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*A case study exploring the application of the  
Occupation-based Community Development  
Framework:*

***Co-constructing humanising praxis.***

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Minor Dissertation | In partial fulfillment of a Master of  
Science in Occupational Therapy

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## ABSTRACT

The Occupation-based Community Development (ObCD) framework draws on critical occupational science concepts in working with marginalized communities to bring about transformative change (Galvaan & Peters, 2017a). However, little research has been conducted on this to date, specifically within community development practice (CDP) and in the Global South.

This study asked the question: *“How does the application of an occupational perspective and participatory action methods influence the processes within ObCD?”*

A qualitative research design employing an instrumental single case study was conducted. The case was bounded within the University of Cape Town’s final year Occupational Therapy student service-learning placements during the period of 2014 to 2016, in South Africa. Participants were purposively selected and included occupational therapy clinical educators and recent occupational therapy graduates who had applied the ObCD framework during their CDP placements. Data was generated through a focus group; individual semi-structured interviews and analysis of graduates’ written reports. A thematic analysis revealed the case to be that of *co-constructing humanising praxis*, describing the evolving thinking and doing of practice. Three themes, namely: 1) *Processes of dialogue and doing*; 2) *Situating occupational perspectives in socio-political and historicised contexts*; and 3) *Negotiating positionalities*, offer detailed descriptions of the elements to consider in engaging and developing this form of praxis.

The discussion illustrates how praxis resonates with the values of critical and social occupational therapy in working towards promoting occupational justice. Thereby, proposing that occupational justice implies engaging in humanising praxis, through a co-constructed journey with stakeholders. The suggestion made is that praxis guided by the ObCD Framework promotes occupational justice. Shifts in terminology and concepts, that could depict the values in ObCD more explicitly are suggested. Finally, praxis as a potential avenue for decolonising domains of occupational therapy practice is identified. Recommendations relating to occupational therapy curricula, services and research are offered.

Word Count: 300

## DEFINITION OF TERMS

CONCEPT	DEFINITION
<b>Community</b>	<i>“ A complex word that combines the sense of a group of people with common interests alongside that of a group of people with historical <b>association</b>. Communities of interests can overlap with other communities formed around other interests or are composed of people who share a common history.”</i> (Pollard, Sakellariou & Kronenberg, 2010:268)
<b>Community Development</b>	<i>“a process of organizing and/or supporting community groups in identifying their health issues, planning and acting upon their strategies for social action/social change and gaining increased self-reliance and decision-making power as a result of their activities”</i> (Labonte, 2004:90).
<b>Critical Occupational Therapy</b>	<i>Refers to practice with marginalised and oppressed communities and ‘aims to advance [their] empowerment in processes of transformative change’</i> (Whiteford & Townsend, 2011:65).
<b>Critical Reflexivity</b>	<i>...a particular form of reflection, that can promote creation of a space for examination of taken-for-granted understandings and assumptions to problematize the construction of dualities (e.g., hegemony/resistance, insider/outsider and our positionality within issues of power.</i> (Farias, Laliberte Rudman & Magalhães, 2016:234)
<b>Decolonising</b>	<i>‘The search for a liberating perspective within which to see ourselves clearly in relationship to ourselves and to others in the universe. I shall call this a quest for relevance’</i> (wa Thiong’o, 1994:87). This <i>“unlearning one’s learning”</i> (Danius, Jonsson & Spivak 1993, 25) can be viewed as the process of decolonisation which entails <i>‘deconstruction and reconstruction’</i> (Ndlovu-Gatsheni, 2018:38). This can bring about <i>“...the creation of a new humanity”</i> (Fanon, 1968:36)
<b>Gaining Mutual Understanding</b>	<b>Involves:</b> <i>“being open to uncertainty and waiting for understanding to emerge as the process is initiated and “held”. It also involves being able to hold “macro” and “micro” level understanding concurrently.”</i> (Peters & Galvaan, 2015:1 [Lecture Notes]).
<b>Interventions</b>	Interventions are collaborative processes of change, which employ action learning theories in order to reorient the therapist-client or practitioner-benefactor relationship, to that of a co-authoring process and partnership, (Galvaan & Peters, 2013; 2015; 2017a; Taylor, Marais & Kaplan, 1997).

<b>Intersectionality</b>	<ul style="list-style-type: none"> <li>- <i>the interaction of multiple identities and experiences of exclusion and subordination. (Davis, 2008:67)</i></li> <li>- <i>Refers to the interaction between gender, race, and other categories of difference [i.e. including structural, political and representational levels (Crenshaw, 1991, as cited in Davis, 2008 )] in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power. (Davis, 2008:68)</i></li> </ul>
<b>Occupation</b>	<p><i>“a type of relational action through which habit, context and creativity are coordinated toward a provisional yet particular meaningful outcome that is always in process; the type of occupation is defined by the particular combination of habit, context, creativity and provisional outcome.” (Cutchin, Aldrich, Baillard &amp; Coppola, 2008:164.)</i></p>
<b>Occupation-based Community Development</b>	<p><i>“...a value-based form of occupational therapy practice with communities where doing is both the means and ends of actions that are aimed at bringing about changes in human connection and occupational engagement. ObCD involves long-term discursive processes where discourses and practices in and of everyday life are challenged.” (Galvaan &amp; Peters, 2013).</i></p>
<b>Occupational Justice</b>	<p><i>“An occupationally just world is envisioned as one that would be governed in a way that enables individuals to flourish by doing what they decide is most meaningful and useful to themselves and to their families, communities, and nations” (Stadnyk, Townsend &amp; Wilcock, 2010:330).</i></p>
<b>Occupational Science (OS) Construct</b>	<p>Constructs, are used within the discipline of Occupational Science to explain relationships between theoretical concepts. Used to deepen understanding and design of intervention within Occupation-based Community Development, (Galvaan &amp; Peters, 2013). They offer insight into the nature of occupational engagement, particularly with regards to locating aspects of power that perpetuate inequality and oppression (Galvaan &amp; Peters, 2013; 2017a; 2017b).</p>
<b>Participatory Action Methods:</b>	<p><i>“is collective, self-reflective inquiry that researchers and participants [practitioners and stakeholders/ community/ group members] undertake, so they can understand and improve upon the practices in which they participate and the situations in which they find themselves. The reflective process is directly linked to action, influenced by understanding of history, culture, and local context and embedded in social relationships.” (Baum, MacDougall &amp; Smith, 2004:854.).</i></p>
<b>Positionality</b>	<ul style="list-style-type: none"> <li>- <i>interlinking grids of differential positionings in terms of class, race and ethnicity, gender and sexuality, ability, stage in the life cycle and other social divisions, tend to create, in specific historical situations, hierarchies of differential access to a variety of resources – economic, political and cultural.</i></li> </ul>

	<p>- <i>in addition to differences relating to differential power positionings, there are also “mere differences” – the cultural differences that would shape different knowledge projects even where there were no oppressive social relations between different cultures’.</i></p> <p>(Yuval-Davis, 2006:199)</p>
<b>Praxis</b>	<p>- <i>reflection and action upon the world in order to transform it’.</i> (Freire, 1970:33).</p> <p>- <i>human activity consists of action and reflection: it is praxis; it is transformation of the world. And as praxis, it requires theory to illuminate it. Human activity is theory and practice... ..reflection and action directed at the structures to be transformed ’’</i> (Freire, 1970:106-107).</p>
<b>Service Learning</b>	<p><i>A form of experiential education in which students engage in activities that address human and community needs together with structured opportunities intentionally designed to promote student learning <b>and</b> development</i> (Jacoby, 1996:5).</p> <p><i>Service-learning engages faculty and students with community partners in structured opportunities to meet academic learning objectives <b>while</b> addressing community needs</i> (Flecky, 2010:2).</p>
<b>Socially transformative practice</b>	<p><i>refers to occupational therapy practice that strives to and addresses the social determinants of health and social injustice through drawing on critical perspectives.</i> (Richards &amp; Galvaan, 2018:3)</p>
<b>Structure</b>	<p><i>“Rules and resources, recursively implicated in the reproduction of social systems. Structure exists only as memory traces, the organic basis of human knowledgeability, and as instantiated in action,”</i> (Gidden, 1984:377).</p>
<b>Wellbeing</b>	<p>There are various forms of <i>well-being</i>, such as mental, psychological, work-related, occupational, socioeconomic and subjective. It <i>“should be interpreted in the sociocultural context of the individual. It should be considered as a continuum and as operating within a spectrum, rather than a state that is present or absent. An individual, group or community can be at any given point within this spectrum.”</i> (WHO South East Asia Regional Office, 2018).</p> <p>Additionally, it denotes engagement in meaningful occupations, in which human connections are developed and sustained (Galvaan &amp; Peters, 2013).</p>

## CHAPTER 1: INTRODUCTION & BACKGROUND

Chapter one introduces the focus of this study. The researcher begins by framing her interest in this topic based on her own experience as an occupational therapist. This is followed by identifying the purpose, research question, aim and objectives of this study.

### 1.1. Experiential Context

My interest in understanding how to effectively work towards and promote occupational justice within marginalised spaces and communities began in my teenage years, when my awareness of inequality exponentially increased. Being a South African who lived the first few years of my life outside of the country, only returning during the transition from Apartheid into the Republic, much of the social dissonance I had noted in my primary school years, was blurred with my ego-centric transition into adolescence.

In secondary school, a non-governmental organisation engaged a selected number of adolescents from neighbouring schools in the Deep South region of Cape Town. It was through this intentional exposure to my fellow citizens: our common needs and interests, and the extent of inequality between us, that my focus shifted towards searching for the answer to the question: *how do we build a society and country that is at peace with ourselves and each other?*

Fast forward a few years and I had qualified as an occupational therapist from the University of Cape Town, having been exposed to various practice settings and had opportunities to work and live in areas very different to the suburb where I grew up. I was in my community service year, working at a rural district hospital in the North-East of South Africa. In this year and in the years that followed, I was exposed to interventions, programs, organisations and initiatives that seemed to perpetuate a sense of oppression, coloniality and marginality. The efforts of outsiders of a community, to come in and fix or attempt to help, seemed to fall short either in strategy or in resonance. I consequently tried to incorporate aspects of participatory action methods into my hospital outpatient programs. I continued into designing programs that aimed to disrupt the taken-for-granted assumption that *patients were helpless*, through facilitating filmmaking-camps for teenagers living with HIV, as a strategy for encouraging antiretroviral adherence. The teenagers themselves shaped subsequent program content and format. These shifts in the way I saw intervention and engaged with clients as

stakeholders, strengthened my resolve to seek out ways to understand and shape practice so that efforts could be focused towards, rather than against occupational justice.

In returning to Cape Town however, and beginning to work in Khayelitsha in the field of community development, I realised that the nuances of promoting occupational justice go beyond encouraging participation. The commencement of my Masters (MSc. in Occupational Therapy, UCT) coincided with the beginning of the Rhodes Must Fall movement at the University of Cape Town ([UCT], 2015; Kessi & Cornell, 2015; Cornell & Kessi, 2017). These movements towards decolonising curriculums and spaces, rung true for practice as well. Moreover, I had begun to supervise occupational therapy students as the site clinician, and therefore had seen how the Occupation-based Community Development framework<sup>1</sup> (Galvaan & Peters, 2013; 2017b) was being used to guide understanding and designing of intervention for students within community development practice.

The value in making use of theory to inform practice simultaneously, became foregrounded, and I therefore reasoned that this framework needed to be described explicitly, particularly in the way that its theories and approach are worked out in practice.

## 1.2. Problem Statement

Occupational justice and how it is practically promoted in community development practice has been afforded little research in occupational science and occupational therapy, to date, specifically within the Global South (Galvaan, 2017; Guajardo, Kronenberg & Ramugondo, 2015; Lauckner, Krupa & Paterson, 2011; Whiteford, Jones, Rahal, & Suleman, 2018; Magalhães, Farias, Rivas-Quarneti, Alvarez & Malfitano, 2018). The Occupation-based Community Development framework (ObCD) purports to enable socially responsive practice and aims to promote occupational justice (Farias, Laliberte-Rudman & Magalhães, 2016; Richards & Galvaan, 2018). Although aspects of ObCD have been theorised and published, the processes involved in applying the framework have not yet been studied.

## 1.3. Research Question

*“How does the application of an Occupational Perspective and Participatory Action Methods influence the processes within Occupation-based Community Development?”*

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<sup>1</sup> For a detailed explanation of this framework, refer to Appendix A. For a comprehensive explanation of the framework, see Galvaan & Peters (2017).

## 1.4. Purpose

The purpose of this study is to deepen understanding into how a critical perspective promoting occupational justice, grounded within the discipline of occupational science can be translated into occupational therapy practice through the ObCD framework. This research may influence undergraduate and masters curricula in the domain of community development practice, thus ensuring that their practices and theories of change are relevant, critical and appropriate (Duncan, 2014).

## 1.5. Aim

The aim is to describe and explain the processes associated with implementing an occupational perspective within practice guided by the ObCD framework.

## 1.6. Objectives

1. To describe the process of gaining mutual understanding within ObCD.
2. To describe how Occupational Science informs the ObCD processes.
3. To describe how Participatory Action Methods are applied within the processes of ObCD.

## CHAPTER 2: LITERATURE REVIEW & RATIONALE

Chapter two elaborates on the first chapter, offering a rationale for the research conducted, and framing this in relation to current literature.

### 2.1. Contextualised Marginality

In response to South Africa's transition into a free and fair democracy, there has been an influx of aid, funding and technical support in every sector (Mayosi & Benatar, 2014). Efforts to ensure that such services are appropriate have been forthcoming, however the tension between working towards liberation and dignity is complex and requires a critical lens towards promoting and not imposing forms of freedoms (Galvaan & Peters, 2017b). The state of health care and structural inequality in South Africa is still infused with the legacy of Apartheid<sup>2</sup>, perpetuating dispossession, poverty; ill-health and oppression, (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009; Mayosi & Benatar, 2014; Ndlovu-Gatsheni, 2014). The legacy of such violence and trauma continues into the doing, thinking, being and outworkings of society life, and influences any attempts towards community development (Galvaan, 2010; 2015; Ramugondo, 2015). A shortage of health professionals exists in general in South Africa, particularly in marginalised communities (Mayosi & Benatar, 2014; Coovadia et al., 2009), with significantly fewer occupational therapists (Richards & Galvaan, 2018; Dsouza & Galvaan, 2017). One strategy for enhancing the promotion of health care and social justice is offering services through professionals-in-training (Rege, Adharya & Dsouza, 2017; Richards & Galvaan, 2018).

### 2.2. UCT Community Development Practice Service-learning

The University of Cape Town's (UCT) Bachelor of Science program in Occupational Therapy, incorporates practice and service-learning throughout its curriculum and across the years of study. The areas in which final (fourth) year students are placed for their community development practice (CDP) placements are historically disadvantaged, socio-politically and economically. These areas namely,

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<sup>2</sup> *Apartheid was a system of legal racial segregation enforced by the National Party government in South Africa between 1948 and 1994, under which the rights of the majority black inhabitants of South Africa were curtailed and minority rule by whites was maintained (Galvaan, 2010. P.v; <http://en.m.wikipedia.org/wiki/Apartheid>). Post-Apartheid refers to more than just the end of apartheid, but involves [the process of] breaking with the ways of being and thinking associated with apartheid. (Galvaan, 2010. P.vii).*

Khayelitsha, Langa, Gugulethu, Lavender Hill, Hangberg and Imizamo Yethu, are areas to where the Apartheid government had forcefully removed persons of colour and entire communities from their homes, which had been closer to the city and infrastructure (Group Areas Act No.41 of 1950).

UCT in their final year of study frames their service-learning course to achieve the following outcomes: 1) “*Identify instances of occupational injustice in practice*”; 2) “*Plan and implement a community-based occupational therapy programmes or project using a development approach to practice*” and 3) “*Apply occupation-based methods that support social action*” (UCT CDP Reader, AHS4120W & AHS4121W, 2017). Service-learning at this stage of the curriculum holds to the overarching principles of collaboration, action-reflection and sustainability (Flecky, 2010:2). In line with this, CDP service-learning at UCT is framed by the Occupation-based Community Development, (ObCD), framework (Galvaan & Peters, 2013; 2017b). ObCD is a framework, developed in South Africa that adopts a critical approach to practice and draws on critical occupational science theories in working with marginalized communities to bring about transformative change. ObCD ‘*involves long-term discursive processes where discourses and practices in and of everyday life are challenged*’. (Galvaan & Peters, 2013)

The following sections motivate for the need for researching practice framed by such an approach as ObCD. {Refer to Appendix A for a more detailed description of the ObCD framework}.

### 2.3. Critical Occupational Therapy Addressing Justice and Challenging Development

Intentions towards wanting to promote justice and liberation might be honorable, however unwittingly pervasive assumptions can perpetuate the hegemony favouring the privileged and those representing colonial influences (Freire, 1970; Galvaan, 2017; 2015; Ramugondo, 2015; Galheigo 2011a; 2011b; Guajardo et al. 2015). Moreover, the field of development practice has had numerous faces, tending towards capitalist, neoliberal, utilitarian, as well as socialist, critical, postcolonial and post-development features (Sen, 1999; Escobar, 1995). *Development* as a word has a plethora of differing and controversial connotations. It is a word packed with power and implications, depending on who is uttering it. The term *development* does not merely describe a movement or ideology but rather aids in representing society and the world; revealing the agenda of the powerful (Escobar, 1995; Gramsci, 1971). In so doing, *development* characterises discursive practices, discourses that imply action (Galvaan & Peters, 2013); actively illustrating and shaping belief and therefore forming action

on and towards a group, or a people (Freire, 1970; Ramugondo, 2015; Escobar, 1995). As Escobar states, “*Discourse is the process through which social reality comes into being,*” (Escobar, 1995:39).

Escobar (1995) argues that development is an era of global action, where the West and those deemed ‘developed and industrialized’ sought to help the labeled, ‘*un*-developed,’ conform to the modern ideologies; economies and technologies. Ultimately, he reasons these actions were intended to maintain control over the said, ‘Third World’ for the West’s own financial and political benefit. Accordingly, Escobar identifies such a strategy as one that perpetuates the hegemony of the oppressive colonial era, perhaps more pervasive in its character, as it paints itself as a saviour of the suffering, where in actual fact, this strategy rules with oppressive domination.

Escobar (1995) goes on to suggest the possibilities and alternatives to development: emphasising the need to identify how the Global South and the North are being represented through discourse. Subsequently, challenging the assumptions that underlie hegemonic messages and being aware of how hegemonic discourses affects one’s practice; decisions and approaches. Arguably, if cultural production of hegemonic oppression is perpetuated through discourse, then counter-hegemonic discourse can disrupt such mindsets of oppression through discursive dialogic processes (Galvaan & Peters, 2017b; Freire, 1970; Gramsci, 1971). Magalhães et al. (2018) suggest that engaging in iterative and diverse dialogue allows for discourses, assumptions and knowledges to be challenged. Thibeault (2013) has conducted research within the field of community development, with students and within practice. She highlights the need to think critically about what seemingly good intentions and efforts, might bring about, in the name of community development. In doing so, she calls for an occupation-based, community-building process to bring about greater experiences of occupational justice (Thibeault, 2013:252). Alternatives to the singular idea of development would be that there are multiple possibilities of what development might look like. Numerous occupational scientists and therapists call for this take on occupational therapies and knowledges, (Dsouza, Galvaan & Ramugondo, 2017; Guajardo et al., 2015; Magalhães et al., 2018; Galheigo, 2011b), advocating for considering the situated nature of occupational engagement (Galvaan, 2015).

Working with communities; encouraging active citizenship and highlighting frameworks that view development in light of pluralistic opportunities for active societal engagement, such as the Capability Approach, (albeit its individualistic stance) provides an alternate theory within the development discourse (Sen, 1999; Nussbaum, 2011). This offering to the alternate and critical perspectives for viewing the state of society, requires therefore equally alternate and critical frameworks for its implementation.

The field of occupational therapy and discipline of occupational science is aligned to the values apparent in the Capabilities Approach (Hocking, 2013; 2015; Hammell, 2015; Nussbaum, 2011). Some occupational scientists have drawn on this approach in aiming to deepen the philosophical understanding of a critical occupational perspective (Hammell & Iwama, 2012) and of occupational justice (Townsend, 2012; Baillard, 2014; Galvaan & Peters, 2017a; 2017b; Galvaan, 2017; Wilcock, 1998; Hocking, 2013; Pollard, Kronenberg & Sakellariou, 2008; Whiteford, Jones, Rahal & Suleman, 2018). The practice of critical occupational therapy serves to promote occupational justice, (Whiteford & Townsend, 2011). Occupational justice is a concept that enables social inclusion and ‘*has the potential to inform social change*’ (Durocher, Gibson and Rappolt, 2014a:11). Identifying that, ‘*occupational justice is occupational therapy’s implied social vision*’ (Whiteford and Townsend, 2011:69), Durocher et al. (2014a; 2014b), in their scoping review seeking to clarify the conceptualisation of occupational justice, advocated that without a model for occupationally just practice, an occupationally just perspective could not be further developed or readily translated into practice. An occupationally just world addresses that which forces marginalised people to remain within the invisible structures and lines of society that stratify groups of people and keep them separate and othered (Whiteford & Townsend, 2011; Sewell Jr., 1992).

The Framework of Occupational Justice (Stadnyk et al., 2010) and the Participatory Occupational Justice Framework ([POJF 2010] Whiteford & Townsend, 2011) are theoretical frameworks developed in the Global North, theorising occupational justice in ways that may guide practice (Baillard & Aldrich, 2017; Townsend & Wilcock, 2004; Stadnyk et al., 2010; Whiteford & Townsend, 2011; Whiteford, Jones, Rahal & Suleman, 2018). Practicing to promote occupational justice, as described in the POJF 2010, calls for applying a collaborative and enabling approach with communities with whom occupational therapists work (Whiteford & Townsend, 2011). Baillard and Aldrich (2017) note how such literature describes extreme cases and experiences of occupational injustice, such as is the case with refugees and survivors of war; the HIV/AIDS pandemic; poverty and imprisonment. They argue to begin to frame occupational justice as a goal of so-called everyday occupational therapy practices that might be the norm for many in the North and Western parts of the globe. It can be counter-argued however that the experiences of everyday occupations for a significant amount of the world’s population includes continual exposure to such extreme forms of occupational engagement (Eagle, 2013; Eagle & Kaminer, 2015; Kaminer, Eagle & Crawford-Browne, 2018). That being said, there is a need to be critical and see the injustice and marginality pervasive throughout daily occupations (Rege, Archarya, Dsouza, 2017; Lopes & Malfitano, 2017). Considering this, there have been efforts to deconstruct and conceptualise occupational justice within the Global South (Dsouza, Galvaan & Ramugondo, 2017; Farias et al., 2016; Lopes & Malfitano, 2017). Such work could describe how occupational perspectives influence practice, to ensure relevance; congruence and

resonance of occupational therapies for clients and communities in the South (Dsouza & Galvaan, 2017; Guajardo et al., 2015). This theorising and describing of how occupational justice is promoted in the Global South, could contribute to the decolonisation of the profession as well as the spaces within which practitioners engage (Magalhães, et al., 2018; Dsouza & Galvaan, 2017; Galvaan, 2017; Guajardo et al., 2015).

In the literature, very little is discussed about occupational therapy practice in community development apart from the work of Rachel Thibeault, Leclair (2010); Lauckner, Pentland and Paterson (2007) and Lauckner, Krupa and Paterson (2011), all of whom are Canadian. Lauckner, Krupa and Paterson (2011) in their research with practitioners, advocate for working beyond the individual, being value-based, collaborative; acknowledging power inequities and working towards social change. However, as they highlight, their limitation was that practitioners all were employed by government of health-funded initiatives and remained in Canada's urban areas. Moreover, work that focuses on issues and ways of promoting occupational justice and engaging with development discourse as the occupational perspective and lens applied to practice, has not been extensively studied (Thibeault, 2005; 2011; 2013; Richards & Galvaan, 2018). Galvaan and Peters (2017b) note that community development practice within occupational therapy, has mainly adopted a Community-Based-Rehabilitation and Health Promotion approach. Describing anecdotes as well as findings from participatory action research with students from a North American university working for a few weeks in Nicaragua, Thibeault (2013) describes how occupational rights can be unwittingly violated within practice (:245-256). She suggests that principles that serve to promote occupational justice includes examining personal values, motives and attitudes; adopting an occupational lens and establishing sustainable partnerships (Thibeault, 2013:250-251).

Through positioning the profession towards being socially responsive and participatory, it has been the hope thus far to promote occupational justice throughout each domain of occupational therapy practice (Malfitano, de Souza & Lopes, 2016; Richard & Galvaan, 2018; Galvaan, 2017; Townsend, Birch, Langley & Langille, 2000; Farias, Laliberte-Rudman, Magalhães & Gastaldo, 2017; Whiteford, et al., 2018). Social occupational therapy suggests that occupational justice is promoted by drawing attention to how occupational therapists facilitate processes of change (Malfitano et al. 2016; Galheigo, 2005; 2011a; 2011b; Malfitano, Lopes, Magalhães & Townsend, 2014). Both social occupational therapy and critical occupational science proposes that contextualised (Guajardo et al., 2015) and collaborative processes can occur when occupational therapists apply critical reflexivity to their epistemological assumptions of occupational therapy (Galheigo, 2011a; Hammell, 2008; Farias et al., 2016; Kinsella & Durocher, 2016). Applying a critical lens to the process of reflection in research (Farias et al., 2016) has been highlighted, as well as implementing an approach of engaging

in critical and ongoing discourses; challenging everyday practices and participation (Galvaan & Peters, 2013; 2017a; Richards & Galvaan, 2018). Also, occupation-based participatory methods of working with community members or clients has been recognised in relation to carrying out research and with regards to educational praxis (Barros, Lopes, Galheigo & Galvani, 2005; 2011; Bryant, McKay, Berresford & Vacher 2011; Gastaldo, Rivas-Quarneti & Magalhaes, 2018). Social occupational therapy has drawn attention to the need to situate practice within specific contexts and territories (Galheigo, 2005; 2011b; Malfitano et al., 2014). Guajardo, Kronenberg and Ramugondo (2015) emphasise the need for acknowledging the plurality of knowledges, therapies and practices, which resonate in various contexts. In doing so, they propose that the various knowledges and practices that inform occupational therapy and science in the Global South, may need to be decolonised (Guajardo et al., 2015; Ramugondo, 2015).

Malfitano et al. (2016); Galheigo (2005; 2011a) and Malfitano et al. (2014), have situated occupational justice and occupational therapy within the Global South. However, they have focused on scoping reviews and unpacking the philosophical assumptions underpinning occupational justice values and importance within contexts. There is a need to glean from practice and service-learning applying such theoretical approaches and perspectives (Farias et al., 2016; Richards & Galvaan, 2018; Galvaan, 2017).

## 2.4. ObCD Framework Guiding the Promotion of Occupational Justice

It has been advocated that the critical perspectives informing the ObCD framework and the ways in which these perspectives translates into practice is of value in promoting occupational justice (Richards & Galvaan, 2018; Galvaan & Peters, 2017b; Farias et al., 2016). In aligning with the values of the Participatory Occupational Justice Framework, ObCD extends its applicability (Townsend & Whiteford, 2005; Whiteford et al., 2018; Galvaan, 2017; Galvaan & Peters, 2017b). In essence, the framework seeks to use occupation to transform participation as well as the social structures that compromise this engagement (Galvaan & Peters, 2015:5). Hence, “*ObCD focuses explicitly on the location of power in interventions*” and develops interventions that acknowledge and analyse the politics of human occupation within. (Galvaan & Peters, 2017a:284-285). {Refer to Appendix A for an overview of the ObCD Framework}. The ObCD framework offers guidance in facilitating this critical reasoning for practitioners. However, the framework needs to be further researched **to describe** the nuances of concepts **that are** applied in practice.

## CHAPTER 3: METHODOLOGY

Chapter three begins with describing the research paradigm and design, moving into identifying the data sources and depicting data gathering and generation methods. The chapter ends with a summary of how the study sought to ensure trustworthiness and adhere to ethical considerations.

### 3.1. Research Paradigm Design

This study is framed through a social-constructivist paradigm, which resonated with the ObCD framework (Galvaan & Peters, 2013). The study was value-laden, as it drew on the perspectives of the participants: the clinical educators and graduates themselves, as well as on the multiple contextual factors influencing their practice and processes (Creswell, 2013; Patton, 2015). Epistemologically, the findings and interpretation thereof, were co-constructed, between participants and the researcher (Creswell, 2013).

A qualitative research design was adopted, employing an Instrumental Single Case Study approach (Stake, 1995; Creswell, 2013). This approach was preferred since the study sought to shed light on processes and multiple issues within the case (Stake, 1995), in that the case brought about a deeper understanding of ObCD and how it is translated into practice. Flyvbjerg (2006) emphasises that contextualised, experiential knowledge, which is characteristic of in-depth case studies, is central to human-learning. The single case was sufficient, as the case is revelatory in nature, as to date, no research has been conducted on this application of the ObCD framework (Stake, 1995).

#### **Unit of Analysis:**

The unit of analysis was identified as the processes and participatory action methods applied within practice informed by the ObCD framework. This emphasis on *'the processes'*, was viewed as a phenomenon, with participants being the informants, rather than the case being the participants or the various sites and organisations.

#### **Boundaries of the Case:**

The boundaries of the case were progressively developed through the research process and allowed the study to remain reasonable and specific in scope (Creswell, 2013; Baxter & Jack, 2008). The case was bounded under the following categories:

## A. Time and place (Creswell, 2013)

- UCT final year Occupational Therapy, CDP service-learning blocks occurring between January 2014, through to November 2016.

