Introducción

Every day inequalities in many perspectives increase globally, in Europe and national. Inequality goes beyond income and affects opportunities, like access to education and jobs (4).

Seven years after the beginning of the crisis, about 8% of the OECD (Organisation for Economic Co-operation and Development) labour force is still unemployed. Youth unemployment is double the average of the OECD, and as high as 50% in Greece and Spain. The burden of labour market adjustment increasingly falls on non-standard jobs with low protection and low pay. Non-standard work arrangements make up 33% of total employment in the OECD. In addition, not all jobs provide a sure exit route from poverty: 8% of the workforce in OECD countries lives below the poverty line. Typically, unemployment or low quality jobs affect certain...
RESUMEN

Al contribuir a la reforma social o abordar las desigualdades socio-económicas y de salud, los terapeutas ocupacionales deben tener un compromiso con la justicia laboral. La buena praxis de la terapia ocupacional puede y debe operar a nivel de la comunidad y de la población. Esto es evidente en los países en transición de Europa, como Rumania, Bulgaria y Georgia, donde la mayoría absoluta mantiene la injusticia social como el principal impulsor de los procesos de exclusión social. En estos países los problemas de la pobreza y el desempleo de los grupos desfavorecidos como las personas con discapacidad no pueden ser resueltos con soluciones individuales. Sin embargo, desde la crisis económica de grupos vulnerables en el conjunto de Europa están experimentando la privación y la injusticia ocupacional. Estas cuestiones se pueden abordar de manera más efectiva a través de la utilización de un enfoque de desarrollo comunitario. El desarrollo de enfoques colectivos de ocupación basado en que todas las personas encuentran su lugar, es un paso esencial para la lucha contra la pobreza, la privación del trabajo y el desarrollo de los conceptos y prácticas necesarias para una comunidad justa incluyente. La atención se centra entonces en hacer frente a las necesidades del socio-demográfico de grupo, como mujeres, inmigrantes, personas con discapacidad y jóvenes. La juventud es particularmente vulnerable a tener trabajos temporales, que ofrece seguridad laboral limitada y poco o nada de entrenamiento en el trabajo, con el riesgo de estar atrapado en una secuencia.

The number of disabled people is increasing worldwide due to ageing populations and the higher risk of disability in older people as well as the global increase in chronic health conditions.

Across the world, people with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. Fact and Figures of the European Disability Forum give comparable outcomes. While the percentage of the population at risk of poverty or social exclusion is above 40% in Bulgaria (47.1%), Romania (40.4%) and Latvia (40.1%), it ranges between 25% and 35% for Lithuania, Greece, Ireland, Italy, Poland and Spain in 2011. 16.9% Of the EU’s population is at risk of poverty, meaning they live with an income below 60% of the national median income after social transfers (this indicator is primarily a measure of relative income...
trabajo, derechos laborales y obligaciones de todos los ciudadanos. En este artículo se discutirá en base a programas comunitarios y estrategias que están en fase de desarrollo y/o han sido utilizados por los terapeutas ocupacionales.

SUMMARY

When contributing to social reform or addressing socio-economic and health inequalities, occupational therapists must have a commitment to occupational justice. Appropriate occupational therapy practice can and should operate at the community and population level (1). This is particularly evident in the transitional countries of Europe, such as Romania, Bulgaria and Georgia, where an absolute majority holds social injustice as the main driver of social exclusion processes (2). In these countries issues of poverty and unemployment of disadvantaged groups like disabled people cannot be resolved by individual solutions. However since the economic crises vulnerable groups in the whole of Europe are experiencing occupational deprivation and injustice. These issues can be more effectively addressed through the use of a community-development approach. The development of occupation based collective approaches in which all individuals find their place is an essential step towards combating poverty, occupational deprivation

poverty). The highest at-risk-of-poverty rates are observed in Bulgaria (22.3%), Romania (22.2%) and Spain (21.8%), and the lowest in the Czech Republic (9.8%), the Netherlands (11%), Austria (12.6%), Denmark and Slovakia (13%) 8.7% of EU households are severely materially deprived. This means that they cannot afford at least four of the following: (1) unexpected expenses; (2) one week's annual holiday away from home; (3) to pay for arrears; (4) a meal with meat, chicken, or fish every second day; (5) to adequately heat their home; (6) a washing machine; (7) a colour TV; (8) a telephone; (9) a personal car. The share of the population that is severely materially deprived varies significantly across Member States, ranging from 1.2% in Luxembourg and Sweden to 30.9% in Latvia and 41% in Bulgaria (7).

