefit to larger society from civic engagement of university staff and students have been highlighted [6]. In an era where citizenship and democracy are increasingly seen to be under threat [7,8] the need for higher education institutions to contribute to social capital and to prepare graduates to be active members of communities in which they live has been re-asserted [9,10].

Community–university partnerships in occupational therapy education

There is a long tradition of collaboration between occupational therapy educators and community organizations. Within South American occupational therapy education, educators who adopt a

Address for correspondence: Margaret McGrath, Discipline of Occupational Therapy, School of Health Sciences, College of Medicine, Nursing and Health Sciences, National University of Ireland, Galway. Tel: 00 353 91 495624. Fax: 00 353 91 495440. E-mail: Margaret.mcgrath@nuigalway.ie

socio historical approach to occupational being and belonging have used community–university partnerships to provide educational opportunities for students while also promoting participation of groups who are typically excluded from society [11–13]. There are also many examples of diverse community–university partnerships within occupational therapy educational programs from the United States [14] South Africa [15] and South America [12,16,17]. Less is known about community–university partnerships within European occupational therapy although there is growing evidence that the use of such partnerships is increasing.

The increased use of community–university partnerships in occupational therapy education is reflective of overall trends towards community engagement in higher education but is also driven by some profession specific issues. First, occupational therapy practice has begun to incorporate a more socially orientated focus [18,19]. As a result occupational therapy educators are challenged to ensure that students are prepared to collaborate with diverse communities [20–22]. Traditional curricula do not always prepare students to work in collaboration with communities [23–25]. This has led some authors to suggest that a gap has emerged between the theoretical commitment of occupational therapy to community oriented practice and the practice of occupational therapy within the community [23] and calls for occupational therapy curricula to be more responsive to the needs of the community [22]. Second, the emergence of concepts such as occupational justice (a term used to describe the principle that all people should have equal opportunity, rights and access to participate in occupations that are meaningful to them), [26] and the recognition of the need for occupational therapists to develop political competence [27,28] have encouraged educators to seek opportunities for students to learn about the cultural, social, historical and political contexts in which health and participation occurs. Community–university partnerships, through the provision of complex ''real-world'' learning opportunities may prepare students to collaborate with diverse communities to address social, political and economic aspects of occupation and participation.

Community–university partnerships in European occupational therapy

Little is known about community–university partnerships in Occupational Therapy in Europe. Although there have been several accounts of individual community–university collaborations -see for example, Simo [29], Dickson et al. [30]; Douglas et al., Hofstede-Wessels and McGrath [31], McMenamin, McGrath and D'Eath [32]; Quinn [33]; and VanBruggen, Kantartzis and Rowan [34]—there is no comprehensive knowledge regarding the use of community–university partnerships across the whole of European occupational therapy education. Research is needed to develop a profile of community–university collaboration in European occupational therapy so that the diverse practices can be recorded. Occupational therapy educators interested in incorporating community–university partnerships in their curricula need to identify which features of European community–university partnerships are common and which features are specific to the local context. Such research can facilitate the spread of emergent developments, good practice and ideas.

Research Aim

This paper aims to address current gaps in occupational therapy education knowledge through exploring how occupational therapy educators in Europe have developed community–university partnerships.

Method

Research design

The study used a cross-sectional survey design. Data were collected using a questionnaire the Community–University Partnership Tool (CUP-Tool) [35]. This was a questionnaire designed by the authors to gather information about the use of community–university partnerships in occupational therapy education within a European context. The questions include both scaled response type and questions seeking evidence of a more qualitative nature by way of requiring participants to describe their practices. The questionnaire was divided into two sections. The first section sought demographic information about the use of community–university partnerships. Respondents were asked to provide information about the aims, duration, composition and work of community–university partnerships. In addition respondents were asked to comment on the number and type of partners involved, financial support and how the process of partnership was managed. In the second section, respondents were presented with a series of open questions and were asked to provide more in-depth information about context in which the partnerships were developed, how the partnership was established, organized and monitored, how outcomes were measured and disseminated and how the partnership was evaluated. The questionnaire was originally developed in 2009 and was piloted with occupational therapy educators from across Europe. Following feedback from these educators, the questionnaire was amended. This revised version was used to collect data for the present study.