These blocks span seven weeks at particular sites for three times a year. The sites were in informal settlements within The City of Cape Town, with most areas being within the Cape Flats; namely, Imizamo Yethu; Khayelitsha; Langa and Lavender Hill. These sites respectively served persons with disabilities (physical, as well as intellectual impairments); older persons affected by poverty, particularly women and vulnerable children of school-going age. Moreover, these areas represent marginalised communities, entrenched within deep historied and oppressive contexts.

## B. Activity (Stake, 1995)

- CDP service-learning blocks.
- Clinical educators and students specifically, employing the ObCD framework as the core and guiding framework informing practice.

## C. Definition and context (Miles &amp; Huberman, 1994)

- The experiences and interactions, from the perspective of the UCT Division of Occupational Therapy Clinical Educators and recent Graduates (previous students during their service-learning blocks), in applying an occupational perspective and facilitating participation within the process of community development. Particularly, within the CDP cluster.

The case therefore was the processes that occupational therapy graduates and clinical educators had entered into at these particular organisations. Furthermore, although the boundaries of this case were specific to a particular time frame for each participant, the retrospective data that the participants offered, was shaped by their past and present experiences, which allowed for richer and fuller data to emerge (Creswell, 2013).

Flyvbjerg (2006) and Creswell (2013) state that case study methodology requires data from multiple sources in order to promote triangulation and ensure trustworthiness (Morrow, 2005). Data was generated with: clinical educators and recent occupational therapy graduates; the participants' reflections post interviews and supporting documentation, as well as the researcher's own reflections throughout the study. This, ensured that the case remained context-based; reflexive and therefore connected to the human element of social constructivism (Morrow, 2005).

Since the researcher was out of the country on a scholarship, the majority of data collection was conducted using Skype-conference call, with audio recording of the focus group and each interview, and verbatim transcription.

### 3.2. Participant Selection

Purposive sampling enabled the selection of graduates and clinical educators; as well as relevant documents related to the graduates and clinical educators' practice using ObCD (Patton, 2015:264-272). Potential participants included all the clinical educators from the University of Cape Town who supervised fourth year occupational therapy students in their CDP service-learning block. A selection of the most recent occupational therapy graduates from UCT who completed their CDP block, employing the ObCD framework, in 2014, 2015 and 2016, were also included. The years<sup>3</sup> from which graduates were recruited, were intentional, as these years were when ObCD was introduced into the curriculum at UCT. The inclusion criteria is further stipulated in Table A.

Maximum variation was achieved through selecting a variety of graduates and clinical educators who had been at diverse practice-learning sites over prolonged time period (Patton, 2015; Flyvbjerg, 2006).

A variation in diversity of profile was aimed for in selecting participants, with regards to gender, ethnicity, age, as well as year of graduation and CDP site-placement. The aforementioned demographic information allowed the results to reflect aspects of the diversity in the occupational therapists who participated in this study.

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<sup>3</sup>It is noted, that recruiting graduates from the year 2017, would have been useful, however, since the timeline for receiving ethics approval was prolonged; and recruitment of participants began in 2017, students having had their CDP service-learning blocks in that same year, were not included in the study.

**Table A: Participant Inclusion Criteria**

Inclusion Criteria
CLINICAL EDUCATORS
<ul style="list-style-type: none"> <li>• Should have supervised fourth year OT students in the CDP placements at UCT, in the Occupational Therapy department.</li> <li>• Should have supervised at least three of these CDP blocks</li> <li>• Should have had previous experience with community development practice, i.e. previous or current work experience, other than as a clinical educator, or worked on research involving aspects of community development.</li> </ul>
GRADUATES
<ul style="list-style-type: none"> <li>• Should have been in their fourth year of Occupational Therapy degree at UCT in 2014, 2015 or 2016.</li> <li>• Should have completed their CDP block of seven weeks at an organisation in a peri-urban informal settlement within the City of Cape Town.</li> <li>• Should be in their or completed their community service year for the South African government.</li> </ul>

### 3.3. Recruitment of Participant-informants

Recruitment continued until criteria were met. Data collection was ongoing until data saturation was achieved. Once ethical approval was obtained from UCT Faculty of Health Sciences, recent graduates were contacted through various media platforms *{Refer to Appendix B.1.1 to view Ethics Approval}*. Permission to invite the University of Cape Town staff to participate was applied for and granted by the Executive Director of Human Resources of the University *{Refer to Appendix B.1.2 to view Permission to recruit UCT Staff}*.

The researcher began by setting up an electronic survey<sup>4</sup>, entitled ‘*Invitation to Participate in UCT ObCD Research.*’ *{Refer to Appendices B.2 and B.3 for a template of the email invitation and the survey respectively}*. The survey offered a brief introduction to the researcher’s interest in the study as well as the research question and process. It allowed potential participants to respond, indicating whether they would like to, a) know more about the research; b) be sent the full information sheet and consent form and potentially participate; c) stay informed about the findings; or d) never be contacted

<sup>4</sup> <https://www.surveymonkey.com/r/V8MW86Q> (Clinical Educators)  
<https://www.surveymonkey.com/r/CQG6NH7> (Graduates)

again. It also requested that the interested person confirms that they were a graduate or clinical educator of UCT, meeting the inclusion criteria for either of these two participant groups.

The platforms through which the call and invitation was made, included the researcher's personal Facebook Page; and the *Occupational Therapy UCT Alumni* Facebook Page. Through snowballing, graduates were asked to forward messages via email, Whatsapp and Facebook, with the link to the research invitation. The researcher subsequently sent the invitation to specific emails of graduates.

All clinical educators who met the inclusion criteria, were invited and emailed individually. Of the clinical educators, five responded, with one requesting only to be informed of the findings. Another, expressed interest however did not respond upon further attempts to communicate. A number of attempts had been made to find a time for all clinical educator participants to meet, via Skype. However, only three clinical educators were available for the focus group. Further attempts were made to conduct another focus group with the remaining two clinical educators, however, these efforts did not prove fruitful, without risking being over-insistent. Also, given that these two clinical educators had recently moved into different jobs, remaining with the initial three, was deemed as sufficient. (Krueger & Casey, 2009). Therefore, these three participants, were invited from the focus-group for follow-up interviews.

Five graduates responded through the electronic survey. Two of which, did not leave adequate information to be able to continue the communication. Many graduates showed interest, via verbal reports from peers or initial communication, however, upon follow-up, most did not respond.

Three graduates indicated their willingness to participate and had continued with the correspondence. However, the researcher was aware that these three were all females, and although, from diverse backgrounds and ethnicities, none of the three participants were of African Ethnicity<sup>5</sup>. Consequently, the researcher continued to recruit for a graduate who was of African Ethnicity and Male. Noting that it is common, in the demographics of an occupational therapy undergraduate class, to have majority female, therefore, having only one male voice was reasoned as suffice.

For consenting participants {Refer to Appendix B.4 for templates of informed consent}, an optional demographic information page was included in the documents, to be filled in if they so wished {Refer to Appendix B.4.3 to see templates of the optional demographic information sheets}. This was a way to further indicate the diversity and maximum variation evident in the sample.

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<sup>5</sup> The description of race and ethnicity is used in this document to indicate the socio-political and historical connotations of oppression, privilege and liberation, related to Apartheid and Colonisation, particularly in the context of South Africa, where the study took place. In light of South Africa's demographics, having racial and ethnic representation as far as is possible, is required to give voice to the multiple experiences and perspectives that are embedded within this context.

The selected clinical educators participated in an initial focus group (Morgan, 1997). The intention was that the focus group would include between five to eight clinical educators. However, it was realised that expecting to find eight participants was unrealistic, as within the field there were only five prospective participants. From these five, three were available for the focus group and all three agreed to subsequent individual interviews. The relatively small number of participants who participated in the focus group was thus reflective of the small sample population. This number was in line with the guidance by Krueger and Casey (2009:14-15) ensuring focus groups do not generate superficial or trivial data, which can be a risk of conducting focus groups with larger numbers of participants. These information-rich participants were then invited to participate in follow-up interviews, to explore particular aspects of ObCD based on their contributions.

The second group of participants were made up of four UCT Occupational Therapy graduates. After three graduates had agreed to participate, it was reasoned that the sample was not representative of maximum variation and diversity within the University of Cape Town's Occupational Therapy Division, and therefore the researcher recruited another graduate. Data saturation was confirmed during data analysis when the themes began to reoccur (Charmaz, 2006).

### 3.4. Data Generation - Data Sources

The data sources are described below.

#### 3.4.1. Clinical Educators

##### 3.4.1.1. Focus Group:

- **One initial focus group with an opening question**, and following-on impromptu questions, in English, approximately 90 minutes in length, conducted using Skype, at a time negotiated with the participants. *{Schedule of Questions posed to Focus Group: Refer to Appendix C.2}*

##### 3.4.1.2. Interviews with three clinical educators and lecturers:

- **One in-depth semi structured interview**, in English, approximately one-hour (60 minutes) in length: two interviews were conducted using Skype, and one face-to-face, in a venue and at a time agreed with by participants<sup>6</sup>. Interviews were facilitated by the researcher, and were guided with open-ended questions, which aligned with the main research question and objectives. These questions were finalized following the initial focus group interview *{Schedule of Questions posed to Clinical Educators: Refer to Appendix C.3}*

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<sup>6</sup> Data collection began whilst the researcher was studying abroad and some of the participants [graduates] were working in provinces other than the Western Cape, thus interviewing via Skype was the preferred strategy. However, upon the researcher's return, particular participants opted for face-to-face interviews.

### 3.4.2. Graduates

- **One in-depth semi-structured interview**, in English, approximately one-hour (60 minutes) in length: three interviews were conducted using Skype, and one face-to-face, in a venue and at a time agreed with by participants. Interviews were conducted by the researcher using open-ended questions, which aligned with the main research question and objectives.
- Questions were formulated following the familiarisation of students' documents and written work and after the focus group had taken place. This was because clinical educators offered their insight in co-constructing the individual interview questions, in order to fine-tune questions to the students' experiences *{Schedule of Questions posed to Graduates: Refer to Appendix C.4}* (Flyvbjerg, 2006; Krueger & Casey, 2009).

### 3.4.3. Reflections post interviews

- Reflections post interviews from academics and new graduates were received as part of an optional Reflective Research Journal

### 3.4.4. Selection of documentation

- **Written work completed or marked** during graduate's CDP block: This included Campaign Outlines; Handover Reports; Equity and Diversity Logs, Learning logs or Planning logs. The graduates participating in the study sent their documents to the researcher, based on which items they wanted to share, and following informed consent.
- **Additional theory and context related documentation:** Relevant articles and findings that have been published on ObCD and its processes to date, which is incorporated into the literature review and Appendix A.

The additional documents provided information about the context and the theory of ObCD (Stake, 1995; Creswell, 2013), offering insight into specifics related to students' CDP campaigns, which described a theoretical and practical picture of their site-specific interventions. Selection of documents was guided by the interviews with the participants. Access to this additional data was directly from the graduates or through accessing information available electronically in the public domain.

The need to observe a moment-in-time at the various sites was not necessary, as the case in question and the unit of analysis did not focus on particular interventions, programmes or sessions.

Table B indicates the demographic profile of the participants as grouped by clinical educators and graduates. All participants were noted as South African citizens.

**Table B: Demographic profile of participants**

		CLINICAL EDUCATORS	UCT GRADUATES
	<i>GENDER</i>	3 FEMALE	3 FEMALE   1 MALE
	<i>ETHNICITY</i>	1 COLOURED 2 WHITE	1 BLACK 2 COLOURED 1 WHITE
	<i>YEAR GRADUATED with BSC (OT)</i>	1 X 2009 1 X 2005 1 X 2002	3 X 2016 1 X 2014
	<i>SITES REPRESENTED</i>	KHAYELITSHA (KHA) LAVENDER HILL (LH) IMIZAMO YETHU (IY) LANGA (LA) GUGULETHU (GUG)	KHAYELITSHA (KHA) IMIZAMO YETHU (IY)
		<b>Population Focus:</b> EARLY CHILD DEVELOPMENT VULNERABLE CHILDREN OLDER PERSONS AFFECTED BY POVERTY & ILL-HEALTH PERSONS WITH DISABILITIES	

Graduates were asked to send through their written work from their respective CDP blocks (Stake, 1995). All participants were invited to offer research reflections after having had their interview. For a list of the documentation received, see Table C.

**Table C: List of Documentation from Participants**

	<i>Type of Documentation</i>	GRADUATES	CLINICAL EDUCATORS
	<i>RESEARCH REFLECTIONS</i>	3	2
	<i>ARTICLES &amp; PAPERS [published or presented]</i>	-	5
	<i>Written work from CDP block</i>	4 x Campaigns 4 x Handover Reports 4 x Equity & Diversity Logs 4 x Set of Learner's Logs 4 x Set of Planning & Evaluation Logs	N/A

### 3.5. Negotiating Access and Gaining Entry

Once a response to the initial invitation was received, times were negotiated to secure initial Skype-call appointments for informed consent (Stake, 1995:49-69). Participants signed the research information page and informed consent {Refer to Appendix B.4}, and emailed this to the researcher. Communication occurred via electronic communication (i.e. email or *Whatsapp*). Permission was granted from participants to be called via a given Skype address (Lo Iocono, Symonds & Brown, 2016; Sullivan, 2012).

### 3.6. Data Gathering & Validating Data

This phase within the case protocol details the steps of preparing, moderating, interviewing and validating data gathered (Stake, 1995:49-69).

#### 3.6.1. Focus group & co-construction of subsequent interviews

After initial reflections, the researcher, in consultation with her supervisor began carefully formulating an opening question to pose in the focus group, with which to spark dialogue (Krueger & Casey, 2009:85-112).

The researcher emailed clinical educators within the focus group, preparing them through drawing attention to the objectives of the research and research question; as well as putting forward the catalyst question that would allow for the processes and participatory methods related to the application of the ObCD framework to emerge, namely: *What elements characterise an occupational perspective in practice?* Seeing that the case was bounded within the entirety of these blocks, it was reasoned that any experiences the participants were relating during that time, were of use. Furthermore, the researcher determined that framing an occupational perspective in its broadest sense, would be needed, in order to incorporate the plethora of dimensions that inform the application of such a perspective (Stake, 1995; Creswell, 2013).

Logistic reminders with regards to time; audio recording and confidentiality were also confirmed in this email {Example of email: Refer to Appendix C.1.1}. A similar email was sent to each participant before the individual interviews as well {Example of individual email: Refer to Appendix C.1.2}. This was in order to create a contained space (Wegerif, 2010), which added to moderating the focus group and subsequent interviews (Krueger & Casey, 2009:107-112).

Prior to recording the interviews, an audio test was done, where the researcher made sure the recorded conversation was playing back effectively (Rubin & Rubin, 2012; Krueger & Casey, 2009; Lo Iacono, Symonds & Brown, 2016).

Various key learnings during the focus group, influenced how the researcher facilitated subsequent individual interviews (Krueger & Casey, 2009). Upon reflection on the focus group and familiarisation with the data, the various elements, not only characterising an occupational perspective, but also the contextual and structural aspects informing it, emerged. There was the need in subsequent interviews to ask broad questions, whilst simultaneously draw out the nuances in responses, that related to the unit of analysis (Stake, 1995; Flyvbjerg, 2006). The focus group also highlighted aspects related to interviewing skills that the researcher needed to focus on, such as listening out for examples and probing for elaboration on comments made by participants (Rubin & Rubin, 2012).

### 3.6.2. Conducting of interviews

The semi-structured interview questions were finalised following the focus group. The preparation for the individual interviews, particularly with the graduates, began by the researcher familiarising herself with the graduates' campaigns: the campaign aims; strategies, methodologies as well as key occupational science constructs that they identified (Stake, 1995). This helped ensure that the interviews would not be spent going over general details (Rubin & Rubin, 2012). It was noted that graduates would have needed time to think back to their blocks, however, the orienting email sent prior to each interview also served this purpose.

Each interview required probing in order to elaborate on comments; identify critical perspectives of the participant; encourage the drawing-out of a reflection as well as, at times, ask for evidence or description of an example offered (Rubin & Rubin, 2012:132-169). Although the opening question for the focus group was the same for each subsequent interview, the researcher noted that for graduates, she needed to precede with the question: "*Describe your campaign or experience at block,*" in order for the graduates to ground themselves in the detail of their block (Rubin & Rubin, 2012; Stake, 1995). For the clinical educators, the researcher began by recapping a summary of points raised in the focus groups, as a way of grounding participants within the topic once more, subsequently asking clinical educators to offer further elaboration on the opening question (Rubin & Rubin, 2012).

The participants were then guided through the rest of the questions, thus offering philosophical ideals; practical hindrances, and key insights into moments representing and reflecting an occupational perspective applied within the process of ObCD. The researcher had highlighted areas that were of

interest and prominent from each interview, which helped inform the probing and added to the depth of reflection and understanding with which the researcher was engaging in each subsequent interview (Flyvbjerg, 2006; Morrow, 2005; Patton, 2015).

### 3.6.3. Validating data through researcher reflexivity

In the focus group the researcher was aware that offering examples or posing questions was useful to continue the flow of conversation; highlight various elements or encourage deeper thinking. However upon reflection, she expressed the need to stay focused on the unit of analysis (Rubin & Rubin, 2012; Stake, 1995). This focus became more attuned throughout the interviews. The excerpt from the researcher's reflections also indicates the value in beginning with a focus group of information-rich participants, (Krueger & Casey, 2009).

*... it was beneficial that this first 'interview,' being a focus group with the clinical educators, as they assertively clarified comments they made, when my own clarification seemed not to resonate with them. This speaks to what Flyvbjerg explains as Case Methodology falsifying biases of the researcher (2006).*

Overall, the participants reflected candidly on their journey through their praxis in relation to the case.

### 3.6.4. Document review

Service-learning documents were collected prior to the interviews with the respective graduates. However, three of the Equity and Diversity Logs were sent through after the interviews had taken place. After respective interviews, participants were invited to submit their reflections on the research process.

## 3.7. Data Analysis

Case methodology requires an iterative analysis whilst collecting additional data (Braun & Clarke, 2006). The steps below were followed in systematically navigating through the process. (Creswell, 2013; Stake, 1995; Braun & Clarke, 2006; Baxter & Jack, 2008; Vaismoradi, Turunen & Bondas, 2013).

As is suggested in case methodology (Flyvbjerg, 2006; Stake, 1995), both the case description as well as the thematic analysis are iterative and require a reflexive dialogue amongst the researcher and the participants (Braun & Clarke, 2006). Moreover, it was found that theoretical offerings to the analysis

strongly inform the categorisation of codes. Below is an account of the steps taken, broadly based on the steps within thematic analysis highlighted by Braun and Clarke (2006)<sup>7</sup>.

### 3.7.1. Familiarisation & transcribing

The researcher read through her research reflections, highlighting what moments or events had challenged her initial assumptions and what were the key learnings and critical incidents within this research process thus far.

The researcher reflected post interviews and re-listened to each before transcribing, noting any points that stood out, as well as further questions or concerns that came to mind as a result. Whilst transcribing, the researcher highlighted poignant phrases, making notes linked to the possible categorical ideas that were emerging. Researcher reflexivity took place throughout the analysis process ensuring that the researcher was alert to her own biases of her own subjectivity (Patton, 2015; Flyvbjerg, 2006).

### 3.7.2. Initial mind-mapping & broad coding

*Nvivo*, by QSR International, was chosen as the electronic format in which to organise the data; code and analyse it. Concept-maps within *Nvivo* served the function of conceptualising the data (Patton, 2015). Categories were visualised in relation to how they might relate to the unit of analysis, made up of keywords and concepts, or critical incidents (Braun & Clarke, 2006). This was enhanced by exporting codebooks to *Microsoft Excel* for categorisation.

In appreciating that the skill of coding was complex, the researcher was faced with the temptation of wanting to categorise codes broadly, or quote the phrases as codes (Patton, 2015). Nonetheless, the researcher resolved to make sure codes reflected the data in relation to the unit being analysed, without, at this preliminary stage, making inferences that were not directly referred to by participants. A mind-map was created that described these initial codes.

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<sup>7</sup> Steps within thematic analysis as highlighted by Braun and Clarke (2006):

1. *Familiarising oneself with the data*
2. *Generating initial codes*
3. *Searching for themes*
4. *Reviewing themes*
5. *Defining and naming themes*
6. *Producing the report*

The researcher reviewed which codes had been most referenced and coded for and began conceptualising another mindmap, based on the current names of the codes; identifying their possible connections (Patton, 2015).

The unit of analysis was revisited, along with the research question and the objectives, attempting to visualise what the goal of the analysis was. This aided in deepening understanding of the case study in relation to what findings were emerging, as a form of ensuring credibility (Patton, 2015:652-733).

The researcher consequently returned to the transcribed interviews and began re-coding. The second mind-map with its preliminary codes was used to flag potential categories. This, allowed the researcher to code the data under all relevant nodes. With this new revised mind-map as a reference point, the researcher ensured that she was exercising specificity in the data that were coded, and how codes were described (Flyvbjerg, 2006).

### 3.7.3. Review and refocus

Clustering of the codes began soon into the re-coding phase, as the links were readily visible. To account for the temptation to cluster according to content rather than themes, each code was described by way of a '*coding frame*' which highlighted the importance of immediately describing each code created (Joffe & Yardley, 2004:59,62). This allowed for quicker reference to the content of the code and subsequent comparing of each code in relation to others, allowing for more specificity and credibility (Patton, 2015).

At this point the researcher was able to secure the interview with the last of the graduates. Upon analysis, his insight and data drew together and concretised many of the ideas highlighted in the analysis thus far (Patton, 2015). Therefore, refining of the codes began (Braun & Clarke, 2006).

### 3.7.4. Visualising and categorisation; clustering and the need for specificity

Another mind-map was created, this time under the umbrella of the unit of analysis, which had been visualised to identify its various elements needing attention (Braun & Clarke, 2006). The researcher used a concept-story to guide the formation of this mind-map (Stake, 1995), subsequently drawing in various other examples and codes from the data to compare and challenge linkages being made (Patton, 2015). This story-type mind-map {Refer to Appendix E for a sample of some of the mind-maps created}, allowed the researcher to see how specific codes could be linked in relation to larger points, that related back to the objectives of the research (Braun & Clarke, 2006). Clustering the various codes within categories followed on from this step. The researcher was then able to draw

together the themes that began to emerge; forming stronger links and clusters of the codes. Refer to Appendix D.1 to read an extract from the researcher's reflection journal, indicating the exploration that accompanies case study analysis (Flyvbjerg, 2006). The researcher returned to the methodology and literature regarding thematic analysis to re-centre herself in the inductive approach (Braun & Clarke, 2006).

### 3.7.5. Document Analysis

Documentation was used as a form of triangulation, to confirm and challenge the conceptualisation of preliminary categories and offer details to specific examples, which included the research reflections (Flyvbjerg, 2006; Stake, 1995).

These research reflections offered by participants, allowed insight into the applicability of occupational perspectives in various fields, and highlighted the positions held by occupational therapists in relation to this type of work.

### 3.7.6. Writing the report through fine-tuning themes and categories

Finalising the naming of themes and categories occurred in the preliminary writing process. The researcher found this helpful to systematically order the links and distinctions that she was making in relation to the categories and to map out how to write-up the Findings Chapter (Stake, 1995). Throughout the analysis process, particularly within writing the report, internal homogeneity and external heterogeneity was tested for through reviewing the themes and categories in relation to one another and to the unit of analysis (Braun & Clarke, 2006:91).

Further analysis, was refined in attempting to visualise, tabulate, and succinctly summarise the categories in preparation for member-checking. This aided in ensuring congruence and coherence between the themes and categories as well as distinction between each, so that categories were specific (*internal homogeneity*), and did not overlap (*external heterogeneity*) (Braun & Clarke, 2006; 2012:66-69).

Revisiting what the purpose of the themes were in relation to the research question was useful in selecting the appropriate extracts to use for the report and for linking the findings to the discussion (Braun & Clarke, 2006).

Redefining, fine-tuning and naming categories and the themes took place as an iterative process, as has been the thread throughout this methodology. The researcher offers insight into this iterative process in the following excerpt:

*When thinking back - even just a few hours after beginning to review and rename the themes, I found it difficult to pinpoint which came first: the code clusters or the theme...*

*...True to social constructivism, there is a transactional relationship to theory-building with describing and analysing (Patton, 2015; Creswell, 2013).*

Accordingly, member-checking and participants' research reflections served to inquire on more particular questions and queries, as well as describe more nuanced heterogeneity of the themes and categories {Refer to Appendix F to view the member-checking Power-point} (Braun & Clarke, 2006; Stake, 1995).

### 3.8. Trustworthiness

The following strategies were employed to enhance trustworthiness and will be described in relation to the four constructivist criteria, namely: *credibility*; *transferability*; *dependability* and *confirmability* (Lincoln & Guba, 1985; Morrow, 2005; Lauckner, Paterson & Krupa, 2012:16; Patton, 2015:652-742).

Specifically, the first five strategies, all promoted credibility and confirmability in various ways, whereas the last two primarily ensured the transferability and dependability of the study (Patton, 2015).

**1. Prolonged engagement in the field** – Since 2014, the researcher has worked in settings in which the case is situated as a site clinician supervising students in CDP, and implementing elements of the ObCD framework. This enhanced *credibility* as the researcher was familiar with the context of the case (Stake, 1995). Furthermore, the ongoing and prolonged proximity within the case and its context, allowed the learning; data generation and analysis to be concretised within the researcher's own experiences, thus providing *credibility* to the study through promoting appropriate degrees of interpretations (Flyvbjerg, 2006). The researcher's reflexivity throughout the research process balanced this prolonged engagement, challenging any bias had from previous experience.

**2. Multiple data sources** - Document reviews, interviews, and contextual research obtained from the clinical educators; the graduates and the researcher's reflective journal enhanced the study's *credibility* and *confirmability* by ensuring interpretations were not slanted by one data source; and that interpretations of sources were congruent with one another respectively (Creswell 2013; Patton, 2015). The variance amongst the participants' theoretical perspectives, ensured the adequacy of data, and in effect, providing triangulation of data (Morrow, 2005; Creswell, 2013; Stake, 1995).

**3. Analyst Triangulation in enhancing credibility and confirmability** – Similarly, the research supervisor reviewed excerpts of two transcripts from the clinical educators and two from the graduates to aid in initial coding, and deepening the analysis process. Within the categorizing and reviewing steps of analysis, category names, concept-maps and relevant quotes coded were shared with the research supervisor, to ensure coherence of interpretations of the findings (Patton, 2015).

**4. Member checking** – Member checking began with sending participants a summary of the themes and findings through a short powerpoint presentation, with detailed succinct descriptions, inviting responses and further engagement. These slides were prefixed with questions to think about whilst reviewing (Stake, 1995). This ensured accurate interpretation of their data, reflecting the participants' experiences within the ObCD processes (Creswell, 2013; Stake, 1995; Patton, 2015). Knowledge was therefore further co-constructed ensuring authenticity of the data (Morrow, 2005; Patton, 2015:96-168; Smith, Willms & Johnson, 1997). An offer was extended, to respond through various other forms of communication if the participants so willed. Particular excerpts of the findings were sent to participants in instances where it was felt the content of what was said could be sensitive (Flyvbjerg, 2006; Morrow, 2005). This rigorous process made sure that there was *credibility* and *confirmability* within the study, by reviewing with participants that the findings and interpretations, as well as particular quotes resonated with them.

**5. Reflexivity of the Researcher** – Positioning the research and naming the assumptions that the researcher held; deciding which to suspend and for what particular amount of time, was necessary in ensuring that assumptions did not prematurely influence the direction through the analysis, and therefore the representation of the actual case, (Morrow, 2005; Patton, 2015). This helped to ensure the falsification of some of the researcher's preconceived assumptions, rather than their verification. Consequently, challenging narrow bias, and rather promoting dialogic and multiple perspectives which provided *confirmability* to the study and was in line with the social constructivist philosophical paradigm underpinning this study (Flyvbjerg, 2006; Bakhtin, 1981).

Keeping a researcher's reflective journal throughout this process aided in meeting all the constructivist criteria (Creswell, 2013; Patton, 2015). The reflexivity of the researcher and the following of a case study protocol, was in line with the social-constructivist paradigm-specific criteria of case study methodology and promoted *credibility* and *dependability* of the study through documenting the logical steps taken; thought-processes that the researcher took and ear marking the assumptions and perspectives that the researcher held (Morrow, 2005). This reflexivity also offered insight into how the researcher's professional; academic; as well as personal life, was informing and being shaped by the research journey (Flyvbjerg, 2006).

Prior to data generation, the researcher began the process by reflecting on how she viewed the research and herself as a researcher, situating herself in relation to the case and its contexts; stating the various assumptions that she had in relation to the case, as well as what her expectations of the findings might be (Stake 1995; Flyvbjerg 2006). The researcher read previous reflections she had generated on polyphonia and heteroglossia in terms of dialogue as theorised by Bakhtin (1986) and Cheyne and Turulli (1999). This assisted in familiarising herself with skills and purpose of interviewing (Rubin & Rubin, 2012; Krueger & Casey, 2009). Reflecting on dialogic pedagogy (Cheyne & Turulli, 1999); her journey through her masters studies and her contribution to CDP thus far, allowed her to identify her assumptions regarding her contributions to the research, as an interviewer and colleague (Krueger & Casey, 2009). Knowing these assumptions allowed her to inquire into statements made by participants and also look for alternative perspectives within the data, allowing her to explore beyond the boundaries of her assumptions (Krueger & Casey, 2009; Rubin & Rubin, 2012). Appendix D.2 shares an extract from the researcher's reflection prior to engaging in the focus group, illustrating the acknowledgement of one's own positionality and use of language in interviewing that could create bias (Yuval-Davis, 2006; Rubin & Rubin, 2012; Stake, 1995).

