

Collective Action and the Transformation of Occupational Therapy Practice

Ellen M. Nicholson

A thesis submitted to Auckland University of Technology in partial fulfillment of
the requirements of the degree of Doctor of Health Science (DHSc)

November 2013

School of Rehabilitation and Occupation Studies

Faculty of Health and Environmental Sciences

Table of Contents

TABLE OF CONTENTS	1
TABLE OF TABLES.....	5
TABLE OF FIGURES	6
ATTESTATION OF AUTHORSHIP	7
ACKNOWLEDGEMENTS	8
ABSTRACT	10
CHAPTER ONE	11
SITUATING THE RESEARCH: COLLECTIVE ACTION WITH CRITICAL-EMANCIPATORY INTENT	11
<i>Aims and Rationale of the Study.....</i>	<i>12</i>
THE PHILOSOPHICAL FRAMEWORK OF THE RESEARCH	14
<i>My Journey and Contribution</i>	<i>16</i>
<i>Pre-suppositions interview</i>	<i>18</i>
THE SOCIO-CULTURAL CONTEXT OF NEW ZEALAND PRACTICE.....	19
THE STRUCTURE OF THE THESIS.....	22
<i>The language of the thesis.....</i>	<i>25</i>
SUMMARY	26
CHAPTER TWO	27
UNDERSTANDING THE LEGITIMATION CONCERN	27
KNOWLEDGE, POWER, AND DISCOURSE: A HABERMASIAN PERSPECTIVE	27
<i>Knowledge, science, and knowledge-constitutive interests.....</i>	<i>29</i>
<i>Power, privilege, and knowledge-practice</i>	<i>30</i>
THE ARCHITECTURE OF ACCEPTED PRACTICES: A KEMMISIAN PERSPECTIVE	32
THE INFLUENCE OF THE PRACTITIONER	34
SOCIAL INFLUENCES ON ACCEPTED PRACTICES: HISTORY AND CONTEXT	36
<i>The origins of occupational therapy practice with children</i>	<i>38</i>
<i>Reductionism, remediation, and the science of ‘paediatric practice’</i>	<i>39</i>
<i>Contextual influences on knowledge-practice</i>	<i>41</i>
CULTURAL-DISCURSIVE INFLUENCES ON ACCEPTED PRACTICES: PRIVILEGE AND PROFESSIONAL DISCOURSES.....	42
MATERIAL-ECONOMIC INFLUENCES ON ACCEPTED PRACTICES: RESOURCES, ACTIONS, AND OUTCOMES	44
THE EMANCIPATORY POTENTIAL OF OCCUPATIONAL SCIENCE AND PRACTICE	47
<i>Reconciling the Emancipatory Potential of Occupational Science</i>	<i>51</i>
SUMMARY	55
CHAPTER THREE.....	57
CRITICAL PARTICIPATORY ACTION: AN EPISTEMETHODOLOGY FOR PRACTICE-CHANGING PRACTICE	57
POSITIONING THE RESEARCH STUDY.....	57
<i>Critical participatory action as emancipatory and participatory practice</i>	<i>59</i>
<i>Critical participatory action as transformative action</i>	<i>62</i>
<i>Critical participatory action as practice-changing research</i>	<i>63</i>

CORE PRINCIPLES OF CRITICAL PARTICIPATORY ACTION RESEARCH	64
<i>Critical participatory action as consensus-enabling action</i>	65
<i>Critical participatory action as exploratory action</i>	66
<i>Critical participatory action and emancipatory intent</i>	70
<i>Facilitation of critical participatory action projects</i>	73
THE TRANSFORMATIVE COMMUNITY: A KNOWING-IN-ACTION SOLUTION FOR EMANCIPATORY OUTCOMES	75
CRITIQUE OF THE METHODOLOGY	78
<i>Tensions and limits to transformative action</i>	79
SUMMARY	79
CHAPTER FOUR.....	81
METHODS: CREATING THE TRANSFORMATIVE COMMUNITY.....	81
AN OVERVIEW OF THE STUDY DESIGN.....	82
POSITIONING THE METHODS: ENGAGED SCHOLARSHIP AND THE TRANSFORMATIVE COMMUNITY	83
ELUCIDATING THE METHODS: PROJECT <i>PLANNING</i>	87
<i>Ethical considerations and approval</i>	87
<i>Cultural consultation</i>	90
<i>Project resourcing</i>	91
RECRUITMENT: A CALL TO COLLECTIVE ACTION	93
ACTION AND OBSERVATION: FACILITATION, AND PARTICIPATION IN THE TRANSFORMATIVE COMMUNITY	96
<i>Creating a transformative community of practice</i>	96
<i>Facilitation challenges</i>	99
<i>Facilitating the dialogical inquiry</i>	101
<i>Additional sources of project information</i>	103
OBSERVATION AND REFLECTION: REFLECTIVE ANALYSIS, INTERSUBJECTIVE AGREEMENT, AND UNCOMFORTABLE TRUTHS.....	104
<i>Reflective analysis: First-stage information collection and categorisation</i>	104
<i>Reflective analysis: Second-stage data analysis and categorisation</i>	106
<i>Intersubjective agreement and uncomfortable truths</i>	107
TRUSTWORTHINESS.....	108
<i>Credibility</i>	109
<i>Transferability and dependability</i>	111
<i>Confirmability</i>	112
SUMMARY	112
CHAPTER FIVE.....	114
OCCUPATION-INACTION:	114
DECONSTRUCTING SOCIAL INFLUENCES ON OCCUPATIONAL PRACTICE	114
OVERVIEW OF THE COLLECTIVE ACTION UNDERPINNING THE RESEARCH FINDINGS	117
SOCIAL OBSTACLES TO OCCUPATIONAL PRACTICE WITH CHILDREN AND FAMILIES.....	121
POWER, PRESS, AND THE PRACTICE CONTEXT.....	122
<i>Professional history</i>	122
<i>Individual historicity</i>	124
POWER, PRESS, AND THE EXPECTATIONS OF OTHERS.....	126
<i>The expectations of families</i>	127
<i>The expectations of other occupational therapists</i>	129
<i>Managing professional risk (role blurring and professional boundaries)</i>	131
THE 'PROBLEMIZING' OF CHILDREN AND PRACTICE	134

<i>Modern children/complex problems</i>	134
<i>Specialist language and the rhetoric of evidence-based practice</i>	136
A SUBJECTIVE QUEST EMERGES.....	139
<i>Trusting the knowledge</i>	140
<i>Finding the courage to transform practice</i>	142
<i>Finding the space for practice transformation</i>	144
SUMMARY	144
CHAPTER SIX	146
OCCUPATION-IN-ACTION:	146
(RE)CONNECTION AND REALISATION OF THE EMANCIPATORY POTENTIAL OF OCCUPATIONAL PRACTICE	146
RESOLUTION OF THE QUEST FOR VALIDATION.....	147
A CO-CONSTRUCTED CONCEPTUALISATION OF OCCUPATIONAL-KNOWLEDGE	149
<i>Influence and critique of the text</i>	151
FROM OCCUPATIONAL THEORY TO OCCUPATIONAL-KNOWLEDGE	155
<i>Managing occupational-knowledge in the practice context</i>	156
ACTIONS TO (RE)CONNECT AND RECONSTRUCT OCCUPATIONAL KNOWLEDGE-PRACTICE	159
<i>Using the language of occupational practice</i>	160
NEGOTIATING POSSIBILITIES AND OPPORTUNITIES FOR OCCUPATIONAL PRACTICE	162
<i>Reframing social obstacles for occupational practice</i>	163
<i>Reframing 'barriers' as excuses</i>	165
<i>Utilising local resources to sustain practice-change</i>	166
EXEMPLIFYING A MEANINGFUL PRAXIS	168
<i>Valuing families: Authentic collaboration for occupational outcomes</i>	169
<i>Culturally responsiveness practice</i>	171
SHARING THE VISION: SHIFTING THE DIALOGICAL INQUIRY TO ADVANCE AN OCCUPATIONAL AGENDA.....	173
<i>Expecting, and being prepared for, resistance</i>	174
SUMMARY	176
CHAPTER SEVEN	178
CRITICAL MOMENTS IN THE EMANCIPATORY RECONSTRUCTION OF OCCUPATIONAL PRAXIS IN CONTEXT	178
CONSTRUCTING A PRAXIOLOGICAL SOLUTION FOR MEANINGFUL ACTION	179
THE VENIA MODEL: FIVE CRITICAL MOMENTS IN THE EMANCIPATORY RECONSTRUCTION OF OCCUPATIONAL PRAXIS IN CONTEXT	181
<i>The immediate and macro-practice contexts</i>	182
<i>Occupational-knowledge</i>	183
<i>Collective action and the transformative community of practice</i>	184
FIVE CRITICAL MOMENTS IN THE PROCESS OF OCCUPATIONAL PRACTICE TRANSFORMATION	186
<i>Validation</i>	187
<i>Exploration</i>	187
<i>Negotiation</i>	189
<i>Integration</i>	190
<i>Actions of Occupational Practice/Praxis</i>	191
<i>Alternate pathways and possibilities</i>	193
SUMMARY	194
CHAPTER EIGHT	195

DISCUSSION: LESSONS FOR PRACTICE AND THE PROFESSION	195
SUMMARY OF THE RESEARCH OUTCOMES	197
ORIGINAL CONTRIBUTION OF THE RESEARCH TO KNOWLEDGE.....	199
<i>The VENIA Model: A meaningful, action-oriented process for occupational practice transformation</i>	199
<i>Validation: A critical catalyst to occupational practice transformation</i>	201
<i>Emancipatory intent: The sustainability of practice transformation</i>	202
CRITIQUE OF THE META-PRACTICE OF THE INQUIRY	203
CONTRIBUTION OF THE RESEARCH TO KNOWLEDGE TRANSLATION CONVERSATIONS.....	205
LIMITATIONS OF THE RESEARCH.....	207
IMPLICATIONS OF THE RESEARCH FOR PRACTICE AND FURTHER RESEARCH	208
<i>The Next Quest Emerges</i>	211
CONCLUSION	214
REFERENCES.....	217
APPENDICES.....	243
APPENDIX A: COPYRIGHT PERMISSION (THE CANADIAN ASSOCIATION OF OCCUPATIONAL THERAPISTS)	244
APPENDIX B: COPYRIGHT PERMISSION (SAGE PUBLICATIONS).....	245
APPENDIX C: COPYRIGHT PERMISSION (SPRINGER PUBLICATIONS)	246
APPENDIX D: COPYRIGHT PERMISSION (JOHN WILEY & SONS)	247
APPENDIX E: NORTHERN X APPROVAL	248
APPENDIX F: AUTECH MEMO.....	250
APPENDIX G: ETHICS EXTENSION.....	252
APPENDIX H: CMDHCB CREDENTIALLING STATUS FORM.....	253
APPENDIX I: MFSUPPORT LETTER	255
APPENDIX J: STRUCTURE AND CONTENT OF ENABLING OCCUPATION II (TOWNSEND & POLATAJKO, 2007).....	256
APPENDIX K: ADVERTISEMENT	259
APPENDIX L: CONSENT FORM	260
APPENDIX M: PARTICIPATION INFORMATION SHEET.....	262
APPENDIX N: PRELIMINARY THEMES (MEETING TWO)	265
APPENDIX O: PRELIMINARY THEMES (MEETING SEVEN)	266
APPENDIX P: PRELIMINARY THEMES (MEETING ELEVEN)	267
APPENDIX Q: MIND MAP ONE	268
APPENDIX R: MIND MAP TWO	269
APPENDIX S: WORD TREE (ENABLEMENT)	270

Table of Tables

TABLE 3.1: DIALECTICAL PERSPECTIVES OF THE MULTI-FACETED RELATIONSHIPS BETWEEN KNOWLEDGE AND ACTION, THEORY AND PRACTICE, FROM ACCEPTED AND OCCUPATIONAL PRACTICE PERSPECTIVES.....	68
TABLE 4.1: PSEUDONYMS, CURRENT PRACTICE CONTEXT, LEVEL OF EXPERIENCE, QUALIFICATIONS AND ENGAGEMENT IN SCHOLARSHIP ACTIVITIES OF CO-RESEARCHERS WHO PARTICIPATED IN THE STUDY.	95
TABLE 4.2: OUTLINE OF MEETING DATES, CHAPTERS AND ATTENDEES AT EACH OF THE COMMUNITY OF PRACTICE MEETINGS.	97
TABLE 8.1: OUTLINE OF FORMAL PRESENTATIONS COMPLETED, AND PLANNED, FOR SHARING FINDINGS DRAWN FROM THE RESEARCH.	212

Table of Figures

FIGURE 2.1: BARRIERS TO AND FACILITATORS OF KNOWLEDGE TRANSLATION IDENTIFIED IN RESEARCH FROM THE PERSPECTIVE OF THE PEO MODEL.....	54
FIGURE 3.1: ELUCIDATION OF THE PHILOSOPHICAL FRAMEWORK OF THE RESEARCH, INCLUDING THE CORE PRINCIPLES/PHILOSOPHIES NAMED AS THE METHODOLOGY AND RESEARCH FRAMEWORK.....	58
FIGURE 3.2: THE ACTION RESEARCH SPIRAL.....	60
FIGURE 4.1: OVERVIEW OF THE METHODS: ENGAGED SCHOLARSHIP, PROJECT PLANNING AND PREPARATION, ACTIONS AND OBSERVATIONS, REFLECTION, AND TRUSTWORTHINESS.....	83
FIGURE 4.2: THE KNOWLEDGE TO ACTION CYCLE.....	85
FIGURE 5.1: OUTLINE OF THEMES DRAWN FROM THE DATA ASSIGNED TO TWO PHASES OF TRANSFORMATIVE AND EMANCIPATORY ACTION, UNDERPINNED BY COLLECTIVE ACTION.....	115
FIGURE 5.2: THE INTERCONNECTEDNESS AND CONTRIBUTION OF CATEGORIES REVEALED IN THE FIRST PHASE DATA UNDERPINNED BY COLLECTIVE ACTION, AND EXPERIENCED AS OCCUPATION-INACTION BY THE CO-RESEARCHERS.....	116
FIGURE 5.3: THE POSITIONING AND INFLUENCE OF A SUBJECTIVE QUEST, WITHIN THE FIRST PHASE OF THE INQUIRY.....	140
FIGURE 6.1: THE INTERCONNECTEDNESS AND CONTRIBUTION OF THEMES REVEALED IN THE SECOND PHASE DATA, UNDERPINNED BY COLLECTIVE ACTION AND THE FIRST PHASE (DECONSTRUCTION-PLANNING) OF THE INQUIRY.....	147
FIGURE 7.1: SITUATING THE MODEL AND THE CHAPTER: HOW FIVE CRITICAL MOMENTS IN THE PROCESS OF EMANCIPATORY RECONSTRUCTION OF OCCUPATIONAL PRACTICE/PRAXIS EMERGED FROM THE PROJECT DATA.....	179
FIGURE 7.2: THE VENIA MODEL; FIVE CRITICAL MOMENTS IN THE EMANCIPATORY RECONSTRUCTION OF OCCUPATIONAL PRACTICE IN COMMUNITY AND IN CONTEXT.....	181

Attestation of Authorship

I hereby declare that this is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person or material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signed:  _____

Dated: 25 November 2013 _____

Acknowledgements

Just as the research is situated in collective action, so is this thesis. I am overwhelmingly indebted to the wisdom, guidance, and support of so many people who have helped to create the space in my life for completion of this transformative journey. Foremost, I wish to thank the co-researchers who so willingly and enthusiastically responded to the project's call to action, and so generously shared their knowledge, insights, and practice stories to shape both the direction of the inquiry and the outcomes of the project.

An immense debt of gratitude goes to my supervisors – thank you both for your considerable and continued patience, wisdom, and guidance. I am blessed to have benefited from your skills as supervisors, mentors and critical friends. I believe that the combination of your complementary, but diverse, approaches to supervision and the construction of the thesis have only been to my benefit. I also wish to thank Shoba Nayar and Harriet Boyd for their transcription skills; Frederick Beech and Shoba Nayar for their editing skills; Kirk Reed, Wendy Wright, Carolyn Simmons Carlsson, Margaret Jones, and Daniel Sutton for your critical friendship; and Simon Bickler and Hamish Macdonald for their graphic design skills. I am also very grateful to the New Zealand Association of Occupational Therapists for an inaugural \$1500.00 grant from the Research and Education Trust, which enabled the purchase of the *Enabling Occupation II* (Townsend & Polatajko, 2007) texts.

I am acutely aware that in undertaking and completing a doctoral thesis, I have needed to be mindful of the impact that sustained scholarship had on my roles and priorities as wife, mother, daughter, sister, and friend. As such, I wish to acknowledge and thank all the wonderful people who will continue to love me after the thesis is done. I am especially indebted to my husband, Stuart, and my two beautiful sons, Callum and Harry. Thank you so very much for supporting me to take the time and space to think, reflect, and write over the past four years.

Finally, this thesis is dedicated to my mother, Janet. While both my parents have been a wonderful source of support and encouragement throughout this journey, in addition to being the matriarch of our family and a constant source of unconditional joy and support, she recently graduated from the University of Waikato with a Bachelors of Arts degree. I am so very proud of you, Mum.

This study was approved by the Northern X Regional Ethics Committee and the Auckland University of Technology Ethics Committee.

Abstract

There is evidence of a growing tension within the occupational therapy profession regarding the legitimate knowledge and practice of occupational therapists. While occupation is described by many as the legitimate knowledge base for occupational therapy practice, the history of the profession, and the practice context, often appear to endorse accepted practices that are not overtly aligned with an occupational paradigm. Oppressive, dissatisfying and disempowering social conditions, revealed in the knowledge, power, and discourse which underpin *occupational therapy practice*, have likely further influenced the meaning and intention of occupational therapy practice with children and families over time.

This thesis describes a critical participatory action research project which sought to investigate and affect how occupational therapists working with children translated knowledge to inform and transform their practice. Embedded in shared concerns about the legitimacy of accepted practices with children and families, and using a contemporary occupational therapy theory as a framework, eight occupational therapy co-researchers engaged in two phases of critical action; deconstruction-planning and action-reconstruction. Positioned in between the phases, the resolution of a subjective quest for validation was revealed as a principal catalyst to transformative action. Practice stories and critical dialogue, gathered as project information, was reflectively analysed to progress both the dialogical inquiry and the transformative intent of the research.

Implications for practice drawn from the research findings include a suite of action-oriented strategies which will enable practitioners to discover and advance practice transformation within their own practice. These strategies have been consolidated into the VENIA model, which is presented as a practical solution to changing the practice of occupational therapists, and strengthening the political agenda of the occupational therapy profession.

Chapter One

Situating the Research: Collective Action with Critical-Emancipatory Intent

This opening chapter situates the research as a critical participatory action research project which investigated and influenced the practice of a community of occupational therapy co-researchers working with children and families. The study emerged from shared concerns felt by the occupational therapists regarding the legitimacy of 'accepted occupational therapy practices' with children and families. In defining a legitimisation deficit, Kemmis and McTaggart (2005) extended Habermas' (1996) original conceptualisation of a legitimisation crisis. This type of crisis describes the critical moment when a practitioner identifies that existing practices, situations, or ways of knowing lack legitimacy in that they are no longer respected or regarded as 'authentic' by individuals or communities. In occupational therapy practice, concerns about the legitimacy of 'accepted' practices is evidenced in emerging accounts of practitioners becoming increasingly dissatisfied with a subjective divide between "practice as it is and practice as it should be" (Aiken, Fourn, Cheng, & Polatajko, 2011, p. 297). Furthermore, practitioners' experiences of a felt disconnection between the theory of occupational practice (knowing) and the practice of occupational practice (doing) in practice with children and families is generally substantiated in the literature (for example see, Brown, Rodger, Brown, & Roever, 2007b; Rodger, Ashburner, Cartmill, & Bourke-Taylor, 2010; Rodger, Brown, & Brown, 2005).

As critical participatory action research projects often arise in response to a legitimisation deficit, providing a mechanism for the exploration and reconciliation of power, privilege, and oppression (Carr & Kemmis, 1986; Kemmis & McTaggart, 2005; Ledwith & Springett, 2010; Mertens, 2009), this chapter outlines the philosophical framework underpinning the research, informed by critical social theory, transformative and participatory action, and occupation. My journey to the project is described, as a researcher, occupational

therapist, and occupational scientist. Given that my professional worldview is influenced by almost 20 years of practice in New Zealand, and that possibilities and opportunities afforded by participating in the project are profoundly influenced by the macro-social environment, the context in which the project is situated is described. Finally, the structure for the remainder of the thesis, and a note about the language of the thesis, is included.

Aims and Rationale of the Study

As stated, the project aimed to investigate, and influence, how a community of eight occupational therapy co-researchers working with children and families translated 'knowledge' to inform and transform their practice over time, and in context. The research questions were:

1. How do occupational therapists working with children and families translate 'knowledge' to inform and transform occupational practice?; and
2. How does participation in the project empower occupational therapists to recognise and address the legitimisation deficit in 'accepted' practices with children and families?

Particularly influential to the conceptualisation of *accepted* occupational therapy practices with children and families, and the research study, has been the history of the occupational therapy profession. Like many other health professions, this history included strategic alignment with a range of diverse knowledge and philosophies, including the reductionist movement in the 1950s and 60s; the significant and continued power of positivism and so-called 'scientific' knowledge; and the continued and considerable press (Kielhofner, 1985) of the multiple contexts in which practice occurs. Kielhofner described environmental press as the ways in which occupational performance is constrained and manipulated by the multiple, complex contexts in which performance is created and occurs. Disconnection from the socially transformative foundations of the profession through alignment with reductionism and the endorsement of occupation as a rehabilitation technique has had significant consequences for the profession (Pollard, Sakellariou, & Lawson-Porter, 2010). The shift away from social activism was an

opportunity for the profession to construct a medically-endorsed, objective conceptualisation of 'therapy', characterised by the routine prescription of assessments, treatments and activities to measure and remediate disease and disability (Creek & Lougher, 2008). Accepted occupational therapy practices with children and families are therefore deemed to be those practices which are predominantly underpinned by positivistic values and knowledge that is not overtly aligned with an occupational paradigm.

What occupational therapy lost in disconnection from the social activism roots of the profession was a unique, pragmatic and humanistic perspective centred in enabling people to improve their health through participation in meaningful occupation. As such, the emergence of a legitimisation deficit in accepted occupational therapy practices with children and families is embedded in the space *between* the power and privilege afforded by an objective conceptualisation of knowledge and practice, and a professional agenda that positions legitimate occupational therapy practice within an occupational paradigm (Graham, Rodger, & Ziviani, 2013; Hocking & Nicholson, 2007; Molineux, 2004; Molineux & Whiteford, 2005; Rodger, et al., 2010; Townsend & Polatajko, 2007; Whiteford & Townsend, 2011; Whiteford & Wright St-Clair, 2004; Wilding & Whiteford, 2008, 2009). Duncan (2011) suggested that the emergence of this contemporary paradigmatic crisis has transpired from occupational therapists seeking to align their practice with an occupational paradigm, without compromising the perceived objectivity and professional status of alignment with biomedicine and reductionism (Kielhofner, 1997). Other social influences to this emerging paradigmatic crisis include the multiple and often competing expectations that therapists will be "flexible and reflective practitioners, team members, life-long learners, market oriented, managerial, and entrepreneurial, while working with a more demanding and sophisticated public who challenge expert knowledge and professional autonomy" (Mackey, 2007, p. 95). These demands, revealed against the powerful diversity and history of practice, may have further contributed to practitioners' sense of confusion about the multiple 'truths' about occupational therapy practice.

The Philosophical Framework of the Research

The research emerged from, and is informed by, philosophical conversations about the legitimacy of occupational therapy practice, revealed in the meaning and intention (Kemmis, 2011a) of occupational therapy practice and practitioners. These conversations suggest that practice is informed by constantly changing realities and 'truths', and that language is a critical driver to determining how subjective understandings about practice are created, filtered, and shared (Carr & Kemmis, 1986; Habermas, 1972; Mackey, 2007). As power, knowledge, and dialogue are pivotal influences to driving and shaping these professional discourses, the project is positioned in critical social theory, informed by collective and transformative action. Recognising transformative action within the philosophical framework of the research acknowledges social transformation as being central to critical social theory (Cooke, 2006) and the foundations of the occupational therapy profession (Pollard, et al., 2011). Cooke suggested that the centrality of transformation in critical social theory acknowledges that the social obstacles which impede human flourishing are contingent, and therefore replaceable, by other and more beneficial arrangements. Mertens (2009) extended this social justice agenda to describe a transformative paradigm in the context of research and evaluation. As such, a transformative agenda is characterised as the authentic valuing of the experiences of communities or groups who experience marginalisation or oppression; analysis of power and power relationships; shifting the results of social inquiry to transformative action; and the inclusion of transformative intent in the development of the inquiry. Core ontological assumptions of a transformative paradigm, as described by Mertens, accept that the reality of what is known to be 'true' is socially constructed, and that power is the impetus for the inclusion (or exclusion) of individuals from participation in the determination of what exists. A transformative paradigm further rejects a cultural relativism perspective, acknowledging instead that multiple perceptions of reality are possible (Mertens). Epistemologically, Mertens concluded that transformative action is informed by a social-constructivist paradigm which suggests that knowledge is neither absolute nor relative, but rather constructed in the context of power and privilege, and socially and historically located within a complex cultural context.

Alongside the positioning of transformative action as a core philosophical influence underpinning this research, are the philosophies of collective action and participatory practice. Kemmis and McTaggart (2005) situated collective action and agency as fundamental to their critical participatory action research agenda and framework. Scholars such as Ledwith and Springett (2010), Reason (2006), and Denzin and Lincoln (2005) described participatory practice as instrumental to the human experience; Ledwith and Springett specifically described critical social theory as a participatory practice, defining a participatory approach as the process through which stakeholders are engaged in a “critical and reflective reassessment of the relationship between overarching social, economic, or political systems...and everyday practice” (p. 8). The concept of collective action extends the experience of participation from engagement to action through the co-creation of the world, in context, and through situation and reflexivity. Summarising the contribution of Kemmis and McTaggart (1998, 2000, 2005) to the development of the methodology, and the emancipatory and transformative intent of critical participatory action, Kemmis (2006) stated:

Practitioner research and action research have the capacity to open communicative spaces in which ‘the way things are’ is open to question and exploration. It can imagine and explore how things might be. It can learn from the consequences—social, cultural, material-economic, personal—of how things are and other ways of doing things that we deliberately set out to test. It aims both to understand reality in order to transform it, and to transform reality in order to understand it. (p. 474)

In addition to the multiple, philosophical influences underpinning the framework for the research, it is important to acknowledge that the project also has its origins in a study undertaken by Dr. Clare Wilding (2008). Wilding described the impact of the translation of occupation-based ideas and theories to inform occupational therapy practice in an acute healthcare context. Wilding’s thesis confirmed that it is possible for practice in a biomedical, mechanistic context to become increasingly occupation-focused, with her method and inquiry (participatory action research) being the primary impetus for changing practice. Findings from Wilding’s study (Wilding, 2008, 2011; Wilding & Whiteford, 2007, 2008, 2009) are discussed in more detail in chapters two and four. Additionally, it is key to note that this thesis sits within a professional doctorate structure

which requires that the research project undertaken is drawn from, and applicable to, practice.

My Journey and Contribution

Becoming a critical participatory action researcher means acknowledging the influence that my experiences and worldviews will have on the research. Central, and influential, to my worldview and the framework for the inquiry, is that I am an occupational therapist and an occupational scientist. Occupational therapy is a profession principally informed by the ontological assumption that there is a transformative relationship between participation in occupation, and human health and wellbeing (Blair & Robertson, 2005; Duncan, 2011; Hammell, 2009). Occupational science, named as one of the sciences underpinning the profession, aims to provide a shared philosophy of the occupational experience, addressing the interface between participation, health and wellbeing, and acknowledging the transformative potential of engagement in meaningful occupation (Townsend, 1997; Zemke & Clark, 1996). While an occupational science agenda has spurred a multitude of research studies and theoretical publications over the past two decades, there is little evidence that this agenda has led to a demonstrated change in occupational therapy practice (Kielhofner, 2005; Molke, Laliberte-Rudman, & Polatajko, 2004).

Throughout my professional career, I have always been convinced by my personal and professional experiences of the transformative power of occupation. Conversely, I have also been intrigued by the power and privilege afforded by conceptualisations of specialist knowledge and practice and, in particular, the specialism of 'paediatric practice'. As a new graduate occupational therapist, I recall my immense pride at being offered a position in a child and adolescent mental health service, an 'honour' usually reserved for more senior therapists. I relished the opportunity to access and use expensive assessments and interventions to inform my role as a 'specialist practitioner'. However, experiences that did not fit my 'specialist' expectations, such as being paged by a senior nurse with instructions about how and when to do my job, also provided insights into the significant power of professional history and the 'press' (Kielhofner,

1985) of the practice context. The significant influence that 'others' had in shaping the meaning, language, and behaviour of my role as an occupational therapist was undeniable. Ironically, I also recall as a new graduate, feeling a sense of comfort and security in having access to specialist knowledge and tools, and meeting the overt expectations of others regarding my role. As such, I dutifully set about becoming the 'developmental expert' that the multidisciplinary team and the families accessing the service stated they valued and needed.

Over time, however, and initiated by the critical reflection afforded by engagement in postgraduate study, I became acutely aware of the growing discomfort in my experience of practice; a discomfort that Aiken et al. (2011) named as a meaning gap. While professional conversations advocated that occupational therapy practice needed to be embedded in occupation, my role appeared to have become a product of what 'others' expected; an uncomfortable hybrid between biomedicine, the formulation of diagnosis, the prevention of developmental delays, and keeping children busy. My continued focus on the measurement and 'treatment' of the developmental impact of childhood illness and disability felt increasingly disingenuous; while my practice was consumed by the assessment and remediation of developmental delay, an occupational perspective would remain lost. During the conceptualisation and implementation of the research, I struggled to find an appropriate way to name this uncomfortable disconnection between philosophy and practice. Kemmis and McTaggart's (2005) description of a legitimisation deficit as a theoretical means to naming felt concerns about the legitimacy of practice provided a welcome phrase to describing my experiences. Latterly, my practice in research, evaluation and leadership roles, informed by the wise scholarship of occupational scientists such as Molineux (2004, 2011), Wilding and Whiteford (2007, 2008, 2009), Hocking (2009) and others, has confirmed my passion for advancing an occupational agenda in practice and scholarship, and enabling the emancipation of occupational therapists through collective and transformative action. This reconciliation of occupation as central to the meaning and intention of my own practice provides further rationale for the inception of the research.

Pre-suppositions interview

In acknowledging Lather's (1991) concerns that researchers need to make explicit the worldviews that will influence research, a pre-suppositions interview was undertaken prior to implementation of the project. The interview was semi-structured and completed with an occupational therapy mentor. I asked my mentor to question my beliefs and values about occupation, occupational therapy practice with children and families, and the intended outcomes for the project. In completing a pre-suppositions interview, I recognised that I would legitimately hold dual roles as facilitator and co-researcher within the inquiry (Trondsen & Sandaunet, 2009). Accepting that neutrality is an illusion often associated with participatory action research (Kemmis & McTaggart, 2005), I wanted the interview to assist with my reflexivity, exploring the potential influence that my worldviews and roles within the project might have on the process of inquiry, and the project outcomes.

Review of the interview transcript revealed my frustration with a perceived lack of understanding, experience, and belief that 'others' (including other occupational therapists and members of the multidisciplinary team) have in the transformational potential of occupation. This frustration stemmed from my own unchallenged faith in the validity claims of occupational science, principally drawn from my experience of the Canadian Model of Occupational Performance and Engagement (Townsend & Polatajko, 2007). My understanding and interpretation of the meaning, language and behaviours of occupational therapists working with children and families was revealed in the interview as being heavily influenced by the scholarship of Rodger and Ziviani (2006); Law and colleagues (for example, Law, Missiuna, Pollock, & Stewart, 2005), Coster (1998), Polatajko and colleagues (for example, Polatajko & Mandich, 2004), and Humphry and Wakeford (2006, 2008). Their work, for me, strongly reflects advancement of an occupational vision and agenda. Moreover, the interview established my position that occupation should be the principle knowledge source for occupational therapy practice, regardless of the practice setting (for example, see Hocking & Nicholson, 2007). Within the interview, I discussed my concern that knowledge drawn from the 'paediatric' practice

context, and in particular the 'science' of child development, continues to drive occupational therapy practice with children and families. Conversations within the professional literature endorsing the role of occupational therapists in the 'treatment' of children and young people with developmental and social disabilities were troubling for me. I expressed my apprehension about how a growing divide between occupational science and occupational therapy will impact practitioners and the profession, especially given the lack of rigorous studies which establish the effectiveness of many occupational therapy interventions. Balancing these concerns, I am heartened by my occupational therapy colleagues working and researching in special educational settings in New Zealand (such as Hasselbusch & Penman, 2008, and Simmons Carlsson, 2007). These authors have discovered a relationship between collaborative practice and occupational practice which has supported practitioners to work collectively to support children and young people to access occupational experiences within the educational curriculum, through partnership, participation and learning.

The Socio-Cultural Context of New Zealand Practice

Additional to revealing the philosophical framework underpinning the research project, it needs to be acknowledged that the project, and my experience as an occupational therapy practitioner and researcher, is situated in a unique socio-political and professional context. Occupational therapists working with children and families in New Zealand work within, and across, a range of: a) practice settings, such as acute care hospitals, child development services, special education and mainstream schools, and private practice; and b) sectors, specifically health, education, and social services. While recognised as being a limited estimate of practice in New Zealand, workforce data obtained from the 2010 Annual Report of the Occupational Therapy Board of New Zealand (Occupational Therapy Board of New Zealand; OTBNZ, 2010) suggested that there were approximately 2,200 occupational therapists eligible for practice (holding an Annual Practicing Certificate) in New Zealand in 2009. As at 31 March 2010, 7% of practicing occupational therapists indicated their practice was primarily based in a 'developmental' context, while 11% indicated that they were practicing in

educational/vocational settings. However, these figures are likely to be an inaccurate representation of the actual number of occupational therapists working with children and families in New Zealand, given that few occupational therapists working outside of specialist child development services (such as occupational therapists working in child and adolescent mental health) would describe their practice setting as 'developmental'. In addition, the 'educational/vocational' option is likely to include therapists working in academia and vocational rehabilitation, as well as occupational therapists working in schools and special education.

There are no published studies that describe what occupational therapists working with children and families in New Zealand explicitly do in practice, or the theories that inform their practice. However, a unique characteristic of practice across all practice settings in New Zealand includes the relative freedom afforded to occupational therapists in determination of what occupational therapists will do. The Occupational Therapy Board of New Zealand (OTBNZ) is the appointed regulatory authority for occupational therapists in New Zealand, charged under the Health Practitioners Competence Assurance Act (2003) with governance of the profession and protection of the public. This protection is provided through the Continuing Competence for Registration (CCFR) process (and the subsequent issuing of an annual practice certificate), Competencies for Registration (OTBNZ, 2000), the Code of Ethics (OTBNZ, 2004), and provision of a generic scope of practice for occupational therapists (OTBNZ, 2004). The scope of practice provides broad-brush parameters for practice, situated in enabling occupation, but does not dictate the context, philosophy, or behaviours that constitute occupational therapy practice. As such, a diverse range of activities and tools (such as assessments and intervention modalities) can be justified under an 'enabling occupation' framework. While different practice contexts are generally governed by unique legislation, such as the Education Act (1989), the Accident Compensation Amendment Act (2010), and the Mental Health Act (1992), this legislation tends to influence philosophies and models of service design, access and delivery, rather than directly informing the meaning, language, and behaviours of individual practitioners. Against the backdrop of population demographics, a further professional challenge faced by occupational therapists working in New Zealand

is that the majority of knowledge informing practice is sourced from overseas; predominantly from Australia, America, Canada, and Britain. As a result, research evidence generated to inform and justify practice does not necessarily recognise or address the unique needs of the local population. As such, evidence and knowledge informing practice often needs to be filtered and translated through both cultural and contextual lenses.

A significant aspect of the unique socio-cultural context is New Zealand's bicultural heritage. Much of the direction for social and healthcare policy has been influenced by the relationship between Māori, as the indigenous peoples of Aotearoa/New Zealand, and Pākehā¹, revealed in te Tiriti o Waitangi/the Treaty of Waitangi, which many consider to be the nation's founding document (OTBNZ, 2000). In addition to the culture and context of practice, the unique New Zealand population and culture – with a particular focus on children, young people, and families as consumers of occupational therapy services – warrants discussion. In the most recent 'census snapshot' exploring the experiences of children living in New Zealand, Statistics New Zealand (2002) concluded that over one quarter (847,740) of New Zealanders were children under the age of 15, with that number likely to decrease by approximately 100,000 over the next 50 years, due to increasing infertility and fewer women of childbearing age. In terms of cultural diversity, New Zealand children were more ethnically diverse than adults, with 18% of children identifying with more than one cultural category: 75% of children identifying as European, 24% identifying as Māori, 11% identifying as Pacific peoples, and 7% identifying as Asian (Statistics New Zealand, 2002). Statistics New Zealand predicted that over the coming years more children will identify as Māori or Pacific due to increasing fertility rates in Māori and Pacific peoples, coupled with the younger age structures of these populations. According to the census report, one third of New Zealand households include children, with the average number of children per family dropping from 2.4 to 1.9. Sixty-nine percent of children lived in two parent families, and 16% lived in households with an annual income of less than \$20,000 (26% of children live in households with an annual

¹ Pākehā' is a Māori language term that refers to the ethnicity of New Zealanders who are of European descent, or persons who identify as non-Māori.

income of more than \$70,000). In 2001, 4000 grandparents had taken on the full-time parenting role.

With regard to the participation and engagement in occupation of New Zealand children, there are no studies available that specifically measure the occupational experiences of New Zealand children. However, a component of the Youth 2007 Survey (Adolescent Health Research Group, 2008), described the range of activities in which young people living in New Zealand participate. That study surveyed 9,107 young people aged 12-24 years on issues understood to be determinants of childhood health and wellbeing. With regards to participation in everyday activities, the significance of active engagement in school was identified as a key determinant in health and wellbeing; with the majority of participants stating that they enjoyed school and in particular, “hanging out with friends” at school (95%). Regarding participation in leisure activities, spending time with friends (38%), completing chores around the home (36%), watching television (35%), texting (28%) and playing computer games (15%) ranked as the most frequently reported leisure activities of young people living in New Zealand. Outlining the socio-cultural experiences of children living, and occupational therapists practicing, in New Zealand, provides a contextual lens through which the study, and findings from the study, can be positioned and evaluated.

The Structure of the Thesis

The thesis is presented in eight chapters. Chapter one has provided an overview of the philosophical framework for the research, including an introduction to the rationale and aims of the research, and discovery of the multiple and diverse catalysts to the inception of the project. The chapter has introduced the philosophical framework underpinning the research and outlined my journey and contribution to the creation of the research as an occupational therapist, occupational scientist, and researcher. The chapter closed with an overview of the socio-cultural context of practice and childhood in New Zealand, which influences the ‘possibilities and opportunities’ afforded by participation in the project.

Chapter two reviews how concerns about the legitimacy of accepted practices with children and families might be understood in more depth, through definition of the core concepts of knowledge, power and discourse, principally drawn from a Habermasian perspective. Within this review, theoretical understandings of the interface between knowledge and practice (knowledge-practice) are explored. An architectural analysis (Kemmis, 2011b) of the social, cultural-discursive, material-economic, and individual influences to 'accepted occupational therapy practices' with children and families is undertaken. Finally, in recognising the contingency of social obstacles (Cooke, 2006), the emancipatory potential of occupational science and knowledge to transforming occupational therapy practice with children and families, and strategies to advance that potential, are explored.

Chapter three justifies the selection of critical participatory action research as the epistemology of the research. The chapter includes a detailed exploration of the fundamental principles of critical participatory action, drawn principally from the work of Kemmis (2011b, 2008) and Kemmis and McTaggart (1998, 2000, 2005). In acknowledging collective action as imperative to the transformative intent and outcomes of the research, an epistemic community of practice (Amin & Roberts, 2008; Kinsella & Whiteford, 2009; Lave & Wenger, 1991) is described as the 'transformative and communicative space' in which participation in critical projects can be contained and progressed. Finally, as critical participatory action is situated in a transformative paradigm (Mertens, 2009), ontological, epistemological and methodological principles, along with threats and limits fundamental to transformative action, are explored.

Seeking to operationalise the philosophical principles and expectations of the selected methodology, chapter four describes the methods of the inquiry through the creation of a transformative inquiry and community. A discussion about the philosophy of engaged-scholarship and the decision to position the co-researchers as experts in knowledge creation and translation in context opens the chapter, while Kemmis and McTaggart's (2005) action research spiral provides the framework for description of the research methods.

Chapter five is the first of the findings chapters. As the findings from the project are iterative, building from foundations of situated and collective action as revealed in the project data, findings are drawn from, and presented as, two phases of action and inquiry. Findings from the first phase of the inquiry, named as a deconstructive-planning phase are presented in chapter five. Themes which emerged as first phase findings principally described the co-researchers' collective deconstruction of the social obstacles to occupational practice, through the revelation of the power and press of professional history and personal historicity, the power and press of expectations of others, and contemporary influences on contemporary practice.

Chapter six illustrates the themes drawn from the second phase of action and inquiry, named as an action-reconstruction phase. During the second phase of the inquiry, the (re)connection and reconstruction of occupational practice in context was revealed in the data through the co-construction of a shared conceptualisation of occupational knowledge; the negotiation of possibilities and opportunities for occupational practice in context; and the realisation of the emancipatory potential of occupational practice.

Chapter seven consolidates the findings from the research, and the transformative experiences of the co-researchers, into meaningful action through the formulation of the VENIA model, a process model which identifies five critical moments (validation, exploration, negotiation, integration, and actions for occupational practice/praxis) drawn from the project data, and recognised as critical catalysts to knowledge translation and practice transformation.

Chapter eight closes the thesis with a final review of the transformative process and outcomes of the research, and the original contributions that the study makes to occupational therapy knowledge. Evaluation of the meta-practice of the inquiry, the contribution of the research to knowledge-translation conversations, and the limitations of the project, is undertaken. Implications of the research findings for occupational therapy practice and further research are described, before the thesis is concluded.

The language of the thesis

Within Habermas' critical social theory, the theory of communicative action, language and communication are imperative. As Habermas (2003) identified, "the *logos* of language embodies the power of the intersubjective, which precedes and grounds the subjectivity of speakers" (p. 3). In acknowledging the critical influence of language and discourse on the research, and the thesis, I have consciously elected to predominantly use a first-person voice in the opening and conclusion chapters, and a collaborative voice in the findings chapters (five, six, and seven). Selection of a particular 'voice' at different times in the research narrative seeks to situate the contribution and experience of the co-researchers in action and in context, acknowledging the power of the collective in realisation of the project intent, and the shared ownership of the dialogical inquiry. In keeping with the research methodology, from the inception of the project, the occupational therapists who participated in the research were named as 'co-researchers' rather than participants. This distinction recognises the underlying expectations in critical participatory action and engaged-scholarship projects, whereby the co-researchers will work collaboratively to investigate a legitimization problem drawn from practice, rather than being the subjects of the inquiry.

Additional to clarifying the voice and contribution of the co-researchers within the inquiry, I have purposefully chosen to use the title 'occupational therapist working with children and families', rather than 'paediatric occupational therapist', within the thesis. The term 'paediatric' is derived from positivistic conceptualisations of practice, and does not accurately reflect the diversity of practice settings in which occupational therapists working with children practice. Further, the title 'paediatric occupational therapist' speaks to the continued power (and oppression) of the 'scientific' paradigm, and professional discourses which endorse certain 'truths' about accepted and occupational practice. Finally, where I have used the language of 'children and families', I am referring to a broad definition of 'childhood', which includes and values young people without always naming young people as a separate group.

Summary

The research is introduced as a critical participatory action project which aimed to investigate and influence the practice of a community of occupational therapy co-researchers working with children and families. Concerns about the legitimacy of 'accepted occupational therapy practices' with children and families, named in the inquiry as a legitimization deficit (Habermas, 1996; Kemmis & McTaggart, 2005) is described as the catalyst and rationale for the genesis of the research. As understandings about the legitimacy of occupational therapy practices are underpinned by constantly changing realities and 'truths' about power, knowledge, and discourse, the project is positioned in social constructivism and critical social theory, informed by collective and transformative action. As a critical participatory action researcher, I am conscious that my journey and experiences, and the context in which the research is situated, will likely influence the research outcomes; as such, a socio-cultural perspective of childhood and occupational therapy practice in New Zealand provides an additional perspective through which the project can be understood and evaluated.

Chapter Two

Understanding the Legitimation Concern

The chapter opens with an investigation of the core concepts of knowledge, power and discourse which are foundational to a critical-recursive analysis (Kemmis, 2011a) of the architecture of accepted practices with children and families. In coining the term *critical-recursive*, Kemmis and Wilkinson (1998) recognised the connectedness and necessity of multiple influences and aspects of practice, across individual-social, and subjective-objective dimensions. The authors determined that taking a reflexive-dialectical position allows for the comprehensive and critical understanding of practice as “enacted by *individuals* who act in the context of history and in ways constituted by a vast, historical web of *social* interactions between people” (Kemmis & Wilkinson, 1998, p. 31). As such, the analysis of occupational therapy practice which follows, draws from practitioner, social, cultural-discursive, and material-economic perspectives to determine how accepted occupational therapy practices emerged and continue to be endorsed in context and contemporary practice. In recognising the contingency of social obstacles (Cooke, 2006), the chapter closes with an exploration of the emancipatory potential of occupational science and practice as a means to practice transformation and resolution of concerns about the legitimacy of accepted occupational therapy practice with children and families.

Knowledge, Power, and Discourse: A Habermasian Perspective

A critical review of the social influences on knowledge creation, and the practice of occupational therapists working with children and families, requires elucidation of the philosophical discourses of knowledge, and exploration of the complex relationship between knowledge, power, discourse, and practice. This exploration contributes to the creation of a *conversation-space* (Kemmis, 2011a) through which concerns about the legitimacy of accepted practices with children and families can be analysed and understood. Furthermore, elucidation of these concepts provides a foundation through which the architecture of accepted practices with children and families can be discovered

and critiqued. This critique forms the basis for the discovery of an space in the professional scholarship and literature in which the research is positioned.

Influential to conceptualisations of *knowledge* in relation to action and practice is the critical social theory of Jürgen Habermas. Habermas, a German philosopher and sociologist with second-generation ties to the Frankfurt School, made a significant contribution to the broader rhetoric of knowledge, evidenced through three central narratives (Habermas, 1972). These narratives include: 1) the defining of knowledge as both the object of experience and through *a priori* categories and concepts that the knower brings to every act of thought and perception; 2) recognition of the knower as social, in that there is no knowing subject without culture and all knowledge is mediated by social experience; and 3) establishment of the validity of reflection, and the grounding of the process of reflection in the power of reason. Habermas argued that the so-called *hard sciences* of space and time are inaccessible without being given *a priori* knowledge relative to experience. As such, the knower brings their own categorisation and reasoning to the constitution of the object and the evolution of knowledge. For Habermas, the processes of knowing and understanding are grounded in the patterns of ordinary language, shared in communicative interaction. Also crucial to Habermas' critical social theory is the theory of communicative action (Habermas, 1984). Habermas posited critical social theory as a means to progress the purpose (*telos*) of society, and to evaluate the progress of society in the achievement of that purpose. Habermas' communicative epistemology is grounded in *ideal speech situations* where the power of reason becomes the central tenet to the establishment of *truth claims*. Habermas determined that when all of the *ordinary constraints* on the free exchange of ideas (such as status, power, authority, and *ethos*) are reconciled, *good faith discourse* between individuals prevails, allowing a consensus about truth and the validity of norms to be established within a community.

Knowledge, science, and knowledge-constitutive interests

Within the theory of critical social science, Habermas (1972) examined how positivistic constructions of knowledge become legitimised through 'scientism' and science's belief in it-self. In recognising that science should be justified by an epistemology, Habermas refuted that 'science' defines standards through which knowledge can be measured, or that 'science' offers an objective or neutral account of reality. As such, Habermas' theory of *knowledge-constitutive interests* sought to explain how knowledge might be shaped and valued according to the human interest being served (Habermas, 1972). In determining that knowledge is the outcome of human activity motivated by human needs and interests, Habermas offered a taxonomy of knowledge; *technical, practical and emancipatory*. A *technical* interest in knowledge is defined as the interest that humans have in acquiring instrumental knowledge to facilitate technical control and provide scientific explanation over natural objects. In acknowledging the significant contribution of technical knowledge to specific contexts, Habermas rejected the claim that a technical interest in knowledge is the only 'true' and legitimate knowledge (Carr & Kemmis, 1986; Habermas, 1972). This rejection contrasts with his description of a *practical* interest in knowledge, which draws from interpretive perspectives to describe the generation of knowledge guided by practical judgement, understanding, and the clarification of ideal conditions for meaningful communication and dialogue (Habermas, 1972). Habermas cautioned that an interpretive perspective is unlikely to provide absolute justification for the social sciences; subjective meanings which characterize social life are generally limited by the scope of an individual's intentions and the possibilities associated with his or her reality. As such, Habermas warned that the exclusion of critical questioning, alongside the epistemology of 'self-understanding', potentially leads to individuals being unable to determine the extent to which existing communication may be distorted by prevailing social conditions, and alienating conditions can be recognised and eliminated. Habermas' description of an *emancipatory* interest in knowledge, and the critical social sciences, therefore emerges. Drawing from Habermas' understandings about the potential of critical social science for the emancipation, freedom, and rational autonomy of individuals, Carr and Kemmis (1986) concluded:

[If] self-reflection and self understanding may be distorted by social conditions, then the rational capabilities of human beings for self emancipation will only be realised by a critical social science that can elucidate these conditions and reveal how they can be eliminated. Hence, a critical social science seeks to offer individuals an awareness of how their aims and purposes may have become distorted or repressed and to specify how these can be eradicated so that the rational pursuit of their real goals can be undertaken. In this sense, critical social science will provide the kind of self-reflective understanding that will permit individuals to explain why conditions under which they operate are frustrating and will suggest the sort of action that is required if the sources of these frustrations can be eliminated. (p. 136)

Habermas cautioned that engagement in actions associated with collaboration, reflection, and critique, without the opportunity for self-emancipation, empowerment and political action, may be, perhaps, pointless. In constructing an emancipatory theory of critical social science, Carr and Kemmis (1986) determined that Habermas sought to recognise that opportunities for emancipation are afforded through the reframing of interpretive perspectives alongside causal explanations and acknowledgment that individuals are socially constrained or re/defined by external manipulative agencies. Extending Kielhofner's (1985) description of environmental press in concert with Lewin's (1946) description of the same concept, confirms how occupational therapy knowledge and practice is constrained and manipulated by the multiple, complex contexts in which knowledge is created and practice occurs.

Power, privilege, and knowledge-practice

Critical social and transformative philosophies are both concerned with understanding and addressing injustices related to power and privilege. Habermas' (1992) interpretation of this relationship therefore warrants inclusion. An inextricable relationship between power-knowledge is often recognised as the most definitive contribution to discussions about power and knowledge (Foucault, 1980). It is well documented, however, that Habermas was strongly opposed to Foucault's views. Habermas instead conceptualised 'power' as representative of a repressive element; a threat to communicative practices and social democracy. He identified that interventions to address the threats of power, such as critique, ethics, and political theory, therefore exist *outside* the context of power.

The concept of power as an entity is generally considered challenging to unpack, given a lack of consensus around definitions which simultaneously and seamlessly acknowledge both the oppressive and emancipatory potential of power. Drawing from social psychology, political, organisational, and post-structuralism perspectives, Willey (1987) elucidated the positive potential of power through the naming of seven power bases (reward, coercive, legitimate, referent, expert, informational, and charismatic). Willey determined that the more power bases an individual holds, the more power he or she can exercise. A practitioner perspective of power can therefore be reflected in the possession of a specific knowledge base. Professionals claim to be experts, but the power in their expertise can, paradoxically, disempower clients and subvert the goals of the profession (Hartman, 2000). From a profession-specific perspective, power can be understood from trait, dominance, and organisational perspectives (Griffin, 2001). Griffin determined that the professional power of the profession of occupational therapy lies in its status as a practical discipline, the female-dominated workforce, and the extent to which practitioners hold the requisite skills and knowledge to work inter-professionally in a rapidly changing and increasingly challenging political climate. Griffin's position is reiterated in Clark's (2010) review of 'power and confidence' in the occupational therapy profession. While Griffin was unable to ascertain the extent to which practitioners are ready to exercise their professional power, Clark outlined a number of individual and extra-individual strategies that practitioners can use to determine their professional power, and develop their professional confidence. Clark's position is ostensibly embedded in the discourse of 'entitlement'; the determination that professional power and confidence arises from practitioner's internalised sense of their entitlement to power. This entitlement influences the practitioner's professional and self-confidence, while enabling the avoidance of traps associated with underestimation of potential and contribution, and arrogance. Without professional power, Clark conceded that:

Our profession will not become widely recognised within the halls of government and the health care industry, or among the public who need our services to thrive. Without power, we will be unable to attract research grants and private funding for studies to ensure that our profession is science driven and to back up that claim with evidence based on those studies. Without power, we will struggle to keep our profession globally connected; a diverse workforce cannot develop, grow and thrive in a profession that is weak and

static. Most important, unless we are powerful enough to accomplish our other goals, we will be limited in our ability to meet society's occupational needs – and that would be a calamity not only for our profession, but for people everywhere. (p. 268)

This perspective recognises the potentially oppressive influence of positivistic professional discourses which claim objectivity, and are portrayed as being aligned with moral and social progress. Like many other disciplines, occupational therapy as a professional discourse is based upon an assumption of expert knowledge; and it is these knowledge claims which have become a means to ideological domination (Pease, 2002). In her recent critique of the knowledge claims of occupational science, Hammell (2009) shared her concerns as to the validity of these claims, and the profession's continued reliance on assumptions about the transformational potential of occupation as truths about the relationship between participation, health, and wellbeing to advance occupational practice without rigorous scholarship or evidence.

The Architecture of Accepted Practices: A Kemmisian Perspective

The opening section of this review has explored and established the critical influences of knowledge, power, and discourse underpinning knowledge construction, practice development, and the rhetoric of occupational therapy practice with children and families. What follows is a critique of social influences on the architecture of accepted practices with children and families, based on a framework developed by Kemmis (2011a). This critique rejects a simplistic explanation of a tidy, didactic transaction between knowledge and practice, instead acknowledging diverse and complex influences on the conceptualisation of both knowledge and practice from practitioner, social, cultural-discursive, and material-economic perspectives. Pivotal to this conversation, however, is selection of a definition of practice. Kemmis and Wilkinson (1998), in recognising the challenges to determining a uniform definition of practice instead distinguished five inter-related aspects of practice, emphasised according to different traditions of research into practice. These aspects include: 1) individual performances, events and effects which constitute an objective conceptualisation of practice, viewed by an outsider; 2) the wider social and material conditions and interactions which also constitute practice as objective; 3) the intentions, meanings and values which constitute a subjective

conceptualisation of practice, viewed from the position of the practitioner; 4) the language, discourses and traditions which also constitute practice as subjective, but rather from the position of the practitioner's own discourse community; and 5) in the historical dimension, which understands practice as an evolving social form which is reflexively restructured and transformed over time (Kemmis & Wilkinson, 1998, p. 26-27).

While Kemmis' (2011a) scholarship is predominantly embedded in an educational context, his description of the complexity and diversity of professional practice resonates within other practice settings, and the research. Drawing from the work of scholars such as Eraut (1994) and Higgs, Titchen, and Neville (2001), Kemmis' architectural framework extends from the practitioner's interpretation of knowledge as it relates to practice, to include recognition of the complex, extra-individual influences on professional practice. This extension then provides the critical conversation-space in which the 'truths' of professional practice can be understood, interpreted, and reconciled. In addition to reflecting on the multiple and complex features of professional practice, Kemmis described the social interaction between clients and practitioners as a critical component of professional practice, whereby:

'Clients' are not merely 'objects' operated on or influenced by practitioners, but persons-in-themselves who are, to a greater or lesser degree, knowing subjects who are co-participants in practice. (p. 145)

Kemmis asserted that, to some degree, clients are knowledgeable about practices and know something about how to participate in them, and that the client "learns the game" (p. 145) of practice through alignment of his or her perspective of practice with the perspective suggested in the words, actions, and social relationship offered by the practitioner. Further, Kemmis noted that practitioners and clients do not exist in a social vacuum; practitioners are invariably members of communities of practice, such as multi-disciplinary teams, discipline-specific colleagues, and professional bodies and institutions. Equally, practitioners and clients are also part of social groups, such as families, communities, and other affiliations and connections which inform the meanings, purposes, and values that each brings to the practice situation and relationship.

In extrapolating Habermas' (1984) theory of communicative action, Kemmis (2008) included a number of innovative insights pertinent to the place of language and discourse in practice in his later writings. He situated communicative action as the space in which understandings and decisions are formed relating to how practice evolves over time. These understandings and decisions are, in turn, interconnected between (and sometimes juxtaposed against) personal, social, cultural-discursive, and material-economic perspectives. Themes and issues that arise as common concerns, unwelcome truths (Kemmis, 2008), are determined as resulting from tensions and interconnections within and between practitioners' *social fields*, including "shared language, cultural assumptions, social solidarities, and personal competence and capacity" (p. 136).

The concept of an *unwelcome* truth resonates with Hammell's (2009) aforementioned critique of the ontological assumptions underpinning 'occupation' and occupational science. However, in the context of this research, I have chosen to describe these 'truths' about occupational therapy practices with children and families as *uncomfortable* rather than *unwelcome*. As advocated by Kinsella and Whiteford (2009), exploring the origins of professional 'truths' should be welcomed as a necessary action related to the maturation and development of a profession, and indeed practitioners. Over recent years, the occupational therapy profession has been encouraged to recognise opportunities to "develop a healthy scepticism towards the assumptions perpetuated within our profession" (Hammell, 2009, p. 11), and challenge professional conformity, by engaging in scholarly debate and critique regarding credibility and epistemic values (Kinsella & Whiteford, 2009). This perspective is also aligned with the empowering and transformative potential of participation in occupation (Townsend, 1997), and Kinsella and Whiteford's (2008) assertion that participation in epistemic reflexivity, in an epistemic community of practice, is an essential component of reflexive and contemporary practice.