Recruitment

Participants were recruited through the European Network of Occupational Therapy in Higher Education (ENOTHE). ENOTHE is a thematic network funded by the European Commission since 1997. The aim of the network is to advance education and knowledge of occupational therapy within a European context through supporting co-operation between university faculties and departments. Membership of the network is open to individuals, associations and higher educational institutions with an interest in and commitment to occupational therapy. Higher educational institutions were invited by e-mail to participate in the study. The initial e-mail was sent to representatives of 82 higher educational institutions in January 2011 with 2 follow-up reminder e-mails in March and June 2011, respectively. In order to be eligible to participate, participants had to have some experience of community–university partnerships and be willing to complete the survey.

Ethical considerations

The study adhered to standard research ethical principles as outlined in the Declaration of Helsinki [36]. Consent to participate in the study was assumed by participants' voluntary completion and return of the survey.

Data analysis

Quantitative data from completed questionnaires were entered into SPSS. Descriptive statistics were generated to provide an overall summary of participants' responses however due to the low number of responses further statistical analysis was not possible [37]. Qualitative data were analyzed using content analysis. Elyo and Kyngas [38] describe the process of content analysis as being made up of three distinct phases; preparation, organizing and reporting. In the preparation phase, the emphasis is on becoming familiar and making sense of the data as a whole and selection of the unit of analysis. Overall understanding and

Table 1. Examples of the data analysis procedure.

Code	Subcategory	Category
Cross-sectorial stakeholders	Multiple levels and layers of partnerships	Processes of creating and sustaining partnerships
Partnership is fluid		
Temporary partnership		
Partners are identified through existing networks		
Student identified partners		
Community directs the efforts of students	Power and control	
Sharing knowledge with partner		
University led project		
Financial control maintained by university		
Students responsible for much of the action		

immersion in the data was achieved by repeatedly reading the questionnaires as a whole and in detail. The organizing phase included open coding, creation of categories and abstraction of meaning [38]. The researchers read through each document and created codes to describe all aspects of the content. These codes were gathered together and categories were freely generated through discussion between all of the researchers. Following this lists of categories were grouped together under higher order headings. Through a process of group discussion, including constant going back and forth from the data the researchers developed a more refined understanding of the data. Examples of the codes, sub categories and categories are provided in Table 1.

Rigor and trustworthiness

A detailed account of the research strategy, data analysis and results was maintained so that a clear audit trail was available. This ensured the dependability and confirmability of the data. In order to enhance credibility each document was analyzed separately by at least two of the researchers. All of the authors engaged in a prolonged process of data analysis and participated in extensive discussion of data coding and categorization.

Results

Respondents' characteristics

A total of 11 responses from 8 different European countries were received and included in the final analysis. Full details of respondents are provided in Table 2. The majority of respondents (63.7%, $n = 7$) were involved in community–university partnerships for over 12 months. Just under half of respondents (45.5%, $n = 5$) reported partnerships of more than 2 years in duration. There was substantial variation in the geographic context in which the partnerships took place. Projects took place within the university (27.3% $n = 3$), the local district or city (45.5% $n = 5$) or had a national (18.2% $n = 2$) or international (9.1% $n = 1$) focus. In the majority of cases (90.9% $n = 10$) partnerships involved academic staff and students from more than one discipline. Other disciplines involved these partnerships included, nursing, architecture, interior design, public health, finance and education.

A total of 10 (90.9%) partnerships included undergraduate (bachelor level) occupational therapy students, while just 2 partnerships (18.2%) also included postgraduate students. One partnership did not include students. Where undergraduate students were involved in partnerships the majority, (54.7% $n = 6$) included students in the third or fourth year of

Table 2. Characteristics of community–university partnerships ($N = 11$).