**6. Case study protocol** – being intentional in the use of a protocol kept the case focused; ensuring that the analysis was representative of the actual case (*dependability*) and provided a clear audit trail of the research process, which enhanced the *transferability* of the study (Stake, 1995; Brereton, Kitchenham, Budgen & Li, 2008; Yin, 2003). The following elements were factored in:

- The outline of the literature and methodology emphasizing the way data was collected (Morrow, 2005; Yin, 2003).
- The philosophical assumption underpinning the case, being social constructivist was foregrounded in the protocol (Stake, 1995). The protocol was congruent to this paradigm, methodologically, in that evidence of findings being constructed was indicated. Firstly, through the use of an initial focus group with clinical educators, which further informed and fine-tuned the questions and conversation of subsequent individual interviews; secondly, through the use of participants' own reflections offered, following the interviews; and thirdly, through member-checking, which further offered a space for findings to be influenced (Creswell, 2013; Bakhtin, 1981).
- The quotations used in the final report further spoke to the deep respect and intent for this work to be socially constructed thus promoting *confirmability* (Patton, 2015).
- Furthermore, the Occupation-based Community Development framework, not only informed the context of the case but also informed the questions asked, data collected

and participants selected. Describing this framework in depth was critical in order to ensure *transferability* of the protocol. Having a theoretical framework, such as ObCD and its related discourses guiding the analysis process, ensured coherence and follow-through throughout the case and *dependability* of the findings.

- The adapted questions in Table D, were considered and applied in further describing the case and offering guidance in ensuring that the case followed credible thought-processes (Stake, 1995).

**Table D: Self-evaluating the scientific rigour**

<p>Questions to pose to self-evaluate the scientific rigour of the case:  <i>Adapted from Stake (1995): Lauckner, Paterson &amp; Krupa (2012:16.)</i></p>	
<ul style="list-style-type: none"> <li>• <i>Has the case been adequately defined?</i></li> <li>• <i>Has the case study been developed based on a conceptual structure such as around key issues?</i></li> <li>• <i>Have contextual factors been adequately described and considered?</i></li> <li>• <i>Have quotations and descriptions been adequately used to provide some various experience for the reader?</i></li> <li>• <i>Was an adequate number of and variety of data sources used?</i></li> <li>• <i>Was the role of the researcher and his/her perspective clearly outlined?</i></li> </ul>	

**7. Inclusion of thick description** - a detailed description of the case and its boundaries, allowed the reader to better understand the specificity within the case process and parametres, which enhanced the *transferability* of the study (Stake, 1995; Patton, 2015; Morrow, 2005).

### 3.9. Ethical Considerations

The case protocol follows the Declaration of Helsinki, (World Medical Association Declaration of Helsinki, 1964; 2013). The value for human dignity and life, was ensured through the following principles: *Respect for Persons*; *Concern for Welfare* and *Justice*, which guided the methodology (Tri-Council Policy Statement 2\_1.1, 2010; The Belmont Report, 1979).

## ***A. Respect for Persons***

### *a. Respect for Autonomy*

Clear accurate informed consent based on the H3 Africa Guidelines for Informed Consent, (2013), was issued. An information and consent page, as well as the interview questions were in English, which was the language in which participants had studied and conceptualized the theory within the ObCD framework, thus the participants were fluent in communicating in English within this field. Since all eligible participants had graduated with a Bachelor of Science degree in Occupational Therapy, as one of the inclusion criteria, the adequate cognitive capacity of all potential participants to comprehend the information page and make informed consent was assumed. Recruitment was not through coercion or incentives. The careers or jobs of clinical educators who did not wish to participate, were not affected nor was their participation linked to job performance. Participants had the right to withhold as much information as they wanted, at any point in the research process, without harmful consequence. Unnecessary professional jargon was avoided, however, terminology that was present within the information and consent page, and interviews was restricted to that of theories with which the participants, as UCT occupational therapy graduates or CDP clinical educators, were familiar. *{Refer to Appendix B.4 to see the Information Sheets & Informed Consent}*

### *b. Respect for Free and Informed Consent*

No monetary compensation was given. Participation was free and voluntary with no obligation to participate. The participants had the right to withdraw at any time without any repercussions nor any need to provide an explanation.

Informed consent ensured that graduates and clinical educators had access to internet connection for the Skype calls. There was no reimbursement for this. Those who could not meet via Skype, requested face-to-face interviews.

Although some participants may have been from previously or currently marginalized groups or communities, adequate informed consent based on the H3 Africa Guidelines was issued to ensure free consent was offered to all participants and that they were not coerced in their decisions to participate.

### *c. Respect for Vulnerable Populations*

It was noted that particularly for some graduates, (evident in their research reflections) there was a hesitance to share and participate in this study, due to them feeling they might not know enough in

relation to the CDP field, or that their contribution might not be of value. At the same time, this hesitance faded through the initial contact made with the researcher. Some graduates highlighted the concern of divulging sensitive information about the particular organisations where their service-learning-blocks were based. This reiterates the reason for why the sites in particular were not chosen as the case, nor the organisation members being the research participants.

Additionally, care was taken that novice professionals and graduates, did not feel coerced into participating, nor feared that their response would in any way affect their professional reputation. The same was true for clinical educators, their data and interviews were not used in anyway as monitoring or evaluation of their work performance. The researcher supervised final year students for their CDP block, from 2014 to the first quarter of 2016. At the commencement of data collection, it had been over eighteen months since the last group of students were supervised by the researcher. Furthermore, the researcher stopped working with those particular block sites from July 2016 up until March 2018. Therefore the researcher was not affiliated to any of these sites during the course of data collection.

*d. Respect for Privacy and Confidentiality*

Pseudonyms for participants and for identifiable names of sites were used, which participants chose prior to the research supervisor viewing the transcriptions. However, participants' complete confidentiality, particularly of clinical educators, cannot be guaranteed, given the limited number of clinical educators working in the community development practice cluster, and given the nature of what the research will be used for. Still, data remained anonymous. Demographic and professional information was matched respectively using a coded system known to the researcher.

Data storage: Raw data remained confidential. Electronic elements remained on a hard-drive with a complex password protection. Original paperback data; researcher's reflective journal and analysis conceptualization, will remain in a locked drawer, under the researcher's supervision for a period of five years and thereafter disposed of. Identifiable digital data, such as participants lists; information sheets; informed consent; contact details and audio recordings will be stored separately to transcriptions; documentation and analysis, and destroyed within one year.

It was noted that confidentiality of the organisations that host the practice learning sites, could be compromised if a thick description was given of the context, hence the thick description focused on the contextualised ObCD framework. Nonetheless, utmost efforts were taken to represent the organisations with respect and positively, as the research question is not evaluating the organisation, but describing a process. No photographs nor visual media were used within the research. Therefore, it was of key importance that the case was bounded and depicted as the relationship between the

theory translating into practice through the process of ObCD; not as each particular organisational site.

## ***B. Concern for Welfare***

### *a. Balancing Harms and Benefits*

The research process; participants' experiences; and findings offer insight into occupational therapy practice and curriculum, thus benefiting participants through co-constructing professional knowledge-generation. Focusing on processes within the ObCD framework and not the service-learning site(s) as the case in question, ensured that the reputations of the site(s); and those of the employees were not risked or scrutinized. However, it is possible that the sites' identities could be assumed, based on the thick description of the context required for the case study. However, the case study report acknowledged the complex work of these organisations rather than framing them in a negative light. This recognizes therefore the concern for the organisations' welfare: balancing harms and risks. No harm befell on those unwilling to take part. The questions were open-ended and thereby, not forcing participants to disclose unwillingly or to evoke unwanted emotion.

### *b. Maximise Benefits*

Participants, both the clinical educators as well as the graduates, may have benefited from the thinking and reflection processes that took place throughout the research process. Such reflexivity and collaborative thinking may have helped inform their current and future professional reasoning and practice. This was alluded to in the research reflections offered by some participants. The sites, which provided the location and context of their practice, could benefit from future students and clinical educators' practices and reasoning that could be informed by the findings of this research.

No physical, emotional or societal harm was inflicted on or came upon the participants as a result of participating in the research.

## ***C. Justice***

### *a. Respect for Justice and Inclusiveness*

Recruitment was purposive so that participants who had experience with ObCD framework were the ones included in the study. No potential participant or individual was forced or persuaded to take part and no piece of evidence was used without prior permission to the person or body that owned it. Graduates gave informed consent to access relevant written work related to their CDP service-learning blocks, and subsequently sent these documents through to the researcher. Permission

was granted by the executive director of Human Resources of UCT to recruit clinical educators.  
{Refer to Appendix B.1. for permissions granted}

Diversity of participants was encouraged, by recruiting from a pool of graduates as well as clinical educators. Recruitment ensured diversity in gender, ethnicity and age and year of graduation, and community development practice learning site placement. Intention towards diversity ensured that the voices; experiences; knowledge and positions offered rich and deepened perspectives within the data.

Furthermore, research findings inform critical occupational therapy practice and adds to the theorising of the ObCD framework.

## CHAPTER 4: FINDINGS

The data analysis yielded a nuanced description of the case as : *Co-constructing humanising praxis* and three themes which offer insight into how such praxis is engaged with and developed, namely: 1) *Processes of dialogue and doing*; 2) *Situating occupational perspectives in socio-political and historicised contexts*; and 3) *Negotiating positionalities*.

This chapter begins by describing the case, followed by a description of each of the themes.

## CASE DESCRIPTION : CO-CONSTRUCTING HUMANISING PRAXIS

Co-constructing humanising praxis encapsulates the processes occurring across the phases of ObCD since participants descriptions did not separate between the phases of the framework. Instead they emphasised that the humanising praxis was pivotal and shaped as the occupational therapists engaged with people in a participatory manner during their Community Development Practice.

Charlie drew attention to the centrality of being human together within praxis,

*The people are still central in the doing and in the thinking.*

Grace emphasised that such perspectives are shaped by intentionally drawing on personal interpretations of valuing human worth.

*"So my first flag is wellness and dignity and then the lens of human occupation comes on"*  
(Member-checking)

Linda further noted, that, in recognising and valuing our collective humanity, the perspectives must evolve, and include those with whom we work.

*'these are humans in front of me.' That's gonna drive like, and they have a story to tell, ... so that, it drives his genuine interest. And then he responds in a more natural way. So um, coming to - doing a full circle... of almost like holding the theory lightly, and seeing this is a community of humans, um, gives a more natural response.*

Charlie explained how appreciation of people influences how theory is viewed,

*So it's almost the interpretation and reinterpretation of the occupational science knowledge, which means this occupational perspective is always in process. It's always about coming to understand and coming to understand more, and not, almost separate, like you apply it, and you apply it here. And then you done with it. So I see it them being- [unclear] they're not separate from the practice. The practice is helping us understand the concepts and the knowledges of the OT .*

This appreciation of every person's contribution influenced the occupational therapists' theoretical understanding of an occupational perspective. Charlie highlighted how this perspective evolved through reflection in and on practice.

*We almost see the work that's being done, as developing how we understand the knowledges that we need to guide practice. (Focus Group)*

These knowledges and theories in occupational science were applied as a guide to praxis, being reshaped through deepening critical and contextualised understanding. Charlie described,

*So it's saying, these are some resources we could use as, as thinking hooks, ... but don't get – it's like being opposed to being completely attached to anything - theory is always just a way of thinking about things. But what you're seeing in reality has to also shape how you see that theory?*

In co-constructing praxis, the occupational therapists' interpretations of human occupation unfolded in the context. Charlie pointed to the openness needed in order to be responsive to the evolving perspectives.

*The process of coming to see something from an occupational perspective cannot be developed at - it almost can't be like once-off. It happens over time? ...*

*... Because you start one way but, it could lead to something different, and there almost needs to be that freedom because that's what an occupational perspective can provide or can promote or can be really good for the campaign,...*

*...But, ya, that flexibility is difficult, but the perspective demands flexibility.*

These evolving perspectives went beyond placing value on human occupation in isolation, but considered the factors, especially socio-political factors that influenced occupational engagement, as Charlie reflected,

*I think that's one of the.. distinctions. Distinctions maybe not the right word, but between what occupational therapy does and what an occupational perspective does. Because I think occupational therapists have very much seen their role as a service provider, in the school. So they would continue doing this, versus: how do we use this perspective in how actions take place in this context that really fundamentally alters people's occupational engagement?*

*I wonder if it's important to name, that it is an occupational perspective, but it's actually a socio-political occupational perspective...*

*... we pushing thinking from the socio-political perspective, it's actually asking you to be critical and disrupt the usual rules of the social field.*

Charlie asked how such spaces could become characteristically humanising.

*But we were talking with the students, about: how do you create a school context, in which it's such an enabling or caring environment that bullying just isn't possible...*

*... so- it's like the occupational perspective helps us see things from that different way in saying actually occupations that happen in these contexts, it's not possible to operate differently, because the environment is automatically setting up an expectation that it would happen that way. (Focus Group)*

Consequently, occupational therapists drew on their current perspectives of occupation to highlight the contextual factors they need to consider that influence occupational engagement and further build these understandings and perspectives.

Accordingly, the occupational therapists partnered with roleplayers<sup>8</sup> to construct occupational perspectives that resonated with stakeholders in context. Charlie explained this as,

*So all you're doing is using the occupational perspective as a way of, queuing your thinking. But you're always going back with that queuing.*

*So there's always a dialogue – it's like a dialogic process, almost like in three ways, between the occupational perspective; the student or practitioner and those they're working with, and they all influencing one another.*

Miriam reiterated the need for ongoing engagement with stakeholders,

*So maybe that's what one of the- how the processes also unfold. As well as like the, perspective of other people; they go back and forth all the time. Shaking 'til eventually get everybody on the same, on the same page.*

The use of dialogue was identified as aiding in creating a collaborative and participatory energy, Miriam described,

*Ya. It's like a linking effect. 'Cause like the molecules minutely are, are vibrating; they, they have energy; they want to give it off. It's, it's exogenous so, they wanna get the whole pot into, firing; into moving; into being something.*

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<sup>8</sup> The terms *stakeholder* and *roleplayers* are used interchangeably to denote persons, groups and organisations with whom occupational therapists and practitioners work. At times, *roleplayers* is used to refer to both stakeholders and practitioners.

Occupational perspectives were therefore seen as continuously being shaped through dialogue with people involved, therefore influencing the praxis of practitioners<sup>9</sup> and stakeholders. Andile identified that co-constructing and working together was made possible because of the mutual respect the stakeholders had for everyone. In referring to an example of working with grandfathers at an organisation, he reflected:

*In that the grandfathers were more of, um, I would say, 'work on an equal setting'. Like equal, um, level ...*

*... And what was nice with them was that like, we always strategized before starting things. So I could sit down and like actually talk about what's going to happen...*

Building relationships based on trust was seen as paramount within co-constructing praxis. Grace reiterated the need to engage with stakeholders in everyday doing and highlighted that partnership required a genuine sharing of praxis, so that the actions and knowledges drawn on, are in fact, shared experiences.

*...participatory approaches and authentic relationships building, where my lived experiences are also shared with the people I work with. So, we don't 'extract' knowledge and lived experiences, we too share personally and in a genuine manner. So that we actually become a part of the community, in an authentic way where no one has undue expectations of each other. A true partnership. (Member-checking)*

It was recognised that valuing roleplayers equally, meant that contributions could be shared, but not everyone needed to have the same task or responsibility. Andile continued,

*And they would often say, 'Okay, since you're tall; since you're young-' he can always go up the ladder and like actually, do stuff up there. But then we still going to pull our weight here at the bottom [ground].'*

*But,*

*... with them I realized that like actually this is how they work...*

Practitioners reflected that partnering as connected-in-community, ensures that the efforts of practitioners are integrated into the ongoing processes of the organisation and groups which inform

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<sup>9</sup> The term 'occupational therapist' and 'practitioner' is used interchangeably in this study [unless otherwise stated] referring to the overall perspectives from which research participants spoke.

the connected praxis, rather than remaining as separate isolated moments of intervention that do not translate into influencing engagement in everyday-life. Grace reflected,

*And, if you really partner with people- and I find when students, they struggle with this, but for those students who get it, their campaigns, are, I find, whether the students come or go, [they] keep going. They don't die...*

*... but when you don't partner, then it's a UCT project! Then they're just there to appease the students. You know, 'we're [organisation members] just there because we have to be there.'*

Participants revealed that the approach and direction of change facilitated with individuals; organisations; or groups resonated with and was guided by them, with their value as people who make a difference being recognised. In this way, the journey and outcome of praxis becomes co-constructed and humanising. The case illustrates that **praxis** reflects a co-constructed journey of developing a connected understanding through multiple processes of dialogue and doing with stakeholders and practitioners (described in Theme 1) and critically acknowledging that what emerges in the context, shapes praxis (described in Theme 2). Therefore, praxis was further navigated through and developed by negotiating the positionality of occupational therapists and stakeholders (described in Theme 3).

Accordingly, the case revealed that intentionally connecting through our humanity as a community of stakeholders and practitioners, was the means and ends of praxis.

## THEME 1: Processes of dialogue and doing

The first theme describes the occupational therapists' awareness of the multiple layers and processes with which practitioners can work, and the potential for there to be an impact beyond the practitioners' interaction (Category 1.1). Theme 1 further elaborates on how getting involved in everyday doings, was viewed as useful for collaborating, and shaping perspectives informing praxis, for stakeholders and practitioners (Category 1.2). Together this contributed to building sustainable praxis.

### CATEGORY 1.1: Creatively working with multiple processes

Participants indicated that, occupational therapists applying the ObCD framework consider occupational engagement as occurring on multiple levels and influenced by various processes.

The occupational therapists drew attention to their focus being on addressing underlying factors influencing engagement within a group or organisation. Charlie identified that,

*It's almost like for me similar to the material that we used from capacity building with Kaplan, [2000] in, ...*

*...really understanding the root causes of why this organisation is incapacitated.*

Occupational therapists in this study, acknowledged that multiple factors influenced overall ways of engaging. Mirriam noted,

*You're looking at the small things, contributing to a larger- change, um, effectively, later on, in the larger campaign. So it's like a smaller thing that you're tackling in a bigger- in the bigger, campaign.*

These systemic factors were also evident in the various elements playing out within an organisational culture. Mirriam continued,

*The community of people; the community of the organisation; the community at large, so then, um, you would tackle those smaller, smaller ObCDs...*

*So,*

*...these perspectives can't be um, negated. It should actually inform the larger perspectives.*

The reference to “smaller ObCDs” seems to imply a plurality of processes allowing multiple elements to be addressed simultaneously. Linda highlighted the dynamic characteristic of these processes.

*I really started realizing that it's not, a linear approach, you know? I mean, we know that the phases aren't in a linear approach.*

The practitioner considered which layers to work with to facilitate humanising processes and promote occupational justice with individuals, groups or organisations. Echoing the way that practitioners addressed different elements of processes or partnered with various role-players simultaneously, Erika shared,

*Originally, development meetings were a space created for the other campaign which focuses on the organisational attitude. These meetings, however, can also be used as a mechanism in this campaign to keep the staff informed of the development of the campaign so that mutual understanding is maintained (Taylor, 2003) as well as to use it as an opportunity to change mindsets about disability within the organisation. The campaign focus may be on family members but the staff are also in the microsystem of the clients and thus a mind-set shift is necessary for them too. (Campaign)*

Participants noted that occupational therapists might have to discern between addressing immediate needs, or underlying factors within a group or organisation. Charlie noted,

*I think um, in terms of the chasm, Meghan, um, the occupational perspective for me, exposes the whole, of things. So, it's showing what needs to be done. (Focus group)*

Addressing these levels of organisational development simultaneously, was viewed as possibly aiding in capacitating an organisation, fundamentally changing the nature of ongoing engagement and subsequently, the organisational climate itself. In referring to Capacity Building (Kaplan, 2000), Grace commented,

*And like that's the thing Alan Kaplan was saying, like you know, you need to be able to see and hear, the invisible things that is not being said; or not being done, to be able to move - move a group of people in the right direction in terms of their occupational engagement.*

Similarly, the capacity building approach can be used to address the goals and vision of the organisation. Jade described in her campaign,

*To work with [Income Generating Coordinator] and [Programme Coordinator] to build their capacity on how to facilitate their income generation groups, to review [the] goals and*

*visions for the organisation and then adapt the structure of their “doing” to benefit these goals and visions. (Campaign)*

Jade noted that identifying the intangible organisational vision enabled the organisation to, where appropriate, address the tangible structures, adjusting these as needed, to better resonate with the organisation’s vision. Linda affirmed that addressing the skills without understanding the underlying systems and attitudes that are influencing how the organisation functions, does not lead to sustainable change.

*I think they did recognize that they [OT students] needed to have a more sustainable approach. Umm, so, around like developing, what are the teachers needs for development, um, in their teaching, but like, beyond just skills.*

*So, so they didn't get there. But I think a lot of what happened then is, ‘Okay I can help you, umm, with how to use the computer-’ and then it would be like this quick like, showing the skills, right? So, so it was a lot more, skills-based. But also then like, ‘I’ve deposited the information’; and then, ‘I show you how; maybe I encourage you how to do it’. But then it’s- then it’s left.*

Participants reasoned that if meeting a tangible need promoted collective engagements, then in that case, it could be seen as feeding into a more collaborative organisational culture. Linda continued,

*So we went with it, [Clears throat] I mean this carpet because, it’s like one of those cold garages. And then it gets super cold in- winter. But it was a difficult one to, to navigate that balance without being withholding. I think that's a very- a difficult thing that students also struggle with is, in terms of, ‘how we trying to help them change themselves but actually when we’ve got access to resources and connections?’ And that's the reasoning that we went with. Like, you know, we have this access; they do need these things; and then they try to have conversations around...*

*...write this letter to this person [who donated the mat]; and get them part of the process of getting the mat there. So there was some engagement but it was still very like, student dependent.*

Practitioners considered that there are certain skill-acquisitions or resource-based provisions that relate to human needs as they emerge, which practitioners might need to respond to. Grace highlighted the need to apply clinical skills at times, but to keep the larger focus on occupational engagement,

*One granny she had – lymph flow ... issues and she had swollen legs ... It’s like, it will be so much easier just for the students to just do an oedema massage, and tell the granny to buy these*

*stockings and slip the stockings on and; and; and. So I always tell the students, it's like, at the end of the day, you actually are health professionals...*

*And,*

*...you know what, if I want to just do an oedema massage quickly, I'm just gonna quickly do it. She's uncomfortable, she can't participate in any critical dialogue, because her legs are! you know? [But] I totally get how you could easily get swept up in that. But it's like, wow, we- we practice in South Africa.*

As practitioners within the context of a very historically and presently unequal South Africa, offering such services can be a way of connecting as humans. However, Erika noted that time pressures could reinforce distant professional-client relationship, and therefore, adequate time is needed in order to collaboratively identify the needs, goals and guidelines for engagement and to demonstrate respect for human dignity.

*If you have time, you can build authentic and meaningful relationships and you can goal-set together and create a plan of action as partners. But if there's no time, it's very much: I as the professional - although I hate it- I am the holder of knowledge and I am the one who's going to fix you.*

Furthermore, Mirriam's research reflections highlighted how the language-barrier that occupational therapists faced may hinder their contributions and that this required their attention and efforts.

*This was because of the language barrier that was present.*

*It did not stop me from trying the language or just speaking in English, but it was an invisible barrier. A barrier that resulted in me asking all the time: what was happening, what are we doing next, what did he/she say or even what is the joke? So, it was very difficult for me to feel productive while at the block site. (Research reflection)*

In respecting the lived realities of stakeholders, particularly within contexts where first languages were not the same, participants valued the intention and efforts to speak another's mother-tongue. This could contribute towards building a shared understanding. Grace added,

*I've had a Zulu student-, with the Xhosa grandmothers, I mean she had it bad. I mean, she, she struggled...*

*...Language, like, it means a lot to some people that you can speak my language...*

*...So, ja, language is power hey? Ogh!- People just change when you speak their language. They just are – they just different! They engage differently. And um, it's like we got 11 languages, it's like impossible to learn all the 11, but I think just try. You know, I just tell students, just make an effort.*

This effort required an ongoing-awareness amongst practitioners; role-players and stakeholders of how to negotiate the complexities of the diversity and collaboration as fellow citizens, and as a community of humans. Grace continued,

*You know, so then I'll tell students you actually need to put in a little more effort. And I'll tell student you need to whip out your third year Xhosa books now and start to google translate and you actually need to make an effort. And your effort is gonna be the way you build relationship.*

Furthermore, Grace shared how practitioners can draw on their spirituality as a resource in anticipating the unexpected and seeing particular interaction in light of the larger processes of change.

*So when it comes to power, um, you know I know that God's in control of every campaign...*

*...There's times when I have to choose my battles, like very carefully. I have the approach of...*

*...'I don't know what You've [God] got planned for the [members of Organisation A]. Um, but, You [God] know. I know no matter what my long term; main term; short term aims are from log-to-log, and my supervision sessions with the students, like, I know that You [God] know.'*

Grace described how she draws on this spiritual strength to ensure she stays present in interactions with stakeholders and roleplayers simultaneously considering the larger processes at work.

*I really ask God to just 'help me...*

*... You know, just give them the wisdom to be silent when they need to be silent and to speak when they need to speak.*

In spaces that might seem as though there are no opportunities for connecting in bringing about change within a larger group, participants recognised the power of identifying and responding to spontaneous opportunities for working with smaller, accessible processes of action-reflection. Mirriam reflected,

*It was more in the sit-down smaller groups, which we did not even expect to have- to have a big influence. Um, where we did get much of our information from; where we did- where we were able to communicate um, like a difference in the smaller groups.*

Working at such levels was identified as being more effective, than trying to facilitate dialogue and intentional engagement within larger processes of interaction within an organisation. She continued,

*Whereas automatically you assume, 'Ok a big group- let's just start with the whole group all at once.'*

*Because you assume, um, you assume, the people of one community, already has the same mindset; the same thought processes. You already assume that they all um, on the same level, in terms of reaching their, their goal or the mission statement of what the organisation stands for. Which is obviously not the case- um, what we learnt.*

Similarly, Erika identified how one structure or activity put in place, could serve multiple purposes and processes, based on how the space and interaction within these structures and activities, is facilitated.

*It was almost a two-pronged intervention, because I didn't want to completely isolate [Area A], and only focus on a select group of clients, so it was two-pronged in a sense.*

*I ended up doing photovoice with two of the clients from [Area A], which in itself, I think was...*

*...an opportunity for their voices to be heard which is not something that happens often, and also to know that they were working – that their stuff was going to be used to further and benefit something else. So it really gave them a sense of meaning that they are contributing to something valuable...*

*...So you had the presentation with the family members from [Area B], but it was using the photo-voice from – and the powerpoint that was generated from participants in [Area A].*

Working with stakeholders to create facilitation tools was identified as being beneficial through the process of developing these resources as well as in their intended outcomes. Erika described this participatory multi-pronged approach.

*So we generated a powerpoint together after all the photovoice interviews and elicitation, and made it confidential. And it was also good to use people from [Area A] because they – you need distance, for the - problem-posing. That was the thinking behind the photovoice.*

For occupational therapists within the study, the use of Occupational Science Constructs (OSC) and other theories were used to help shape not only the particular activities and techniques used within praxis, but also identify who practitioners work with as well. Erika continued,

*Well, it [occupational consciousness] really influenced all my planning and the design of the campaign, for sure. Um, because if that wasn't, the mid-term goal would be different. Maybe-*

*I wouldn't be working with the families? I would be working with the clients in the organisation and linking it – you know it would've completely shifted the whole campaign. And I think I kept it very much in my brain the whole time, during the problem-posing. So that really influenced the conversation- why we were having this conversation.*

Linda suggested that the conceptual guide offered by the Occupation-based Community Development framework, allows critical questions about participating in occupations to shape praxis.

*We have to actually also go back- physically go back to ObCD and those lists of questions ...*

*... actually like go through each point and like, 'have you answered all these different things' ... in terms of what they do.*

Participants highlighted needing to consider stakeholders' occupational engagement beyond the contact-time that one might have with any particular stakeholder or organization. Grace acknowledged,

*What's really helped me since I've been supervising, is to think beyond the campaign.*

She highlighted that facilitation may be understood as a dialogic space that intentionally focuses on expanding perspectives, towards promoting occupational justice beyond the confines of interaction between the practitioner and stakeholders. Grace continued,

*I'm finding it easier to help students recognise that when you're facilitating those groups ...*

*... between the Grade 7's and the Grade 11's, you are mindful of their occupational well-being, way into their 40's; 30's; 50's; 60's. ... You're facilitating the dialogue in such a way that you're making small little shifts in the way they think as a human or the way they behave as a human. Whereas it's not just about, 'I'm helping you with your homework. It's due on Friday'.*

The occupational therapists applied various strategies for identifying and creating opportunities for connected dialogue and doing, along situated processes of engagement.

## CATEGORY 1.2: Intentionally Doing With

Drawing on the value for human doing and being, intentionally doing with stakeholders and roleplayers was used strategically to expose factors influencing occupational engagement and similarly, to influence the nature of participation amidst the challenges that such co-constructing of

praxis presents.