The Influence of the Practitioner

While Kemmis' (2011a) formulation of the architecture of professional practice consciously seeks to include perspectives broader than the individual, what the practitioner does, says, and believes in regard to practice is undeniably crucial. As such,

Kemmis concluded that the practitioner's experience of practice is embedded in the meaning and intention of practice, informed by professional practice, craft, and personal knowledge. He determined that practice is always experientially formed, embodied, and dramaturgical in nature, in that it unfolds in human and social action, against the narrative background of individual lives. Recognition of the individual's contribution to the architecture of practice reinforces Giddens' (1979) assertion that participants in social settings are not merely *cultural dopes*, but instead demonstrate a sophisticated understanding (free from the confines of 'science') of intentions, actions, and the social reality of practice (Kemmis & McTaggart, 1988). Within the occupational therapy literature, Aiken et al. (2011) acknowledged that the strengthening of an occupational agenda within the profession appeared to sit uncomfortably alongside practice informed by reductionism, or "medically measurable components" (Aiken et al., 2011, p. 295). The authors determined that the incongruence between these two juxtaposed experiences of practice has potentially created a meaning gap (Aiken et al., 2011) in the subjective experience of practitioners. This meaning gap was expressed by participants in Aiken et al.'s study through central themes related to doing real occupational therapy vs. doing the job; meaning transforming doing; experiencing occupational meaning as personal; and co-creating occupational meaning (Aiken et al., 2011). Given that the knowledge informing accepted occupational therapy practices with children and families is predominantly drawn from paradigms other than occupation, this concept of a meaning gap resonates in the discovery of a legitimization deficit in accepted practices with children and families as the central catalyst to the inception of the current study.

Published profiles of occupational therapy practice with children and families provide further insights into the minutiae of accepted occupational therapy practices with children and families. Brown, Rodger, Brown, and Roevers (2007a, 2007b), in developing profiles of 'paediatric practice', discovered an incongruence between the philosophies which practitioners *described* as informing their practice, and the theories, assessments and interventions that they *actually used* in practice. This incongruence might be explained by the diverse needs of the children accessing services, or examination of the therapist's professional reasoning; however, the theoretical models most frequently cited as

informing practice were very clearly drawn from a reductionist paradigm *despite* occupational therapists stating that the philosophy of their practice was occupation-based (Brown, et al., 2007a). The continued focus on the remediation of component parts in accepted practices with children and families is evidenced further in the assessments and interventions which practitioners commonly selected in practice. These included a battery of norm-referenced, standardised assessments, focused on measuring the developmental challenges and delays of children (Brown et al., 2007a), and the selection of remedial interventions such as “sensory integration techniques, sensory stimulation and sensory diet methods, and neurodevelopmental techniques” (Brown et al., 2007a, p. 137).

The profiles of practice developed by Brown et al. (2007a, 2007b) draw from the practice of occupational therapists working in hospital-based settings or child development services; however, their experience of incongruence between practitioner reports of practice and philosophy does not appear to be unique. For example, Gardiner and Brown (2010) reviewed the literature informing the role of occupational therapy in a specialist eating disorder facility. In addition to making a number of questionable generalizations about the occupational needs of young people with eating disorders, the authors showcased a series of typical deficits experienced by service recipients (Gardiner & Brown, 2010). Following their review, Gardiner and Brown concluded that the occupational therapist had a pivotal role in the assessment, diagnosis, and treatment of young people with eating disorders *using functional activity, play, and sensory integration*. This continued use of language and concepts principally aligned with reductionism and remediation, to describe both the needs of the young people and the practice of the occupational therapist, further reinforces the power and influence of these paradigms and discourses on contemporary practice.

Social Influences on Accepted Practices: History and Context

Kemmis (2011a) named a social perspective of practice as acknowledgement of the significant influence of power and social relationships in the social organisation and connectedness of practice. Drawing from theorists such as Gramsci, Bourdieu and

Vygotsky, Kemmis proposed that practice is always value-laden, socially and politically formed and structured. As such, practice realises, and is realised in, social and political interactions and relationships. Including a Habermasian perspective within a conceptualisation of the social dimension of practice, Kemmis acknowledged the solidarities and social integration of practitioners in relation to one another, and others, which situates professional practice as a social action. From a temporal perspective, and drawing from the work of scholars such as Foucault and Giddens, Kemmis identified that practice is historically formed and structured, the outcome of a local and global history which is both reproduced and transformed over time.

The critical influence of history on occupational therapy practice with children and families can be evidenced through examination of historical influences on knowledge construction within the occupational therapy profession. Since the inception of the occupational therapy profession in the early 1900s, significant philosophical and pragmatic forces have shaped the ontology and epistemology of knowledge genesis and construction. While social transformation and occupation are acknowledged as core to early occupational therapy practice (Duncan, 2011; Pollard et al., 2010), the profession's first paradigmatic crisis in the late 1930s shifted the profession from an occupational paradigm to a reductionist paradigm. Reductionism called for the *objectification* of practice, and promised improved professional recognition and power, through alignment with biomedicine and the *treatment of dysfunction* as a valued practice (Cole & Tufano, 2008; Duncan, 2011). Alignment with a reductionist paradigm also promised the legitimisation of practice, embedded in the assessment and treatment of ill-health, dysfunction, delay and disability. In response to this paradigm shift, knowledge emerged from within and outside of the profession to consolidate a reductionist iteration of practice, preparing practitioners to better meet contextual expectations relating to perceived objectivity, and the precise measurement of *medically relevant* practice expectations and outcomes (Aiken et al., 2011; Duncan, 2011).

When considered in context, alignment with reductionism was undoubtedly the most appropriate decision for the profession to make at the time. However, the consequences

of that decision have been far-reaching. Fortune (2000) described the professional cost of a reductionist iteration of practice as 'gap filling'. Based on the experiences of occupational therapists working in child and adolescent mental health, she determined that "trading occupation for spare parts" (p. 225) in the 1960s and 70s had significant and detrimental implications for the profession. Within Fortune's study, practice informed by remediation and reductionism was described by practitioners as being significantly dependent on context, clients, and colleagues; flexible at the expense of a defined role and valued contribution; and potentially identity-devoid. These findings align with Kielhofner's (1997) earlier observations of the significant and detrimental impact of the adoption of multiple *related knowledges* (knowledge borrowed from other disciplines) on the development of meaningful occupational therapy roles and the professional identity of occupational therapists. Rather than practice being paradigm-dependent, the participants in Fortune's (2000) study described feeling *philosophically lost* as, over time, their practice became predominantly about the continued justification of their role. This justification came about through occupational therapists integrating tasks that others in the team were unable, or unwilling, to do as core to practice; being useful, rather than being powerful (Creek, 1999). It could be argued, however, that being *useful* may have been a powerful position for occupational therapists working with children and families to take, regardless of the philosophical implications, and that *usefulness* has been a significant contributor to the continued endorsement of accepted practices in contemporary practice.

The origins of occupational therapy practice with children

In reviewing the history of the profession as a pivotal social influence on knowledge-practice with children and families, what may not be well known is that the roots of early occupational therapy practice with children were grounded in occupation. Review of a selection of the earliest available publications on the role of occupational therapists in the *treatment of sick, disabled and problem children* (Davis, 1938; Ness, 1937; Swartout & Swartout, 1953; Tallman, 1937) corroborated a symbiotic relationship between the expectations of occupation-based practice in context, shaped by the realities of working in a medical practice context. Alignment of practice with an occupational paradigm is

confirmed in the expectation that specific activities selected by the trained occupational therapist needed to have therapeutic value and that “[occupational therapy] must be considered more than a mere social trick to keep the child busy” (Ness, 1937, p. 1109). Moreover, Ness (1937) and Swartout and Swartout (1953) suggested that the relationship between the therapist and the child was pivotal to successful treatment outcomes, and that activities selected in rehabilitation and treatment were required to be both purposeful and sensitive to the needs of the child; values which might be recognised by contemporary occupational therapists as client-centred and occupation-based practice. In addition to describing the importance of including an occupational perspective in early occupational therapy practice, these publications revealed how the concept of *play* was understood and valued as an occupational construct. For example, Davis (1938) explored the potential value of integrating play in practice to enhance occupational outcomes, while also outlining the potential application of play as a legitimate intervention in mental health practice.

Reductionism, remediation, and the science of ‘paediatric practice’

The paradigmatic shift to reductionism in the 1960s and 70s heralded significant scientific advancements in knowledge construction, and occupational therapy practice with children and families. These advancements were supported by the emergence of the ‘sciences’ of child development, sensory integration and neurodevelopmental therapy as significant influences on occupational therapy practice. For example, based on the seminal work of theorists such as Piaget, Vygotsky, and Erikson, Llorens (1970) positioned the ‘science of development’ as core to occupational therapy practice, and specifically practice with children and families. As Llorens, a self-described paediatric occupational therapist with extensive experience and research in the field of psychiatry...paediatric general medicine and community health stated in her lecture:

My thesis is simply this: Occupational therapy is a facilitation process which assists the individual in achieving mastery of life tasks and the ability to cope as efficiently as possible with the life expectations made of him through the mechanisms of selected input stimuli, and the availability of practice in a suitable environment. The occupational therapist serves as the enculturation agent for the conditions of physical, social, and psychological health in which the developmental level being experienced by the individual in any one of a

number of parameters of development is unequal to the age-related demands made by that organism as a result of a natural or traumatic incident. (p. 153)

During her lecture, Llorens' (1970) proposed that the central concern of occupational therapists working with children could be understood, described, and measured in terms of the scientific evidence of child growth and development. The implications for practice drawn from Llorens' paper included,

...determin[ing] at what level the individual is functioning in various aspects along the developmental continuum and to program for facilitating growth and development in each of the areas in accordance with the needs of the individual and the demands of his age. (p. 162)

While the title of Llorens' (1970) lecture reveals her intention to describe "the promise of occupational therapy to growth and development" (p. 1), she may have also unwittingly revealed the promise of developmental theory as a significant source of power, legitimacy, and privilege for occupational therapists working with children. Over the following 40 years, developmental theory has undoubtedly been one of the most significant discursive influences on the meaning, language and behaviours of occupational therapists working with children and families.

In addition to the science of child development, two scientific theories emerged from within the profession to further legitimise the role of the occupational therapist in the treatment of children with physical, social, and emotional disabilities. Neurodevelopmental therapy (Bobath & Bobath, 1956), situated in developmental and motor learning theories, assumes that the motor problems experienced by children with cerebral palsy arise from central nervous system dysfunction which impedes postural control and motor development (Bobath & Bobath, 1984). The core goal of treatment is the remediation of dysfunction through the establishment of normal motor function and the prevention of secondary disability, using sensorimotor and handling techniques; with the child being a passive recipient of treatment (Bobath & Bobath, 1984). Subsequent to the emergence of neurodevelopmental therapy, A. Jean Ayres (1968) presented the profession with her theory of sensory integration. Sensory integration, also situated within developmental and mechanistic paradigms, provided therapists with a succinct, pre-packaged assessment and intervention science. This science included a suite of

specialist assessments and treatment modalities in which practice with children could be embedded. Ayre's theory, based on Rood's (1954) sensorimotor theory, comprised core assumptions to both explain and treat observed phenomena (Pollock, 2010). Sensory integration theory was driven by the central premise that children's experiences of impairment in sensory processing and integration are manifested as observed difficulties in purposeful behaviour (Ayres, 1972). Both of these practice-based, 'scientific' theories, in combination with the science of child development, have been and continue to be significant influences on accepted occupational therapy practices with children and families.

Contextual influences on knowledge-practice

Additional to exploration of the influence of occupational therapy's professional history to accepted practices with children and families, the ways in which the practice context influences knowledge-practice can be described using the occupational concept of environmental press (Kielhofner, 1985). While Kemmis (2011a) stated that practices are preserved, maintained, and regulated within systems and organisations, so can systems and organisations shape, drive, and influence practice. As mentioned previously, the concept of environmental press, originally described by Lewin (1946), was translated to occupational therapy practice through the Model of Human Occupation (Kielhofner, 1985). In describing the impact of the environment on occupational behaviour, Kielhofner concluded that the context both affords and presses for occupational performance, in that it shapes or expects particular actions or behaviours. While referring to the human experience of participation in occupation, the concept of environmental press is equally relevant to describing the significant influence that context has on knowledge-practice. Recognition of the profound impact of the practice context further affirms that professions, and professionals, do not exist in isolation (Duncan, 2011). The diverse contexts in which occupational therapists practice are recognised as being multidimensional and complex (Whiteford & Wright St-Clair, 2004). As such, the context *presses* knowledge, philosophy, and practice in multidimensional and complex ways. For example, therapy spaces and waiting rooms, the ways that services are provided and funded, and the expectations of teams, families, and services are acknowledged as

significant influences on the meaning, language and behaviours of occupational therapy practitioners. Additional influences on knowledge construction, philosophy, and practice also include legislation, government and clinical policies, third party stakeholders (such as insurers), private providers, professional and regulatory authorities, and educational organisations (Krusen, 2011). While Habermas (1972) argued that practitioners experience social constraints and redefinition through external and manipulative agencies, Krusen (2011) proposed that many of these external and contextual agencies are subtle, unrecognised and unspoken.

Cultural-Discursive Influences on Accepted Practices: Privilege and Professional Discourses

Following from the discovery and critique of practitioner and social perspectives of accepted occupational therapy practices with children and families, cultural-discursive influences on practice are evidenced in the privilege of specific communication, language, and discourse. These influences are formed and structured in cultural and discursive ways, situated in meaning (for practitioners and others) and identifiable theory. Professional discourses are described as languages, representations, and practices which serve to convey a set of assumptions in professional contexts and for professional purposes (Gunnarsson, 2009). Gunnarsson (2009) proposed six unique features to professional discourses, distinguishing them from other discourses; the use of profession-specific language, an orientation to outcomes and situation, reflecting and reinforcing specific activities or practices, embedded in societal frameworks, and dynamic.

Assumptions about practice revealed in professional discourses may inadvertently provide the basis for knowledge genesis and construction (Mackey, 2007). The status and dominance of a discourse is, in turn, influenced by power and, as such, dominant professional discourses are created by powerful groups and will determine what knowledge is determined to be important, relevant, and 'true' at any given time (Foucault, 1980; Mackey, 2007). Like Foucault (1980), Kemmis (2011a) positioned *discourse* as the nexus of power/knowledge; however, Kemmis also recognised the power of language

and communication as represented and coded in symbolism. Habermas (1984, 2003) grounded communication and language in *logos* (speech acts), agreements and debates that form culturally embodied understandings of the self, and the discursive histories of communities of practice (Habermas, 2003; Lave & Wenger, 1991). Kemmis' (2011a) description of the cultural-discursive features of professional practice is therefore underpinned by Habermas' (1984) theory of communicative action; collaborative action oriented towards *intersubjective agreement, mutual understanding, and unforced consensus* about action.

Foundational to understanding the cultural-discursive and power/knowledge influences on accepted occupational therapy practices with children and families are the dominant professional discourses of remediation and specialisation. The discourse of remediation is embedded in a reductionist paradigm, and has dominated the rhetoric of occupational therapy practice working with children and families for at least the past 50 years. Profiles of 'paediatric practice' undertaken in the early 1990s (see for example, Crowe & Kanny, 1990; Degangi & Royeenm, 1994) suggested that occupational therapists working with children predominantly described their practice through a reductionist lens (Blanche, Botticelli, & Hallway, 1993; Chu, 1989; Crowe & Kanny, 1990; Degangi & Royeenm, 1994). In investigating the frames of reference most commonly described by 'paediatric occupational therapists' working with children with cerebral palsy, Berry and Ryan (2002) determined that practitioners valued conceptual theories perceived to be drawn from, and embedded in, positivism and practice.

Interconnected with the discourse of remediation, the professional discourse of specialisation suggests that the metaphor of 'paediatrics as a specialist practice' has also been a significant driver of knowledge construction informing accepted occupational therapy practices with children and families. The relationship between *specialisation as a professional discourse*, knowledge generation, knowledge dissemination, and the formulation of a robust and self-perpetuating research agenda is conclusively evidenced (Cotton, 1997). Professional endorsement processes (such as the credentialing of specialist competencies in paediatric occupational therapy practice) are undertaken in a number of countries, which normalises the process of gate-keeping specialist practice

knowledge (Cotton, 1997). As Cotton (1997) suggested, the containment of specialist knowledge perpetuates the on-going development of an “appropriately educated, competent, and credentialed...specialist” (p. 27). Issues can then arise related to public perceptions and expectations shaped by the language of specialist, as opposed to generalist, practice. As an antithesis to the discourse of specialisation, professional resistance often emerges where power, knowledge, and discourse intersect (Foucault, 1980). Enmeshed with the continued rhetoric that ‘paediatrics’ (rather than occupation) is the specialist practice knowledge of occupational therapists working with children, tension between practitioners and practice philosophies will likely emerge.

Material-Economic Influences on Accepted Practices: Resources, Actions, and Outcomes

Central to the discovery of material-economic influences on accepted practices with children and families is the premise that practice involves purposive action. This interaction occurs in and on the world (with others and objects) to address identified needs or problems in pursuit of characteristic goals and ends (Kemmis, 2011a). Influenced by the work of Althusser and Bourdieu, Kemmis stated that practice involves the use of learned skills and techniques (which have evolved over time) in structured systems of relationships between people, and people and objects, including economic exchanges and transactions principally through the use and transfer of resources. Further, Kemmis identified that practice occurs in and over time, through the transformation of raw materials into an end product, against a technical background of training, education, and professional development.

As described previously, the ‘scientific’ theories of child development, sensory integration, and neurodevelopmental therapy have had a profound influence on knowledge construction and accepted occupational therapy practices with children and families. Critique of recent publications informing occupational therapy practice with children and families (see for example, Case-Smith, 2009; Dunn, 2011; Kramer & Hinojosa, 2010; Parham & Fazio, 2008) confirms the continued power of these ‘scientific’ theories (alongside others) as legitimate knowledge which continues to shape and inform

contemporary practice. Research projects continue to be undertaken to ascertain the efficacy and effectiveness of treatment techniques associated with sensory integration (see for example, Parham, et al., 2007) and neurodevelopmental therapy (see for example, Tsorlakis, Evaggelinou, Grouios, & Tsorbatzoudis, 2004). As such, and alongside the concept of play, 'scientific' theories drawn from, and informing 'paediatric practice', have been significant contributors to the continued business of accepted assessment, and intervention practices. Certification in specialist practices, developmental assessments, and specialist journals have been, and continue to be, published, refined, reviewed, and purchased by services, therapists, and parents alike. The reductionist agenda prevails in contemporary occupational therapy practice, endorsing a continued iteration of specialist practice informed by context-specific knowledge, rather than questioning if, or how, these theories inform, or are informed by, occupation. Rodger (2012) recently called to question the continued power afforded sensory interventions in occupational therapy practice with children and families. Her concerns were founded in potential confusion regarding the diversity of approaches labelled as 'sensory interventions', and the ethical responsibility of practitioners to rigorously investigate the efficacy of occupational therapy interventions, and articulate their professional and clinical reasoning. Rodger concluded that occupational therapy with children needs to provide more than sensory interventions, and that "by continuing to practice and promote interventions that are poorly supported by evidence, we are doing our children, ourselves, and our profession a disservice" (p. 338).

In addition to acknowledging the significant influence of context and discourse to knowledge-practice, Carr and Kemmis (1986) described *knowledge acquisition* as a commodity which comes with, and results in, certain privileges for the knower. In occupational therapy practice with children and families, these credentials might (for example) include qualifications in expert practice, or certification in specialist tools or theories. These credentials can, in turn, buy career and research opportunities, and professional power and status. Relative to exploration of the concept of a commodity of knowledge, Ford and Staples (2006) also sought to elucidate the perceived value, and commodity, of knowledge. Based on conclusions drawn from two qualitative studies, Ford

and Staples determined seven criteria for the potential measurement of the perceived value of knowledge: 1) the usefulness of the knowledge; 2) the benefits associated with the knowledge acquisition; 3) the source of the knowledge; 4) the uniqueness vs. commonness of the knowledge; 5) accessibility by others; 6) tacit-ness; and 7) how 'information-like' the knowledge is perceived to be. While acknowledging that their work was still in an early testing and development phase, Ford and Staples suggested that these criteria may provide a useful framework for understanding how and why some knowledge is valued over other knowledge; determining the commodities associated with knowledge; and identifying strategies that will promote the sharing of highly-valued knowledge. These strategies included the creation of centralised, accessible repositories of knowledge, rewards for knowledge sharing, and the review of team processes and structures. Consideration of the significant influences which reinforce accepted occupational therapy practices with children and families reveals further the disconnection between these and other possibilities associated with knowledge and practice.

While Reilly (1961), Yerxa (1966), and colleagues have led the call for the reclamation of occupation as the core philosophy of authentic occupational therapy practice, the legitimacy, professional status, and power associated with specialist knowledge and accepted practices with children and families may yet prove too difficult to resist. Consideration of the power of the 'scientific' theories informing accepted practices alongside Ford and Stables' (2006) criteria reveals that the knowledge sourced and constructed to legitimise these practices with children and families readily meets the suggested criteria. As evidenced in the practice profiles described earlier in this review, embedding practice in the science of child development theory, and utilising models, assessments, and interventions that seek to describe, measure, and address developmental components, delays and challenges, has undoubtedly reinforced the valued contribution that the occupational therapy role adds within teams and services, and for families. Furthermore, occupational therapists working with children and families appear to value recognition of their unique qualifications and knowledge, their roles as developmental experts, and their work as specialist. As such, the continued endorsement

of powerful 'scientific' theories drawn from practice, including sensory integration and neurodevelopmental theory, has only served to further legitimise the perceived value of knowledge and practice which is not overtly aligned with an occupational paradigm.

The Emancipatory Potential of Occupational Science and Practice

In light of the significant and powerful critical social influences on accepted occupational therapy practices with children and families, this review continues with an exploration of the emancipatory potential of 'occupation', and how an occupational paradigm also contributes to the 'truths' and possibilities about occupational therapy practice. The discipline of occupational science, seeks to provide practitioners, both within and outside the profession, a shared understanding and philosophy of occupation and occupational practice. Over the past two decades, occupational scientists have worked collectively to construct a knowledge base and research agenda intended to, amongst other outcomes, reconnect occupational therapy practice with an occupational paradigm. Occupational science aims to address the interface between participation in occupation, the health and wellbeing of humans, and the personal and social transformation determined to be an outcome of engagement in meaningful occupation (Townsend, 1997). This agenda includes recognition and consideration of the resources, skills, and abilities that people innately access in order to successfully participate in occupation, as well as the developmental processes and tasks explored and revealed in the context of occupational tasks and roles.

While Yerxa (2000) described occupational science as a universally relevant "set of ideas whose time had come" (p. 88), Hocking's (2000) stocktake of the multiple influences on the construction of knowledge informing occupational science concluded that the diversity of scholarship undertaken may have led to fractured understandings about both occupation and occupational therapy. Additionally, scholars and practitioners are beginning to question the validity of the knowledge claims of occupational science, and the contribution of occupational science to occupational therapy (see for example, Blanche & Henny-Kohler, 2000; Hammell, 2009, 2011; Hocking & Wright-St Clair, 2011; Molineux, 2004). Hammell (2011), in particular, has suggested that the profession's

insistence on valuing knowledge based on slight and uncertain evidence may prove to be problematic as assumptions about occupation begin to be exposed, and practice is called to question. Concerns regarding the lack of a robust evidence base for many occupational therapy interventions (see for example, Bennett, Tooth, McKenna, Rodger, Strong, Ziviani, Mickan, & Gibson, 2003) may have further contributed to a *crisis of professional knowledge* (Schön, 1992) in both the profession and in practice, as practitioners seek to source a legitimate and secure knowledge base to inform contemporary occupational therapy practice.

It could be suggested that concerns about the legitimacy of accepted occupational therapy practices with children and families exist because occupational science does not offer occupational therapists an occupational interpretation of childhood and family. However, this is not the case. Despite concerns with the validity claims and evidence base for occupational science previously discussed, embedding occupational therapy practice in an occupational paradigm is conclusively linked to the enriched experience in the meaning and intention of practice for the practitioner, across domains such as; meaning (Aiken et al., 2011; Estes & Pierce, 2012; Smith & Kinsella, 2009); fun and reward (Estes & Pierce, 2012; Smith & Kinsella, 2009); resilience (Ashby, Ryan, Gray, & James, 2013); satisfaction (Hasselkus & Dickie, 1994); and identity (Estes & Pierce, 2011; Wilding, 2008; Wimpenny, 2009). Embedding occupational therapy practice in occupation is also conclusively linked to improved occupational outcomes for children and families (see for example, Estes & Pierce, 2012; Pollock, Missiuna, Rodger, 2010; Smith & Kinsella, 2009). Two studies in particular have specifically explored the experience of occupational therapists working with children who attempted to embed an occupational perspective as both the 'means and ends' (Gray, 1998) of their practice. In the most recent study, Estes and Pierce (2012) explored the occupational practice experiences of 22 'paediatric occupational therapists' working in a medical facility in the Midwestern United States. In an earlier study, Smith and Kinsella (2009) reviewed reflections on 'meaning' in professional practice (including 'meaning' as it relates to occupation, and professional practice activities and behaviours) for eight occupational therapists working in 'paediatric rehabilitation' in Ontario, Canada. Both studies

ascertained that occupational therapists working with children and families valued integration of a meaningful, occupational perspective in their professional practice, which they believed enhanced both the experience and outcome of the children and families accessing their services. Both studies also revealed that occupational practice contributed to the enhanced meaning and value associated with the experiences and practice of the therapists themselves (Estes & Pierce, 2012; Smith & Kinsella, 2009). The studies identified that the integration of an authentic, occupational approach significantly improved professional identity; improved enjoyment, fun, and reward; and advanced congruence between professional and personal values and philosophy, and the artistry of practice (Estes & Pierce, 2012; Smith & Kinsella, 2009). Furthermore, participants in the study undertaken by Estes and Pierce identified that the adaptability of occupational practice, and the value that children and families place on 'occupation' once they understand the concept, improved opportunities for family-centred practice; improved both the child and the family's motivation to engage with the therapy process; and enhanced generalisation to everyday life, as families started to express goals and outcomes around the child's participation in occupation, rather than improvement in component functions. What the two studies suggest is that when occupational therapists have the opportunity to engage in occupational practice, their practice is experienced as both meaningful and valued.

From a theoretical perspective, while early constructions of theories and knowledge associated with occupational science were labelled adult-centric (Spitzer, 2003), contemporary occupational scientists have published multiple theories to support occupational therapists' working with children and families to align their practice with an occupational paradigm. One of the primary ways that occupational practice has been supported in theory has been through the profession's recognition of participation as a key construct of occupation. This perspective aligns with the World Health Organization's International Classification of Functioning, Disability and Health (ICF; 2001), and in practice with children and families, with the Children and Youth (ICF-CY) version (World Health Organization, 2007). Law, King, King, Kertoy, Hurley, Rosenbaum...et al.'s (2006) early contribution to this discussion asserted that participating in life occupations

provided opportunities for children with physical, social and emotional difficulties to make friends, develop physical and social skills and competencies, express creativity, achieve mental and physical wellbeing, and determine the meaning and purpose of life (Kinney & Coyle, 1992; Lyons, 1993). Participation is also recognised as pivotal to successful experiences of childhood and adolescence through participation in formal (such as school and sports teams) and informal activities (such as playing and drawing). Participation is described as being vital to a child's experience of the world, enabling children to understand societal expectations and flourish in their homes and communities (Brown & Gordon, 1987). More recently, scholars such as Adolfsson, Malmqvist, Pless, and Granlund (2011) and Coster, Law, Bedell, Khetani, Cousins, and Teplicky (2012) have commenced development on tools to measure a child's participation in everyday life situations and occupations, further contributing to supporting an occupation-centric perspective in practice with children and families.

Additional to positioning participation as a central construct to occupational practice, considerable discussion and critique has emerged within the literature regarding strategies to support the occupational assessment of children and young people. Standardised assessments have traditionally measured a child's performance relative to 'discrete, component parts' and the achievement of developmental milestones. However, Coster (1998) argued that the profession should shift the focus of assessment to measurement of participation in occupation. A number of theories have emerged within the occupational therapy literature which questions the exclusive and perpetual centralisation of a developmental perspective in practice with children and families (Rodger, 2010). These theories include dynamical systems theory (Thelen, 1995) and motor behaviour/motor relearning theories (Mathiowetz & Haugen, 1994), which seek to challenge practitioners to reconsider views about the hierarchical and linear nature of children's development (Rodger, 2010). Furthermore, occupational therapy models, such as the Ecological Model of Human Performance (Dunn, Brown, & McGuigan, 1994), the Person–Environment–Occupation Model (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996), and the Person–Environment–Occupation Performance Model (Baum & Christiansen, 2005) aim to provide practitioners with insights into the interaction between

environment, child, and occupation and the impact of these inter-related components on a child's participation in occupation (Rodger, 2010).

Reconciling the Emancipatory Potential of Occupational Science

What may not have been genuinely offered to occupational therapists, and in particular occupational therapists working with children and families, is a tangible strategy to bridge between accepted practices, informed by reductionism and remediation, and the *promise* of occupational science and practice. In an attempt to reframe the traditional points of division between knowledge and practice, academic and practice learning, and propositional and experience-based knowledge, Higgs and Titchen (2001) concluded that the relationship between knowledge and practice can only be dialectical; in that “knowledge arises from and within practice, and practice is the purpose of professional knowledge” (p. 526). They determined that in being accountable for practice, practitioners are also obligated to explore the complexity of professional knowledge, contribute to the practice epistemology of the profession, and participate in the on-going processes of critique, extension, and review of practice. Higgs and Titchen distinguished a suite of reflective strategies which will support practitioners in this ‘critical exploration’ of the social situations of practice. These strategies included the discovery of meta-cognitive processes in the ‘hot action’ of practice, deliberate processes to enable practitioners to authentically and actively evaluate practice and examine how different types of knowledge are acquired, used and created in practice; and knowledge generation strategies, such as reflection-on-action, deliberate consciousness raising, and critique. Furthermore, Copley and Allen (2009) examined two sources of knowledge-evidence, which frequently influence practice; research-generated and practice-based. Despite research-generated evidence being valued, a number of barriers to the use of evidence in practice were reported by practitioners, including a lack of time available to access and review research findings; uncertainty about how best to determine applicability of research findings to individual clients or alternate practice contexts; and recognised limitations of available research findings in informing practice. While practitioners recognised that the knowledge generated from practice and experience (practice

evidence) was potentially biased, they also acknowledged the value in incorporating contextually-relevant knowledge, provided it was robustly generated and evaluated (Copley & Allen, 2009). Forsyth, Summerfield Mann, and Kielhofner (2005) determined a number of additional factors that influence the relevance of theory and research in practice. The authors concluded that relevance is filtered through environmental demands, constraints on therapists, and the way that knowledge is framed and presented. These filters often reduce accessibility and transferability of knowledge into, within and across specific practice contexts (Forsyth et al., 2005).

The multiplicity of barriers and enablers to the effective translation of knowledge in practice is well-evidenced. Providing insights into the unique experiences of occupational therapists working with children who attempted to translate knowledge to inform occupational practice, Estes and Pierce (2012) concluded that there are significant pragmatic barriers and contextual forces which influence occupational therapists' experience of success when integrating an occupational perspective in their practice. These barriers and forces included the increased amount of time required to authentically integrate an occupational perspective in practice, and the artificiality of the clinic environment. The authors found that the 'clinical environment' and the structuring of the clinic to enable a child's experience of 'success' significantly influenced an authentic observation of the child, outside of his or her home and community environments, from an occupational perspective. This, in turn, impacted on replication of a child's typical occupational performance, or clinic based interventions, in the home environment. Further challenges identified included reduced access to spaces and resources appropriate to occupational practice, the lack of active parent involvement in 'real' practice, and the influence of the clinical culture which can support or impede practitioners' attempts to integrate an occupational perspective in their work (Estes & Pierce, 2012). The traditional, medical culture of 'paediatric' services, controlled access to children and families, reluctance to refer for occupational therapy due to a perceived lack of efficacy and evidence for occupational practice, and referrals for specific interventions (such as biomedical interventions), were all identified by occupational therapists as environmental factors that pressed against occupational practice (Estes &

Pierce, 2012). Finally, Estes and Pierce identified that the effort and investment required of therapists to actively shift their practice from a familiar, component-focused practice often felt too challenging for occupational therapists to undertake. A number of the therapists included in the Estes and Pierces' study reported that as long as *participation* in occupation was the intended outcome of intervention, this sufficed as occupational practice; a position at odds with Gray's (1998) expectation that occupational practice included occupation as the 'mean and ends' of practice.

Specific to investigating and influencing practitioner's experiences of occupational practice in context, a number of research studies have been undertaken. Wilding's (2008) study, situated in an acute healthcare context, described the transformational impact of translating occupational concepts and theories to inform occupational practice. Wilding's thesis confirmed that it is possible for practice in a biomedical, reductionist context to become increasingly occupationally focused, principally through the use of language to transform thinking, attitudes, and everyday practice. Wimpenny (2009) and her colleagues (Wimpenny, Forsyth, Jones, Matheson, & Colley, 2010; Melton, Forsyth, & Freeth, 2010) supported occupational therapy practitioners to translate the Model of Human Occupation (Kielhofner, 1985) within mental health practice. Wimpenny (2009) determined that a critical learning space embedded within a community of practice, collective effort, and a shared dialectic, were useful strategies that supported practitioners to overcome barriers to theory implementation. Outcomes from her study were the *rethinking* and renegotiating of professional identity, and the enhancement of practice. Three additional projects detail the translation of specific occupational therapy theories; the Canadian Model of Occupational Performance (Boniface, Fedden, Hurst, Mason, Phelps, Reagon, & Waygood, 2008) and the Model of Human Occupation (Wimpenny, Forsyth, Jones, Matheson, & Colley, 2010; Melton, Forsyth, & Freeth, 2010) to inform occupational practice. Key findings from these studies recognise the importance of being realistic about the time that it takes to translate and embed knowledge in practice (Boniface et al., 2008); the importance of a critical learning space, or a community of practice, which recognises consideration of interconnected influences, including the self, peer and facilitator, and contextual and theoretical relationships

(Wimpenny et al., 2010); and the significant influence of environmental contexts, particularly the support of the immediate team, and the personal circumstances of individual therapists (Melton et al., 2010) on successful knowledge translation. Melton et al. (2010) further identified six mechanisms that act as catalysts for practice change: building confidence, finding flow, accumulating reward, conferring with others, constructing know-how; and channelling time. Adding to these conversations, Metzler and Metz (2010; Figure 2.1) analysed barriers and supports to knowledge translation and integration as drawn from the evidence and using the Person-Environment-Occupation model (Law et al., 1996) as a framework.

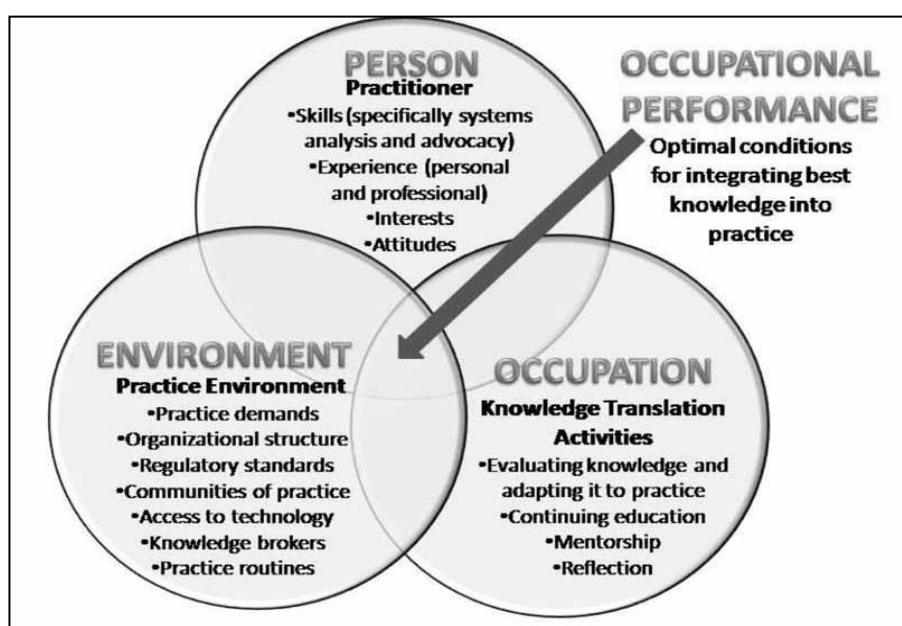


Figure 2.1: Barriers to and facilitators of knowledge translation identified in research from the perspective of the PEO model.²

Metzler and Metz (2010) determined that specific factors support or challenge the occupations of knowledge translation and integration, and, as such, can be viewed from personal and environment perspectives. Factors which related to the person/practitioner included skills, experience, interests and attitudes; while factors related to the practice environment included practice demands, organisational structure, regulatory standards, access to communities of practice, access to technology, knowledge brokers, and

² From "Analyzing the barriers and supports of knowledge translation using the PEO model" by M. J., Metzler & G. A. Metz, (2010), *The Canadian Journal of Occupational Therapy*, 77(3), p. 153. Copyright (2010) by the Canadian Association of Occupational Therapists. Reprinted with permission (see Appendix A).

practice routines. From an occupational science perspective, in attempting to reframe accepted perspectives and influences about occupation, play, and development, Coster (1998) described childhood occupations as both the process for, and outcome of, children's development. Humphry and Wakeford (2008) also attempted to reconcile the significant influence of developmental theory on 'paediatric' practice by reframing occupational practice in terms of the development of children's capacity for participation in everyday occupation. Humphry (2002) previously developed this concept through elucidation of the contextualism of childhood occupations, as existing in immediate contexts and cultures. She acknowledged the significant influence that adults can have in a child's occupational opportunities, behaviour and roles, which further contributed to theoretical conversations about family-centred care and co-occupation. The concept of co-occupation, occupations that involve the active participation of more than one person (Pierce, 2009; Zemke & Clark, 1996), emerged in the occupational science literature to acknowledge the socio-cultural dimension of occupation. Pierce (2003) suggested that an individual's response directly influences the response of another individual during co-occupational performance, such as when a parent is caring for or playing with a child.

Summary

A recursive analysis of the architecture of accepted occupational therapy practices with children and families confirms that *knowledge, power, and discourse* are significant influences to understanding how concerns about the legitimacy of these practices, underpinning the research, have emerged. Diverse and complex experiences and understandings, drawn from practitioner, social, cultural-discursive, and material-economic perspectives, contribute to the continued endorsement of the meaning, language, and behaviours of accepted practices. Furthermore, these perspectives confirm the power of individual preferences, experience and histories; professional history and context; communication, language, and discourse; and the 'business' of practice as contributing to how knowledge is constructed and informs occupational therapy practice. In acknowledging the contingency of social influences, occupational science and practice are posited as a means to resolution of concerns about the

legitimacy of accepted practices with children and families. The emancipatory potential of occupational practice, and acknowledgement of the complex dialectical relationship between knowledge and practice, provides insights into how occupational science and theory might bridge this relationship through acknowledgement of the interests and experiences of the knower, and the valuing of collaborative practices. Finally, multiple occupational perspectives contribute to developing conceptualisations of knowledge which advance occupational understandings about childhood, and a theoretical foundation for occupational practice with children and families.

Chapter Three

Critical Participatory Action: An Epistemology for Practice-Changing Practice

As participation in the research required occupational therapists to discover and address the social contingency of multiple and complex influences on occupational therapy practice with children and families, critical participatory action research (Kemmis, 2011b; Kemmis & McTaggart, 1988; 2000; 2005) was selected as the research methodology. The epistemology of critical participatory action as a recursive methodology of practice-changing action, and the mechanism through which the transformative and emancipatory potential of the project and the co-researchers would be realised, are explored. The core principles of critical participatory action research are named and described within the chapter as a consensus theory of 'truth', empowerment and agency, exploratory action, and facilitation. Finally, as critical participatory action research is embedded in a transformative paradigm (Mertens, 2009), the core ontological, epistemological and methodological principles, along with threats and limits central to the methodology, are discussed.

Positioning the Research Study

The multiple and complex social influences to occupational therapy practice with children and families, and the genesis and positioning of the research, can be summarised as the need for critical action; *how* to bridge the philosophical divide between accepted practices with children and families, and the potential of occupational practice, discussed in chapter two. Therefore the research questions leading the inquiry were:

1. How do occupational therapists working with children and families translate 'knowledge' to inform and transform occupational practice?
2. How does participation in the project empower occupational therapists to recognise and address the legitimisation deficit in 'accepted' practices with children and families?

The construction of these research questions consciously acknowledges the need for research and inquiry within the occupational therapy profession that extends beyond exploration of the phenomena of practice or the experience of practitioners, identifying and addressing solutions for practice change and transformative action.

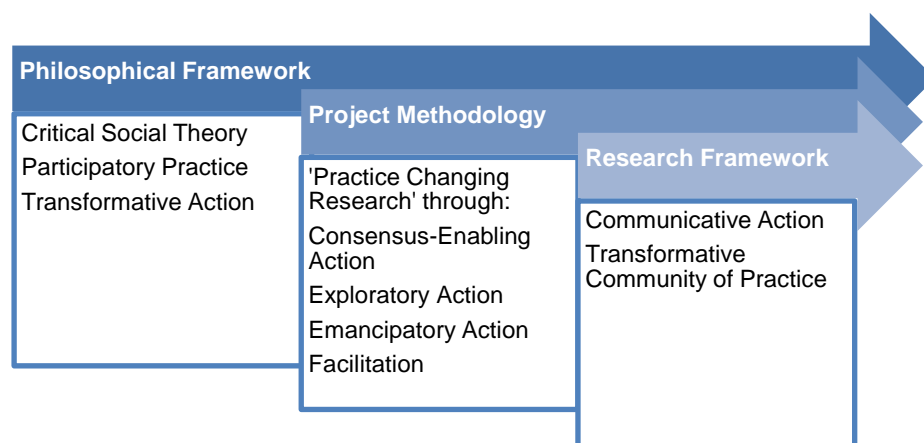


Figure 3.1: Elucidation of the philosophical framework of the research, including the core principles/philosophies named as the methodology and the research framework.

Habermas' (1972) conceptualisation of critical social theory sought to reconcile the interest and contribution of the 'knower' in the explicit and self-reflective exploration of how 'interests' shape knowledge production and application. As such, Habermas acknowledged the 'knower' as a social subject, with all knowledge being shaped by social action, experience, and communicative interaction. The synthesis of critical-social, transformative, and participatory perspectives informing the research provides justification also for the selection of critical participatory action (Carr & Kemmis, 1986; Kemmis, 2008; Kemmis, 2011b; Kemmis & McTaggart, 1988, 2000, 2005) as the project methodology. Bridging macro-societal and practice perspectives, Carr and Kemmis (1986) reconceptualised Habermas' critical social (1972) and communicative action (1984) theories, replacing the concept of *sciences* to describe different forms of action research. This re-conceptualisation shifted Habermas' work from a *grand ontological theory* to an epistemological framework, posited as a mechanism to understanding and influencing how knowledge might be produced, appropriated or normalised within specific and practical settings (Hadfield, 2012). Critical participatory action is included as

one of these research frameworks; a critical-recursive interpretation of participatory action research concerned with the “self-reflective collective self-study of practice, the way that language is used, organisation and power in a local situation, and action to improve things” (Kemmis & McTaggart, 2005, p. 273). In developing a philosophy of critical participatory action, Kemmis and McTaggart (2005) and Kemmis (2011b), positioned the methodology as reflective of the core values of critical, collective, communicative, and emancipatory action, focused on the identification and resolution of social obstacles, which lead practitioners to feeling dissatisfied, disempowered and oppressed. Figure 3.1 (p. 48) outlines how the philosophical framework for the research, outlined in chapter one, is interpreted through the core principles of the methodology to inform the naming of collective action as the overarching philosophy for the action of the inquiry. The figure also illustrates how the research and the methods chapter were constructed, explained in greater depth in the following sections.

Critical participatory action as emancipatory and participatory practice

Critical participatory action research sits within an overarching set of approaches attributed to participatory action research. While Lewin is generally credited with introducing action-oriented research in the late 1940s (Dickens & Watkins, 1999; Meyer, 2000; Small, 1995), contemporary understandings of participatory action research refers to a suite of diverse research methodologies and approaches with *participation, democracy, and emancipation* situated as the three central premises of the methodology (Boog, 2003; Meyer, 2000). In encouraging participatory action researchers to consider understandings and outcomes of participatory action broader than these oft-named principles, Kemmis and McTaggart (2005) have suggested that participatory action research should also be considered as being *critical, reflexive, and transformative*. They determined that participatory action research is *critical* in that it seeks to enable release of the self from the social constraints in which action and interaction occurs; that is, language (discourses), modes of work (occupation), and the social relationships of power that facilitate experiences of affiliation-difference, and inclusion-exclusion. In this way, participatory action is a process in which irrational, inefficient, unjust and/or unsatisfying ways of interpreting and the world, are deliberately challenged and reconstructed. With

regard to the *reflexive* nature of participatory action, Kemmis and McTaggart extrapolated from Fals Borda's (1979) assertion that participatory action aims to investigate reality in order to change it, by suggesting that this reality can be both investigated *and* influenced through engagement in critical and self-reflective cycles. These cycles have been more recently reconceptualised by Kemmis and McTaggart (2005; Figure 3.2) as the action-research spiral:

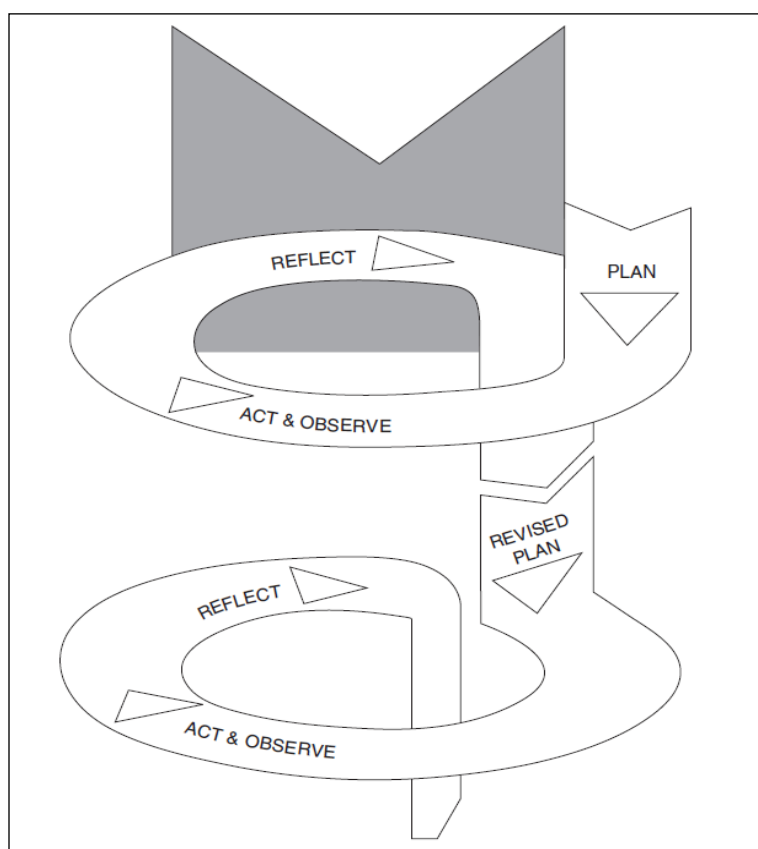


Figure 3.2: The Action Research Spiral³

Kemmis and McTaggart described the process of spiralling through planning, action, observation and reflection, as the deliberate impetus for considered examination of practice, knowledge about practice and the social structures that shape and constrain

³ From "Participatory action research: Communicative action and the public sphere" by S. Kemmis & R. McTaggart. In *The Sage handbook of qualitative research* (3rd ed) by N. Denzin & Y. Lincoln (Eds.), (2005), Sage Publications, p. 564. Copyright (2005) by Sage Publications. Reproduced with permission (see Appendix B).

practice, and recognition of the social context in which practice is expressed. Kemmis, McTaggart and Retallick (2004) further described these four critical moments in the action research spiral. *Planning* is characterised by preparation for strategic action, acknowledgment of unpredictability and risk, while being flexible enough to adapt to unexpected effects and unexpected constraints. *Action* refers to the undertaking of considered practice change, guided but not controlled by the plan, acknowledging the value of practical judgement and the struggle for improvement. *Observation* includes the responsive and planned documentation of the action process, the intended and unintended effects of the action, and the influence of planned and unexpected circumstances and constraints on action. The final moment in the action research spiral, reflection, recalls action recorded in observation, making sense and meaning of processes, problems, challenges, and constraints, through collaborative evaluation and discourse for the emergence of new understandings. Finally, the *transformative* potential of participatory action research is related to theory and practice, and recognition of the mutual importance of both practice and theory (in that practice that is embedded in theory and theory is situated in practice).

Participatory action research demands that “participants perceive the need to change and are willing to play an active part in the research and the change process” (Meyer, 2000, p. 178). In this way, participatory action “aims to transform both practitioners’ theories and practices and the theories and practices of others whose perspectives and practices may help to shape the conditions of life and work in particular local settings” (Kemmis & McTaggart, 2005 , p. 387). Kemmis and McTaggart described participatory action as the vehicle for the illumination of the ‘possibilities and opportunities’ afforded by different and external perspectives, theories, and discourses in order to facilitate critical ideas and insights about how practice might be transformed. The intent of critical participatory action is therefore practice-changing – to change practitioner’s *practices*, their *understandings* of their practice, and the *social conditions* in which they practice (Kemmis, 2005). Specific to advancing an occupational therapy perspective on the potential of participatory research within occupational therapy, Letts (2003) encouraged occupational therapists to consider participatory action research as a valuable approach

to practice development, illustrated by the conceptual links between client-centred occupation-based occupational therapy, and participatory action research. She concluded that participatory action research is not an appropriate methodology choice for many occupational therapy projects, such as those where the research aim or design are pre-determined and democracy and participation cannot be authentically supported, and acknowledged the time and relationship-building investment required for effective participatory action research projects, considering also the unique role that the external researcher holds in participatory action research projects.

Critical participatory action as transformative action

The relationship between participatory practice and transformative action is well established (Mertens, 2009; Wood, 2012). Mertens (2009) identified that research informed by a transformative paradigm is characterised by epistemological assumptions related to the relationship between the researcher and the co-researchers, and methodological assumptions regarding the appropriate methods of systematic inquiry. Specific to elucidation of the relationship between researcher and co-researchers, she described a transformative epistemology being characterised by a close, interactive, and empowering relationship between researchers and co-researchers, centred on trust, communication, collaboration and cultural sensitivity. From a methodological position, Mertens distinguished that inclusion of a qualitative perspective is the mechanism to enable dialogue between the *research* and the community members. Specifically, she has advocated that “methodological decisions are made with a conscious awareness of contextual and historical factors, especially as they relate to discrimination and oppression” (Mertens, 2009, p. 59).

Transformation in participatory research projects can be understood from practical, epistemological and ontological perspectives (Wood, 2012). With regard to practical outcomes, social circumstances or concerns are transformed, while epistemological and ontological outcomes of transformation occurs in the ways that people conceptualise, experience, and position knowledge and theories as valid. A transformative paradigm rests on core ontological and epistemological assumptions which accept that what is

known to exist, or to be true, is socially constructed. As discussed in chapter one, power is the impetus for the inclusion (or exclusion) of individuals from participation in the determination of what exists; multiple perceptions of reality are possible; and knowledge is neither absolute nor relative, rather, constructed in the context of power and privilege, and socially and historically located within a complex cultural context (Mertens, 2009). As such, research that has transformational and emancipatory intent promotes transformation as both the ends and means of the research, and is concerned with knowledge creation and the professional and personal transformation of the co-researchers, in addition to the transformation of practices, contexts and cultures (McCormack, 2006; Mertens, 2009).

Critical participatory action as practice-changing research

Critical participatory action research is a recursive iteration of participatory action research through which the multiple, social influences to practice can be acknowledged and investigated in order to change it (Kemmis & Wilkinson, 1998). The six core premises of critical participatory action research, as described by Kemmis (2011b) are:

1. Research undertaken collectively by participants in a social practice for “effective-historical consciousness” (Kemmis, 2011b, p. 13) of practice as praxis;
2. The opening of communicative space as imperative to shared insights into how practice has evolved over time, and themes and issues that arise as common concerns within and between shared *social fields*;
3. A process in which participants reflect critically and self-critically on historically formed and intersubjective shared understandings of practice/praxis, and the conditions and situations in which practice/praxis occurs;
4. As intervening in an unfolding collective history through exploratory action (the investigation of a shared reality in order to transform it, and transformation of a shared reality in order to investigate it);
5. Practical aims of acting rightly, with wisdom and prudence; and

6. Emancipatory aims of eliminating, as far as possible, character, conduct, or consequences that are untoward, distorted, destructive, or unsustainable, enhancing a practitioner's capacity for collective historical action. (p. 13-19)

Kemmis (2011b) drew heavily from the work of Gadamer (1975) to describe critical participatory action as the mechanism to enabling effective-historical consciousness of practice, as *praxis*. Kemmis' interpretation of effective-historical consciousness is an ideal state in which practice situations and perceptions about practice are filtered through an historical/contextual lens. Kemmis proposed that rich self-understandings about practice are imperative insights for action researchers who aim to be "self-conscious agents in history" (p. 14). Further, Kemmis concluded that the dialectics of consciousness and self-consciousness are intrinsic to the enablement of *praxis* as "morally informed, committed action, oriented by tradition that responds wisely to the needs, circumstances, and particulars of a practical situation" (p. 15). In constructing a critical participatory action epistemology, Carr and Kemmis (1986) and Kemmis (2011b) acknowledged concerns that a preoccupation with *techné* (technical, instrumental, or functional knowledge, reasoning, or action) in contemporary practice deprives practitioners the opportunity to authentically understand their practice from moral, historical, and consequential perspectives. As such, Kemmis acknowledged the collective discovery and experience of *praxis* as history-making action (Kemmis, 2011b) which resolves social constraints for future practitioners and communities through collective and communicative action (Habermas, 1984).

Core Principles of Critical Participatory Action Research

The examination of the core principles of critical participatory action research which follows is principally drawn from the seminal work of Carr and Kemmis (1986), Kemmis (2011b), and Kemmis and McTaggart (1988, 2000, 2005), who have published several comprehensive iterations of critical participatory action, significantly influenced by Habermas' (1984) theory of communicative action. These perspectives are synthesised alongside other key theories and concepts, within the context of the research project presented, to inform a recursive conceptualisation of the methodology as a mechanism to

both inquiry and practice transformation. The core principles within this recursive conceptualisation of the methodology are named as; 1) consensus-enabling action; 2) exploratory action; 3) emancipatory action; and, 4) facilitation.

Critical participatory action as consensus-enabling action

One of the *core principles* of critical participatory action research, also central to critical social theory, refers to the pursuit of 'truth', with the broader question of 'truth' generally being connected with a pragmatic theory of truth (Bridges, 1999). While multiple theories of 'truth' exist, a consensus theory of truth (Habermas, 1984) has particular relevance to the philosophy and methodology of this research. Within a critical social framework, the concept of truth does not align with the positivistic pursuit for certainty (Kemmis & McTaggart, 2005). Rather, a consensus theory of truth positions *rationality motivated consensus* as the decisive criterion of truth (Habermas, 1984). Consensus theory is therefore disinterested with the truth of propositions and claims, and instead focuses on the justifiable process through which a valid conviction is attained, based on correspondence, coherence, praxis...or something else (Habermas, 1984). Habermas, while suggesting that if all the arguments cannot be heard, then the outcome of the discourse is invalid, presented a set of rules of argumentative action which can be used to objectively measure whether a validity consensus has been reached. Given that a validity consensus is unlikely in research, Meizrow (1991) proposed that researchers must resign themselves to a 'provisional consensus' or 'unfinished truth':

In reality, the consensus on which we depend to validate expressed ideas almost never approximates the ideal. We never have complete information, are seldom entirely free from external or psychic coercion of some sort, are not always open to unfamiliar and divergent perspectives, may lack the ability to engage in rational and critically reflective argumentation, seldom insist that each participant have their freedom and equality to assume some roles in the dialogue (to speak, challenge, critique and defend) and only sometimes let our conclusions rest on the evidence and on the cogency of the arguments alone. (p. 11)

As Kemmis (2006) described, exploration of the multiple 'truths' about practice can be an uncomfortable ordeal; 'truth-telling' demands the telling of unwelcome (or uncomfortable)

truths, truths about observations and findings that arise from the investigation of practice, and the methods through which these findings were determined. In this way, research does not occur in a vacuum and the aims, interests and agendas of the researcher are acknowledged, while the research process, goals, and outcomes are recognised as being 'value-laden' (Heikkinen, Kakkori, & Huttunen, 2001). Habermas (1984) described 'communicative action' as a critical, social-constructivist mechanism to how 'truths' are communicated and established within a collective.

Communicative action is described as what people do when they engage in communication of a particular nature, with conscious and deliberate intent to reach intersubjective agreement as a basis for mutual understanding, in order to reach an unforced consensus about what to do in a particular practical situation (Habermas, 1984; Kemmis & McTaggart, 2005). Habermas described the empowering and transformative potential of communicative action, communicative spaces, and the communicative community. Communicative action, one of the basic concepts of society drawn from Habermas' characterisation of action, enables the *opening of communicative spaces* through the building of solidarity, and the strengthening of legitimacy, when authentic freedom is experienced, both individually and in the context of mutual participation. Habermas' communicative action theory is underpinned by four validity claims: 1) what is comprehensible; 2) what is true in light of individual and shared knowledge; 3) what is sincerely and truthfully stated, with regards to individual statements and shared discourse; and 4) what is considered morally right and appropriate in terms of individual and mutual judgement, and according to context, values, and circumstances. Specific to the theory of communicative action, a validity claim, while not precisely defined by Habermas (Heath, 1998), refers to the claims made in speech acts which are predicated by a 'truth', meaning, or something else, simply because the speech act was spoken.

Critical participatory action as exploratory action

The second core principle of critical participatory action as a research methodology is that of exploratory action. Exploratory action is grounded in critical reflection which is core to both Habermas' (1972) critical social theory and Kemmis and McTaggart's (2005)

critical participatory action research methodology. The concept of exploratory action includes action learning; that is “action taken with the principal purpose of learning from experience by careful observation of its processes and consequences” (Kemmis & McTaggart, 2005, p. 300). As such, Kemmis and McTaggart proposed that exploratory action builds from the retrospective nature of reflection to consider exploration and experimentation as prospective action, whereby actions can be considered as ‘possibilities’ which are tested as the consequences of action emerge or unfold.

Drawing heavily from the seminal work of Schön, Kemmis (2011b) described critical reflection and self-reflection as pivotal to the advancement of understanding how undesirable consequences, such as irrationality, injustice, dissatisfaction, and suffering, have emerged over time. A critical participatory action philosophy advocates for acting negatively to reveal, challenge and address these consequences, rather than acting positively and attempting to achieve the ideal (Kemmis, 2011b). While Carr and Kemmis reconstructed Habermas’ (1972) knowledge-constitutive interests (technical, practical, and critical-emancipatory) as epistemological theories of action, Kemmis (2011a) translated these perspectives further as perspectives of reflection and reasoning. These perspectives provide a mechanism for the discovery of the complex relationship between knowledge and action, and theory and practice, through the communicative action of dialogue and critical reflection (Hadfield, 2012; Kemmis, 2011a; Taylor, 2004). Kemmis (2011a) described a technical dimension of reasoning and reflection as based in instrumental action and reasoning, and referring to the ways that practitioners produce, understand, and validate practice behaviours and procedures through rational and deductive thinking. He suggested that a practical dimension of reasoning and reflection enables practitioners to describe and explain the reciprocal, social realities of practice. The disposition of practical reasoning is evidenced in *phronesis* and *praxis*, as the moral representation of *wise and just* practice. Finally, critical-emancipatory reasoning and reflection is described by Kemmis (2011a) as an extension of practical reasoning and reflection, the antecedent to ‘collective and transformative action’ that seeks to liberate practitioners from ‘taken for granted’ assumptions and oppressive forces (such as irrationality, injustices, suffering and dissatisfaction) that presses both the practitioner and

their practice. Table 3.1 (see p. 58), adapted from Kemmis (2011a), outlines each of these dimensions, providing examples drawn from discourses aligned with accepted practices, and occupational practice, with children and families.