Variable	n	%
Country in which partnerships was based		
Estonia	1	9.1
Finland	1	9.1
France	1	9.1
Ireland	1	9.1
Netherlands	3	27.3
Portugal	1	9.1
Spain	2	18.2
United Kingdom	1	9.1
Types of partners included		
Educational Institutions	11	100
Health organizations	3	27.3
Social organizations	4	36.4
Nongovernmental organizations	4	36.4
For-profit organizations	2	18.2
Media	0	0
religious groups	1	9.9
Individuals	1	9.9
Others	5	45.5
Students' level of education		
No students' participation	0	0
Undergraduate only	8	72.7
Postgraduate only	0	0
Combination of undergraduate and post-graduate students	2	18.2
Project duration		
≤ 3 months	1	9.1
3 months ≤ 6 months	3	27.3
6 months ≤ 1 year	0	0
1 year ≤ 2 years	2	18.2
>2 years	5	45.5
Financial support		
Combination of public and private funding	4	36.4
Public funding	3	27.3
No financial support	3	27.3
Private funding	1	9.1

their program. Four of the partnerships (35.4%) were open to students who were at different stages of their studies.

All partnerships involved more than one type of community partner and included health and social service providers, non-governmental organizations, religious orders, business (for profit) groups, individual community members and others. Activities undertaken as part of the community–university partnership were typically focused on particular groups within the community and only one respondent reported to have engaged in activities that were open to all members of the community. Examples of activities undertaken include (i) development of community garden spaces, (ii) improving physical accessibility in a city, (iii) provision of occupational therapy interventions to people who experienced homelessness and (iv) health promotion programs for teenage parents. The majority of the projects (72.7%, $n = 8$) received financial support.

Partnership process

Participants were asked to comment on the extent to which all partners were involved in 10 different stages of developing and sustaining the partnership. These stages were (i) establishing the partnerships, (ii) identifying needs of partners, (iii) organization and monitoring of partnership activities, (iv) setting aims and outcomes for the partnership, (v) creating an action plan, (vi) implementing an action plan, (vii) creating financial support, (viii) creating an evaluation plan, (ix) evaluating the partnership and (x) dissemination of the outcomes of the partnership. No participants reported full participation by partners in all phases of the partnership process. Table 3 provides full details of

Table 3. Involvement of partners in phases of developing and sustaining the partnership ($N = 11$).

Phase	N	%
All partners are involved in initiating the partnership.	8	72.7
All partners are involved in describing the needs of the partnership.	9	81.8
All partners are involved in organizing and monitoring the partnership process and activities.	7	63.6
All partners are involved in developing the aims and outcomes for the partnership.	8	72.7
All partners are involved in creating an action plan.	7	63.6
All partners are involved in implementing the agreed action plan.	6	54.5
All partners are involved in developing financial support for the partnership.	3	27.7
All partners are involved in developing an evaluation plan.	3	27.7
All partners are involved in evaluating the partnership process and activities.	3	27.7
All partners are involved in dissemination of outcomes from the partnership.	7	63.6

participants' responses. Participation of all partners was greatest in the earlier stages the process with a majority of participants (72.7% $n = 8$) reporting that all partners were involved in establishing the partnership and setting the aims and outcomes of the partnership. Involvement of partners in the later stages of the process was reduced and in the majority of cases (63.6%, $n = 7$) partners were not involved in developing financial support, planning for evaluation or implementing the evaluation.

Qualitative results

Three main categories emerged from the content analysis. These were (i) impetus for community–university partnerships, (ii) processes of creating and sustaining partnerships and (iii) perceptions of the outcomes of community–university partnerships. Each of these categories will now presented and the subcategories within them discussed. While each of the categories emerged as a significant finding it is important to note that the categories are closely linked and influence each other.

Impetus for community–university partnerships

This category describes the factors that influenced the decision to engage in community–university partnerships. Three independent factors emerged – the local socio-economic political context, university factors and discipline specific factors. Participants felt the individual influence of each factor differently at different times and the combinations of factors acted to either support or impede the development of partnerships with communities.

Local socio-economic and political context

The local socio-economic and political context appeared to play a central role in the development of community–university partnerships and as one participant noted,

> The art of politics and partnerships is central to the process

Participants described ongoing efforts to connect their work to political and social networks that were operating within the community. Such connections were considered necessary to ensure the ongoing success of the project and to build upon existing resources and capacity within the community. Where participants were unable to make these connections they

described projects that did not achieve the desired goal and failed to have a significant impact. One participant noted that the failure to have a meaningful connection with key stakeholders meant that:

> The contact was not strong enough to reach the optimal and desired result.