In valuing the wisdom and insight that stakeholders brought to praxis, the participants acknowledged that processes of change continued for individuals and organisations regardless of our presence as practitioners within a space. As Grace commented:

*The real undercover process that's happening, with or without the students. You know like? Coz ya, like, Kaplan says, 'Communities develop. With or without you'.*

Participants highlighted that practitioners need to consider the knowledge and experience of stakeholders in co-constructing praxis. Charlie highlighted this alternative approach to intervention,

*Um and I think the big differentiation is that: the mutual understanding of what the need is, in- in ObCD, as opposed to just understanding the need.*

Charlie reiterated the need to partner in praxis from the moment practitioners enter a space,

*I wouldn't go ahead with a campaign, until I've shared my perspective of how I've come to understand what's happening, with those I'm working with. So you getting – it's constant partnering. It's partnering from the beginning in saying, 'how do we understand these issues?'*

Having noted that the emphasis is on collaboratively formulating what the need is, Linda questioned whether occupational therapists effectively invite the contribution of stakeholders and roleplayers in co-constructing praxis.

*... often I think the way that it's been done, with students is that it's not even a conversation that happens with the participants - "Although, they're here and I'm analysing how conscious you are over there." (Focus group)*

Having a one-sided view of occupational engagement within a context was problematised. Jade mentioned that a biased perspective prevents using that perspective to bring about change.

*I feel a lot of, a lot of OT- it's such amazing knowledge but a lot of it only OT's have; and then when you're trying to work with other people- I find it so important that, they know about it too, so that they can also give their perspective. Because we're trying to find an Occupational narrative- perspective on someone, without that person's input on the actual information. So if they don't know about it, how can I apply it to them?*

Participants discussed the challenges they confronted with praxis, particularly with regards to marrying what is understood about how engagement occurs, with strategically interacting and doing in order to shape engagement. Charlie explained,

*But I think that, in ObCD - there's almost, um two ways we think about occupation being located in the process ...*

*... The first part is how we understand the issues, in being located in occupation, ...*

*... The other part of it is, how do you use occupation or activity, I guess, within the design of an intervention that you're working on. ...*

*... Like, what is the relationship between those two aspects of the occupational perspective? How we see and how we use occupation. (Focus group)*

Participants noted that occupational therapists can find it intimidating to couple what they see happening, with actions to address these situated happenings. Thus struggling to integrate these elements of praxis. In the focus group, Linda reflected the following,

*I think there's a lot more development in how [students] see the issues from an occupational perspective - and there's significant development in occupational science and understanding of context. But I think there's still the actual intervention and their role - or the types of things that they can do, is still quite fragmented.*

Miriam highlighted the need for creating spaces in which such informed actions and dialogue, could be facilitated.

*But then you are keeping it dynamic in order for – to be open to everybody...*

*... Ya, and I felt that the organisation becomes vibrant, it becomes like a, how can I say, ... an epicentre? Or like, a meeting point for different people to come and engage and interact and maybe learn from one another; share skills.*

Occupational therapists acknowledged that intersecting critical perspectives with creating such spaces for dialogue and engagement, could not be separated nor predicted. Charlie expressed this complexity in saying,

*So It's almost like a challenge to being able to really critically use an occupational perspective, are the logistical aspects of running programs and different interventions like that almost like interfaces and shapes – they shape each other. And they can't really be separate....*

She noted that the ongoing evolution of occupational perspectives and engagement determined what was designed and with whom.

*...and I think with OT's doing- that we propose are doing this kind of work, - It's like the students said to me, like what do we do next week, it's because, I'm not telling them- there's like 3 groups a week, you're gonna run those groups; 3 individual sessions. It's because we are actually saying, depending on what the occupational perspective reveals, this is- you need to design in accordance with that, and there isn't a recipe for that. (Focus group)*

Furthermore, occupational therapists expressed the need to look out for moments to engage in dialogue. Charlie challenged the spaces occupational therapists have traditionally seen as moments where impact takes place.

*It's because we understand sessions weirdly. Like, we understand a session, as a thing you do with an activity, or like a particular, [developmental stage in paed] but actually I think that's problematic for our thinking. (Focus group)*

Grace shared how in-between-session moments could be viewed as instances for connecting and engaging.

*Okay, Nosizwe is not on the same page with us; and the group is falling apart...*

*...Because that happens, like you said, in-between the sessions. And then suddenly we realise, Okay this is the strategy. We need to start having pre-session um like pre-session time with Nosizwe, before the session happens.*

This preparation and relationship building time was seen as key in ensuring praxis resonated. Participants noted that occasionally facilitated sessions bred a sterility, where organisational members were less at ease with the practitioner; owing to the formality that may be ascribed to such set moments and spaces. Jade noted,

*And in a session, you know how the [members] are, they suddenly become quiet; one is talking more than the other; someone doesn't even look at me; someone is looking on the floor, you know, those kind of things. But, on a normal interaction, they're interacting with you; they telling you exactly what you [they] think; so, I think that really highlighted a lot. That it's not about the sessions always.*

Jade thus noted the benefit in the participatory daily-doing that builds relationships and understanding.

*Sessions are valuable but it's just that every-day-moment-to-moment interaction that facilitates um, an*

*understanding of the people that we interacting with- or that can facilitate change; that can facilitate occupational consciousness in someone. If I could put it in that way?*

Sessions were therefore seen as bite-sized moments influencing ongoing dialogic processes.

Participants highlighted that praxis therefore required occupational therapists to challenge how they use Participatory Action Methods to bring about a change in occupational engagement. Charlie emphasised that any method or technique could be applied,

*I think that, maybe the terminology: participatory action method, frames the application ... because it's more an approach, for me. But, it frames it almost like it's going to be reserved for sessions, whereas actually what you need to be is, whatever – what we're saying is actually any kind of method can be participatory, because being participatory is a way of being in the world; there's principles for a participatory approach and how you think about yourself, especially when you're an outsider to the actual context and how you are going to work.*

Therefore, it was viewed that in some instances, being participatory meant participating in everyday occupations with people, as Charlie described,

*But I think the thing is to say, 'I will know what my role is, once I have had sufficient time to build relationships'. And that's the key part of Initiation, is that. And what you're saying is that at [organisation A], the way to build relationships and to be participatory, was actually, to be part of daily-doing, and that's the only way you could understand that doing. So it's saying, I will know what my role is, but- that role will become clear by doing with those who I'm working with.*

Moreover, participants identified the risk of reserving the facilitation of dialogic processes only for isolated sessions, but rather seeing it as ongoing throughout praxis. Mirriam noted that particular structured spaces for dialogue may enhance understanding, but there was still a need to translate understandings and perspectives into meaningful action throughout daily-doing.

*What students usually want to do, is have that [dialogue-sessions] become their occupation, which is quite difficult, because if you look at it – as conversations people don't have everyday. They won't employ it as an occupation to have on a regular- And if it's not going to be meaningful then you can't really call it an occupation.*

At times occupational therapists needed to create opportunities for engagement in activities as a stimulus for further action-learning. Grace cautioned that, whilst focusing on dialogue, occupational therapists should not lose sight of the action.

*There's a time, for dialogue and critical changes and shifts to be made, but there's also a time to actually do something with your hands.*

Daily-doing was used strategically by occupational therapists to shape praxis. Charlie explained how factors influencing occupational engagement, particularly socio-political and historical factors, can be uncovered through this daily-doing.

*So saying, occupation is actually transacting with: people; other occupations; the context; other organisations; groups; the issues that are happening in communities.*

*So, I think the complexity is that: these other issues – the kind of issues that people generally focus on in community development in terms of saying, 'well, how do we actually sort out poverty?' We actually seeing the daily-doing transact with those issues. And it's offering us a way of seeing; that might be different and helps us explore perhaps a different way in which to intervene, into that situation. (Focus group)*

Getting involved in daily-doing or facilitating particular activities, allowed practitioners to experience critical incidents that could bring about understanding. Linda noted,

*So there needs to be- almost like a- I want to say like a hot engagement or action.*

Linda explained how having a shared experience is required, on which to reflect and learn together.

*So maybe it's not about what the occupation is...*

*...but what, what it elicits? In terms of a response that highlights, needs.*

*I'm thinking just with the action-learning, like you're not going to choose an action that's just like, I don't know, that doesn't have any kind of response to it?*

*How much are we pushing our own thoughts on what the need is? Um and I think the big differentiation is that: the mutual understanding of what the need is, as opposed to just understanding the need.*

Grace reiterated that interacting in daily-doings is part of building organic relationships, connected, not only in understanding an issue, but in praxis that contributed to daily life within community.

*... participatory approaches and authentic relationships; building where my lived experiences are also shared with the people I work with. So we don't 'extract' knowledge and lived experiences, we too share personally and in a genuine manner. So that we actually become a part of the community, in an authentic way where no one has undue expectations of each other. A true partnership. (Member checking)*

If true reflection; learning and a connected understanding occurs, then praxis could be shaped no matter how many times practitioners come in and out of a process. Recognising all stakeholders as contributing; intentionally partnering with, and not sidelining those worked with, are strategies characteristic of the praxis described in this study.

## THEME 2: Situating occupational perspectives in socio-political & historied contexts

Theme two highlights the need to be cognizant of how socio-political factors and the historical legacy of a context influences praxis (Category 2.1). Therefore situating praxis within the specific contexts in which occupational therapists work. Recognising that the specificity influencing engagement and dominant taken-for-granted ways of doing and thinking, shapes praxis (Category 2.2). The theme continues to suggest ways in which dominance can be counteracted through being intentional to identify critical incidents throughout praxis (Category 2.3).

### CATEGORY 2.1 Challenging hegemonic discourses and structures

Participants acknowledged that invisible and taken-for granted ways of thinking and doing were influenced by socio-political and historical aspects of the contexts within which practitioners worked. These factors could hinder co-constructed praxis and therefore required that occupational therapists challenged these structures.

In South Africa, the oppressive socio-economic conditions of many stakeholders and role-players' past, and present, could influence how such persons perceive their value and worth, as well as how they participate. Jade described this in reflecting on the climate of the organisation where she worked.

*The [organisational members] come from a time where Apartheid was the legal system of South Africa and because of their race and background, they were the oppressed. These [members] still often portray a mind-set of inferiority and “not being good enough” due to regimes put in place in earlier years. In accordance with the definitions, they perpetuate this discourse through their everyday doing. (Campaign)*

Jade drew on the socio-political history of South Africa in understanding engagement within the historied context of where her CDP site was situated and with particular persons with whom she worked.

*Laws such as the Bantu Education Act ensured that the black population had employment in the form of manual labour. For example, women were offered domestic jobs only. This contributed to economic apartheid. Most of the [members] at [organisation] have a history of domestic work.*

*Their jobs yielded very little money to sustain families and provided limited opportunity for further economic growth. (Campaign)*

Existing occupational science research was seen as intersecting with such socio-political views. She continued,

*This mind-set of inability could be contributed by the socio-economic background of our country as their choices has been limited and co-constructed through the transactional relationship between them as the individual, the group as a whole and the community (Galvaan, 2010). According to Harro (2000), 'entrenched mind-sets with limiting views for what is possible is characteristic of states of internalised oppression.' This has been seen in the behaviour and mind-sets of the [members] through their interactions. (Campaign)*

Occupational therapists spoke to how occupational science terminology helped them to identify, describe and explain what is informing occupational engagement and make sense of what is seen.

Graduates named two occupational science constructs that drew attention to socio-political and historical factors influencing praxis. Occupational Consciousness, (Ramugondo, 2015) was used to describe how discourse perpetuates oppression within already oppressive structures. As Jade explained,

*With our observations and assessments, we have picked up on the spoken language of the [members]. Many times the [members] will refer to themselves as uneducated and unknowing. The [members] display certain expectancy for outsiders to come into [organisation] to be the sole providers of funds and ideas to enhance the activities provided at [organisation]. Most of the time, the outsiders consist of white bodies, the exact form in which their previous oppressors took. It seems to perpetuate the cycle of oppression as the help is always being provided by the outside and the [members] are seen (or see themselves) as unable to help themselves and own [the organisation] in the way that empowers them. (Campaign)*

In Jade's campaign, she made use of Galvaan's work on occupational choice and how occupational injustice shapes her analysis of how a particular historied context influenced engagement.

*According to Galvaan et al. (2011), the effects of poverty and inequality compromises people's capacity to participate or 'do' in their daily lives. This restricted 'doing' narrows their possibilities for experiencing health and well-being, as resources for living and for making a living. We can see this in the daily lives of the [members] at [organisation]. (Campaign)*

Occupational Choice, (Galvaan, 2014) was applied in highlighting the limited opportunities that individuals or groups might have available to them and thus, skew the choices they make. Andile commented,

*For the grandmothers that are involved in the [children's program], the occupations that they currently engage in are expected of them in the context of [organisation], these occupations are not necessarily what the grandmothers chose to engage in. Having to care for the children of the new generation, the grandmothers are expected to engage in occupations that they were not previously exposed to when they were growing up or raising children of their own. These occupations are influenced by the volunteers, from overseas, who plan games and activities to engage in with the children during the week. Their choice of games and activities are highly influenced by the unique western culture that they bring to [organisation].*  
(Campaign)

The participants recognised that the dominant view of what is seen as desirable influenced the way stakeholders saw and valued their own knowledge. Andile illustrated this with an example.

*...the Department of Social Development have specific requirements for the organisational structure, which includes the modern aspect of having to complete a daily register for monthly reports. These modern practices stem from Western culture, which suppresses the olden indigenous knowledge system and enforce these western practices (Mokuku & Mokuku, 2004). This has resulted in the [organisation members] seeing the indigenous knowledge, that they have as inferior to the modern practices influenced by western culture.* (Campaign)

Furthermore, Mirriam identified that the occupational marginalisation evident for some organisational members was reinforced by invisible attitudes and practices held by influential organisational stakeholders within that specific context.

*Another occupational risk-factor that we have identified is occupational marginalisation of the [organisational members], where other [members] are excluded from participating in occupations in the organization due to the invisible norms and expectations set out by influential and decision-making bodies of the organisation (Stadnyk et.al, 2010).* (Campaign)

Participants noticed that this organisational culture could perpetuate marginalisation and hinder collaborative co-construction within praxis. Occupational therapists may recognise the disequilibrium between an organisation's vision statement, and the invisible values that members of the organisation hold. Mirriam noted:

*The [members'] occupational engagement revealed a change in intention from being for social cohesion and common good, towards being about individual benefit. This of course is against [organisations'] vision and motto being about togetherness [motto stated]. Ramugondo and Kronenberg (2013) describes the disconnection between intention and action as having serious consequences. (Campaign)*

Furthermore, practitioners considered how personal characteristics could be targeted as undesirable, thereby institutionalising oppression, and consequently devaluing a human-being. Jade gave an example of straight hair being desirable, which stemmed from deep ingrained notions of eurocentric features being the pinnacle of beauty.

*So I, I really realized then and there, that um.. it's a system- against people of colour; targeting their hair.. um, superficially. But then, if you think about it it's targeting their self-esteem and their self-worth and.. it impacts every area in their life.*

She recognised that this interpretation and insight into the context in which she lived and worked, altered the way she valued herself and altered the way she decided to be as a person.

*So- these systems can attack every area and it just keeps you oppressed and, unknowingly. I mean, we don't know about it, because it's just the norm.*

This insight into underlying factors influencing ones own occupational engagement, requires that practitioners be intentional about how to address this dominant discourse, through subsequent actions. Jade continued,

*So then after that, after that awareness about it, I made a conscious decision to go against it and I stopped setting my hair. And I had made it curly and natural afterwards.*

Seeing the multiple factors within society influencing engagement helped practitioners to identify where to focus the dialogue. Charlie explained,

*So, if we take as an example: like, gang violence in Lavender Hill and the way government quickly intervenes into that as a – that they intervene at the level of the symptom, without understanding how does occupational engagement in gangs come about and what purpose is it serving? And why therefore do we see this at a community level? So instead we bring the army and the police in to stop the symptom of it but we're not really understanding how people's engagement in that community is connected and why we see certain patterns of engagement.*

Moreover, Andile challenged his own assumptions; acknowledging his limited contextual knowledge; and considered the contribution of the grandmothers with whom he worked: their wealth of knowledge, experience and wisdom.

*So I think one thing that was quite important and like also humbling in a way, was that, um, in the beginning we went in thinking like, 'You know what, we have to come up with all the solutions,' and then, um, we had to like, take a step back and be like, 'you know what, these people, they know their environments best, um. They know what they want best; better than us'. Um, so actually, use what they have, and like, use the - what's appropriate, um, within the environment, and um yes, get that buy-in from them, instead of us coming with these prescriptive, um, ways of like actually looking at things.*

Similar to occupational therapists contesting the perspectives and assumptions that they come with, there may be a need for this disruption to occur with stakeholders. Erika noted the injustice evident in the way community members engaged with their family members who were living with disabilities. She advocated for an unlearning of the prejudices of these community members.

*It is important that this mind-set around what [the site] is, changes as well as the way in which the clients are treated at home. This is important because the clients have occupational rights and these rights deserve to be upheld...*

*which,*

*... include; the right to experience occupations as meaningful; to develop through participation for health and social inclusion; to exert individual autonomy through choice of occupations and the right to benefit from fair privileges for diverse participation in occupation (balance).  
[Campaign]*

Erika recalled her observation, that the change in the perspectives of these stakeholders was evident in their shifts in discourse as well as in their interaction with their families members.

*I do think that the family members were showing commitment to – to their family members with disabilities, and a commitment to thinking in different ways,...*

*... I felt that they were having a shift. So for me that ...*

*...was when I felt, okay, maybe there has been something – It sparked something?...*

*... Just from the way that their sharing changed, from the first group to the second group. And the way that they spoke about their family member. Um, it went from, talking about him as if*

*[pause] he was a child more to: 'Oh! Nathan likes to do this. He's really good at this. He um, he enjoys' – speaking about him as an active doer; as a person just like them, with interests and hobbies; and aspirations. [pause] That was how I kind of saw the shift. Just the way in which they spoke about him in a slightly different manner.*

Intentionally facilitating opportunities to disrupt the taken-for-granted ways of doing and thinking for both practitioners and stakeholders, thereby promoting praxis that resonates within context

## CATEGORY 2.2 Questioning multiple knowledges

The occupational therapists in this study recognised that there might be multiple ways to interpret occupational engagement, thereby emphasising the need to be reflexive and critical of what attitudes and assumptions practitioners introduce into praxis.

Participants reasoned that perspectives on occupation need to be relevant and shaped by situated spaces in which engagement takes place. Occupational science constructs, concepts and theories were therefore seen as evolving constantly, based on who applies them and in which contexts. Charlie continued,

*I think the one thing we have to be critical of, I was thinking of it earlier, is that the constructs actually – we can't take them as set in stone and as completely developed, because we still always developing our understanding of the constructs.*

Furthermore, it was noted by participants that considering the philosophical underpinnings and context in which a majority of occupational science concepts and theories were developed, is one way of ensuring that perspectives are relevant to the specific contexts in which practitioners work, Charlie commented,

*I think the one thing we have to be critical of, is what example was used to understand where that construct came from?*

*So if we think about occupational possibilities? It was an example of ageing in Canada, and um, I think it definitely has value, but I think it's also to be critical of again, you know, what is the theory we're using to understand-*

Consequently, the interpretation of concepts evolved during praxis as the occupational therapists were informed by and informed the spaces in which the concepts were utilised. Charlie explained,

*I think it's so context-based so it's going to play out differently; in different contexts with different groups. Depending on the issues. Depending on what we see as issues with occupational engagement.*

*So actually the examples of what's happening in practice here, shape how we understand what 'occupational possibilities' are.*

Participants identified having to question which forms of occupations and procedures practitioners view as valuable or health promoting. Grace noted,

*We need to almost completely undo our understanding of occupations and consider broadening our tapestry of occupations that western ideologies would not deem as occupations. e.g. smoking on the corner or stokvel meetings, etc.*

Charlie pointed out that occupational therapists need to recognise that there might be multiple ways to perform a task.

*If you had to take almost a decolonial perspective on what you're seeing, how have we come to think about what knowledge is valuable, um and how that knowledge translates into daily-doing. So for example, if you look at how the grandmothers behaved- or managed their stokvel, they actually do know how to budget, and to work with numbers, but it's different from the way we would have been taught budgeting skills, or maybe that strong focus still in occupational therapy in terms of the interpretation of occupation in a very European-white-world, I guess.*  
(Focus group)

Therefore, practitioners needed to be reflexive and critical of what attitudes we introduce into our praxis. Linda highlighted,

*... trying to think about it differently, is very confronting.*

*In terms of having to really look and know yourself a lot as well, in terms of what you're bringing to - what the therapist is bringing to- or how they also see occupational perspective.* (Focus group)

Additionally, occupational science concepts were used in considering other possible outcomes and ways of engaging within praxis. Charlie continued,

*I think the constructs are particularly helpful...*

*... because it pushes you to think of alternative ways of engaging with what we are actually seeing.*

## CATEGORY 2.3 Contesting dominance in the everyday

Participants highlighted that dominance within contexts manifests throughout the day and in various spaces. Therefore, the occupational therapists resolved that effort needs to be placed on the practitioner to acknowledge this dominance and challenge it through one's own ways of doing and being with roleplayers.

Participants recognised that hierarchies of dominance between people can be perpetuated through every area of life. Jade described this in recalling her personal journey.

*So, the very nature of relaxing your hair, is telling your hair that it is not good enough. It needs to be straight; it needs to be different. So, that hegemony of straighter hair is more beautiful...*

*...that straighter or lighter hair is more beautiful than curlier, or and darker or kinkier hair.. and it's made to keep people under oppression because oppression- or how people keep people oppressed, is not only in, like their finances or their careers. It's in every aspect of their life.*

The impact of contesting dominance could go beyond the particular area in which the contestation began. For example, Jade explained that this understanding could extend to noticing similar patterns within society at large.

*OT really shifted my whole understanding of the most simplest things because, even- if you look now in the- in Clicks in Dischem- like if you see the systemic change, there are much less products for relaxers; much less of it. Because many women have made this change, so it even has an economic impact: this consciousness that women have...*

*...Because women are now embracing their natural hair. And we can see how it overflows, even into- that industry: the beauty industry. So it's- it's phenomenal. It is, it is impacting in every area.*

Erika expressed the effort that she invested in crafting incisive questions that could unlock more critical thinking around dominance.

*When reflecting on this whole session I am just frustrated and upset with myself for not having the ability to challenge enough....*

*And,*

*... I felt like when I did ask questions; the answers diverted the point I was trying to get at and then I would get disheartened and I wouldn't probe further. I am just struggling to not ask leading questions or be too emotional in my questioning. (Learner's Log)*

In participants referring to themselves as being positioned external to an organisation, Mirriam commented that one of the roles of such an outsider was to pose incisive critical questions that could identify the everyday instances of dominance that arise.

*It can be an outside source. So like us, for instance, as students. Maybe raising energy making things; having those heated discussions, conversations with participants.*

Contrastingly, Mirriam illustrated the value of being positioned within an organisation, which could strengthen engagement within these dialogic processes.

*It's almost as- if you can bring it down to the molecular level. Like when water's boiling; the molecules in the water, they start slow; they shake obviously, um, because there's energy within the molecules. And like those energies like, heat up; and influence other molecules within the water, to eventually get the whole jug of water boiling [giggle] if I can put it like that?*

Notwithstanding that traditional spaces might prescribe certain positions to occupational therapists who work in particular spaces, influencing how partnering and engaging take place. Grace mentioned,

*That was something that we only realised in the middle of the block. That needs to happen. Because the learners were coming into the wendy-house; sitting in a circle, and they were strangers! Like, You know – the students were seen as another teacher. You know like, they didn't see them as a partner in changing our lives.*

Furthermore, participants realised that when practitioners enter into a process of another organisation, it is their responsibility to make an effort to connect and understand one another. Subsequently, participants shared how, at times, occupational therapists need to get out of the traditional spaces in which they work. Grace explained,

*I mean for another site, it might be something different that you need to do? Like, I know – for the [students at a site in Lavender Hill], when they were here last year or the year before, um, one of the things that has never been done before, that we realised this needs to happen, was that the students have break with the kids, in the quad. And played soccer with them; and sat with the girls on the side; plaited hair. Whatever.*

Grace emphasised the need to negotiate how to foster ongoing connection and communication with stakeholders. Participants highlighted that language-use was a strategy occupational therapists need to intentionally work with.

*In terms of the language thing, ya that is huge. And my um, my approach to that has changed so much like over – from block-to-block. So firstly, like, I've always told students that – it is not their [organisation members'] problem that they don't understand you. Right? It's your problem. Because there's more of them than you. Right?...*

*...And so, I really leave it up to students to really navigate and negotiate how they're going to communicate with their partners.*

Grace likened this responsibility to a business partnership, where, the stakes are high, and therefore all efforts are focused on ensuring understanding is shared.

*So... I always tell them the analogy that if you, for example had a business partner, and your business partner was deaf, and you were not deaf, and you both owned the McDonalds on the corner. The both of you are gonna freakin' find a way to communicate with each other - for the sake of the business, right?*

Grace commented on the issue of translating within spaces, noting that efforts towards being participatory require practitioners to make sure they can hear what other stakeholders have to say.

*You know, the question about the critical shifts - because that often gets lost in translation. Often a [member] will say something and then you'll see everyone's faces will change and then you're like, 'What-Wh- what did you say?' But you can't interrupt them, because like the moment is like so tense, so you can't like say, 'Sorry, can you translate that?' You know, so, you let those slide. You let those go. But it's like you know, you do need to at some point ask somebody to go back to, 'could you please tell me what that-' Ja.*

Participants recognised that engaging with stakeholders, inquiring or disrupting practices at these vulnerable levels of oppression and privilege, requires a level of relationship, that it built over time. Grace reiterated,

*Contesting dominance requires courage, risk and vulnerability and this requires relationships, trust and support. It's easy to tell someone to not accept things that are happening in their lives and contexts but not so easy when you realise the complexities and risk. 7 weeks is not enough time for this to be done justly, so it requires a more long term relationship and trust. very challenging. (Member-checking)*

## THEME 3: Negotiating Positionalities

Theme three discusses how praxis, informed by socio-political and historied contexts, necessitates that practitioners navigate between their identities; positions and power. This involved occupational therapists recognising their positionality in relation to oppression and privilege and that their positionality could reinforce dominance and marginalisation (Category 3.1). Participants needed to respectfully negotiate these tensions (Category 3.2), and consider ways of connecting and contributing to praxis that were counter-hegemonic and humanising (Category 3.3).

### CATEGORY 3.1. Recognising intersectional identities and assumed roles

Participants drew on their social identities and the personhood of stakeholders in building relationships and navigating through the subsequent expectations held by roleplayers as identities of stakeholders and practitioners intersected.

Practitioners noted that applying an occupational perspective in praxis required that their positionality, is considered. Charlie reflected,

*An occupational perspective is never separate from, the person who is taking that perspective. So it's about who that person is, as a therapist, coming in. And how they're using that perspective, and it can't be, separated actually. Because it's- as much as it's about the lens, it's also about the eye that's seeing through the lens, in a particular way. (Focus group)*

Therefore awareness of one's identity meant that occupational therapists could draw on personal strengths in order to service emerging processes, as Grace stated,

*So I just say, you know, now's the time you actually can't just be the OT student. You need to be, Mia and you need to whip out what Mia has got to offer.*

Andile highlighted how his intersectional identity, allowed him to enter into more familiar relationships with organisation members.

*Um, being black, um, I think from the get-go when I got to the sites, the grandmothers had some liking for me, um. [big smile] They almost took me as their grand-um- grandson in a way. Um, I think a lot of them have, either grandchildren or like, sons who they don't see every day. So I think I represented that...*

*...Like where, um, the grandmothers saw me like as a child, as their child. Yes I was working there but I was more of a child than a colleague to them, yes.”*

Andile continued by noting that this familiarity could allow for transparent interaction, where both positive and critical feedback could be candidly shared.

*The fact that I am black, speak a bit of their language and that the grandmothers see me in their ‘church service’ makes them perceive me as homologous to them regarding religious beliefs (Wetherell, 1996). These intersectional identity similarities affected the manner in which they relate with me....*

*... I.e. they would direct their compliment, complaint and answer questions at me instead of my partner. [Equity & Diversity Log]*

Furthermore, participants noted the importance of considering the personhood of stakeholders and how this shapes the building of relationships. Linda commented on this need to connect as humans, whilst taking guidance gleaned from theory.

*Umm, but those that like, just looked at the person; looked at the community; um, they would almost be more innovative and creative and see the need in a, more real and leveraged way- like, a way that they would find leverage points to be able to intervene...*

*...So we've got the framework to follow. But they get, I think they get really caught up in, in all the different words; and what do I need to do, ya. And sometimes it's about being, being human and I think- just doing the relationship side of things.*

Linda further explained that students faced practice quandaries of balancing demands to build relationships with that of focusing on tangible objectives.

*So it's like, ‘Okay, I gotta take time to do relationship. But ah, then, I've got to do- I've got to design an intervention.’*

Participants identified that occupational therapists need to be aware that contextualised identities of stakeholders and practitioners intersected with one another and therefore influenced the expectations of individuals within particular relationships. Andile described how the associated cultural-norms influenced his participation with stakeholders and the roles that he assumed.

*So there were instances like, where you find that, since we have that relationship, which is motherly in nature or like family-oriented in nature, the cultural norms still had to be maintained. Which*

*become almost like a hindrance, in terms of productivity because sometimes you have to like actually talk about the difficult things...*

*...Because you already have a relationship, that has a hierarchy, in that they're already higher there; and I'm already like there at the bottom; and I'm expected to always, um, take instructions from them, and it can never go in reverse.*

*Culturally, um, a boy can turn into a man at sixteen. So they actually then get to a point where, regardless your age, they [grandfathers] see you as a man already and you can actually have- you can make decisions with them, as an equal stakeholder,*

In highlighting the commonality of intersecting identities of roleplayers, Jade commented on the opportunities as well as barriers that exist to connecting with stakeholders.