	Theoretical Perspective	Technical Perspective	Practical Perspective	Critical-Emancipatory Perspective
Telos (Aims)	The attainment of knowledge or truth	The production of something	Wise and prudent judgement; acting rightly in the world	Overcoming irrationality, injustice, suffering, felt dissatisfactions
Disposition	<i>Episteme</i> A disposition to seek the truth for its own sake	<i>Techne</i> A disposition to act in a true and reasoned way according to the rules of the craft	<i>Phronesis</i> A moral disposition to act wisely, truly and justly; goals and means are both always open to review	<i>Critical</i> A disposition towards emancipation from irrationality, injustice, suffering, felt dissatisfactions
Examples from Accepted Practices with children and families	Studying the 'science of child development' with the aim of developing a personal theory of child development	Learning knowledge and skills to complete a standardised assessment and plan and facilitate a 'treatment session' with a child	Learning about the nature, traditions, and purposes of practice and childhood as a moral activity to addressing disability and delay	Community practices aimed at perpetuating historical, discursive, social, and material-economic circumstances which constrain capacities for self-expression, self-development, and self-determination
Action	<i>Theoria</i> contemplation, involving theoretical reasoning about the nature of things	<i>Poietike</i> 'Making' action, involving 'means-ends' or instrumental reasoning to achieve a known objective or outcome	<i>Praxis</i> 'Doing' action, morally informed action oriented by tradition, involving practical reasoning about what is wise, right and proper to do in a given situation	<i>Emancipatory Collective</i> reflection and action aims at the historical self-understanding and collective consensus about what to do to overcome constraints on rationality, justice and wellbeing
Examples from Occupational Practice with children and families	Development of logical thinking using and building on theoretical resources aligned with occupational science	Assessment practices, intervention planning, and the delivery of services committed to a philosophy of 'occupation as means, occupation as ends' (Grey, 1998; Molineux, 2011)	Development of a reflexive capacity to adapt immediate goals and actions to accommodate social, justice, and occupational needs of the child/family in light of values about children's rights, participation, health, and wellbeing	Community action and practice projects (and action research projects) that advance emancipatory action on occupational and social justice issues encountered by the/a community

Table 3.1: Dialectical perspectives of the multi-faceted relationships between knowledge and action, theory and practice, from accepted and occupational practice perspectives⁴

Within participatory projects, and indeed many other types of research projects, the actions of critical reflection occur iteratively, and at multiple levels within the inquiry. For example, critical reflection occurs in the actions associated with promotion of self-understandings, critique, dialogue, reflexivity, data analysis, and construction of the

⁴ From "What is professional practice? Recognising and respecting diversity in understandings of practice" by S. Kemmis. In *Elaborating professionalism: Studies in practice and theory, 5 [E-Book version]* by C. Kanes (Ed.), , 2011, Springer Publications, p. 158. Copyright (2011) by Springer Publications. Adapted with permission (see Appendix C).

thesis. In acknowledging the lack of prescription in the undertaking of participatory projects, Savin-Baden and Wimpenny (2007) suggested that additional to focusing on the agenda of participants, the use of multiple self-reflective cycles within the action inquiry provides opportunities for conscious raising, dialectical discourse, and meaningful change. As Noffke and Stevenson (1995) stated:

Action research is cyclical, that is, it does not progress from an initial question to the formulation of data collection, analysis and conclusion ... The process does not end, as with traditional notions of research, with richer understandings of education for others to implement; rather it aids in the ongoing process of identifying contradictions which, in turn, help to locate spaces for ethically defensible, politically strategic action. (pp. 4-5)

The discovery, or *conscientization*, of the social realities of practice through critical reflection and action is underpinned by the work of Freire (1970), and is recognised as central to participatory practice and social transformation (Gaventa, 2004). Kemmis (2011b) posited self-reflection, in particular, as pivotal to discovery of effective-historical consciousness (Gadamer, 1975) and the extension of consciousness regarding individual historicity to include recognition of the oppressive consequences of tradition and history on 'practice', as well as the influence on the practitioner's thinking, actions, and relationships with others. Carr and Kemmis (1986) suggested a dialectical relationship between the critical dimension of reflective practice and its emancipatory function. Within the *plan, act and observe, and reflect* cycle, Kemmis and McTaggart (2005) have considered reflection as the mechanism to both holding and progressing the inquiry, creating spaces for further reflection, planning, and strategic action. Moreover, Kemmis (2011b) suggested that the potential power in the collective experience of agency and reflection, shifts the focus of the inquiry from 'I' to 'we' as collective actors and agents (Carr & Kemmis, 1986; Kemmis & McTaggart, 1988) who can reflect together on practice situations, and critically assess both the historical influences to conditions and consequences, and the consequences of collective action. The inclusion of a transformative learning perspective acknowledges the crucial influence of transformative learning, and the work of scholars such as Mertens (2009) and Mezirow (1991, 1997, 2003), to research and inquiry undertaken within a transformative paradigm. As Kemmis and McTaggart (2005) and McCormack (2006) have suggested, transformative projects

require the overt inclusion of transformative and emancipatory intent in research planning and approaches.

Critical participatory action and emancipatory intent

Emancipatory action is another *core principle* of critical participatory action (Kemmis, 2011b; Kemmis & McTaggart, 1988, 2000, 2005). Emancipatory aims are acknowledged as one of the key differences between participatory action and critical participatory action (Kemmis, 2011b). Given that Kemmis and McTaggart's constructions of critical participatory action research are principally positioned as practice-changing research, an emancipatory aim refers to the liberation of practitioners from oppressive constraints and the emancipatory reconstruction (Habermas, 1972) of practice and the practice setting (Kemmis, 2011b). A critical-recursive interpretation of these constraints includes consideration of:

- irrationality or lack of justification in the cultural-discursive dimension;
- injustice and illegitimacy in the social dimension; and
- suffering and dissatisfaction in the material-economic dimension. (Kemmis, 2011b, p. 19)

The inclusion of an emancipatory agenda in a doctoral research project focused on transforming occupational therapy practice in the New Zealand practice context was initially difficult for me to reconcile. However, Kemmis and McTaggart's (2005) and Kemmis' (2011b) translation of emancipation as a vital component of the epistemology of critical participatory action, proved pivotal to both discovery and advancement of an emancipatory agenda within a professional practice context. This agenda is situated in the pursuit of practitioners discovering, and being released, from irrational, unjust, and dissatisfying social structures that limit self-development and determination. As a process, Kemmis and McTaggart proposed that the actions of emancipation are discovered in the exploration of ways that practice is influenced and oppressed by cultural-discourse, economic, and political forces; and the decision to act on the contingency of these 'social obstacles' to be released from oppression, or to work

within and around oppressive forces so that the extent of their effect is minimised (Kemmis & McTaggart, 2005).

Pivotal to the discourse of critical participatory action as emancipatory action are elucidation of the concepts of *empowerment* and *political agency*. Kemmis and McTaggart (2005) described the experience of power which comes from participation in critical or transformative action as *political agency*; the prudent consequence of heightened understandings about practice, and the motivation to affect change. They recognised that just as the collective are mobilised and organised as a 'critical mass' for change, through the process and experience of exploratory action, so too is the individual empowered for political change through the support and wisdom of the community and participation in the 'situated action' of the inquiry. Political agency, embedded in participation and emerging as *practical consciousness*, is generally the impetus for extension of the concept of the collective to include the building of alliances across broader social movements and the recruitment of critical allies to further mobilise understandings and efficacy. The challenge for researchers and co-researchers is therefore the extension of these subjective experiences into 'real contexts' where oppressive or dissatisfying social conditions, routine or accepted practices, and 'institutional discourses' which deter or preclude critique, continue to prevail (Kemmis & McTaggart, 2005).

The concept of empowerment is posited within multiple paradigmatic frameworks, including participatory practice, critical social theory, and occupational therapy theory. With regard to critical participatory action, however, empowerment and agency are positioned in the unique conceptualisation of the *researcher* and *the researched*; participants are named and valued as 'co-researchers' in participatory groups and projects. Kemmis and McTaggart (2005) suggested that as co-researchers, members of participatory groups should be expected to bring to the research their experience and understandings of realities of practice (uncoupled from 'social scientific' interpretations of practice), a general awareness that social settings are constituted through social practices, and an understanding that changing reality is in it-self a social practice that

relies on themselves and others *doing* something different. Positioning practice-change as *realistic* also means that co-researchers must hold a multifaceted view of practice, appreciating complex and interconnected social influences to practice, which can be influenced through the illumination of hidden forces and tensions within the practice context (Kemmis & McTaggart, 2005).

As mentioned previously, the practice of critical participatory action research is in itself a political practice, open to influence through the process of action whereby practice, and the study of practice, are both investigated and transformed. This reflexive-dialectical conceptualisation of research acknowledges both objective/subjective and individual/social conceptualisations of research, adopting both critical and collaborative methods (Kemmis & Wilkinson, 1998). The inquiry is reflexive in that the co-researchers are engaged “in a collaborative process of social transformation in which they learn from, and change the way they engage in, the process of transformation” (Kemmis & Wilkinson, 1998, p. 32). Research informed by a reflexive-dialectical perspective is inherently emancipatory, as co-researchers work together to understand and overcome distortions, incoherence, contradictions and injustices in order to transform their practice (Kemmis & Wilkinson). Accepting that emancipatory action is the social practice of participatory projects requires that co-researchers are empowered to lead, or action, this change, and experience political agency for change. Kemmis and McTaggart (2005) suggested that, given that the empowerment and emancipation of individual practitioners will undoubtedly take time, participatory research provides the mechanism for collective action towards achievement of empowerment and social change. Moreover, Kemmis and McTaggart (2005), in situating the concept of agency as *political agency* shifted the outcome of heightened understanding and motivation, whereby experience is objectified alongside the subjective (or affect) in a collective context to mobilise practical consciousness and transformative action. They suggested that while *individual action* is grounded in personal political agency, the collective continues to play a significant role in the development of that agency, through support, discipline, and the “critical mass for a commitment to change” (Kemmis & McTaggart, p. 288).

Facilitation of critical participatory action projects

A final core principle of the methodology relates to the facilitation of critical participatory action projects. The philosophy of facilitation which informs this presented research acknowledges and reframes the role of the *researcher* within a participatory practice framework. Kemmis and McTaggart (2005) determined that facilitation is both a specialised *role* with specialised functions and a *process* which promotes “the reproduction and transformation of cultures, social relationships, and identities” (p. 318). They concluded that facilitation becomes increasingly important when there is an asymmetrical power relationship between the *facilitator* and the *facilitated*. Additionally, rather than offering technical guidance, the facilitator should be an agent for the establishment of a collaborative *exploratory action journey*, constituted for communicative action and emerging from a legitimisation deficit (Habermas, 1996). Consensus is also evident in the literature regarding the unique challenges which external researchers face when undertaking participatory action research projects, such as managing the delicate balance around facilitation of the project and letting the project unfold (King, 1995); relinquishing of the research direction and agenda (Letts, 2003); and recognition of the research and project management expertise that may exist within the participant co-researcher group (Reason, 1998). Letts’ (2003) challenge to occupational therapists planning to undertake participatory action research projects, in particular, was to ensure careful consideration of the ownership of the research; recognition of the power of, and within, the project; and use of strategies for authentic and relevant dissemination of research findings.

The pivotal role of the facilitator in establishing a collaborative *exploratory action journey* aligns with Ledwith’s (2005) expectation that emancipatory research begins in the “everyday reality of people’s lives” (p. 255). With regard to facilitation, Ledwith and Springett (2010) offered a perspective complementary to Kemmis and McTaggart’s (2005), describing the behaviours of the facilitator (enabling open communication, honest speaking and genuine listening, and allowing people to take responsibility for their learning and ideas) as pivotal to the creation of dialogical and communicative spaces. Ledwith and Springett described ‘good’ facilitation as creating a safe place in which

assumptions, judgements and worldviews can be revealed and changed through questioning, inspiring confidence, and actively supporting the shift from fragmentation to connectedness for all co-researchers. In this way, Ledwith and Springett asserted that the co-researcher experience of the dialogical process should be similar to participation in the creation of a collective story, with structure; a beginning, middle, and end. As such, the facilitator must be prepared to facilitate confidence and trust as two processes unfold: divergence (the potentially unsettling revelation of endless possibilities), followed by convergence (the capturing of key insights and actions), which occurs before confusion and transformation (Ledwith & Springett, 2010). Key attributes of the facilitator during these transformative phases, as described by Ledwith and Springett, include the embodiment of the values and principles integral to a participatory approach, as well as responsible improvisation, intuition, confidence, humility and courage. From a transformative perspective, Mezirow (1997) advised that facilitators need to understand that transformative learning can take several forms involving either objective or subjective reframing. To facilitate transformative learning, Mezirow suggested that facilitators support learners to become aware and critical of their own and others' assumptions, and participate effectively in discourse. He described effective discourse as dependent on how well the space is created in which learners can access information; are free from coercion; have equal opportunity to assume the various roles of discourse (to advance beliefs, challenge, defend, explain, assess evidence, and judge arguments); become critically reflective of assumptions; are empathic and open to other perspectives; are willing to listen and to search for common ground or a synthesis of different points of view; and can make a tentative best judgment to guide action. Mezirow aligned transformative learning and action research by encouraging learners to undertake action research projects to identify and examine assumptions, including their own, through critical reflection and experience in discourse. The educator then becomes the facilitator and provocateur, rather than an authority on subject matter. The facilitator encourages learners to create norms that accept order, justice, and civility; to welcome diversity; to foster peer collaboration; and to provide equal opportunity for participation. The facilitator also models the critically reflective role expected of learners. Ideally, the facilitator works

herself out of the job of authority figure to become a co-learner by progressively transferring her leadership to the group as it becomes more self-directive process.

The Transformative Community: A Knowing-in-Action Solution for Emancipatory Outcomes

The aims of all transformative research and action (empowerment, enlightenment, and emancipation; Fay, 1987) are realised in collaboration, and embedded in communicative action and critical dialogue with others. Habermas (1984) described communicative action as a critical, social-constructivist theory of how 'truths' are communicated and established within a collective. Habermas further suggested that when people engage in communicative action, they are openly (and perhaps unconsciously) acknowledging the need for *intersubjective agreement, mutual understanding and unforced consensus* because they are already aware that one (or all) of these validity claims will be problematic; right here, right now, and with regard to the problem being addressed. In this way, intersubjective agreement is already determined to be situated and provisional (Kemmis, 2006). Recognition and resolution of this conflict exists because these claims are not merely procedural in nature, but rather underpinned by substantive claims needed to reach mutual agreement, understanding, and consensus about what can be done *together* (collective action) to address a particular situation.

Kemmis and McTaggart (2005) described the concept of collective action as referring to the premise that participatory action is grounded in the collective, but also to acknowledge the imperative of inclusivity, and shared, co-constructed experiences, meanings, and understandings of knowledge-practice, transformative action, and the practice of changing practice. Additionally, Kemmis and McTaggart proposed that the collective action aspect of critical participatory action may be the most challenging to address. Grounded in Lewin's original premise of *group commitment* as the impetus to changes in social practices, Kemmis and McTaggart explained that a contemporary interpretation of the collective supports three significant functions; the expression of the democratization of scientific practice, the disciplining of subjectivity, and the creation of opportunities for critical reflection and transformation. Their construction of the collective

situates participants in a supportive role, with the collective holding the disciplinary function and the space in which thoughts, beliefs, and feelings can be clarified and justified. Kemmis and McTaggart (2005) have incorporated these features into their critical participatory action thesis through recognition of participatory action as the *mechanism* through which communicative action is enabled, and communicative space is opened. They argued that participatory action groups and projects are *open-textured networks*, established for the shared communication and exploration of social issues, in pursuit of the “practical transformation of existing ways of doing things (practices/work), existing understandings (which guide...practitioners/workers), and existing situations (practice settings/workplaces)” (Kemmis & McTaggart, p. 306). Moreover, Kemmis and McTaggart asserted that participatory groups and projects frequently emerge from concerns because existing ways of working lack legitimacy, and multiple voices and languages will confirm the practice problem through mutual comprehension and the creation of a discourse community.

The multiple and complex influences to *opening communicative space* as the mechanism for advancing a critical participatory project provides justification for the naming of a communicative and transformative space in critical participatory action research projects. The actions of ‘opening a space’ reconnects with Habermas’ (1972) critical social theory as both Habermas’ theory and the community of practice philosophy (Lave & Wenger, 1991) are concerned with social inclusion, participation, and how practice unfolds in social situations (Clarke, 2008). The known complexities to transforming practice often require the conscious selection of a knowing-in-action solution to enable participation in critical project, while also providing a space for the dialectical relationship between ‘knowing’ and ‘doing’ to be explored. Lave and Wenger’s (1991) situated learning theory further determined that learning takes place in social relationships, and that knowledge is contiguous with a socially shared practice, linked to membership and identity. Wenger (1998) outlined three inter-related dimensions to a community of practice; *mutual engagement, joint enterprise, and shared repertoire*. These dimensions were further refined by Wenger, McDermott, and Snyder (2006) who described *domain, community, and practice* as the three essential characteristics of a community of practice. In

developing their community of practice philosophy, Lave and Wenger (1991) outlined a series of principles considered pivotal for the establishment of communities of practice. These principles included sustained mutual relationships; shared ways of engaging in doing things together; the rapid flow of information and propagation of innovation; the absence of introductory preambles; quick set up of the problem to be discussed; substantial overlap in co-researchers descriptions of who belongs to the group; knowing what others know, what they can do and how they can contribute; mutually defining identities; the ability to assess the appropriateness of actions and [outcomes]; specific tools, representations and other artefacts; local lore, shared stories, inside jokes, knowing laughter; jargon and shortcuts to communication, ease of producing new ones; certain styles recognised as displaying membership; and a shared discourse reflecting a certain perspective on the world (Wenger, 1998).

Inclusion of a community of practice perspective (Lave & Wenger, 1991) translates the core social, collective, and participatory values of critical social theory and critical participatory action, providing a practical solution for how critical and communicative space might be both opened and understood (Habermas, 1984; Kemmis & McTaggart, 1988). Amin and Roberts (2008) extended the essential characteristics of domain, community, and practice, previously described by Wenger et al. (2006), to also include variety and ambiguity, strong loyalty to a shared problem, organised slack (free thinking, imaginative play, visualisation and serendipity), management of dissonance, and meta-coding, as additional characteristics which encourage alignment of members in an epistemic/creative community of practice. Amin and Roberts highlighted that the ideal experience of highly creative epistemic communities is the social dynamic of cohesion and mutuality, with autonomy, improvisation, individual expertise and object-orientation being likely distinctive features, when the deliberate architecture of collaboration is lacking. These expectations are centred in the requirement that the situated action of participation in critical inquiry will be the critique of the epistemology of practice, the advancing of disciplinary knowledge, the empowerment of occupational therapists, and transformation of a socially embedded practice (Kinsella & Whiteford, 2009).

Critique of the Methodology

Critics of participatory action research, such as Cooke and Kathari (2001) and Elliot (2005), have challenged the basic premises underpinning traditional participatory action research (consultation, collaboration and social change), refuting the validity of a participatory process which serves to leave the status quo intact (Khan & Chovanec, 2010). Others, such as Hickey and Mohan (2004), Hailey (2001), Moose (2001), and have expressed concerns that traditional participatory action researchers can be too obsessed with localised experiences, and the illusion of participation, overlooking power relationships and failing to authentically address political activism. Further criticisms of participatory action research include colonial imperialism, whereby euro-centric ideals are considered the yardstick for best practice and groups are treated as homogenous entities (Khan & Chovanec, 2010), and the advocated attention to individual agency without consideration of the broader concept of empowerment and the role of structure and agency in social change (Cleaver, 2001). Scholars, such as Elliot (2005), have called to question the intrinsically political nature of the approach, challenging researchers' attempts to extricate themselves from local power dynamics in researcher-community relationships, and the implied lack of methodological rigor and technical validity in participatory action research projects. However, academic supporters of the approach assert that there are ways to conduct participatory action research projects that ensure validity and rigour, including utilisation of methods and criteria drawn from a qualitative paradigm such as accountability, credibility, transferability and reliability. The application of the concepts within the research is discussed in chapter four.

Despite increasing popularity and scholarship, the legitimacy of participatory action research as a research methodology continues to be questioned. McTaggart (1998) suggested that, in the past, these concerns hinged on three primary challenges; the lack of quality publications of projects; a focus on implementation of policy, rather than knowledge generation and testing; and a tendency for participatory action research to be seen as research that practitioners do, while 'real' researchers do 'real' research. More recently, scholars have worked to generate and develop the literature which supports and recognises participatory action research as a legitimate research methodology for social

change. The trustworthiness of participatory action as a research methodology, in addition to consideration of how participatory action research projects can be deemed 'valid', is also investigated in the description of the methods of trustworthiness in chapter four.

Tensions and limits to transformative action

Mertens (2009) and McCormack (2006) have identified a number of tensions and limits to research that is undertaken within a transformative paradigm. Mertens proposed that tensions exist particularly in the expectation that the researcher will understand the culture and build trust with the co-researchers. McCormack has described further the limits to emancipation and transformation from epistemological, therapeutic, ethical, and power perspectives. He described these limits in the capacity of individuals to achieve self-actualisation, based in concerns, for example, about the supposed relationship between critical reflection and change and the limits of inherited dispositions on freedom (Fay, 1987). From a therapeutic perspective, McCormack acknowledged the extent to which systems of domination can be overcome by actions which arise from rational reflection, given the dominant culture of managerialism and the reality of telling unwelcome truths (Kemmis, 2006). Finally, from ethical and power perspectives, McCormack suggested that as the emancipation of one group can mean the oppression of another, constraints on human power, and the challenge of collective autonomy (Fay, 1987) due to organisational structures and hierarchies, accountability, lack of vision and creativity and false-consciousness, also restrict self-determination and individual autonomy.

Summary

Core principles which underpin the selected epistemology of the research, critical participatory action (Kemmis, 2011b; Kemmis & McTaggart, 1988; 2000; 2005; Kemmis & Wilkinson, 1998), are described as a framework through which philosophy and action of the research can be situated. The core principles of consensus-enablement, exploratory action, emancipation, and facilitation contribute to the naming of *collective action* as the principal mechanism underpinning critical projects. The potential of

collective action is then discussed in terms of the potential that creation of a transformative and communicative space through which the social realities of occupational therapy practices with children and families can be discovered, critiqued, and addressed brings to realisation of the project aims. An epistemic community of practice (Amin & Roberts, 2008; Kinsella & Whiteford, 2009; Lave & Wenger, 1991) is posited as a means through which transformative and communicative space can be opened in critical participatory action research projects, enabling co-researchers' to participate in the project while also situating and advancing the inquiry. Concerns, tensions, and limits to the relevance and use of the methodology in practice signal the importance of critical participatory action researchers being committed to advancing the political agenda beyond a localised experience, while also being cognisant of the powerful influence of the practice context and the potential for the oppression of others. Questions about the validity of the methodology alerts researchers to the need to make considered decisions regarding the methods of inquiry, the rationale for the selection of methods, and criteria for the audit of accountability, credibility, transferability and reliability, which is discussed in greater depth in chapter four.

Chapter Four

Methods: Creating the Transformative Community

Participatory action research projects and groups constitute themselves to 'open communicative space' among participants. They constitute themselves to give participants the right and opportunity to speak and be heard, to listen, or to walk away from the project or the group... Moreover, they constitute themselves deliberately for critical and self-critical conversation and decision making that aims to open up exiting ways of saying and seeing things, that is, to play with the relationship between the actual and the possible.

(Kemmis & McTaggart, 2005, p. 311)

The specific design of critical participatory action projects is not explicitly defined or described in the literature (Kemmis & McTaggart, 2005; Mertens, 2009). Rather, projects emerge from the discovery of legitimization concerns and the oppressive experiences for communities of people, which could be challenged and addressed by collective action. As discussed in chapter three, the concept of collective action as an agent of transformative change is underpinned by theories of exploratory and communicative action (Habermas, 1984; Kemmis & McTaggart, 2005), and identified as one of the core mechanisms to enabling the discovery of the contingency of social influences on professional practices. The transformative community, together with the conscious positioning of the co-researchers as collective experts in the social realities and possibilities for practice change in context, are posited as the mechanism through which collective action was realised in this particular study. Of note, within this chapter and in keeping with a participatory action research philosophy (Cockburn & Trentham, 2002), the information collected from the research was initially named as 'information', acknowledging the epistemological imperative that 'information' collected from the study is only converted to data through the iterative processes of reflection and data analysis.

An Overview of the Study Design

As discussed in chapter three, critical participatory action research (Kemmis, 2011b; Kemmis & McTaggart, 1998; 2000; 2005; Kemmis & Wilkinson, 1998) is a recursive iteration of participatory action research, constructed and positioned as a practice-based practice (Kemmis, 2009). Critical participatory action research projects are undertaken collectively by participants in a social practice, through the opening of communicative space for critical and self-critical reflection and exploratory action. The methodology is underpinned by a philosophy of *wise and prudent action* and the emancipation of co-researchers through the elimination (as far as possible) of any character, conduct, or consequences that are untoward, distorted, destructive, or unsustainable (Kemmis, 2011b). Specific to an account of the particular and situated action of this research study, participation in the project required that each month the occupational therapy co-researchers:

- read *the next* chapter, or series of chapters, from the *Enabling Occupation II* (Townsend & Polatajko, 2007) text;
- attended a community of practice meeting, and;
- within that meeting, participated in critique and dialogue regarding the content of the chapter/s; agree upon occupational concepts and ideas (initially drawn directly from the text) that would be trialled in the practice context; and evaluate the effectiveness of knowledge-translation, occupational practice strategies trialled in context between each of the meetings.

While iterative cycles of *reflection/action/evaluation* occurred multiple times, and at multiple levels, within the context of the inquiry, the co-researchers attended 12 community of practice meetings, undertaken over 13 months. Access to the *Enabling Occupation II* (Townsend & Polatajko, 2007) text and, in particular the structure of the four sections of the text, proved critical influences to the way that dialogue and actions of the inquiry unfolded.

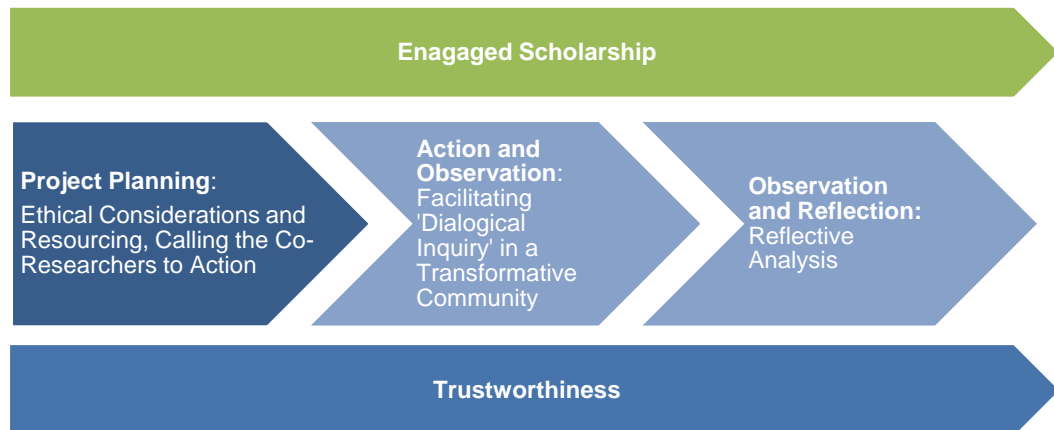


Figure 4.1: Overview of the methods: Engaged scholarship, project planning and preparation, actions and observations, reflection, and trustworthiness.

As illustrated in Figure 4.1, underlying a philosophy of engaged scholarship (Bowen & Graham, 2013; Boyer, 1996; Kielhofner, 2005; van de Ven, 2007), the action research spiral (Kemmis & McTaggart, 2005) provides the framework for the elucidation of the research methods. The actions of *planning and preparation*, principally informed by methods undertaken in Wilding's (2008) study, included ethical review and approval, project resourcing, recruitment, and the 'calling' of the co-researchers to collective action. Specific *actions and observations* undertaken in the creation of a transformative community as a translational, transformative and communicative space through the naming and facilitation of a community of practice and the dialogical inquiry follow. Finally, the *reflective* methods of information gathering and data analysis are described, and the chapter closes with an examination of the strategies undertaken in ensuring the trustworthiness of the research.

Positioning the Methods: Engaged Scholarship and the Transformative Community

While a number of philosophical and praxiological imperatives acted as critical guides to the decisions that I made regarding the construction and implementation of the project, design decisions were primarily embedded in the naming, creation, and facilitation of a transformative community of practice as the mechanism for the collective action (Kemmis & McTaggart, 2005) of the inquiry. It was imperative that the study contributed more to

the so-called occupational practice agenda than another analysis of the barriers to knowledge translation and practice change (Graham, Logan, Harrison, Strauss...et al., 2006; Kitto, Sargeant, Reeves, & Silver, 2012; Straus, Tetroe, & Graham, 2009). Rather, the study needed to both investigate and transform the practice of the occupational therapy co-researchers who participated in it. The concept of a transformative community of practice draws from Kemmis and McTaggart's (2005) positioning of collective action as central to critical participatory action, integrating Habermas' (1984) conceptualisation of a communicative space, and the knowledge-translation expectations of the project as imperative to transformative outcomes. As such, within the context of the research, the philosophy through which the co-researchers participated in the transformative community is identified as *engaged-scholarship in an epistemic community of practice*.

Engaged-scholarship (Bowen & Graham, 2013; Boyer, 1996; Kielhofner, 2005; van de Ven, 2007) refers to partnerships between community-based practitioners (for example, occupational therapists) and academic scholars (for example, a doctoral student) which advance the mutually beneficial exchange of knowledge and resources in the context of collaboration and reciprocity. Drawn from participatory and action philosophies, and underpinned by the values of collaboration and meaningful interaction, engaged-scholarship aims to resolve the problems of knowledge transfer and knowledge production as mutually exclusive activities through the inclusion of multiple voices, interests, and perspectives to advance the production and integration of *useful knowledge* to inform everyday practice (Bowen & Graham, 2013). The synthesis of many of these perspectives is the rationale for the development of the Knowledge-to-Action cycle, (Graham et al., 2006; see Figure 4.1, p. 83), which underpins Bowen and Graham's conceptualisation of engaged-scholarship. The Knowledge-to-Action cycle, divided into two interactive processes (knowledge creation and action), situates the creation of knowledge as the central component of knowledge translation, with knowledge filtered, refined and utilised through knowledge inquiry, knowledge synthesis, and the development of knowledge products (Cramm & White, 2011; Graham et. al., 2006). The action cycle is representative of the process that leads to the implementation and application of knowledge in practice, based on planned action theories. As described

by Graham et al. (2006), and illustrated in Figure 4.1 (see p. 75) the Knowledge-to-Action process involved identifying a problem in practice, reviewing and selecting knowledge and adapting it to the local context, assessing potential barriers, implementing changes, and monitoring and evaluation of outcomes for sustainable use (Cramm & White, 2011; Graham et. al., 2006).

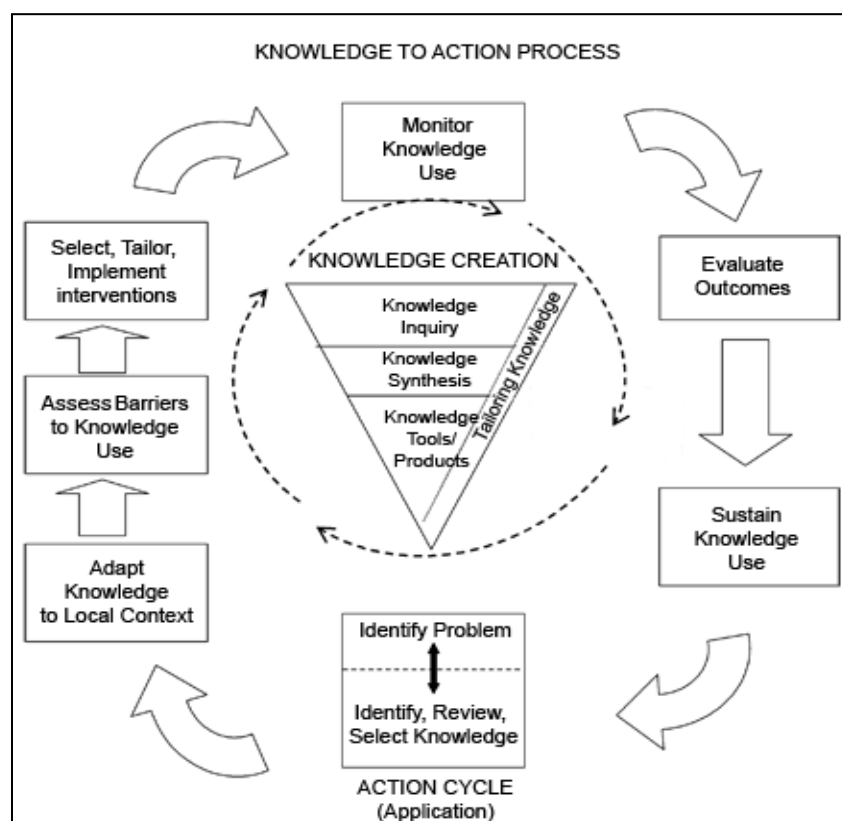


Figure 4.2: The Knowledge-to-Action Cycle⁵

Inclusion of an epistemic community of practice philosophy provided a pragmatic solution to realisation of the *social, collective, and participatory* values of critical social theory and critical participatory action in practice. Furthermore, this solution extended beyond Lave and Wenger's (1991) original community of practice premise to include "variety and ambiguity, strong loyalty to a shared problem, organised slack (free thinking, imaginative play, visualisation and serendipity), management of dissonance, and meta-coding" (Amin & Roberts, 2008, pp. 361-362) as additional characteristics of this transformative

⁵ From "Lost in knowledge translation: Time for a map?", by I. D Graham, J. Logan, M.B. Harrison, S.E. Straus, J. Tetroe, W. Caswell, & N. Robinson, (2006), *Journal of Continuing Education in the Health Professions*, 26(1), p. 19. Copyright (2006) by John Wiley and Sons. Reprinted with permission (see Appendix D).

community. These values were also realised in the expectation that participation in the study required the co-researchers to critique the epistemology of their practice, to advance disciplinary knowledge, through empowerment and transformation of a socially embedded practice (Kinsella & Whiteford, 2009).

Imperative to advancing the emancipatory and transformative intent of the research, and the creation of a transformative community of practice, was also my decision to position the co-researchers as 'collective experts in practice change in context'. This conscious and considered decision was informed by an acknowledgement that the knowledge required for practice change could not be neatly packaged and translated as a neutral, discrete entity (Kitson, 2008; Lambert, 2006; Reimer-Kirkham, Varcoe, Browne, Lynam, Khan, & McDonald, 2009) without consideration and shared experience of the complexities included in any such exchange (Doane & Varcoe, 2008; Poole, 2008; Reimer-Kirkham et al., 2009). A critical social perspective, drawn from the literature, which supported the authentic valuing of the co-researchers unique contributions and perceptions (Habermas, 1972) as *knowers*, and the social power of the collective as an agent of change, is described in the literature as reconciliation of the dis-interestedness position (Kitto et al., 2012) in knowledge construction and translation. Specific to understanding this process of reconciliation as it relates to knowledge-translation theory, Kitto et al.'s social-relational theory emerged from concerns regarding the perpetuation of individualised and de-contextualised constructions of knowledge translation. Furthermore, the overt privilege, and vested interest, of scientific knowledge translated to "correct the practices of others, and by extension... evaluating the success of its scientific practices" (Kitto et al., 2012, p. 291) was an additional and critical influence to the construction of their theory, and the research study. Positioning the co-researchers as 'rational actors', devoid of flexibility and complexity, would have potentially minimised the contingent, and complex, relationship between them, as individuals, and their practice in context. Furthermore, acknowledgment of the contribution of practitioners as 'knowledge implementers' in knowledge-translation, the multiplicity of knowledge-translation interventions, the dynamism of practice environments, and the knowledge that is produced as part of the social inquiry of knowledge-translation (Kitto et al., 2012)

informed actions and understandings about the processes of knowledge-translation in the context of the research, and practice.

Elucidating the Methods: Project *Planning*

The actions of 'project planning' were influenced by the primary methods undertaken in Wilding's (2008) action research study. The co-researchers in her participatory action research study also participated in a community of practice, and used occupational ideas and concepts as a framework for the meetings and the inquiry. While access to collaborative knowledge-translation studies undertaken in occupational therapy, such as Wilding (2008) and Wimpenny (2009), provided insights into how this study might be designed and conducted, space needed to be included within project planning for inclusion and the discovery of the unique, shared experiences of this particular community of co-researchers. Informed by Wilding's (2008) study in particular, a number of preparatory decisions and activities were undertaken prior to the commencement of this study. These *preparation and planning* decisions/actions included consideration of compelling ethical issues and the completion of an application for ethical approval; cultural consultation; the considered selection of a location for the community of practice meetings; the selection and purchase of the textbooks instrumental to the structure of the inquiry and the community of practice meetings; and the recruitment of the co-researchers to the project.

Ethical considerations and approval

The project recruited occupational therapists working with children, young people and families from a range of practice settings within a metropolitan area of New Zealand, including therapists working in education, private practice, and District Health Boards (DHBs)⁶. As such, an application for ethical approval was made to the Ministry of Health's Northern X Regional Ethics Committee. This ethics committee grants approval to projects that require, or may require, utilisation of DHB resources, including DHB time and staff. Ethical approval for the project was granted on 23 December 2009 (Ethics Number:

⁶ District Health Boards were established by the New Zealand Public Health and Disability Act (2000) and are responsible for ensuring the provision of health and disability services to populations within a defined geographical area (Ministry of Health, 2011).

NTX/09/10/092; see Appendix E). As per the university process, approval was also sought and granted through the AUT Ethics Committee on 22 July 2010 (Ethics Number: 10/110; see Appendix F). In accordance with a later request from the co-researchers to extend the project from nine to 12 months, an extension of ethical approval was sought and granted by the Deputy Chairperson of Northern X Regional Ethics Committee under delegated authority on 14 December 2010 (see Appendix G). The process of applying for ethical approval for the project was challenging, given the number of 'unknowns' about the exact nature of participation in participatory action research projects. However, what was known was the significant investment and resource commitment required for the co-researchers and their employers) to participate in the study. As such, an outcome of the ethical approval process was that prior-approval for recruitment of therapists working in DHB services was obtained from the onsite DHB research offices prior to co-researcher's being advertised to, or joining, the study. The Northern X Regional Ethics Committee also required that participants seek, and receive, permission from an occupational therapy professional leader prior to joining the project. In collaboration with the primary supervisor for the project, this approval was sought and granted in writing on from Counties Manakau DHB on 29/04/2010 (Appendix H), who also secured joint approval for recruitment from Waitemata DHB. The ethics committee requested that recruitment occur outside of the DHB where I was employed at the time of undertaking the project, so as to address potential conflicts relating to power and coercion.

In addition to the identification and mitigation of a number of potential ethical concerns, such as strategies to manage professional risk and the secure storage of data, two unique ethical challenges related specifically to the use of a critical participatory action methodology were identified; informed consent and confidentiality. The process of informed consent was deemed particularly challenging given that participatory action research projects unfold as the inquiry demands, with the co-researchers taking an active and collaborative role in leading and informing the research direction and outcomes. As such, the exact nature of 'participation' in the project could not be elucidated prior to commencement of the project. What was known, from access to Wilding's (2008) study, was that participation in the project likely required a considerable investment of time to

prepare for the meetings, attendance at the meetings, travel, active participation in the inquiry, and the translation and evaluation of the 'actions' of occupational practice within the practice context. As such, the ethical expectation of 'informed consent' was addressed through three strategies; 1) the provision of an information sheet indicating that the exact nature of participation in the project was difficult to articulate, but that participation remained voluntary; 2) the requirement that occupational therapy professional leaders and local DHB research officers gave prior permission for occupational therapists employed by a DHB to participate in the project; and 3) the opportunity for occupational therapists to meet with me to discuss any concerns or expectations prior to committing to participation in the project.

The second ethical challenge, confidentiality, emerged because of the face-to-face nature of the community of practice meetings, and the co-researchers being part of a small community of occupational therapists working with children and families in New Zealand. The broader issue of confidentiality as it related to the safety of the co-researchers and the families accessing services was addressed in-depth at the commencement of the project; revisited at the beginning of each of the community of practice meetings; and reiterated each time the co-researchers determined that a practice story contained sensitive or identifying information. The co-researchers initially agreed to use identifying language within the meetings so as not to detract from the flow of ideas; however, it was also agreed that the transcripts and project documentation (such as the summary sheets and transcripts) would not contain any identifying information about the co-researchers, the services they worked in or with, members of the multidisciplinary team, or the children and families accessing services. Of note, the co-researchers generally opted, without prompting, to use pseudonyms when talking about their work with identified children, families, or colleagues in practice. Towards the end of the project in particular, the co-researchers discussed strategies to support the sharing of particular content (such as, ideas, concepts or actions) with others *outside* the inquiry, in a way that protected the confidentiality of the collective, and their clients, while also advancing the political agenda of the project. All members of the group, including myself, were encouraged to continue to maintain confidentiality outside of the study,

including being dissuaded from initiating conversations about the research when meeting in professional and social situations. A final strategy to ensuring confidentiality was that all project data and correspondence, including audio-files and electronic/hard copies of the transcripts, were consistently stored either on my laptop in a password protected file, or in a locked filing cabinet.

Cultural consultation

In accordance with expectations and obligations under te Tiriti o Waitangi/the Treaty of Waitangi, and the Northern X Regional Ethics Committee, a Māori Clinical Advisor (attached to a local workforce development agency) was approached to provide initial cultural consultation and support for the study. Consultation with local Māori was undertaken within the project planning phase, particularly during the preparation of the ethics application and the development of project documentation. As mentioned in chapter one, te Tiriti o Waitangi /the Treaty of Waitangi is named as New Zealand's founding document and is an agreement signed in 1840 between Māori and the British Crown. Cultural consultation within a research context seeks to ensure that research processes and practices authentically acknowledged the four articles and the intention of the Treaty in practice (Kawangatanga, Tino rangatiratanga, Oritetanga, and Ture Wairua, commonly referred to as partnership, protection, participation, and the inclusion of spiritual values in contemporary systems; MST New Zealand, n.d.). This consultation process sought to ensure that *tikanga* (protocols and practices) and cultural concepts were appropriately recognised and addressed within the research practices and context. From the perspective of a Pākehā researcher, cultural consultation with a Māori representative made a valued and valuable contribution to ensuring that the research processes and documentation, in particular, were culturally responsive. Access to the Māori Clinical Advisor for ongoing support of Māori participants and cultural support and advice, for the duration of the study, was negotiated as part of the consultation process. A letter detailing the Māori Clinical Advisor's support of the research proposal is included as Appendix I. No occupational therapists that identified as Māori were recruited to join the project, and no specific cultural issues were identified throughout the research process. As such, access to on-going cultural support and advice was not required.

Project resourcing

Two resourcing issues proved significant to *preparation and planning* for the commencement of the study; the selection of the study location, and the selection and acquisition of the *Enabling Occupation II* (Townsend & Polatajko, 2007) texts. Following prudent consideration, a community centre was purposefully selected as the research location. The community centre, situated in a central geographical location, offered privacy, off-street parking, and clean and quiet meeting rooms, including kitchen and bathroom facilities. Furthermore, the community centre offered the co-researchers a subjectively 'neutral' physical space, in which the community of practice and the inquiry could be contained and progressed. A range of potential study locations, such as meeting rooms in local health services and universities, were originally considered and excluded within the project planning phase. The process of location exclusion was principally informed by acknowledgement of the subjective influence that the physical environment (Kielhofner, 1985) might have on the experience of the co-researchers, and recognition of the felt influences that the physical and social environment may have had in shaping 'knowledge-practice' in multidimensional and complex ways (Duncan, 2011; Habermas, 1972; Kielhofner, 1985; Krusen, 2011; Whiteford & Wright St-Clair, 2004).

Once the location for the study had been determined, the second resourcing issue was the selection and acquisition of the *Enabling Occupation II* (Townsend & Polatajko, 2007) texts. The *Enabling Occupation II* (Townsend & Polatajko, 2007) text was selected for inclusion within the study as an exemplary, contemporary collection of evidence-informed, occupation-based models of occupational practice. In addition to being grounded in more than 30 years of history and development, the text advocates for a 'triple-model' approach to occupational practice, through the inclusion of:

- the Canadian Model of Occupational Performance and Engagement (CMOP-E; Polatajko, Davis, Stewart, Cantin, Amoroso, Purdie, & Zimmerman, 2007) which extends an 'occupational perspective' beyond a conventional focus on occupational performance to position enablement as the 'meaning, language and behaviour' of occupational practice;

- the Canadian Model of Client-Centred Enablement (CMCE; Townsend, Beagan, Kumas-Tan, Versnel, Iwama, Landry, Stewart, & Brown, 2007a), which transcends the profession's historical concern for client-centred practice to connect client-centeredness with the broader concept of enablement; and
- the Canadian Practice Process Framework (CPPF; Craik, Davis, & Polatajko, 2007) which outlines eight 'practice situated' action points within the process of occupation-based, client-centred enablement.

As mentioned previously, the text is divided into four sections. Section one (chapters one through three) opens with an exploration of occupation as the core domain of concern for occupational therapy, an introduction to occupational science, and the CMOP-E (Polatajko et al., 2007). The second section (chapters four through six) focused on elucidation of the concept of enablement as the action of occupational practice, and the provision of strategies, including the CMCE (Townsend et al., 2007a), to promote enablement as individual and social change. The third section (chapters seven through 10) extended the concept of enablement to describe the essential elements and characteristics of occupation-based enablement, and introduction to the CPPF (Craik et al., 2007) as the critical action points of occupational practice. The closing section (chapters 11 to 14) aimed to shift the focus of practice beyond the everyday to encourage practitioners to participate in scholarship, take accountability for enabling occupation, identify and access funding, policy, and legislative opportunities, and Canadian workforce planning. An index of the chapter titles in the *Enabling Occupation II* (Townsend & Polatajko, 2007) is included in Appendix J.

What the *Enabling Occupation II* (Townsend & Polatajko, 2007) text offers, unique to other models and theories informing occupational therapy practice, is the enablement model and framework (Townsend et al., 2007a). This framework is recognised as the first theory developed by the profession that explains what occupational therapists do in occupational practice, rather than offering another interpretation of the human experience of participation in occupation. The inclusion of this framework and the currency of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, are additional reasons for the

provision of a copy of the text to each of the co-researchers who participated in the study, and the structuring of the community of practice meetings and the dialogical inquiry around the content in the book chapters. Ten copies of the textbook were purchased for the project, through a research and education grant awarded by the NZAOT Research and Education Fund. To ensure that the provision of the textbooks supported, rather than detracted, from the inquiry, textbooks were provided to co-researchers who agreed to participate in the study, without expectation that they would be returned if co-researchers elected to withdraw.

Recruitment: A Call to Collective Action

Northern X Regional Ethics Committee granted approval for the recruitment of 6 to 12 occupational therapy co-researchers. Inclusion criteria for the project stipulated that any occupational therapist working with children, young people and families within the greater Auckland area was eligible to participate in the project. Recruitment of occupational therapists who worked in a range of different services and practice contexts was considered essential to ensuring a *rich* contribution of experiences and perspectives to the dialogue and data, while also ensuring representation of the social obstacles and opportunities across a range of diverse practice contexts.

While the co-researchers were recruited using purposive sampling, the concept of being *called to collective action* emerged from the project as a way to explain the expectation that occupational therapists who expressed interest in participating in the project were aware of, or had experience of, subjective concerns about the legitimacy of accepted practices with children and families. Advertisements for the project were very specific about the potential research 'problem' and the project aims (for example, see Appendix K). These advertisements were placed in a number of professional forums accessed by occupational therapists working with children and families; including the New Zealand Association of Occupational Therapists Children and Young Person's Special Interest Group online forum, within OT Insight (the magazine of the New Zealand Association of Occupational Therapy) and via national and local professional networks, such as local

groups for occupational therapists working with children in physical and mental health settings.

To express interest in participating in the project, occupational therapists were asked to email me directly, introducing themselves and their practice context, and outlining why they were interested in joining the study. This email provided me with a brief introduction into who might be interested in joining the study, while also providing initial insights into what had prompted an occupational therapist to make contact. Initially, 12 occupational therapists expressed interest (via email) in joining the project. In addition to sending interested therapists a reply email containing a consent form (Appendix L) and information sheet (Appendix M), I also offered to meet with potential co-researchers individually to informally discuss their interest in the project, outline participation requirements, and answer any additional questions/concerns. Of the 12 occupational therapists who initially expressed interest in joining the project, seven occupational therapists obtained permission from the appropriate representatives in their organisations, and asked to meet with me. Individual interviews took place over a period of six weeks prior to commencement of the project. At the close of each of the informal interviews, I collected a signed consent form, and provided the therapist with a copy of the consent form and the *Enabling Occupation II* (Townsend & Polatajko, 2007) text. In consenting to join the project, the co-researchers initially committed to preparing for, and participating in, the community of practice group (one hour per month) for nine months.

The seven occupational therapists who asked for individual interviews went on to form the community of co-researchers (along with myself in the facilitator/co-researcher) who participated in the project. Kemmis and McTaggart (2005) concluded that it is possible for the researcher to also participate in the project as a co-researcher. They determined that the facilitator/co-researcher should not be considered an external agent, but rather as “someone aiming to establish or support a collaborative enterprise in which people can engage in exploratory action as participants in a public sphere constituted for communication action and public discourse in response to legitimation deficits” (Kemmis & McTaggart, p. 319). The members of the co-researcher group were occupational

therapists employed in public and private health and education services in the greater Auckland region in New Zealand. All of the co-researchers were women, and all identified as New Zealand European. No co-researchers withdrew from the study, which extended over 12 months. Table 4.1 outlines the pseudonyms and relevant practice demographic information, including level of experience and engagement in formal postgraduate study at the time of participating in the project.

Pseudonym	Practice Context	Level of Experience	New Zealand Qualification	Engaged in PG Scholarship?
Amy	Education	Expert	No	No
Chloe	Child development	Intermediate	Yes	No
Emma	Child and adolescent mental health	Intermediate	Yes	No
Isla	Child and adolescent mental health	Expert	Yes	Yes
Issie	Education	Expert	No	No
Lucy	Child development	Novice	Yes	No
Mandy	Private practice	Expert	Yes	Yes
Sofia	Child and adolescent mental health	Intermediate	Yes	No

Table 4.1: Pseudonyms, current practice context, level of experience, qualifications and engagement in scholarship activities of co-researchers who participated in the study.

Of note, the project began the first community of practice meeting with only five co-researchers in attendance. Due to commitments outside the research project, Chloe and Sofia joined the study in meeting two, and Emma joined in meeting six. Emma had expressed interest in joining the project during the recruitment phase, but was unable to commit to starting the study due to planned, overseas travel. The co-researchers were advised from the project outset of Emma's interest, and intention, to join the community of practice meetings on her return to New Zealand. As agreed, Emma emailed me when she returned and, as the decision had been made to extend the project from six to 12 months at that time, permission was sought from the group to invite Emma to join us. When permission was obtained from the group, Emma was contacted, and an informal interview was arranged to clarify expectations of participation in the project and summarise the progress of inquiry to date. At the close of the interview, I collected a signed consent form, and provided Emma with a copy of the consent form and the

Enabling Occupation II (Townsend & Polatajko, 2007) text. The likelihood that three more therapists would join the group at later dates was discussed with the co-researchers at the outset of the project. As permission was sought by the co-researchers before Chloe, Sofia, and Emma joined the group, the inclusion of new members did not appear to have any adverse effect on the group process or dynamics.

Action and Observation: Facilitation, and Participation in the Transformative Community

The methods of *action and observation* are described through the philosophies and principles of engaged-scholarship and epistemic communities of practice, which underpin the creation of the transformative community as the collective action of the study. These knowing-in-action philosophies were operationalised within the study through facilitation of the epistemic community of practice, and the dialogical inquiry that occurred within the minutiae of the community of practice meetings, collected as the primary source of project information drawn from the study.

Creating a transformative community of practice

In my role as researcher/facilitator, I *called* the co-researchers to collective action; in part, because of my personal experience of concerns about the legitimacy of accepted occupational therapy practices with children and families. While the participatory action researcher does not need to personally experience or understand the felt sufferings (Soltis-Jarrett, 1997) of the co-researchers, I am confident that my shared experience contributed positively to enactment of my complimentary roles within the study as researcher, facilitator, and co-researcher. Being recognised as the same but different (Soltis-Jarrett, 1997) helped me to both empathise with the co-researchers' experiences and genuinely contribute to the dialogical inquiry, while undertaking the tasks, intentions, and behaviours inherent to the researcher/facilitator role. In facilitating the inquiry as a doctoral research candidate, while employed in a senior leadership role, I also held the position of academic-scholar, recognised as the conduit for transformative action, contemporary knowing, and doing in context, integral to the philosophy of engaged-scholarship (Bowen & Graham, 2013; Boyer, 1996; van de Ven, 2007). However, at no

time did I intentionally portray myself as an expert in accepted, occupational, critical, or participatory practices. As such, I was able to genuinely and overtly share in the co-researchers' excitement as the transformative potential and possibilities of the project came be realised.

Table 4.2 outlines the meeting dates, the chapters (Townsend & Polatajko, 2007) used as a theoretical framework for the community of practice meetings, and the attendees at each of the 12 community of practice meetings. As mentioned previously, preparation for each of the community of practice meetings involved reading and reflecting on a prescribed chapter/series of chapters from the *Enabling Occupation II* (Townsend & Polatajko, 2007) text and enacting or evaluating ideas and strategies for advancing occupational practice, drawn from the dialogical inquiry, in context. The decision to extend the project from the original 9 months discussed in the project documentation was made at the request of the co-researchers during meeting five. During this meeting, the co-researchers also agreed to extend the time commitment for the meetings from one hour to one-and-a-half hours.

Meeting	Date	Chapter/s Discussed	Attendees
1	April 2010	-	Amy, Isla, Issie, Lucy, Mandy
2	May 2010	1-3	Amy, Chloe, Isla, Lucy, Mandy, Sofia
3	June 2010	4	Amy, Chloe, Isla, Lucy, Mandy, Sofia
4	July 2010	5	Amy, Chloe, Emma, Isla, Issie, Lucy, Mandy, Sofia
5	August 2010	6	Amy, Chloe, Isla, Issie, Lucy, Mandy, Sofia
6	September 2010	7	Chloe, Emma, Isla, Issie, Lucy, Mandy, Sofia
7	October 2010	8	Amy, Emma, Isla, Lucy, Mandy, Chloe
8	November 2010	9	Chloe, Emma, Isla, Issie, Lucy, Sofia
9	December 2010	10	Amy, Chloe, Emma, Isla, Issie, Lucy, Mandy, Sofia
10	February 2011	11	Amy, Chloe, Emma, Isla, Issie, Mandy
11	March 2011	12-13	Amy, Chloe, Emma, Isla, Lucy, Mandy, Sofia
12	April 2011	14	Amy, Chloe, Emma, Isla, Issie, Lucy, Mandy, Sofia

Table 4.2: Outline of meeting dates, chapters and attendees at each of the community of practice meetings.

As the inquiry commenced, and in keeping with key learnings gleaned from Wilding (2008) and Wimpenny (2009), it became increasingly apparent that the transformative community would likely be one of the most significant influences to realisation of the

potential of the research. Further, it became increasingly apparent that my role as facilitator of that community would also be a significant influence to the co-researchers experience of inclusion and participation (Kemmis & McTaggart, 2005) within that community.

While it would have been naïve to assume that I would be a neutral co-researcher within the project (Kemmis & McTaggart, 2005), I attempted to remain open and reflexive to the dual expectations in my role; directing and participating in the process and dialogue, while also enabling the process and dialogue unfold. In practice, this flexible-reflexive approach to facilitation and participation included the use of open and closed questioning, listening, being cognisant to the needs of the co-researchers, checking, and monitoring the flow and affect of the conversation and dialogue. At different stages in the inquiry, each of co-researchers were actively encouraged and supported to take on different roles within the inquiry, including those of critical friend, educator, challenger, supporter, and facilitator. Using a reflexive research journal, I was able to consistently critique and reflect upon how the flexibility in my facilitation/participation style changed as the inquiry progressed and the co-researchers came to trust one another, the transformative space, and the shared cohesion and ownership of the project developed. Moreover, in my role as facilitator/co-researcher, transformative facilitation values of 'observation, reflection, and transformation' (Mezirow, 1997) were actively promoted through a warm and inclusive relationship with the co-researchers; a focus on the identification and exploration of practical problems; critical questioning; and the guidance of conversations and dialogue, while being mindful of the aims of the inquiry.

The co-researchers experience of inclusion in the transformative community is revealed in the subtle changes in the language and behaviour of the members of the community over time. For example, the co-researchers recognised that they worked in diverse services and ways with children and families, and this diversity was evidenced initially as a touchstone for identity and practice. However, as the inquiry progressed, the diversity of these practices and settings became increasingly less powerful, and a cohesive, unified and shared identity of *occupational therapist* emerged. As the co-researchers

shared practice dilemmas and stories, and explored challenges and opportunities related to becoming occupational practitioners, they came to realise that many of the dilemmas that they faced in practice (such as the power of others, challenges with defining and describing their role, identity, and oppression) resonated with other members of the community. As such, strategies explored and undertaken to overcome oppression and challenges relating to power, privilege, and press could be understood, trialled, and critiqued in a shared, safe and constructive space.