The local socio-economic and political landscape also appeared to guide the choice of projects completed by the partnerships. Many participants reported that the partnerships attempted to address issues such as health promotion, social inclusion or physical accessibility that had been identified and prioritized by local, national and European legislation and policy.

> City council was seeking partners on the theme of 'design for all' to make [names city] more accessible in the framework of [names city] European capital of culture.

Thus the activities of the partnership became of way of connecting occupational therapy practice to a wider social political framework and facilitated cross-sectorial working.

University drivers

The subcategory of university drivers refers to the institutional motivation of the university to engage in partnerships with communities and the place given to community–university partnerships in the context of university life. Institutional motivation to engage in community–university partnership appeared to emerge from demands to develop innovative learning opportunities for students and perceived institutional responsibilities to the community.

Community–university partnerships were described as a method of ensuring that students' learning was connected to a real-world context and that gaps between theory and practice were bridged. For some participants such partnerships were used to support service learning (an experiential learning approach that aims to foster civic awareness and participation [39]). In these cases, partnerships were seen as the means through which students could learn about and practice civic engagement and active citizenship.

> the university has a strong commitment to supporting civic engagement of students and therefore seeks to provide opportunities for students to learn in, with or from the local community.

Participants also described community–university partnerships as one way through which the institution's commitment and responsibilities to the local community were enacted. As one participant reports the collaboration between the community and university:

> materialized the relationship of the University to the community.

The level of institutional endorsement appeared to influence the extent to which community–university partnerships were embedded in academic life. Participants whose universities embraced community–university partnership described them as a valuable resource for university staff and students that supports teaching, learning and research.

> These placements are greatly valued by students and staff and are gaining in importance due to two main reasons: a

reluctance of occupational therapists working in the [names health service] to accept students and an increasing awareness of the social and political issues that impact in people's participation and health and the need to offer relevant educational experiences to students

Where institutional endorsement was less explicit or absent and the partnership emerged from an individual's interest in a community, the importance of the partnership to the university was also less certain. In these instances, participants spoke of the challenge of maintaining enthusiasm and capacity among academics and students to continue to engage with communities without additional resources. This was not always successful and as one participant notes,

the University stopped to be involved once the student left this project

Occupational therapy drivers

For occupational therapy community–university partnerships appear to offer an opportunity to engage in a new form of practice and potentially expand the role of the profession within the community. Participants frequently described the need to develop practice approaches that were grounded in an occupational justice framework and addressed social, political and economic aspects of occupation and participation. Through collaboration with communities participants were able to explore:

the contribution of meaningful occupation to well-being and the construction of inclusive communities and citizenship, fighting against poverty

In addition, some participants suggested that collaboration with communities offered an opportunity to highlight the potential role and benefits of occupational therapy. In this way participants suggested that collaboration could result in development of further occupational therapy services and future employment opportunities.

we see that there would be lots of need for OT experts in the field of promotion of well being and health especially when developing one's own life style, like with children and adolescents before there are any major problems or diseases, this would also be a huge new area for occupational therapists to work

Processes of creating and sustaining partnerships

This category refers to the processes used by participants to establish and maintain partnerships between universities and the community. Participants described complex and multilayered partnerships that were continuously evolving in response to the needs of the partners and the local context. The complexity of the partnership was seen in the way in which partnerships were initiated, in how partners were identified and in decisions regarding who was included or excluded from the partnership process. Participants reported a similar level of complexity regarding issues of power and control. These issues were enacted through the processes of decision making and sharing of resources between partners.

Multiple levels and layers of partnerships

Many participants described complex and multi-layered partnerships that emerged in response to specific community needs.

Formal partnerships agreements were sometimes preceded by personal contacts, informal/chance meetings and shared interests.