Inequality in Spain

“Spanish Wealth Gap biggest in Europe”; Spain is the most unequal society in Europe, according to a report that finds three million Spaniards now live in conditions of “extreme poverty”, and another study that shows the number of millionaires has increased. A report by the Catholic charity Caritas says more than 6% of Spain’s population of 47 million lived on €307 a month or less in 2012, double the proportion in 2008 before Spain was hit by the
and developing the concepts and practices necessary for an inclusive, occupational just community(3). The focus is then on addressing the occupational needs, occupational rights and obligations of all citizens. In this article community based programmes and strategies which are under development and/or have been used by occupational therapists will be discussed.

recession, which has left 26% of its workforce unemployed (8).

**Austerity measures and the consequences**

Europe’s 80 million people with disabilities are at serious risk of poverty, social exclusion and discrimination as a result of their governments’ austerity measures, according to a recent study commissioned by the European Foundation Centre’s European Consortium on Human Rights and Disability.

The study reveals how reduced spending on welfare and social services by some Member States is resulting in a disproportionate increase in numbers of people with disabilities losing their jobs, income support and access to fundamental services (9).

Poverty and disability reinforce each other, over 20% of persons with disabilities in Europe are of serious risk of poverty and closure of social services and privatisation of services have increased the poverty rates sharply (10).

**Poverty and the Millennium Development Goals (MDGs)**

“Poverty is everybody’s problem” says Alison Campsie (2009) ; it is deeply affecting basic occupational needs and capabilities leading to occupational injustice and deprivation.

That is why occupational therapists should be more concerned about development goals in general, then only about treatment. In particularly the Millennium Development Goals reflect an agenda for poor persons – a truly human development agenda – reflecting the most important capabilities. They translate human development into simple and meaningful objectives. They address some of the most enduring problems of poverty in terms of peoples’
lives. It’s an agenda for eradicating poverty – human poverty not just income poverty – in the world. These goals put poverty and human development at the bottom line of the agenda for international cooperation. Find hereafter an overview of the MDGs:

1. **Eradicate extreme poverty and hunger** (1.2 billion have less than $1 a day, 800 million are hungry)

2. **Achieve universal primary education** (113 million children are not in school)

3. **Promote gender equality and empower women** (60% of children not in school are girls, women have on average only 14% of seats in parliaments)

4. **Reduce child mortality** (every day 30,000 children die of preventable causes.)

5. **Improve maternal health** (In Africa, a woman has 1 chance in 13 of dying in childbirth)

6. **Combat HIV/AIDS, malaria and other diseases** (40 million are living with HIV/AIDS, 75% of them in Africa)

7. **Ensure environmental sustainability** (1.1 billion people do not have access to clean water, over 2 billion to sanitation)

8. **Develop a global partnership for development** (ODA declined from 53 to 51 billion from 1990 to 2001)
The Millennium Development Goals (MDGs) represent a concerted effort to address global poverty.

However what the MDG’s missed until now is:

- Promoting **sustainable** development

- They did not focus enough on **reaching the very poorest** and most excluded people (disabled)

- They were silent on the devastating effects of conflict and violence on development

- The importance to development of good governance

- The need for **inclusive growth** to provide jobs

- The need to promote sustainable patterns of consumption and production were not addressed

- **Environment and development** were never properly brought together (11)
Despite specific commitment to the rights and inclusion of persons with disabilities in all aspects of society, disability has remained largely invisible in many mainstream development frameworks. Although the vast majority of persons with disabilities live in developing countries, disability was not, for example, included in the Millennium Development Goals, nor in their targets and indicators. As a result, disability has been invisible in their implementation, rarely included in national policies or programmes related to the Millennium Development Goals (MDGs), or in their monitoring and evaluation.