Facilitation challenges

A consistent topic in sessions with my supervisors related to identification of challenges to managing or enacting the facilitator/co-researcher role. Wilding (2008) alluded to facilitation challenges related to the internal/external facilitator dyadic in her study. However my experience of challenges within the facilitation role was instead focused around the intensity and investment in the first (deconstructive-planning) phase of the inquiry, and how to close the project. This first unique challenge emerged following the fifth community of practice meeting and related to my concerns about the amount of time, and emotional and cognitive effort, that the co-researchers were spending focused on exploring and critiquing the multiple and complex barriers and challenges to occupational practice in context. Given that the timeframe for the study had been set by the co-researchers and other external influences (such as the university), this challenge required considerable introspection, reflection, and review with my supervisors. In supervision, my supervisors and I agreed that I would trial a practical strategy to reviewing both the ownership of this concern and where the group's collective thinking sat with regard to the progress and process of the inquiry. This strategy involved presenting the co-researchers with a table in meeting six, and asking the group to individually assess where the inquiry was up to, what evidence was available to inform this assessment, and identification of strategies to progress the inquiry. As it transpired, no-one completed the table, and the discussion which followed focused further on exploration of the barriers and challenges to occupational practice. This discounting of my attempt to force the agenda and direction of the inquiry served as a timely and valuable reminder; that the inquiry was owned equally by the co-researchers as a

collective and that my role as facilitator/co-researcher required holding onto the aim of the project, while also trusting the inquiry to unfold. The reluctance of the co-researchers to be detracted from their transformative quest aligns with Kemmis and McTaggart's (2005) descriptions of the experiences of connection and resistance as crucial underpinnings to collective and critical participatory action.

The second significant and unique challenge relevant to my facilitation of the study, and the inquiry, emerged between meetings eight and nine. This challenge, again positioned in the co-researchers experience of inclusion and collective action (Kemmis & McTaggart, 2005) within the community and the project, related to intense concerns shared by the co-researchers at the impending closure of the project. Extending the inquiry from 9 to 12 months in meeting five had not been an issue; however, as the co-researchers approached the end of the textbook, and the 13 month period allocated for engagement in the research, the anxiety within the group became increasingly disruptive to the inquiry. The co-researchers openly named and dialogued their concerns about the impending close of the project. In discussions with my supervisors and the co-researchers about these concerns, while also recognising the dearth of literature related to closing the participatory action research process and project, it was agreed that the issue warranted discussion with a panel of *critical friends* for their review and advice. This discussion aligns with Lincoln and Guba's (1985) expectation that participatory action researchers will utilise peer-debriefing, exposure and review of ideas, themes, and patterns emerging from the research process or the data with 'disinterested peers' as a reflexive strategy. Following that discussion, the panel suggested changing the language around the closure of the project to the *closure of the information/data collection phase*. This change in language signalled that an ending was a necessary step in the research process, while providing the co-researchers with a sense of possibility and ownership about continuing the inquiry, connected to, but sitting outside of a formal research process.

Facilitating the dialogical inquiry

The minutiae of the community of practice meetings, and the primary source of information gathered from the research project, was the practice stories and critical dialogue shared by the co-researcher group within the 12 community of practice meetings. Philosophically, the potential of discourse and dialogue as project data is substantiated in Ledwith's (2005) establishment of reflection and practice stories as rigorous approaches to working with and exploring the work of people in a community. Ledwith located *story* as a pivotal component of dialogue and critical praxis, situating story within 'community', through community members' "writing and telling stories; listening; noticing; empathizing; making critical connections; creating action plans; and taking action for change" (p. 259).

Presentation of the meeting summary sheet and the initial (first-stage) analysis of the themes and actions drawn from the practice stories generally signalled the formal beginning of the meetings, shifting the focus from re/connection to inquiry. The formal discussion within the meetings often continued from where co-researchers had left off the previous month, rapidly and as if without interruption, as co-researchers segued between ideas and actions, and from meeting to meeting. Furthermore, as the inquiry continued and the co-researchers came to know each other, and what the other group members contributed to the conversations and the dialogue (Wenger, 1991), professional and clinical advice, case review, and peer supervision became an integral, and legitimate, component of the purpose and outcomes of the meetings and the dialogue. This experience resonates with what Wimpenny, Forsyth, Jones, Evans and Colley (2006) referred to as *group reflective supervision* being a legitimate component of the participatory inquiry process. While the meaning, language and behaviours (Kemmis & McTaggart, 2005) of the co-researchers at the close of the project revealed the process of transformation to be related to something greater than 'good' supervision, Wimpenny et al. (2006) determined that a group reflective process was the principal mechanism for practice change in their participatory action project. As described by Ledwith and Springett (2010), the concept and role of dialogue as the language of collective action recognises that participation involves an insightful and dialogical relationship with the

outside world, and the human and non-human environment. As such, “dialogue lies at the heart of engaging in participatory practice” (Ledwith & Springett, 2010, p. 127).

The inclusive experience of the co-researchers was also revealed in the informal and (re)connecting conversations between the co-researchers as they returned each month to the meeting space, and the inquiry. While these social conversations are not strictly included as project information, as they sat outside the dialogical inquiry (Ledwith & Springett, 2010), they contributed to understandings about how the *transformative space and community of practice* was created and evolved. Informal analysis of these ‘meet and greet’ conversations that occurred as the co-researchers entered the meeting space reveals conversations and behaviours associated with the development of trust, shared understandings, and sustained relationships. Critical dialogue can be considered a philosophical, social and spiritual concept, which Ledwith and Springett (2010) described as “an interactive process of learning together whereby mutual value is enhanced through the process of meaning making” (p. 128); or ‘connected knowing’ (Belenky, Clinchy, Goldberger, & Tarule, 1986). Furthermore, Ledwith and Springett concluded that engaging in critical dialogue fosters a richer understanding amongst co-researchers taking part in participatory projects, recognising multiple truths, and many ways of experiencing and making sense of the world. In this way, Ledwith and Springett asserted that dialogical knowledge is relational knowledge, described by positivistic paradigms as too hard to capture, define and measure, as it is inherently dynamic, continually refined, and co-created through interaction with new ideas and experiences. Ledwith (1994) identified that just as the process of story-ing and dialogue can be a powerful, transformative, and emancipatory experience, so can the respectful and restorative processes of *listening* and *being listened to*. As Ledwith and Springett stated:

As we become skilled in the practice of dialogue, we deepen our capacity for critical thought, questioning everyday experiences, challenging false consciousness to reach new insights into the political nature of personal lives. As we begin to see the world in different ways, we change how we act in the world. People join together to act collectively for social change, fired by a sense of justice and hope for a better world. (p. 24)

These insights connect the practices of critical reflection, inherent in Habermas’ (1972) critical social theory; the core principles of collective and exploratory action described in

Kemmis and McTaggart's (2005) critical participatory action research methodology; and the active process of story-ing experience as dialogical inquiry, with the political revelation, and transformation, of the individual's experience and identity in the world (Ledwith & Springett, 2010). Furthermore, handling of the project information (the transcripts, summary sheets, and my reflexive journal) was undertaken using principles drawn from Richards (2009). Richards (2009) outlined key strategies to support qualitative researchers moving between data collection and data analysis, and provided a range of practical, evidence-informed data handling strategies specific to the development of the project, working with the data, making sense of the data, and recognising the importance of feedback loops and forward planning in the qualitative research process. Strategies described by Richards which had particular relevance to the study included the disciplined organisation and recording of the data; writing and re-writing; constant revisiting of project aims, design, and records; and immersing myself in the data at multiple times and in multiple ways.

Additional sources of project information

Early in the project, and outlined in initial expectations regarding participation in the project, the co-researchers were encouraged to use a free source, online, discussion forum as a strategy to enhance reflexivity, through the exploration of insights and challenges experienced outside of the community of practice groups. However, within approximately three months of the project commencing, the co-researchers agreed that the technology was cumbersome, with access to the site being experienced as sporadic and requiring too much additional effort. The co-researchers reported that the online component distracted from the face-to-face meetings, and as such, we agreed that we would not continue with the online component of the project. Additionally, in December 2010, the owner of the forum (Google) announced that they would be closing the site, which made on-going access to the site and the discussion forum tenuous. However, the three months of online discussion was transposed into Word and, along with the pre-suppositions interview described in chapter one and the audiotapes and transcriptions of the practice stories and dialogue by the co-researcher group, is included as project data.

Observation and Reflection: Reflective Analysis, Intersubjective Agreement, and Uncomfortable Truths

As it is unlikely that critical or transformative researchers would consider a positivistic understanding of project information as containing facts that need to be discovered (Brophy, 2001), analysis of the project information gathered from the study is best described as *reflective* (Brophy, 2001; Gall, Borg, & Gall, 1996). In keeping with the philosophy and methodology of the project, the information gathered from the study was analysed and constructed iteratively and reflexively, as and while the inquiry unfolded. As such, the co-researcher group worked together to collaboratively collect, analyse, and reflect upon the 'data' so as to guide the group towards discovery of the actions of practice change (Scott & Weeks, 1998).

Reflective analysis: First-stage information collection and categorisation

In keeping with the iterative and reflective analysis within the experience phases of research process, the first-stage of data analysis and categorisation involved the preliminary and immediate analysis of the project information (critical dialogue and practice stories) after each of the community of practice meetings. Reason (1990) positioned reflective analysis within both individual and collective perspectives, describing the cycle or loop of reflective analysis as "moving to and fro between reflection and experience" (p. 145). He proposed that the balance between reflection and experience is essential to validity, but warned that too much experience will result in a "supersaturated inquiry", while too much reflection can result in "intellectual excess" (p. 48). As such, Reason suggested that it is pivotal that the facilitator/co-researcher explicitly monitor this ratio. To assist with this monitoring process, Reason suggested three lines of thought to guide reflection and reflective analysis, which were employed following each experience phase of the research; the descriptive, the evaluative, and the practical. Within the descriptive phase, researchers need to describe what has happened, framing clear and organised descriptions of the experience. In the evaluation phase, the researcher judges the accuracy of these descriptions, clarifying against the recollections of others, while the practical phase entails describing what might be explored in the next experience phase (Reason, 1990). Humphries (2000) warned,

however, that too much introspection and self-reflexivity on the part of researchers can deteriorate into self-indulgence, potentially perpetuating dominance and oppression, and sabotaging the emancipatory intentions of the action research project. The specific strategies undertaken to ensure that reflexivity did not become too indulgent are discussed later in the chapter. However examples of these strategies included the keeping of a field journal; supervision; developing creative ways to engage the co-researchers in dialogue and help maintain enthusiasm for the project; and the inclusion of 'critical friends' in examining and critiquing the research decisions and process.

In acknowledging *listening* to be a key component of facilitation role (Ledwith, 1995), I repeatedly listened to the audiotapes of the community of practice meetings directly after each of the meetings, over the month leading up to the subsequent meeting, and repeatedly during the story-ing of the thesis. Listening to the dialogue more than once increased my familiarity with the content, and the underlying nuances, of the dialogical inquiry. After listening to the audiotapes, I generated a project summary sheet, a rudimentary outline of the preliminary themes, actions, and queries, drawn from the dialogical inquiry contained within the most recent community of practice meeting. Examples of three summary sheets are included as Appendices N, O and P. While these summary sheets provided the co-researchers with a tangible roadmap of what had been critiqued, shared, and agreed on within the research journey, the summary sheets also provided a means for direct clarification of my initial interpretations of the action and experiences with the co-researchers, and a strategy to formally opening the subsequent community of practice meeting.

To increase my familiarity with the project information and the shared experiences of the co-researchers, I transcribed the audiotapes from six community of practice meetings, generating approximately 40-50 pages of transcription for each meeting. Due to time pressures and other commitments, the remaining six meetings were transcribed by two professional transcribers who completed and signed confidentiality agreements. It was my intention that the full transcript of each of the community of practice meetings would be made available to the co-researchers after every meeting as a strategy to prompt dialogue and reflection. As such, the full transcript of meeting one was provided to the

co-researchers at the beginning of meeting two for their review and comment; however, only Mandy asked to review the transcript. Following her review of the transcript, Mandy commented that reading the transcript had been uncomfortable for her, predominantly due to her being unhappy with the hesitancy in her 'voice' in the transcripts. Based on Mandy's feedback, and the apparent reluctance of the co-researchers to engage with the transcripts, I advised the co-researcher group that I would provide a full copy of the transcript on request; no-one asked to review the transcripts after the following 11 community of practice meetings. Rather, the co-researchers appeared to value the provision of the meeting summary sheets, and opportunities to reflect upon and discuss the dialogue of the community of practice meetings using critical questioning, the exploration of 'uncomfortable truths' regarding knowledge and practice, contemplation, and shared experience and wisdom.

Reflective analysis: Second-stage data analysis and categorisation

At the close of the information gathering phase of the study, a second-stage of data analysis and categorisation was undertaken with the project data as a whole set. This second-stage utilised NVivo-9 (QSR International, 2010) as a data management tool, supporting a contained space for further iterations of reflective coding and analysis while also establishing evidence of, and influences to, the co-researchers experiences of collective action and practice transformation, over time. The *critical actions* of data analysis included iterative immersion in the data and initial coding; development of propositional descriptors as emergent themes categorised by relationships and patterns; and the consolidation of themes using Patton's (1990) criteria regarding internal and external homogeneity. Patton suggested that a robust theme will demonstrate internal homogeneity, holding together as a single entity, while also being unique and distinguishable from all other themes. Within the initial immersion and coding stage, approximately 1680 unique raw data codes themes emerged from the data. These codes were then coded to 36 descriptive nodes (primary themes), which were then assigned to two action phases: *Occupation-inAction* (the first phase of the inquiry) and *Occupation-in-Action* (the second phase of the inquiry).

Intersubjective agreement and uncomfortable truths

In addition to the emergence of themes from the project data that informed the discovery of *how* the co-researchers constructed and translated knowledge for occupational practice, the philosophical framework for the analysis and story-ing of the project information was informed through the *discovery of the language of communicative and collective action*. As Kemmis and McTaggart (2005) concluded, the individual contribution of the co-researchers to the inquiry, while important, was better considered as *adjunct* to a democratic and collaborative process which sought to enable the clarification of understandings about practice, and the objectification of experience. Pursuit of the language of communicative and collective action relied heavily on Kemmis' (2011a) translation of Habermas' theory of technical, practical, and emancipatory interests as a framework through which the co-researchers' shared experiences of social influences to practice could be identified and interpreted in the context of the inquiry and knowledge-practice.

During my participation in the community of practice meetings, and the subsequent reflective analysis and categorisation processes, I paid particular attention to moments of loud and sustained agreement or dis-agreement, shared by the co-researchers in the dialogical inquiry. I also paid specific attention to practice stories and dialogue where shared 'truths' about practice and knowledge were discovered and explored, and the reaction of the others in the group to the revelation of these 'truths'. In keeping with the philosophy of a consensus theory of truth (Habermas, 1984), I did not seek to establish the legitimacy of 'truths' revealed by the co-researchers about knowledge, practice, or knowledge-practice. Rather, the iterative philosophy and process of reflective analysis provided me the opportunity to reflexively situate and understand these stories as 'data', informed by both the experiences and insights of the co-researcher group and understandings drawn from the literature. Moreover, integral to the analysis and story-ing of the inquiry, were the philosophical discourses of *connection and resistance* drawn from Kemmis and McTaggart's (2005) critical participatory action thesis; and the *meaning and intention* discourse, drawn from theorists such as Kemmis (2011a), Estes and Pierce

(2011), and Aiken et al. (2012). These discourses contributed to the discovery of the transformative action of the project, through acceptance that what is known to be true is socially constructed, and the contingency of social influences to professional practice (Cooke, 2009; Kemmis, 2011a; Mertens, 2009).

Trustworthiness

The concepts of research trustworthiness, rigour, and validity are profoundly influenced by positivist views of the nature of science and inquiry and are decreed as generally being unhelpful to participatory researchers trying to describe the ways in which participatory researchers might establish trustworthiness (McTaggart, 1998). Furthermore, Kemmis and McTaggart (2005) argued that technical and methodological rigour might need to be sacrificed in critical participatory action research practices for gains in face validity and practical outcomes when examining and transforming 'practice'. However, McTaggart (1998) proposed that the discourse of validity, in particular, hinges on the combination of the pursuit of generalizability and causality, neither of which are commitments made by participatory researchers.

In seeking to shift the history and colonisation of these words and concepts, however, McTaggart (1998) positioned the concept of validity in action research in relation to discourse and practice, and practice and commitment. In response to these concerns, he outlined a set of validity criteria through which participatory action research projects can be developed, evaluated and defended. These criteria include: 1) the establishment of credibility amongst participants and informants; 2) triangulation of observations and interpretations; 3) participant confirmation and release of research reporting; 4) the establishment of an audit trail and shared archive of data and interpretations; and 5) the testing of coherence of argument, authenticity of evidence, and the prudence of action. These criteria, in concert with Guba's (1981) model of trustworthiness of qualitative research and the concepts of credibility, transferability, dependability, and confirmability, form the framework through which critical conversations about trustworthiness were included in this research study.

Credibility

Strategies undertaken to enhance the credibility of the research data and findings include the duration of the community of practice meetings (1-1.5 hours) and the project (12 community of practice meetings undertaken over 13 months). While there are no rules about how much time the researcher should engage in information collection (Krefting, 1991), prolonged engagement reduced the likelihood that the contribution of the co-researchers to the inquiry was based on social desirability, rather than personal experiences (Kirk & Miller, 1986). Prolonged engagement between myself and the co-researchers brought to light another potential threat to the credibility of study, however, as I then needed to carefully monitor and manage my influence and engagement within the project in order to interpret the findings. As such, a number of reflexive strategies were undertaken to facilitate my continued assessment of my influence, perceptions, and interests on the research process (Ruby, 1980). Keeping a field journal enabled me to consciously and consistently document, examine, and audit the research process, drawing insights regarding personal and collective dilemmas and opportunities that emerged within the inquiry. For example, as I held dual and legitimate roles within the project (that of principal researcher and co-researcher), I was acutely aware that enacting these roles would require careful consideration, particularly regarding the power inherent in each role. I was conscious throughout the inquiry of managing both roles, and wrote my thoughts and concerns about how these dual roles may have contributed to or influenced the discussion and outcomes of the project. I also discussed these concerns in supervision. The research was supervised by two senior and experienced academic supervisors, one with a strong occupational worldview and the other with a strong critical/social worldview. Both supervisors worked collaboratively to guide me through the process of constructing and implementing the research project and the thesis, and challenged me to solve problems, justify decisions, and present my thinking in a robust and constructive way. Other reflexive strategies undertaken included completion of the pre-suppositions interview; utilising the research transcripts to conscientiously examine my 'voice and actions' alongside the voice and actions of the co-researchers; challenging expectations of myself and the co-researchers in my journal and my supervision;

focusing the meetings, discussion, and analysis on professional practice issues associated with the translation and integration of ideas to inform practice; developing creative ways to engage the co-researchers in dialogue and help maintain enthusiasm for the project; and the inclusion of panel of 'critical friends' in the research process who provided their review and advice. This discussion aligns with Lincoln and Guba's (1985) expectation that participatory action researchers will utilise peer-debriefing, exposure and review of ideas, themes, and patterns emerging from the research process or the data with 'disinterested peers' as a reflexive strategy.

Triangulation is a powerful strategy for enhancing the credibility of studies (Krefting, 1991). Data triangulation strategies used in the study included accessing multiple sources of information as data (for example, the dialogical inquiry, the meeting summaries, and the transcripts from the community of practice meetings, which were used by the co-researchers to scaffold reflection, critique and action). Aligned with a participatory action research philosophy, the research process and preliminary findings were also driven and reviewed throughout by the co-researchers. The collaborative nature of the inquiry meant that the co-researchers engaged in the data collection and analysis processes and 'peer reviewed' emerging interpretations of their stories and experiences. Access to multiple versions and interpretations of the project information ensured that eight co-researchers participated in checking of the information, as it was converted to data through the process of analysis. The use of a reflective analysis philosophy and process in the study enabled multiple iterations of analysis, and ensured that diverse theoretical perspectives could be used to situate and interpret the data. Alongside the multiple and collaborative iterations of reflective and thematic analysis, mind-mapping emerged as a useful process to organising and clarifying my understandings about the preliminary themes evident the data, and the integration of theoretical perspectives to understanding experiences and analysis. Mind-maps which contributed to the data analysis process are included as Appendices Q and R. The reflexive strategies outlined, which informed and enhanced the credibility of the research, aligned with McTaggart's (1998) expectations that validation and trustworthiness in

participatory projects is established in the explicit conceptual acknowledgement of the many ways in which people understand and describe their experiences and work practices; explicit iterations of the data; questioning (within and outside the project) of the relationship between the research practices; deliberate attention to planned and incidental reflexivity, catalytic, educative and prudential effects; and consideration of the unique relationship between the researcher and co-researchers.

Transferability and dependability

Given the situational uniqueness (Krefting, 1991) of participatory research projects, the transferability of findings is not a priority for participatory researchers. However, the inclusion of background information about the practice context, the level of clinical experience, and the postgraduate experience of the co-researchers within the thesis allows others to make some estimation of the transferability of the findings, or aspects of the findings, to other practice situations or contexts. What may be more relevant when considering the transferability of the findings is how the data (the critical dialogue and practice stories, and the co-researchers' experiences and understandings of practice and participation) could be used to establish whether or not the findings reflect typical or atypical social realities of occupational therapists practicing in context. The exact reporting of the methods of information gathering, data analysis, and interpretation within this chapter contributes to the dependability of the findings, and the auditability (Guba, 1981) of the research process. As discussed above, multiple sources of project information, collaboration with the co-researchers as peer reviewers, and access to supervisors and critical friends throughout the data analysis and interpretation process, enhanced the dependability of findings. Further, preliminary coding after each of the community of practice meetings, checking and re-coding following the transcription of the dialogical inquiry, and re-coding the whole dataset using data management software contributed to establishment that the findings presented were representative of the experiences of the co-researchers, and that 'lessons for the profession' about the processes of knowledge-translation and practice transformation could be confidently drawn from the data and the findings.

Confirmability

The auditability of the research process is the principal technique through which the confirmability of the data, and interpretation of the data, can be established (Guba, 1981). Given the collaborative nature of the inquiry, and the subjectivity of the co-researchers' experiences of participation in the project and practice in a social context, it is unlikely that exact replication of the study would result in the exact same findings. However, data and interpretational confirmability can be confirmed through access to, and audit of, the documentation attached to the study, and the thesis itself. Elucidation of the research design and methods, and access to the documents such as the project information sheet and examples of meeting summaries and mind-maps, enable external inspection and verification of the research as a 'whole'. The methodical recording of the research process, alongside triangulation of multiple methods, sources and theoretical perspectives, and the reflexive strategies outlined above, contribute further to the 'objective' assessment of the strengths of the researcher's ideas and interpretations, outside the research process (Guba, 1981). McTaggart (1998) concluded that validation and reporting in participatory research are enhanced when there is explicit acknowledgement of multiple voices and perspectives which includes recognition of both difference and agreement, and when careful attention is given to voices which are not included, or actively excluded, in the inquiry.

Summary

As the philosophy of critical participatory action research consciously excludes explicit instructions on how to design and implement research projects, the methods undertaken in the planning and construction of this study were framed around preparation and planning, action and observation, and reflection in the context of the creation of the transformative community of practice. The concept of a transformative community, together with the philosophy of engaged-scholarship and the positioning of the co-researchers as collective experts in practice change in context, provided a means to acknowledgement of the principles and philosophies through which the collective action of the co-researchers could be named in the study. Influenced by the methods

undertaken in Wilding's (2008) participatory action research project, the critical actions associated with *planning and preparation* for the research included seeking and obtaining ethical approval, cultural consultation, and project resourcing. The *actions and observations* of the study were positioned in enactment of the knowing-in-action solution, through the facilitation of both the transformative community of practice, and the dialogical inquiry (critical dialogue and practice stories) which is named as the primary source of information drawn from the project. An iterative, reflective data analysis philosophy and method, and two stages of data analysis further enabled critical *reflection* on the co-researcher's experience of inclusion and collaboration within the transformative community, and the discovery of how knowledge could be constructed and translated to inform and transform practice. Finally, as trustworthiness is recognised as a source of challenge and critique for critical and participatory action researchers, the methods for establishing the trustworthiness of the research processes are described. Multiple strategies were undertaken to inform and establish the credibility, transferability, dependability, and confirmability of the research process, the data, and the interpretation of the data as representative of the understandings and experiences of the co-researched engaged in the project, and practice transformation in context.

Chapter Five

Occupation-inAction: Deconstructing Social Influences on Occupational Practice

The following chapters explicate the findings drawn from the study project, addressing the research aims; the investigation of *how* occupational therapists working with children and families translated 'knowledge' to inform and transform occupational practice, and *how* participation in the project empowered occupational therapists to recognise and address the legitimisation deficit in accepted practices with children and families. Embedded in collective action, the continuous spiralling between critical reflection and exploratory action, deconstruction and reconstruction, looking back and moving forward, was evidenced throughout the dialogical inquiry, across two distinct phases. This, the first of the findings chapters, illustrates actions and understandings drawn from the first phase (deconstruction-planning) data. Significantly influenced by the structure and content of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, the first phase of the inquiry was consumed by the deconstruction of discursive and historical influences on the 'truths' held about 'accepted practices' with children and families. The use of 'inAction' in the title of the chapter is a deliberate play on name of the project, and illustrates how profoundly the co-researchers were oppressed by felt dissatisfactions and injustices experienced in their practice, shaped by the power and press of these 'truths'. The second findings chapter, *Occupation-in-action: Realisation of the Emancipatory Potential of Occupational Practice in Context*, illustrates themes attributed to, and drawn from, the second phase of the inquiry. The second phase, action-reconstruction, focused on the revelation of actions undertaken by the co-researchers in the emancipatory reconstruction (Habermas, 1972) of occupational practice/praxis in context. The reconstruction of practice/praxis occurred through the addressing and reframing of social obstacles to occupational practice, exploration of occupational practice as an emancipatory metaphor, and participation in the transformative actions of occupational praxis. Figure 5.1 (see p. 105) demonstrates how the categories and themes drawn from

the data were attributed to the two phases of transformative and emancipatory action, underpinned by the co-researchers' shared experiences of the legitimization problem with accepted practices, access to the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, and shared experiences of inclusion, solidarity, and political agency.

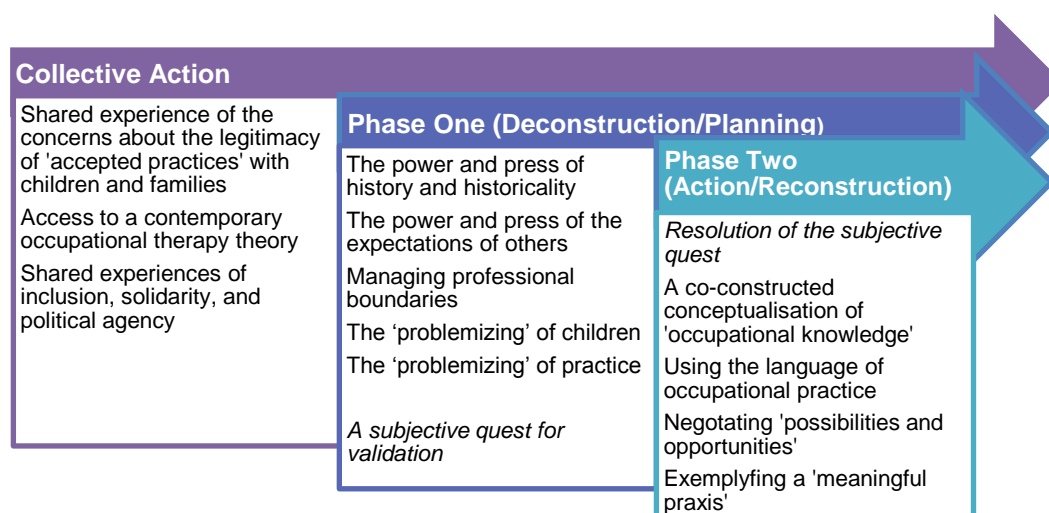


Figure 5.1: Outline of themes drawn from the data assigned to two phases of transformative and emancipatory action, underpinned by collective action.

Actions and understandings drawn from the first phase data are revealed as both powerful social influences on the endorsement of accepted practices with children and families *and* social obstacles and oppressors to occupational practice with children and families. Endorsement and oppression were not generally experienced by the co-researchers as mutually exclusive; rather, discovery of the social influences and obstacles in practice contributed, in subtle and different ways, to the revealing of multiple 'truths' about occupational therapy practice with children and families. Dialogued and experienced by the co-researchers, the social influences on accepted practices were revealed as three categories in the data:

- Power, press, and the practice context, and the power and press of professional history and individual historicity;
- Power, press and the expectations of others, including the power and press of assumptions and expectations of families and other occupational therapists, and managing professional boundaries; and

- The 'problemizing' of children and practice, revealed in the co-researchers' shared concerns about managing the complex needs of modern children and the impact of 'specialist' language and the rhetoric of evidence based practice on occupational practice.

Figure 5.2 provides a visual representation of the interconnectedness of the categories and themes drawn from the first phase data, building from collective action as the recognised foundation underpinning the inquiry.



Figure 5.2: The interconnectedness and contribution of categories revealed in the first phase data underpinned by collective action, and experienced as occupation-inAction by the co-researchers.

While the themes drawn from the data are not presented in a *priori* order, there is an underlying reciprocity and temporality within both the dialogical inquiry and the construction of the chapter. For example, discovery of the critical influences of professional history and individual historicity revealed these to influence, and be influenced by, the meaning and intention of practice which, in turn, influenced, and was influenced by, the expectations of families and others.

Overview of the Collective Action Underpinning the Research Findings

Underpinning the transformative and emancipatory action of the inquiry is recognition of the critical influence of the co-researchers' shared experience of collective action. As discussed in chapter three, Kemmis and McTaggart (2005) described collective action as the premise through which participatory action is grounded in the collective, acknowledging inclusivity, co-constructed experiences, meanings, and understandings of knowledge-practice, as transformative to the practices of changing practice. The power of the collective situates the role and contribution of the co-researchers' as supportive, while also contributing to the creation of a shared, communicative space in which thoughts, beliefs, and feelings about practice can be explored, clarified, and questioned. Within the context of this research project, the significant contributors to the co-researchers' experiences of collective action were named as:

- Shared experience of the legitimization problem in accepted practices with children and families, which called the co-researchers to action;
- The *Enabling Occupation II* (Townsend & Polatajko, 2007) text as an artefact of contemporary occupational theory, through which the inquiry and the meetings were structured; and
- The co-researchers' experiences of inclusion, solidarity, and political agency through the participation in the community of practice, and the construction, implementation, and action of the inquiry, was situated and sustained.

The inquiry opened with the co-researchers describing and dialoguing what had influenced their decision to join the project. The co-researchers named many reasons which had called them to the project, including the “*confusing, disillusioning, and isolating*” experiences of managing competing philosophies in practice; the “*potential of the project*”; the intended project outcomes; and access to contemporary theory, the community, and practical supports for occupational practice transformation. The co-researchers unanimously cited “*synchronicity and timing*” as primarily influencing their decision to join the project. While each of the co-researchers experienced and described concerns about the legitimacy of accepted practices with children and families, in their

own words and way, they collectively agreed that they were called to action because they were *“ready for their practice to be different”*.

During the first two community of practice meetings, each of the co-researchers spoke individually, and at length, of their experience of concerns about the legitimacy of ‘accepted’ practices with children and families. They spoke of the influence that these concerns had on their experience of the meaning and intention of their practice, and their commitment to practice change. Mandy, Amy, Lucy and Issie described their interest in joining the project as being drawn from *“increased confusion”* about their role and an *“increasing sense of disillusionment”* with the continued power and endorsement of accepted occupational therapy practices. Mandy, an occupational therapist working in private practice who is also enrolled in postgraduate study, described joining the project after experiencing a growing sense of isolation in her roles as *“researcher, specialist, and private practitioner”*. She was excited at the opportunity to collaborate with other occupational therapists to change her practice:

This opportunity came along at a really good time because I’m trying to do my [own] research thesis... It’s just, just too difficult. So it’s great to be able to come along to something that’s, like, face to face and interactive... because I work part-time... and with all age groups, looking at complex... solutions...

Mandy’s description of feeling isolated in managing multiple professional roles, hints at an emerging uncomfortable truth about her experience of trying to integrate an occupation-based assessment in her research and practice as an occupational therapist working with children. While Amy, an experienced occupational therapist currently working in a special education setting, identified that working in an educational context had provided *“relative freedom and opportunity”* to think differently about her practice, she worried that this freedom might be lost if she were to choose to practice elsewhere. Both Mandy and Amy’s experiences resonated with Lucy, an occupational therapist working in a child development team, as she introduced herself to the group and described her reasons for joining the project:

One of my goals at work has been to focus more on the occupations of children. We tend to focus more on a “needs basis” - “Put the fire out, get in, get out of there” [Laughs], but I [find myself asking], what are the occupational

needs of these children? And, when I... mention it at work, people are like, "Well, we don't talk about those things here!" [Laughter]. It's just "Get in there, do the job and get out". And I... well... I love occupation, I want to turn this into [my] career, this is what I want to focus on actually, with children and families, and... I can see [other team members]... saying "We know what OTs are, we know what OTs can do, and we can be OTs as well", and I'm, like, "No [Laughs], I don't think so". And so, yeah, it's, as Mandy said, trying to define what occupational therapy is, and what we do, and trying to make our role stronger within the team [Mutual agreement] so that we're more valued, [it's] not just... [that any]body can replace the OT.

Lucy described feeling conscious that her practice was driven by the needs, expectations, and urgency of others, and that bringing an occupational focus to her work might be considered an *"unaffordable luxury"*. Further to describing the impact of concerns about the legitimacy of accepted practices with children and families, the co-researchers also described being called to action by the challenges of managing multiple, and often competing, socio-political influences in contemporary practice. Impending changes in government policy regarding education funding and spending meant that Issie, an occupational therapist currently working in a special education setting, was becoming increasingly unsure about the long term security of her role:

This came at the right time for me, particularly looking... at the intended closure of educational support services... and looking at [having to pick up] contracting work. We have a copy of [the book] at work but for some reason we haven't used it regularly and it just seemed like, "Yes, this is just what I need right now". A discussion about how to put [occupation-based theory] into your practice in the best possible way.

Changing priorities within the macro socio-political context of practice meant that significant changes were imminent within Issie's work environment. She identified that participation in the project may better position her for future employment opportunities; that integrating occupation within her practice was considered advantageous. Like others within the group, Issie also identified that she had access to a copy of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text within her work setting. However, it had been difficult for her to find the *"time and space"* to read the text, and the lack of security in her role provided the impetus for her to begin to look for ways to shift her practice to include an occupational philosophy.

In addition to seeking resolution of shared concerns about the legitimacy of accepted practices with children and families, the co-researchers agreed that they were called by the potential of the project. For example, Issie, Mandy, and Sofia described the opportunity to access, review, critique, and integrate ideas drawn from the *Enabling Occupation II* (Townsend & Polatajko, 2007) text within their practice as a compelling reason to join the project. As Sofia, an occupational therapist working in child and adolescent mental health, shared:

The reason I wanted to join the study is because I could feel myself getting a bit lazy and I really like the idea of having something where I'm being challenged to read, and challenged to wrestle with and think about ideas, and then being accountable with a group of people to talk about it with as well! [Laughs] So for me, that was the thing that interested me, as well as a way to develop my practice as well, and find new ways of doing things, and... yeah... re-evaluate how I might do things as well.

Even as the inquiry began, Mandy had started to question the potential of occupational practice as a unified and consistent philosophy and values, embedded in occupation:

I had actually borrowed the Enabling Occupation II book to look through it and... I just did a bit of a scan read and... one thing that made me feel really 'cringe-y' in the beginning that I read was [about] the woman that was recovering from a stroke. I actually do feel like, for myself, in occupational therapy, where I am, I'm just wanting to see that there's going to be more unity of identity within in the profession, and also, that people maybe lighten up a bit and not take themselves so seriously.

Both Lucy and Amy stated explicitly that they were seeking “enlightenment” as an outcome of their participation in the inquiry, and that they were intrigued at the possibility of networking and sharing ideas about practice with “like-minded occupational therapists”. The individual experiences of being ‘called by and called to’ the project were initially owned by the co-researchers, positioning of the inquiry in “the everyday reality” (Ledwith, 2005, p. 225) of practitioner’s lives and practices. However, the revelation that these realities were shared, contributed significantly to the co-researchers’ experiences of solidity and legitimacy (Habermas, 1996) within the project, and with regard to the project itself. Imperative to elucidation of the co-researchers’ experience of inclusion, was the informal and re/connecting conversations between the co-researchers as they returned each month to the meeting space, and the inquiry, as described in chapter four.

The principles of opening communicative space, facilitation, engaged-scholarship, and the physical location of the inquiry were recognised as further contributing to the co-researchers experience of collective action. The co-researchers agreed that the seemingly insignificant act of owning and working from a tangible artefact of contemporary ideas, concepts and models, was anything but insignificant. The text provided a shared, knowledge-space in which tools, representations, and the language of occupational practice could be contained, group membership encouraged, and a mutual discourse reflecting a social perspective of practice and the world could be promoted (Wenger, 1998). Furthermore, the physical location of the inquiry proved an instrumental influence to the creation of safe space, and the progress of the inquiry, free from the press of specific discourses or theories. It is my experience and observation that locating the community of practice meetings in a location perceived by the co-researchers to be 'neutral' contributed significantly to realisation of both the potential of the inquiry and transformation of practice, that the co-researchers were working together to undertake.

Social Obstacles to Occupational Practice with Children and Families

The *Enabling Occupation II* (Townsend & Polatajko, 2007) text opens with a section focused on an exploration of the history of 'occupation' as the core domain of concern for occupational therapy; as such, the dialogical inquiry also started with this conversation. As the co-researchers commenced accessing and engaging with the text, they also began retrospectively and critically deconstructing the social influences on the multiple and diverse 'truths' about occupational and accepted practices. Themes categorised in the data as contributing to understandings drawn from the 'deconstruction' of practice were evidenced first in the co-researchers' collective discovery of the *power and press of the practice context*, which included exploration and recognition of the power of occupational therapy's professional history, and the power and press of individual historicity. Each of these categories and themes is described in more detail in the following section of the chapter.

Power, press, and the practice context

Prompted by access to the opening section of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, critical conversations and practice stories shared within the dialogical inquiry during the early community of practice meetings centred on exploration and critique of the local- and macro- practice context as a significant influence to the endorsement of accepted practices with children and families. The power and press of the practice context was revealed in the data through two themes: *professional history* and *individual historicity*.

Professional history

A significant contribution to the dialogical inquiry in the first phase of the action of the study was the shared recognition of the power of the profession's history in shaping knowledge construction and conceptualisations of 'paediatric occupational therapy practice'. Mutual agreement about the significant power and promise that came from knowledge and practice aligned with the reductionist paradigm emerged during the iterative processes of reflection, critique, and review during the first community of practice meetings. While dialoguing the evolution of occupational therapy practice and the positioning of occupation as the core domain of concern for occupational therapists, informed by review of the first chapter in the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, Amy described how experiencing her practice as the 'treatment' of children and young people had been a significant source of value and empowerment:

And I think depending on where in the world you work in the health system we're working in, whether it's [the] private system where you have to kind of hang your hat on something, or either treat something and improve it, and then you're worth something. I think that's probably where they get pulled into that mode of operating rather than thinking, "Okay, well I'm using that as part of my, like a tool, but actually I'm focussing on the child being at school or playing with their peers or" and it's not necessarily 'sensory integration' that's doing it in isolation, it might be a whole lot of other work you're doing that's actually achieving that.

Amy's words reflected an uncomfortable truth shared by the co-researchers as to the value and privilege of what Habermas (1972) described as technical and practical constructions of knowledge and practice; that is, knowledge and practice which is

inextricably connected to science and instrumental action, and embedded in the interactions with, and perceptions of, others. However, Amy's words also reflected early evidence of emancipatory reasoning and reflection being shared by the co-researchers through their emerging discovery of the contingency of social influences on practice. Within the process of reflection, discovery, and critique, the false consciousness (Fay, 1987) of accepted practices was established within the dialogical inquiry, as contributing to the concerns shared by the co-researchers regarding the legitimacy of accepted practices with children and families. The co-researchers determined that the impact of moral and historical actions, vested knowledge interests, and the perpetuation of accepted practices on their everyday practice has been profound.

As suggested in the literature, the pervasive consequences of these discourses and actions likely included the oppression of the profession, and the co-researchers, and contributed to the emergence of irrational, unjust, and dissatisfying social structures that limit the self-development and self-determination of practitioners (Kemmis & McTaggart, 2005). These oppressive experiences often contribute to the discovery of *false consciousness* (Fay, 1987), a complex, social, and internalised process whereby oppressed individuals internalise values, beliefs, and worldviews held by others, and cooperate with their oppressors to maintain social practices that, in turn, continue that oppression (Fay, 1987; Ledwith & Springett, 2010). Ledwith and Springett's extension of Fay's theory of false consciousness further explains the nature and process through which the values and beliefs of social members become obscured and distorted by dominant ideologies. As such, the discovery of false consciousness is only possible when practitioners experience empowerment as "part of an integrated praxis, in which theory and practice are in a symbiotic relationship, building knowledge from experience" (Ledwith & Springett, 2010, p. 20). The discovery of false consciousness (Fay, 1987) provided valuable insights into understanding the co-researcher's experiences of the power and social realities of their practice in context. Additional influences, also explored in chapter two, including the power of the dominant professional discourses of specialisation and remediation; and the complex interplay between the commodity and perceived value of knowledge (Carr & Kemmis, 1986; Ford & Staples, 2006); also

provided a theoretical lens through which the co-researchers' shared experiences of the power and press of professional history could be both situated and understood.

As discussed in chapter two, the emergence of a felt disconnection in practice was likely influenced by critical social discourses about the complex, dialectical relationships between *knowledge, power, and practice*, and the multiple, diverse 'truths' about the legitimate knowledge and practice of occupational therapists. In this way, the profession of occupational therapy can be acknowledged as a unique professional discourse and community, positioned within a social and political context, that appears to value and advantage identified professional groups, knowledge, and practices over others. The co-researchers agreed that the professional power and respect that they experienced in the continued alignment of practice with the science of child development and the 'treatment' of children and young people was another uncomfortable truth about 'accepted practices'. They also agreed to contain and critique the influence of their experiences, and occupational therapy's professional history, within an historical context. Consideration of professional history in context provided the opportunity for the shared revelation of another uncomfortable truth; that the adoption of a reductionist perspective informing the 'treatment' of children and young people was a "*safe and comfortable*" place to position occupational therapy practice. Furthermore, the co-researchers recognised that each of them had experienced 'successful' outcomes (achievement of developmental milestones and improvements in a child's performance and functioning) following the provision of 'therapy' with children and young people, as another shared uncomfortable truth influencing the endorsement of 'accepted practices' with children and families.

Individual historicity

Revealed in the data, the theme recognising the *power and press of occupational therapy's professional history* related specifically to shared understandings of the endorsement of accepted practices in context. However, the category of *power, press and the practice context* also included acknowledgement of the influence of the co-researcher's individual and personal experiences on conceptualisations of knowledge-

practice. As described in chapter two, Kemmis (2011a) suggested that the individual's contribution to the experience of professional practice is embedded in the meaning and intention of practice and, as such, is experientially formed, embodied, and dramaturgical in nature, unfolding in human and social action, against the narrative background of individual and everyday lives.

Within the data and the dialogical inquiry, the *power and press of individual historicity* was experienced collectively by the co-researchers as the ways in which undergraduate and continuing education, clinical experience, and personal experiences of the power of children's participation in occupation (such as being a parent) shaped and influenced practice. Prompted by reading and critiquing the opening section of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, Amy shared her perception of the impact that completing her undergraduate education degree overseas some time ago, had on her sense of mastery regarding contemporary occupational therapy theory:

I think having trained, I don't know, a number of years ago now, this occupational science and that... sort of language wasn't been talked about. Having trained [overseas] where it was quite... medically... probably more of that medically... kind of model and treatment base, and... that comparison, kind of, with the physio and the OT... going on. Whereas I think... the profession, from what I can see reading this [text], seems to be evolving, and maybe [there are] definitely practitioners who are still in that other mode, who aren't familiar with this type of language. And I think it's quite interesting, because I read a report the other day from a therapist who was clearly... from that very impairment... model. And because where I work, I have to write things in ecological [terms]... we have to do ecological assessments and we have to talk about participation, inclusion, and all the rest of it... if two people have read those reports, they would have thought these OTs are on two different planes! So I think as a profession, we're going to have to... maybe... decide which way we want to go.

The co-researchers agreed that they recognised and experienced an emerging philosophical 'divide' within the profession, influenced by many factors, but including individual preferences and experiences. This divide was described by the co-researchers as being between occupational therapists who, because of their training and experience, choose to continue to practice from a reductionist paradigm; and those who situated practice in occupational ways of knowing. The co-researchers dialogued their shared concerns about the impact this divide might have to a 'unified professional identity' and the public's understandings of the role and concern of occupational therapists working

with children and families. The power of 'individual preferences and experiences' is evidenced further in Isla's comments about how having her own children influenced her occupational therapy practice;

It wasn't until after I had my own children that I realised, that what I'd been doing with families as an OT was probably completely and utterly unreasonable. You know, the things I'd been asking families to do were probably not priorities for that family. They might have been, and someone was saying, often the teacher or somebody else sends the referral that says, you know, they've got all these problems and family just need to get out of the house by 9o'clock, or you know getting everybody into bed at a reasonable hour. For them, they don't have time for therapy. Home programmes and stuff like that. Home programmes just make me laugh.

Revealing 'personal experiences of occupation' as influential to practice contributed within the dialogical inquiry to enriching the critical analysis of the complex influences on the meaning and intention of the co-researchers as occupational therapy practitioners.

Power, press, and the expectations of others

In addition to professional history and individual historicity, the co-researchers agreed that managing the expectations of others (such as colleagues, team members, and families) and professional boundaries were also powerful and pressing influences on accepted occupational therapy practices. In fact, these two forces in concert (historical influences on occupational therapy practice with children and families and brokering the assumptions and expectations of others) were described by the co-researchers as the most significant barriers to occupational practice with children and families. During the fourth community of practice meeting, focused on critiquing concepts and ideas informing enablement (Townsend et al., 2007a), Chloe shared the following practice story:

This is what I'm doing, yeah. Those enablement skills, looking at the foundation skills, and saying "This is what I'm doing and this is why it's taking me this much time". But ultimately they're focused on possibility and it's great to see the words there, the emergence of possibility – this is really going to happen, even if it's taken like two or three years to get there. We're going to get there, but it's just taken so much time and all those skills, and foundations, all this is what I'm doing and this is what I'm going to achieve.

Further to recognition of the powerful impact of professional history and individual historicity to practice, the co-researchers collectively described the significant impact

that this history had in shaping powerful assumptions and expectations of others, particularly regarding the assessment and treatment tools and activities which constituted 'occupational therapy practice'. The co-researchers agreed that the felt outcome of constantly brokering expectations and assumptions of others was an overt sense of disempowerment and disillusionment in their work and role. Furthermore, the co-researchers reported feeling compelled to publically justify any decisions or actions that appeared to sit outside assumptions and expectations about their role and practice, even when they felt that these activities were better aligned with the philosophy of occupational practice. *Managing the expectations of others* was revealed in the data and the inquiry as taking considerable time and effort in everyday occupational therapy practice, regardless of the practice setting. The co-researchers agreed that they felt like they were constantly walking a 'fine line' between assumptions about practice revealed in *the expectations of families* and the assumptions held by teams and services (including allied health, and multidisciplinary team colleagues; and the wider health, education, and socio-political context), and in particular *the expectations of other occupational therapists*. Additionally, the co-researchers were significantly concerned about the consequences of managing expectations of others revealed in the *management of professional boundaries*. These three themes are described in more detail in the following section.

The expectations of families

Many times within the dialogical inquiry, the co-researchers described shared experiences of the expectations of families as a powerful and pressing influence to shaping their practice and role, and how they felt about their work. Acknowledgment of the power and press of the expectations of families is echoed in Kemmis' (2011a) description of the role of clients in professional practice and the reciprocal 'game' that is played between practitioner and client in the shared construction of the meaning and intention of practice. As Kemmis suggested, and the co-researchers came to discover, while the 'game' of determining practice expectations was undoubtedly influenced by external factors, it was also likely influenced by the language and actions that the co-researchers used to describe or convey their understandings about the meaning and intention of their practice.

While discussing strategies to integrate client-centred enablement as a core philosophy of occupational practice (chapter four; Townsend et al., 2007a), Sofia shared her perception of the impact that the responses of other occupational therapists, and indeed whole services, may inadvertently have in shaping a family's expectations about what clients will do and receive:

Sometimes I think we forget that... we come in as the expert and this is our knowledge, and you know, there's that expectation from families that we're going to provide knowledge and... [that] they don't really have to do too much, or they'll... they'll just do what we say.

Sofia acknowledged the delicate interplay, what Kemmis called the 'game', which exists between therapists and families in the negotiation of expectations relating to the roles of practitioner and client. There was also revelation of a shared sense of a felt discomfort, underlying Sofia's quote, about engaging initially with a family as an 'expert' and, then again, when families (and children) accepted the disempowered position of being passive recipients of 'therapy'. Chloe shared her story of how assumptions about occupational therapists being 'experts' in the treatment of children with disabilities, brought by parents to the therapeutic relationship, influenced her practice:

I think in our work... there's a real 'fix-it' mentality that seems to start very young... When the [children are] little, they might come in every couple of weeks. And then... we might go in monthly or every second month. Then they go to school, and it's once a term. Some parents are just fighting that saying 'We need more, more, more'. If you stop and think about why – they often aren't focusing on the strengths and what their child's doing well. Using this [text] would be good to start challenging some of that. It's huge – they think coming to more and more sessions and having more involvement, which we will fix their child in some way.

Chloe's experiences speak to the challenges of reconciling a recognised dilemma, which families often hold, in the assumption that 'increasing the intensity of treatment' automatically means 'improved outcomes for children'. Furthermore, as illustrated by Chloe's story, these powerful and pressing expectations about what participation in occupational therapy might mean in terms of outcomes for children were revealed as another uncomfortable truth; that "we will fix their child in some way". This disconnection between the realities of the possibilities of practice, and parents' expectations of the

possibilities of practice, was revealed in the dialogical inquiry as a source of shared dissatisfaction for the co-researchers. Chloe shared a story of attempting to align her practice with an occupational philosophy during a session with a young man, while overtly experiencing very different expectations regarding the 'possibilities of practice' from his mother:

And so I've been doing these sessions with him... he [suggested] he wanted to be able to tie his shoelaces. So [we've] been [working on] three kind of functional things. But then his mum will sit in the sessions and scream at him and be, like, "Listen to Chloe! Do what she says! We've got to fix it!" And I'm sitting there thinking, "Shoot, how am I going to respond to this?" I'm not fixing his right arm. We're trying to work on specifics, and I guess improve his ability to engage in these activities, and for him to be [happier] with what he's doing in those activities and what he's able to do.

Chloe's initial reflections on this experience revealed the impact of mismatched expectations and assumptions of therapists and parents as 'derailing'. The language of 'derailment' speaks to the co-researchers' shared valuing of, and attempts at bringing, an occupational perspective to their practice; yet experiencing disruption in this process by complex and competing demands. The shared experiences of 'derailment and disruption' from occupational practice further perpetuated the 'truth' of 'accepted practices' with children and families, while also contributing further to the co-researchers' collective experiences of dissatisfaction, injustice, and oppression in their work and roles.

The expectations of other occupational therapists

The co-researchers agreed that one of the most significant influences on both the endorsement of 'accepted practices' and the oppression of occupational practice, was the expectations, and responses, of other occupational therapists working with children and families. In dialogue, Mandy described the "*eye-rolling and disparaging comments*" that she encountered from occupational therapy colleagues when she pinned a photocopy of the 10 enablement skills (see Townsend et al., 2007a, pp.113-114) on the noticeboard in her office to support her with translation the language of enablement, and occupational practice, in her practice and documentation:

Mandy: *Yes, and I got really excited and... a couple of my colleagues were like, "Oh, that's great", but one of my colleagues, he said, "I'm so sick of occupational therapy*

models, there's been so many different models" and was... yeah, you know... a bit cynical? You know, it was like, "Oh no, not another model"?

Amy: *Good OT?*

Mandy: *Yeah, he's a great OT and he does all this stuff, but I think he's just a bit fed up with... you know... he's gone through the MOHO and there's a bit of resistance ... like, not another [model]... well, you know.*

Issie: *The thing is we're all being pushed... everything has got to have an evidence base and this is providing the evidence to show my manager this is why I'm doing what I do [Agreement] so that's great. Really good to have, eh?*

The discourse of resistance is evidenced in the participatory action research, critical-social, and transformative action literature as an expected reaction to emerging conflicts in response to the social criticism, and the redressing of oppressive and unjust situations and systems in which people work (McTaggart, 1998). As Leonardo (2004) concluded, "hope is not a future projection of a utopic society but a constitutive part of everyday life. Rather, it is structured into the oppressive arrangements that critical social theorists aggressively analyse because oppressive conditions always produce resistance" (p. 16). As such, the encountering of resistance in response to 'new and emerging practices' started the process of shifting the inquiry from the personal to the political (Ledwith, 2005). The co-researchers agreed that they expected to encounter resistance from others during their journey of practice transformation; however, underlying their experience of resistance from other occupational therapists working with children was the pervasive power and privilege of positivism and accepted practices as a critical influence to the continued disempowerment of the co-researchers. The oppressive consequences of taken-for-granted expectations about practice and the occupational therapy role were also experienced by the co-researchers participating in Wilding's (2008) study as 'hegemony'. Hegemony refers to the ways that "certain sets of ideas become established as natural and in which a dominated group actively consents in and helps to reproduce its own domination" (Edwards & Wajcman, 2005, p. 16). The Occupation-in-Action co-researchers' experience of hegemony, however, emerged when other members of the occupational therapy profession working with children and families *insisted* that practice

continue to be aligned with a reductionist paradigm. This insistence was perceived and experienced by the co-researchers as a powerful influence, shaping and endorsing the occupational therapy role in the *treatment* of children and young people with physical, mental and social disabilities.

Managing professional risk (role blurring and professional boundaries)

The impact of managing complex expectations and assumptions of others, and indeed the expectations of the co-researchers themselves, on how 'knowledge' might be translated to inform occupational practice with children and young people manifested itself further in the inquiry and the data as the co-researchers shared concerns about the consequences of *managing professional risk*. The management of clinical risk is generally an accepted and expected requirement of the key-working role undertaken by the occupational therapists working in child and adolescent mental health. To aid with distinguishing between clinical and risk to the profession, Emma shared her understanding of how she formulates clinical risk in her mental health practice:

Yeah, it's holding the risk, particularly for those kids who are depressed and suicidal, I know that working in an environment that's risk-averse, you do hold them in a different way, and as I think [Mandy] said the first time - no-one's cured CP yet so this kid is going to have CP forever and lets work around that. But it's a little bit different when you're holding something that's not quite as tangible.

Management of professional risk (role blurring and professional boundaries) was, however, experienced and described by the co-researchers as the conscious management of overt, subtle, and constant threats to the unique occupational therapy role and practice. These threats were collectively experienced by the co-researchers as the subtle erosion of traditional occupational therapy tasks, such as functional assessments, and the blurring of the occupational therapy role with other allied professional roles. Sharing a practice story that resonated with the co-researchers during engagement with chapter six in the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, Chloe outlined her concerns about how other members of her team were beginning to define and describe their roles using language and concepts that were similar to how she might describe and define her role:

I guess also that some of the stuff that's been coming up at work... as well... I think as physiotherapists are becoming a bit more functional, there seems to be... there seems to be a lot more conversations going at work about whose role is doing what and yeah... I've never ever had that problem before, but it seems to have been coming up a lot more recently.

As illustrated in Chloe's quote, increasing similarities between the role and language of the occupational therapist and the paediatric physiotherapist, for example, initially appeared as a shared source of contention and confusion for the co-researchers. Role confusion between physiotherapists and occupational therapists is certainly nothing new; as such, in many child disability and development services, the conceptualisation of the roles of the occupational and physical therapist in accepted paediatric practices have long been divided between the upper body/limb (occupational therapy) and the lower limb (physiotherapy).

The irony in the shared discussion and concerns about managing professional roles and boundaries, and the impact that the continued struggle for recognition of a unique, valued role for occupational therapists working with children and families, is that the occupational therapy profession is in the throes of a significant paradigmatic crisis. As such, in advocating for realignment of the profession and occupational therapy practice with an occupational paradigm, the profession faces significant professional risk in the deconstruction and reconstruction of new conceptualisations of thinking and practicing. This 'meta-risk' to the profession was encountered by the co-researchers in meeting three, during the review and critique of the enablement concepts (Townsend et al., 2007). During that meeting, the co-researchers identified that, while the profession might be ready for a paradigmatic change, services and families may not be ready to understand and accept occupational therapists practicing in what might appear to be very different and unexpected ways. In dialoguing this possibility, Isla posed the following question to the co-researcher group, *"Are our services ready for us to turn up and say, 'We're going to do it like this'?"*

Relating also to the realities and possibilities afforded by being engaged in a process of practice change and transformation, Lucy shared her concerns about the potential

resistance that might be encountered with a change in philosophy and practice to a 'family-led, occupation-based' conceptualisation of practice:

[While] I like that part in the book where [the authors] talk about that top-down approach, which is based on the medical model, and all the different medical specialties, whether PT or medical specialties, it's all from the top-down approach, they [then] talked about OT being a horizontal approach. If you try to bring that in, yeah, you're going to meet with resistance. You really are.

Another pivotal influence described and shared by the co-researchers, relating to the management of professional boundaries, was the impact of the macro socio-political agenda, and in particular, service funding. Mandy described her concerns about the potential impact that pressure on healthcare spending might have to dilution of the occupational therapy role in practice with children and families, as other professionals vie for recognition of their value and contribution:

I think a lot of traditional OT-type work, like equipment and stuff, is being spread around into other professions now, and it's confusing, I think there's a lot of confusion in the profession at the moment... because money's tighter, I think our roles in all sectors are being questioned, and are we... like, what is the essence of our profession?

Interestingly, the final influence, revealed in the data as contributing to the power and press of managing professional boundaries, was the significant power of potential (as opposed to actual) complaints. Chloe shared her experience of how potential complaints contributed to the perceived endorsement and perpetuation of 'accepted practices' in risk-averse services, which resonated with other co-researchers:

And I reckon a lot of it comes back to services having a fear of complaints. And so if someone's being noisy and, you know, demanding, they get their needs met - really met - really quickly, because [then] there's fewer of complaints. Definitely.

None of the co-researchers identified ever having been in receipt of a complaint about their practice; however, the power of potential complaints remained a significant influence on practice. This revelation aligns with the powerful press of the practice environment (Kielhofner, 1985), and Krusen's (2011) description of how the unspoken rules within the environment, can subtly shape and influence practice.