However this was not always the case and some participants reported that development of partnerships was organized at a central level in the University:

the centre asks local communities to identify needs and goals and then connects the organization/community with an appropriate discipline.

or that partnerships emerged as a result of direct requests for assistance from community:

the order for the project is given by the [names organization] which provides projects for among others university's and high schools to undertake community project that are in demand of the city

Some of the partnerships crossed disciplinary boundaries and involved collaboration with multiple sectors including both for profit and not-for profit organizations. Where participants reported partnerships with multiple sectors e.g. education, business, health, etc. the decision to include these partners appeared to be grounded in an understanding of the need for whole community involvement if social change was to occur.

Linking the social-health sectors with the economic and educational sectors; the goal is to create a society based on the values of justice equality, freedom, active respect and solidarity

Participants frequently described that even within a single project different types of partnerships were negotiated with different partners. This meant that while a formal agreement might be negotiated by one set of partners (typically the academic and leader within the community) the ''day-to-day'' organization of the partnership was negotiated and applied by a different set of partners (typically service users/target population and occupational therapy students).

There is formal agreement between university and schools …..the pupils will in cooperation with university students decide what are the outcomes and choose the methods in a way these meet each others

In addition, the level of involvement of each partner varied and appeared to be dependent on the needs of the specific project and the overall strategies adopted by the partners. So as a result, some partners although included in the overall partnership, did not have a large involvement in the activities of the partnership. Instead, these partners provided support for the work of the partnership and were usually included in decisions regarding the future of the partnership.

It is a wide partnership including the civil society, political and business stakeholders. We keep the partners informed of the evolution of the project.

Power and control in partnerships

Issues of power, control and ownership frequently emerged in relation to how decisions were made and resources were shared among partners. Participants spoke of different approaches to decision making within the context of partnerships. For some there was a deliberate strategy of shared decision-making that was embedded in an ongoing cycle of action and reflection,

So in a way this is a circle where previous feedback is effecting to planning setting goals implementation and next evaluation and so on.

While for others the approach to decision making changed throughout the partnership and was dependent upon the issue in question.

We have used a combination of strategies outreach/top down bottom up

Access to financial and other resources also appeared to reflect issues of power and control between the partners. Frequently the university partner was responsible for obtaining and managing financial support for the partnership.

The financial management is integrated in the administrative economic department of the university.

Some partners noted that this was not an ideal situation and commented that while the university provided initial financial support ongoing funding was not always guaranteed. As a result partners had to continuously seek new methods of accessing financial support and there was evidence that partners were attempting to identify supports outside of the university.

Our biggest challenge now is the huge economic instability that is affecting [names country]. The ideal solution would be to increase the business sector participation, as the public one is missing the required resources.

For some participants decisions regarding allocation of resources were not an issue as no additional resources were provided to partners and there was an expectation that the all the partners would view the work of the partnership as part of everyday business.

there has not been big issues to solve because these projects have been part of the basic activities of different partners

Perceptions of the outcomes of community–university partnerships

This category refers to the outcomes that participants reported as emerging from the partnership between the university and community. For the most part these outcomes focused on student learning although a sub-category of perceived outcomes for the wider community also emerged.

Student learning

Undergraduate students were involved as partners in 10 of 11 community–university partnerships with 9 of the 10 allocating academic credit for student work. Participants noted that the partnerships between communities and universities enabled students to develop

an increasing awareness of the social and political issues that impact in people's participation and health

and to

apply theory to the practical work

Participants reported that through community–university partnerships students were facilitated to develop professional skills

such as project management, inter-professional team working, language acquisition and communication skills. Many of the participants reported extensive expected learning outcomes for students such as:

Develop the capacity to work in partnership with community organizations; or Demonstrate professional responsibility planning and organizing community visits; or Be capable of managing one's own performance professionally; or Deliver written and verbal reports in a manner that is appropriate to the organization and in accordance with the national ethical standards of practice

Community-based learning also supported students' personal development. Participants described how through reflecting on their experiences in the community–university partnership students increased their self-awareness and capacity for critical thinking and creative problem solving. For occupational therapy students the chance to work in collaboration with communities to address social problems was also linked with a new understanding of their profession and strengthened professional identity. As one participant noted,

a major part [outcome] of this project [is for students]to understand what is the core knowledge of our profession in order to be able to use and share it [understanding of the scope of occupational therapy] with our clients and teams