The absence of disability in the MDGs is of particular concern because of growing consensus of disability advocates, experts and researchers find that the most pressing issue faced globally by persons with disabilities is not their specific disability, but rather their lack of equitable access to resources as education, employment, health care and the social and legal support systems, resulting in persons with disabilities having disproportionately high rates of poverty (12).

To that end, the General Assembly of the UN decided to convene a high-level meeting, at the level of Heads of State and Government, on 23 September 2013, to consider the overarching theme “The way forward: a disability inclusive development agenda towards 2015 and beyond.” For the first time in history persons with disabilities were included in the meeting of the UN. The result was underlining the importance of closely consulting with and actively involving, as appropriate, persons with disabilities, including through their representative organizations, as key actors and stakeholders in the elaboration, implementation and monitoring of the emerging post-2015 development agenda.

Are occupational therapists fully aware of all these facts, figures, documents and meetings? Does these have any consequences for their work? Do they perceive all these data as a challenge or also as an opportunity?
Why are most occupational therapists still working in the health sector mainly on individual treatment? And not looking at a wider context? Changing social culture seems much harder than improving health services.

**How can occupational therapists work on poverty and inequalities?**

Working on health inequities or poverty reduction cannot be solved by individual treatment plans, nor by traditional clinical reasoning. Where do occupational therapists want to be in 10 or 15 years with their profession and how can they contribute to reducing health inequities and poverty in order to prevent disability? How can they position themselves in a constant changing world?

The profession needs not only clinical reasoning but as well reasoning in a development framework and especially strategic reasoning!! Strategic reasoning is combination of system thinking, creativity and vision. Figure 1

![Figure 1: Bonn 2005](image-url)
Systems’ thinking provides clarity of patterns and supports effective change, thereby increasing creativity. Vision helps provide meaning and gives a sense of direction in the decision making process. Strategic thinking is at the intersection of these three elements (13). Strategic thinking is not just an individual activity, but is influenced by the individual’s environment and social interactions.

A systems perspective also demands that the strategic thinker has knowledge of the external environment/context as well as the internal environment of the organization, community or professional association etc.....

Albert Einstein said we can’t solve problems by using the same kind of thinking we used when we created them.

Furthermore the World Health Organisation is since 2007 putting the following question forward: “Why are we treating people and then sending them back to the conditions that made them sick? “ They recommend strongly to focus on health equity and the social determinants of health and to change health policies (14).

The most important message of the MDG’s beyond 2015 is: “Leave No One Behind”.

The recommendations of the world disability report focus specific on working with persons with disabilities and improve capacity and strengthen research (15).

One of the key targets of the European Union Strategy 2020 is to create the conditions for a different type of growth that is smarter, more sustainable and more inclusive, fostering a high-employment economy delivering social and territorial cohesion (16).

How will occupational therapists play a role in the changing health and social care world?? Are Occupational Therapists really committed to occupational justice?

My whole work, as an occupational therapist has always been grounded on the view that the health of a population is a reflection of how well society meets the human (occupational) needs of its members. Given the striking social
economic and cultural diversity across the World, Europe, and within countries, one would expect striking diversities in health. So it proves to be!

One way to think about these inequalities is to explain them on the basis of differences in life style and access to services but another way is to look how environmental (socio-economical, cultural, political etc) circumstances influence people's lives and health. How can occupational therapists work on inequalities? The WHO European review of social determinants of health and health divide recommends simple “do something, do more and do better” (17).

Hereafter I will discuss the contribution of occupational therapy addressing inequalities in order to achieve social inclusion.

Occupational therapists believe that people are healthiest when they are satisfactorily engaged in the meaningful activities of everyday life, what we call occupations. Or simply saying occupational therapists enable people to "do" what they want, need or are obliged to do, which improves their sense of satisfaction and contributes to their health and well-being.

The unique focus of occupational therapy is to focus on participation of all persons in occupations in order to promote health and achieve social inclusion (including social cohesion, citizenship etc.).