The ‘problemizing’ of children and practice

While the social influences on the continued endorsement of accepted practices with children and families was generally recognised by the co-researchers as social obstacles to occupational practice, two themes emerged from that data that were named by the co-researchers as specific obstacles to occupational practice. *Modern children/complex problems* and *specialist language and the rhetoric of evidence-based practice* were categorised within the data analysis as *the ‘problemizing’ of children and practice*. The theme relating to the ‘problemizing’ of *children* was revealed in the shared concerns of the co-researchers held regarding the impact of increasing trends in diagnosis and complex needs of children and families accessing contemporary services. These concerns were experienced by the co-researchers as being prohibitive to changes in the meaning and intention of everyday, occupational therapy practice. The theme relating to the ‘problemizing’ of *practice* was revealed in the co-researchers’ shared concerns about the potential impact of an increasing trend towards specialist and clinical language, and the emerging philosophical expectation that practice will be informed by what Kemmis (2011a) referred to as *techné*; the disposition to act in a true and rigorous way, embedded in science and according to the rules of the craft. The co-researchers shared concerns that a philosophical preoccupation with specialist language and expectations, experiences of challenges to naming the ‘specialist knowledge’ of occupational practice with children and families, and the perceived lack of evidence for occupational interventions with children and families, might have on further discouraging occupational practice, and dissuading practice change. Each of these themes is described in more detail in the following section.

Modern children/complex problems

Shared and dialogued by the co-researchers as an ‘uncomfortable truth’ influencing the meaning and intention of their practice, was the rapidly increasing number of children and young people being diagnosed with significant health issues, disabilities, and mental health disorders. The co-researchers agreed that there were many likely explanations for the increased number of children being diagnosed with particular disorders, including

socio-environmental influences (such as the increased socialisation and sexualisation of children, and dramatic changes in children's access to diet and exercise), improved accuracy in assessment and diagnosis, and the perceived devolution of risk and responsibility from parents to services. Reflecting, however, the shared experiences and concerns of the co-researchers, Emma described:

I think even in mental health, for whatever the reason or attention is, having that, being in the sick role for a lot of young people means having someone who will listen to you and care for you. And you might not be getting that at home. So it can be really difficult in mental health especially, to be able to separate that role. It's a role young people need – to have a caring adult – and often they don't have anyone. ...We have parents looking for diagnoses and creating situations where they will get the diagnoses just because they want someone to come and care for their child.

At multiple points within the dialogical inquiry, the co-researchers' discussed and critiqued shared concerns about families searching for “*biological answers for children's problems*” which potentially contributed to increased numbers of children being diagnosed with serious health complaints. Additional to these concerns was the younger age at which children were being diagnosed. This experience is evidenced in a story shared by Emma, which resonated with the co-researchers:

We had one woman who had her little boy on anti-anxiety medication since he was 3. And we were like, “How can you tell that a 3-year-old has anxiety”? It was so unethical. He'd been on it such a long time and didn't have anxiety. We saw him in groups, school – lots of observations. He didn't have anxiety. We talked with her until we were blue in the face about how he didn't have anxiety and it would be a good idea to take a trial off the meds. But she just couldn't go there. To her, that was fulfilling some kind of need that, for some reason, was helpful and useful to her.

The co-researchers named these concerns about diagnosis as a “*social justice issue*”, while also acknowledging the influence that the significant personal and professional investment required for practice transformation, and the significant number and complex needs of children accessing and waiting for services, had on both practice change and occupational practice.

In addition to the considerable increase in the numbers of children and families accessing health and disability services, the co-researchers identified the increasingly complex

needs of 'modern' children and families as a significant influence on practice. The co-researchers identified that children and young people accessing contemporary services experienced unique social challenges which impacted on their experience of the world. While recognised as generalisations, the 'complex problems' of children and families accessing services were elucidated as the temptation of technology, cyber-bullying, over-scheduling, and occupational deprivation. As Isla stated:

Occupational balance versus occupational deprivation. Being chained to a computer or Xbox is also occupational deprivation as well.

The co-researchers recognised that changing societal expectations and experiences of 'childhood' and 'families', such as overprotective or unavailable parents, dislocation of family and community, the influence of the peer group, and the early socialisation and sexualisation of children, may have a significant impact on where the profession of occupational therapy might choose to position itself into the future. Specific to addressing occupational issues related to dislocation of family and community, Emma shared her fears about the impact of this trend on the mental health, and occupational experiences, of children and young people:

I worry about that as well – the dislocation of family. The onus shouldn't just be on parents to support the kids in occupation. I think it's nice to have extended family involved and coming round. And I think if you have dislocation from neighbours and extended family, it's hard as a parent to come home from a long working day and then take your kids out for a bike ride or something. It's really nice to have that extended family who can help. So it's really hard that if our society, if it is trending that way, it's really sad – that [children and young people] won't have that influence.

The co-researchers' experience of the health and wellbeing implications of children being over-scheduled, and the lack of balance between work, play and self-care activities in childhood, was a primary focus of the dialogical inquiry relating to the problematisation of children.

Specialist language and the rhetoric of evidence-based practice

The final theme explored as social influences on the '*problemizing*' of practice was revealed in the data as shared understandings of the *problems of specialist language* and *the rhetoric of evidence-based practice*. The co-researchers' critique of the oppressive influence that a perceived lack of evidence for occupational therapy

approaches and interventions had on practice with children and families illustrated the emergence of another underlying concern. This concern related to how to progress bridging between the technical and scientific expectations of practice in context, and the emancipatory potential of occupational practice.

Specific to exploration of the problem of specialist language as a social obstacle to occupational practice, the co-researchers dialogued the problem from two perspectives; the general problem of clinical language, and the problem of naming the specialist knowledge and practice of occupational therapists working with children. With regard to language, the co-researchers explored and critiqued another 'uncomfortable truth'; how a common, clinical language was imperative to communication with others who spoke the same language, but potentially meant that the *logos* and knowledge of practice was inaccessible to families. This problem is evidenced in a quote from Lucy:

It's annoying because you need the clinical language to use with your other professionals, and you have to write pretty concise reports that use a lot of clinical language, but I don't like sending them to families, because I just want them to be readable and understandable and useful to them. I find a lot of that stuff isn't useful unless it's been really well trimmed back, and just made functional and helpful to the families, you know?

Lucy summarises the co-researchers' experience of the 'double-edged sword' of language, while also alluding to the power of clinical language as an 'uncomfortable' influence to accepted practice, legitimacy, and professionalism. As described in the opening chapter of the thesis, the power of language is reflected in Habermas' critical social and communicative action theories. As Habermas (2003) stated, "the *logos* of language embodies the power of the intersubjective, which precedes and grounds the subjectivity of speakers" (p. 3). As such, within professional practice environments, a shared clinical language, or use of an exclusive, specialist occupational language, enables participation in the rule-governed social practice for the constitution of a moral or theoretical point of view. Being included in this social practice influences practitioners' experiences of power and respect; but being excluded creates further experiences of oppression, injustice, and dissatisfaction. Paradoxically, families can often feel precluded from 'clinical conversations', simply because of the inaccessibility of clinical concepts and language.

The challenge to naming the 'specialist' knowledge of occupational therapy practice with children and families emerged in the dialogical inquiry as exploration of the place of 'traditional' theories in 'accepted paediatric practices' (such as sensory integration and neurodevelopmental therapy) and contemporary practice. Debating whether 'occupation', 'sensory integration' or 'neurodevelopmental therapy' filled the 'specialist' option space in the 10 enablement skills (Townsend et al., 2007a), was the focus of a particularly heated discussion in meeting three. Following that discussion, and subsequent discussions concerning the lack of evidence for interventions based on theories such as sensory integration, the co-researchers chose to access Pollock's (2010) review of the state of the evidence-base for sensory integration. This review succinctly recognised the limitations to the evidence-base for sensory integration and provided the platform for a robust critique regarding the place and contribution of sensory integration to the rhetoric of occupational practice. The inclusion of Pollock's review highlights an additional thematic contribution to *'problemizing' of children and practice*; the *rhetoric of evidence-based practice* as a social obstacle to occupational practice. The *rhetoric of evidence-based practice* was perceived by the co-researchers as a significant obstacle to both accepted and occupational practice. Mandy's considerable experience as an occupational therapist working with children and families provided her a unique perspective of practice in diverse settings and influences on practice over time. Given this perspective, she expressed her concern, shared by the co-researchers, at the potential impact of lack of a robust evidence-base for 'occupation' and 'occupational therapy':

And also... this whole thing about the evidence informed practice and things like... neurodevelopmental theory... I mean, where's the evidence for it, you know? I mean, there's lots of anecdotal evidence supporting it, but a lot of things that we do... you know... and I, lot of things that I've taught students [Laughs]... I've taken them so seriously, but... you know... I guess I'm questioning a lot of things.

In unpacking the ways that the *rhetoric of evidence-based practice* oppressed occupational practice, the co-researchers outlined a number of significant barriers to accessing and integrating evidence in practice. These barriers, such as the increased time required, reduced access to appropriate environments and resources, complex

ways that research findings are communicated, and the significant influence of the clinical culture, are similar to those described by Brown et al. (2007a, 2007b) and Estes and Pierce (2011).

A Subjective Quest Emerges

As the co-researchers began the processes of working collaboratively to review and critique the social realities of practice, they also began working through the phases of the inquiry, supported by engagement in exploratory action, critical dialogue, and access to the *Enabling Occupation II* (Townsend & Polatajko, 2007) text. The processes of engaging with the text occurred alongside the discovery of social influences on accepted practices as social obstacles to occupational practice. However, the first phase of the inquiry was focused, lengthy, and intense as the co-researchers spent hour upon hour, iteratively and retrospectively dialoguing and critiquing the multiple and complex influences and obstacles to both accepted and occupational practices. While the level of intensity experienced in the first phase of the inquiry likely reflects the demanding work of trust-building, critical reflection, and planning for future action, an underlying, subjective quest was revealed in the data following the analysis of the dataset as a whole. The influence of this underlying quest on the themes drawn from the dialogical inquiry is depicted in Figure 5.3 (see p. 140).

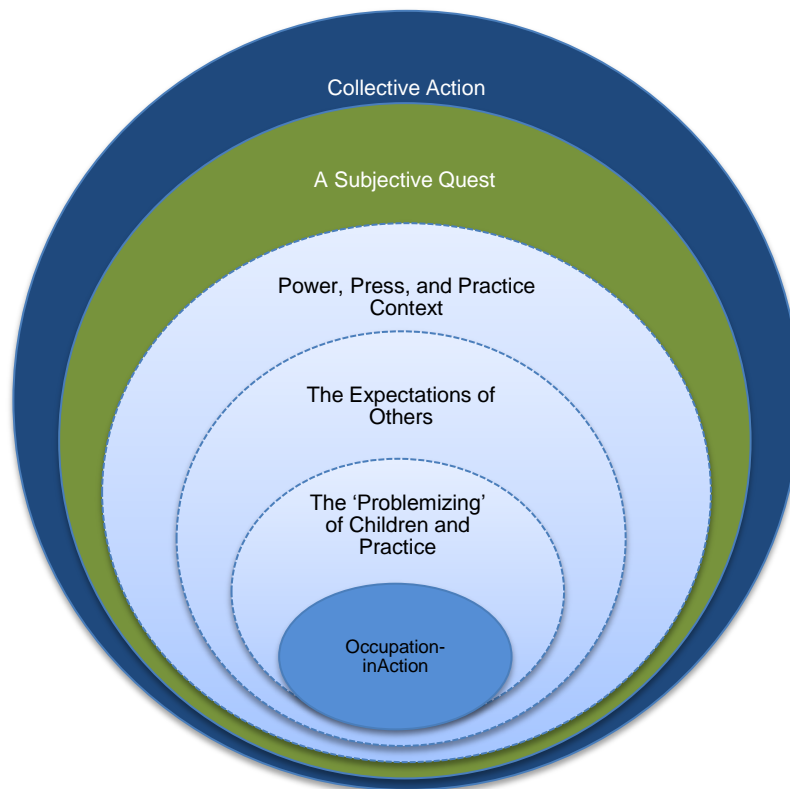


Figure 5.3: The positioning and influence of a subjective quest, within the first phase of the inquiry.

Embedded in the co-researchers' experiences of collective action in the community of practice, this quest was revealed within the data as the co-researchers' shared experiences of seeking confirmation that *trusting the knowledge*, and *finding the courage and space for practice change*, positioned alongside recognition of the power and press of the practice context, would be worth the considerable effort and investment. Each of these themes is described in more detail in the following section.

Trusting the knowledge

A primary focus of the early community of practice meetings which focused on exploring the knowledge informing occupational practice, related to the identification of a number of 'uncomfortable truths' regarding the validity claims of occupational science. These uncomfortable truths extended from the co-researchers reflecting on the perceived lack of a robust evidence-base for occupation, and in particular the impact of a perceived lack of a robust evidence-base supporting occupational practice with children and young people.

As Hammell (2009) surmised, many of occupational therapy's foundational theories and contemporary models are based on assumptions about the potential impact of participation in occupation on people's health and wellbeing, and this revelation did not escape the attention of the co-researchers. To illustrate, Mandy described her experience of attending a local workshop with an internationally renowned expert, and agreeing with her assessment of the occupational therapy profession's preoccupation with 'fake science':

[She was] *talking about therapists and fake science, and how sometimes [occupational therapists] are so serious about stuff that actually doesn't have any real basis... when co-researchers' [actually] rely a lot on our own observations and our past experiences.*

In responding to the call to action overtly offered by the study, and evident throughout the dialogical inquiry, the co-researchers explicitly expressed a discomfort in shifting the philosophy of their practice away from a focus on familiar, component focused therapy (Estes & Pierce, 2012), towards a focus on enabling children's participation in occupation. However, in recognising this uncomfortable position, the co-researchers also acknowledged that shifting practice required both recognition of the limitations of the knowledge provided, and a "*leap of faith*" in *trusting the knowledge*. Amy shared a practice story that illustrated her initial concerns related to trusting the knowledge when presented with the opening section of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text:

I've found that because I've got a health background and now I'm in education... because I've got a very strong grounding in health and I was always a very "hands-on" type of therapist, I've kind of grappled a bit with my own conscience within the education model, because really, [schools] are not interested in the deficits - what the child can't do - they're interested in what the child can do to get them being part of the school, and participating in learning... So I found it quite nice that I felt that I can justify some of what I'm doing, because we do a lot of big picture stuff. Like, I think we spend a lot of time thinking... "Well, I know the child can't hold a pencil, can't form letters, or whatever, but how are we going to help them participate in story writing? Or what can we do so they're part of that activity?" So then it's like, the flip side of that, is... oh no, I'm not doing enough. What about hand-eye coordination? So it's kind of given me some validation that what I'm doing is ok. And I kind of know that because we see the outcomes for this child who can finally tell a story and they're five... or whatever. So I think the language that they're using is really good and I like the link up with the ICF... and because we in education use "participation" and those kinds of words... it just kind of sat with me... quite well.

Amy's concerns related to identification of an on-going struggle in validation of her role as a health-trained therapist, working in an educational context, while also finding the space for occupational practice. As the inquiry unfolded, and specific to trialling the enablement model and language drawn from the text (chapter four; Townsend et al., 2007a) to guide and talk about her practice, Amy dialogued the process of 'coming to' the realisation that she needed to 'believe' in the knowledge in order to feel confident with using the ideas in practice:

I think it's having the confidence to believe in these enablement skills because... I mean I've spent two hours with [learning support staff] and teacher aides yesterday and... I'm not going to go away and give them anything [more] after that, but... you're doing this coaching and collaborating and saying to them, "Okay, just tweak this or do this". Or you've got the child [to see and] you know what you're doing... is actually OT. Yeah.

While Amy held 'faith' that trusting the knowledge was likely to be a crucial influence to practice transformation, others such as Chloe were initially more sceptical:

But it's not anything... I mean, we're not the only ones that can collaborate. [Agreement] And I guess that's what makes it tricky to define our role and our, profession, aye?

Chloe's concerns are underpinned by recognition of the power of language, and the potentially oppressive impact of a common language which did not identify the occupational therapist's contribution as 'unique' or 'specialist'. As mentioned previously, the co-researchers agreed that a shared clinical language enabled their participation in the rule-governed social practice of the constitution of a moral or theoretical point of view. However, the co-researchers also agreed that experience of a 'common language', while useful to families, could further promote their experiences of oppression, injustice, and dissatisfaction in a practice context driven by outcomes and material influences.

Finding the courage to transform practice

During the process of shifting between the deconstruction of practice to planning for opportunities to transform knowledge-practice, the co-researchers came to recognise that courage – and confidence – would be necessary pre-requisites to transforming the philosophy and actions of their everyday, occupational therapy practice. The press, complexity, and power encountered within the practice context, and the significant

influences that this press had in endorsing accepted practices with children and families, meant that any challenge to the expectations of practice was going to require a discernible degree of courage from the co-researchers; and, as such, *the courage to be and lead the change* emerged as a preliminary theme in the analysis of the dialogical inquiry within meeting four.

One of the practice stories which best illustrates the possibilities associated with the synchronicity between recognising an opportunity for action, finding the courage to be and lead change, and the power of participation in the community of practice group belongs to Chloe. During meeting nine, Chloe shared a dilemma she had experienced relating to a request from a medical consultant that the occupational therapist measure a child's hand and arm function post-botox. Underlying Chloe's experience was acknowledgment of the perceived importance of receiving a specific request for her services from a medical consultant, even if that request (incorrectly) assumed and expected what she would be able to offer. Moreover, Chloe felt confident that she could offer an occupational assessment for a child post-botox which would be more relevant to the child and his family. She actively sought advice and support from the co-researchers, discussing and critiquing a number of potential courses of action, including exploration of strategies for confidently articulating the need for a more appropriate assessment, or handing the measurement of range of motion to the physiotherapist. She shared her success in changing the expectations of her involvement, through using these strategies dialogued with the co-researchers in practice, in the subsequent meeting (meeting five):

I've been thinking about that about...the post-botox client I've had come in. There's lots of different factors to it. It's nice to see the rehab specialists seem to be really functional. And so I ended up getting this report a lot later, but there were four goals that this boy has, and [they are] about catching a rugby ball and holding a play station controller and joining in the kapa haka⁷ group at school and all those kind of things. And I thought that was really nice.

The co-researchers' shared experiences of *finding the courage to transform practice* also included their experiences of finding the courage not to be involved with a child, young person and family when there were no identified, occupational issues. This experience is described further in chapter six.

⁷ Kapa haka refers to traditional Māori performing arts, often performed competitively.

Finding the space for practice transformation

As mentioned previously, participation in the study afforded the co-researchers' the opportunity and capacity to access, critique, and dialogue their experiences of the social realities of practice, with other occupational therapists. The co-researchers described this opportunity as rare within their practice settings. They agreed that while organisations often stated that reviewing the literature and evidence was a legitimate part of practice, capacity for this type of professional development activity was rarely made available. While the experience of trying to find space for review of the evidence in her practice is not unique to Chloe, she provided an example of the co-researchers' shared experience of this challenge in everyday practice:

In the last 12 months, [it's] got to the point where I'm requesting the articles... but they're sitting on my desk unread. I've got better... [but] co-researchers have done one sort of talk in our team about critically appraising [the] literature and that was really interesting and [the presenter] mentioned about... a website, critically appraised topics? So... in the last 12 months, I think [there's been] a lot of emailing and getting articles [and] one of my goals might be to review an article on the topic. But then it [also has to include] action, putting it into practice.

While Chloe recognised that the profession, and the service that she worked in, articulated the importance of actively reviewing and critiquing websites and literature as a legitimate part of her practice, she acknowledged that the realities of managing this expectation often fell short. The co-researchers reported that they had access to local and academic libraries, and were aware of the search services provided by academic librarians. However, they also acknowledged that they generally lacked the space within the demands of busy practice environments to do anything meaningful with the articles once they were sourced or delivered to the desk.

Summary

Shared concerns regarding the legitimacy of accepted practices with children and families, access to the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, and the co-researchers' shared experience of inclusion and political agency are acknowledged as the foundations to collective action experienced by the co-researchers who participated in the research. Building from these foundations, themes drawn from the

first phase of the inquiry were centred on the deconstruction of the social influences on accepted practices with children and families, through exploration of the social obstacles to knowledge construction and occupational practice. Themes drawn from the data which reveal the deconstruction of practice are categorised as recognition of the power and press of the practice context, the power and press of the expectations of others, and the 'problemizing' of children and practice. Recognition of the power and press of the practice context was discovered in the power of professional history and individual historicity. The power and press of the expectations of others emerged from the data as themes related to managing the expectations of families and occupational therapists, and the management of professional boundaries. The 'problemizing' of children, revealed principally as challenges to meeting the complex needs of modern children, and the 'problemizing' of practice predominantly through the use of specialist language and the rhetoric of evidence based practice, were revealed in the dialogical inquiry and the data as specific obstacles to the co-researchers experience of occupational practice. Finally, analysis of the data as a 'whole', revealed an underlying subjective 'quest' being undertaken by the co-researchers during the intense and lengthy first phase of the inquiry. This quest emerged from shared concerns about the power and press of the practice context, in concert with concerns about trusting the knowledge, and finding the courage and the 'space' for investment in practice transformation.

Chapter Six

Occupation-in-Action: (Re)connection and Realisation of the Emancipatory Potential of Occupational Practice

Transition between the first and second phases of the inquiry was signalled by resolution of the co-researchers' shared quest for validation (through recognition of the power and press of the practice context, the establishment of trust, and the emergence of courage and space for practice transformation), a rapid increase in *action* within the community of practice meetings and within the practice context, and a significant shift in the language of inquiry and practice. As such, the second phase of the inquiry is described as an action-reconstruction phase. Four categories, drawn from the dialogical inquiry and the project data, were named as the actions and catalysts to the co-researchers re-connecting their practice with an occupational paradigm, realising the emancipatory potential of occupational science and practice, through:

- Resolution of the co-researchers' shared quest for validation;
- Co-construction of a shared conceptualisation of occupational-knowledge and the use of occupational language in practice;
- Negotiation of possibilities and opportunities for occupational practice in context; and
- The exemplification of a meaningful praxis.

Actions and understandings which enabled the co-researchers to re-connect their practice with an occupational vision and agenda, contributing to the history-making action (Kemmis, 2011b) of the inquiry, were not contained to a particular conversation or meeting. As depicted in Figure 6.1, the second phase actions and understandings build from the foundations of collective action, and the understandings described in the deconstruction of social influences to occupational practice, which were discussed in the previous chapter.

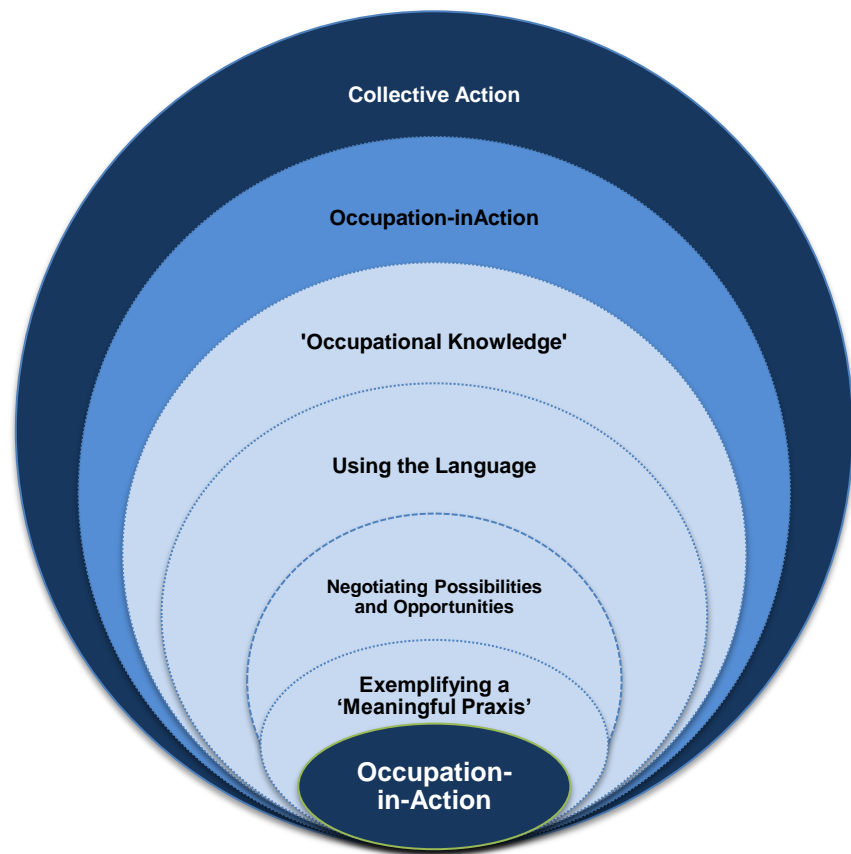


Figure 6.1: The interconnectedness and contribution of themes revealed in the second phase data, underpinned by collective action and the first phase (deconstruction-planning) of the inquiry.

While the title of this chapter acknowledges the name that the co-researchers gave to the project, it also recognises the co-researchers' experience of transitioning through the actions of *planning* for possibilities and opportunities for occupational practice, to the *negotiation* of possibilities and opportunities for occupational practice in context. Finally, as the co-researchers worked toward the close of the information gathering phase of the project, the strategies that they identified to begin shifting the inquiry from a local conversation-space (Kemmis, 2011a) to a professional conversation-space are discussed.

Resolution of the Quest for Validation

During the first phase of the inquiry, the co-researchers described feeling 'stuck' in the process of establishing trust, critical to their initial experiences of the community of practice group and the process of working together to deconstruct the social influences to

knowledge informing occupational therapy practice. As the inquiry progressed, the parameters of that trust started to shift. During the community of practice meetings held later in the inquiry, the co-researchers positioned their conceptualisation of trust in relation to trusting that occupational practice was the legitimate role and practice of *occupational* practitioners. Within the second phase of the inquiry, the co-researchers began to describe novel experiences of feeling valued, empowered, and trusted (by one another, children and families, and by members of the multidisciplinary team) in their roles as *specialists* in occupation. Their understandings and experiences of trust extended to include trusting the decision not to be involved with a child when there were no identified occupational challenges or where there were other priorities for a child or a family; and trusting to exit when a child's identified occupational issues had been sufficiently addressed and resolved. As Amy stated:

I really like the issue too on... the focus on, if there's not an occupational issue or goal, we don't need to be involved. Because students I work with a lot, we know they have major developmental disabilities, but that doesn't mean every child in that system needs an OT all the time. We can't do that because we're not funded to do that. You're coming in at points of identification – ok, the occupational issue might be they can't get the wheelchair under the desk, so the issue is being a student in a classroom, but it's refreshing to not beat yourself up and be obsessing about every child and worrying about every problem.

Chloe also described the co-researchers shared experience of trusting not to be involved when there were other identified priorities for a child and family:

You can sort of see OT needs sometimes in there but I sometimes think if it's not a priority for the family and the carers that are working with that child... I don't think you're actually going to get anywhere anyway.

The focus on addressing occupational needs and the valuing of the needs and perspectives of families, as justification for working with a child and their family, speaks further to the resolution of concerns shared by the co-researchers regarding trust, courage, and the space for practice transformation, evidenced in the emergence of practical and emancipatory reasoning and reflection within the dialogical inquiry. This shift in the reasoning and language of the inquiry was demonstrated in the second phase

of the inquiry as the social obstacles to occupational practice unpacked in the first phase, were named by the co-researchers as excuses to continue to practice in a familiar, component-focused way, and were reframed as opportunities for occupational practice. The commitment of co-researchers to the resolution of irrational, dissatisfying, and oppressive influences on practice speaks to a shift from a sustained focus on discovery of the 'truth' about practice, to wise and prudent understandings about how to centre occupation in their practice in context, recognised as practical and critical-emancipatory reasoning. As Ledwith and Springett (2010) concluded, the process of transformation can often get stuck at the personal, community, or project stage, with the resolution of 'stuckness' occurring in the commitment to continuous revolution, and the extension of engagement to collective praxis. Furthermore, these conceptualisations draw from Kemmis' (2011a) interpretation of Habermas' (1972) theory of technical, practical and emancipatory knowledge-interests, providing a framework for storying the underlying, felt experiences of the co-researchers as the inquiry progressed.

A Co-constructed Conceptualisation of Occupational-Knowledge

Significant to the realisation of the aims and outcomes of the study, and contributing to the co-researchers' experience of the collective action of the transformative community and the project, was a co-constructed conceptualisation of 'occupational-knowledge'. The co-researchers each received a copy of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text at the beginning of the inquiry, and each of the community of practice meetings was structured around engagement with, and critique of, a chapter or a series of chapters from the book. As such, early conceptualisations of 'occupational theory' held by the co-researchers were significantly informed by the concepts, ideas, and models drawn from the text. Early in the inquiry, many of the attempts made by the co-researchers to explore possibilities and opportunities for occupational practice in context were exclusively linked to a concept or idea drawn directly from the text. In particular, the co-researchers agreed that access to the enablement language and skills (chapter four; Townsend et al., 2007a) was instrumental to challenging their understandings about the potential of occupational practice. The enablement language

and skills empowered the co-researchers for practice change through access to a shared and common language through which occupational practice, documentation, and clinical decision making could be framed and situated. As Lucy stated:

Sometimes it's just about reframing what you're doing. Like I'm spending lots of time with my kids, but you're doing OT with them....Yeah, and putting words to it, that you can actually say, "Well look, this is what I do, I educate and I advocate and all that stuff" – and it becomes quite powerful.

The models and theories presented in the book undoubtedly provided an initial framework through which the co-researchers could reflect, critique, understand and explore both their current and future practice. As exemplified by Isla, the co-researchers agreed that they valued the opportunity to access the text as an artefact of contemporary theory, and a means to structuring, and enabling, participation in the inquiry;

I actually just like reading the book, I was confident that I would not finish it [on my own]... it's the impetus to read it for you guys as much as [anything else].

Organisational endorsement, and the creation of a shared space for the co-researchers to review and critique the content of the text within the project and the community of practice meetings, was revealed in the data as being collectively valued by the co-researchers. A dedicated space, as both the physical location of the inquiry and within the community of practice, for critique and dialogue was confirmed as important to the co-researchers when they discussed plans to extend the project from nine to 12 months, and the meeting times from one to one-and-a-half hours, during meeting five. As Sofia stated:

I always, I mean, as much as I totally understand you guys are all really busy... I've actually almost felt that I've wanted more time to sit and talk about stuff and I know it's hard because everyone's got time constraints with their caseloads and all that kind of thing but I just feel like we get into some really good, issues and the hour's up and then it's like now we all need to go. And I know that's probably really hard for everybody to commit to, more time, but I just thought, because for me it's like, it's been really useful and I've loved... hearing your perspectives and just getting a chance to reflect on my own caseload and have that space in my head to actually reflect on things.

Valuing the opportunity to read, critique, and dialogue the content of the text, and the opportunity to share discussion and dialogue about how to translate ideas and theories within the realities of everyday practice (Ledwith, 2007), were further illustrated by Issie:

I'm not a person who reads texts. I used to like reading books... I found this whole process really interesting, knowing you're going to read, but also being... able to discuss it too... like especially those end [chapters]... actually being able to talk them through. You kind of feel better about what you're doing.

Influence and critique of the text

As discussed, of the many theories, models, and ideas presented in the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, the enablement concepts presented in section two of the text (Townsend et al., 2007a; Townsend, Trentham, Clark, Dubouloz-Wilner, Pentland, Doble, & Rudman, 2007; Townsend, Cockburn, Letts, Thibeault, & Trentham, 2007) appeared to resonate most strongly with all of the co-researchers. Enablement is described within the text as the core competency of occupational therapy and, as such, the chapters within the enablement section provided the co-researchers with a shared philosophy and framework to support and inform occupational practice. This framework included a shared language, reasoning tools, and a description of a set of practical skills informing practice, the enablement skills (Townsend et al., 2007a). Additionally, the chapter includes the Canadian Model of Client Centred Enablement (CMCE; Townsend, Beagan, Kumas-Tan, Versnal, Iwama, Landry, Stewart, & Brown, 2007) as a visual representation of how the enablement foundations and skills can be synthesised to support client centred, occupational practice. A diagram, generated from the data using N-Vivo 9 (QSR International, 2010) to illustrate the contextual use of the word 'enablement' within the dialogical inquiry, and the project data, is included as Appendix Q.

It is possible that the co-researchers' valuing of the enablement concepts, skills, and model, as a description of the concern and work of occupational therapists, may have been influenced by timing, and the placement of the enablement concepts within the *Enabling Occupation II* (Townsend & Polatajko, 2007) text and the inquiry. Enablement was the first novel idea which the co-researchers encountered in the text and discussed

in meeting three, during an intense phase of discussion and reflection regarding the social obstacles to enabling occupational practice in context. However, the valuing of enablement by the co-researchers could also be attributed to the enablement model being designed specifically to provide occupational therapists with a framework in which to situate, understand and describe client-centred, occupational therapy practice (Townsend et al., 2007a). Lucy's critique of chapter four and her experience of being introduced to the enablement concepts summarises the experiences of the co-researchers:

I really enjoyed it... that whole enablement, and discussing the whole precept of enablement and what it means, and how to enact it. Yeah, it's been really helpful in affirming what I'm doing. Just looking at where they talked about where enablement becomes disablement. I went to a talk... about inclusion into schools, and inclusion in special schools and mainstream schools, and one of the cases [the presenter] brought up, she brought up an 11-year old boy and she talked about occupational therapy and physiotherapy being more of an impairment and a disabler than enabling, because he said, "They emphasise my impairments".

Amy, in agreeing with Lucy, shared her experience of the possibilities associated with translation of enablement concepts and language to justify and inform her practice in an education setting:

It's actually, kind of, giving clarity to what you're doing, your day to day job. Because I spend a lot of time supporting schools... and not so much working with the child, I kind of feel like a fraud as an OT when I go and pick up a private OTs report or something, when I haven't kind of broken down the child or... someone asked for a cutting skills programme this week, and I've said, "Well, that's probably the least of my concerns for that child!". [Laughter]. Why should we spend time on cutting when they can actually be learning literacy and numeracy? So it's kind of giving me... something to hang my hat on, I guess. But I really like those key enablement skills, because I think... we DO all those things and it's... "Ok, this is what I'm doing, this is my OT role", rather than my OT role is treating whatever. This is part of our role, and it's the bigger picture stuff, isn't it?

In addition to outlining the enablement framework and language, the enablement chapter provided the co-researchers with a set of tangible tools to reflect on and critique practice through an enablement lens. The opportunity to critique practice along an enablement continuum (refer to Townsend, Whiteford, & Polatajko, 2007, pp.128-133) was described as being significantly valued by the co-researchers. The co-researchers readily agreed, throughout the inquiry process, that the provision of these tools through which ineffective, missed, minimal and effective practice could be unpacked and examined was likely to be

significantly beneficial to improving and transforming practice; structuring supervision and critical reflection; and improving outcomes for children, young people, and families. It was the co-researchers' collective experience that the business, and busy-ness, of everyday practice rarely provided them with space or opportunity to reflect on influences to decision-making in practice. As such, the provision of a disablement and enablement continuum, and a clear set of parameters explicitly clarifying each of the decision-making points (Townsend et al., 2007a) was regarded by the co-researchers as being an enhancement to the repertoire of reasoning and reflective tools and strategies already available and used in practice.

Additional to the enablement concept and skills, the Canadian Practice Process Framework (CPPF; Craik, Davis, & Polatajko, 2007) was described by the co-researchers as a framework which they valued and used to inform actions and understandings about their practice. The CCPF, outlined in chapter nine, draws from the Occupational Performance Process Model (OPPM; Fearing, Law, & Clark, 1997) which originated to describe a cycle of seven stages in the process of occupational therapy practice, embedded in occupational performance and client centred practice. All of the co-researchers identified being previously familiar with the OPPM in some iteration, which may explain why the CPPF resonated so strongly with the group. However, the inclusion of the societal and practice context, therapist and client factors, and multiple possibilities for the process of practice within the CPPF framework also meant that the framework was perceived by the co-researchers to be more applicable to explaining the complexity and dynamism of contemporary practice. Moreover, the project discussion informed by chapter nine of the text (meeting eight) provided an opportunity for the co-researchers to dialogue and critique exactly *where* in the occupational therapy process they might seek to begin to identify and challenge expectations that they, families and services, might hold about the meaning and intention (Kemmis, 2011a) of occupational therapy practice and the role of the occupational therapist.

Additional chapters, or sets of ideas, included in the *Enabling Occupation II* (Townsend & Polatajko, 2007) text that the co-researchers identified as valued included the conversations about culture drawn from chapter three (Polatajko et al., 2007) and chapter six (Townsend, Cockburn, Letts, Thibeault, & Trentham, 2007), and ideas drawn from chapter 11 regarding the escalation of participation in scholarly practice for enabling occupation (Townsend, Egan, Law, Monojlovich, & Head, 2007). The co-researchers were likely drawn to the conversations about culture included in the book because of the bicultural/multicultural context in which they practiced, and the importance of acknowledging, valuing and integrating cultural constructions of health, disability and interventions in contemporary and contextualised practice. The conversations about scholarship likely resonated with the co-researchers during the inquiry when expectations and understandings about shifting the inquiry and action of the project to informing and transforming the practice and expectations of others were being dialogued and put into action.

There were certainly ideas and concepts within the *Enabling Occupation II* (Townsend & Polatajko, 2007) text which did not resonate with the co-researchers as tools or ideas to enable or transform practice within the New Zealand practice context. An example was the person-environment-occupation fit chart (see Polatajko, 2007, p. 213), presented as a visual representation of an essential element to occupational practice in chapter eight (Polatajko, Davis, Cantin, Dubouloz-Wilner, & Trentham, 2007). In attempting to reconcile the complex and multiple ideas presented within the chapter against the complexity of the fit chart, the co-researchers described feeling further confusion as to how inclusion of the chart benefited their knowledge and understanding about what to *do* in practice. As such, the complexity of this diagram became a distraction to understandings about the concept of 'fit' as it relates to person, occupation and environment. In addition, the general content of chapters 13 (Townsend, Jongbloed, Stadnyk, & Drummond, 2007) and 14 (Townsend, von Zweck, Baptiste, Krupa, Picard, & Trudel, 2007), which focused on funding, policy, legislation, and workforce development specific to the Canadian context, were, perhaps understandably, described by the co-researchers as being less relevant to

informing occupational therapy practice in New Zealand. However, the dialogical inquiry informed by the review of these chapters identified that the concepts of funding, policy, legislation and workforce development underpinning these chapters were important influences to practice in the New Zealand practice context. Within the context of the project and practice, however, the co-researchers expressed concerns about the impact of not having ready access to accurate local and national data and information to inform understandings about the macro-political challenges or opportunities in practice. Moreover, the co-researchers agreed that, individually, they were not currently positioned within their organisations, or within the profession, to lead or influence changes in funding, policy, legislation and workforce development. As such, the co-researchers agreed that the New Zealand Association of Occupational Therapists, the occupational therapy schools at Auckland University of Technology and Otago Polytechnic, and the Occupation Therapy Board of New Zealand (OTBNZ), were the recognised stakeholder organisations better positioned to lead or inform data collection or change in these areas. Finally, a summary of the critique of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text is provided by Amy, who summarised the commitment of the co-researchers to actively shifting practice from an impairment focus to an occupation focus:

[It's] the simplicity to me, [exemplars about] how to use this information in my day-to-day practice. I was thinking if I have a photocopy of the [relevant] page, the [CCPF] model, and then having above the desk [the] enablement skills, then having process skills. Then you've really got it all there, your model of practice, the skills we're using, and the process we're going through. Then obviously putting your own frame of reference, whatever your... frame of reference is, and... the occupation. I mean, they kind of all mesh. That's the gist of what you do, if you'll go for the occupational [approach]... I think I'm going to be - I mean, I think I'm moving away from impairment framework.

From Occupational Theory to Occupational-Knowledge

As the inquiry progressed, the 'knowledge' that the co-researchers began to access and synthesise to inform occupational practice started to change. The co-researchers experience of 'knowledge' was extended beyond the limits of the *Enabling Occupation II* (Townsend & Polatajko, 2007) text as a contemporary theory of occupational therapy and practice. The extension of 'theory' to 'knowledge' was given meaning in the inquiry and the data through acknowledgement and inclusion of experiential, tacit and craft knowledge (Higgs & Titchen, 2001); concepts drawn directly from occupational science;

other occupational therapy theories; and the 'collective wisdom' of the co-researchers, experienced within the community of practice group. Over time, additional sources of 'knowledge' were accessed and valued by the co-researchers, and emerged within the community of practice meetings and the dialogical inquiry. Complementary to, but more than, the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, these sources included shared experiences, advice, and collective wisdom; feedback and advice obtained from colleagues, children, young people, and families; and integration of a range of evidence, models, and theories, drawn from occupational therapy theory, and other literature. Examples of specific knowledge sources included and integrated within the dialogical inquiry included research articles sourced by, and shared with, the co-researchers (such as Copley, Rodger, Graham, & Hannay, 2011; Pollock, 2009; Wilding & Whiteford, 2008). Pivotal to understanding how inclusion and integration of additional sources of knowledge was managed is recognition that these articles, books, advice, and wisdom were generally sourced *by the co-researchers*, shared with one another, and dialogued and critiqued in the context of how this knowledge might be integrated and translated to inform and transform occupational practice in context. Naming this comprehensive and co-constructed conceptualisation of knowledge as *occupational-knowledge* aimed to recognise an emerging understanding within the group regarding the limits to 'words and ideas' which do not adequately encapsulate the breadth and depth of knowledge required to inform, and transform, complex practice in a complex context. The co-researchers collaborative efforts at extending knowledge for practice beyond the text signalled an increasing responsiveness to their knowledge needs in practice, as the co-researchers began the process of negotiating possibilities and opportunities, and integrating conceptualisations of occupational knowledge for occupational practice in context.

Managing occupational-knowledge in the practice context

What participation in the project likely provided the co-researchers was a legitimate, protected, organisation-endorsed, transformative space for the review and critique of the multiple and complex social dimensions of practice. Revealed in the data during the process of dialoguing and sharing practice stories, is that through the critique of

occupational theory and practice, the co-researchers developed skills and confidence in critical thinking and reasoning. These skills assisted the co-researchers to make increasingly judicious choices about what knowledge or evidence was accessed to inform practice, reasoning, and decision making. As mentioned, throughout the project, the co-researchers accessed and integrated a range of additional sources of knowledge, aligned with the *Enabling Occupation II* (Townsend & Polatajko, 2007) text or specific to informing occupational practice with children, young people, and families. For example, a discussion in one of the meetings centred on the applicability of the Canadian Occupational Performance Measure (COPM; Law, Baptiste, McColl, Opzoomer, Polatajko, & Pollock, 1990) as a measure of occupation and participation for children and young people. Following this discussion, a literature review of the utility of the COPM (Law et al., 2005) as an outcome measure for practitioners working with children and families (Cusick, Lannin, & Lowe 2007) was sourced by one of the co-researchers for collaborative critique and review. The provision of the article, and the discussion that followed, then led to further enquiry about how to access and integrate the measure in practice, as an action of occupational practice, as illustrated by a quote from Mandy:

We've got the COPM in our organisation, and I haven't used it and I wonder if that, and that was going to be a goal of mine that I was going to put down was to try and use the COPM, to encourage me to be more occupation-based to my practice.

The decision to complement the meeting discussions, and the models and theories outlined in *Enabling Occupation II* (Townsend & Polatajko, 2007) text, through the accessing, sharing and integrating of 'occupational knowledge' did not appear to be a decision which the co-researchers made consciously. What this process showcased, however, was the perceived knowledge commodity (Carr & Kemmis, 1986) created specifically to support practice with children and families, the relative accessibility of knowledge, and the perceived value in bringing knowledge to the collective for shared review and critique. Inclusion and integration of articles and publications sourced by the co-researchers within the project; for example, the experience of supporting undergraduate students to master occupation-based practice with children and young people (Copley et al., 2011); a review of the state of the current evidence relating to sensory integration (Pollock, 2010); and the experience of the translation of knowledge

informing occupation-based practice with occupational therapists working in an acute care setting (Wilding & Whiteford, 2008); added another dimension to the experiences of the co-researchers in accessing and integrating knowledge-practice.

The challenge to managing occupational knowledge in context, with regards to accessing knowledge and evidence to inform occupational practice in context was revealed in the inquiry and the data as a theme relating to the *active management of information and knowledge overload*. Management of information overload was revealed to be a particular concern for the co-researchers at a number of levels; in managing and filtering the immense amount of irrelevant information that came to them as occupational therapists about specific children, young people, and families they were working with; in managing and filtering the vast array of knowledge informing or influencing practice; and in managing families' access to knowledge and information, which shaped their expectations relating to diagnosis, service delivery, and potential outcomes for children and young people. By far the most significant influence to knowledge management and information overload, as reported by the co-researchers, was technology – and in particular, the speed at which information could be accessed via well-known search engines, such as Google and Google Scholar. Furthermore, the co-researchers reported that the immense variability in the validity and accuracy of information available on the websites being accessed by families and practitioners alike contributed to shared challenges about moderating and integrating knowledge and information in practice. A practical example of how this issue manifested itself was revealed in a discussion about the co-researchers collective experiences of families self-diagnosing their children, based on information sourced from the internet, and then feeling generally unhappy or disgruntled with an alternative diagnosis, or course of action, being formulated by the interdisciplinary team, based on robust assessment and intervention processes. In addition to the speed and depth of (mis)information readily accessible on the internet, the co-researchers also talked about the ethical challenges associated with managing access to a personal social media profile (such as a Facebook page), without robust guidance from services and the occupational therapy profession about how to manage this 'changing face' of access and practice. While many of the co-researchers had

developed personal boundaries around who they would, and would not, accept as friends on Facebook, for example, this dilemma pre-empted a comprehensive discussion within one of our meetings on the place of social media in healthcare, and managing changing expectations that families and young people may have regarding access, and accessibility, to staff and services.

Actions to (Re)connect and Reconstruct Occupational Knowledge-Practice

Additional to resolution of the quest for validation and the co-construction of a shared conceptualisation of the occupational knowledge informing occupational practice in context, revealed within the second phase data was the co-researchers' understandings and experiences of reflexively and consciously reconstructing and transforming their practice. (Re)connection and reconstruction were selected to describe these actions which reflected an acknowledgement of 'occupation' as the paradigmatic foundation of practice and the profession. The use of the concept of '(re)connection' in the storying of the data in particular is informed by Kemmis and McTaggart's (1988) assertion that participatory action research includes the study of, and participation in, multiple and complex, dynamic and relational connections and re-connections.

Within the first phase of the inquiry, the co-researchers' actions and understandings about (re)connection were confined to 'playing' with possibilities and opportunities within the transformative space and community. Playing with possibilities and opportunities for occupational practice was made meaningful in the data through the co-researchers description of testing potential, occupational practices against the validity claims of occupational-knowledge, the social reality of the context, and alongside one another. Actions and understandings reflective of the (re)connection and reconstruction of occupational knowledge-practice emerged early in the dialogical inquiry and as themes in the data, through the shared commitment of the co-researchers to *using the language of occupational practice*. Over time, these actions and understandings were extended in the dialogue and the data to the *negotiation of possibilities and opportunities for occupational practice*, in practice. This extension was principally revealed through the reframing of obstacles to occupational practice (the 'problemizing' of children and practice) previously

identified in the first phase of the inquiry. Finally, the (re)connection and reconstruction of occupational knowledge-practice was evidenced in the co-researchers shared commitment to *exemplifying a meaningful praxis* in the meaning and intention (Kemmis, 2011a) of occupational practice with children and families.

Using the language of occupational practice

The theme of using the language of occupational practice, and in particular the language of enablement, was revealed as a profoundly effective strategy to transforming the practice, understandings, and social conditions of the co-researchers. As established at the outset of the thesis, language was named as imperative to the embodiment of the power of the intersubjective, preceding and grounding subjectivity, an underlying premise in Habermas' (2003) critical social theory, and Kemmis' (2011a) description of the architecture of professional practice. The power of using the language of occupational practice, as described by the co-researchers, is echoed in Kemmis' claim that changing what is meant and intended by practice, in context, will require changes to the language and discourse of practice. Further, changing the words and language of practice (for example, using language drawn from 'occupation' rather than 'dysfunction') was previously confirmed as a key influence to the improved confidence, professional identity, and empowerment of the co-researchers engaged in Wilding's (2008) participatory action research project.

Analysis of the project data revealed that the co-researchers rapidly agreed to explore and 'play' with the possibilities of the language of enablement; in fact, the enablement concepts, and specifically the enablement skills, are evidenced in the summary sheet actions associated with meeting two. What is also interesting, however, is that the language of enablement appeared to provide the co-researchers with a safe strategy through which possibilities for occupational practice could be explored, *without overt change to the behaviour of everyday practice*. As described in chapter five, the co-researchers' significant investment in trust-building and finding the courage and space for practice change meant that the importance of enabling this change in a 'safe' and sustainable way could not be understated. As Lucy described:

I feel like we have to be honest ourselves. When we try to make changes in our personal occupational performance, it's not a hefty, complicated process, is it? And it usually only works when you make small changes, one at a time, you know? We expect a lot from ourselves, our clients, or families...

In recognising that children and families accessing services would never be asked to make dramatic changes in a short period of time, the co-researchers agreed that dramatic practice change would unlikely be accepted, at least in the short-term, by the multidisciplinary team or the service. Furthermore, the co-researchers identified that practice transformation needed to be experienced and understood as being both authentic and sustainable.

The possibilities associated with initially reframing the *philosophy* of practice, through the use of the language of occupational practice, clearly intrigued the co-researchers, and me. I note that following my analysis and coding of the transcript of meeting four, I queried in the margin whether the acronym 'OBP' (generally accepted short-hand for 'occupation-based practice') might better refer to 'occupation-based philosophy'. Using language to play with possibilities and opportunities regarding the meaning and intention (Kemmis, 2011a) of occupational practice, without having to do anything different, was shown in the data as a powerful and important driver in the process of practice transformation. Recognition of the value of a philosophical shift informing a behavioural change contributes further to the significant courage required by the co-researchers for authentic practice-change. Early in the inquiry, Mandy shared a practice story, which resonated with the other co-researchers, in which she *thinks* about challenging an assumption about her role but does not *do* anything about it. As the inquiry continued, and Mandy was again faced with assumptions about her role, she shared with the group her experience of *taking a stand* to correct perceptions held by others about her role, using the enablement language to frame her response:

So I rang up the [service] and she was like, "Why are you ringing me?". "Because", I said, "I'm looking at [the child's] mobility and... maybe she might need a power chair", and she's like, "Well, that's your decision, you know I can't advise you on that!" [And] I said, "No, I'm ringing you to collaborate!". And my other new favourite 'c' word, consult. Oh, and also, you know, coordinate. Yeah, and I was just like, I'm trying to do these [things] and I'm trying to use these skills with my client.

Although agreeing with the consensus held by the co-researchers that the use of the enablement concepts and language contributed to transforming the reasoning and actions of occupational practice, Sofia queried how she might measure the impact of using the enablement skills in her everyday practice:

I think that's true and it's especially related to the language that we use, eh? So that it's accessible for other professionals as well, and to create new understandings about how we use certain kinds of language. I found it very affirming reading this chapter, but I also felt a bit conflicted about some of the language they use, in terms of... am I doing this with some families? Am I doing this effectively? Particularly... like, with parents and stuff, that don't want to be the ones that are, you know, leading the work that you do with a child, and so you feel very much like, how can I facilitate that in a way that's going to be empowering for the parents? [Agreement] [Although] I think that reading this [chapter] was really affirming for me in terms of what I should be doing and what kind of direction I need to be taking my practice in.

Sofia speaks also to the additional challenges of ensuring equity of service and the incorporation of other professional imperatives, such as evidence informed practice and outcome measurement, alongside practice transformation. Paradoxically, she has also recognised the conflict often described in the occupational therapy literature about our tendency to use words, language, and concepts which are not accessible to clients or families. Furthermore, Sofia recognised potential implications and challenges with using words and actions in practice, such as 'advocate' which is one of enablement skills, which do not help to discriminate between the role of the occupational therapist and the role of 'others' in the multidisciplinary team. As the inquiry continued, using the language also referred to how the co-researchers began to describe the occupational needs and challenges of children accessing services, and consider and dialogue ways to measure 'occupational outcomes', such as participation in meaningful and everyday occupations.

Negotiating Possibilities and Opportunities for Occupational Practice

As discussed previously, the co-researchers accessed a range of additional knowledge sources and supports to initially play with possibilities associated with occupational practice. As the inquiry unfolded, the contingency of social obstacles to occupational practice, identified earlier in the inquiry (and discussed in chapter five) was actively revealed in the reframing and renegotiation of these obstacles as possibilities and opportunities for occupational practice. Specific social obstacles deconstructed in the first

phase of the inquiry, and reframed as possibilities and opportunities in the second phase of the inquiry, related to the mitigation of professional risk (role blurring and professional boundaries), the 'problemizing' of children and practice, and meeting the complex and diverse needs of contemporary children and families accessing contemporary services.

Reframing social obstacles for occupational practice

Drawn from the second phase project data was a theme which revealed a transformative process being undertaken by the co-researchers in the reframing of social obstacles for occupational practice. This process emerged initially as the co-researchers co-constructed a shared conceptualisation of occupational-knowledge and described an increasing sense of security in the legitimacy of the knowledge and language used to articulate possibilities and opportunities within an occupational framework. As the possibilities and opportunities for occupational practice were revealed within the practice context, the power and privilege of the multiple 'truths' about accepted practice and service delivery diminished. As such, the impact of social influences on a child's health and wellbeing (such as the 'modern' problem of over-scheduling) could be interpreted and understood *from an occupational perspective*. This improved clarity, and clarification, around the meaning and intention (Kemmis, 2011a) of occupational practice and role of the occupational therapist, enabled the co-researchers to begin making active decisions, in practice, about whether or not to be they should be working with a child or family, *when the child did not have any identified occupational issues*. Consideration of occupational therapy as a limited resource, alongside an emerging clarification of the meaning and intention (Kemmis, 2011a) of occupational practice, resulted in the co-researchers agreeing with:

... the confidence to reallocate that resource in a different way. Like, I think, maybe that sometimes we... do what's always been done historically, because that's what everyone does and people expect it. We could still do really creative things... we don't need to see every kid. Suddenly we could be much more available and make a difference. I know we talked a lot about outcomes – that's the other part of the equation. How do we make a difference? (Isla)

Conversely, the mental and physical health and wellbeing impact, for example, for young people who were perceived to be over-scheduled and experiencing occupational imbalance, provided a clear rationale for the co-researchers being involved with that young person. Increasing clarity in health and wellbeing concerns which could be addressed by an occupational therapist, in turn influenced the co-researchers' understandings about the occupational practice actions and processes, the potential development of occupational goals for children accessing occupational therapy services, and the measurement of occupational outcomes. In trialling the use of the CCPF framework (Craik et al., 2007) to inform her understanding and experience of occupational practice in context, Chloe identified an opportunity at the 'enter/initiate' point in the occupational therapy process (Craik et al., 2007), which the co-researchers agreed would likely be the best opportunity to explore and clarify the expectations that families may have about their role:

I... think sometimes the referrals come into our service for a real 'fix-it'. "And this child has these difficulties, can you work on them?" At the enter/initiate point – then we [could] see them and create more of an occupational focus from that first meeting.

When questioned further about what message she might begin to use to change the ways that children and families named and described her role, Chloe reiterated the challenges that historical influences had to shaping her role, and identified a number of additional strategies to begin addressing these expectations, including an occupational focus in her work:

Yeah. And it's like other people are thinking that's what we do, because that's what we have done it historically. So I don't know how we'll change that. I guess, over time, with the work we do and, you know, letters or reports that go out, or programmes that families are getting.

Chloe's comments reiterated the 'uncomfortable truth' previously acknowledged and addressed by the co-researchers within the inquiry; that practice change required significant courage and investment. Later in the inquiry, Chloe shared a practice story, which resonated with the co-researchers, of the outcome of her courage and investment and exemplified the transformative outcomes of the project. Chloe's story reflected her decision to challenge a doctor's expectations of her role in the post-botox measurement of range of movement for a child with cerebral palsy, which resulted in a new, shared

understanding of her role and value as an ‘*occupation specialist*’. In narrating her story for the co-researchers, Chloe came to realise that she had never taken the time to talk with the doctor about her practice or her role, which undoubtedly contributed to the perpetuation and endorsement of ‘accepted practice’.

I had a peer review with a colleague who... was pushing me, [saying] I should have had a goniometer and been taking measurements and all that and it was... quite interesting. I guess we had a bit of a discussion and, I was talking more about the GAS and the COPM and she was sort of thinking more about that I should have been talking about range of movement changing, but then I think that's the physios job.

A significant proportion of the inquiry, and the data, drawn from meetings seven and eight was focused on naming and describing the specific strategies which might be undertaken by the co-researchers to advance clarification of the role of the occupational therapists with children and families. These strategies included the completion of professional publications and the development of a media campaign to raise awareness of the impact of occupational imbalance on the health and wellbeing of children, young people and families. A quote from Isla summarises these discussions and outlines associated possibilities for further actioning these strategies:

Last session we talked about the importance of the number of activities [that children are scheduled into]. Just the pressure on young people. I came away from that session ready to organise a big media campaign [similar to] that big campaign about the weight of children and how much is in their backpacks. It's been picked up by schools, and the impact of a heavy backpack on a child in terms of their musculoskeletal system, their fatigue and all those things. I was having a chat with [a colleague] and she said that [it] would be so fantastic to look at occupational balance in childhood. I did a Google search and found over scheduling to be a major source of stress in adolescents – a lot of adolescents in the general population are probably experiencing [high] expectations – school expectations, but also three after-school activities, a part time job, and a weekend full of [scheduled activities].

Reframing ‘barriers’ as excuses

Within the data, and predominantly in the first phase of the inquiry, the co-researchers identified a number of pragmatic barriers to occupational practice in context. Discussed in chapter five, these barriers included the increased time required for occupational practice and practice change; reduced access to appropriate environments and resources to

support occupational practice in context; the complex ways that research findings are communicated, which makes findings too difficult to translate to practice; and the significant influence of the clinical culture. However, in the process of reframing of social obstacles as possibilities and opportunities for occupational practice, the co-researchers also chose to reframe these barriers as 'excuses'. As revealed in a conversation between Amy and Isla:

Amy: *I thought around the evidence based practice, there was this quote that they said in the book... "typical challenges to implementation of evidence based practice include lack of time, limited research skills and poor restricted access to routine part of work" and I just thought... how many times do we quote those sort of things? We can't do more research, or we'll focus on... the research and evidence behind what you're doing, you just get bogged down in kind of the doing, and not taking [the time] to reflect and plan and all the rest of it.*

Isla: *We go back to that notion of responsibility though, isn't it? And I mean one of the things [in the summary sheets] is the word authentic... we're all practice scholars now, we can take that step, that's what we do, we're practice scholars. That shift that feels like it's towards a more authentic occupational therapy practice. And in there is a payoff which means it's a little bit more safe to do some of these things. I'm astounded every day at how much Google scholar improves all the time in terms of access to articles, heaps available as more and more and people put their own work [online].*

In response to these new understandings, related to *reframing barriers as excuses*, the co-researchers often made, and completed, commitments to enacting scholarship goals and actions in-between the community of practice meetings. These goals and actions included such activities as reading a journal article, trialling or using an occupational assessment in practice, or taking the time and space to reflect on, and critique, practice influences and issues.