Community outcomes

Participants described a wide variety of outcomes that had an impact upon the communities they worked with. Some of the outcomes were directly related to the specific actions undertaken by the partnership while others were related to the indirect consequences of the collaboration. Direct outcomes included awareness of and access to occupational therapy services among populations who did not traditionally have access to such services. For the most part, these services focused on enabling occupational participation. Participants described provision of occupational therapy health promotion programs for older adults and school children. They also reported using meaningful occupation as a means of promoting social participation and engagement of groups in the community who are at risk of social exclusion such as those with mental illness, addiction, young mothers etc.

At the client level: the project is empowering the clients to be proactive on their life, recovering the role of active citizens. They learn a job and they have incomes.

Indirect consequences of collaborations included increased awareness among the broader community of social issues such as poverty, disability and access to healthcare services.

The project resulted in an advice[sic] report about occupational therapy and especially occupational therapy and mental health

In addition, respondents reported that through participating in the partnership, community members were facilitated to develop language skills, ability to work in teams and increased ability to engage in social problem solving.

Discussion

This study set out to explore current practice in the use of community–university partnerships in occupational therapy

education in Europe. The small number of respondents to the survey suggests that use of community–university partnerships in undergraduate occupational therapy curricula in Europe is at an early stage and thus participants in our study may be considered ''early adopters'' of this approach. As *early adopters* these participants' knowledge and experience has potential to offer support and guidance to other educators who are interested in embedding a community based learning dimension in their curricula. This is particularly important given that despite ongoing rhetoric relating to the inclusion of civic engagement and community–university collaboration in the context of European higher education [7] there continues to be a dearth of guidelines to support educators who wish to adopt this approach.

Although small in number, our findings suggest that these early adopters are coming to community–university collaboration from different starting-points and with varying types of pedagogical approaches. This diversity of practice reflects previous research relating to community–university partnerships that indicates that the approach to community–university partnership adopted by individual institutions is often dependent on the institution's history, location, ethos, administrative structure and leadership [40]. The finding also highlights the need for educators to pay particular attention to the process of localizing community university collaboration [41], so that it meets the needs and expectations of the local context. To date, in the research literature limited attention has been paid to the process of localizing pedagogies to support community based learning [31,41] and further work is needed to clarify the key issues which need to be considered so that pedagogical approaches developed in one context can be successfully used in a different context.

The complexities of community–university collaboration should not be underestimated and many authors have noted that such partnerships while offering a plethora of opportunities for mutual benefit are also vulnerable to challenges such as resource inequities, time commitments and changes in the local social, economic and political landscape [2,5,42]. Findings from our study echo this research. In many cases, while participants recognized the benefits of community–university collaboration they also reported challenges associated to the need to ensure that partnerships were sufficiently fluid to respond to changes in the local context whilst at the same time maintaining their focus on supporting occupational participation of community members.

Collaboration with communities is frequently identified as an approach that can facilitate occupational therapists to address the social, political and cultural aspects of occupational participation for all citizens [11,12,16,17,43,44]. In an European context, practice that is developed with the community rather than with an individual offers a new method of working for occupational therapists [45] and many of the participants reported a desire to adopt this approach. Despite this the majority of the projects described by participants were not open to all citizens but instead focused on specific target groups within society. While this may reflect the realities of limited access to healthcare resources for individuals with disabilities and groups who have traditionally been excluded from society it also raises some questions about future directions for community-based occupational therapy practice. The need for occupational therapy practice to move towards a population based approach, if rights to participation and belonging as described in the Universal Declaration of Human Rights [46] and The Millennium Development Goals [47] are to be achieved has been frequently highlighted [19,34,48]. The challenges of changing established practice patterns have frequently been identified in relation to evidence based practice and rehabilitation [49–52]; however, we suggest that it may be equally challenging for occupational therapists to develop new

frameworks to support a move towards populations based practice. Thus, just as successful implementation of evidence based practice has required investment in knowledge translation processes we propose that development of population based approaches in occupational therapy practice requires substantial investment by educators, researchers, practitioners and policy makers. Existing guidelines for community based rehabilitation developed by the World Health Organization [53] may provide a useful starting point however it is likely that these guidelines may require modification if they are to be usefully applied within existing European health and social care systems.