*I think one of the barriers to really establishing relationship is definitely language; and cultural um, differences. Um, especially within that setting: working with the grandmothers and even though we are- I am also a person of colour and they're also a person of colour; we are from different tribes. So it's- it's very different in how we understand things and also...*

*...there's like a big generational gap between us. So what they have experienced and what I've experienced is two totally different things. However, there were lots of similarities as well. Things that we could really connect with. In the way that they would treat me like a like a grandchild, but still allow me to do my work.*

Erica drew attention to the way that her race, age and gender and associated positionality shaped her participation in praxis.

*I know I have, uh, skills to share, especially with all the CDP background. But I'm also very aware that I was a newcomer – how it's a predominantly black area. I'm young; I'm female, and I'm in my first year of working.*

*How can I navigate all of those things; still being respectful but still trying to facilitate some change. So that's been a bit hard.*

Furthermore, participants commented that organisations, might have particular expectations of the occupational therapist's role, Linda commented,

*There's different perspectives from the community in terms of, some people are like, 'Oh you educated so you need give us skills and resources.'*

For example, certain organisations, that may be used to having student-professionals visiting and giving health talks, might expect more skills-based services from occupational therapists. Participants reflected on the tensions that such expectations could create. Grace noted this in relation to the purpose of a practitioner working with an organisation.

*So there was often a confusion about- when OT students would come, cause they're used to a student would come like, for an afternoon; they'll give like a presentation. You know, usually like Dietetics, like, "this is healthy living," or physio "this is healthy", you know, "move your body," and usually there'd be an activity very concrete and then like leave with something; and then they would leave.*

Considering the above tension, Grace contended that, being a health professional is part of considering which identities we bring into a space and the subsequent expectations that are attached. She shared,

*It was difficult, because when we visited a branch. It was like, 'Ons is van hoofkantoor!' ['We are from head-office', in Afrikaans] You know, but you also want to be an OT, building a relationship with the people with intellectual disabilities in a protective workshop.*

Similarly, when occupational therapists assume management and simultaneous facilitator-type positions, these sometimes conflicting roles could create a disjunct in stakeholders' expectations of the occupational therapist. Grace continued,

*You know, it was really difficult for people to – for people to see you switch between the two. But you had to! Because.. you had to write a branch report. You had to, fill in, you know, [funding proposals].*

In shifting between roles, participants reflected on the paradox between the power that the occupational therapist exerts and the expectations put on each roleplayer, including the practitioners. They noted that this influences the nature of participation. Linda explained this might be the case in navigating between occupational therapist as a youthful community member, versus 'expert',

*I think because [student OTs] want to, um, they want to show respect, to the community. They're aware that they are young. They haven't maybe built that kind of intimate relationship to be able to, to discuss those things and I think a lot of- I mean there's different perspectives from the community in terms of some people are like, 'Oh you educated so you need give us skills and resources.'*

### CATEGORY 3.2 Navigating shifts in power by building alliances

Occupational therapists in this study reflected on the need to challenge the positions they might have to step away from or navigate through. Furthermore, partnering with key stakeholders; and strategically facilitating key voices to be heard, in order to address these dynamics of power that could influence the nature of engagement and development of praxis.

Andile spoke to how stakeholders might lend or 'borrow power to' student practitioners. This gave the sense that stakeholders were the ones who determined scheduling and activities, and who allowed practitioners to be involved. However, the practitioners' intent still needed to resonate with the stakeholders' agendas.

*The grandmothers... they would almost like, feel like it's borrowed in a sense. Yes. Where they like, 'Actually we allowing you this time, let's see what you do with it. But know that like actually, we still call the shots.' [smile] Yes. So um, it wasn't there like- you know like when you give somebody power and you like, 'Let's see what they can do.' Not as a complete handover of power, where you like lead the process. [pause] So often for them it was almost like, 'Let's see what you can do, but we still hold the power.'*

For occupational therapists in this study, they recognised that stakeholders being the custodians of power, was a dynamic used strategically to co-construct and influence the dialogic processes. Andile explained,

*So that's why you find it like even in our interventions, it was so important to get them to do the stuff, instead of us spearheading the process. Because of that dynamic, where the ladies like, they're not willing to like, actually be questioned.*

In his interactions with the men of the organisation, Andile continued with describing the benefit and usefulness of allowing power to shift between persons.

*So you found, like, the power dynamics that would often shift, from time-to-time. Which, um, I think, it's more of a healthier environment than having a stagnant, locus of power within a group. So often like when it shifts, at least then everyone then becomes- feels like they are a valuable, um, member or stakeholder within that team.*

Andile was guided by stakeholders, in determining in what way each person could contribute.

*So, with them like, we were on an equal setting. They would always delegate and like actually give that person the space to do what they need to do.*

However, participants found that stakeholders may at times withdraw and allow those in hierarchical positions to shape the direction of engagement. Mirriam described,

*ok there is a higher – somebody higher and these people lower. Which is not actually very productive also... Because, because the participants are seeing that and then it makes them – it makes them look as if – or seem as if you [we] are dependent on that in order for us to thrive as an organisation. Which um, should not be - and it's not actually the conversation or this underhanded message you wanna give to the organisation or the people of the organisation.*

Recognising that power may dictate the dominant agenda being put forward, be it of the occupational therapist or other stakeholders, Charlie drew attention to the need to broaden and draw on perspectives, especially of those who may be marginalised.

*It links back to a way of understanding, that's core to your being, is that you're acknowledging that power is playing a role and that you always questioning and critical about how it might have showed up in different spaces. You know, how do we see that play out and shape what people do. I don't know if it's equal voices as much as, whose voices are needed in a particular point in time?*

*So it's almost being discerning- or thinking about what's required in terms of the process, and not just, that everyone's voice should be equal?*

*And,*

*...rather than thinking about equal voice it's thinking about um, being critical of power and how power, shows up in the process, and everybody is respected equally for their perspective and contribution, but that contribution might be different at different times.*

In this way they were recognising, which voices need to contribute for what purpose, in order to facilitate fuller participation. When power dictates the dominant agenda being put forward, be it of the occupational therapist or other stakeholders, then occupational therapists might need to consider how to give space for voices to be heard that are strategic in facilitating a more humanising praxis. In the context of South Africa, responding to oppression and privilege by examining race in relation to how we participate and work, appears as inescapable. Erika confronted the reality that we have been raised in societies that deem certain identities as more valuable or desirable than others.

*When I ponder on how I perceive [organisation member who has a disability], I begin to think about my innate ideas about disability. Do I innately think that the job he does is worth less than [able-bodied organisation member] or that he is not capable? I think, although I don't want to admit it, these thoughts still creep into my mind and as much as my campaign is about challenging family members' mind-sets, everyday I have to challenge my own thinking. Even as an OT, I have been brought up in an "able-ist" society where people are excluded, dismissed and underestimated and I need to counter that in the way that I think and do. [Equity & Diversity Log]*

Erika shared her awareness of her race privilege.

*I am very aware of how others may perceive me. Sometimes I wish I could escape my whiteness but I cannot. It informs my every way of being, but I am learning to change and be different. I know that people are suspicious of unfamiliar people coming into a community. [Equity & Diversity Log]*

She noted that in addressing this contradiction and ensuring that the praxis that she is part of does not perpetuate this inequality and oppression, there needs to be a relinquishing of some of the intergenerational and systematic privilege.

*I think this block is seriously making me evaluate how I want to practice in future and how I want to contribute to making South Africa a more just and equitable place for all. I know for sure that I cannot continue to do what white South Africans continue to do; safeguard their wealth, build high-walls and have extensive security, have holiday houses, criticise the government and sympathise with the poor and disenfranchised from afar. [Equity & Diversity Log]*

Interestingly, relying on dialogic processes came to the fore as a strategy for navigating through positionality and power, Andile revealed,

*How do I negotiate my clients'/ colleagues'/ peers' knowledge, experiences, expertise and race with my own; religion and culture? I think the best way to approach such situations is to give my perspective and at the same time be willing to allow my peer and clients the opportunity to share their knowledge. [Equity & Diversity Log]*

Offering perspectives, from the position of an outsider, entering into a process, without enforcing it as truth, can allow for ongoing deepening of a co-constructed understanding. Linda shared,

*I think there is also a role in terms of like, 'this is what happened and this is - as an independent observer - maybe, this is what I saw, what do you think about?' And, it's talking about things*

*that maybe are happening- and they would agree with, but it's sitting on an 'unconscious level' -*

By practitioners being critical of power manifesting in particular processes of change, equal participation can be facilitated through discerning what type of contribution is needed and at what times. Charlie questioned,

*So who should be present in terms of particular kinds of conversations or spaces, and who shouldn't?*

This awareness of voice and positionality influenced how occupational therapy students worked together as co-facilitators. Andile explained,

*There were certain times where I would feel that I wouldn't be the right person to speak to them. My partner, she would deal with them, like, better as opposed to me. Because even though like we were both around the same age, um, but they [members] related to us differently.*

Additionally, participants recognised the powerful effectiveness of being candid and honest about the process being engaged with and the perspectives being co-constructed. In other words the seeing and doing of praxis. Grace recalled this strategy as being useful to diffuse resistance and shift this power towards collaborating.

*And if a powerful human being wants to overpower, transparency is what powerful people hate. They hate transparency! They hate honesty. They love fear. They love fear. Th-They love it.*

Partnering where there is resistance was a key element in negotiating power, as participants noted the occasions where alliances needed to be built with those who were perpetuating oppression.

Charlie suggested that practitioners need to consider how to partner with stakeholders who are opposed to transformative change, in ways that would uncover the root-cause of that resistance, and subsequently how to address it.

*So how do you actually think about her, in trying to build a relationship with her that could turn her into a strategic alliance? So even though you know, in sessions with the [other stakeholders], she can be completely disempowering; you need a particular kind of relationship with her, so that she would agree to aspects of the process that you are working, together with the [other stakeholders], on. So, I see having to be strategic, and having to be patient in those kind of situations. I think there's always resistance. It's – again, context will determine the nature of that resistance, and how best to work with it.*

Participants noted that addressing hegemonic discourses and practices becomes more feasible, when

the person holding resistance, is also invited into a space. Charlie continued,

*But, if you've been participatory, in your way of being, and formed certain relationships, it will be much easier, to - it won't be necessarily easier to work with the resistance, but- easy is the wrong word. But um, maybe slightly more manageable, to work with what needs to happen in relation to that resistance – in your thinking.*

Throughout praxis, the need to collaborate with multiple people within society, who were resourceful and potential stakeholders was highlighted by participants. Charlie noted,

*But it's sometimes that the occupational therapist who's using that perspective won't have the skills. For instance, in thinking about, you know, partnerships also being part of this approach...*

*And,*

*... We then need to build partnerships with different people; with different professions. We have to stop working in- in silos. (Focus Group)*

Furthermore, she emphasised collaborating with partners outside of the health sector and beyond direct roleplayers.

*Because what we've done is to think about partnerships, yes, with the target group; and role players in the immediate vicinity and maybe some who are part of a broader context, but we haven't thought about how do we work on this issue with other disciplines. We've tried, in, some sites with other health professions. But I think the people who needed to contribute to, um, meeting the needs that we see, are actually people outside of health. (Focus Group)*

Participants emphasised that certain alliances allow for dialogue in a way that other ones might not. Jade, in her respective block, worked with the income generating coordinator and support group coordinator, as these stakeholders were in positions that could influence the larger groups.

*[Mam' Sihle] is one of the staff and is in charge of coordinating the income generation groups. She has an intersectional role as the income generation coordinator, craft skills trainer and previous independent entrepreneur...*

*And,*

*... [Mam' Vera] is responsible for coordinating the support groups. She, too, transfers skills to the [members] within the support groups which are mostly held outside of the premises....*

*... She has a strong influential role at [the organisation] as she is trusted and looked upon. Both [coordinators] are key stakeholders within this campaign as they share commonality with the [members].*

Erika formed alliances with a number of stakeholders in order to multifocally work on a number of various processes of change within praxis.

- *Family members: without alliances with the family members this campaign will not be successful as they are the target group.*
- *Clients from [Organisation, Site A]: so that their stories can be told through the use of photographs.*
- *Staff: so that they are kept informed with the development of the campaign and their future input into the campaign once students are not present.*

*[Handover Report]*

Participants recognised that building alliances needed to be intentional but not forced. Charlie noted that often a particular project might group together all possible participants within an organisation, which generalises strategies and does not make room for organic relationships and partnerships to form.

*It actually reflects the organic- way that occupation usually happens. And I think, it's faulty thinking that we have – not only OT's – but organisations as well, that we are coming to work [with], it's almost like, just because you're a member of [particular site], that doesn't mean you would choose someone to be your business partner. But now we are saying that the issues - it's like the women now there's a whole bunch of abused women but now like okay, cool they can do a business together, [giggle] but actually being an entrepreneur or being a business owner and how that happens organically, is that you would have an idea and you would partner with people you wanted to partner with. So like why is a strategy a group-based strategy?*

Grace referred to how certain key partnerships can evolve and become strategic alliances for particular organisations and processes.

*It was never a strategy from the outset. So the next students that are starting now in Feb, they are going to be told, you need to partner with Nosizwe, from Day 1. Like, that is how it works in this campaign, for this site.*

Doing so can allow stakeholders, to co-facilitate in a way that resonates, and builds greater nuanced understandings.

Furthermore, occupational science constructs and concepts were identified as hooks to target the attitudes of the ‘oppressors’. Erika expressed that oppressors could also be addressed, and brought into praxis, so that a change in the way interaction and participation occurs could take place, for all roleplayers.

*I used occupational consciousness, but in a slightly unconventional way, because the “oppressors” were the target. So it was using occupational consciousness as a way for attitudinal changes of the family members, not for the people with disabilities to now think about things differently and do differently. It was more of a trickle-down effect. So with the family members’ attitudes hoping that that will um, change the doing or the way that things are done with the people with disabilities. So it was um, a bit different but I think it was still alright, and – I do believe that sometimes we could have intervention that is two-fold, because the oppressors are always, um- they need to be targeted too, for real change to occur as well.*  
[Campaign]

Fittingly, the way in which Erika targeted the mindsets the ‘oppressors’ and subsequently built relationships with them, was by creating spaces and opportunities for the voices of persons with disabilities to be heard, speaking to their inherent dignity and worth; followed by critical dialogue.

### CATEGORY 3.3 Cultivating contributions that resonate

Participants reflected upon the limited and yet valuable contributions they could make as fellow human beings, diverse and connected-in-community.

Recognising occupational therapy praxis as being that of co-constructing humanising ways of being together, the question arose how do we position ourselves for greater influence? Charlie mentioned practitioners’ need to be intentional about positioning themselves at levels where they can affect change.

*That’s the interesting thing about an occupational perspective, is it actually um, - I think it provides room to start thinking about taking campaigns to scale. So like there has been some thinking in for example the school around Lavender Hill heroes, and I think there are ways that that can be more integrated into the CAPS curriculum, in terms of work with teachers...*

Linda spoke to the need for occupational therapists to be positioned to influence change on a strategic level.

*I suppose your position is also difficult if you see something and like the organisational society doesn't...*

*... And often it goes a lot bigger than just the organisation...*

*... And to try change that [giggle/sigh] it feels like you go down this rabbit hole of like, Ooh, I want to change this thing. But to change this, I need to change this thing, and it becomes more and more complex in the layers. (Focus group)*

Participants expressed that seeing elements that need to change, without feeling like one has the capability or power to address issues, can be overwhelming. Furthermore, positioning the work of the campaign and overall praxis at levels that are possibly more influential was considered as daunting. Charlie noted needing to see and do praxis multidimensionally.

*So, it's almost like the occupational perspective broadens our thinking, or takes- or just asks us to lift our vision to a more – a broader perspective rather than just the micro-level problems that you're seeing. It says, try to understand how society works and how in this community people engage and how their engagement is always linked to other people's engagement and what is happening in that context.*

However, participants noted the hesitation to facilitate deep dialogue, specifically for novice occupational therapists and students. Certain topics or questions may be too personal or vulnerable, from a cultural or intergenerational point of view. Linda commented on students' positionality:

*From a student perspective - because those kinds of engagements, they're still trying to figure out their position and place and trust with the, with the seniors - is that they're less engaged with those things. They hold back in terms of being able to, um inquire about it. Which, which I understand because you also can't only come in and then, start prodding? So, I think, in terms of the students coming in with their position - and most of the students are very sensitive to their position. So they will be a bit more, um, held back, in general when they see things.*

Therefore, participants resolved that being in the role of facilitator, required a greater level of relationship otherwise actions could seem quite invasive.

*I think because they want to, um, show respect, to the community. They're aware that they are young um. They haven't, they haven't maybe built that kind of intimate relationship to be able to, to discuss those things. I mean, like, maybe like the the deeper, um, kind of root, root issues, that*

*are a lot more based on [pause] -it's on the way you connect with each other and those- those more abstract things that feels like - ...*

*...I would imagine, that would feel a little bit invasive? It would feel, it's a place of vulnerability, it's a place of insecurity. I mean, having those conversations, that elicit those responses are more vulnerable and, um, require a greater level of relationships for those kinds of things. (Linda)*

Linda spoke to the reality that this type of work forces practitioners, to address their own issues of self-worth in relation to what significant contribution occupational therapists can make. Particularly when it is difficult to see the specific influence of one's context.

*I'm an OT, I'm supposed to empower people's lives and if I can't do that Who am I? If that is my core work, um. So it brings up additional unconscious levels of, um, identity and self-worth.*

This discomfort could be expressed and worked-through in spaces that may help make sense of these complexities. As Linda suggested needing a space for such a conversation to take place.

*We don't really speak about that much I think in the work, but a lot of these kinds of reflections have kind of come, post that, when I'm a bit removed from it.*

As Grace expressed, work that acknowledges the years of injustice from the past and present, requires a reliance and dependance on something or someone larger than mere humans.

*The CDRA<sup>10</sup> - they very much firmly believe that you cannot do this type of work, without being spiritual on some level. They have a lot of books written up about spirituality. And you know, even their Barefoot-Guide Number Three is based on faith-based organizations. So they- they acknowledge that this type of work requires, submission; reliance; dependence on something- or someone else. To do this work.*

She noted that there is a trust that moves beyond the confines of theory and physical experience. A trust that is spiritual in its essence. Grace commented on how trusting the process beyond our own capacity is something that could be discussed in more depth in academic studies,

*...they [students] really struggle to be authentic. You know? They struggle and they struggle to not be the most important person, in the process. They struggle with that. And being connected or having a- being mindful of some sort of spirituality; wisdom, um, it- it- you start to become comfortable with not being the most important person.*

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<sup>10</sup> CDRA: Community Development Resource Association

Participants reiterated that negotiating through these complexities, can be taxing. As Linda expressed the desire for each stakeholder to be valued in their contributions.

*There's a lot to hold. [pause] As an educator; as a clinical educator; it was difficult to balance, um, looking at the community; really wanting to see change; holding students that need to be able to academically learn and they actually need to be skilled to be able to make this change. As well as holding my own sense of, um, my own stuff. Like, Like working with students was- is quite- on a psychological level for me is, is difficult because you're holding their own insecurities of not being able to contribute to the community. You're holding your own stuff of like, 'Well how much can I actually impact here?' And particularly if maybe I'm also projecting my own needs? Um, of wanting to make a difference ...*

Moreover, trusting that, in ones fallible yet paradoxically wonder-filled humanity, practitioners make room for all stakeholders to participate, in the broadest sense of the term. Grace acknowledged the need to accept that occupational therapists are human, and therefore humbling connect with stakeholders as such,

*You have to be willing to acknowledge that you don't know everything, you are going to make mistakes, and to apologies when you do. Being human means acknowledging that we are just that. (Member-checking)*

Stepping back to allow stakeholders to step in; whilst prudently negotiating practitioners' own contribution, allows for a more rich and diverse body of knowledge expressed through humans, to be celebrated and drawn upon, and in turn shape how occupational therapists co-construct a connected understanding, towards a more humanising way of being and doing together.

## CHAPTER 5: DISCUSSION

The case in this study was bounded within UCT's community development practice service-learning placements where ObCD was, and continues to be, the framework guiding practice. The findings offer insight into how this framework is applied through *praxis* by describing the co-construction of dialogue that shapes occupational perspectives and engagement with stakeholders, allowing for a more humanising praxis to develop.

The discussion begins with pointing to how the praxis illustrated in the findings resonates with the values of critical and social occupational therapy in working towards promoting occupational justice through co-constructing humanising praxis. Thereby, offering a description of how occupational justice is applied and promoted through the ObCD framework and suggesting that occupational justice implies engaging in humanising praxis, because of its co-constructed journey with stakeholders. Furthermore, encouraging the positioning of such critical occupational therapy in domains that can influence beyond the health system.

### 5.1. The elements of *praxis* promoting occupational justice

Occupational therapists and scientists refer to intervention that promotes transformative action and social change as *praxis* (Aldrich, White & Connors, 2016; Kinsella & Durocher, 2016; Galvaan & Peters, 2013; Farias, Laliberte-Rudman & Magalhães, 2016). In the field of pedagogical leadership, *praxis* is referred to when speaking of one's own professional development *in vivo* (Male & Palaiologou, 2015). Furthermore, occupational therapists have used the term in advocating for occupational therapy and science to consider the political *praxis* informing contexts in which practitioners work (Pollard, Sakellariou & Kronenburg, 2009). However, one of the ways that the findings of this research has added to this conceptualisation of praxis was through the Case Description (:45-49), revealing that the process with which practitioners engage with stakeholders is itself, *praxis*. Highlighting the ongoing evolution of praxis, Theme 1 (:50-62) emphasises the need to engage in co-constructed praxis in order to facilitate transformative change. Similarly, practicing to promote occupational justice, as described in the Participatory Occupational Justice Framework (POJF 2010) calls for applying a collaborative and enabling approach with communities with whom occupational therapists work (Whiteford & Townsend, 2011). Additionally, the case draws attention to a *situated* praxis that can bring about such change in occupational engagement (Theme 2:63-72). These aspects resonate with Freire's explanation of praxis being intentional towards addressing

structures within societies and persons (Freire, 1970). Richards and Galvaan (2018:5) highlight the equal respect and need for ongoing partnership with clients. It has been advocated that by valuing clients' contribution and potential through intentionally engaging with participatory approaches, occupational therapists may be contributing to changes in capabilities and well being (Richards & Galvaan, 2018:7; Galvaan & Peters, 2017b). Theme 1 describes how the practitioners drew on engagements to identify critical incidents that resonate with continuing co-construction. In so doing, changes in thinking and doing with stakeholders could be facilitated.

Likewise, the ObCD Framework suggests that practice occurs with communities through using participatory action techniques and methods, such as action-learning; photovoice and adult education methods (Galvaan & Peters, 2017b). The findings supported this, reflecting the co-occurrence of being dialogic and participatory as paramount to praxis. This was evident in the way that praxis was shaped by the perspectives; assumptions and actions of the people with whom occupational therapists work (Category 1.2. *Intentionally Doing With*). Distinctively, being participatory was not only described as the application of techniques, but was emphasised as an approach applied throughout praxis (Category 1.2:56-62).

In order to be participatory in promoting occupational justice as suggested in the literature (Barros et al., 2011; Galheigo, 2011; Farias et al., 2016; Whiteford & Townsend, 2011), the findings described how practitioners need to critically consider the contextual factors influencing the nature of occupational engagement. In valuing plurality of experiences, Category 2.2. proposes that the questioning of multiple knowledges is a collaborative process, whereby shifts in taken-for-granted assumptions occur (Category 2.2:68-69). The findings showed that the co-construction in praxis did not seek to homogenise perspectives, but sought connection through working with these diverse contributions and multiple layers within praxis, thereby enriching praxis (Case Description:45-49; Theme 2:63-72). Effectively, Theme 2 encourages an unlearning of certain assumptions and a co-construction of more resonating ones.

Furthermore, developing capacity through addressing underlying factors influencing engagement and how groups and organisations operate (Kaplan, 2000), was highlighted as a strategic way in which to promote occupational justice by seeking to understand the root cause of the issue (Theme 1:50-62). Occupational justice is therefore advanced when practitioners consider the socio-political factors, the small “*p*- politics” of communities and organisations (Theme 2:63-72; Pollard et al., 2008) and create opportunities for developing capacity and opportunities to be and do in ways that are valued (Theme 1:50-62; Van Bruggen, 2011; Galvaan & Peters, 2017b; Bailliard, 2014; Nussbaum, 2011).

### 5.1.1. Reflexively working with relational power

The complexities of critically considering the ways in which the intersections of relational power influence how practitioners engage within situated spaces and amongst those with whom they work, is identified by Richards and Galvaan (2018). Category 3.3 (:83-86) highlights this awareness of power and the intentionality in putting effort into navigating the contributions that are offered in ways that will resonate with stakeholders. This is supported by the way in which Social Occupational Therapy promotes engaging in critical reflexivity in practice (Farias et al, 2016; Malfitano et al., 2016; Richards & Galvaan, 2018).

The findings advocate for this reflexivity in order to address the power dynamics that could hinder collaboration and dehumanise by disregarding the lived experiences of another (Theme 3:73-86). Being mindful of the positionalities and multiple identities influencing one another within a contextualised space, is noted as an important element within ObCD (Galvaan & Peters, 2017b). Kronenberg, Pollard and Ramugondo (2011:2) refer to such navigation as '*a courage to dance politics*'. This dance recognises the hegemonic discourses, practices and structures that dis-able a type of occupational engagement that is inclusive, participatory and humanising (Ramugondo 2015; Kronenberg, 2013). Theme 3 calls for negotiating the plurality of positionalities, amongst stakeholders and occupational therapists. Similarly, Westoby and Dowling (2013:28) describe negotiating positionality as a responsive dance-form. The findings echo this responsivity, and describe that it requires turning to the other; considering their lived experiences and contributions; and navigating spaces so that all voices might contribute to praxis (Category 3.2:77-83; Category 3.3:83-86).

Moreover, the findings elaborate on this notion of contributions by explaining that equal input does not mean that all voices need equal allocated time within a meeting or conversation. The study highlights that in negotiating positionality, there is a realisation that voices are weighted, and so is contribution. Therefore, within contexts that are structurally unequal and politically charged, determining which voices need to contribute at what stage in praxis, is being participatory (Theme 2:63-72; Theme 3:73-86). This includes knowing when practitioners need to step back, and refrain from imposing their views. This reflexivity also involves knowing when to offer a skill; view or resource, as a practitioner connected in praxis with stakeholders (Category 3.3:83-86).

Additionally, engaging with such processes that are situated within socio-political and historied contexts, and therefore value-laden, requires a critical intentionality. The occupational science constructs of Occupational Choice (Galvaan, 2014); Occupational Consciousness (Ramugondo, 2015) and Occupational Possibilities (Laliberte-Rudman, 2010) were highlighted in Theme 2 (:63-72) as hooks that could be used to navigate within such critical circumstances. Occupational science

knowledges consequently evolve as perspectives are shared with stakeholders particularly to understand the need and design of praxis as well as to shape the nature of how stakeholders and practitioners engage with one another, to become more resonating (Case Description:45-49).

Accordingly, when resistance to collaboration emerges, practitioners might respond by strategically forming alliances with stakeholders, both those who perpetuate oppression and those that are marginalised, in order to bring about transformative change. (Category 3.2:77-83).

### 5.1.2. Partnering with Stakeholders

In the findings, the term *stakeholder*, has been used to refer to persons with whom occupational therapists work (Case Description:45-49). Category 2.1 acknowledges that the hegemonic structures within a context can prevent true participation because of the dehumanising nature of such social stratification (Category 2.1:63-68; Ramugondo 2015; Gramsci 1971). Gretschel, Ramugondo and Galvaan (2017) called for considering the intersectional identities and positionalities of those with whom practitioners work, which relates to Category 3.1. The findings confirm that occupational therapists need to challenge the agendas with which they might enter a space (Category 3.1:73-76; Category 2.2:68-69) and make efforts to account for these power relations that resist partnership (Gretschel et al. 2017:308). In referring to praxis, therefore the term *stakeholders* can offer a counter-hegemonic strategy for navigating through such power and injustice (Ramugondo, 2015), by preventing the perpetuation of discourse that serves to divide and stratify relationships that are already value-laden within structures (Sewell, 1992).

Additionally, the ObCD framework refers to building strategic alliances with stakeholders in terms of ensuring the process moves forward (Galvaan & Peters 2013, 2017b), which is reflected in Category 3.2. (:77-83). The findings highlighted that stakeholders includes those who might offer skills within a process, ones that the occupational therapist might not have the capacity to offer, reiterating therefore the sense that community development is about being and building community together (Category 3.3:83-86; Category 1.2:56-62). The findings advocate for using the term *stakeholders* to encourage seeking out and forging alliances with stakeholders in ways that can be resourceful and can promote occupational justice (Category 3.2:77-83). The decision for framing *stakeholders* within the case in this way, was based on the overarching value for human dignity and worth (Case Description:45-49) as well as recognising the layers of factors that influence occupational engagement within praxis, (Theme 2:63-72) and strategies for working towards ensuring praxis is collaborative and participatory (Theme 1:50-62).