Utilising local resources to sustain practice-change

Finally, in the process of (re)connecting and renegotiating occupational knowledge-practice in their own practice and in context, the co-researchers described utilising a number of practical strategies and supports to facilitate and maintain practice change. Paramount to the effectiveness of their endeavours to inform and transform their occupational therapy practice with children, young people and families, was the active and continued participation in a professional community. Further to the strategies

previously outlined, such as using the language and negotiating possibilities and opportunities for occupational practice, the co-researchers identified that offering undergraduate student placements was an effective strategy to sustaining occupational practice. As a group, the co-researchers reported confidence that both the occupational therapy schools in New Zealand were preparing graduates for authentic engagement in occupational practice; an assertion that was both heartening and worrying, given the co-researchers shared experiences of practice contexts which were less than prepared for occupational practitioners. As Isla stated when sharing her concerns at her insistence in her early career on completing developmental assessments and writing cumbersome reports:

[Students] wouldn't get that impairment assessment. I think the new grads would [exit the programme] and say, "Why would you do that? Why would you measure a child and say they were functioning at the level of a four year old?"

In addition to supporting student placements, another potentially useful strategy identified by the co-researchers involves supporting the development of occupational therapy roles working with children, young people and families in role-emerging settings, such as social services. Sofia described a potential role for an occupational therapist in a social service, working with woman and children:

[Having] therapists there, in having an OT that comes, consults and does therapy sessions with them, to shift some of the stuff they do, [because otherwise] everything's so Freudian and psychotherapy-driven. Having an occupation focus brings a new sense of meaning and purpose into the way that children interact in the therapy session.

The final practical support to knowledge-translation and practice transformation suggested by the co-researchers involved using professional requirements, such as the OTBNZ Continuing Competency Framework, an annual performance review, or supervision, as opportunities to continue to access, review and integrate occupational knowledge to inform and sustain occupational practice in context. Occupational therapists practicing in New Zealand are required to regularly develop professional development and continuing competency goals and activities aligned with the seven competencies for registration. Each of these competencies, alongside the scope of practice for occupational therapists focused on 'enabling occupation', provides

opportunities for practitioner's to consciously and critically reflect upon, and critique their practice, identifying opportunities to address gaps in knowledge and practice as a core component of the registration and the re-certification process.

Exemplifying a Meaningful Praxis

Alongside all of the strategies outlined previously, realisation of the emancipatory potential of occupational practice was revealed in the inquiry and the data as the ways that co-researchers worked together to authentically discover and integrate occupation as the 'meaning' in their practice. The concept of praxis was consciously used in the naming of this theme to elucidate the co-researchers' experience of the profound transformation that the exemplification of meaning brought to the actions and understandings of their practice as *praxis*: "morally informed, committed action, orientated by tradition which responds wisely to the needs, circumstances and particulars of a practical situation" (Kemmis, 2011b, p. 15). In positioning 'meaning' as imperative to her experience of practice, Amy described new possibilities for her future occupational therapy praxis:

I'm really enjoying reading information that's giving me some justification for what I'm doing in my current role, because... I think, for so long we've focused on impairment and what the child can't do, and that we have to treat them, and I think we've got so much to offer about supporting them to do... to be children... to be part of bigger systems. And the whole [enablement] chapter, with obviously the focus on active engagement and participation and all the rest of it, but then when they go through core... competencies we're using as OTs, which I thought was really good, it, kind of, put it in perspective for me.

Kemmis (2011a) suggested that the meaning and intention of practice is lost or misinterpreted when practice *behaviour*, the doing of practice, is the only measure of knowledge-practice. Further, he identified that the meaning and purpose of practice is more often discovered in collaborative meaning-making, embedded in social relationships, and the values that are underpinned and expressed in the language and behaviours of practice. Furthermore, situating meaning at the heart of occupational practice resonated with the experiences of the participants in Aiken et al.'s (2011) and Estes and Pierce's (2012) aforementioned studies. Within the inquiry and the project data, the category of exemplifying a meaningful praxis emerged through the co-

researchers' agreed commitment to values instrumental to realisation of a meaningful interpretation of occupational practice with children and families in practice; *authentic collaboration with families* and *cultural responsiveness in practice*. Both of these themes are described in more detail in the following section.

Valuing families: Authentic collaboration for occupational outcomes

During the first phase of the inquiry, the co-researchers explored the expectations of families as a powerful and pressing influence on the endorsement of accepted practices with children and families. As the dialogical inquiry progressed, however, the data revealed that the co-researchers came to discover that authentic collaboration with families was a fundamental value underpinning meaningful occupational practice. The co-researchers principally described authentic collaboration with families as those moments when families were consciously and appropriately empowered to lead and manage their own care. While discussing the chapter on client-centred enablement (Townsend et al., 2007) during meeting five, Sofia reflected that the possibilities of engaging with families as experts, and working in partnership with families to identify and improve outcomes for a child, would likely be instrumental to realising the emancipatory and practice potential of occupational practice/praxis:

Whereas actually using their knowledge [to lead practice] and actually generating ideas from them is... often more successful in terms of... the kind of interventions that we would be providing. Yeah, that really struck me; I've been thinking about that a lot lately.

Amy, while recognising that family-led care may not always be practicable or possible in all practice settings, suggested that families may have different needs for services at different times, and as such may feel more comfortable with leading care at different stages in the occupational therapy process or during specific activities:

I think in different settings, people are probably at different levels. I think of the kids with long term disabilities and the families are probably engaging [with multiple services]... as the children get older, they do - well, some do - tend to take on that, "Well, actually WE know, and we're going to direct the process".

Later in the inquiry, Chloe reflected on determining possibilities about how she might elucidate 'meaning' in her practice with families, especially for those families who expect that she might be able to 'fix' their child:

Well I think, I think I could approach things differently with the type of family that is turning up thinking that just by turning up and having a session with me, that things are going to get better. You know, some of the families that I'm giving advice [to] but I'm not seeing them make changes. There was a little bit [in the book]... given that knowledge seems insufficient to alter behaviour, we need to determine what helps or hinders family members from implementing the recommendations. I think in those kinds of cases I probably could address it differently and probably be more kind of frank and open at the beginning and saying, "What do you want and how are we going to get there?"... And looking at evidence and what the options are for the, you know therapy or, what input we have. I think I kind of fluffed around that area in the past, you know, like I go in and... maybe, maybe a family does say [what they want]. I was thinking of that boy... that was coming to sessions with me and I think for the mum it was sort of like, "Well, if I come to these sessions, his right hand will get better". But then I think, yeah, I think now I'd probably have a more frank, open discussion about what they actually want to achieve, what's realistic, [and] any research around it that kind of thing.

When describing opportunities to exemplify meaning in practice/praxis, the co-researchers agreed that integrating an occupational philosophy and vision in practice and authentically collaborating with families likely meant actively moving into positions which sat outside of 'traditional, child development clinics and services'. Authentic collaboration also meant meeting and working with children, young people and families in the spaces and environments that were meaningful to them. As revealed in a conversation between Amy and Emma during meeting 11,

Amy: *[Occupational practice] is actually empowering people to, take self-responsibility and we all know that there are some families that at times, certain times where you actually have to do a bit more.*

Emma: *Care for families.*

Amy: *Yeah, absolutely.*

Emma: *I had really nice feedback this week though from a mum that I'm discharging and she said, "Thank you I've really enjoyed working with you... some therapists tell me what to do with my daughter and it feels like they don't listen... you've been really respectful and you've really listened and I've never felt stupid asking you questions" and I was like oh that's the loveliest thing I think I've heard all year, like it really made my day.*

Amy: *That's what you're trying to achieve isn't it? Collaboration.*

The co-researchers agreed that the everyday realities of the complexities of practice meant few opportunities might be available for occupational therapists to consciously connect and (re)connect with the meaning and intention (Kemmis, 2011a) of occupational practice. Furthermore, the co-researchers agreed that the meaning and intention of occupational practice needed to ensure that practice was both personally meaningful, and meaningful to children and families, measuring meaningful outcomes. Amy outlined how she experienced the discovery of 'meaning' in her own practice:

And it's not just change, it needs to be change that's meaningful, do you know what I mean? You might get change [in] that child can hold his neck up a lot better now... or they can balance on one leg now for 10 seconds and they could only do it for 5 seconds before, but if that doesn't equate to the occupational function of the child, it's meaningless.

Finally, the theme of *exemplifying a meaningful practice/praxis*, grounded in occupational-knowledge and the values of client-centeredness, is summarised in a quote from Sofia:

But that's where it all comes back to... occupation and [the] client centred focus, which is such a strong theme in this book, isn't it? It's about what's meaningful and real to the people you're working with, and the communities you're working with or... rather than us going in with our expert knowledge.

Culturally responsiveness practice

Profoundly influenced by accessing and critiquing chapter six (Enabling social change; Townsend, Cockburn, Letts, Thibeault, & Trentham, 2007) in the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, culturally responsive practice was named by the co-researchers as the second strategy undertaken in meaningful praxis. The content of chapter six signals a professional and philosophical shift from working with the individual to working with communities, and access to these ideas was one of the drivers to the co-researchers dialoguing how culture influenced and shaped their practice. The co-researchers views and understandings about culture, and culturally responsive practice, were undeniably shaped by their experience of practice in a context that attempts to value culturally-responsive practice and cultural diversity. Cultural competence is one of the seven competencies for practice in New Zealand and the OTBNZ (2000) describes cultural competence as both culture-specific skills and knowledge, and more generic

attitudes, beliefs, values, experience, and approaches to perceived difference; awareness of the potential impact of these on practice; and skills which equip a practitioner to work effectively with people who may come from different cultural contexts. The Board suggests that effective practice in Aotearoa/New Zealand requires not only a capacity and preparedness to work with people whose life experiences and culture may be different, but also to integrate the principles of partnership, participation, and protection, embedded in te Tiriti o Waitangi/the Treaty of Waitangi, into practice. Re-engaging with the content of chapter four, Sofia talked about her experience of the language and meaning of occupational practice being embedded in culture:

And I liked the stuff about meaning and about how meanings change, and I had this little epiphany. And you know how epiphanies seem so simplistic to everyone else around you but to you, you're just like "wow"? Well I got this epiphany about... you know how sometimes you're working collaboratively with families but it's not really the child's goals? And you're kind of feeling a little bit of dissonance about the fact that you would like that to be the child's goals, not that you... but usually the occupation is about seeing the meaning change as they're engaged in it? And I think this really brought that back to me... about how meaning towards occupation can actually change through the process of engaging in activities and stuff. Yeah, so it was a real epiphany for me, I don't know how others... if it was for everybody else, but when I was talking to people in my office about it they were like "yep"! But I really love the language around meaning, and I also really love the language around culture, like I was really interested in all the different definitions of that because of working... well, working in all the different areas in Auckland, there's such a diversity of culture, and I love how it [text] says that the language around culture is the filter through which people view their lives? And I thought that was such a beautiful way of describing it [Agreement] because it does, it shapes every way in which we engage in interactions with occupations.

Emma shared her understanding of a Pacific view of mental health, gathered from working with Pacific occupational therapists, and a potential disconnection between an 'individualistic' focus of occupational therapy, child development, and Pacific views of health and mental health:

I think we talked about it in a group before, but I worked with two OTs in a Pacific Island mental health team. They've talked a lot in OT meetings about the fact that OT in itself does not really support a Pacific Island view of life. Not in every single way, but if a child is mentally unwell, the family preference is to have them at home and look after them, bringing them food in bed if that's what they need at the time. And looking after them. And that

often, coming in there and even being a Pacific Island worker and saying “Hi, I’m here to help your child separate from you and become independent” – that is not valuable to them, and in fact incredibly unhelpful and not valuable. So... I thought that came up with me for the reference stuff, to be careful about other cultures and the value they place on the work that you’re doing.

Building from this position, Chloe reflected on how the ‘truths’ about practice are often culturally bound:

Something I, I’ll just raise something as well, been thinking about this. You know the kind of truth we hold... as a profession and then when you come up against a culture or group of people who have the opposite view. Recently I was working with an Asian family who want their daughter to be right handed and she’s sort of um tending to use her left hand and when I talked to our cultural case worker he said in China every child is, taught to be right handed. And then I thought, shoot like, the whole of China has different views from me! [Laughter] I thought who’s right and who’s wrong here like um yeah I guess it will be going, going thinking for me because it’s just sort of happened in the last couple of weeks.

This understanding aligns with the perspectives discussed previously by occupational theorists, such as Hammell (2011), Watson (2006), and Reed (1984), who recognised that occupational therapy models are culturally bound and, as such, cannot exist in cultural isolation. When considering cultural competence, the OTBNZ suggests that practitioners should include evaluation of their own attitudes and beliefs; knowledge of other cultural worldviews and practices; and the range of culturally appropriate strategies at their disposal, including the all-important interpersonal ones, in relation to all the dimensions of culture noted above.

Sharing the Vision: Shifting the Dialogical Inquiry to Advance an Occupational Agenda

As the information gathering phase of the study drew to a close, the co-researchers began describing the impact of participation in the project. As the conversation between Amy and Issie revealed:

Amy: *You know you have these journal clubs, but maybe we’ve had a book club for a while, you know? I found it really useful and really interesting and like my occupational therapy practice and also challenging too in the things that we’ve talked about, all these things I need to do as the OT involved, to bring yourself up to do this true occupational therapy and*

putting some boundaries around and not getting side tracked into issues that aren't, really, specifically occupational therapy

Issie: *I think, finding the courage, like so many things, it's actually quite a position to take to say, "I don't want to it like that anymore, I want to it like this" because it's not just about what you do, it's changing [other's] perspective of what we do too.*

Pivotal to the closing conversations in the inquiry included the co-researchers dialoguing about how to shift the process and content of the inquiry to influence a wider audience, sharing the emancipatory potential of occupational practice with others. This dialogue was revealed in the data as being principally drawn from the evaluation of their individual and collective experience of inclusion, agency, and participation in the project. This experience is summarised by Amy in response to a query about where the conversation might go after the close of the information gathering phase of the project:

Well I think it's been a fantastic process, you know, the whole participatory action research, I think it's really great and I've found it really empowering, being really ordered. And you've been a really good reflective listener. You know, and it's been interesting to, you know, read the themes and think, "wow, all these ideas", you know?... You keep mentioning about what could happen afterwards and I think it's a very strengthening thing that the professional group do because we work so much in isolation and it's hard to share in a safe way. And I think this has been a confidential group, that you know the people feel comfortable to speak out as people who are quite interested in everything and passionate but sometimes I think it's not always..., like on the special interest groups and things, you think "Shall I put in a comment or, I might look stupid?"

As exemplified in Amy's summary quote, the principal concern emerging in the data as the co-researchers explored and dialogued how to operationalize 'sharing the vision' centred on the expectation that with change would come some resistance.

Expecting, and being prepared for, resistance

As mentioned, within the action research, critical social, and transformative literature, resistance is named as an expected reaction to conflicts between 'new' and 'accepted' practices that emerge in response to critical analysis of the socially structured situations and systems in which people work (Leonardo, 2004; McTaggart, 1998). 'Hesitation' might

better summarise the consequences of expected resistance on the co-researchers identification of agreed strategies to shift their practice from 'one place to another'. This hesitation was centred in concerns about the potential, and expected, negative reactions from other occupational therapists, professional colleagues, and children and families as practice transformation became practice reality.

As described in the previous chapter, concerns about expecting, and being prepared for resistance, had already been encountered and discussed by the co-researchers as they attempted to share ideas and strategies with other occupational therapists working with children and families. However, the opportunity to publically challenge 'truths' about 'accepted practices' with children and families arose in meeting 11. Just prior to the meeting, an occupational therapist (who was not a member of the co-researcher group) posted on an online discussion forum dedicated to supporting occupational therapists working with children, questioning the role of occupational therapists in the diagnosis and treatment of children with learning disabilities. During meeting 11, while critiquing the assumptions evidenced in the question being asked by the therapist and the replies of other occupational therapists, the co-researchers discussed their felt reaction to the online discussion forum. Each of co-researchers agreed that, even though they had the language and knowledge to bring an occupational perspective to the online discussion, they all decided (individually and unbeknown to one another) that it was unsafe to challenge 'truths' about accepted practices in a 'public space'. This reaction is exemplified in a quote from Mary:

Just going back to that vision for OT, it was really interesting and I don't know who else is on the [forum]... it was about "having OT to treat their needs". I didn't comment and I wanted to, but thought I'd leave it. We've been so privileged being part of this group, because of this process – and for a lot of us, it's like... they don't necessarily need OT or an OT remediating them. It's that whole change of thinking.

Within the second phase of the inquiry, the co-researchers critiqued this experience as a 'learning moment' focusing less on further elucidation of the influences to the perpetuation of 'accepted practices' with children and families, and more on why the co-researchers were unable to challenge the position being taken. However, as Isla summarised:

We are 1, 2, 3, 4, 5, 6, 7, 8 [counts co-researchers] and... I think we have to try and lead some change, I think absolutely we have to try and lead change. But the reality is that there's 8 of us, and we're going to come up against some incredible resistance, I mean, from services who expect us to behave in a certain way and from other therapists who are in that... kind of mindset.

Evidenced in the data was a strategy that the co-researchers identified as supportive to them being better prepared for managing the expected 'resistance of others': the recruitment of allies. Potential allies were named in the dialogical inquiry as occupational therapists working occupationally in other settings, colleagues, students, and families. The co-researchers agreed that many occupational therapists practicing in community contexts, such as community mental health settings, were purported to be working in an occupational way, and would therefore be useful allies to leading and supporting practice transformation. Furthermore, the co-researchers agreed that a number of other professionals, such as speech and language therapists, were also experiencing paradigmatic crises and might therefore be open to working collaboratively to address and change the expectations, and outcomes, of an authentic, meaningful experience of practice with children and families. The co-researchers agreed that undergraduate students would be likely allies in supporting practice change, given their recent exposure to occupational-knowledge, and their reduced awareness and experience of the profound press of the practice context. As such, the co-researchers agreed to continue to offer undergraduate placements as a means to supporting and sustaining practice change. Finally, the co-researchers agreed that families, as experts in the care and needs of their children and as informed consumers of occupational therapy services with children and families, would also be likely allies to supporting and enabling practice transformation.

Summary

Building from themes drawn from the first phase of the inquiry discussed in the previous chapter, action-oriented themes emerging from the second (action-reconstruction) phase of the inquiry were revealed in the data as those actions and understandings which contributed to the co-researchers' experience of (re)connecting and reconstructing occupational practice in context. These themes, situated in the inquiry as the realisation

of the emancipatory potential of occupational practice, detailed a transformative process for practice change. Stemming from resolution of the subjective quest for validation as the principle catalyst for action, this transformative process included the co-constructed conceptualisation of occupational-knowledge; the use of occupational language in practice (which enabled the co-researchers to change the philosophy of practice before changing their behaviour); the negotiation of 'possibilities and opportunities' for occupational practice, principally through the reframing of social obstacles to occupational practice; and the exemplification of a meaningful practice/praxis, through ensuring that occupational practice was authentically family-led and responsive to the cultural needs, and expertise, of children and families. As the inquiry came to a close, the co-researchers determined that actions and understandings drawn from their experience of participation in the project, and practice transformation, could be used to advance an occupational vision and agenda. However, through perceived and felt experiences of the resistance of others during the process of practice transformation, the co-researchers also agreed that the recruitment of allies would likely support them to start these 'uncomfortable' conversations challenging the meaning and intention of occupational therapy practice, and the power, privilege and continued endorsement of accepted practices in a range of practice settings.

Chapter Seven

Critical Moments in the Emancipatory Reconstruction of Occupational Praxis in Context

The transformative power in critical social theory and participatory action research lies in the translation of project findings to meaningful action (Greenwood & Levin, 2000; Hammell, Miller, Forwell, Forman, & Jacobson, 2012; McNiff, 2013; White, Suchowierska, & Campbell, 2004). While it is recognised that translation of the exact experiences of co-researchers to other historical or practice contexts will not be possible (Gall, Borg, & Gall, 1996), conversations about *how* to share a collaborative, transformative vision for occupational practice emerged within the inquiry and the project data. This chapter seeks to consolidate and translate the 'accounts of practice' (McNiff, 2013, p. 50) described in chapters five and six, into a praxiological solution (McCormack, 2006) for meaningful action, which might be useful to occupational therapists planning to undertake the emancipatory reconstruction (Habermas, 1972) of their occupational practice in context. Habermas positioned emancipatory reconstruction as realisation of the commitment that critical participatory action researchers make to valuing all aspects of the human experience; enabling people to release themselves and others from constraints that limit potential or produce untoward consequences; and holding the hope that things might somehow improve (Habermas, 1972, 2003; Kemmis, 2008). Figure 7.1 (see p. 179) demonstrates how the emancipatory reconstruction of occupational practice was underpinned by collective action, the deconstruction of the social conditions which influenced and oppressed occupational practice (presented as first phase findings, discussed in chapter five) and reconstruction of occupational practice in context (presented as second phase findings, discussed in chapter six).

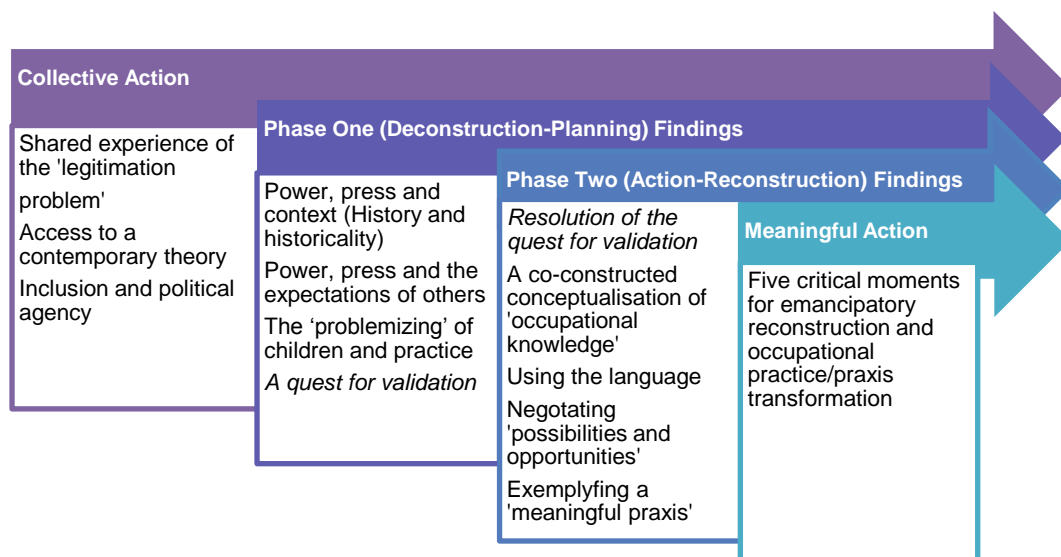


Figure 7.1: Situating the model and the chapter: How five critical moments in the process of emancipatory reconstruction of occupational practice/praxis emerged from the project data.

Constructing a Praxiological Solution for Meaningful Action

As the information gathering phase of the inquiry drew to a close, the co-researchers started to describe their experiences of the transformative outcomes of participation in the project, evidenced in renewed discourses and actions associated with self-understandings, practices, and conditions of practice (Kemmis & McTaggart, 2005). During the second stage analysis of the project data, five 'critical moments' emerged within the data which were confirmed as catalysts to the co-researchers' experiences of the emancipatory reconstruction, and transformation, of practice in context. The considered use of the concept of 'critical moments' acknowledges the contribution of the action research spiral to elucidation of the model, and in particular Kemmis, McTaggart and Retallick's (2004) description of planning, action, observation, and reflection as the four critical moments in action research.

As discussed in chapter four, the second-stage analysis of the data utilised Nvivo-9 (QSR International, 2010), enabling a contained space for multiple iterations of reflective analysis and coding. Furthermore, this stage of analysis also allowed for the discovery of, and influences on, collective and communicative action, and practice transformation, over time. Following the assignment of the themes to two action research phases (deconstruction-planning and action-reconstruction), which are described in chapters five and six respectively, critical moments in the process of practice transformation were

revealed in the dialogical inquiry; one critical moment was revealed in the first phase data (validation) and four critical moments (exploration, negotiation, integration, and actions for occupational practice/praxis) were revealed in the second phase data. During consolidation of these critical moments, I was intrigued that the first letters of each spelt *venia*. Upon further investigation, I discovered that *venia* is a Latin word, which means grace; the action of absolution for past transgressions; an expression of goodwill; and agreement with a proposal to *do* something (Lewis, 1890). Borrowing again from Habermas' description of the power of language, the multiple meanings associated with the word *venia* resonated with my interpretation of the underlying philosophy and intention of the study; creation of a critical space for resolution of decisions made in the past and commitment to the actions of practice transformation. The meanings of *venia* also appeared to acknowledge the co-researchers' shared commitment to the potential of the project, and the discovery of effective-historical consciousness, as well as the discovery of the significant influence and contingency of personal and professional histories to conceptualisations of multiple truths about accepted and occupational practice with children and families. Finally, the emerging name of the critical moments, and the model, also reflected the collective commitment shared by the co-researchers to addressing their concerns about the legitimacy of accepted practices with children and families, and to ensuring that experiences, actions, and understandings were communicated to a wider audience so as to lead and support the advancement of an occupational practice agenda and vision with other occupational therapists.

A caveat to the presentation of a two-dimensional model of the process of occupational practice transformation is that the social realities, strategies, and actions presented can only be theoretical; the social realities of occupational therapists' everyday practice will likely be diverse. Furthermore, in using a static diagram to represent complex and dynamic concepts, the critical moments represented within the model appear fluid and uniform. It is important to note, therefore, that the diagrammatic representation of the VENIA model is for ease of explanation only; it is not intended to indicate that the co-researchers' experiences of the inquiry, and transformative action, was uniform, or indeed would be the same for any other practitioner who decided to embark on practice

change. Additionally, the critical moments in the process of transforming occupational practice are not purported to be mutually exclusive, but rather interconnected, and always situated and revealed within social situations and contexts.

The VENIA Model: Five Critical Moments in the Emancipatory Reconstruction of Occupational Praxis in Context

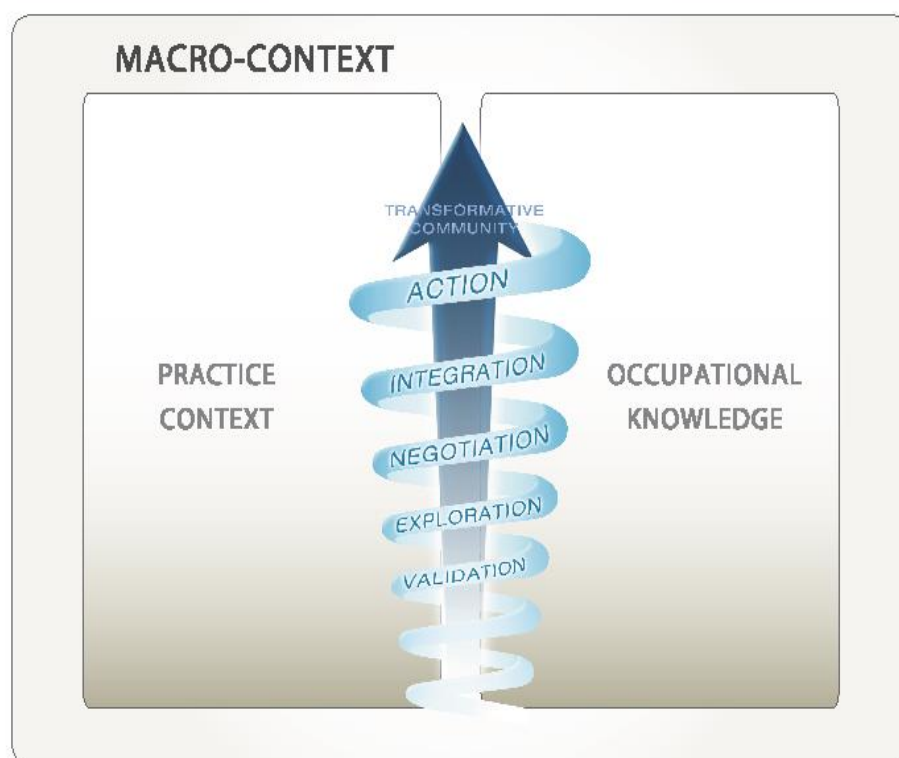


Figure 7.2: The VENIA Model; Five critical moments in the emancipatory reconstruction of occupational practice in community and in context

As outlined in Figure 7.2, there are four interrelated components, drawn from the project data, which are named as foundational to the action/process of the VENIA Model. These four components are;

- 1) The macro-practice context, including socio-political influences to occupational therapy practice that influence and shape practice such as regulatory, legislative, and historical expectations and possibilities;

- 2) An immediate practice context, including consideration of all aspects of the practice environment, such as the physical location and layout of a service, the multi/interdisciplinary team, and the children, young people and families accessing services;
- 3) Occupational-knowledge, a co-constructed understanding of the tacit and explicit knowledge that informs *occupational* practice, including occupational science, occupational therapy theory, collective wisdom, and any other knowledge which is interpreted and integrated in occupational practice; and
- 4) A transformative community (represented as an arrow in the middle of the model), posited as the mechanism to sustained, collective action, practice transformation in context, and the shift from oppression (prioritisation of the biomedical/developmental needs of children and accepted practices) to the empowerment and emancipation of occupational therapists through occupational practice.

These four foundational components in concert underpinned the co-researchers' experience of the realisation of the transformative and emancipatory potential of occupational practice. The emancipatory reconstruction of practice emerged through the identification and negotiation of synchronistic possibilities and opportunities within the practice context, and the legitimate integration of an occupational philosophy in the meaning and intention of occupational practice. Each of these foundational components will now be discussed in more depth.

The immediate and macro-practice contexts

As discussed principally in chapter five, examples of the ways in which the macro-context influenced the practice of the occupational therapy co-researchers participating in the project included changes in government policy which influenced funding and employment security, the power of complaints about practice and practitioners, and the expectations associated with measurable outcomes and evidence based practice. Within the VENIA model, the conceptualisation of a *macro-context* encompasses consideration of a number of factors and variables which overtly, or covertly, influence occupational therapy

practice; including, but not limited to, national legislation, the socio-cultural environment, and national and international practice developments. Situating of the VENIA model within a macro-practice context, or framework, also confirms assertions, such as those made by Duncan (2011) and Kinsella and Whiteford (2009), that, knowledge genesis, knowledge construction, and occupational therapy practice does not, and cannot, occur in isolation. As discussed in chapter two, key influences to knowledge construction, practice philosophy, and the language and behaviours associated with practice (from a broader contextual perspective) include legislation, government and clinical policies, third party stakeholders (such as insurers), private providers, professional and regulatory authorities, and educational organisations (Krusen, 2011).

Within the project, and again principally discussed in the first phase (deconstruction-planning) data presented in chapter five, examples of the ways in which the co-researchers described the power of the immediate practice context included the recognition of (actual or perceived) expectations around additional education and training required for 'paediatric practice'; assumptions and expectations from 'others' (such as team members, parents, and occupational therapy colleagues) regarding the role of the occupational therapist working with children and families; and continued access to developmental assessments and hospital-based clinics. Just as practice and knowledge does not, and cannot, exist or occur in isolation, the influence of the immediate practice context, the service or team in which the occupational therapists were employed, cannot be underestimated. This perspective further reiterates Whiteford and Wright-St Clair's (2005) conclusion that the contexts in which occupational therapists practice are multidimensional and complex and, as such, the practice environment presses knowledge, philosophy, and practice in multidimensional and complex ways.

Occupational-knowledge

As the inquiry unfolded, and as discussed in chapter six, specific theories, models and ideas revealed within the *Enabling Occupation II* (Townsend & Polatajko, 2007) text were valued, trialled and integrated by the co-researchers to enable occupational practice; however, over time the *knowledge* which the co-researchers integrated to inform

occupational practice came to include a both tacit and explicit knowledge, including perspectives drawn from occupational science, research evidence, and collective wisdom. Essential to understanding how knowledge was constructed to inform and transform practice is recognition that access to the *Enabling Occupation II* (Townsend & Polatajko, 2007) text appeared to provide the co-researchers with a *map* through which occupational knowledge-practice *in context* could be navigated. While the concept of an occupational lens is described within the occupational therapy literature (see for example, Jung, Salvatori, Missiuna, Wilkins, Stewart, & Law, 2008; Robinson & Penman, 2011; Rodger, 2012;), the analogy of an *occupational practice map* suggests a tangible strategy through which occupational-knowledge can be accessed, critiqued, and integrated to enable occupational practice in context. In developing and facilitating the project, I was conscious that access to the *Enabling Occupation II* (Townsend & Polatajko, 2007) text, and the transformative community of practice, would likely provide a scaffold for practice transformation, rather than being the sum of the action. The experience of co-constructing a shared conceptualisation of occupational knowledge as foundational to knowledge translation aligns with perspectives described by Lambert (2006), Reimer-Kirkham et al., (2007), and Kitson (2008). These authors have also outlined concerns about the assumption that knowledge can be neatly packaged and translated as a neutral, discrete entity, the multiplicity of philosophical positions on what knowledge is (Greenhalgh & Wieringa, 2011), and the consensus within the knowledge translation literature that no one knowledge translation strategy will be effective in isolation (Ward, House, & Hamer, 2009).

Collective action and the transformative community of practice

Central to sustaining the co-researchers' experiences of practice transformation in context was their experience of collective action and the transformative community of practice, in which both the inquiry and the (re)connection of occupational knowledge-practice were embedded. The significant power, and influence, of being called to action through the shared experience of the legitimization deficit (Habermas, 1972) in accepted practices cannot be underestimated. Integral to this experience of the power of the community was a shared vision of the project's potential and a commitment to collective

action; skilled facilitation; and the creation of a space in which trust and courage could be developed and possibilities and opportunities for change explored. As the inquiry unfolded, it became increasingly apparent that the collective experience of the co-researchers, the sharing of this space and the emergence of *critical consciousness* (Ledwith & Springett, 2010) were the most powerful influences on the co-researchers' experience of action, empowerment, and transformation. Ledwith and Springett's (2010) interpretation of critical consciousness is based on the Freirean concept of *conscientization* and refers to the process of engaging in critical reflection and liberating interventions, beginning with questioning of the status quo. Freire (1972) stressed that true liberation needs to be a collective process if it is to be transformative; a perspective which aligns with Kemmis and McTaggart's (2005) critical participatory action discourse. The contribution of the transformative community of practice in shifting occupational therapy practice from one place to another is supported by findings drawn from other knowledge translation studies, such as Wilding (2008) and Wimpenny (2009).

Integral to the experiences of the co-researchers as they engaged in the inquiry and the transformative action of the project, and woven throughout the findings chapters, is the community, and the space, in which the inquiry and the action occurred. The community of practice in which the project was seeded and developed became the mechanism through which the project, and the project outcomes, could be progressed. Dialogue generated from the community of practice meetings revealed that the shared experiences of the realities of everyday practice, described by the co-researchers within their individual practice or collectively as members of the profession, strongly shaped and influenced their individual and collective perceptions of what it meant to engage in the legitimate practice of an 'occupational therapist'. Using the principles of a community of practice adapted from Wenger (1998) as criteria for audit, the behaviour of co-researchers as group members embodied these principles as they assembled each month to dialogue and critique knowledge and practice. All of the group members worked with children, young people and families; and as the inquiry continued, the diversity of practice settings, evidenced initially as the touchstone for identity and practice in the way

that co-researchers introduced themselves to the group and engaged in early meetings, became less powerful, and a more cohesive and collective identity, that of 'occupational therapist', emerged. Additionally, as the co-researchers shared their practice stories, and explored challenges and opportunities related to knowledge and practice, they came to realise that many of the dilemmas that they faced in practice, such as the power of 'others', challenges with defining and describing their role, identity, and oppression, resonated with other members of the group. As such, solutions could be introduced and critiqued in a safe and constructive manner.

As the information gathering phase of the project came to a close, the concept of a transformative community was extended by the search for allies to join the community. Within the inquiry, allies were sought as a response to the resistance that the co-researchers had already encountered, and expected to encounter further. Allies were named within the inquiry as others who would lead and enable the transformation of occupational practice in context because of their previous experience of practice change, paradigmatic crises or occupational-knowledge and practice. Potential allies were named in the dialogical inquiry as occupational therapists working occupationally in other settings (such as mental health), multidisciplinary colleagues (such as speech and language therapists), undergraduate occupational therapy students, and families. The recruitment of families as consumers of occupational therapy services with children and families, and therefore likely allies to supporting and enabling practice transformation, emerged in the recognition of families as experts in the care and needs of their child and authentic collaboration with families being a fundamental value underpinning meaningful occupational practice/praxis.

Five Critical Moments in the Process of Occupational Practice Transformation

Building from the foundations of the process model, the spiral in the centre of the VENIA model represents the five critical moments in occupational practice transformation, revealed in the project data; validation, exploration, negotiation, integration and actions of occupational practice/praxis. These moments emerged from the co-researchers' guided participation in exploratory action including a) seeking and sourcing validation (the

reflexive action of holding both recognition of the significant press of the context and the potential of the knowledge), b) immersion in the knowledge, and c) participation in the actions of translation and integration of knowledge, including synthesis of a range of sources and perspectives and the (re)connection of occupational knowledge and the practice context. Finally, as the co-researchers began to describe and experience their practice as meaningful and aligned with an occupational paradigm, empowerment and an emerging experience of emancipation were also revealed and experienced.

Validation

As discussed in chapter five, the first phase (deconstruction-planning) of the inquiry was focused on the co-researchers' exploration and deconstruction of the social and oppressive influences on practice, including the discovery of the power and press of the practice context. While new understandings about the social and oppressive realities of practice were an important focus of the inquiry, the revelation and resolution of an underlying subjective quest for validation was revealed in the data as a critical catalyst to advancement of the project, and the second phase actions of practice transformation. Essentially, this quest was embedded in the co-researchers needing to feel heard; to trust and be trusted; and requiring acknowledgement, from one another and others in the practice context, that the significant investment required for practice transformation would be worth the effort. Connected with Ledwith's (1995) assertion that listening is one of the key components of emancipatory research, the quest for validation was a critical catalyst to the co-researchers finding the courage for practice transformation, and the action of the inquiry; that trusting one another, the process, and the knowledge, created a 'third' space for transformative and emancipatory action. In describing empowerment as a process through which the learning context is established to facilitate participants' understanding of the world around them, McLaren (2009) concluded that the experience of empowerment includes finding and experiencing the courage to bring about necessary change. Kemmis (2008) also named courage as being pivotal to the telling of 'uncomfortable truths', integral to the process of authentic practice change.

Exploration

Exploration is the second critical moment revealed as a catalyst to practice transformation within the VENIA model. While the first phase (deconstruction-planning) of the inquiry focused on the co-researchers' critique of the significant influences and barriers to occupational practice in context, and resolution of the shared quest for validation, the second phase data revealed that resolution needed to happen *alongside* an introduction to the occupational theories, models, and ideas which had the potential to inform, and transform, the meaning and intention of occupational therapy practice. As such, the critical moment of exploration includes recognition of the considered and conscious orientation of the co-researchers to the 'knowledge' contained within the *Enabling Occupation II* (Townsend & Polatajko, 2007) text. Specific actions associated with exploration that were undertaken by the co-researchers, and discussed in chapter six, included the development of critical thinking and critical reflection skills; the trialling, and use, of occupation-based assessments; the active sourcing, critique, and integration of complementary occupational-knowledge sources, to ensure a sufficient breadth and depth of understanding about occupational practice; the active management of information and knowledge overload through the use of tools and strategies (such as librarians) to assist with filtering of information; and the ethical and considered use of social media.

While exploratory action is named by Kemmis and McTaggart (2005) as a core principle underpinning critical participatory action, the actions of exploration within the project superseded the actions described by Kemmis and McTaggart, and discussed in chapter three, as grounded in critical reflection and action learning. Access to the text, in particular, was revealed as a critical component of exploration, a practice development *map*, enabling the discovery of multiple tacit and explicit knowledge sources which contributed significantly to occupational practice transformation. The processes of 'exploration', as evidenced in the dialogical inquiry, related to both a co-constructed conceptualisation of occupational-knowledge, and the strategies that the co-researchers' used to translate knowledge between the community of practice context, and practice context. As such, exploration was evidenced in the ways that the co-researchers

attempted to *find the fit* between a novel, co-constructed conceptualisation of occupational-knowledge and the practice context. Within the data, exploration related to *finding the fit* and was revealed particularly as the co-researchers physically transitioned between the transformative community and the practice context, and as they attempted to (re)connect occupation and practice within that context. Furthermore, the critical moment of exploration was evidenced in the ways that the co-researchers began to *try* ideas and strategies drawn from the knowledge and the dialogue, which epitomised an emerging commitment to occupational practice. These ideas and strategies were initially demonstrated as a subtle change in the language of practice, including changes in the ways that practice decisions and behaviours (such as selection of occupational assessments or working with a child in their home or school environment) were reasoned and justified. These subtle changes were anything but insignificant; using the language of occupation and enablement provided an opportunity for the occupational therapists to play with possibilities and opportunities associated with occupational practice, without making dramatic or overt changes to the everyday actions and behaviours of practice.

Negotiation

Actions and understandings drawn from the second phase data, and described in chapter six, revealed 'negotiation' as the critical moment that shifted the practice transformation process from exploration to the action-oriented negotiation of occupational practice within the practice context. Specific actions undertaken by the occupational therapy co-researchers to negotiate occupational practice, as discussed in chapter six, included the conscious and considered use of occupational and enablement (Townsend et al., 2007a) language; and the active challenging of expectations about the occupational therapy role, aligning practice with an occupational practice philosophy. As revealed in the second phase (action-reconstruction) data, actions and understandings that occurred in the negotiation of occupational practice in context were revealed as the co-researchers began to consciously, actively, and creatively reconstruct a renewed iteration of practice; *actioning the fit* between occupational knowledge, possibilities and opportunities for occupational practice, and the actions of occupational practice in context. Within the

second phase data, negotiation for occupational practice included extension of the conscious reframing of barriers and challenges to occupational practice revealed in the first phase of the inquiry. Through continued immersion in occupational-knowledge and critical dialogue within the community of practice, the co-researchers advanced the reconstruction and transformation of occupational practice in context through the considered and active repositioning of their place and practice within the team and service. In this way, social barriers and challenges to occupational practice, described earlier in the inquiry, were reframed and actioned as opportunities for occupational practice. Alternatively, further participation in the shared critique of occupational-knowledge within the practice context, created a space in which the co-researchers' could begin to recognise new and innovative possibilities and opportunities for occupational practice within the macro-practice context. Contributing to the co-researchers' collective experience of the validity of occupational practice was an emerging experience of their practice as meaningful and valued by the multidisciplinary team, and the children and families accessing services.

Integration

The processes of *finding and actioning the fit* between occupational-knowledge and the practice context was initially evidenced in the co-researchers actively reframing and reconceptualising the philosophy and language of their practice. As the inquiry progressed, they began using the language and concepts of occupational practice with increasing confidence within their practice. As discussed in chapter six, *using the language* provided the co-researchers' with opportunities to play with the possibilities of practice, without any overt or radical change in the behaviours or actions typically associated with practice. Building from the concepts of enablement and enablement skills, the co-researchers became increasingly confident with using the language of occupational practice, challenging the assumptions and expectations of their role and practice held by 'others', using an occupational framework. As such, conversations with children, parents, and teachers about the occupational therapy role and process were focused on describing a child's experience of barriers and challenges to participation and the collaborative identification of strategies that might support, enable, or improve the

child's performance and participation. The co-researchers described these conversations as being critical to articulating and positioning their practice, in order to manage the expectations held by others about the realities, possibilities, and potential of engaging in the 'therapy' process. Additionally, the co-researchers demonstrated and described an increasing sense of confidence and liberation in justifying the decision not to be involved in the care of a child without identified occupational challenges. This experience of liberation extended to a sense of clarity about the occupational therapy role and the decision to refer to, or recommend, that other members of a multidisciplinary team work principally with a child experiencing physical and social issues. Specific actions of integration, discussed in chapter six, included the active reframing, and exploitation, of social obstacles as possibilities and opportunities for occupational practice; the active reframing, and exploitation, of barriers to occupational practice; and the inclusion of local resources to support and sustain occupational practice, such as offering undergraduate placements, developing opportunities for practice in role-emerging settings, and actively participating in the Continuing Competency for Recertification (OTBNZ) process, annual performance reviews, and supervision.

Actions of Occupational Practice/Praxis

The final critical moment in the VENIA model and occupational practice transformation is 'actions of occupational practice/praxis'. This final moment refers to the synthesis of all the previously-described moments and actions, as well as the inclusion of specific occupational practice actions drawn from the second phase data and discussed in chapter six; the authentic valuing of families as willing recipients of an occupation-focused, occupation-based services; the authentic inclusion of a culturally responsive service, embedded in occupation; and the recruitment of allies, named as a key strategy to sharing the vision of occupational practice, and sustaining practice change and transformation. This action is considered integral to the transformation of the social realities of occupational therapy practice/praxis with children and families in context. Furthermore, the inclusion of a focus on praxis in this critical moment acknowledges the dialectical relationship between knowledge and action (theory and practice) in practice, while also recognising emancipatory, reflective, phonetic, moral and contextual

imperatives to praxis as *action-oriented self-understanding* (Kemmis, 2006; Schwandt, 2005). As Carr and Kemmis (1986) stated:

'Practice' in its commonsense meaning, is usually understood to refer to habitual or customary action. But it also means 'the exercise of an act' referring back to its origins in the Greek notion of praxis, meaning 'informed, committed action'. The action researcher distinguishes between practice as habitual and customary, on the one hand, and the informed, committed action of praxis, on the other. One way to describe the general aim of...action research would be to say that [it is] interested in a critical revival of practice which can transform it into praxis, bringing it under considered critical control, and enlivening it with a commitment to education and social values. (p. 190)

As discussed in chapter six, the co-researchers' experience of exemplifying a meaningful practice – authentically practicing in an occupational way – underpinned an enhanced experience of professional identity, empowerment, and emancipation. Within the project, the co-researchers conceptualised empowerment in relation to ontological security and reconciliation of the 'meaning gap' (Aiken et al., 2011) between theory and practice. As such, their experience of empowerment and emancipation was embedded in the (re)connection of occupational-knowledge and practice within the practice context. (Re)connection between knowledge and practice did not require the co-researchers to abandon 'other' learning or knowledge; rather, they shifted the philosophy and language of their practice to position occupation at the centre, enacting Gray's (1998) expectation of 'occupation as means and occupation as ends' as fundamental to authentic occupational therapy practice. The conscious and considered centralisation of occupation in practice occurred as the co-researchers accessed other knowledge to enhance their understanding and articulation of the barriers and enablers to the child's occupational performance, addressing and integrating the realities of working with children in context. Within the project, this experience of empowerment and ontological security was also revealed in the co-researchers' shared experiences of clarification in understanding and articulating their roles as occupational therapists working with children, young people, and families. Furthermore, this clarification and articulation of the occupational therapy role, grounded in an occupational framework, extended to clarification of their role within the multidisciplinary team and in relation to 'others'.

The concept of 'actions of occupational practice/praxis' being included as a critical moment in practice transformation draws heavily from Freire's (1972) description of 'action' as the dynamic embodiment of a complex interplay between knowledge and practice, action and reflection, which is deemed fundamental to practice transformation. Furthermore, additional to the 'a' of action in the VENIA model being used to describe the process of practitioners authentically engaging in occupational practice, the 'a' could also stand for autonomy, another of the principles underpinning collective action and transformation, as described by Freire. Within the process of claiming autonomy, and becoming autonomous beings, autonomy is conceptualised as self-determination and the ability to engage in critical reflection in order to self-select which preferences, values, desires and wishes to hold and pursue (Brulde, 2000; Tengland, 2008). While action can be conceptualised as both a goal and a means within action research projects, the final critical moment in the VENIA model is not intended to indicate the end or the resolution of the practice transformation process; but rather a conclusion, or a reconciliation, associated with this specific process, outcome, or set of actions which signal occupational practice, and professional emancipation as a transformative outcome.

Alternate pathways and possibilities

What may be challenging to capture in the way that the VENIA model is presented are alternate possibilities and pathways through the knowledge-translation and practice transformation processes. To some degree, alternate pathways through the model are very likely to be more accurate representations of the individual's experience of both knowledge-translation and practice transformation. From an individual perspective, the processes of knowledge translation and practice transformation are unlikely to be a uniform, uninterrupted spiralling between context and knowledge. Just as the messiness and realities of everyday practice are key influences to practitioner's finding the space for knowledge translation, for example, the press of the practice context is also a likely influence to how an occupational therapist might engage in the processes of knowledge-translation and practice transformation.

Recognising that there are likely, alternate pathways through the VENIA model also includes acknowledgement of inherent risks in knowledge-translation and practice transformation, and the experience of being an occupational practitioner; for example, the processes of 'shifting practice from one place to another' are unlikely to ever be 'completed'. Furthermore, experiences of successful, or unsuccessful, practice transformation may arise if there is too much (or not enough) critical exploration of the barriers and enablers to knowledge translation and practice transformation in context. Alternatively, practitioners' experiences of authentic, occupational practice, empowerment and emancipation may not be the outcome of a process which does not include discovery of the press of the practice context, or access to a wide range of knowledge sources informing occupational practice.

Summary

Advancing the social renewal (McNiff, 2013) of occupational practice is the formulation of the VENIA model, developed to synthesise the critical moments of the inquiry, informed by the experiences, dialogue and behaviours of the co-researchers. Embedded in context, occupational-knowledge, and the transformative community, the model is constructed to summarise and synthesise the transformative action of research, embedded in collective action. The critical catalysts in the emancipatory reconstruction (Habermas, 1972) of occupational praxis are described as VENIA; validation, exploration, negotiation, integration, and actions for occupational practice/praxis. The model is constructed to consolidate understandings about how occupational therapists translate knowledge to practice, addressing concerns about the legitimacy of accepted practices with children and families. Furthermore, construction of the model offers an opportunity to advance actions and understandings underlying a 'transformative vision' for occupational practice, enabling other occupational therapists (working with children and families or concerned about the legitimacy of knowledge and practice) to consider possibilities and opportunities for occupational practice in their own practice and context.

Chapter Eight

Discussion: Lessons for Practice and the Profession

The final conversation in the thesis evaluates and closes the history-making action (Kemmis, 2011b) of a community of occupational therapy co-researchers. Findings from the research have enabled discovery of the collective action of occupational practice transformation, driven by the following research questions:

1. How do occupational therapists working with children and families translate 'knowledge' to inform and transform occupational practice?
2. How does participation in the project empower occupational therapists to recognise and address the legitimisation deficit in 'accepted practices' with children and families?

Underpinned by the philosophical values of participation, transformation, and collective action (Kemmis & McTaggart, 2005), the project emerged from the co-researchers' shared experiences of concerns about the legitimacy of accepted occupational therapy practices with children and families, which called the co-researchers to action. In the context of the research, accepted occupational therapy practices were understood to include those practices informed by knowledge which is not overtly aligned with an occupational paradigm. The co-researchers' experiences of a felt disconnection between "practice as it is and practice as it should be" (Aiken et al., 2011, p. 297) was named in the thesis as a legitimisation deficit (Habermas, 1972; Kemmis & McTaggart, 2005) in accepted practices with children and families. Within the dialogical inquiry, the co-researchers, working as collective actors and agents, confirmed that the power, press, and privilege of accepted practices detracted from realisation of the emancipatory potential of *occupational* practice as the meaning and intention of authentic practice; that is, acknowledging and addressing the *occupational* needs of children and families accessing occupational therapy services. The meaning and intention discourse draws from Kemmis and Wilkinson's (1998) and Kemmis' (2011a) positioning of the *intentions*,

meanings, and values of practice as reflective of the subjective experience of individual practitioners, alongside the individual actions, social conditions, and language, discourses, and traditions, which enable an external, objective conceptualisation of practice.

In keeping with a critical participatory action philosophy and methodology, the process of planning, implementing, and narrating the research called for an iterative, reflective approach to the description, analysis, and critique of the situated action of the inquiry. This analysis utilised the minutiae of the community of practice meetings to enable communicative action (intersubjective agreement, mutual understanding, and unforced consensus; Habermas, 1984) revealed within the critical dialogue and practice stories shared by the co-researchers. Consideration of the findings as a whole enabled new insights and conceptualisations about the realities of practice and practice transformation. These insights included the significant press of the practice context on practice and practitioners; the emancipatory potential of occupational practice; the power of collective action and praxis; and the discovery of five critical moments (validation, exploration, negotiation, integration and actions of occupational practice/praxis), which were revealed in the thesis as integral to the emancipatory reconstruction (Habermas, 1992) of occupational practice in context. Whiteford and Townsend (2011) determined that maintaining the alignment between occupational therapy's epistemological foundations and its philosophy requires that practitioners also have the capacity to engage in *critical reflexivity*, "identifying and understanding how social traditions and prevailing discourses contribute to knowledge construction over time" (p. 69). Furthermore, Whiteford and Townsend concluded that the occupational therapy profession can no longer afford to value biological sciences over occupational science. Biological and occupational needs cannot be prioritised equally, and endorsement of one over the other contributes to the oppression of the profession, and a felt disconnection between philosophy and practice. The authors suggested that neglect of the occupational needs of clients accessing occupational therapy services (*what* is known) reflects power dynamics that shape *how* practitioners enable occupational engagement and participation, and *why* a vision of occupational practice has global implications.

Summary of the Research Outcomes

Central to naming the outcomes of the study is the discovery of how *transformation* was named and experienced by the co-researchers who participated in the inquiry. As illustrated within both of the findings chapters, the critical dialogue and practice stories of the co-researchers revealed both individual and collective experiences of practice transformation, embedded in collective and communicative action. As discussed in chapter five, within the context of this study, collective action was positioned initially in the co-researchers' shared concerns about the legitimacy of accepted practices with children and families; access to the *Enabling Occupation II* (Townsend & Polatajko, 2007) text; and shared experiences of inclusion and political agency, discovered within a transformative community. The co-researchers completed one full cycle of the *planning, action and observation, and reflection* spiral (Kemmis & McTaggart, 2005) and, during the process of data analysis, themes and categories drawn from the project data were assigned to two phases. The first phase (deconstruction-planning) data, discussed in chapter five, was characterised by the co-researchers engaging in intense and sustained dialogue, critique, and deconstruction of the social and oppressive conditions which influence and endorse accepted and occupational practice in context. This rich, focused exploration of the power of historical, individual, social, and moral influences to knowledge-practice, and the privilege of specific theories and discourses, contributed to the co-researchers' discovery of what Gadamer (1972) called *effective-historical consciousness*. Kemmis (2011b) described this state of historical consciousness as the process and outcome of revelation of the social influences to professional practice which can be attributed to professional history and individual historicity in context. The second phase (action-reconstruction) data was characterised by the co-researchers' experiences of (re)connecting occupational-knowledge with practice, and realisation of the emancipatory potential of occupational practice in context. As discussed in chapter six, actions and understandings contributing to the co-researchers' experiences of (re)connection and reconstruction included the resolution of a subjective quest for validation; a co-constructed conceptualisation of occupational-knowledge; the use of occupational language in practice; the negotiation of possibilities and opportunities for

occupational practice; and the exemplification of a meaningful practice/praxis. Transformation in the meaning and intention of occupational practice/praxis experienced by the co-researchers is confirmed in the study findings, and evidenced in the renewed ways that the co-researchers described their practice, realising the social and emancipatory possibilities of occupational practice in context.

As the research was positioned in a critical-emancipatory paradigm, *how* the co-researchers described and dialogued the social obstacles to occupational practice and the actions of emancipatory reconstruction (Habermas, 1972) underpins the transformative and emancipatory outcomes of the project. Rather than the faithful completion of necessary steps or procedures, Kemmis and McTaggart (2005) concluded that the criterion for the success of any participatory action research project lies in the co-researchers' *experiences* of a "strong and authentic sense of development and evolution in their *practices*, their *understandings* of their practices, and the *situations* in which they practice" (Emphasis added, p. 568). As such, the outcomes of the research are revealed in the *process* of practice transformation, rather than the outcomes (Scott & Weeks, 1998). The transformative and emancipatory outcomes of the research are, therefore, revealed in the co-researchers' collective experiences of being empowered, enabled, and 'freed' from oppressive constraints, to:

- *Transform* their practice. Practice transformation was discovered in the co-researchers' descriptions of (re)connecting the philosophy and actions of occupational practice through the 'doing' of occupational practice in context. The actions of occupational practice/praxis emerged from the data as the co-researchers co-constructed a shared conceptualisation of occupational-knowledge and integrated the knowledge in practice through the use of occupational language, the testing and negotiation of possibilities and opportunities for occupational practice, and the exemplification of meaning as central to their experience of practice and their work with children and families.
- *Understand* their practice as socially-situated, embedded in and influenced by multiple and complex, social contexts and relationships. Through dialoguing the

social and historical influences on occupational therapy practices in context, the co-researchers came to understand how their practice was shaped by these influences, and how multiple truths about practice had been, and continue to be, constructed and endorsed. The contingency of the influences of the history of the profession, the expectations of others, and the 'problemizing' of children and practice, discovered in the first phase of the inquiry revealed as social obstacles to occupational practice, were reframed as opportunities for the negotiation and integration of occupational practice in the second phase.

- *Work together* for transformative and emancipatory action, translating knowledge to inform occupational practice and address the legitimization concern in accepted practices with children and families. Critical to the realisation of the transformative and emancipatory outcomes of the project was the co-researchers' experience of collective action (Kemmis & McTaggart, 2005); inclusion and engagement in the transformative community of practice; and shared conceptualisations of the legitimacy of practice, occupational-knowledge, and the meaning and intention (Kemmis, 2011a) of occupational practice with children and families.

Original Contribution of the Research to Knowledge

The original contribution of the research to knowledge includes new understandings and insights which confirm that occupational practice in context is possible when the social and oppressive conditions of practice are revealed, deconstructed, and addressed. More specifically, original insights and understandings contribute to the 'knowing-how' of occupational practice transformation through the construction of the VENIA model, recognition of validation as a critical catalyst to practice transformation, and the contribution of the emancipatory intent to the sustainability of occupational practice, and the emancipatory reconstruction of occupational practice, in context.

The VENIA Model: A meaningful, action-oriented process for occupational practice transformation

Consideration of the study findings as a 'whole' revealed five critical moments as catalysts to the co-researchers' collective experience of reconnecting practice with an

occupational paradigm, through validation, exploration, negotiation, integration, and the actioning of occupational practice/praxis in context. During the two distinct phases of the inquiry, the co-researchers initially deconstructed their practice, and then reconstructed their practice to realise the emancipatory potential of occupational science and practice. Insights into these critical moments as catalysts to practice transformation enabled the formulation of the VENIA model as a praxiological solution (McCormack, 2006) informing meaningful action and knowledge-translation for occupational practice. McCormack (2006) posited that transformative intent, the promotion of 'transformation' as both the means and ends of the research, alongside shared knowledge construction and emancipation, offers researchers and practitioners action-oriented solutions and strategies to enable practice change, generated from both theory and practice.