The decision to develop partnerships with specific target groups rather than with the whole community also generates a gap in practice relating to sustainability. Many of the projects described by participants relate to the provision of occupational therapy services that were otherwise unavailable to target groups within the community. Although the provision of therapy services was valued, this type of activity did not address inequalities in service provision and so was not sustainable in the long term. The challenges associated with provision of services to communities by students have been documented and the need to ensure that balance is achieved between the needs of students and communities has been noted [40]. For this reason there is a need for university and communities to clearly identify what level of commitment is required to sustain projects and to incorporate plans for sustainability into the partnership activities from the outset.

Educators need to be open and responsive to opportunities for collaboration [54] and this is reflected in this study by the pragmatic way in which many of the partnerships began. In addition the need for space and time to enable educators and communities to explore possibilities for collaboration is also highlighted [6]. This issue is also raised by Thompson et al. [54] who propose that universities must be prepared to be both flexible in their approach to developing partnerships and committed to long-term engagement with community if sustainable collaboration is to occur. For some participants, this institutional commitment was absent and as a result partnerships were not sustained or were dependent on the goodwill of individuals.

Further gaps appeared to be present in relation to the connection between community-based learning and the overall occupational therapy curriculum. Participants frequently reported that rather than being integrated throughout the curriculum, opportunities to engage in community–university partnerships were mainly situated in the third year. Although this may relate to the level of knowledge and skills students need to engage in collaboration with communities it may also reflect current tensions in occupational therapy practice where the emergence of a 'social' occupational therapy (occupational therapy practice which emphasizes issues of social transformation, citizenship and challenges social inequalities) within a European context appears to be at odds with a more ''traditional'' occupational therapy practice (occupational therapy practice which is closely aligned with biomedical and psychological knowledge and practices) [45].

Although Dewar and Isaac [42] suggest that collaboration between communities and universities is inevitably besieged by cultural clashes there was limited evidence of this reported by participants in our study. However, given that our participants were reporting the experience of community–university partnership from the perspective of the university (arguably the dominant culture), it may be that there was a lack of awareness of the existence of cultural conflict in the partnerships. Future studies of community–university collaboration should aim to address this gap by including the voices of community partners in the research process.

Limitations

This study has provided a first account of community–university collaboration in occupational therapy in Europe and has raised some interesting findings. However, there are a number of limitations in the study design which impact on the study's results. First, the concept of community–university collaboration is not clearly defined and many terms have been suggested in the literature to describe collaborations between communities and universities [41]. From the outset, we sought to adopt a broad definition of community–university collaboration in order to capture as much diversity in practice as possible. During the process of developing our survey, we consulted with a wide range of occupational therapy educators from diverse cultural contexts in order to identify the most inclusive terminology [35]; however, it is possible that some educators did not identify with the language used in the survey and thus may have not have considered their practices as relevant to our study. Furthermore, in its current format the survey used in this study was only available in the English language. While it would have been ideal to present the questionnaire in the native language of participants, the time and resources available to the research group precluded this. The lack of translation of the questionnaire may have added an additional barrier to participation in the study and may also have reduced the quality of responses received. Finally, we note that although we included a substantial qualitative component to our survey, the complexity of community–university collaboration may not be fully captured in a written format. Thus, we propose that while this research provides an initial overview of current practice future in-depth case study approaches using interviews and document analysis may be useful to generate a more nuanced understanding of how community–university collaboration is used in European occupational therapy.

Conclusions

Community–university partnerships appear to hold much promise for the development of a social approach to occupational therapy in an European context. At present the use of community–university partnerships is not consolidated and many of the partnerships described in this study are in the early stages of development. Further research is needed to generate a more complete understanding of the concept of community in occupational therapy and to bridge existing gaps between theory and practice. Finally, it is important that future studies should consider all voices and perspectives in order to generate a more comprehensive understanding of community–university partnerships.

Declaration of interest

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