In addition to this, Gowran, Casey and Daly (2017:268) use the term ‘stakeholders’ in referring to all persons who are involved and affected by a particular service or system. This might include persons within a particular community; industry; governmental sector and within professional services. Accordingly, the term *stakeholder*, offers the acknowledgement of a *community of practice* (Gowran et al., 2017), and the findings add to this intention by conceptualising *stakeholders* as connected-in-community (Category 3.3:83-86). Partnering as connected-in-community, nuances the way in which participation is conceptualised in occupational therapy, by contesting the boundaries of professional-client relationships, and negotiating what a connected partnership might practically look like (Case Description:45-49). This highlights the need to be transparent and connect in one another’s humanity, being willing to share ones limitations as well as contributions (Category 3.3:83-86). Consequently, this connection emphasises the need to refrain from reserving the critical reflexivity and action-learning for a practitioner’s own professional development, but recognising the process of change and evolving perspectives of stakeholders as well. In recognising the journey of another, it is evident that practitioners and stakeholders are connected-in-praxis (Case Description:45-49; Category 1.1:50-56). This supports what Galvaan and Peters (2013) claim that the intervention of ObCD as being ‘*collaborative processes of change*’ which transform the practitioner-beneficiary relationship, to that of a co-authoring process and partnership. Subsequently, discourses and practices in and of everyday life are challenged, through these ongoing discursive processes. Nonetheless, although it can be evident with occupational therapy and occupational science, that praxis is interwoven within the work that is done (Theme 1:50-62). And it is notable that praxis can be seen to be reaching further than the practitioners’ own journey; to including the journey of those with whom practitioners work (Case Description:45-49; Galvaan & Peters, 2013; Ramugondo, 2015). To date however, *praxis* has not been named as the intervention in and of itself. The case illustrates that the entire process of applying an occupational perspective to practice, together with stakeholders, is this praxis (Case Description:45-49).

### 5.1.3. Building a Connected Understanding

Dialogue has been employed in social and critical occupational therapy as a method to challenge socio-political structures perpetuating occupational injustice (Galvaan & Peter, 2013; Gastaldo et al., 2018; Townsend & Wilcock, 2004; Townsend, 2012). In the findings, the recognition for needing to be participatory and co-construct ongoing praxis through using dialogue and engaging with stakeholders (Theme 1:50-62) is based on the valuing of the lived experiences of stakeholders and the plurality of knowledges that stakeholders embody (Case Description:45-49; Category 2.2:68-69). This has been highlighted in the sections above, however particularly dialogue as an aspect of co-constructing praxis, is elaborated upon here. The use of dialogic processes characteristic of praxis,

can be found in Freirean philosophy in framing dialogue as a tool towards liberation (Freire, 1970). Similarly, it is noted by some development practitioners that dialogic processes are necessary for transformative development to occur (Freire, 1970; Westoby & Dowling, 2013; Cheyne & Tarulli, 1999).

In line with its inherent meaning and the ideas of dialogue from Bakhtinian and Freirean perspectives, the study proposes that the goal of such a praxis, is this understanding. The findings of this study revealed that *gaining mutual understanding* (Galvaan & Peters, 2013, 2017b) is characterised by dialogic co-constructions of occupational perspectives (Case Description:45-49). Therefore, this understanding requires a coming together; deconstruction; unlearning; and rebuilding to the point that there develops a connected understanding amongst and between all stakeholders, including practitioners (Theme 3:73-86).

It is therefore proposed to further conceptualise this dialogic mutual understanding within the OBCD framework as *connected understanding* which is generated through praxis (Category 1.2:56-62; Category 3.3:83-86; Case Description:45-49). This connected understanding is not reserved for serving the development of the practitioners, but the connected praxis of both stakeholders and practitioner.

Theme 3 (:73-86) acknowledges that creating a space for enhancing thinking; questioning; inquiry and engagement; and considering all voices at various or parallel moments, can promote reflection in and on action, and amongst one another (Bakhtin, 1981; 1984; 1986; Freire, 1970). When various voices intersect in dialogue, questioning and challenging the congruence between what is known and what is experienced, a '*conflict-of-dialogues*,' may form (Moate & Sullivan, 2015:5; Bakhtin, 1984). This in turn allows learning to be challenged; accepted; rejected or edited towards a deeper knowing and being (Cheyne & Tarulli, 1999; Bakhtin, 1984; Moate & Sullivan, 2015). The findings acknowledge that consensus of perspectives is not the goal in such praxis (Category 1.2:56-62). The goal within praxis is that diverse voices will at critical moments, continue the questioning; continue the dialogue and quest for knowing (Case Description:45-49; Moate & Sullivan, 2015; Freire, 1970). Therefore, the conflict of dialogues is essential for building greater shared understanding (Moate & Sullivan, 2015; Westoby & Dowling, 2013). The voice of another is equally valued and is invited to shape the development of praxis (Case Description:45-49; Category 3.3:83-86; Cheyne & Turulli, 1999). Accordingly, dialogue cannot be disconnected from the experiences and personhood of those in dialogue (Bakhtin, 1984; Westoby & Dowling, 2013; Barefootguide 4, 2015)

Likewise, Westoby and Dowling (2013) alluded to a connected understanding as collective cohesion, distinguishing this from a consensus or agreement, in that understanding does not need to be

homogenised (Case Description:45-49). Rather, it is an understanding that is co-constructed as a result of sitting with the incongruence and seeking to consider the embodied utterances of the other (Category 1.2:56-62), in order to deconstruct some of ones own understandings and co-construct a connected understanding that would resonate within praxis (Theme 3:73-86; Bakhtin, 1984; Westoby & Dowling, 2013; Holms, 2008). It can be argued that this is the intention of Freire, Taylor, *et al.* (2005) and reflected in occupational science and therapy in Galvaan and Peters (2017a; 2017b), through the conceptualisation and guidance of the ObCD framework.

Subsequently, co-constructing a humanising way of being and doing together, is worked out through building connected understanding with stakeholders.

## 5.2. Humanising praxis as promoting occupational justice

The findings described co-constructing praxis as a process and perspective grounded on the value for common humanity; and the celebration of diversity because of this shared humanity. If occupational therapists are not critical about their positionalities, they can dehumanise, by disregarding the contributions and meaning with which stakeholders make sense of a lived-experience (Theme 2:63-72).

In advocating that the praxis described in this study promotes occupational justice that is co-constructed, the discussion turns to consider critical decolonial ethics, which allows for an inclusive humanity as it premises '*pluriversality, a world within which many worlds fit harmoniously and coexist peacefully*'; where one way does not need to be lorded over another (Ndlovu-Gatsheni 2014:910). Decolonial ethics focuses on the liberation of the mind, being necessary within a society that encompasses those who have been reduced to the category of the '*wretched of the earth*' as Frantz Fanon described in his book of the same name (:910-911). As such, '*decoloniality seeks to attain a decolonised and de-imperialised world in which new humanity is possible*' (:910). *Decolonisation* as expressed by Fanon, is concerned with creating a new humanity, and doing so by building and creating opportunities and structures which will enable this ideal (Gordon, 2004). The term *humanising* is synonymous with transformative process of decolonising, as breaking down stratified hierarchies (Case Description:45-49; Theme 2:63-72; Ndlovu-Gatsheni, 2014; Gordon, 2004), and as Richards and Galvaan (2018) suggest in their study, it refers to equals working together, which is supported by the findings (Theme 1:50-62).

The process of decolonisation can therefore be seen as a process of participating as humans, celebrating; respecting and considering one another (Ndlovu-Gatsheni, 2014; Biko, 1978). If this is

evident, then dialogic co-construction of humanising ways of being and doing can be seen as praxis that facilitates decolonisation of a particular context; and of praxis itself. In other words, promoting and engaging in occupational therapy ‘intervention’ and practice that offers a counter response to the dehumanisation of contextualised stratification and marginality (Theme 2:63-72).

Positioning occupational justice as directly linked to humanising ways of being and doing, opens theoretical and potentially literal doors for occupational therapists and scientists to engage with various domains in a critical way (Category 3.3:83-86). Subsequently, broadening the scope and impact of praxis, beyond traditional therapy settings, and yet not neglecting these same clinical settings as spaces where critical decolonial and humanising praxis can be co-constructed (Galvaan & Peters, 2017b). That being said, the process of co-constructing humanising praxis, can be facilitated in multiple spaces where there is historical or socio-political evidence of marginalisation (Case Description:45-49).

Historical as well as contemporary attempts to address human development effectively, have led to greater extents of inequality, globally (Sen, 1999; Escobar, 1995; Lengfelder, 2017). The Human Development Report recognises that promoting international development and cooperation requires more than a socialist or capitalist economic framework (UNDP, 1990). Moreover being healthy is seen as influenced by and influencing more than ones physical and mental state. Rather, it includes the social determinants and contextual factors affecting health (WHO, 2019; Coovadia et al., 2009). In line with this comprehensive idea of health, the process by which human rights are protected and promoted needs to focus on particular ways of promoting these rights, as much as it focuses on its ends (UDHR, 1948; Galvaan & Peters, 2013). Occupational therapists can therefore promote occupational justice within these various domains, platforms and structures through engaging with decolonising praxis, guided by the ObCD framework. The goal of such praxis being to collaboratively and critically develop community that is decolonising in its approach and outcome (Galvaan & Peters, 2013; Westoby & Dowling, 2013).

In making a call to practitioners to engage with this way of co-constructing humanising praxis, within one's current and alternate domains of practice. The researcher aligns with the World Federation of Occupational Therapy World Congress (2018), which aptly called fourth occupational therapists to engage; build and influence, together: *Connected in Diversity; Positioned for Impact*.

## CHAPTER 6: CONCLUSION

### 6.1. Recommendations

The recommendations following this study relate to occupational therapy curriculum, services and future research.

#### 6.1.1. Curriculum

Whilst the study did not seek to evaluate the pedagogy and curriculum of the UCT Occupational Therapy Bachelor of Science degree, the nuanced description and insights of the ObCD framework that emerged through the findings, can enhance the CDP curriculum. The findings highlight the complexities evident in the ObCD, which guide a way of learning to work with and through praxis that is humanising in nature. The emphasis on the three terms: *stakeholders*, *connected understanding* and *praxis* can be used to conceptualise the journey through and towards co-constructing humanising praxis.

Although ObCD was developed in South Africa, it has applicability for countries and areas practicing and teaching critical and social occupational therapy with marginalised communities. The framework could thus be incorporated into curricula beyond South Africa (Magalhães et al., 2018). Furthermore, elements and values of the ObCD framework could be incorporated into various domains of occupational therapy practice, such as mental health practice.

#### 6.1.2. Occupational Therapy Services

The phases and processes inherent in ObCD may be applicable to guide praxis extending beyond CDP and South Africa's borders. The study describes how ObCD can promote occupational justice and suggests that the framework can assist in reasoning and engaging with processes within and beyond traditional domains.

It is recommended therefore, that occupational therapists, in traditional as well as unconventional positions and fields, explore how the ObCD framework may enhance a humanising approach to praxis.

Furthermore, those practitioners seeking to or currently working in the political arena, could engage with this framework in facilitating processes of change at every level of governance and with each sector of society.

Bringing the focus back to South Africa, the framework and its explicit and detailed conceptualisation existing within this research report, could guide new graduates as they enter their community service year, where often supervision can be to the minimum, and factors influencing the health of a client are complex, intersected and layered. The framework could assist in flagging elements of praxis to consider and encouraging a collaborative approach to praxis.

### 6.1.3. Future Research

Given that the study was the first of its kind seeking to describe the elements that translate an occupational perspective into practice within the ObCD Framework, future research can extend this description in seeking effective ways to monitor and evaluate the outcomes and impact of this type of praxis.

Additionally, research could track the journey of occupational therapists employing this framework, not only in CDP and globally, but particularly those who apply the framework in non-traditional domains of practice<sup>11</sup>. This could serve to showcase the possibilities of how occupational therapists can strategically meet needs in new innovative ways, in developing the profession.

## 6.2. Limitations

It has been reiterated that organisation members that host students during their service-learning, were not included as participants in this study. Issues of confidentiality were amongst the reasons for this decision. However, given that the findings emphasise that an occupational perspective can be shared with stakeholders, opportunities to explore how best to draw from the experiences of stakeholders beyond the occupational therapists is encouraged in further research related to the ObCD framework. However, the UCT clinical educators who oversee and supervise occupational therapy students at the various sites, hold the processes of praxis in between students' service-learning blocks and thus also have direct service experience.

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<sup>11</sup> According to the researcher, non-traditional domains of practice could refer to OTs facilitating organisational and team development processes; those involved in social enterprises; managing and coordinating programs, institutes and involved in international development.

### 6.3. Conclusion

This case study sought to describe and explain the processes involved within the ObCD framework, and particularly how an occupational perspective is translated into practice. In linking humanising praxis with promoting occupational justice, the study responds to the encouragement of current literature to unpack how occupational justice is promoted. It supports the suggestion that being strategic in positioning the profession and particular knowledges emerging from the Global South is required in intentional decolonising efforts. It proposes that when occupational therapists engage in praxis in a humanising way, and position themselves beyond the traditional walls of health care, occupational therapists can contribute more to decolonise various processes and spaces.

The call therefore is to firstly, engage with co-constructing humanising praxis, in one's current domain of practice, seeing stakeholders as partners seeking to develop a connected understanding with one another, that further shapes a shared ongoing praxis. Secondly, to contemplate how occupational therapists can contribute and partner strategically in ways that will be socially responsive and transformative. These nuances of community development practice have been re-emphasised as being connected with stakeholders as a common goal of developing community together, rather than doing community-development to the other, with subsequently perpetuating power inequalities.

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## APPENDICES

### Appendix A: Overview of the Occupation-based Community Development Framework

Occupation-based Community Development, (ObCD), is defined as: "...a value-based form of occupational therapy practice with communities where doing is both the means and ends of actions that are aimed at bringing about changes in human connection and occupational engagement. ObCD involves long-term discursive processes where discourses and practices in and of everyday life are challenged." (Galvaan & Peters, 2013).

In essence, the framework seeks to use occupation to transform participation and the social structures that compromise this engagement (Peters & Galvaan, 2015:5). Hence, "ObCD focuses explicitly on the location of power in interventions" and develops interventions that acknowledge and analyse the politics of human occupation within (Galvaan & Peters, 2017a:284-285.). Key insights into the processes embedded in the framework are reflected in the definition, *{see terms of definition}*, in focusing on employing a transactional view of occupation and thus using occupation strategically, both for therapeutic gain as well as for an ends in itself. Importantly, this is not a step-by-step process, but one that is iterative and dynamic. (Galvaan & Peters, 2013; 2017b) Occupational Science constructs are key elements within this framework for deepening understanding and design of the collaborative processes (Galvaan & Peters, 2013; 2017a).

The framework identifies four phases that are collaboratively journeyed through and often revisited; these are: the Initiation; Design; Implementation and Monitoring and Evaluation Phases. The ObCD campaign may involve any part or consecutive combination of these phases, (Galvaan & Peters, 2013).

Building collaborative and contextually grounded understanding by establishing relationships based on partnership with community members and other stakeholders is hallmark of the ObCD framework. This allows for the critical process of Gaining Mutual Understanding, which is a central concept to the processes of ObCD. Drawing on a social constructivist paradigm, it intentionally blurs the hierarchical structures between the occupational therapist or practitioner and the client. (Galvaan & Peters, 2013; 2015; 2017a; Taylor, 2000). It allows for co-construction of a process of development, where not only is the practitioner trying to understand the context, but where the clients are also understanding the practitioner and the understanding achieved is similar, and equally weighted (Galvaan & Peters, 2013). Strategies for gaining mutual understanding are through making use of participatory action

(PA) methods, (Freire, 1970; Barefoot Collective, 2011; Taylor, Marais, and Kaplan, 2005). The application of participatory action methods are positioned as transitioning between the Initiation and Design phases, of ObCD, thus recognising the potential for understanding and change that these methods bring (Galvaan & Peters, 2013).

Promoting human dignity and enabling equitable access to opportunities to do and be in ways that are meaningful are values that underpin O-bCD, (Galvaan & Peters, 2015). Interventions are defined as collaborative processes of change, which employ action learning theories in order to reorient the therapist-client or practitioner-benefactor relationship, to that of a co-authoring process and partnership, (Galvaan & Peters, 2013; 2015; 2017a; Taylor et al., 1997). The construct of intersectionality, (Yuval-Davis, 2006), provides a means by which to conceptualize the dynamics of oppression, which links to the plurality of theories, ways of knowing and doing as well as the multiple identities of individuals and groups, and how such plurality positions people in particular ways within particular socio-historical contexts and fields (Galvaan & Peters, 2017a).

Occupational Science constructs are key elements within this framework for deepening understanding and design of the collaborative processes. They offer insight into the nature of occupational engagement and how to analyse it in terms of how context and human occupation interact with one another, particularly with regards to locating aspects of power, that perpetuate inequality and oppression. Understanding these dynamics; and engaging with ongoing critical reflection of how one's own multiple identities influences the positions from where the practitioner is viewed, means that designing methods to address such power, can offer counter-hegemonic ways of doing and bringing about social as well as occupational justice, at an individual and community level. (Galvaan & Peters, 2017a).

Occupational constructs are used as a lens, which informs the first two phases of the framework. These constructs assist the Occupational Therapist to understand and design more deeply in that specific aspects of occupational engagement are explored. It aids in ensuring that engagement in occupations through the process is used as ends and as means, (Galvaan & Peters, 2013). Such a perception can also contribute to an understanding that is co-constructed and contextually-grounded, where the community and stakeholders all play a role in the process as collaborators and not merely clients, or passive receivers of a service, (Peters & Galvaan, 2015).

The ObCD process, as developed and explained by Galvaan and Peters, (2013), expresses further theorising that is relevant throughout the various phases of the process, namely: Counter-hegemonic occupational engagement, which encompasses disrupting the oppressive system by challenging existing power dynamics and positionality, hegemonic mindsets and assumptions as well as structural

inequalities, (Peters & Galvaan, 2015). According to Peters and Galvaan, (2015), the focus of such engagement is towards emancipatory, creative and liberated occupational engagement and increasing the power and leverage of structurally disadvantaged groups. It is thus about eradicating occupational injustices and co-constructing opportunities and capabilities for engagement, (Baillard, 2014). This can be summed up in the definition of Counter-hegemonic occupational engagement, (Galvaan & Peters, 2014): “ways of participating in occupations that [are] alternative to the socially reproduced and dominant ideological positions commonly reflected in the participation of a vulnerable individual, group or community in a historied place and time.”

Moreover, occupational science constructs put forward by international occupational scientists and therapists, such as, occupational consciousness (Ramugondo, 2015); occupational choice (Galvaan, 2010); and occupational possibilities (Laliberte-Rudman, 2011) offer a lens through which to engage in praxis, that aids in seeing the invisible needs; structures and factors that influence situated occupational engagement (Galvaan & Peters, 2013; 2017b). Occupational Choice, (Galvaan, 2014) and Occupational Consciousness, (Ramugondo, 2015) respectively, highlight the theory underpinning the work that occupational therapists need to do to address occupational injustices through practice. Both Galvaan and Ramugondo being professors from the Global South, South Africa in particular, view critical practice vital in addressing the daily experiences of life in South Africa with its pervasive social inequalities. This speaks to the work of Freire, (1970) and Biko, (1978), in the emancipatory foundation of Freire's work with the oppressed in Brazil, (Freire, 1970) and Biko's political and strategic work and writings on Black Consciousness in Apartheid - South Africa in the 1960-1970's.

## Appendix B: Recruitment

### B.1. Permissions Granted

#### B.1.1. Ethics Approval



UNIVERSITY OF CAPE TOWN  
Faculty of Health Sciences  
Human Research Ethics Committee



Room E53-46 Old Main Building  
Groota Schuur Hospital  
Observatory 7925  
Telephone [021] 406 6492  
Email: [suneyah.ortofdien@uct.ac.za](mailto:suneyah.ortofdien@uct.ac.za)  
Website: [www.health.uct.ac.za/fhs/research/humanethics/forms](http://www.health.uct.ac.za/fhs/research/humanethics/forms)

15 June 2017

**HREC REF: 271/2017**

**A/Prof R Galvaan**  
Division of Occupational Therapy  
Health & Rehab Sciences  
F-Floor, OMB

Dear A/Prof Galvaan

**PROJECT TITLE: A CASE STUDY EXPLORING THE THEORETICAL FOUNDATIONS OF THE OCCUPATION-BASED COMMUNITY DEVELOPMENT FRAMEWORK AND ITS APPLICATION (master's candidate- M Krenzer)**

Thank you for your response letter dated 29 May 2017, addressing the issues raised by the Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

**Approval is granted for one year until the 30 June 2018.**

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: [www.health.uct.ac.za/fhs/research/humanethics/forms](http://www.health.uct.ac.za/fhs/research/humanethics/forms))

***We acknowledge that the student, M Krenzer will also be involved in this study.***

**Please quote the HREC REF in all your correspondence.**

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate Institutional approval before the research may occur.

Yours sincerely




**PROFESSOR M BLOCKMAN**  
**CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE**

Federal Wide Assurance Number: FWA00001637.  
Institutional Review Board (IRB) number: IRB00001938

HREC 271/2017

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DoH 2006), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki (2013) guidelines.  
 The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

B.1.2. Permission to recruit UCT Staff

<b>HR194</b>	<b>ACCESS TO UCT STAFF FOR RESEARCH PURPOSES</b>	 <b>UNIVERSITY OF CAPE TOWN</b> <small>IFUNIVERSITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD</small>	
<b>NOTES</b>			
<ul style="list-style-type: none"> <li>Forms must be downloaded from the UCT website: <a href="http://www.uct.ac.za/ieqts/sapweb/forms/forms.htm">http://www.uct.ac.za/ieqts/sapweb/forms/forms.htm</a></li> <li>This form must be completed by applicants who are requesting to access UCT staff for the purpose of research.</li> <li>A copy of the research proposal as well as the Ethics Committee approval must be attached.</li> <li>It is the responsibility of the researcher to apply for ethical clearance from the relevant Faculty's Research in Ethics Committee (REC).</li> <li>If you are requesting staff information, you are required to complete the <u>HR Information Request Form</u> (HR190) and submit it together with all the required documentation.</li> <li>The turnaround time for a reply is approximately 10 working days unless specified as urgent.</li> <li>Return the completed application form and all the above documentation to Joy Henry via email: <a href="mailto:joy.henry@uct.ac.za">joy.henry@uct.ac.za</a>; or deliver to: For the Attention: Executive Director, Human Resources Department, Bremner Building, Room 214, Lower Campus, UCT.</li> </ul>			
<b>SECTION A: APPLICANT DETAILS</b>			
First Name	Mrs	Last Name	Meghan Lee Mackenzie Krenzer
Telephone Number	0748718803	Email Address	miegz.krenzer@gmail.com
Student Number	DWSMEG001	Staff Number	
Visiting researcher ID / passport number	N/A		
Faculty Officer contact details	Cindy Palm, Postgraduate & Research Officer +27 21 650 5348. <a href="mailto:cindy.palm@uct.ac.za">cindy.palm@uct.ac.za</a>		
University or institution at which employed or a registered student	University of Cape Town		
Faculty or department in which you are registered or work	Division of Occupational Therapy, Department of Health and Rehabilitation Sciences, Health Science Faculty.		
Address (if not UCT)			
<b>SECTION B: SUPERVISOR DETAILS</b>			
Supervisor	Title and name	Telephone number	Email address
Co-Supervisor	Dr. Roshan Galvaan	+27 21 406 6401	<a href="mailto:roshan.galvaan@uct.ac.za">roshan.galvaan@uct.ac.za</a>
	N/A		
<b>SECTION C: APPLICANT'S FIELD OF STUDY (if applicable) / TITLE OF RESEARCH PROJECT / STUDY</b>			
Degree	Master of Science in Occupational Therapy		
Research project or title	A case study exploring the theoretical foundations of the Occupation-based Community Development Framework and its application.		
Research proposal attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Target population (number of UCT staff)	Five to eight UCT Occupational Therapy Clinical Educators		
Amount of time required for an interview and/or questionnaire	90 minutes per interview (Range between one focus group of 5-6 participants, to a further two individual interviews and member checking opportunities for 3 of those from the focus group)		
Lead Researcher details	Dr Roshan Galvaan		
Proof of ethical clearance status attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>SECTION D: FOR OFFICE USE (Approval status to be completed by the Executive Director, Human Resources or Nominee)</b>			
Support or approval	Rule	Signature	Date
Supported?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Joy Henry (Off-ice Co-Ordinator)		27/06/17
Approved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Miriam Roussé (Executive Director HR)		27/06/17

## B.2 Email Invitation to participate:

### B.2.1 Focus Group

**CONFIDENTIAL**

Gmail - Invitation to Participate in UCT Masters' Research Study. Topic: The Occupation-based Community Development Framework.



Meghan Krenzer <megz.krenzer@gmail.com>

#### Invitation to Participate in UCT Masters' Research Study. Topic: The Occupation-based Community Development Framework.

10 messages

Meghan Krenzer <megz.krenzer@gmail.com>

Wed, Jul 19, 2017

To:

Dear

How

Below is the formal invitation.

I am writing this email to invite you to participate in my Masters Research Study. As a clinical educator in the past, supervising students in their Community Development Practice, you may be familiar with my interest in the theoretical foundations of the Occupation-based Community Development Framework and its application.

As a clinician in the past, I have been intrigued with ObCD's potential for addressing occupational justice as well as documenting what aspects of its application manifest in practice. I have decided to focus on these factors within ObCD for my thesis, and would greatly appreciate the voice from the clinical educators who have worked and walked with students along these ObCD processes.

If you are interested in being involved or in hearing more about the study, please click the link here:  
<https://www.surveymonkey.com/r/V8MW86Q>.

If you confirm your interest, I will contact you to initiate your participation in this study.

I look forward to hearing from you

Many thanks,

Kind Regards,

**Meghan Krenzer**

South Africa: +27 (074) 871 8803

### B.2.2. Individual

Example of email sent to individual:

CONFIDENTIAL

Gmail - Invitation to Participate in UCT ObCD Research



Meghan Krenzer <megz.krenzer@gmail.com>

## Invitation to Participate in UCT ObCD Research

Meghan Krenzer <megz.krenze[REDACTED]>

Dear [REDACTED]

My Name is Meghan, I am an OT (BSc OT, UCT, 2008) and am currently finishing up my Master's: focusing on the ObCD Framework.

Seeing that we are doing purposeful sampling, [REDACTED] gave me your email address, recommending I speak to you, and invite you to participate in this research, based on your understanding and experience during your ObCD Block in fourth year at UCT.

If you are interested, please have a look at the brief info in the link provided. I can then send through the full information sheet and consent forms etc. if you indicate that you would like to participate or find out more.

*Inviting all recent Occupational Therapy graduates from UCT (those who graduated in 2014, 2015 and 2016) to participate in my Masters Research Study.*

*As a clinician in the past, I have been intrigued with ObCD's (the Occupation-based Community Development Framework's) potential for addressing occupational justice as well as documenting what aspects of its application manifest in practice. I have decided to focus on these factors within ObCD for my thesis, and would greatly appreciate the voices from the graduates who have worked with the ObCD framework and walked through its processes.*

*If you are interested in being involved or in hearing more about the study, please click the link here: <https://www.surveymonkey.com/r/CQG6NH7>*

*If you confirm your interest, I will contact you to initiate your participation in this study.*

Many thanks

Looking forward to hearing from you.

Furthermore, the interviews can be via Skype so location and time is not an issue.

Do pass this invitation on to any male (& female) OT colleagues from your year, whom you may think might be interested.

Kind Regards,

**Meghan Krenzer**



## B.3. Electronic Survey: Invitation to Participate in UCT ObCD Research

### B.3.1. Clinical Educators - Focus Group

To view the link to the electronic version, please click [here](#)

## CLINICAL EDUCATORS: Expressed Interest in Participating in ObCD UCT Masters Research, 2017

**A case study exploring the theoretical foundations of the ObCD framework, and its application.**

#### 1. INTRODUCTION:

My name is Meghan Krenzer, and I am an occupational therapist who has been working in the area of primary health care and community development for the past eight years. I am doing research as part of my Masters in Occupational Therapy at the University of Cape Town. My research explores matters related to the Occupation-based Community Development (ObCD) Framework and its application. I would like to invite Clinical Educator-Staff within the Division of Occupational Therapy, Health Science Faculty of UCT, (who have supervised students in their Community Development Practice Learning Block) to participate.

#### 2. PURPOSE of the RESEARCH

Although aspects of the ObCD have been theorised and published, the processes involved in the Initiation and Design Phases of the framework have not yet been studied. Therefore, this study aims to describe and explain the processes associated with implementing an occupational perspective within (the initiation and design phases of) ObCD.

#### 3. RESEARCH DESCRIPTION:

This research is a case study, that will involve clinical educators' participation in a focus group discussion that will take about one-and-a-half-hours. Following this group, three participants will be invited for two follow-up interviews of an hour long each. You will also be requested to share relevant documents.

We feel that clinical educators' experiences can contribute much to our understanding and knowledge of employing the ObCD framework.

Permission was granted from UCT's Human Resource department to invite you as clinical educators, to participate in this research study.

Additionally, three graduates from UCT will be invited to take part in in-depth interviews to share their experiences in working with the ObCD framework within their practice learning blocks. Graduates' written work from their CDP block, (block, demonstration forms; campaigns; learning logs) will be recruited once permission is granted the graduates' themselves.

4. VOLUNTARY PARTICIPATION

Participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

5. WHAT WILL BE REQUIRED OF THE PARTICIPANTS:

We are asking you to help us learn more about ObCD and its application. We are inviting you to take part in this research project. If you accept, you will be asked to participate in:

**Focus Group:**

- One initial focus group of 5-8 clinical educators, with one leading question, and following on questions if needed. Interview will be in English, approximately 90 minutes in length, conducted using Skype-conference call, with audio recording of the electronic interview. The focus group is intended to offer insight into the questions to construct for graduates.