The VENIA model offers an action-oriented process model which can be used to enable, support, or encourage occupational therapists, regardless of their practice context, to engage in realisation of the emancipatory potential of an occupational agenda within their own practice. Furthermore, the VENIA model, described in detail in chapter seven, contributes new insights and understandings to conversations about the power of collaborative practices in advancing and enabling knowledge-translation and engaged-scholarship in context. While collaborative models of knowledge-translation exist, examples such as the MM-KIT model (Palmer & Kramlich, 2009) were developed as a response to discipline-specific knowledge-translation problems, or identified challenges in using complex, unidirectional, knowledge-translation models, which generally lacked a conceptual framework. The VENIA model adds a critical dimension to these conversations, confirming the transformative power of engaged-scholarship between community-based practitioners and academic staff in particular. The temptation to label practitioners as 'knowledge-seekers' and academic staff as 'knowledge-brokers' is reconciled in a critical social perceptive which positions co-researchers as 'knowers', equally contributing to the transformative community and action, and engaging collaboratively in the processes of inquiry, knowledge creation, and knowledge-translation.

Validation: A critical catalyst to occupational practice transformation

While consideration of the 'whole' of the study revealed five critical moments to practice transformation, one of those critical moments, validation, was ascertained as being pivotal to shifting between the phases of action and realisation of the project outcomes. As the co-researchers engaged in the process of deconstructing the multiple and powerful obstacles to knowledge-translation and occupational practice during the first phase of the inquiry, they also became consumed in an intense, collective, emotional effort. This effort was revealed in the data as a shared 'subjective quest' for validation; external and personal recognition that the significant courage, trust, and investment required for practice transformation was worth the effort. While it was never suggested (in the literature or to the co-researchers) that practice transformation would simply transpire without considerable professional and personal courage and investment, the quest for validation emerged in response to the discomfort felt by the co-researchers with regard to the power that the endorsement of accepted practices as the legitimate practice of occupational therapists working with children and families, positioned against the trust, courage and space required for practice transformation. Deconstruction of the social realities influencing 'occupational therapy practices' within the first phase of the inquiry included a sustained focus on unpacking the power and press of the history of the profession as barriers to authentic practice and practice change. Kemmis (2011b) named this focused critique on the influence of professional history and individual historicity as an essential competent of practice transformation and critical participatory action. For the co-researchers engaged in the project, the cognitive and emotional effort exerted in the deconstruction-planning phase of the inquiry revealed an underlying concern; that practice transformation required considerable trust (of each other, of the knowledge, and of the process), courage, and the creation of a space within the complexities of everyday practice. It was this concern that was named in the data analysis as a quest for validation.

There was undoubtedly transformative power in the co-researchers' sustained and collective focus on the discovery of social obstacles and barriers to occupational practice. However, without resolution of the quest for validation it is my assessment that the

sustained and collective action of the inquiry could not have continued. Resolution of the quest for validation was revealed in a) the co-researchers' continued commitment to, and participation in, the project and b) the dialogical inquiry, as the second phase actions of occupational practice in context were discovered, critiqued and actioned in the emancipatory reconstruction of practice in context. As the co-researchers came to trust one another, through the shared processes of trust-building, inclusion, and discovery of the transformative potential of knowledge and the inquiry, the courage and space for practice change was consolidated both within the community of practice and within practice. This consolidation was revealed in the iterative discovery and critique of the multiple 'uncomfortable truths' about practice during both the first- and second- phases of the inquiry, and in the strategies identified and undertaken by the co-researchers to advance practice transformation in context. These strategies, such as *using the language of occupational practice*, were drawn initially from the co-researchers' experience of accessing the *Enabling Occupation II* (Townsend & Polatajko, 2007) text but ultimately ensured that practice change in context was initially incremental and subtle. Incremental change therefore contributed to validation of the co-researchers' experiences of trust, courage, and the space for practice transformation prior to enactment of the overt challenging of misperceptions and assumptions about the occupational therapy role.

Emancipatory intent: The sustainability of practice transformation

Critical-emancipatory design choices within the research planning, implementation, and evaluation enabled new insights and interpretations about how the shared discovery of, *and release from*, oppressive social obstacles contributed to the co-researchers' experience of meaningful *and sustainable* practice transformation. Participation in the project afforded the co-researchers the opportunity to work collaboratively in an organisation-endorsed knowledge-translation project located outside (while also reaching into) the practice context, to develop shared understandings about how knowledge could be constructed and created, and strategies initiated to change their practice in context. Within the transformative community, the co-researchers were 'free' to dialogue and critique their experiences of irrationality, injustices, illegitimacies, suffering, and

dissatisfaction in practice, and to identify, trial, and evaluate action-based strategies to resolve these oppressive experiences within the practice context.

Critique of the Meta-Practice of the Inquiry

As discussed in chapter three, critical participatory action research is a political and practice-changing practice, which is in-itself open to influence and critique through the processes of action, investigation, and transformation (Kemmis & Wilkinson, 1998). Reflective questioning is proposed by Kemmis and Wilkinson (1998) as a means to undertaking a formal critique of how decisions about the design and implementation of the project were influenced by philosophical and pragmatic expectations and possibilities. Philosophical expectations include those decisions and actions which recognise that participation will be the social, practical, critical and collaborative mechanism through which participatory projects and practice transformation will transpire. Pragmatic possibilities are described in terms of consideration of the practical outcomes of the research, in that co-researchers will participate in and experience transformative changes in their everyday experiences of practice (Kemmis, 2001; Kemmis & Wilkinson, 1998).

Using reflective questioning (Kemmis & Wilkinson, 1998) as a framework confirms that, philosophically, the design and construction of the study was principally informed by Kemmis (2001, 2006, 2008, 2009, 2011b) and Kemmis and McTaggart's (1988, 2000, 2005) epistemology of critical participatory action research. In turn, both the philosophy of the study, and the chosen methodology, are significantly influenced by many of the collective works of Habermas (1972, 1984, 1992, 1996, 2003). Insights and understandings from other scholars, such as Kinsella and Whiteford (2009), Lave and Wenger (1991), Ledwith (1994, 2005, 2007), and Ledwith and Springett (2010) were integrated in project planning and implementation to enable informed decision making regarding the specific design and methods of the study, centred around the creation of a transformative community of practice. This transformative community was posited as the mechanism through which the situated action of the inquiry could be both contained and progressed. Furthermore, the transformative community provided the co-researchers with a shared physical and critical space, momentarily 'free' from the overt and oppressive

press of specific practice philosophies or spaces, through which they could engage in collective action, collective praxis and practice transformation. Organisational permission to participate in the project, and locating the project within a 'neutral' physical space, are recognised as additional influences to the co-researchers' transformative experience of inclusion in the inquiry and the community of practice, and realisation of the potential of the project and occupational practice.

The selection of critical participatory action as the project methodology, while initially experienced as challenging given the lack of prescription regarding project design, provided a reflexive framework through which the meaning and intention (Kemmis, 2011b) of the inquiry, and occupational practice, could be situated and interpreted. Habermas' (1984) communicative action theory, in addition to being a significant influence to the construction of Kemmis and McTaggart's (1988, 2000, 2005) methodology, provided a 'lens' through which understanding and actioning of the co-researchers' experiences of collaboration and communication could be 'un-coupled' from a scientific quest for certainty. Instead, a consensus theory (Habermas, 1996) of the 'truths' about the social realities of accepted and occupational practices in context emerged, as the co-researchers began to "investigate reality in order to change it, and change reality in order to investigate it" (Kemmis, 2006, p. 470). Furthermore, the critical-emancipatory intent of the research also informed the conscious positioning of the co-researchers as 'experts' in the social realities of, and possibilities for, practice transformation in context. This valuing of the co-researchers as equal participants in determining the action and direction of the project contributed significantly to their experience of inclusion in the community of practice. In turn, valuing of the co-researchers' understandings and experiences contributed significantly to realisation of the power of the collective as the principal catalyst to profound experiences of practice transformation in context. As discussed in chapter three, Kemmis and McTaggart (2005) identified emancipation as a fundamental principle within their interpretation of critical participatory action, that is realised in projects emerging from legitimisation concerns about practice, and constructed to enable the identification of and release "from the constraints

of irrational, unproductive, unjust, and unsatisfying *social structures* that limit their self-development and self-determination". (p. 282).

Contribution of the Research to Knowledge Translation Conversations

Findings from the research confirm and strengthen insights drawn from other studies undertaken in occupational therapy, such as those undertaken by Estes and Pierce (2012) and Smith and Kinsella (2009), who found that occupational therapists working with children and families value an occupational perspective in their professional practice. However, significant pragmatic barriers and contextual forces (such as the significant time and personal/professional investment required for practice transformation, and the structure and artificiality of the clinic environment) have previously been identified as barriers which impede the success of occupational therapists wanting to integrate an occupational perspective in practice. Echoed in the experience of the participants in Estes and Pierce's study, discovery of co-researchers' concerns about the social realities of practice, such as the expectations of others and the emerging evidence base for occupational practice, detracted from the therapists ability to actively engage in occupational practice. This experience further reinforced the power and privilege of familiar, component-focused, accepted practices with children and families, and contributed to the false consciousness (Fay 1987) of occupational therapy practitioners and practice. Despite these powerful contextual barriers, the unravelling of the sources of these oppressive forces within the first phase of the inquiry afforded the co-researchers the critical space to reframe and (re)connect practice in context, improving congruence between the philosophy and practice of occupational practice. Findings from the study also contribute to progressing emancipatory conversations describing 'meaningful occupational therapy practice', revealed through strengthened experiences of the practitioner's experiences of meaning in practice (Aiken et al., 2013; Estes & Pierce, 2012; Smith & Kinsella, 2009), professional identity (Wilding, 2008; Wimpenny, 2009); satisfaction (Hasselkus & Dickie, 1994); ontological security (Molineux, 2010); fun and reward (Estes & Pierce, 2012; Smith & Kinsella, 2009); and resilience (Ashby et al., 2013).

The construction of the VENIA model, in particular, supports findings drawn from other studies, such as those undertaken by Melton, Forsyth, and Freeth (2010) and Kitto et al. (2012), which identify critical catalysts as being instrumental to actions and understandings about the processes of knowledge translation and practice transformation. For example, Melton et al. identified six catalysts to practice change; building confidence, finding flow, accumulating reward, conferring with others, constructing know-how, and channelling time. Kitto et al.'s critical-reflexive, sociological theory of knowledge-translation is presented in four phases, based on Callon's (1986) elements of the sociology of translation, problematisation, interressement, enrolment, and mobilisation. *Problematisation* refers to the 'moment' in the translation process where an actor or a group of actors identify an issue to be problematic, and position themselves, alongside research practices (such as data gathering and triangulation) as inextricable to the translation solution. The second phase of the knowledge-translation theory and inquiry, *interressement*, occurs as relationships emerge between actors and alliances to confirm that the definition of the problem is the right one, and translation strategies for problem resolution are generated. The final two phases of the process, *enrolment and mobilisation*, refer to consolidation of networks of alliances, and the acceptance of emerging identities, roles, and behaviours assigned as the outcome of knowledge-translation (such as 'becoming an evidence-informed practitioner through active engagement with the research'). Mobilisation shifts the actions of consolidation and acceptance to inform the implementation and stabilisation of knowledge-translation solutions. While the five critical moments presented in the VENIA model emerged directly from the understandings and experiences of the occupational therapy co-researchers', (and as such have not been given the same labels as other conceptualisations of catalysts to practice transformation) there are aspects within other knowledge-translation models which resonate within the VENIA model, such as the inclusion of a process, and a transformative community, or community of practice.

Limitations of the Research

There are undoubtedly critical voices missing from the research. The co-researchers recognised and dialogued the influence that 'other' occupational therapy perspectives (such as the voice of occupational therapists working with children in acute care or occupational therapists working in the visiting neurodevelopmental role) might have brought to the study. I am conscious also that the voices of multidisciplinary colleagues, and children and families, are missing from the inquiry. Kemmis (2006) stated that action research which only understands the improvement of practice from the perspective of professional practitioners without genuine engagement of 'others' is 'inadequate action research'. While I accept Kemmis' criticism, I would also argue that the co-researchers' experiences of the press of the practice context and the 'resistance' of colleagues, including other occupational therapists, created the need for a profession-specific project. Profession-specific projects provide a safe space for practitioners to begin, or advance, a particular and on-going conversation. Future research that includes the voices of 'others' who influence, or are affected by, occupational therapists and occupational therapy practice, will enable a greater understanding of the social realities, and consequences, of practice in context.

The study recruited eight occupational therapy co-researchers working with children, young people and families in a metropolitan area in New Zealand. Generalisation is not the intention of critical participatory action research projects, and it is noted that the co-researchers' experiences of the transformative power of participation, through the community of practice and actions for occupational practice in context, will not be representative of the experience of other occupational therapists' or other occupational therapists working with children and families. Indeed, similar to a position held by Wilding (2011), there will be many ways in which occupational therapists' experience the legitimisation deficit (Habermas, 1992) in practice, 'knowledge', and occupational practice. Furthermore, these experiences will differ according to contextual influences, such as cultural and geographical circumstances, type of service setting, and managerial and service philosophies, that are experienced by individual practitioners and communities of occupational therapists. The particular actions undertaken by the co-researchers

participating in the research will not be the same as those undertaken by other groups of occupational therapists who engage in similar projects. It is entirely probable that if different co-researchers had been called to the action of the inquiry, or if alternative actions had been undertaken at any time in the planning, action, or reflection phases in the project, then alternative outcomes would have occurred. As such, any implications and recommendations that are proposed from this inquiry cannot, and should not, be regarded as the 'truth', the only course of actions, or outcomes that all occupational therapists will experience in challenging the social realities of everyday practice in context. Finally, what the research is not able to offer, given the ethnicity and gender mix of the co-researchers, is a cultural understanding of 'knowledge-practice' which authentically includes the voices and perspectives of Māori or Pacific occupational therapists working with children and families, of Māori or Pacific children and families, or a robust review of the influence of gender on power, particularly from a feminist perspective.

Implications of the Research for Practice and Further Research

Findings drawn from the research complement studies which confirm occupational practice as the legitimate practice of occupational therapists, and that occupational practice is possible within a range of practice settings (Boniface et al., 2008; Hocking & Reed, 2013; Melton et al., 2010; Wilding, 2008; Wimpenny, 2009; Wimpenny et al., 2010). In concert, core strategies can be drawn from this collection of studies, identified as instrumental to realisation of the emancipatory potential of occupational science and practice in context including participation in a community of practice (Boniface et al., 2008; Hocking & Reed, 2013; Melton et al., 2010; Wilding, 2008; Wilding et al., 2012; Wimpenny, 2009; Wimpenny et al., 2010); access to a contemporary theory of occupational practice (Boniface et al., 2008; Hocking & Reed, 2013; Melton et al., 2010; Wilding, 2008; Wilding et al., 2012; Wimpenny, 2009; Wimpenny et al., 2010); and using the language of occupational practice (Wilding & Whiteford, 2008). Furthermore, positioning the action of the inquiry and the model in a transformative community of practice lends support to the theory of the transformative potential and power of the

community in action. In this study, the co-researchers' transformative experience of collective action was underpinned by a shared experience of the legitimization problem in 'accepted practices' with children and families, which called the co-researchers to action; access to the *Enabling Occupation II* (Townsend & Polatajko, 2007) text as an artefact of contemporary occupational theory, which provided the co-researchers with an *occupational practice map*; and their experience of inclusion and political agency through the collaborative experience of participation in the community of practice, and the construction, implementation, and action of the inquiry. These experiences resonate with the experiences of the co-researchers' in Wilding's (2008) study, named as a community of practice scholars (Wilding, Curtin, & Whiteford, 2012). Wilding et al. (2012) determined that participation in the community was instrumental to promoting scholarship and promoting professional confidence, passion, and cohesion. Scholarship and confidence were experienced by the participants in Wilding's study as inspiring, stimulating, and challenging, principally through the enablement of critical reflection and the development of diverse and novel thinking about practices, knowledge, and skills. The experience of professional confidence, passion, and cohesion, within the community of practice, was influential to participants feeling passionate, satisfied, and confident in their roles, and practices, as occupational therapists. These experiences also resonate with group reflective supervision being named as an instrumental influence to advancing the participatory inquiry process, and practice change, in Wimpenny et al.'s (2006) study. Drawing from the collection of transformative knowledge-translation studies, the profession now has at hand a robust evidence base which confirms that occupational practice profoundly affects the felt experience of the practitioner as an *occupational therapist*. This evidence provides occupational therapists, working in a range of practice settings, with comprehensive knowledge and strategies to support them to begin the process of working collaboratively, using local knowledge supports (such as universities and professional leaders), to action occupational practice transformation without needing to be part of a formal research project.

Ledwith (2005) concluded that in order to be effective, participatory action research *needs* to be political. As such, while the research which enables occupational therapy practitioners to transform their practice has increased, there is still a need for more detailed study. This research has shown how Pākehā, middle-class, female therapists working with children and families in New Zealand worked collaboratively to enable occupational practice. Similar studies with therapists working in different practice areas, or therapists from different cultural backgrounds, would provide an interesting comparison. These studies would likely reveal how different barriers and challenges to occupational knowledge or practice are experienced by therapists working in different contexts, providing additional understandings and strategies to reveal and address these barriers. Furthermore, the significant contribution of the attitude and skills of the individual therapists was alluded to as being important within this study; however, individual factors were not addressed or measured within the study. An additional suggestion for future research, therefore, is a study to determine how individual factors contribute to occupational practice transformation. The findings from such a study may produce evidence as to how individual skills, knowledge and attitudes contribute to transforming the meaning and intention of practice. Similarly, action research projects to discover and address how children and families (and indeed other recipients of occupational therapy services) understand and value occupational practice and the contribution of occupational practice to service-wide priorities and delivery, would also be of interest. Other possibilities for further research drawn directly from the project and the project findings include re-convening the co-researchers to measure the sustainability of the transformative outcomes of the project, and investigation of how therapist's participation in the project, or indeed access to occupation-based occupational therapy, impacted on the health and well-being of children and families accessing the health, disability, and education services in which the co-researchers' were employed. It may also be of value to investigate and influence the experiences of occupational therapists working in tertiary education settings, as they attempt to further integrate an occupational focus and the shifting priorities of occupational and contemporary practice, within undergraduate and postgraduate curriculum.

The Next Quest Emerges

In addition to the implications for practice and research discussed previously, in my role as facilitator/co-researcher of the study I have begun the next quest in the research process; dissemination of the findings, and spreading the fire about the possibilities of occupational practice. Discussion from the 2006 Occupational Science Think Tank (Australasian Occupational Science Centre, 2006) focused on transformative action as a research methodology for advancing occupational practice, and spreading the fire as a metaphor for the ways in which 'truths' about occupational practices as the moral and ethical obligation of occupational therapists (Wilding & Whiteford, 2009) can be shared and advanced. As Kemmis and McTaggart (2005) stated, it is the role of the critical participatory action researcher to advance the political agency of the project. As such, in addition to multiple informal conversations about collaborative research practices, the design and implementation of the collaborative projects, and the project findings, formal conversations and presentations (as outlined in Table 8.1, see p. 203) have been undertaken, and will be undertaken, to continue to advance the insights and understandings about the actions of occupational therapy practice transformation.

Date	Presentation	Audience
14 February 2011	Presentation: Exiting the action research project	University colleagues and 'critical friends'
29 August 2011	Invited presentation: Enabling occupational balance in childhood	Multi-disciplinary practitioners working with children and youth in a range of practice contexts
16 March 2012	Invited presentation: Positioning occupation as the nexus of practice; how do we get there?	DHB Leaders and Managers Forum, Wellington
19 September 2012	Paper Presentation: Positioning occupation as the nexus of practice; knowledge, legitimacy, and transformative praxis	NZAOT Conference
30 October 2012	Invited presentation: Becoming an occupational specialist	OTVX24: Online, international conference for occupational therapists
24-26 July 2013	Accepted Abstract (Paper Presentation): Transforming occupational therapy practice: Lesson's from the 'Occupation in Action' project	OT Australia Conference (Adelaide)
24-26 July 2013	Accepted Abstract (Poster Presentation): Transformative and emancipatory action, potential for occupational science and therapy	OT Australia Conference (Adelaide)
18 June 2014	Submitted abstract (with Susan Burwash): Different paths, same destination: Shared experiences of influencing occupational practice	WFOT Congress, Japan
18 June 2014	Submitted abstract: Critical moments in the transformation of occupational therapy practice	WFOT Congress, Japan

Table 8.1: Outline of formal presentations completed, and planned, for sharing findings drawn from the research.

My approach to these opportunities to share and dialogue the research findings (to date) has been to detail the rationale for the conceptualisation and development of the project; to outline the design and process of the inquiry; and to offer a range of suggestions, drawn from the project findings, about how occupational therapists might engage in changing their practice and becoming occupational practitioners. My subjective experience of these presentations and conversations has been profoundly humbling; therapists and professionals working in a diverse range of practice contexts appear enthusiastic and excited about the possibilities and opportunities of advancing findings from the project in their own practices and service. To date, the research findings that appear to resonate most strongly with local occupational therapists and professional communities are validation of the significant press of the practice context; the

emancipatory potential of occupational practice; the power of collective action and working together in a transformative community of practice; and the naming of five critical moments to occupational practice transformation, central to the VENIA model. Synchronicity, named by the co-researchers as influential to their experiences of being called to the action of the project, is confirmed also in my experience of sharing the findings with other occupational therapists; many describe the time as right for 'taking action' to reconnect their practice with an occupational vision and agenda. As such, it is my experience that practitioners who have attended these presentations are interested in engaging with findings drawn from research practices positioned in the everyday realities of practice (Ledwith, 2005) which align with the philosophy and values of occupational therapy (Letts, 2003), providing praxiological solutions (McCormack, 2006) about how to influence, and transform, a meaningful and sustainable occupational therapy practice. Of note, while likely due to the perceived power and authority that comes from the facilitator/researcher position, I have not yet encountered the same degree of resistance from others when sharing the research story that the co-researchers described during their experiences of practice change.

Finally, findings from the project have contributed to progressing conversations advancing an occupational science and practice agenda with an international audience. Telling the story of the project and the research to occupational therapists from countries such as Australia, the United Kingdom, and Canada, has brought connections with transformative communities to support occupational practice transformation. For example, an occupational therapist working in acute mental health in Australia, who heard the story of the project through the OT24VX forum, launched 'Operation Occupation', a campaign to integrate an occupational perspective in his practice using knowledge and ideas drawn from the study (B. Cook, personal communication, 12 November 2012). An occupational therapy manager who listened to the same presentation was inspired to share her re-crafted position descriptions for occupational therapists working in her service to forefront an occupational vision and agenda within the meaning and intention of occupational therapy practice (J. Lee, personal

communication, 21 November 2012). Sharing the research story has also contributed connection with internationally based occupational therapists with similar research agendas and stories; for example, my presentation at the OT24VX (30 October 2012) resonated with Burwash (2013), and her narrative inquiry exploring the stories of four occupational therapists and the researcher. Burwash identified the importance of occupational therapists continually reaching for occupation-based ways of working, of the ways strong occupational therapy identities are formed and maintained (often in community), of the spirituality of practice, and strategies which are used by therapists to resist or escape practicing in ways incompatible with their personal and practical knowledge of occupation.

Conclusion

This thesis describes the process and experience of designing, constructing, and implementing a critical participatory action research project which aimed to investigate, and transform, the practices of a community of occupational therapy co-researchers working with children and families. Ledwith and Springett (2010) have suggested that the 'transformation' that occurs in participatory research and practice across three stages; changing ourselves, connecting with others, and changing the world. For the co-researchers engaged in the project, the shared process of practice transformation was experienced, and evidenced, on a number of levels, and in a number of ways; within ourselves, within the group, and potentially within 'the world'. This transformative experience was ignited by a 'call to action' and revealed in the co-researchers' commitment to the project, the sharing of themselves and their stories, and the knowledge and collegiality that came from collective action and the emancipatory reconstruction (Habermas, 1996) of practice. The co-researchers' experience within the community of practice, which was embedded in collective and exploratory action and revealed through practice stories and dialogue, began in the deconstruction of the social obstacles to occupational practice and concluded in the transformation of actions, understandings, and the social reality of occupational practice. In describing the process of changing ourselves, Ledwith and Springett (2010) suggested that participation

demands that people are part of the process, and as such, they cannot be unaffected by collective and collaborative experiences. In this way, embodying the values of participation (such as reciprocity and respect) in all aspects of life and practice, and making authentic connections with others, become powerful influences to how the world might be changed. For the occupational therapy co-researchers engaged in this project, personal and community experiences of stuck-ness (Ledwith & Springett, 2010) were revealed in the data as an underlying quest for validation (of the press of the practice context, trust, courage and the space required for practice change). Resolution of this quest was the catalyst to a shift within the inquiry, from a deconstructive-planning phase to an action-reconstruction phase. It is, perhaps, an unlikely aspiration that the findings from this specific participatory action project, situated in a particular practice context in one geographical region of New Zealand, will 'change the world' (Ledwith & Springett, 2010). However, as expected in participatory action research projects, each of the co-researchers have now been affected as active participants in engaged-scholarship, and have experienced for themselves the emancipatory potential of transformative action. Ledwith and Springett (2010) connected the power of personal change with 'changing the world', through the achievement of balance and unity in praxis between knowledge, practice, and change, revealed in reflection, critical dissent, and improved understandings of the relationships between ourselves and others. As mentioned previously, many of these conversations have already begun.

From a professional perspective, as I embarked on this journey of research and discovery, I wholeheartedly agreed with members of the profession who have recently called to question the validity claims underpinning occupational therapy, and the contribution of occupational science to occupational therapy. It is now my assessment that, while this critique and questioning might be experienced as 'uncomfortable but necessary' to the continuing development of the profession, critique uncoupled from action is ostensibly useless. In this way, it is recommended that occupational therapists concerned about the legitimacy of the meaning and intention their practices, or dissatisfied with the social realities of practice, should join other occupational therapists to explore the epistemology of practice, advance disciplinary knowledge, and become

empowered (Kinsella & Whiteford, 2009) to transform their practice. The process of engaging in practice transformation, realising the emancipatory potential of occupational science and practice for themselves, can only improve the collective praxis of the occupational therapy profession, contributing to advancement of an occupational vision and agenda.

References

- Accident Compensation Amendment Act*, (2010).
- Adolescent Health Research Group. (2008). *Youth '07: The health and wellbeing of secondary school students in New Zealand*. Auckland, New Zealand: The University of Auckland.
- Adolfsson, M., Malmqvist, J., Pless, M., & Granulid, M. (2011). Identifying child functioning from an ICF-CY perspective: Everyday life situations explored in measures of participation. *Disability and Rehabilitation*, 33(13-14), 1230-1244. doi: 10.3109/09638288.2010.526163
- Aiken, F. E., Fourt, A. M., Cheng, I. K., & Polatajko, H. J. (2011). The meaning gap in occupational therapy: Finding meaning in our own occupation. *Canadian Journal of Occupational Therapy*, 78(5), 294-302. doi: 10.2182/cjot.2011.78.5.4
- Amin, A., & Roberts, J. (2008). Knowing in action: Beyond communities of practice. *Research Policy*, 37(2), 353-369.
- Ashby, S. E., Ryan, S., Gray, M., & James, C. (2012). Factors that influence the professional resilience of occupational therapists in mental health practice. *Australian Occupational Therapy Journal*, 60(10), 110-119. doi: 10.1111/1440-1630.12012
- Australasian Occupational Science Centre. (2006). *Occupational science: Generating an international perspective* (Report on the Inaugural International Occupational Science Think Tank). Retrieved from <http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@aosc/documents/doc/uow094114.pdf>
- Ayres, A. J. (1968). Sensory integrative processes and neuropsychological learning disabilities. *Learning Disorders*, 3, 41-58.
- Ayres, A. J. (1972). *Sensory integration and learning disabilities*. Los Angeles: Western Psychological Services.
- Baum, C. M. & Christiansen, C. H. (2005). Person-environment-occupation-performance: An occupation-based framework for practice. In C. H. Christiansen, C. M.

- Baum, and J. Bass-Haugen (Eds.), *Occupational therapy: Performance, participation, and wellbeing* (3rd ed., pp. 242-267). Thorofare, NJ: SLACK Incorporated.
- Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). *Women's ways of knowing*. New York: Basic Books.
- Bennett, S., Tooth, L., McKenna, K., Rodger, S., Strong, J., Ziviani, J., Mickan, S., & Gibson, L. (2003). Perceptions of evidence-based practice: A survey of Australian occupational therapists. *Australian Occupational Therapy Journal*, 50(1), 13-22. doi: 10.1046/j.1440-1630.2003.00341.x
- Berry, J., & Ryan, S. (2002). Frames of reference: Their use in paediatric occupational therapy. *The British Journal of Occupational Therapy*, 65(9), 420-427.
- Blair, S. E., & Robertson, L. J. (2005). Hard complexities-soft complexities: An exploration of philosophical positions related to evidence in occupational therapy. *The British Journal of Occupational Therapy*, 68(6), 269-276.
- Blanche, E., Botticelli, T., & Hallway, M. (1993) *Combining neurodevelopmental and sensory integration principles*. San Antonio, Texas: Therapy Skill Builders.
- Blanche, E. & Henny-Kohler, E. (2000). Philosophy, science and ideology: A proposed relationship for occupational science and occupational therapy. *Occupational Therapy International*, 7(2), 99-110. doi: 10.1002/oti.110
- Bobath, K., & Bobath, B. (1956). The diagnosis of cerebral palsy in infancy. *Archives of Disease in Childhood*, 31(159), 408-414.
- Bobath, K., & Bobath, B. (1984). The neurodevelopmental concept. In D. Scrutton (Ed.), *Management of the motor disorders of children with CP* (pp. 7-12). *Clinics in Developmental Medicine*, 90. Philadelphia: JB Lippincott.
- Boniface, G., Fedden, T., Hurst, H., Mason, M., Phelps, C., Reagon, C., & Waygood, S. (2008). Using theory to underpin an integrated occupational therapy service through the Canadian model of occupational performance. *The British Journal of Occupational Therapy*, 71(12), 531-539.
- Boog, B. W. (2003). The emancipatory character of action research, its history and the

- present state of the art. *Journal of Community & Applied Social Psychology*, 13(6), 426-438. doi: 10.1002/casp.748
- Bowen, S. J., & Graham, I. D. (2013). From knowledge translation to engaged scholarship: Promoting research relevance and utilization. *Archives of Physical Medicine and Rehabilitation*, 94(1, Sup), S3-S8. doi: 0.1016/j.apmr.2012.04.037
- Boyer, E. L. (1996). The scholarship of engagement. *Bulletin of the American Academy of Arts and Sciences*, 49(7), 18-33.
- Bridges, D. (1999). Educational research: Pursuit to truth or flight into fancy? *British Educational Research Journal*, 25, 597-616. doi: 10.1080/0141192990250503
- Brophy, M. (2001). *The study circle. Participatory action research, with and for the unemployed*. Unpublished doctoral dissertation. Victoria University, Wellington, New Zealand.
- Brown, M., & Gordon, W. A. (1987). Impact of impairment on activity patterns of children. *Archives of Physical Medicine and Rehabilitation*, 68, 828-832.
- Brown, G. T., Rodger, S., Brown, A., & Roevers, C. (2007a). A comparison of Canadian and Australian paediatric occupational therapists. *Occupational Therapy International*, 12(3), 137-161. doi: 10.1002/oti.2
- Brown, G. T., Rodger, S., Brown, A., & Roevers, C. (2007b). A profile of Canadian paediatric occupational therapy practice. *Occupational Therapy in Health Care*, 21(4), 39-69. doi: 10.1300/J003v21n04_03
- Brlüde, B. (2000). On how to define the concept of health: A loose comparative approach. *Medicine, Health Care and Philosophy*, 3, 305–308.
- Burwash, S. (2013). *Doing occupation: A narrative inquiry into occupational therapists' stories of occupation-based practice*. Unpublished PhD thesis. University of Alberta, Alberta, Canada.
- Callon, M. (1986). Some elements of a sociology of translation: Domestication of the scallops and the fishermen of St Brieuc Bay. In J. Law (Ed.), *Power, action, and belief: A new sociology of knowledge?* (pp. 196–233). New York: Routledge.
- Carr, W., & Kemmis, S. (1986). *Becoming critical: Education knowledge and action research*. Geelong, Australia: Deakin University Press.

- Case-Smith, J. & O'Brien, J. (2009). *Occupational therapy for children* (6th ed.). St. Louis: Mosby/Elsevier.
- Chu, S. (1989). The application of contemporary treatment approaches in occupational therapy for children with cerebral palsy. *The British Journal of Occupational Therapy*, 52(9), 343-48.
- Clark, F. A. (2010). Power and confidence in professions: Lessons for occupational therapy. *Canadian Journal of Occupational Therapy*, 77(5), 264-269. doi: 10.2182/cjot.2010.01.77.5.2
- Clarke, S. (2008). Psycho-social research: Relating self, identity and otherness. In S. Clarke, H.Hahn, & P. Hoggett, Object relations and social relations: The implications of the relational turn in psychoanalysis (p. 113-136). London, UK: Karnac Books.
- Cleaver, F. (2001). Institutions, agency and the limitations of participatory approaches to development. In B. Cooke & U. Kothari (Eds.), *Participation: The new tyranny?* (pp. 36-55). London, UK: Zed Books.
- Cockburn, L., & Trentham, B. (2002). Participatory action research: Integrating community occupational therapy practice and research. *Canadian Journal of Occupational Therapy*, 69(1), 20-30. doi: 10.1177/000841740206900102
- Cole, M. B., & Tufano, R. (2008). *Applied theories in occupational therapy: A practical approach*. Thorofare, NJ: Slack Incorporated.
- Cooke, M. (2006). *Re-presenting the good society*. Cambridge, MA: MIT Press.
- Cooke, B., & Kothari, U. (2001). The case for participation as tyranny. In B. Cooke & U. Kothari (Eds), *Participation: The new tyranny?* (pp. 1-15). London, UK: Zed Books.
- Copley, J. A. & Allen, S. (2009). Using all the available evidence: Perceptions of paediatric occupational therapists about how to increase evidence-based practice. *International Journal of Evidence Based Healthcare*, 7, 193-200. doi: 10.1111/j.1744-1609.2009.00137.x
- Copley, J. A., Rodger, S. A., Graham, F. P., & Hannay, V. A. (2011). Facilitating student

- occupational therapists' mastery of occupation-centred approaches for working with children. *Canadian Journal of Occupational Therapy*, 78(1), 37-44. doi: 10.2182/cjot.2011.78.1.5
- Coster, W. (1998). Occupation-centered assessment of children. *The American Journal of Occupational Therapy*, 52(5), 337-344. doi: 10.5014/ajot.52.5.337
- Coster, W., Law, M., Bedell, G., Khetani, M., Cousins, M., & Teplicky, R. (2012). Development of the participation and environment measure for children and youth: Conceptual basis. *Disability and Rehabilitation*, 34(3), 238-246. doi:10.3109/09638288.2011.603017
- Cotton, A. H. (1997). Power, knowledge, and the discourse of specialization in nursing. *Clinical Nurse Specialist*, 11(1), 25-29.
- Craik, J., Davis, J., & Polatajko, H. (2007). Introducing the Canadian Practice Process Framework (CPPF): Amplifying the context. In E. A. Townsend, & H. J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 229-246). Ottawa, Ontario Canada: CAOT Publications ACE.
- Cramm, H. & White, C. (2011). KT and OT: A context for knowledge translation in occupational therapy. *Occupational Therapy Now*, 13(6), 24-26.
- Creek, J. (1999). Communicating the nature and purpose of occupational therapy. In J. Creek (Ed.), *Occupational therapy: New perspectives* (pp. 114-141). London: Whurr.
- Creek, J., & Lougher, L. (2008). *Occupational therapy and mental health* (4th ed). Edinburgh, UK: Churchill Livingstone.
- Crowe, T., & Kanny, E. (1990). Occupational therapy practice in school systems: A survey of northwest therapists. *Physical and Occupational Therapy in Paediatrics*, 10(3), 69-83. doi: 10.1080/J006v10n03_05
- Cusick, A., Lannin, N. A., & Lowe, K. (2007). Adapting the Canadian Occupational Performance Measure for use in a paediatric clinical trial. *Disability & Rehabilitation*, 29(10), 761-766. doi: 10.1080/09638280600929201

- Davis, J. E. (1938). The play approach in occupational therapy. *Occupational Therapy & Rehabilitation, 17*(3), 143-146.
- Davis, J., Craik J., & Polatajko, H. J. (2007). Using the Canadian Process Practice Framework: Amplifying the process. In E. A. Townsend, & H. J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 247-272). Ottawa, Ontario Canada: CAOT Publications ACE.
- Degangi, G., & Royeen, C. (1994). Current practice among Neurodevelopmental Treatment Association members. *The American Journal of Occupational Therapy, 48*(9), 803-809. doi: 10.5014/ajot.48.9.803
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2005). *The Sage handbook of qualitative research* (3rd ed.). Thousand Oaks: Sage Publications.
- Dickens, L., & Watkins, K. (1999). Action research: Rethinking Lewin. *Management Learning, 30*(2), 127-140. doi: 10.1177/1350507699302002
- Doane G., & Varcoe C. (2008). Knowledge translation in everyday nursing: From evidence-based to inquiry-based practice. *Advances in Nursing Science, 31*(4), 283-295. doi: 10.1097/01.ANS.0000341409.17424.7f
- Duncan, E. A. (Ed). (2011). *Foundations for practice in occupational therapy* (5th ed). Edinburgh, UK: Elsevier/Churchill Livingstone.
- Dunn, W., Brown, C., & McGuigan, A. (1994). The ecology of human performance: A framework for considering the effect of context. *The American Journal of Occupational Therapy, 48*(7), 595-607. doi: 10.5014/ajot.48.7.595
- Edwards, P. & Wajcman, J. (2005). *The politics of working life*. Oxford, UK: Oxford University Press.
- Education Act*, (1989).
- Elliot, J. (2005). Becoming critical: The failure to connect. *Educational Action Research, 13*(4), 359-373. doi: 10.1080/09650790500200317
- Eraut, M. (1994). *Developing professional knowledge and competence*. London, UK: Falmer Press.

- Estes, J., & Pierce, D. (2012). Pediatric therapists' perspectives on occupation based practice. *Scandinavian Journal of Occupational Therapy*, 19, 17-25.
doi:10.3109/11038128.2010.547598
- Fals Borda, O. (1979). Investigating reality in order to transform it: The Colombian experience. *Dialectical Anthropology*, 4(1), 33-55.
- Fay, B. (1987). *Critical social science*. Ithaca, NY: Cornell University Press.
- Fearing, V.G., Law, M., & Clark, J. (1997). An Occupational Performance Process Model: Fostering client and therapist alliances. *Canadian Journal of Occupational Therapy*, 64, 7-15. doi: 10.1177/000841749706400103
- Forsyth, K., Summerfield Mann, L., & Kielhofner, G. (2005). Scholarship of practice: Making occupation-focused, theory-driven, evidence-based practice a reality. *The British Journal of Occupational Therapy*, 68(6), 260-269.
- Ford, D. P., & Staples, D. S. (2006). Perceived value of knowledge: The potential informer's perception. *Knowledge Management Research & Practice*, 4(1), 3-16. doi:10.1057/palgrave.kmrp.8500079
- Fortune, T. (2000). Occupational therapists: Is our therapy truly occupational or are we merely filling gaps? *The British Journal of Occupational Therapy*, 63(5), 225-230.
- Foucault, M. F. (1980). *Power/knowledge: Selected interviews and other writings*. Brighton: Harvester Wheatsheaf.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Herder and Herder.
- Gadamer, H. (1975). *Truth and method*. London, UK: Sheed and Ward.
- Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational research*. New York: Longman.
- Gardiner, C., & Brown, N. (2010). Is there a role for occupational therapy within a specialist child and adolescent mental health eating disorder service? *The British Journal of Occupational Therapy*, 73(1), 38-43.
- Gaventa, J. (2004). Towards participatory governance: Assessing the transformative possibilities. In B. Cooke & U. Kothari (Eds.). *Participation: The new tyranny?* (pp. 25-41). London, UK: Zed Books.

- Giddens, A. (1979). *Central problems in social theory: Action, structure and contradiction in social analysis*. London, UK: Macmillan.
- Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Professions*, 26(1), 13-24. doi: 10.1002/chp.47
- Graham, F., Rodger, S., & Ziviani, J. (2013). Effectiveness of occupational performance coaching in improving children's and mothers' performance and mothers' self-competence. *The American Journal of Occupational Therapy*, 67(1), 10-18. doi: 10.5014/ajot.2013.004648
- Gray, J. M. (1998). Putting occupation into practice: Occupation as ends, occupation as means. *The American Journal of Occupational Therapy*, 52(5), 354-364. doi: 10.5014/ajot.52.5.354
- Greenhalgh, T. & Wieringa, S. (2011). Is it time to drop the knowledge translation metaphor? A critical literature review. *Journal of the Royal Society of Medicine*, 104(12), 501-509. doi: 10.1258/jrsm.2011.110285
- Greenwood, D. J. & Levin, M. (2000). Reconstructing the relationships between universities and society through action research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 85-106). Thousand Oaks, CA: Sage Publications.
- Griffin, S. (2001). Occupational therapists and the concept of power: A review of the literature. *Australian Occupational Therapy Journal*, 48(1), 24-34. doi: 10.1111/j.1440-1630.2001.00231.x
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Resources Information Center Annual Review Paper*, 29, 75-91.
- Gunnarsson, B. L. (2009). *Professional discourse*. London, UK: Continuum International Publishing Group.
- Habermas, J. (1972). *Knowledge and human interests* (J. J. Shapiro, Trans.). London, UK: Heinemann.

- Habermas, J. (1984). *The theory of communicative action, Vol. 1: Reason and the rationalisation of society* (T. McCarthy, Trans.). Boston: Beacon.
- Habermas, J. (1992). *Postmetaphysical thinking: Philosophical Essays* (W. M. Hohengarten, Trans.). Cambridge: MIT Press.
- Habermas, J. (1996). *Between facts and norms* (W. Rehg, Trans.). Cambridge, MA: MIT Press.
- Habermas, J. (2003). *Truth and justification* (B. Fultner, Trans.). Cambridge, MA: MIT Press.
- Hadfield, M. (2012). Becoming critical again: Reconnecting critical social theory with the practice of action research. *Educational Action Research*, 20(4), 571-585. doi: 10.1080/09650792.2012.727647
- Hailey, J. (2001). Beyond the formulaic: Process and practice in South Asian NGOs. In B. Cooke & U. Kothari (Eds.), *Participation: The new tyranny?* (pp. 88-101). London, UK: Zed Books.
- Hammell, K. W., Miller, W. C., Forwell, S. J., Forman, B. E., & Jacobsen, B. A. (2012). Sharing the agenda: Pondering the politics and practices of occupational therapy research. *Scandinavian Journal of Occupational Therapy*, 19, 297-304. doi: 10.3109/11038128.2011.574152
- Hammell, K. W. (2009). Sacred texts: A sceptical exploration of the assumptions underpinning theories of occupation. *Canadian Journal of Occupational Therapy*, 76(1), 6-13. doi: 10.1177/000841740907600105
- Hammell, K. W. (2011). Resisting theoretical imperialism in the disciplines of occupational science and occupational therapy. *British Journal of Occupational Therapy*, 74(1), 27-33.
- Hartman, A. (2000). In search of subjugated knowledge. *Journal of Feminist Family Therapy*, 11(4), 19-23. doi: 10.1300/J086v11n04_03
- Hasselbusch, A., & Penman, M. (2008). Working together: An occupational therapy perspective on collaborative consultation. *Kairaranga*, 9(1), 24-31.

- Hasselkus, B., & Dickie, V. (1994). Doing occupational therapy: Dimensions of satisfaction and dissatisfaction. *The American Journal of Occupational Therapy*, 48(2), 145-154. doi:10.5014/ajot.48.2.145
- Heath, P. (1988). What is a validity claim? *Philosophy and Social Criticism*, 24(4), 23-41. doi: 10.1177/019145379802400402
- Health Practitioners Competence Assurance Act*, (2003).
- Heikkinen, H. L., Kakkori, L., & Huttunen, R. (2001). This is my truth, tell me yours: Some aspects of action research quality in the light of truth theories. *Educational Action Research*, 9(1), 9-24. doi: 10.1080/09650790100200142
- Hickey, S., & Mohan, G. (2004). Towards participation as transformation: Critical themes and challenges. In B. Cooke & U. Kothari (Eds.), *Participation: The new tyranny?* (pp. 3-24). London, UK: Zed Books.
- Higgs, J., & Titchen, A. (2001). Rethinking the practice-knowledge interface in an uncertain world: A model for practice development. *The British Journal of Occupational Therapy*, 64(11), 526-533.
- Higgs, J., Titchen, A., & Neville, V. (2001). Professional practice and knowledge. In J. Higgs & A. Titchen (Eds.) *Practice knowledge and expertise in the health professions* (pp. 3-9). Oxford: Butterworth-Heinemann.
- Hocking, C. (2000). Occupational science: A stock take of accumulated insights. *Journal of Occupational Science*, 7(2), 58-67. doi: 10.1080/14427591.2000.9686466
- Hocking, C. (2009). The challenge of occupation: Describing the things people do. *Journal of Occupational Science*, 16(3), 140-150. doi: 10.1080/14427591.2009.9686655
- Hocking, C., & Nicholson, E. (2007). Occupation for occupational therapists: How far will we go? In J. Creek & A. Lawson-Porter (Eds.), *Contemporary issues in occupational therapy* (pp. 41-54). Chichester, UK: Wiley.
- Hocking, C., & Wright St. Clair, V. (2011). Occupational science: Adding value to occupational therapy. *New Zealand Journal of Occupational Therapy*, 58(1), 29-35.

- Humphries, B. (2000). From critical thought to emancipatory action: Contradictory research goals?. In C. Truman, D. Mertens, & B. Humphries (Eds.), *Research and inequality* (pp. 179-190). London: UCL Press.
- Humphry, R. (2002). Young children's occupations: Explicating the dynamics of developmental processes. *The American Journal of Occupational Therapy*, 56(2), 171-179. doi: 10.5014/ajot.56.2.171
- Humphry, R., & Wakeford, L. (2006). An occupation-centered discussion of development and implications for practice. *The American Journal of Occupational Therapy*, 60(3), 258-267. doi: 10.5014/ajot.60.3.258
- Humphry, R., & Wakeford, L. (2008). Development of everyday activities: A model for occupation-centered therapy. *Infants & Young Children*, 21(3), 230-240. doi: 10.1097/01.IYC.0000324552.77564.98
- Kemmis, S. (2001). Exploring the relevance of critical theory for action research: Emancipatory action research in the footsteps of Jurgen Habermas. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 91–102). London, UK: Sage Publications.
- Kemmis, S. (2006). Participatory action research and the public sphere. *Educational Action Research*, 14(4), 459-476. doi: 10.1080/09650790600975593
- Kemmis, S. (2008). Critical theory and participatory action research. In P. Reason & H. Bradbury (Eds.), *Handbook of Action Research II* (pp.121-138). Thousand Oaks, CA: Sage Publications.
- Kemmis, S. (2009). Action research as a practice-based practice. *Educational Action Research*, 17(3), 463-474. doi: 10.1080/09650790903093284
- Kemmis, S. (2011a). What is professional practice? Recognising and respecting diversity in understandings of practice. In C. Kanes (Ed.), *Elaborating professionalism: Studies in practice and theory*, 5 [E-Book version] (pp. 139-165). doi: 10.1007/978-90-481-2605-7_8
- Kemmis, S. (2011b). A self-reflective practitioner and a new definition of critical participatory action research. In N. Mockler, & J. Sachs (Eds.), *Rethinking*

- educational practice through reflexive inquiry*, 7 [E-book version] (pp.11-29).
doi: 10.1007/978-94-007-0805-1_2
- Kemmis, S., & McTaggart, R. (1988). *The action research planner* (3rd ed.). Geelong, Australia: Deakin University Press.
- Kemmis, S., & McTaggart, R. (2000). Participatory action research. In N. Denzin & Y. Lincoln (Eds.), *The handbook of qualitative research* (2nd ed.; pp. 567-606). Beverley Hills, CA: Sage.
- Kemmis, S., & McTaggart, R. (2005). Communicative action and the public sphere. In N. Denzin & Y. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 559-604). Thousand Oaks, CA: Sage Publications.
- Kemmis, S., McTaggart, R., & Retallick, J. (2004). *The action research planner* (2nd ed., rev). Karachi, Pakistan: Aga Khan University Institute for Educational Development.
- Kemmis, S., & Wilkinson, M. (1998). Participatory action research and the study of practice. In B. Atweh, S. Kemmis, & P. Weeks (Eds.), *Action research in practice: Partnership for social justice in education* (pp. 21-36). London, UK: Routledge.
- Khan, C., & Chovanec, D. (2010). Is participatory action research relevant in the Canadian workplace? *Journal of Contemporary Issues on Education*, 5(1), 34-44.
- Kielhofner, G. (Ed.). (1985). *A model of human occupation: Theory and application*. Baltimore: Williams & Wilkins.
- Kielhofner G. (1997). *Conceptual foundations of occupational therapy* (2nd ed.). Philadelphia: F.A. Davis.
- Kielhofner, G. (2005). Scholarship and practice: Bridging the divide. *The American Journal of Occupational Therapy*, 59(2), 231-239. doi: 10.5014/ajot.59.2.231
- Kinney, W. B., & Coyle, C. P. (1992). Predicting life satisfaction among adults with physical disabilities. *Archives of Physical Medicine and Rehabilitation*, 73(9), 863-869.
- Kinsella, E. A., & Whiteford, G. E. (2009). Knowledge generation and utilisation in

- occupational therapy: Towards epistemic reflexivity. *Australian Occupational Therapy Journal*, 56(4), 249-258. doi: 10.1111/j.1440-1630.2007.00726.x
- Kirk, J., & Miller, M. (1986). *Reliability and validity in qualitative research*. Beverly Hills, CA: Sage.
- Kitson, A. (2008). The uncertainty and incongruity of evidence-based healthcare. *International Journal of Evidence-Based Healthcare*, 6(1), 1–2.
doi: 10.1111/j.1744-1609.2007.00101.x
- Kitto, S. C., Sargeant, J., Reeves, S., & Silver, I. (2012). Towards a sociology of knowledge translation: The importance of being dis-interested in knowledge translation. *Advances in Health Sciences Education*, 17(2), 289-299. doi: 10.1007/s10459-011-9303-6
- Kramer, P., & Hinojosa, J. (2010). *Frames of reference for pediatric occupational therapy* (3rd ed). Baltimore: Lippincott Williams & Wilkins.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, 45(3), 214-222.
doi: 10.5014/ajot.45.3.214
- Krusen, N. (2011). The influence of environment on clinical practice: Unspoken rules. *The British Journal of Occupational Therapy*, 74(12), 546-553.
- Lambert H. (2006). Accounting for EBM: Notions of evidence in medicine. *Social Science & Medicine*, 62, 2633–2645. doi: 10.1016/j.socscimed.2005.11.023
- Lather, P (1991). *Getting smart: Feminist research and pedagogy with/in the postmodern*. New York: Routledge.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. New York: Cambridge University Press.
- Law, M., Baptiste, S., McColl, M., Opzoomer, A., Polatajko, H., & Pollock, N. (1990). The Canadian occupational performance measure: An outcome measure for occupational therapy. *Canadian Journal of Occupational Therapy*, 57(2), 82-87.
doi: doi: 10.1177/000841749005700207
- Law, M, Cooper, B., Strong, S., Stewart, D., Rigby, P. & Letts, L. (1996). The Person-Environment-Occupation Model: A transactive approach to occupational

- performance. *Canadian Journal of Occupational Therapy*. 63(1), 9-23. doi: 10.1177/000841749606300103
- Law, M., Missiuna, C., Pollock, N., & Stewart, D. (2005). Foundations for occupational therapy practice with children. *Occupational Therapy for Children*, 5, 53-87.
- Law, M., King, G., King, S., Kertoy, M. K., Hurley, P., Rosenbaum, P...& Amsterdam, P. (2006). Patterns of participation in recreational and leisure activities among children with complex physical disabilities. *Developmental Medicine & Child Neurology*, 48(5), 337–342. doi: 10.1017/S0012162206000740
- Lawlor, M. C. (2003). The significance of being occupied: The social construction of childhood occupations. *American Journal of Occupational Therapy*, 57(4), 424-434. doi: 10.5014/ajot.57.4.424
- Ledwith, M. (1994). Listening as emancipatory research. *Critical Public Health*, 5(3), 15-18. doi: 10.1080/09581599408406251
- Ledwith, M. (2005). Personal narratives/political lives: Personal reflection as a tool for collective change. *Reflective Practice*, 6(2), 255-262. doi: 10.1080/14623940500106237
- Ledwith, M. (2007). On being critical: Uniting theory and practice through emancipatory action research. *Educational Action Research*, 15(4), 597-611. doi: 10.1080/09650790701664021
- Ledwith, M., & Springett, J. (2010). *Participatory practice: Community-based action for transformative change*. Bristol, UK: The Policy Press.
- Leonardo, Z. (2004). Critical social theory and transformative knowledge: The functions of criticism in quality education. *Educational Researcher*, 33(6), 11-18.
- Letts, L. (2003). Occupational therapy and participatory research: A partnership worth pursuing. *The American Journal of Occupational Therapy*, 57(1), 77-87. doi: 10.5014/ajot.57.1.77
- Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues*, 2(4), 34-46.
- Lewis, C. (1890). *An Elementary Latin Dictionary* [Online Version]. New York: American Book Company.

- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Llorens, L. A. (1970). Eleanor Clarke Slagle lecture: Facilitating growth and development: The promise of occupational therapy. *American Journal of Occupational Therapy*, 24(2), 93.
- Lyons, R. F. (1993). Meaningful activity and disability: Capitalizing upon the potential of outreach recreation networks in Canada. *Canadian Journal of Rehabilitation*, 6, 256–265.
- Mackey, H. (2007). 'Do not ask me to remain the same': Foucault and the professional identities of occupational therapists. *Australian Journal of Occupational Therapy*, 54, 95-102. doi: 10.1111/j.1440-1630.2006.00609.x
- Mathiowetz, V., & Haugen, J. B. (1994). Motor behavior research: Implications for therapeutic approaches to central nervous system dysfunction. *The American Journal of Occupational Therapy*, 48(8), 733-745. doi: 10.5014/ajot.48.8.733
- McClaren, P. (2009). Critical pedagogy: A look at the major concepts. In A. Darder, M. P. Baltodano, & R. D. Torres (Eds.), *The critical pedagogy reader* (2nd ed., pp. 61-83). New York, NY: Routledge
- McCormack B. (2006). Evidence-based practice and the potential for transformation. *Journal of Research in Nursing*, 11, 89–94. doi: 10.1177/1744987106062838
- McNiff, J. (2013). *Action research: Principles and practice* (3rd ed). Abingdon: Routledge.
- McTaggart, R. (1998). Is validity really an issue for participatory action research? *Studies in Cultures, Organizations and Societies*, 4(2), 211-236. doi: 10.1080/10245289808523513
- Melton, J., Forsyth, K., & Freeth, D. (2010). A practice development programme to promote the use of the Model of Human Occupation: Contexts, influential mechanisms and levels of engagement amongst occupational therapists. *British Journal of Occupational Therapy*, 73(11), 549-558.
- Mental Health (Compulsory Assessment and Treatment) Act*, (1992).
- Mertens, D. M. (2009). *Transformative research and evaluation*. New York: The Guilford Press.

- Metzler, M. J., & Metz, G. A. (2010). Analyzing the barriers and supports of knowledge translation using the PEO model. *The Canadian Journal of Occupational Therapy*, 77(3), 151-158. doi: 10.2182/cjot.2010.77.3.4
- Meyer, J. (2000). Qualitative research in health care: Using qualitative methods in health related action research. *British Medical Journal*, 320(7228), 178-181. doi: 10.1136/bmj.320.7228.178
- Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco, CA: Jossey-Bass.
- Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, (97)74, 5-10.
- Mezirow, J. (2003). Transformative learning as discourse. *Journal of Transformative Education*, 1(1), 58-63. doi: 10.1177/1541344603252172
- Molineux, M. (2004). Occupation in occupational therapy: A labour in vain? In M. Molineux (Ed.), *Occupation for Occupational Therapists* (pp. 1-14). Oxford, UK: Blackwell Publishing.
- Molineux, M. (2011). Standing firm on shifting sands. *New Zealand Journal of Occupational Therapy*, 58(1), 21.
- Molineux, M., & Whiteford, G. (2005). Occupational science: Genesis, evolution and future contribution. In E. Duncan (Ed.), *Foundations for Practice in Occupational Therapy*, (4th ed., pp. 297-312). Edinburgh, UK: Churchill Livingstone.
- Molke, D. K., Laliberte-Rudman, D., & Polatajko, H. J. (2004). The promise of occupational science: A developmental assessment of an emerging academic discipline. *Canadian Journal of Occupational Therapy*, 71(5), 269-280. doi: 10.1177/000841740407100505
- Moose, D. (2001). People's knowledge, participation and patronage: Operations and representations in rural developments. In B. Cooke & U. Kothari (Eds), *Participation: The new tyranny?* (pp. 16-35). London, UK: Zed Books.
- MST New Zealand. (n.d.). *Treaty obligations*. Retrieved from, <http://www.mstnz.co.nz/treaty.htm>

- Ness, J. (1937). Occupational therapy for children. *American Journal of Nursing*, 12(xxxv), 1109-1116.
- Noffke, S. E. & Stevenson, R. B. (Eds.). (1995). *Educational action research: Becoming practically critical*. New York: Teachers College Press.
- Occupational Therapy Board of New Zealand. (2000). *Competencies for registration as an occupational therapist*. Retrieved from, <http://www.otboard.org.nz/LinkClick.aspx?fileticket=FwjZPqyQ44g%3d&tabid=239&mid=643>
- Occupational Therapy Board of New Zealand. (2004). *Code of Ethics for occupational therapists*. Retrieved from, <http://www.otboard.org.nz/LinkClick.aspx?fileticket=5W5yvumrHRE%3D&tabid=164>
- Occupational Therapy Board of New Zealand. (2010). *Annual report 2010*. Retrieved from <http://www.otboard.org.nz/LinkClick.aspx?fileticket=k4LZVDnoMww%3D&tabid=239&mid=643>
- Palmer, D., & Kramlich, D. (2011). An introduction to the multisystem model of knowledge integration and translation. *Advances in Nursing Science*, 34 (1), 29-38. doi: 10.1097/ANS.0b013e318209439f
- Parham, L. D., Cohn, E. S., Spitzer, S., Koomar, J. A., Miller, L. J., Burke, J. P., ... & Summers, C. A. (2007). Fidelity in sensory integration intervention research. *American Journal of Occupational Therapy*, 61(2), 216-227. doi: 10.5014/ajot.61.2.216
- Parham, L. D., & Fazio, L. S. (Eds.). (2008). *Play in occupational therapy for children*. St. Louis: Mosby Elsevier.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.) Newbury Park, CA: Sage Publications.
- Pease, B. (2002). Rethinking empowerment: A postmodern reappraisal for emancipatory practice. *British Journal of Social Work*, 32(2), 135-147. doi: 10.1093/bjsw/32.2.135

- Pierce, D. (2011). Co-occupation: The challenge of defining concepts original to occupational science. *Journal of Occupational Science*, 16(3), 203-207. doi: 10.1080/14427591.2009.9686663
- Polatajko, H. J. (2007). Fit chart. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 213). Ottawa, Ontario Canada: CAOT Publications ACE.
- Polatajko, H. J., & Mandich, A. D. (2004). *Enabling occupation in children: The Cognitive Orientation to Daily Occupational Performance (CO-OP) Approach*. Ottawa, Canada: CAOT Publications ACE.
- Polatajko, H. J., Davis, J., Stewart, D., Cantin, N., Amoroso, B., Purdie, L., & Zimmerman, D. (2007). Specifying the domain of concern: Occupation as core. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp.13-36). Ottawa, Ontario Canada: CAOT Publications ACE.
- Polatajko, H., Davis, J., Cantin, N., Dubouloz-Wilner, C-J., & Trentham, B. (2007). Occupation-based practice: The essential elements. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp.203-228). Ottawa, Ontario Canada: CAOT Publications ACE.
- Pollard, N., Sakellariou, D., & Lawson-Porter, A. (2010). Will occupational science facilitate or divide the practice of occupational therapy? *International Journal of Therapy and Rehabilitation*, 17(1), 40-47.
- Pollock, N. (2010). Sensory integration: A review of the current state of the evidence. *Occupational Therapy Now*, 11(5), 6-10.
- Pollock, N., Missiuna, C., & Rodger, S. (2010). Occupational goal setting with children and families. In S. Rodger (Ed.), *Occupation-centred practice with children: A practical guide for occupational therapists* (pp. 114-134). Oxford, UK: Wiley-Blackwell.