**Documents:**

- Share any articles or reports they have written in relation to the ObCD framework. [Optional]
- Allow access to written work of the graduates who participate in this study, once permission is granted from the graduates themselves. [Optional]

**Follow-up interviews with 3 participants from the Focus group:**

- Two in-depth semi structured interviews, in English, approximately one hour in length, conducted using Skype, with audio recording of the electronic interview. Open-ended questions, will be adapted following the initial focus group interview.
- A further member-checking interview or email conversation will take place to ensure that the participant is satisfied with the results generated from the data he or

1 Are you a clinical educator, who has had experience in supervising UCT students in their Community Development Practice Learning Blocks?

- Yes
- No
- I am a clinical educator but do not supervise within the Community Development Practice Learning Block.

2 I am interested in this research study, *which explores the theoretical foundations of the Occupation-based Community Development Framework and its application*. I would therefore like:

- the researchers to send me the full information sheet regarding what is required of the clinical educators.
- to ask the researcher(s) further questions about the study.
- to participate in this research study and set up an informed consent meeting over Skype.
- to be informed about the findings of the study.
- I am not interested in participating in this research study.
- Please do not contact me about research findings or progress.

3 If you agree to being contacted for further information, or to participate, how would you prefer the researcher(s) to contact you? (Note interviews would take place on Skype - video option).

- via Email
- via Whatsapp
- via iMessage
- via Facebook Messenger
- None

Other (please specify)

4 Please add your name below. If you have agreed to being contacted further, the student researcher will contact you via the email address from which you received this invitation to participate. After which, you may send your preferred address and contact details through the email thread for further communication.



Done

### B.3.2. Graduates

To view the link to the electronic version, please click [here](#)

## GRADUATES: Expressed Interest in Participating in ObCD UCT Masters Research, 2017

**A case study exploring the theoretical foundations of the ObCD framework, and its application.**

#### 1. INTRODUCTION:

My name is Meghan Krenzer, and I am an occupational therapist who has been working in the area of primary health care and community development for the past eight years. I am doing research as part of my Masters in Occupational Therapy at the University of Cape Town. My research explores matters related to the Occupation-based Community Development (ObCD) Framework and its application. I would like to invite UCT Occupational Therapy (OT) Graduates, from years 2014-2016 to participate in this research study.

#### 2. PURPOSE of the RESEARCH

Although aspects of the ObCD have been theorised and published, the processes involved in the Initiation and Design Phases of the framework have not yet been studied. Therefore, this study aims to describe and explain the processes associated with implementing an occupational perspective within (the initiation and design phases of) ObCD. This will deepen understanding into how perspectives grounded within the discipline of occupational science can be translated into occupational therapy practice through the ObCD framework.

#### 3. RESEARCH DESCRIPTION:

This research is a case study, that will involve three graduates' participation in two in-depth individual interviews of an hour long each. Graduates will be invited to share their experiences in working with the ObCD framework within their practice learning blocks from their final graduating year at UCT. They will be asked to grant permission for the research team to recruit their written work from their CDP block, (block, demonstration forms; campaigns; learning logs).

- We feel that graduates' experiences can contribute much to our understanding and knowledge of employing the ObCD framework.
- Approval was granted through the Faculty of Health Science's Human Research Ethics Committee prior to recruiting participants.

#### 4. VOLUNTARY PARTICIPATION

Participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

#### 5. WHAT WILL BE REQUIRED OF THE PARTICIPANTS:

We are asking you to help us learn more about ObCD and its application. We are inviting you to take part in this research project. If you accept, you will be asked to participate in:

#### **Documents:**

- Allow permission for research team to access any written work from your community development practice block, prior to first interview. [Optional]

**In-depth Individual Interviews:**

- Two in-depth semi structured interviews, in English, approximately one hour in length, conducted using Skype, with audio recording of the electronic interview.
- A further member-checking interview or email conversation will take place to ensure that the participant is satisfied with the results generated from the data he or she provided.
- Reflections post interviews as part of a Reflective Research Journal [Optional]
- Adequate internet connection will be required as well as a Skype address that you are contactable on. If you consent to participate, an agreed upon time and date for the interview and group discussions will be negotiated.

6. CONFIDENTIALITY:

We will not be sharing information about participants to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about participants will have a number on it instead of ones name. Data will remain anonymous, although demographic and professional information will be matched to its person's data, using a coded sy

1 Are you an OT graduate, from UCT, who has undergone your CDP block, employing the ObCD framework, in 2014, 2015 or 2016?

- Yes
- No
- I am an OT graduate but did not undergo my CDP block in 2014, 2015 or 2016.
- I am an OT graduate, but did not employ the ObCD framework in my CDP block.

Other (please specify)

2 I am interested in this research study, *which explores the theoretical foundations of the Occupation-based Community Development Framework and its application*. I would therefore like:

- the researchers to send me the full information sheet regarding what is required of the clinical educators.
- to ask the researcher(s) further questions about the study.
- to participate in this research study and set up an informed consent meeting over Skype.
- to be informed about the findings of the study.
- I am not interested in participating in this research study.
- Please do not contact me about research findings or progress.

3 If you agree to being contacted for further information, or to participate, how would you prefer the researcher(s) to contact you? (Note interviews would take place on Skype - video option, with audio recording).

- via Email
- via Whatsapp
- via iMessage
- via Facebook Messenger
- None

Other (please specify)

4 Please add your name below. If you have agreed to being contacted further, the student researcher will contact you via the email address or private social media platform, from which you received this invitation to participate. After which, you may send your preferred address and contact details through the message thread for further communication.



Done

---

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## B.4. Informed Consent

### B.4.1. Clinical Educators - Focus Group



**UNIVERSITY OF CAPE TOWN**  
Faculty of Health Sciences  
School of Health and Rehabilitation Sciences



Divisions of Occupational Therapy  
F45 Old Main Building, Groote Schuur Hospital,  
Observatory 7925  
Tel: +27 (0) 21 406 62505  
Fax: +27 (0) 21 406 6323

---

**INFORMATION LETTER – CLINICAL EDUCATORS**  
**FOR FOCUS-GROUP INTERVIEW & POSSIBLE FOLLOW-UP INTERVIEW.**  
**INVITATION TO PARTICIPATE IN RESEARCH:**

**Principle Investigator/ Supervisor:** Professor Roshan Galvaan  
**Student Researcher:** Meghan Krenzer  
**University of Cape Town**

**STUDY TITLE:** “A case study exploring the theoretical foundations of the Occupation-based Community Development Framework and its application.”

**This Informed Consent Form has two parts:**

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

#### **Part I: Information Sheet**

##### **1. INTRODUCTION:**

My name is Meghan Krenzer, and I am an occupational therapist who has been working in the area of primary health care and community development for the past eight years. I am doing research as part of my Masters in Occupational Therapy at the University of Cape Town. My research explores matters related to the Occupation-based Community Development Framework and its application. I would like to offer you information about this research and invite you to participate. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

If you have questions later, you can ask them of me or of the principal investigator, Roshan Galvaan.

##### **My Research Question:**

*“How does the application of an Occupational Perspective and Participatory Action Methods influence the processes of Initiation and Design in Occupation-based Community Development?”*



## 2. PURPOSE of the RESEARCH

Although aspects of the Occupation-based Community Development Framework, (ObCD) have been theorised and published, the processes involved in the Initiation and Design Phases of the framework have not yet been studied. Therefore, this study aims to describe and explain the processes associated with implementing an occupational perspective within (the initiation and design phases of) ObCD. This will deepen understanding into how perspectives grounded within the discipline of occupational science can be translated into occupational therapy practice through the ObCD framework.

## 3. RESEARCH DESCRIPTION:

This research is a case study, that will involve your participation in a focus group discussion that will take about one-and-a-half-hours. Following this group, three participants will be invited for two follow-up interviews of an hour long each. You will also be requested to share relevant documents.

Additionally, three graduates from UCT will be invited to take part in in-depth interviews to share their experiences in working with the ObCD framework within their practice learning blocks. Graduates' written work from their CDP block, (block, demonstration forms; campaigns; learning logs) will be recruited once permission is granted the graduates' themselves.

## 4. SELECTION OF PARTICIPANTS:

You have been invited to take part because you are from the following group of Occupational Therapists (OT):

**Clinical educators from the University of Cape Town who supervise fourth year OT students in their community development practice (CDP) learning block.**

- We feel that your experience can contribute much to our understanding and knowledge of employing the ObCD framework.
- Permission was granted from UCT's Human Resource department to invite the clinical educators, who have had experience with supervising CDP, to participate in this research study.

## 5. VOLUNTARY PARTICIPATION

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

## 6. WHAT WILL BE REQUIRED OF THE PARTICIPANTS:

We are asking you to help us learn more about ObCD and its application. We are inviting you to take part in this research project. If you accept, you will be asked to participate in:

\*OUR MISSION is to be an outstanding teaching and research university, educating for life and addressing the challenges facing our society.\*



Focus Group:

- **One initial focus group of 5-8 clinical educators, with one leading question, and following on questions if needed.** Interview will be in English, approximately 90 minutes in length, conducted using Skype-conference call, with audio recording of the electronic interview. The focus group is intended to offer insight into the questions to construct for graduates.

Documents:

- Share any articles or reports you have written in relation to the ObCD framework. [Optional]
- Allow access to written work of the graduates who participate in this study, once permission is granted from the graduates themselves. [Optional]

Follow-up interviews with three participants from the Focus group:

- **Two in-depth semi structured interviews, in English, approximately one hour in length,** conducted using Skype, with audio recording of the electronic interview. Open-ended questions, will be adapted following the initial focus group interview.
- A further member-checking interview or email conversation will take place to ensure that the participant is satisfied with the results generated from the data he or she provided.
- Reflections post interviews as part of a Reflective Research Journal [Optional]
- **Adequate internet connection will be required** as well as a Skype address that you are contactable on. If you consent to participate, an agreed upon time and date for the interview and group discussions will be negotiated.

Focus Group

This discussion will be facilitated by the researcher, Ms Meghan Krenzer.

The group discussion will start with me, facilitating a check-in. I can also answer any questions about the research that you might have. Then I will ask the group a leading question about your experience with the ObCD framework. I will also talk about community practices more generally because this will give us a chance to understand more about the framework within a South African context, as well as part of the practice learning of UCT students. The focus group discussion will be in English. These are the types of questions I will ask:

- In your experience, how would you describe the elements that influence movement through the processes and phases of ObCD?
- What does applying an occupational perspective mean to you?

I will not ask you to share personal beliefs, details of your personal life and you do not have to share any knowledge or information that you are not comfortable sharing. The discussion will take place through Skype, at a negotiated time with the group, and no one else but the people who take part in the discussion and myself will be present during this discussion.



### **Individual Interviews:**

You would participate in an interview with myself.

The interview will take place over Skype, and in English. You can choose a time that is most suitable for you. If you do not wish to answer any of the questions during the interview, you may say so and I will move on to the next question. No one else but myself will be present unless you would like someone else to be on the Skype call with you.

The entire discussion will be audio-recorded, but no-one will be identified by name on the audio-recording. The digital file will be kept in a password protected digital folder. The information recorded is confidential, and no one else except the Principal Investigator will have access to the files. The transcribed files and additional text-based data will be destroyed after 5 years, however the audio-file(s) will be destroyed after one year, once the project is completed.

The focus of this research is not on the practice learning sites. Although we understand that the sites may be identifiable through describing ObCD in practice, we are wanting to represent these sites positively and focus on the processes of the ObCD and thinking rather than outcomes of the organisations .

#### **7. DURATION**

The research spans four months in total. During that time, the interviews will take place (each of one-hour in length). I will ask you if we can have one additional interview where we check whether our interpretations and findings resonate and are coherent with the experiences and knowledge you shared. This will take up to 90 minutes, via Skype as well. The focus group discussion however, will be held only once and will take about one and a half hours.

#### **8. WHAT RISKS MAY BE INVOLVED?**

There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the discussion/interview if you feel the question(s) are too personal or if talking about them makes you uncomfortable or conflicted.

There is a risk that your contribution may be identifiable indirectly, as those who might read this research may be your known colleagues, therefore particular quotes that are used might be able to indicate who the participant is. To account for this risk, all quotes used, will be emailed to the relevant participants while writing the thesis, to ensure that you as the participant is comfortable with what is being portrayed and how you and your contribution (if at all identifiable) is being represented.

#### **9. WILL THERE BE PAYMENT OR COSTS INCURRED/ COMPENSATION/ INSURANCE?**

You will not be provided any incentive to take part in the research.

No monetary compensation will be given. The time of the Skype interview will be negotiated at a time best suited for you.



It is your responsibility to ensure that the time negotiated does not compromise your own working hours; productivity or work load. It is also important that you will have access to adequate internet connection for the duration of the interview.

The questions asked are open-ended, and therefore I will not force anyone to divulge information that they feel they do not have the right to divulge nor do they have to answer any questions which may make them feel uncomfortable.

#### 10. ANY BENEFITS FOR TAKING PART IN THE STUDY?

There will be no direct benefit to you, but your participation is likely to help us find out more about how to translate theory into practice and what are the nuances in applying the ObCD framework in practice and within the OT curriculum, thus strengthening the profession, specifically within the Global South.

Furthermore, you could benefit from the thinking and reflection process that could take place through the research process.

#### 11. DISSEMINATION/ SHARING of INFORMATION:

Nothing that you tell us in today's initial meeting will be shared with anybody outside the research team and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you before it is made widely available to the public or broader peers. Once member-checking is completed, then each participant will receive a summary of the results.

The final report written and compiled, will be published under the University of Cape Town, (UCT) and disseminated to all participants; as well as to any other institutions or group of persons that the participants within the case deem necessary. In addition, it could help inform the curriculum for the fourth year Occupational Therapy, (OT) students at UCT and elsewhere.

#### 12. ALTERNATIVES FOR PARTICIPATING IN THE STUDY?

You will incur no harm or consequences for not taking part. If you choose not to take part, or wish to contribute in another way, one source of data could be offered instead of multiple sources from any one participant, (i.e. only doing the interviews, or only offering written work or reflections).

#### 13. RIGHT TO WITHDRAW FROM THE STUDY

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect your job or job-related evaluations in any way. You may stop participating in the discussion and/ or interview at any time that you wish without your job being affected. I will give you an opportunity at the end of the interview/ discussion to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.



#### 14. CONFIDENTIALITY:

We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Data will remain anonymous, although demographic and professional information will be matched to its person's data, using a coded system. Diversity of participants will be encouraged, by recruiting from a pool of graduates as well as clinical educators, however, demographic information is optional.

You will be asked to choose a pseudonym, which will be used in the transcriptions and in further mention of your contribution throughout the research. However, your complete confidentiality, cannot be guaranteed, given the limited number of clinical educators working in the community development practice field, and given the nature of what the research will be used for.

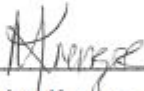
In any case, we will ask you and others in the group not to talk to people outside the group about what was said in the group. We will, in other words, ask each of you to keep what was said in the group confidential. You should know, however, that we cannot stop or prevent participants who were in the group from sharing things that should be confidential.

#### 15. CONTACT DETAILS OF PRINCIPAL INVESTIGATOR & SUPERVISOR:

This proposal has been reviewed and approved by the Health Research Ethics Committee (HREC), which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the research, please contact HREC's chairperson, [see contact details below].

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact any of the following:

Professor Marc Blockman  
Chairperson of the Health Research Ethics Committee  
+27 (021) 406 6492

  
 \_\_\_\_\_  
 Meghan Krenzer  
 Student Researcher  
 MSc. in OT Candidate, UCT.  
 BSc. In Occ Ther, UCT. 2008  
 HPCSA #: OT 007 4209  
[megz.krenzer@gmail.com](mailto:megz.krenzer@gmail.com)

\_\_\_\_\_  
 A/Prof. Roshan Galvaan  
 Principal Investigator & Supervisor  
 Division of Occupational Therapy  
 Department of Health & Rehabilitation Sciences  
 Faculty of Health Science,  
 University of Cape Town  
[roshan.galvaan@uct.ac.za](mailto:roshan.galvaan@uct.ac.za)



**UNIVERSITY OF CAPE TOWN**  
**Faculty of Health Sciences**  
**School of Health and Rehabilitation Sciences**

Divisions of Occupational Therapy  
 F45 Old Main Building, Groote Schuur Hospital,  
 Observatory 7925  
 Tel: +27 (0) 21 406 62505  
 Fax: +27 (0) 21 406 6323

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH: CLINICAL EDUCATORS

**Part II: Certificate of Consent**

I have been invited to participate in research about community development, specifically looking at the Occupation-based Community Development Framework and its application.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

I consent to the following requirements: Tick if participant consents

I consent to the following requirements:	Tick if participant consents
To participate in this study	<input type="checkbox"/>
Have access to computer and adequate internet connection for the duration of each interview over Skype video (giving a chosen Skype address from which to receive the call)	<input type="checkbox"/>
Focus group discussion (90-minute Skype Interview)	<input type="checkbox"/>
Full Audio recording of the focus group Skype interview, with transcription, verbatim.	<input type="checkbox"/>
Possible follow-up of two interviews (60-minutes each; over Skype)	<input type="checkbox"/>
Full Audio recording of the Individual follow-up Skype interviews, with transcription, verbatim.	<input type="checkbox"/>
Give written reflections post the interview(s)	<input type="checkbox"/>
Provide links or files for additional work that I have done with regards to ObCD framework (i.e. published paper)	<input type="checkbox"/>
Provide access to written work of graduates who are also participants, according to permission from from graduate themselves.	<input type="checkbox"/>
Offer relevant personal demographic information, to the extent that I wish.	<input type="checkbox"/>
Use emailing or an electronic format of my, the participant's, choice for contacting researcher and arranging times for interviews.	<input type="checkbox"/>
Participate in Member-checking interview (of up to 90-minutes, over Skype)	<input type="checkbox"/>



Print Name of Participant \_\_\_\_\_  
Signature of Participant \_\_\_\_\_  
Date (Day/Month/Year) \_\_\_\_\_

**Statement by the researcher/person taking consent:**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

- 1 Participate in this study
- 2 Have access to computer and adequate internet connection for the duration of each interview over Skype
- 3 Focus group discussion (45-min Skype Interview, Audio Recorded & Transcribed verbatim)
- 4 Possible follow-up of two interviews (45-min each; over Skype, Audio recording and Transcribed by researcher verbatim)
- 5 Give written reflections post the interview(s)
- 6 Provide links or files for additional work that I have done with regards to ObCD framework (i.e. published paper)
- 7 Provide access to written work of graduates who are also participants, according to permission from graduate(s) themselves.
- 8 Offer relevant personal demographic information, to the extent that participant wishes.
- 9 Use emailing or an electronic format of my, the participant's, choice for contacting researcher and arranging times for interviews.
- 10 Participate in Member-checking interview

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

*A copy of this ICF has been provided to the participant.*

Print Name of Researcher/  
Person taking the consent \_\_\_\_\_  
Signature of Researcher/ Person  
taking the consent \_\_\_\_\_  
Date (Day/Month/Year) \_\_\_\_\_

Witness (if necessary) \_\_\_\_\_ Date and place \_\_\_\_\_

\*OUR MISSION is to be an outstanding teaching and research university, educating for life and addressing the challenges facing our society.\*

B.4.2. Graduates



**UNIVERSITY OF CAPE TOWN**  
Faculty of Health Sciences  
School of Health and Rehabilitation Sciences

**Divisions of Occupational Therapy**  
F45 Old Main Building, Groote Schuur Hospital,  
Observatory 7925  
Tel: +27 (0) 21 406 62505  
Fax: +27 (0) 21 406 6323

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**INFORMATION LETTER – GRADUATES**  
**FOR INDIVIDUAL INTERVIEWS.**  
**INVITATION TO PARTICIPATE IN RESEARCH:**

**Principle Investigator/ Supervisor:** Professor Roshan Galvaan  
**Student Researcher:** Meghan Krenzer  
**University of Cape Town**

**STUDY TITLE:** “A case study exploring the theoretical foundations of the Occupation based - Community Development Framework and its application.”

**This Informed Consent Form has two parts:**

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

**Part I: Information Sheet**

**1. INTRODUCTION:**

My name is Meghan Krenzer, and I am an occupational therapist who has been working in the area of primary health care and community development for the past eight years. I am doing research as part of my Masters in Occupational Therapy at the University of Cape Town. My research explores matters related to the Occupation-based Community Development Framework and its application. I would like to offer you information about this research and invite you to participate. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

If you have questions later, you can ask them of me or of the principal investigator, Roshan Galvaan.

**My Research Question:**

*“How does the application of an Occupational Perspective and Participatory Action Methods influence the processes of Initiation and Design in Occupation based - Community Development?”*



## 2. PURPOSE OF THE RESEARCH

Although aspects of the Occupation-based Community Development Framework, (ObCD) have been theorised and published, the processes involved in the Initiation and Design Phases of the framework have not yet been studied. Therefore, this study aims to describe and explain the processes associated with implementing an occupational perspective within (the initiation and design phases of) ObCD. This will deepen understanding into how perspectives grounded within the discipline of occupational science can be translated into occupational therapy practice through the ObCD framework.

## 3. RESEARCH DESCRIPTION:

This research is a case study, that will involve your participation in two in-depth individual interviews of an hour long each. You will be invited to share your experiences in working with the ObCD framework within your practice learning blocks from your graduating year at UCT. You will be asked to grant permission for the research team to recruit your written work from your CDP block, (block, demonstration forms; campaigns; learning logs).

Additionally, clinical educators from UCT will be invited to take part in a focus group as well as follow-up interviews.

## 4. SELECTION OF PARTICIPANTS:

You have been invited to take part because you are from the following group of Occupational Therapists (OT):

**OT graduates from UCT who have undergone their CDP block, employing the ObCD framework, in 2014, 2015 or 2016.**

- We feel that your experience can contribute much to our understanding and knowledge of employing the ObCD framework.
- You were contacted via various media platforms and/ or through snow-balling.
- Approval was granted through the Faculty of Health Science's Human Research Ethics Committee prior to recruiting participants.

## 5. VOLUNTARY PARTICIPATION

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

## 6. WHAT WILL BE REQUIRED OF THE PARTICIPANTS:

We are asking you to help us learn more about ObCD and its application. We are inviting you to take part in this research project. If you accept, you will be asked to participate in:



Documents:

- Allow permission for research team to access any written work from your community development practice block, prior to first interview. [Optional]

In-depth Individual Interviews:

- Two in-depth semi structured interviews, in English, approximately one hour in length, conducted using Skype, with audio recording of the electronic interview.
- A further member-checking interview or email conversation will take place to ensure that the participant is satisfied with the results generated from the data he or she provided.
- Reflections post interviews as part of a Reflective Research Journal [Optional]
- Adequate internet connection will be required as well as a Skype address that you are contactable on. If you consent to participate, an agreed upon time and date for the interview and group discussions will be negotiated.

Individual Interviews:

You would participate in an interview with the researcher, Meghan Krenzer. The interview will take place over Skype, and in English. You can choose a time that is most suitable for you. If you do not wish to answer any of the questions during the interview, you may say so and I will move on to the next question. No one else but myself will be present unless you would like someone else to be on the Skype call with you.

The entire discussion will be audio-recorded, but no-one will be identified by name on the audio-recording. The digital file will be kept in a password protected digital folder. The information recorded is confidential, and no one else except the Principal Investigator will have access to the files. The transcribed files and additional text-based data will be destroyed after 5 years, however the audio-file(s) will be destroyed after one year, once the project is completed.

The focus of this research is not on the practice learning sites. Although we understand that the sites may be identifiable through describing ObCD in practice, we are wanting to represent these sites positively and focus on the processes of the ObCD and thinking rather than outcomes of the organisations

## 7. DURATION

The research spans four months in total. During that time, the interviews will take place (each of one-hour in length). I will ask you if we can have one additional interview where we check whether our interpretations and findings resonate and are coherent with the experiences and knowledge you shared. This will take up to 90 minutes, via Skype as well.

## 8. WHAT RISKS MAY BE INVOLVED?

There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal or if talking about them makes you uncomfortable or conflicted.



There is a risk that your contribution may be identifiable indirectly, as those who might read this research may be your known colleagues, therefore particular quotes that are used might be able to indicate who the participant is. To account for this risk, all quotes used, will be emailed to the relevant participants while writing the thesis, to ensure that you as the participant is comfortable with what is being portrayed and how you and your contribution (if at all identifiable) is being represented.

**9. WILL THERE BE PAYMENT OR COSTS INCURRED/ COMPENSATION/ INSURANCE?**

You will not be provided any incentive to take part in the research.

No monetary compensation will be given. The time of the Skype interview will be negotiated at a time best suited for the you.

It is your responsibility to ensure that the time negotiated does not compromise your own working hours; productivity or work load. It is also important that you will have access to adequate internet connection for the duration of the interview.

The questions asked are open-ended, and therefore I will not force anyone to divulge information that they feel they do not have the right to divulge nor do they have to answer any questions which make them feel uncomfortable.

**10. ANY BENEFITS FOR TAKING PART IN THE STUDY?**

There will be no direct benefit to you, but your participation is likely to help us find out more about how to translate theory into practice and what are the nuances in applying the ObCD framework in practice and within the OT curriculum, thus strengthening the profession, specifically within the Global South. Furthermore, you could benefit from the thinking and reflection process that could take place through the research process.

**11. DISSEMINATION/ SHARING of INFORMATION:**

Nothing that you tell us in today's initial meeting will be shared with anybody outside the research team and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you before it is made widely available to the public or broader peers. Once member-checking is completed, then each participant will receive a summary of the results.

The final report written and compiled, will be published under the University of Cape Town, (UCT) and disseminated to all participants; as well as to any other institutions or group of persons that the participants within the case deem necessary. In addition, it could help inform the curriculum for the fourth year Occupational Therapy, (OT) students at UCT and elsewhere.

**12. ALTERNATIVES FOR PARTICIPATING IN THE STUDY?**

You will incur no harm or consequences for not taking part. If you choose not to take part, or wish to contribute in another way, one source of data could be offered instead of multiple sources from any one participant, (i.e. only doing the interviews, or only offering written work or reflections).



**13. RIGHT TO WITHDRAW FROM THE STUDY**

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect your professional reputation; job or job-related evaluations in any way. You may stop participating in the interview at any time that you wish without your job being affected. I will give you an opportunity at the end of the interviews to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

**14. CONFIDENTIALITY:**

We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Data will remain anonymous, although demographic and professional information will be matched to its person's data, using a coded system. Diversity of participants will be encouraged, by recruiting from a pool of graduates as well as clinical educators, however, demographic information is optional.

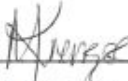
You will be asked to choose a pseudonym, which will be used in the transcriptions and in further mention of your contribution throughout the research. However, your complete confidentiality, cannot be guaranteed, given the limited number of graduates having graduated over the past three years, and given the nature of what the research will be used for.

**15. CONTACT DETAILS OF PRINCIPAL INVESTIGATOR & SUPERVISOR:**

This proposal has been reviewed and approved by the Health Research Ethics Committee (HREC), which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the research, please contact HREC's chairperson, [see contact details below].

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact any of the following:

Professor Marc Blockman  
 Chairperson of the Health Research Ethics Committee  
 +27 (021) 406 6492

  
 \_\_\_\_\_  
 Meghan Krenzer  
 Student Researcher  
 MSc. in OT Candidate, UCT.  
 BSc. in Occ Ther, UCT. 2008  
 HPCSA #: OT 007 4209  
[mez.krenzer@gmail.com](mailto:mez.krenzer@gmail.com)

\_\_\_\_\_  
 A/Prof. Roshan Galvaan  
 Principal Investigator & Supervisor  
 Division of Occupational Therapy  
 Department of Health & Rehabilitation Sciences  
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INFORMED CONSENT FOR PARTICIPATION IN RESEARCH: GRADUATES

**Part II: Certificate of Consent**

I have been invited to participate in research about community development, specifically looking at the Occupation-based Community Development Framework and its application.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

I consent to the following requirements:

Tick if participant consents

I consent to the following requirements:	Tick if participant consents
To participate in this study	<input type="checkbox"/>
Have access to computer and adequate internet connection for the duration of each interview over Skype video (giving a chosen Skype address from which to receive the call).	<input type="checkbox"/>
Two individual interviews (60-minutes each; over Skype)	<input type="checkbox"/>
Full Audio recording of the Individual Skype interviews, with transcription, verbatim.	<input type="checkbox"/>
Give written reflections post the interview(s)	<input type="checkbox"/>
Provide permission to access my written work from my CDP practice learning block	<input type="checkbox"/>
Offer relevant personal demographic information, to the extent that I wish.	<input type="checkbox"/>
Use email or an electronic format of my, the participant's, choice for contacting researcher and arranging times for interviews.	<input type="checkbox"/>
Participate in member-checking interview (of up to 90-minutes, over Skype)	<input type="checkbox"/>

Print Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date (Day/Month/Year) \_\_\_\_\_



**Statement by the researcher/person taking consent:**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

- 1 Participate in this study
- 2 Have access to computer and adequate internet connection for the duration of each interview over Skype
- 3 Focus group discussion (45-min Skype Interview, Audio Recorded & Transcribed verbatim)
- 4 Possible follow-up of two interviews (45-min each; over Skype, Audio recording and Transcribed by researcher verbatim)
- 5 Give written reflections post the interview(s)
- 6 Provide access to written work of graduates who are also participants - work pertaining to CDP practice learning block.
- 7 Offer relevant personal demographic information, to the extent that participant wishes.
- 8 Use emailing or an electronic format of my, the participant's, choice for contacting researcher and arranging times for interviews.
- 9 Participate in Member-checking interview

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

*A copy of this ICF has been provided to the participant.*

Print Name of Researcher/  
Person taking the consent \_\_\_\_\_

Signature of Researcher/  
Person taking the consent \_\_\_\_\_

Date (Day/Month/Year) \_\_\_\_\_

Witness (if necessary) \_\_\_\_\_

Date and place \_\_\_\_\_

Appendix B.4.3. Demographic Information Sheets

B.4.3.1. Clinical Educators

# _____	<b>PARTICIPANT DETAILS for CLINICAL EDUCATORS</b>		ObCD   2017
<i>*Contact details will not be shared with anyone but researchers. Pseudonyms &amp; coding will be used when reporting</i>			
NAME:	_____	CONTACT NUMBER:	_____
SURNAME:	_____	EMAIL ADDRESS:	_____
Year of graduation as an OT:	_____		
Highest qualification:	_____		
INSTITUTION:	_____		
Began working as Clinical Educator at UCT in which year:	_____		
Name of Community Development Practice Learning Sites Supervised:	_____		
<b><i>*Following information is optional</i></b>			
Gender:	_____	Previous work experiences (name organisations):	_____
Age:	_____	Most convenient times for interview:	_____
Ethnicity:	_____		
Nationality:	_____		

B.4.3.2. Graduates

# _____	<b>PARTICIPANT DETAILS for GRADUATES</b>	
	<i>*Contact details will not be shared with anyone but researchers. Pseudonyms &amp; coding will be used when reporting</i>	
ObCD /2017	NAME: _____	CONTACT NUMBER: _____
	SURNAME: _____	EMAIL ADDRESS: _____
	Year of graduation as an OT: _____	
	Highest qualification: _____	
	INSTITUTION _____	
	Community Development Practice Learning Block Placement: _____	
<b><i>*Following information is optional</i></b>		
	Gender: _____	Current place of work: _____
	Age: _____	Community Service Completed in which year? _____
	Ethnicity: _____	Most convenient times for interview: _____
	Nationality: _____	





## Appendix C: Data Collection

### C.1. Preparation for Interviews: Orientation Email

#### C.1.1: Focus Group




Gmail - A few points to consider for tomorrow's focus group.


 Meghan Krenzer 

---

**A few points to consider for tomorrow's focus group.**  
2 messages

---

Meghan Krenzer  Thu,   
To: 

Dear 

Before the focus group begins I wanted to just highlight a few points to consider (but don't stress) - no actual prep needs to be done, but if you find yourself with a few moments, thinking about the focus group, then perhaps these points will help guide your thinking.

**To keep in mind during the focus group:**

- I will ask the following opening question:

***"What elements characterize an occupational perspective in practice?"***  
- We want to gain understanding as to how this plays out in practice.


- The aim of this study is to describe and explain the processes associated with implementing an occupational perspective, particularly within the initiation and design phases of ObCD.
- Our objectives are to describe:
  1. the process of gaining mutual understanding within Initiation and Design of the ObCD
  2. how the occupational science constructs inform the Initiation and Design phases
  3. how participatory action methods inform the Initiation and Design processes

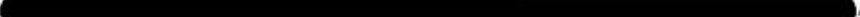
**Lastly, some admin/ tech issues:**

- One participant can no longer make it, therefore it will be 3 clinical educators and myself in the group.
- If anyone is online a few minutes before and would like to test out Skype for technical issues etc, then feel free to call me. I will be on from 12:20.
- My Skype address is megzz.dawson
- Please could you send through your Skype address before 12:20 otherwise add mine and send a request, that way I can accept you and add you to the conference call.
- If you are not using earphones, please make sure you are close enough to the mic of the computer as audio will be recorded.
- If you are concerned that there is background noise in your venue, then you can also just mute on your end, in between speaking.
- Depending on signal, we can as a group decide, once we have checked-in, to at some point turn off the videos and continue the focus group with audio only. But will see how long we can go with video. However what that means is it is alright if for a time ones video drops.
- In the event that Skype for some reason does not work, then please ensure you have me on Whatsapp, or send through your whatsapp number, if I do not already have it, as a last resort back-up.
- Would it be okay to allow 10 extra minutes at maximum, to accommodate for technical issues, i.e. calls dropping etc?

**Diarise:**  
Time & Date: 1:30pm, Friday, 6 October, 2017. (SA time)  
Venue: Favourite Chair, Cup of Coffee/ Tea, with good internet connection and Skype

Thanks once again,  
And chat tomorrow :)

Kind Regards,  
Meghan Krenzer  


<https://mail> /2

## C.1.2: Individual Interview

[REDACTED] Gmail - Notes to consider before Research Interview,

 Gmail Meghan Krenzer [REDACTED]

---

**Notes to consider before Research Interview,**  
1 message

---

**Meghan Krenzer** [REDACTED] Tue, [REDACTED]  
To: [REDACTED]

Dear [REDACTED]

Before the interview begins, I wanted to just highlight a few points to consider (but don't stress) - perhaps these points will help guide your thinking.

**But first some admin/ tech issues:**

- Depending on signal, we can decide at some point to turn off the video and continue the interview with audio only if need be. But will see how long we can go with video. However what that means is it is alright if for a time ones video drops.

Would it be okay to allow 10 extra minutes at maximum, to accommodate for technical issues, i.e. calls dropping etc?

**To keep in mind during the interview:**

I will ask the following opening question:

*"What elements characterize an occupational perspective in practice?"*  
- We want to gain understanding as to how this plays out in practice.

The aim of this study is to describe and explain the processes associated with implementing an occupational perspective, particularly within the initiation and design phases of ObCD.

**Our objectives are to describe:**

- the process of gaining mutual understanding within Initiation and Design of the ObCD
- how the occupational science constructs inform the Initiation and Design phase
- how participatory action methods inform the Initiation and Design processes

Thanks once again,

Kind Regards,  
--  
Megz Krenzer  
[REDACTED]  
[REDACTED]  
[REDACTED]

## C.2 Schedule of Questions Posed to Focus Group

<b>Semi-structured interview questions in facilitating Focus Group</b>	
	<p><b>Basic Catalyst Question</b></p> <p>a. <i>What elements characterise an occupational perspective in practice?</i></p> <p>b. In your experience, how would you describe the elements, that influence movement through the phases and processes of ObCD?</p> <p><i>Prompts:</i></p> <p><i>{What helps movement through the phases and processes of ObCD?}</i></p> <p><i>{What is the nature of the relationship between occupational perspectives and the processes of ObCD?}</i></p> <p><i>{What is the nature of the relationship between a.) participatory action methods b.) gaining mutual understanding and the processes of ObCD?}</i></p> <p><b>The rest of the questions, are not necessarily in this order:</b></p> <p>c. What does applying an occupational perspective mean to you?</p> <p>d. What of your own community development practices is viewed through an occupational lens?</p> <p>e. From the supervision that you have been involved in, how do students engage with viewing the community development process through an occupational lens?</p> <p><i>{Prompts: and particularly in the Initiation and Design phases of their processes at their CDP blocks?}</i></p> <p>f. How do elements of power play out within the ObCD process?</p> <p style="padding-left: 40px;"><i>{How are these elements revealed and negotiated}</i></p>

### C.3. Schedule of Questions Posed to Individual Clinical Educators

Semi-structured interview questions that emerged from Focus Group: **Clinical educators**

Semi-structured interview questions that emerged from Focus Group to guide semi-structured interviews with Clinical Educators

The aim was to probe deeper in thoughts, questioning and examples (Krueger & Casey 2009; Rubin & Rubin 2012).

*g. Any further thoughts around what are the elements that characterise an occupational perspective in practice?*

The rest of the questions, are not necessarily in this order:

*h. What makes occupational therapy work stand out as opposed to a development practitioner in CDP?*

*i. What are the barriers to applying an Occupational Perspective in practice?*

*j. What activities help along the process?*

*k. How do you see Occupational Science Constructs or Concepts playing out or being used in practice (or power dynamics being addressed)?*

## C.4. Schedule of Questions Posed to Graduates

Semi-structured interview questions that emerged from Focus Group: **Graduates**

Semi-structured interview questions that emerged from Focus Group to guide semi-structured interviews with Graduates:

**Basic Catalyst Question**

- l. What elements characterise an occupational perspective in practice?*
- m. Describe your campaign or experience at block*

The rest of the questions, are not necessarily in this order:

- n. What makes occupational therapy work stand out as opposed to a development practitioner in CDP?*
- o. What are the barriers to applying an Occupational Perspective in practice?*
- p. What activities help along the process?*
- q. How do/ did you see Occupational Science Constructs or Concepts playing out or being used in practice (or power dynamics being addressed)?*

## Appendix D: Extracts from Researcher's Reflection Journal

### D.1 Exploration within case study analysis (Flyvbjerg, 2006)

May 2018

*At times It made sense to cluster and link first, and then merge and refine the nodes so not to duplicate work, and to ensure coherence. However, occasionally, these steps were done simultaneously. I also made note of certain nodes that were of interest but did not speak specifically to my research question.*

*I found this process challenging, as I felt as though I needed guidance in how to cluster, and kept wanting to go back to the ObCD conceptual framework and cluster according to how it is described. If I had have done that, I would have ran the risk of pre-empting and presuming, moving away from my primary data. I went back to the literature, to try and discover evidence of how it had been used by previous researchers. What stood out for me, was only the ongoing refining of both cluster of nodes, categories and themes, making links, but then returning to the data and refining once more. The steps in thematic analysis even laid out in the work of Braun & Clarke (2006) although succinctly described, are reduced to clear delineated achievements, whereas is my reality, those were elements that were wrapped up within a cyclical process of analysis, having to returning frequently to the primary datas and continue refining nodes and categories. I reasoned over where the themes are lying? Are they in the data, or do they reside within my own reasoning. Is it both? How do I ensure a socio-constructivist approach, without passing the responsibility for this research to find the link, onto my participants? What is informing my interpretation? Of course the ObCD conceptual framework is (Baxter & Jack, 2008; Stake, 1995). However, to prevent bias, going back to the data in relation to the research unit of analysis, aim and objectives helped ensure the approach remained inductive to prevent bias (Ely, Vinz, Downing & Anzul, 1997).*

Having acknowledged the angst with which the researcher had confronted the task of clustering and theme-generating, the researcher determined that despite the flexibility of thematic analysis, and the risk of bias, the need to be conscientious and consistent throughout the approach to thematic analysis was of utmost importance (Stark, 1995; Braun & Clarke, 2006; Patton, 2015).

## D.2 Positionality and language use in qualitative interviewing

September 2017

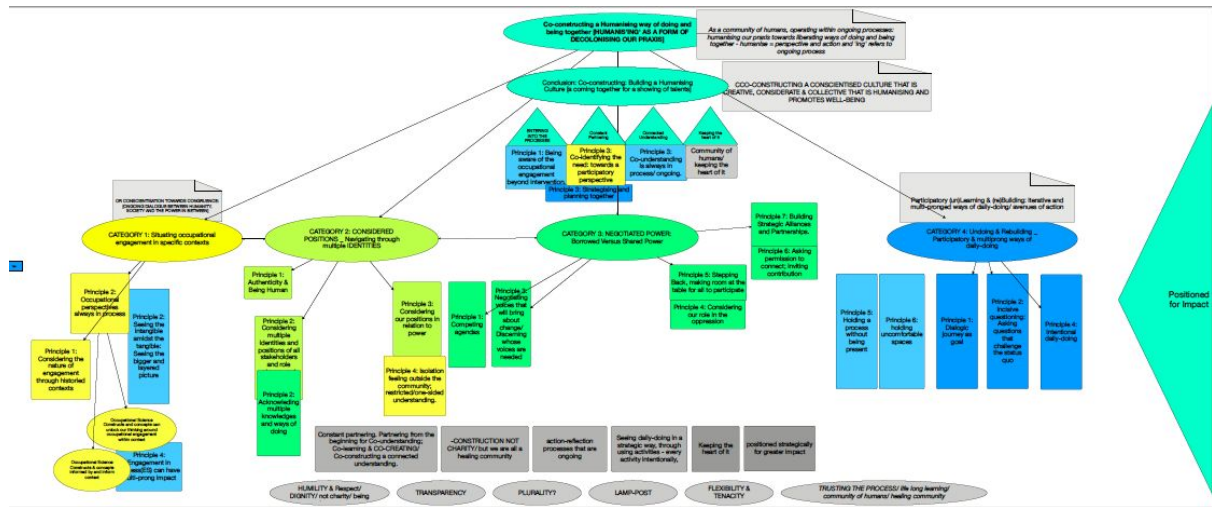
*I need to ensure that I do not speak authoritatively or even persuasive or monologically as if the ObCD framework's definition is the only one we can address, seeing that that is the framework in question (Cheyne & Turulli, 1999)...*

*...but questioning definitions and applications can allow for further and deeper theorizing and understanding of praxis and perhaps even evolve the definition if need be. Would I be too persuasive if I were to give my opinion but then in the next breathe pose it as a question to tackle? I make my statement and then ask if there are differing or alternative ideas? Does it depend on the power dynamics? I feel at least with the clinical educators that they are in positions that make them 'experts in this field' for lack of a more suitable word at this hour. (It must be noted that I strongly am opposed to the word 'expert' - I later go on to explain why).*

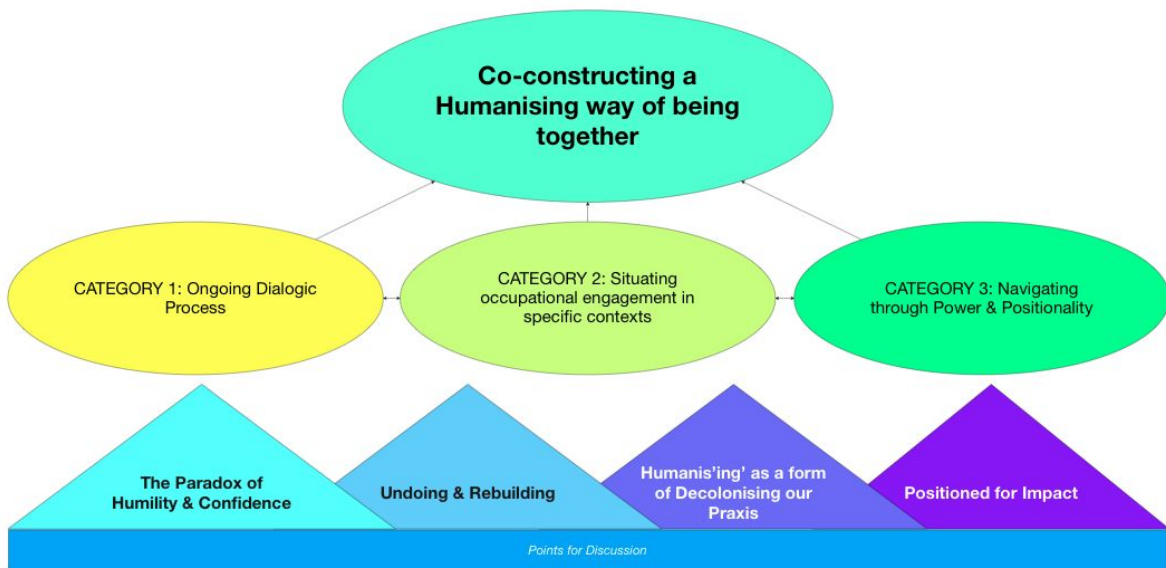
*However any suggestion needs to be posed in such a way that an alternative is acceptable. If this cannot be done, perhaps open-ended questioning is more useful (Rubin & Rubin, 2012).*



Later Phase:



E.2.2. Further Refining




## Appendix F: Member Checking Powerpoint

- Member-checking -

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**A Case Study Exploring the Occupation-based  
Community Development Framework:**



Co-constructing a  
Humanising Praxis

---

MSc. Candidate: Meghan Krenzer | DWSMEG001  
Supervisor: Prof. Roshan Galvaan  
University of Cape Town | September 2018

Hello, this presentation is intended for sharing the findings with you, the participants who contributed to this research. Once again we want to **thank you for your invaluable contribution** and we trust that the outcome of this research will further shape and develop the profession. You know that we could obviously not have done any of this without you. As a form of member checking, Roshan and myself welcome any feedback, comments, suggestions that you might have.

The title of this dissertation is: *a case study exploring the occupation-based community development framework: co-constructing a humanising praxis.*

## Questions for member checking

1. Does anything stand out to you that you would like to comment on or ask before heading to more specific questions?
2. Is there anything, that you do not agree with or would like more clarity on?
3. Is there another name or term that comes to mind or one that you would like to use that better describes the nuances of the category names or overarching themes?
4. How would you say these findings could best be disseminated?

This slide has some questions to prompt your thinking as you go through the presentation. Please feel free to share with me your thoughts in any format that suits you best, via: a phone call, whatsapp voice message, text message, email or face-to-face meet up. You can answer as little or as many of the questions as you like.

**If I haven't heard from you by this Wednesday, the 12th of September, then I'll assume that you are satisfied and do not have anything to add for now.**

Thank you once again, for your contribution and time.

## Outline of Findings

**Overarching Theme:** Dialogic Co-construction of Occupational Perspectives

**Category 1:** Working with Processes

**Category 2:** Situating Occupational Perspectives in Socio-political & Historied Contexts

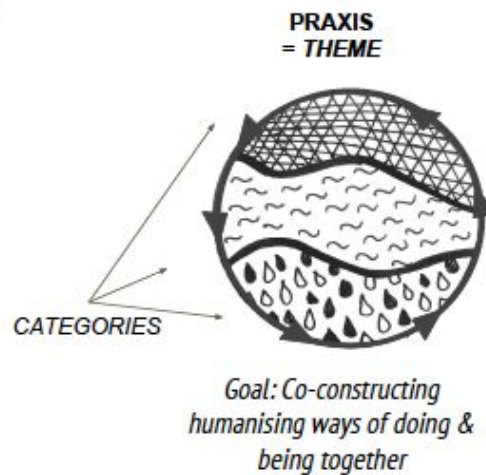
**Category 3:** Negotiating Positionality

The overarching theme offers a first level look at applying an occupational perspective to practice. We then delve deeper into unpacking how we go about doing this, through each category. If you would like, I could send you the discussion points that I have pulled out from the findings as well?

The outline of this brief presentation is as follows: [see slide]

## Overarching Theme: Dialogic co-construction of occupational perspectives:

- A. Drawing on theoretical interpretations
- B. Occupational perspectives generated in dialogue
  - I. Valuing knowledges & lived experiences
  - II. Being participatory



The data analysis yielded a single theme, “*Dialogic co-construction of occupational perspectives*”. This theme described the participatory, reflexive manner of developing an occupational perspective throughout CDP. This occurred through:

a) the way that occupational therapists drew on their theoretical interpretations of human occupation as starting points when entering into organisations’ and groups’ processes of change. These perspectives were shaped through being reflexive within practice. This reflexivity led to evolving interpretations of what was understood about human occupation in the practice context.

b) i) Valuing each person’s knowledges and lived experiences by working in an inclusive way where the aim was that everyone’s contributions were considered. This enabled the occupational perspective to be further shaped through collaborating in dialogue and through occupational engagement. The occupational therapists drew attention to the way that stakeholders participated in the dialogic process and how this influenced the discourses about occupations, and in turn, this dialogic process was shaped by the stakeholders. Furthermore, in considering another’s’ reality, occupational therapists’ own assumptions and certain knowledges were challenged..

ii) The ongoing dialogic processes continued to reshape such perspectives through its participatory nature. Participation was further nurtured by engaging in occupations together. This led to co-constructing as a humanising way of doing and being together, but also led occupational therapists to the reflexive, and yet forward-thinking question of how do we position ourselves, and the profession strategically towards making greater impact?

*The dialogic co-construction of occupational perspectives is framed as praxis in that it reflects a journey of developing a connected understanding between stakeholders and practitioners. Here praxis, is seen as encompassing working with processes (category 1); engaging with what emerged in the context (category 2) and negotiating through the positionality of occupational therapists and stakeholders (category 3).*

*Praxis is therefore more than the relationship between theoretical perspectives and practice. We see praxis as itself being the process of reflexively engaging within a space; a co-constructed journey with stakeholders and practitioners.*

## Category 1: Working with Processes

- 1.1 Present and future lens of occupations
- 1.2 Working creatively & strategically
- 1.3 Sustaining through critical questions
- 1.4 Doing with, shapes perspectives

Category one looks at the various processes of change that take place within communities, organisations and amongst individuals with whom we work. How we as occupational therapists perceive these processes and engage with them, is key in determining whether our praxis is co-constructed and therefore, humanising.

1.1 As occupational therapists we consider the occupational engagement beyond the contact-time that we might have with stakeholders or organizations. Practitioners in CDP view various elements playing out within an organisation, as multiple processes informing a larger overall organisational culture. We are able to address these factors at multiple levels simultaneously. Therefore, in line with this plurality of processes, various processes related to specific elements within an organisational culture, could be addressed at a time.

1.2. When the occupational therapists were challenged with creating opportunities for dialogue,, they applied various strategies and creative thinking to bring about change. For example, working at the levels in which small shifts might be possible. Another example was where occupational therapists recognised the power of identifying and responding to spontaneous opportunities for working with smaller processes of action-reflection, at more accessible simpler levels.

1.3. Participants generated incisive critical questions in order to sustain the dialogic processes that they participated in.

1.4. Seeing what needs to be done and designing what we do and how we participate (and encourage participation), can be a challenge. The practical techniques and logistics of facilitating and creating spaces for dialogue are difficult to carry out. Being intentional with how we facilitate participation and how we engage in daily-doing for building deeper understanding and partnerships is not a set procedure but dynamic and evolving. For occupational therapists, in some case, this connected understanding revealed, that being participatory meant participating in everyday occupations with people. It was noted that there is a need to identify and utilise opportunities to facilitate dialogue of and through occupational engagement when opportunities arise. This was possible when occupational therapists position themselves within such spaces of action and engagement. Daily-doing was therefore used strategically to shape participation, and similarly, factors influencing occupational engagement are exposed through this daily-doing.

## Category 2: Situating Occupational Perspectives in Socio-political & Historied Contexts

### 2.1 Challenging hegemonic discourses and structures

### 2.2 Questioning multiple knowledges together

### 2.3 Contesting dominance in the everyday

Category 2 highlights the need to be cognizant of how socio-political factors and the historical legacy of a context influences praxis; therefore having to situate praxis within the specific contexts in which we work.

2.1. Occupational perspectives can offer a broad as well as penetrating look into the contexts influencing occupational engagement. Occupational therapists might have to discern between addressing immediate needs, or underlying factors within a group or organisation. In South Africa, the oppressive socio-economic climate of stakeholders and role-players' past, and present, could influence how such persons perceive their value and worth, as well as how they participate. Occupational therapists spoke to how occupational science terminology helps occupational therapists identify, describe and explain what is informing occupational engagement and make sense of what is seen. For example, occupational therapists recognised that the dominant view of what was seen societally as desirable and the 'right way,' influenced the way stakeholders saw and valued their knowledge.

2.2 When occupational therapists view engagement within a space from multiple angles, then the underlying factors, can be drawn out more specifically. Seeing the multiple factors within society influencing engagement helps practitioners to identify where to focus dialogue. Considering the philosophical underpinnings and context in which a majority of occupational science concepts and theories were developed, can ensure that perspectives are not irrelevant to the specific contexts in which we work. These mainstream contexts are often differing from the macro-level, socio-political and economical landscape of South Africa and many other countries within the Global South.

For this reason, the concepts are evolving in their understanding, as they are continually informed by and continue to inform the spaces in which they are utilised. The same is true for questioning what occupations or which procedures are viewed as valuable. Occupational therapists need to recognise that there might be multiple ways to perform a task and therefore be reflexive and critical of what attitudes we introduce into our praxis.

2.3 Turning to how discourses occur, occupational therapists recognise that oppression and hierarchies between people are perpetuated through every area of life. Practitioners consider how personal characteristics can be targeted in institutionalising oppression, and consequently how this contributes to devaluing a human-being. Furthermore, the impact of contesting dominance, as part of this evolving and collective occupational perspective, can go beyond the particular area in which the contestation began. This can be so for the individual as well as in noticing similar patterns within society. Furthermore, when we realise that we are entering into a process of another organisation, it is therefore our responsibility to make an effort to understand one another. This is linked to language use as well as understanding the micro-customs within the spaces in which we participate.

## Category 3: Negotiating Positionality

### 3.1 Recognising intersectional identities and assumed roles

### 3.2 Navigating shifts in power

### 3.3 Building alliance

### 3.4 Finding resonance in contributions

Category 3 discusses how praxis, informed by socio-political and historied contexts, necessitates that practitioners navigate and negotiate between their identities, positions and power. This involved occupational therapists staying with their discomfort associated with recognising their positionality in relation to oppression and privilege and respectfully negotiate the tension that sometimes was created when differences of thought and experience; attitudes and expectations; oppression and privilege, came to the fore.

3.1. Practitioners drew on their social identities and the personhood of stakeholders in building relationships. However, the organisations occasionally had particular expectations of occupational therapists' roles within those spaces.

3.2. When power dictates the dominant agenda being put forward, be it of the occupational therapist or other stakeholders, then occupational therapists might need to consider how we could give space for voices to be heard that are strategic towards facilitating a more humanising process.

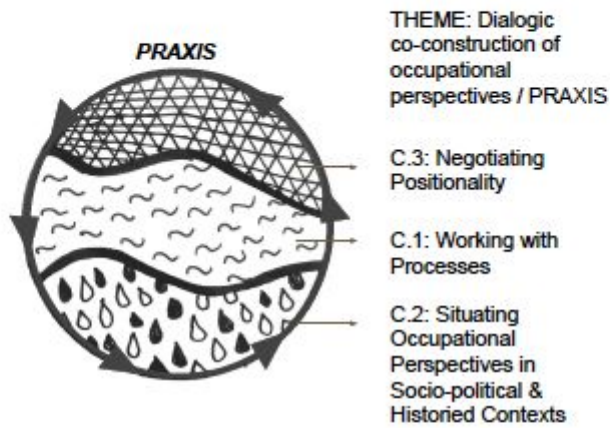
Furthermore, in the context of South Africa, considering the oppression and privilege in relation to how we participate and work, is inescapable. There needs to be a consideration of how intergenerational and systematic privilege can be relinquished. Occupational therapists need to challenge not only the attitudes with which we come, but also the positions we need to step away from or navigate through.

3.3. From the moment practitioners first enter an organisation, there needs to be this constant partnering with key stakeholders and potential roleplayers. In recognising this need to collaborate, and be interdependent; collaborating with partners outside of the health sector and beyond direct roleplayers, then certain key partnerships become strategies for particular organisations and processes.

Doing so can allow stakeholders, to co-facilitate in a way that resonates, and builds greater nuanced understandings.

3.4. When space is not given for the contribution of key stakeholders to be acknowledged, participants found that stakeholders and roleplayers may subsequently withdraw and allow those in hierarchical positions to shape the direction of the conversation and process. This indicates the reality that this type of work forces us as practitioners, to address our own issues of self-worth in relation to what significant contribution we can make. Particularly when it is difficult to see the specific influence of ones work. Moreover, trusting that, in our fallible yet paradoxically wonder-filled humanity, we make room for all stakeholders to participate, in the broadest sense of the term. Stepping back and prudently stepping in, allows for a more rich and diverse body of knowledge expressed through humans, to be celebrated and drawn upon, and in turn shape how we co-construct a connected understanding, towards a more humanising way of being together.

## Overarching Theme & Connected Categories:



*Just a conceptual idea...*

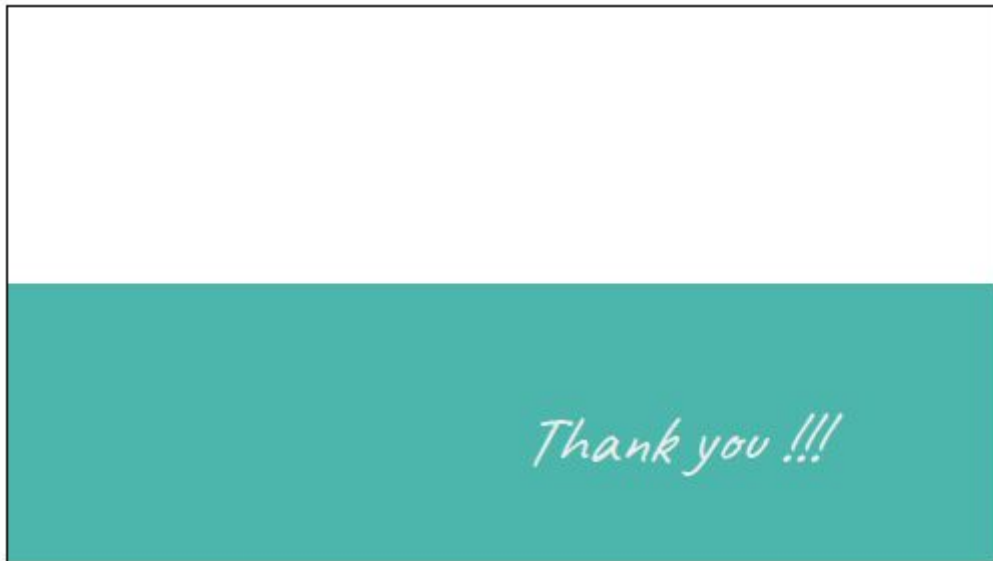
Diagram indicating the relationship between the overarching theme and the categories indicating the deeper levels.

These are just ideas of trying to indicate the dynamic multiple layers of processes and simultaneously, perspectives with which we work. At times, praxis might require that we dig up and deconstruct the layers, in order to uncover fundamental root causes affecting occupational engagement. Subsequently, needing to rebuild.

Thoughts around this are welcome.

Image source:

[https://www.123rf.com/photo\\_80712774\\_stock-vector-education-chart-of-science-for-layers-of-soil-diagram.html](https://www.123rf.com/photo_80712774_stock-vector-education-chart-of-science-for-layers-of-soil-diagram.html)



Many thanks, I look forward to receiving your feedback.

Warm regards, Megz