- Poole, N. (2008). Using consciousness-raising principles to inform modern knowledge translation practices in women's health. *Canadian Journal of Nursing Research*, 40(2), 76–93.
- QSR International. (2010). NVivo 9 [Computer software]. Available from <http://www.qsrinternational.com>
- Reason, P. (1990). *Human inquiry in action. Developments in new paradigm research*. London, UK: Sage Publications.
- Reason, P. (1998). Political, epistemological, ecological and spiritual dimensions of participation. *Studies in Cultures, Organizations and Societies*, 4(2), 147-167. doi: 10.1080/10245289808523509
- Reason, P. (2006). Choice and quality in action research practice. *Journal of Management Inquiry*, 15(2), 187-203. doi: 10.1177/1056492606288074
- Reed, K. (1984). *Models of practice in occupational therapy*. Baltimore, Maryland: William & Wilkins.
- Reilly, M. (1961). Eleanor Clarke Slagle Lecture: Occupational therapy can be one of the great ideas of 20th century medicine. *American Journal of Occupational Therapy*, 16(1), 1-9.
- Reimer-Kirkham, S., Varcoe, C., Browne, A. J., Lynam, M. J., Khan, K. B., & McDonald, H. (2009). Critical inquiry and knowledge translation: Exploring compatibilities and tensions. *Nursing Philosophy*, 10(3), 152-166. doi: 10.1111/j.1466-769X.2009.00405.x
- Richards, L. (2009). *Handling qualitative data: A practical guide* (2nd ed). London, UK: Sage Publications.
- Rodger, S. (Ed.). (2010). *Occupation centred practice with children: A practical guide for occupational therapists*. Oxford, UK: Wiley-Blackwell.
- Rodger, S. (2012). Sensory interventions for children: Where does our profession stand? (Invited editorial). *Australian Journal of Occupational Therapy*, 59, 337-338. doi: 10.1111/j.1440-1630.2012.01032.x

- Rodger, S., Brown, G.T., & Brown, A. (2005). Profile of paediatric occupational therapy practice in Australia. *Australian Journal of Occupational Therapy*, 52, 311-325. doi: 10.1111/j.1440-1630.2005.00487.x
- Rodger, S., & Ziviani, J. (Eds.). (2006). *Occupational therapy with children: Understanding children's occupations and enabling participation*. Oxford, UK: Blackwell.
- Rodger, S., Ashburner, J., Cartmill, L., & Bourke-Taylor, H. (2010). Helping children with autism spectrum disorders and their families: Are we losing our occupation-centred focus? *Australian Occupational Therapy Journal*, 57(4), 276-280. doi: 10.1111/j.1440-1630.2010.00877.x
- Rood, M. (1954). Neurophysiological reactions as a basis for physical therapy. *Physical Therapy Review*, 34, 444-449.
- Ruby, D. (1980). Exposing yourself: Reflexivity, anthropology and film. *Semiotica*, 30, 153-179.
- Savin-Baden, M. & Wimpenny, K. (2007). Exploring and implementing participatory action research. *Journal of Geography in Higher Education*, 31(2), 331-343. doi: 10.1080/03098260601065136
- Schön, D. A. (1992). The crisis of professional knowledge and the pursuit of an epistemology of practice. *Journal of Interprofessional Care*, 6(1), 49-63. doi: 10.3109/13561829209049595
- Schwandt, T. A. (2005). On modelling our understanding of the practice fields. *Pedagogy, Culture & Society*, 13(3), 313-332. doi: 10.1080/14681360500200231
- Scott, D., & Weeks, P. (1998). Action research as reflective collaboration. In B., Atweh, S., Kemmis, & P. Weeks (Eds.), *Action research in practice: Partnership for social justice in education* (pp. 241-249). London, UK: Routledge.
- Small, S. A. (1995). Action-oriented research: Models and methods. *Journal of Marriage and the Family*, 57(4), 941-955.
- Smith, K., & Kinsella, E. (2009). Paediatric occupational therapists' reflections on meaning in professional practice: A phenomenological study. *The Canadian*

Journal of Occupational Therapy, 76(4), 299-308. doi:

10.1177/000841740907600409

- Simmons Carlsson, C. (2007). *The "why" of who we are: Exploring the "culture of practice" of Ministry of Education, special education occupational therapists and physiotherapists*. Unpublished Master's thesis. AUT University, Auckland, New Zealand.
- Soltis-Jarrett, V. (1997). The facilitator in participatory action research: les raisons d'etre. *Advances in Nursing Science*, 20(2), 45-54.
- Spitzer, S. L. (2003). With and without words: Exploring occupation in relation to young children with autism. *Journal of Occupational Science*, 10(2), 67-79. doi: 10.1080/14427591.2003.9686513
- Statistics New Zealand. (2002). *Census snapshot: Children*. Retrieved from, http://www.stats.govt.nz/browse_for_stats/people_and_communities/Children/census-snapshot-children.aspx
- Straus, S. E., Tetroe, J., & Graham, I. (2009). Defining knowledge translation. *Canadian Medical Association Journal*, 181(3-4), 165-168. doi: 10.1503/cmaj.081229
- Swartout, G., & Swartout, R. (1953). Pediatric occupational therapy: A reappraisal. *Journal of Pediatrics*, 43, 112-115.
- Tallman, F. (1937). The place of occupational therapy in dealing with problem children. *Occupational Therapy & Rehabilitation*, 16(5), 301-306.
- Taylor, J. R. (2004). Dialogue as the search for sustainable organizational coorientation. In R. Anderson, L. A. Baxte, & K. N. Cissna (Eds), *Dialogue: Theorizing Difference in Communication Studies* (pp. 125-40). Thousand Oaks, CA: Sage Publications.
- Tengland, P-A. (2008). Empowerment: A conceptual discussion. *Health Care Analysis*, 16, 77-96. doi: 10.1007/s10728-007-0067-3
- Thelen, E. (1995). Motor development: A new synthesis. *American Psychologist*, 50(2), 79.

- Townsend, E. (1997). Occupation: Potential for personal and social transformation. *Journal of Occupational Science*, 4(1), 18-26. doi: 10.1080/14427591.1997.9686417
- Townsend, E. A., & Polatajko, H. J. (2007). *Enabling Occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation*. Ottawa, Canada: CAOT Publications ACE.
- Townsend, E. A., Beagan, B., Kumas-Tan, Z., Versnel, J., Iwama, M., Landry, J., Stewart, D., & Brown, J. (2007a). Enabling: Occupational therapy's core competency. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 87-133). Ottawa, Ontario Canada: CAOT Publications ACE.
- Townsend, E. A., Cockburn, L., Letts, L., Thibeault, R., & Trentham, B. (2007). Enabling social change. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 153-171). Ottawa, Ontario Canada: CAOT Publications ACE.
- Townsend, E. A., Egan, M., Law, M., Manojlovich, M., & Head, B. (2007). Escalating participation in scholarly practice for enabling occupation. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 277-296). Ottawa, Ontario Canada: CAOT Publications ACE.
- Townsend, E. A., Jongbloed, L., Stadnyk, R., & Drummond, H. (2007). Funding, policy, and legislative opportunities. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 315-328). Ottawa, Ontario Canada: CAOT Publications ACE.
- Townsend, E. A., Trentham, B., Clark, J., Dubouloz-Wilner, C-J., Pentland, W., Doble, S., & Laliberte Rudman, D. (2007). Enabling individual change. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational*

- therapy vision for health, well-being, and justice through occupation* (pp. 135-151). Ottawa, Ontario Canada: CAOT Publications ACE.
- Townsend, E. A., von Zweck, C., Baptiste, S., Krupa, T., Picard, H., & Trudel, L. (2007). Occupational therapy workforce planning. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 329-363). Ottawa, Ontario Canada: CAOT Publications ACE.
- Townsend, E. A., Whiteford, G., & Polatajko, H.J. (2007). Four decision making points on a disablement-enablement continuum. In E. A. Townsend, & H. J. Polatajko, (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation* (pp. 129). Ottawa, Ontario Canada: CAOT Publications ACE.
- Trondsen, M., & Sandaunet, A. G. (2009). The dual role of the action researcher. *Evaluation and Program Planning*, 32(1), 13-20. doi: 10.1016/j.evalprogplan.2008.09.005
- Tsorlakis, N., Evaggelinou, C., Grouios, G., & Tsorbatzoudis, C. (2004). Effect of intensive neurodevelopmental treatment in gross motor function of children with cerebral palsy. *Developmental Medicine & Child Neurology*, 46(11), 740-745.
- van de Ven, A. H. (2007). *Engaged scholarship: Creating knowledge for science and practice*. Oxford, UK: Oxford University Press.
- Ward, V., House, A, & Hamer, S. (2009). Developing a framework for transferring knowledge into action: A thematic analysis of the literature. *Journal of Health Services, Research & Policy*, 14(3), 156-164. doi: 10.1258/jhsrp.2009.008120
- Waterman, H., Tillen, D., Dickson, R., & de Koning, K. (2001). Action research: A systematic review and assessment for guidance. *Health Technology Assessment*, 5(23), 1-174. doi: 10.3310/hta5230
- Watson, R. M. (2006). Being before doing: The cultural identity (essence) of occupational therapy. *Australian Occupational Therapy Journal*, 53(3), 151-158. doi: 10.1111/j.1440-1630.2006.00598.x

- Wenger, E. (1998). Communities of practice: Learning as a social system. *Systems Thinker*, 9(5), 2-3.
- Wenger, E., McDermott, R. A., & Snyder, W. M. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Boston, Massachusetts; Harvard Business Press.
- White, G. W., Suchowierska, M., & Campbell, M. (2004). Developing and systematically implementing participatory action research. *Archives of Physical Medicine and Rehabilitation*, 85(Suppl. 2), 3-12. doi: 10.1016/j.apmr.2003.08.109
- Whiteford, G. & Townsend, E. (2011). Participatory occupational justice framework (POJF, 2010): Enabling occupational participation and inclusion. In F. Kronenberg, N. Pollard, & D. Sakellariou (Eds). *Occupational therapy without borders* (2nd ed., pp.65-84). Edinburgh, UK: Elsevier Churchill Livingstone.
- Whiteford, G., & Wright St-Clair, V. (2004). *Occupation and practice in context*. Marrickville, Australia: Elsevier Churchill Livingstone.
- Wilding, C. (2008). *Identifying, articulating, and transforming occupational therapy practice in an acute setting: A collaborative action research study*. Unpublished doctoral dissertation. Charles Sturt University, New South Wales, Australia.
- Wilding, C. (2011). Raising awareness of hegemony in occupational therapy: The value of action research for improving practice. *Australian Occupational Therapy Journal*, 58(4), 293-299. doi: 10.1111/j.1440-1630.2010.00910.x
- Wilding, C., Curtin, M., & Whiteford, G. (2012). Enhancing occupational therapists' confidence and professional development through a community of practice scholars. *Australian Occupational Therapy Journal*, 59(4), 312-318. doi: 10.1111/j.1440-1630.2012.01031.x
- Wilding, C. & Whiteford, G. (2007). Occupation and occupational therapy: Knowledge paradigms and everyday practice. *Australian Journal of Occupational therapy*, 54(3), 185-193. doi: 10.1111/j.1440-1630.2006.00621.x
- Wilding, C., & Whiteford, G. (2008). Language, identity and representation: Occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal*, 55(3), 180-187. doi: 10.1111/j.1440-1630.2007.00678.x

- Wilding, C., & Whiteford, G. (2009). From practice to praxis: Reconnecting moral vision with philosophical underpinnings. *British Journal of Occupational Therapy*, 72(10), 434-441.
- Wiley, E. L. (1987). Acquiring and using power effectively. *Journal of Continuing Education in Nursing*, 18, 25–28.
- Wimpenny, K. (2009). *Participatory change: An integrated approach toward occupational therapy practice development*. Unpublished PhD thesis. Coventry University, Coventry, United Kingdom.
- Wimpenny, K., Forsyth, K., Jones, C., Matheson, L., & Colley, J. (2010). Implementing the Model of Human Occupation across a mental health occupational therapy service: communities of practice and a participatory change process. *British Journal of Occupational Therapy*, 73(11), 507-516.
- Wimpenny, K., Forsyth, K., Jones, C., Evans, E., & Colley, J. (2006). Group reflective supervision: Thinking with theory to develop practice. *British Journal of Occupational Therapy*, 69(9), 423-428.
- Wood, L. (2012). Action research: Its transformative potential (Editorial). *Educational Research for Social Change*, 1(1), 1-4
- Wood, W. (1996). Legitimizing occupational therapy's knowledge. *American Journal of Occupational Therapy*, 50(8), 626-634. doi: 10.5014/ajot.50.8.626
- World Health Organization. (2001). *The International Classification of Functioning, Disability and Health (ICF)*. Geneva: WHO.
- World Health Organization. (2007). *International classification of functioning, disability and health: Children & youth version (ICF-CY)* [Online version]. Available from, <http://apps.who.int/classifications/icfbrowser/>
- Yerxa, E. (1966). Eleanor Clarke Slagle Lecture: Authentic occupational therapy. *The American Journal of Occupational Therapy*, 21(1), 155–173.
- Yerxa, E. J. (2000). Occupational science: A renaissance of service to humankind through knowledge. *Occupational Therapy International*, 7(2), 87-98. doi: 10.1002/oti.109
- Zemke, R., & Clark, F. (Eds.). (1996). *Occupational science: The evolving discipline*. FA

Davis.

Appendices

Appendix A: Copyright Permission (The Canadian Association of Occupational Therapists)

Excerpt from email (28/02/2012)

Dear Ms. Nicholson,

Thank you for your email. Please be advised that I am able to grant you permission to use the below illustration free of charge since you are a student and is using it for educational purposes.

Sincerely,
Sueann

Sueann Rogers

Publications Administrator

Canadian Association of Occupational Therapists/ Association canadienne des ergothérapeutes

Tel: [613-523-2268 ext.242](tel:613-523-2268) / [800 434-2268](tel:800-434-2268)

Fax: [613-523-2552](tel:613-523-2552)

www.caot.ca

The Canadian Association of Occupational Therapists

CAOT provides national leadership to actively develop and promote the client-centred profession of occupational therapy in Canada and internationally.

L'Association canadienne des ergothérapeutes

L'ACE assume une direction nationale afin de favoriser le développement et la promotion de l'ergothérapie en tant que profession centrée sur le client, au Canada et à l'échelle internationale.

Appendix B: Copyright Permission (Sage Publications)

Payment Information

Ellen Nicholson
ellenmnicholson@gmail.com
+64 (9)6251882
Payment Method: CC ending in 8200

Order Details

Strategies of qualitative inquiry

Order detail ID:	61716900	Permission Status:	<input checked="" type="checkbox"/> Granted
ISBN:	978-1-4129-5756-4	Permission type:	Republish or display content
Publication year:	2012	Type of use:	Republish in a dissertation
Publication	Book	Republication title:	Occupation in Action and in Context: Practice-Scholarship in Paediatric Occupational Therapy Practice in New Zealand
Type:		Republishing organization:	Ellen Nicholson
Publisher:	SAGE	Organization status:	Non-profit 501(c)(3)
Rightsholder:	SAGE PUBLICATIONS INC BOOKS	Republication date:	05/01/2012
Author/Editor:	Stephen Kemmis & Robin McTaggart	Circulation/ Distribution:	10
Your reference:	Ellen's Thesis, Chapter Three	Type of content:	Figure/ diagram/ table
		Description of requested content:	Figure 10.1: The Action Research Spiral
		Page range(s):	278
		Translating to:	No Translation
		Requested content's publication date:	05/01/2012

Rightsholder terms apply (see terms and conditions)

\$ 3.50

Appendix C: Copyright Permission (Springer Publications)

Excerpt from email (13 March 2013)

Dear Sir/Madam,

Thank you for your request.

With reference to your request to reprint material in which Springer Science and Business Media control the copyright, our permission is granted free of charge and at the following conditions:

Springer material

- represents original material which does not carry references to other sources (if material in question refers with a credit to another source, authorization from that source is required as well);
- requires full credit [Springer and the original publisher/journal title, volume, year of publication, page, chapter/article title, name(s) of author(s), figure number(s), original copyright notice] to the publication in which the material was originally published, by adding; with kind permission from Springer Science+Business Media B.V.;
- may not be altered in any manner. Abbreviations, additions, deletions and/or any other alterations shall be made only with prior written authorization of the author and/or Springer Science + Business Media.
- may not be republished in Electronic Open Access.

This permission

- a. is non-exclusive.
- b. includes use in an electronic form: provided it's password protected, or on intranet or university's repository, including UMI (according to the definition at the Sherpa website: <http://www.sherpa.ac.uk/romeo/>), or CD-Rom/E-book,
- c. is subject to a courtesy information to the author (address is given with the article/chapter).
- d. is personal to you and may not be sublicensed, assigned, or transferred by you to any other person without Springer's written permission.
- e. is valid only when the conditions noted above are met.

Permission free of charge on this occasion does not prejudice any rights we might have to charge for reproduction of our copyrighted material in the future.

Kind regards,
Maaïke Duine

Appendix D: Copyright Permission (John Wiley & Sons)

Rightslink Printable License

Page 1 of 5

JOHN WILEY AND SONS LICENSE TERMS AND CONDITIONS

Feb 20, 2012

This is a License Agreement between Ellen Nicholson ("You") and John Wiley and Sons ("John Wiley and Sons") provided by Copyright Clearance Center ("CCC"). The license consists of your order details, the terms and conditions provided by John Wiley and Sons, and the payment terms and conditions.

All payments must be made in full to CCC. For payment instructions, please see information listed at the bottom of this form.

License Number	2853331060812
License date	Feb 20, 2012
Licensed content publisher	John Wiley and Sons
Licensed content publication	Journal of Continuing Education in the Health Professions
Licensed content title	Lost in knowledge translation: Time for a map?
Licensed content author	Ian D. Graham,Jo Logan,Margaret B. Harrison,Sharon E. Straus,Jacqueline Tetroe,Wenda Caswell,Nicole Robinson
Licensed content date	Dec 1, 2006
Start page	13
End page	24
Type of use	Dissertation/Thesis
Requestor type	University/Academic
Format	Print
Portion	Figure/table
Number of figures/tables	1
Number of extracts	
Original Wiley figure/table number(s)	Figure 1: Knowledge to Action Process
Will you be translating?	No
Order reference number	
Total	0.00 USD
Terms and Conditions	

TERMS AND CONDITIONS

This copyrighted material is owned by or exclusively licensed to John Wiley & Sons, Inc. or one of its group companies (each a "Wiley Company") or a society for whom a Wiley Company has exclusive publishing rights in relation to a particular journal (collectively WILEY). By clicking "accept" in connection with completing this licensing transaction, you agree that the following terms and conditions apply to this transaction (along with the billing and payment terms and conditions established by the Copyright Clearance Center Inc., ("CCC's Billing and Payment terms and conditions"), at the time that you opened your Rightslink account (these are available at any time at <http://myaccount.copyright.com>)

Terms and Conditions

1. The materials you have requested permission to reproduce (the "Materials") are protected by copyright.

file://F:\Copyright Clearance Center_files\RightslinkPrintableLicenseKnowledgetoAc... 28/05/2013

Appendix E: Northern X Approval



Email: pat_chainey@moh.govt.nz

Northern X Regional Ethics Committee

Ministry of Health
3rd Floor, Unisys Building
650 Great South Road, Penrose
Private Bag 92 522
Wellesley Street, Auckland
Phone (09) 580 9105
Fax (09) 580 9001

18 January 2010

Ms Ellen M Nicholson
Auckland University of Technology
PO Box 29 067
Greenwoods Corner
Auckland

Dear Ellen

NTX/09/10/092 **Study title: Occupation in action and in context: practice-scholarship in paediatric occupational therapy practice in New Zealand: PIS/Cons V#3, 23/12/09**

Principal Investigator: Ms Ellen M Nicholson
Supervisors: Prof Clare Hocking, Dr Marion Jones
Locality: Auckland University of Technology

Thank you for your letter and Committee requirements, received 8 January 2009. The changes have been checked by both the Administrator and deputy Chairperson.

Please take the words 'NAF-2009-v1 Page 31 -33 off the top right hand side of the information sheet and the same wording Page 34 and 35 off the Consent Form. Also please send in a copy of the updated advertisement with the change required by the Committee (explain 'sufficient time' – approx. 31/2 – 4 hours/month). These were required changes. Corrected copies are requested to be sent to this office.

The above study has been given ethical approval by the **Northern X Regional Ethics Committee**.

Approved Documents

- Participant Information Sheet/Consent Form V#3, 23 December 2009

Certification

The Committee is satisfied that this study is not being conducted principally for the benefit of the manufacturer or distributor of the medicine or item in respect of which the trial is being carried out.

Accreditation

The Committee involved in the approval of this study is accredited by the Health Research Council and is constituted and operates in accordance with the Operational Standard for Ethics Committees, April 2006.

Final Report

The study is approved until **31 December 2010**. A final report is required at the end of the study. The report form is available on <http://www.ethicscommittees.health.govt.nz> (forms – progress reports) and should be forwarded along with a summary of the results. If the study will not be completed as advised, please forward a progress report and an application for extension of ethical approval one month before the above date.

Requirements for SAE Reporting

The Principal Investigator will inform the Committee as soon as possible of the following:

- Any serious adverse events occurring during the study worldwide which are considered related to the study.

All SAE reports must be signed by the Principal Investigator and include a comment on whether he/she considers there are any ethical issues relating to this study continuing due to this adverse event.

Amendments

All amendments to the study must be advised to the Committee prior to their implementation, except in the case where immediate implementation is required for reasons of safety. In such cases the Committee must be notified as soon as possible of the change.

Please quote the above ethics committee reference number in all correspondence.

The Principal Investigator is responsible for advising any other study sites of approvals and all other correspondence with the Ethics Committee.

It should be noted that Ethics Committee approval does not imply any resource commitment or administrative facilitation by any healthcare provider within whose facility the research is to be carried out. Where applicable, authority for this must be obtained separately from the appropriate manager within the organisation.

We wish you well with your study.

Yours sincerely



Pat Chainey
Administrator
Northern X Regional Ethics Committee
Cc: Prof Clare Hocking
Cc: AUT Research Office. C. Grinter



MEMORANDUM

Auckland University of Technology Ethics Committee (AUTECH)

To: Clare Hocking
From: **Charles Grinter** Ethics Coordinator
Date: 22 July 2010
Subject: Ethics Application Number 10/110 **Occupation in action and in context: Practice-Scholarship in paediatric occupational therapy practice in the Northern region of New Zealand.**

Dear Clare

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by a subcommittee of the Auckland University of Technology Ethics Committee (AUTECH) at their meeting on 14 June 2010 and that I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTECH's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTECH's meeting on .

Your ethics application is approved for a period of three years until 22 July 2013.

Acting under delegated authority and subject to endorsement by AUTECH at its meeting on 9 August 2010, the Executive Secretary approved the satisfactory resolution of AUTECH's conditions.

I advise that as part of the ethics approval process, you are required to submit the following to AUTECH:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/research/research-ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 22 July 2013;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/research/research-ethics>.

This report is to be submitted either when the approval expires on 22 July 2013 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTECH is notified of any adverse events or if the research does not commence. AUTECH approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTECH grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact me, by email at ethics@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of the AUTECH and myself, I wish you success with your research and look forward to reading about it in your reports.

On behalf of Madeline Banda, Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Ellen M Nicholson enicholson@fastmail.fm, ellenn@adhb.govt.nz, Marion Jones

Appendix G: Ethics Extension

Ellen Nicholson

From: Ellen Nicholson <enicholson@fastmail.fm>
Sent: Sunday, 26 May 2013 8:01 p.m.
To: Ellen Nicholson
Subject: Fwd: Renewal of ethical approval for study NTX/09/10/092

----- Original message -----

From: Cheh Chua <cheh_chua@moh.govt.nz>
To: enicholson@fastmail.fm
Cc: Clare.hocking@aut.ac.nz
Subject: Renewal of ethical approval for study NTX/09/10/092
Date: Tue, 14 Dec 2010 15:24:57 +1300

Occupation in action and in context: practice-scholarship in paediatric occupational therapy practice in New Zealand: PIS/Cons V#3, 23/12/09

Principal Investigator: Ms Ellen M Nicholson
Supervisor: Prof Clare Hocking

Dear Ellen

Thank you for your progress report and abstract, received 14 December 2010.

The study has received ongoing ethical approval for the next twelve months from the Deputy Chairperson of Northern X Regional Ethics Committee under delegated authority. It is noted that the study is estimated to conclude in June 2011. Please forward an end of study report when it is available. If the study is ongoing, the next progress report is due **18 January 2012**.

It should be noted that Ethics Committee ethical approval does not imply any resource commitment or administrative facilitation by any healthcare provider, within whose facility the research is to be carried out. Where applicable, authority for this must be obtained separately from the appropriate manager within the organisation.

Please note that progress reports are the responsibility of the researcher and forms can be found on the website, www.ethicscommittees.health.govt.nz. Please complete promptly to ensure ethical approval is continued.

It would be appreciated if we were advised when the study is completed and also that an End of Study Report is sent promptly after completion in order to close and archive the file.

Yours sincerely,

Cheh Chua (Ms)
Assistant Administrator



CMDHB Research Application

Credentialled Status of Principal Investigator

DATE: 29 04 2010

Day Month year

Name: Ellen Nicholson

Institution: Doctoral
Candidate, AUT
University

Specialty: Occupational Therapist

PROJECT DESCRIPTION:

This doctoral research project, ***Occupation in Action and in Context: Practice-Scholarship in Paediatric Occupational Therapy Practice in the Northern Region of New Zealand***, aims to investigate and affect the way that occupational therapists working with children, young people, and families use theory and research to support their practice. In particular this research will investigate how a recently revised, evidence-based model of practice (the Canadian Model of Occupational Performance and Engagement: CMOP-E) can be applied to, and influence, paediatric occupational therapy practice in New Zealand.

Utilizing a participatory action research approach, the project will be undertaken using monthly face-to-face meetings and an online discussion forum, and (as required) small group focus groups and individual interviews.

Applicant Signature

Information for applicant: Once signed off below attach form to Research Application Form for submission

CREDENTIALLED STATUS:

For department use only

Has the named applicant provided evidence of being credentialed within their appropriate discipline's framework?

Yes ☐ No ☐

CREDENTIALLED STATUS VERIFIED BY:

Occupational Therapy Mental Health ____
Name of the Department/Service

Shelley Kennedy_____
Name of Clinical Director
Clinical Nurse or Professional

Leader

Signature

19/05/2010_____
Date

Appendix I: MFSupport Letter



**Werry Centre for
Child and Adolescent
Mental Health
Workforce Development**



Dept, of Psychological Medicine,
The University of Auckland
Private Bag 92019
Auckland
New Zealand,

Level 6, Ecom, 3 Ferncroft St.,
Grafton Auckland

Telephone: 64 9 373 7599 extn
82487
Facsimile: 64 9 367 7128
Website: www.werrycentre.org.nz

Ellen Nicholson
7 Greenfield Rd
Epsom
Auckland 1023

12 October 2009

To Whom It May Concern

Re: Support of Ethics Application – Ellen Nicholson
Occupation in Action and in Context: Practice-Scholarship in Paediatric
Occupational Therapy Practice in New Zealand

I have recently consulted from a Maori Clinical perspective with Ellen on her
Ethics Application for her doctoral research as above.

The feedback I have given centres around ensuring that the researcher and the
research group recognise the potential challenges to adopting a Canadian
occupational therapy model into the New Zealand practice context. It will also be
important that Maori consultation and advice is sought to assist with any cultural
issues that arise as part of the monthly or online discussions, and analysis of
data collected, as appropriate.

I am confident that these recommendations have been integrated into this ethics
application and as such I am happy to lend my full support to this application.

Yours sincerely

Janice Beazley
Maori Clinical Advisor
The Werry Centre

Appendix J: Structure and Content of Enabling Occupation II (Townsend & Polatajko, 2007)

Section I	Introduction: The core domain of concern for occupational therapy (p.1-8)
	Chapter 1: Specifying the domain of concern: Occupation as core (Polatajko et al., 2007a, p. 9)
	1.1 Introduction (p. 10) 1.2 The evolution of our occupational perspective: Occupation as the core domain (p.15) 1.3 Specification of an occupational perspective: Our language (p. 17) 1.4 Specification of an occupational perspective: Our assumptions (p.20) 1.5 Specification of an occupational perspective: Our Canadian model (p. 22) 1.6 The CMOP-E and other models of occupation (p.27) 1.7 The CMOP-E and the International Classification of Functioning, Disability, and Health (p. 33)
	Chapter 2: Human occupation in context (Polatajko, Backman, Baptiste, Davis, Eftekhari...Connor-Schisler, 2007, p. 37)
	2.1 Introduction (p. 39) 2.2 Understanding human occupation (p. 39) 2.3 The characteristics of human occupation (p. 40)
	Chapter 3: Occupational science: Imperatives for occupational therapy (Polatajko, Molke, Baptiste, Doble, Caron Santha...Stadnyk,2007, p. 63)
	3.1 Introduction (p. 64) 3.2 Occupational science and occupational therapy from the perspective of Daniel Molke (p. 65). 3.3 Occupation and spirituality from the perspective of Sue Baptiste (p. 68) 3.4 Occupational well-being from the perspective of Susan Doble and Josiane Caron Santha (p. 69) 3.5 Occupational choice and control from the perspective of Bonnie Kirsh (p. 71) 3.6 Social context and occupational choice from the perspective of Brenda Beagan and Zofia Kumas-Tan (p. 72) 3.7 Culture and occupation from the perspective of Michael Iwama 3.8 Human geography and occupation from the perspective of Debbie Laliberte Rudman 3.9 Occupational alienation, apartheid and deprivation from the perspective of Rachel Thibeault 3.10 Occupational justice and injustice from the perspective of Robin Stadnyk
	Section II
	Introduction: Enablement: The core competency of occupational therapy (p. 83-84)
	Chapter 4: Enabling: Occupational therapy's core competency (Townsend et al., 2007a, p. 87)
	4.1 Introduction (p. 88) 4.2 Defining enablement (p. 92) 4.3 Defining enablement with diverse clients (p. 95) 4.4 Defining enablement in alignment with client-centred practice (p. 98) 4.5 Enablement foundations (p. 100) 4.6 The Canadian Model of Client-Centred Enablement (CMCE) (p. 109) 4.7 Enablement skills (p. 111) 4.8 Enablement continuum (p. 128) 4.9 Reflections on enablement (p. 132)
	Chapter 5: Enabling individual change (Townsend et al., 2007b, p. 135)
	5.1 Introduction (p. 136) 5.2 Enablement foundations and skills with individuals, families, and groups (p. 137) 5.3 Change models for enablement with individuals, families, and groups (p. 140) 5.4 Asset-based enablement with individuals, families, and groups (p. 141)
	Chapter 6: Enabling social change (Townsend, et al., 2007c, p. 153)
	6.1 Introduction (p. 154) 6.2 Defining communities, organizations, and populations (p. 156) 6.3 Enablement foundations and skills with communities, organizations, and

	<p>populations (p. 157)</p> <p>6.4 Change models for enablement with communities, organizations, and populations (p. 160)</p> <p>6.5 Asset-based enablement with communities, organizations, and populations (p. 161)</p>
Section III	<p>Introduction: Occupation-based enablement (p. 174)</p> <p>Chapter 7: Occupation-based enablement: A practice mosaic (Polatajko, Cantin, Amoroso, McKee, Rivard...& Lin, 2007, p. 177)</p> <p>7.1 Introduction (p. 179)</p> <p>7.2 The breadth of occupational enablement (p. 180)</p> <p>7.3 Characteristics of occupation-based enablement: Specification of an occupational perspective (p. 182)</p> <p>7.4 Characteristics of occupation-based enablement: Specification of a practice (183)</p> <p>7.5 Characteristics of occupation-based enablement: A practice mosaic (p. 185)</p> <p>7.6 Occupation-based enablement: Six exemplars (p. 191)</p> <p>Chapter 8: Occupation-based practice: The essential elements (Polatajko et al., 2007b, p 203)</p> <p>8.1 Introduction (p. 205)</p> <p>8.2 Five essential elements of practice: Trademarks of occupational therapy (p. 206)</p> <p>8.3 Occupational challenges (p. 208)</p> <p>8.4 Client-centred enablement: Client-specific goals/challenges/solutions (p. 214)</p> <p>8.5 Solutions that enable: Drawing on a multidisciplinary knowledge base (p. 214)</p> <p>8.6 Solutions that enable: Using abductive reasoning (p. 216)</p> <p>8.7 Solutions that enable: Determining the most acceptable solutions (p. 217)</p> <p>8.8 Solutions that enable: Effecting occupational change (p. 217)</p> <p>Chapter 9: Introducing the Canadian Practice Process Framework (CPPF): Amplifying the context (Craik et al., 2007, p. 229)</p> <p>9.1 Introduction (p. 231)</p> <p>9.2 The Canadian Practice Process Framework (p. 233)</p> <p>9.3 Amplifying the contexts of practice (p. 235)</p> <p>9.4 Frame(s) of reference as context: Models of practice, theories, and service delivery (p. 242)</p> <p>9.5 Moving through the contexts (p. 244)</p> <p>Chapter 10: Using the Canadian Practice Process Framework: Amplifying the process (Davis et al., 2007, p. 247)</p> <p>10.1 Introduction (p. 249)</p> <p>10.2 The Canadian Practice Process Framework: Eight action points (p. 249)</p> <p>10.3 The process in its entirety: The full pathway (p. 249)</p> <p>10.4 Alternate pathways: The repeated pathway (p. 264)</p> <p>10.5 Alternate pathways: Two abbreviated pathways (p. 265)</p> <p>10.6 Summation (p. 271)</p>
SECTION IV	<p>Positioning occupational therapy for leadership (p. 273-274)</p> <p>Chapter 11: Escalating participation in scholarly practice for enabling occupation (Townsend et al., 2007d, p. 277)</p> <p>11.1 Introduction (p. 278)</p> <p>11.2 Escalating participation in scholarship on occupation and enablement (p. 279)</p> <p>11.3 Escalating participation in evidence-based practice in enabling occupation (p. 288)</p> <p>11.4 Getting involved in scholarship and evidence-based practice (p. 293)</p> <p>Chapter 12: Accountability for enabling occupation: Discovering opportunities (Townsend, Freeman, Liu, Quach, Rappolt, Rivard, 2007, p. 297)</p> <p>12.1 Introduction (p. 298)</p> <p>12.2 Professional autonomy issues in a biomedical context (p. 299)</p> <p>12.3 Accountability opportunities in program evaluation and quality assurance (p. 304)</p> <p>12.4 Accountability opportunities in occupational therapy regulation (p. 307)</p> <p>12.5 Ethical and moral issues in being accountable (p. 308)</p> <p>12.6 Developing accountability opportunities for enabling (p. 324)</p> <p>Chapter 13: Funding, policy, and legislative opportunities (Townsend et</p>

	al., 2007e, p. 315)
	13.1 Introduction (p. 315) 13.2 The Canadian health system (p.316) 13.3 Public-sector health funding for occupational therapy (p. 317) 13.4 Occupational therapy in rehabilitation services (p. 318) 13.5 Occupational therapy in mental health services (p. 319) 13.6 Private-sector health funding for occupational therapy (p. 320) 13.7 Funding for occupational therapy beyond health services (p. 320) 13.8 Emerging funding for occupational therapy (p. 322) 13.9 Positioning new occupational therapy initiatives (p. 323) 13.10 Getting involved in private occupational therapy practice
	Chapter 14: Occupational therapy workforce planning (Townsend et al., 2007f, p. 329)
	14.1 Introduction (p. 331) 14.2 A brief history of occupational therapy in Canada: Context for workforce planning (p. 332) 14.3 Supply profile of Canada's occupational therapy workforce (p. 335) 14.4 Supply of graduates from Canadian occupational therapy university programs (p. 338) 14.5 Influences of immigration and emigration on workforce supply (p. 341) 14.6 The growing supply of occupational therapy support personnel (p. 342) 14.7 Demand for and utilization of Canada's occupational therapy workforce (p. 344) 14.8 Supply and utilization of the occupational therapy workforce in Québec (p. 346) 14.9 Retention and career development (p. 348) 14.10 Occupational therapy partners in interprofessional contexts (p. 349) 14.11 Stakeholder strategies in occupational therapy workforce planning

Appendix K: Advertisement

Text for *OT Insight* Advertisement

ARE YOU THINKING ABOUT YOUR PRACTICE WITH CHILDREN AND FAMILIES AND HOW TO BE MORE OCCUPATION FOCUSED?

Be part of the “Occupation in Action and in Context: Practice-Scholarship in Paediatric Occupational Therapy Practice in the Northern Region of New Zealand” study.

Ellen Nicholson, Occupational Therapist and Doctoral Candidate at AUT, would like to invite you to be part of this study which will explore how new ideas about occupational therapy are introduced into paediatric occupational therapy practice. If you are selected to take part you will become a co-researcher for the study and receive a copy of the new book *Enabling Occupation II: Advancing an occupational therapy vision for health, well being, & justice through occupation* (2007), by Townsend and Polatajko.

The aim of the study is to find effective ways to disseminate new occupational therapy theories to occupational therapists working with children and families in the Auckland area, so you need to be working in paediatric practice in Auckland. During the study you will be asked to read the book, try out the ideas, and share experiences via monthly meetings, reflective journaling, and contribution to an online discussion forum. It is anticipated the study will take place over a nine month period and you will need to be able to contribute approximately 3.5-4 hours/month for participation in monthly meetings, reflective activities, and discussions on the forum.

This is an exciting opportunity to contribute to occupational therapy research in New Zealand and to keep up-to-date with the latest developments in occupational therapy theory.

If you are interested in taking part please contact Ellen Nicholson on 021-530555 or enicholson@fastmail.fm

This study has received ethical approval from the Northern X Regional Ethics Committee, which reviews northern regional studies, Ethics Reference Number NTX/09/10/092.

Appendix L: Consent Form



CONSENT FORM

Project Title: Occupation in Action and in Context: Practice-Scholarship in Paediatric Occupational Therapy Practice in the Northern Region of New Zealand

Researcher: Ellen Nicholson, Occupational Therapist and Doctoral Candidate, AUT University

- I have read and I understand the information sheet, dated 23 December 2009, for volunteers taking part in the study designed to determine the ways that new occupational therapy theories are used in paediatric occupational therapy practice in New Zealand.
- I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
- I have had the opportunity to use whānau support or a colleague to help me ask questions and understand the study.
- I understand that taking part in this study is voluntary (my choice), and that I may withdraw from the study at any time, and this will in no way affect my future admission to courses or programmes offered by AUT University or my employment.
- I understand that my participation in this study is confidential and that no material that could identify me, my clients and co-workers, or my employer/business will be used in any reports on this study.
- I have had time to consider whether to take part in the study.
- I consent to my contributions to meetings being audio taped
 - YES / NO
- I agree to maintain the confidentiality of other participants in the study and the information they divulge.
 - YES / NO
- I wish to receive a copy of the results, and understand that there will be a delay before these are available.
 - YES / NO

Occupation in Action and in Context: Practice-Scholarship in Paediatric Occupational Therapy Practice in the Northern Region of New Zealand: Consent Form Version 3 (Page 1/2): 23/12/2009
--

I _____ (full name)
hereby consent to take part in this study.

Date:

Signature:

Full names of researchers:

Ellen Nicholson

Contact phone number for researchers:

021-
530555/enicholson@fastmail.fm

Project explained by:

Ellen Nicholson

Project role:

Principal Investigator

Signature:

Date:

Participant's Contact Details

Address.....

.....

.....

.....

.....

Phone

.....

Email

.....

Note: A copy of the consent form is to be retained by each participant.



PARTICIPANT INFORMATION SHEET

Project title: Occupation in Action and in Context: Practice-Scholarship in Paediatric Occupational Therapy Practice in the Northern Region of New Zealand

Researcher: Ellen Nicholson, Occupational Therapist and Doctoral Candidate, AUT University. (PO Box 29067, Greenwoods Corner, Auckland. 021-530555)

Introduction

You are invited to take part in a study with 6-12 other occupational therapists working with children and families in the Auckland region. The study is being undertaken by Ellen Nicholson, Doctoral Candidate at AUT, as part of the DHSc programme. As a co-researcher in the study, you will be introduced to new ideas about occupational therapy (using a newly published textbook) and invited to try them out in your own practice. You will have opportunities to discuss the relevance of the new ideas, and how trying new ideas is affecting your practice, and outcomes the children and families, in monthly meetings, using journaling, and using an online discussion forum. Determining how new knowledge is deemed relevant and used to influence practice is what the study will try to capture.

Your participation in this study is entirely voluntary (your choice) that you may withdraw from the study at any time, which will in no way affect your future admission to courses or programmes offered by AUT University or your employment. Additionally, your participation in this study is confidential and no material that could identify you, your clients and co-workers, or your employer/business will be used in any reports on this study.

What is the purpose of this research?

The aim of the study is to determine the ways that new occupational therapy theories are translated into occupational therapy practice.

How was I chosen for this invitation?

You made contact with the researcher through an occupational therapy practice forum or replied to the advertisement placed in NZAOT's monthly magazine *Insight*. Participants will be included in the study if they are occupational therapists working with children and families in the Auckland region, up to a maximum of 12 participants.

What will happen in the research?

Over the next 9 months, you will read Townsend and Polatajko's new book: *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being, & Justice through Occupation* (2007), and participate in a monthly meeting (approximately 1.5 hours per month, at a venue convenient to you) with other paediatric occupational therapists to discuss the application of Townsend and Polatajko's ideas in practice. Strategies drawn from the text will be developed, trialled, and evaluated over the course of the research. You will also submit brief accounts of your reflections and experiences of applying concepts in your own practice to a journal and/or a discussion forum. The meetings will be recorded, and transcribed, with key themes and challenges reported in a monthly newsletter, along with any key themes drawn from the discussion forums. Any data collected throughout the duration of the study will be held and stored by the Principal Investigator.

There is potential for the research to be extended to 12 months, but this depends on the richness of the data being collected and the availability of the participants.

At the end of the study, the data collected will be analysed and published, and all participants involved in supporting this process may be listed as co-researchers on any publications additional to the doctoral thesis being completed by Ellen Nicholson. However, there will be a delay between data collection and publication of findings. At the close of the study, any data or analyses will be stored on a memory stick, locked in the Research Supervisor's office. Meeting transcriptions will be destroyed at the end of the study.

What are the discomforts and risks?

The study is low risk, but you may find some of the ideas discussed challenging. Those ideas may cause you to question your previous practice, which may be uncomfortable. I hope that any participants who experience discomfort of this kind will bring their concerns to the meetings, because others will likely feel the same way.

It is exactly those experiences that need to be worked through if we are to understand how new ideas can be disseminated through the profession. You will need to prepare for and participate in a monthly meeting (which may involve travel) and have access to the internet to receive monthly newsletters and participate in the online discussion forum. Additionally, should you withdraw from the study before 3 months, you will be asked to return your textbook.

If you have queries or concerns regarding your rights as a participant in this research study, you may wish to contact an independent Health and Disability Advocate. This is a free service provided under the Health & Disability Commissioner Act:

Free phone: 0800555050

Free fax: 0800 2787 7678 (0800 2 SUPPORT)

Email: advocacy@hdc.org.nz

What are the benefits of the study?

It is anticipated that you will find the group review and reflection process stimulating and beneficial for developing your occupation-based practice as an occupational therapist. You may be able to report your participation in the study to the Occupational Therapy Board as a professional development activity that helps you maintain competence to practice. You will receive a copy of the Enabling Occupation II textbook for your personal study. You will also be contributing to a developing knowledge base around “practice-scholarship” in occupational therapy, and how new knowledge is translated into practice, and will be a co-researcher in the research process, and a co-author on any research publications (additional to the researcher’s doctoral thesis).

More information about the study can be found by contacting Ellen Nicholson, Occupational Therapist and Doctoral Candidate, AUT University, at PO Box 29067, Greenwoods Corner, Auckland, at enicholson@fastmail.fm, or on 021-530555.

This study has received ethical approval from the Northern X Regional Ethics Committee, which reviews northern regional studies, Ethics Reference Number NTX/09/10/092

Appendix N: Preliminary Themes (Meeting Two)

OCCUPATION IN ACTION PROJECT: THEMES FROM MEETING TWO (Chapters 1-3)

Date: Presented at Meeting Three: 02 June 2010

Venue: Community Centre

Present: Amy, Chloe, Isla, Lucy, Mandy, Sofia

Apologies: Issie

Phase One	Reflection/Action
Welcome and introductions	Introducing ourselves and the project Synchronicity and timing
Discussion	Seeking our legitimate role (boundaries) Sitting with dissonance Brokering the stakeholders <ul style="list-style-type: none">▪ Challenging conversations Getting caught in the system Collegiality and support
Actions	Using the language – Enabling/Enabler/Enablement
Online	Seeking our legitimate identity Exploring chapter 4
Thinking Ahead	Confidentiality Capturing actions Review Chapter 4

Appendix O: Preliminary Themes (Meeting Seven)

OCCUPATION IN ACTION PROJECT: PRELIMINARY THEMES FROM MEETING SEVEN (OCTOBER: Review of Chapters 8)

Date: Presented for Meeting Eight: 13 November 2010

Venue: Epsom Community Centre (Ranfurly Room)

Present: Amy, Emma, Isla, Lucy, Mandy, Chloe

Apologies: Issie and Sofia

Phase Two	Action/Evaluation
Connecting	Introductions and sharing process of inclusion of new member Collegiality and support - sharing information, advice, and ideas Feedback from NZAOT Conference
Discussion	<p>Validating, trusting, and sharing our occupational knowledge and context - finding the fit between traditional and new ways of knowing?</p> <ul style="list-style-type: none"> ▪ <i>Impairment reduction and remediation; prioritising resources; reducing our “obsession” with prescriptive 1:1 treatment; occupation-based vs. developmental assessment; activities and occupations; using abductive reasoning; occupational challenge; valuing a team perspective; outcomes focus; doing vs. talking therapies; finding a place for “popular therapies” (i.e. sensory modulation); ONTOLOGICAL SECURITY; new graduate competencies and expectations</i> <p>Realities of allocating limited health/education resources and managing prioritisation</p> <ul style="list-style-type: none"> ▪ <i>Demonstrated value of different MDT roles; capped service provision</i> <p>Managing anxiety in developing our roles and practice Improved clarification of PT role Environmental context</p> <ul style="list-style-type: none"> ▪ <i>Barrier-free, inclusive, universal design; access and utilisation of services, buildings, community (such as playgrounds); influence of legislation; influence of world events (Chilean miners; ChCh earthquake); working with communities; acknowledging the practice environment; ecological model</i> <p>Occupational balance in childhood</p> <ul style="list-style-type: none"> ▪ <i>Influence of technology; over-structured childhoods; access to opportunities; importance of non-doing</i>
Actions	<p>Facilitated six month review: Reviewing reflections and actions associated with the project to date- templates, mind-maps and selected articles provided</p> <p>Challenging expectations and <u>directing</u> practice that acknowledges the value of authentic occupation based practice and a more consultative focus</p> <p>Justification of a new occupational therapy role</p> <p>Utilising relevant literature/evidence to guide and develop practice</p> <p>Using the enablement concepts and language to engage teams, children and families</p> <p>Recommendation: Barrier-free design training and a range of popular fiction titles, with an occupational focus!</p>
Online	-
Thinking Ahead	Review Chapter 9 - CPPF (November)

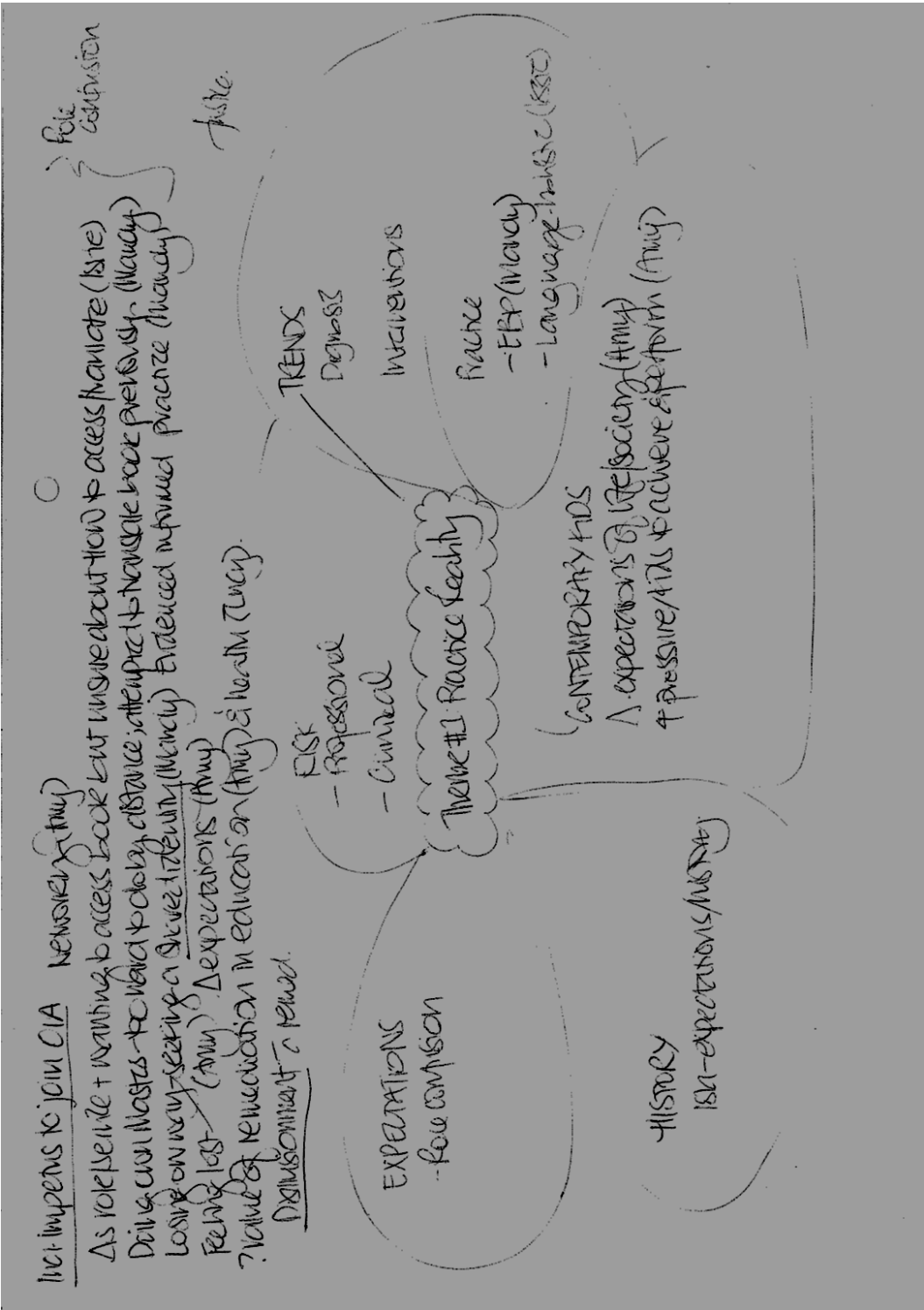
Appendix P: Preliminary Themes (Meeting Eleven)

OCCUPATION IN ACTION PROJECT: PRELIMINARY THEMES FROM MEETING TEN (December; Review of Chapter 11)

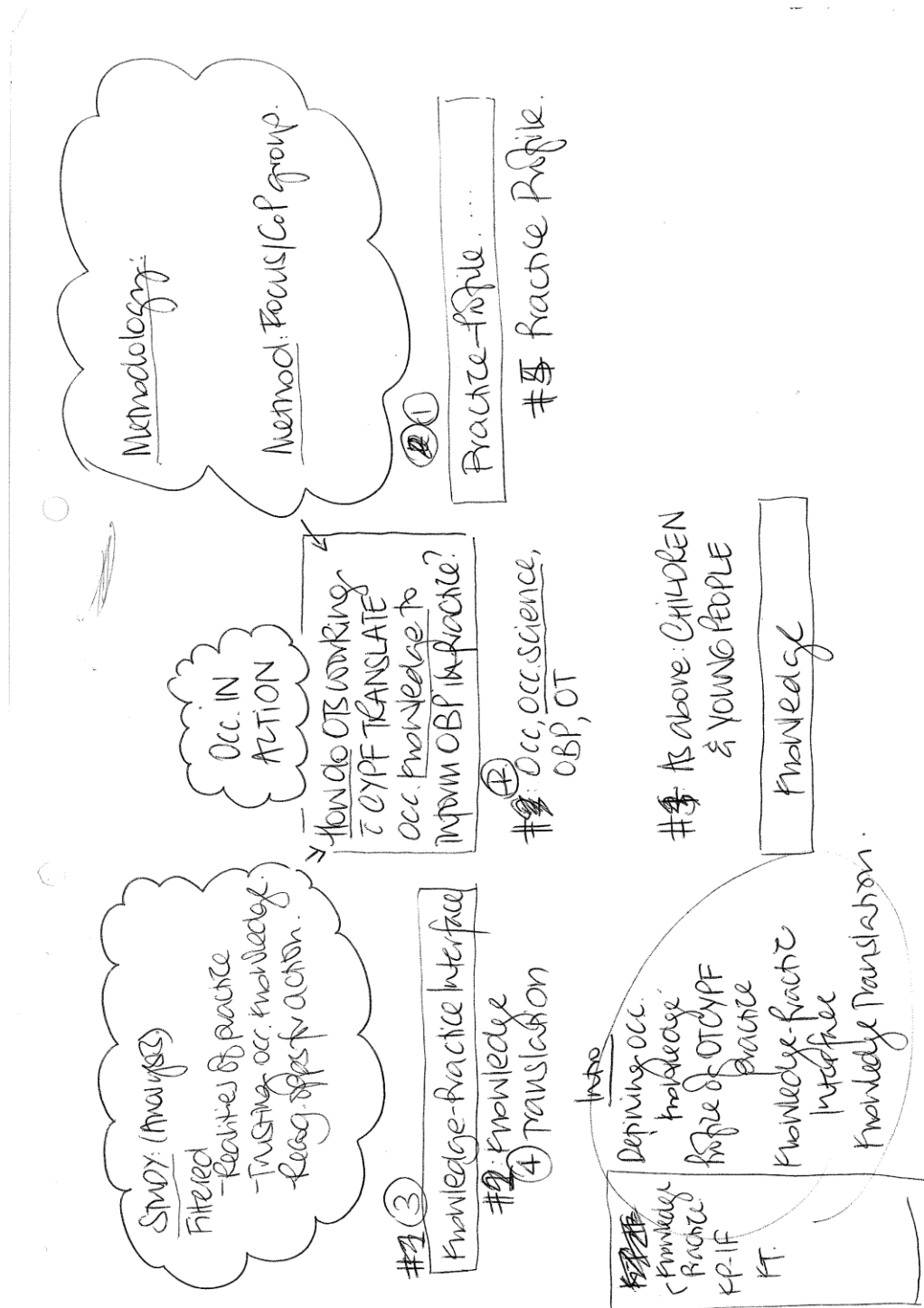
Date: Presented for 02 March 2011
 Venue: Community Centre
 Present: Amy, Chloe, Emma, Isla, Issie, Mandy
 Apologies: Lucy and Sofia

Phase Three	Evaluation
Connecting	Collegiality and support; Small, well connected, supportive profession – sharing information, advice, and ideas Personal experience/impact of Christchurch earthquake and potential occupational therapy role Review of preliminary themes and planning ahead – discussion around limits of confidentiality
Discussion	Moving the reflections/action to the ‘public sphere’ – value of widening to the discussion to include private practitioners, early intervention therapists, and acute-care therapists Managing conflicts in practice: <ul style="list-style-type: none"> Shared goals (therapist/services/families) Respecting others (including other OTs) expectations around OT role and what OTs will actually DO Lead worker/case manager component of the roles that currently exist in services (reframing our practice in light of enablement skills – all practice is occupational therapy?) Realities of leading the change: <ul style="list-style-type: none"> Consistently measuring authentic occupation-based outcomes + cost-benefit analyses SHARING outcomes to better recognise occupational therapy value and outcomes [ACCOUNTABILITY] Actively EMBEDDING an occupation-based model of care and practice framework The energy to continue despite unwieldy and constant changes in health care context and system Developing the evidence base – HOW do we make a difference? Getting more political and ‘arrogant’ – moving an OT voice into policy and ministries Threats to occupational therapy – real challenges to the OT role in health and education <ul style="list-style-type: none"> Upskilling the self regulated workforce to deliver “therapy” Recognition of extended scopes of practice and accreditation of equipment and housing modifications – valuing OTs to provide comprehensive assessment and get housing modification right the first time (and therefore saving money?).
Actions	Identifying and supporting occupational therapy leaders Finding the courage to not be involved/exit when there are no <u>occupational issues</u> Evidencing the difference we make - making outcomes tangible and co/occupation based and sharing this evidence with policy makers and funders. Changing how contacts/stats are recorded – shifting to outcomes focus (using the COPM) Supporting the shift out of the therapy room – moving away from impairment-focused practice Enabling authentic family-led care – documentation in notes, recognition of families as experts
Online	
Thinking Ahead	Final meeting: 06 April 2011 (Review of Chapter 14)

Appendix Q: Mind Map One



Appendix R: Mind Map Two



Appendix S: Word Tree (Enablement)