Occupational Science is the science of everyday living. Occupational science as a discipline is able to make a cogent contribution to essential occupational global phenomena as the rise of the ‘working poor’, the growing number of dislocated persons, retirement of increasingly ageing populations etc.

“In particular constructions of occupational justice which foreground difference and diversity in capabilities, has a substantive contribution to make across arenas of disability, health and welfare” (18).

Occupational therapists need to embrace the concept of ‘occupational justice’: to mobilise resources with the aim of creating occupationally ‘just’ communities/societies, societies based on people and their need and right, to do.

Exclusion consists of dynamic, multi-dimensional processes driven by unequal power relationships interacting across four main dimensions - economic,
political, social and cultural - and at different levels including individual, household, group, community, country and global levels. It results in a continuum of inclusion/exclusion characterised by unequal access to resources, capabilities and rights which leads to health inequalities.

**A way to equal citizenship**

When contributing to inequalities, occupational therapists must have a commitment to occupational justice. Appropriate occupational-therapy practice can and should operate at the community and population level. This is particularly evident in the transitional countries of Europe, such as Romania, Bulgaria and Georgia, where an absolute majority holds social injustice as the main driver of social exclusion processes. In these countries issues of poverty and unemployment of migrants and/or disabled people cannot be resolved by individual solutions. They can be more effectively addressed through the use of a community-development approach.

The development of occupation based inclusive approaches in which all individuals find their place is an essential step towards combating poverty and occupational deprivation and developing the concepts and practices necessary for an inclusive, occupational just community. The focus is then on addressing the occupational needs, occupational rights and obligations of all citizens.

When implementing community based programmes there are several strategies, that occupational therapist may use like:

- Establishing partnerships- enable different groups of people and agencies to collaborate, cooperate and coordinate in order to solve problems and to exchange resources. Partnerships take place at different levels (local, regional, national or international).

- Another strategy identified within community development is capacity building based on the theory of the economist, philosopher Amartya Sen who has outlined an alternative approach to appraising the success of
development interventions. Sen argues for the necessity of going beyond the conventional development targets and measures of success to take into account improvements in human potential. Development, from this perspective, is fundamentally about developing the capabilities of people by increasing the options available to them. This can be done, in part, by focusing on the freedoms generated by conventional outcomes rather than just on the outcomes themselves. These freedoms come in the form of capabilities that people can exercise to choose a way of life they value. The emphasis here is on individuals and their options for making their way (19).

Baser and Morgan (2008) development scientists define capacity as the emergent combination of individual competencies and collective capabilities that enables a human system to create developmental value. They go on to suggest that capacity can be conceptualised as being built on five core collective capabilities, which can be found in all organisations and communities: the capability to commit, engage and act, to generate development results, to relate, to adapt and self-renew, and finally, to balance diversity and achieve coherence. All five capabilities are necessary to ensure overall capacity of a community (20).

- Other strategies used by the occupational therapists in community development are environmental (physical and attitudinal) adaptation and managing and monitoring impact.

The role of occupational therapists needs to go beyond the traditional role of working with individuals with occupational needs in the health care sector to working with communities to facilitate inclusive environments.
A systematic approach of implementing community developmental theories in occupational therapy in the transition countries in Europe has demonstrated the changes in the rights of persons with disabilities and their families. Other outcomes of the occupation based community approaches have been establishment of:

- Capacity building through community action
- Involvement of the full community
- Creating inclusive employment
- Inclusive primary education and vocational training leading to inclusive employment,
- Establishment of advocacy groups,
- Transition programmes from day centres to work
- Participation of vulnerable groups (like street children and elderly)
- And changes in policies and the laws.

The founder and first employer of occupational therapists in the Georgia (Caucasus) said:

From the very beginning we wanted occupational therapy to facilitate the process of participation and inclusion and as a result many of our children go now to schools, and parents are happy seeing their children more active and integrated.

What really is increased is public awareness and the number of NGO’s acting in the field of disability. There are also quite clear positive changes in the legislation in respect of definitions, 'equal rights', and 'discrimination' (21).

Working with communities implies that the individual is considered as citizen within the community with rights as well as responsibilities and obligations.
This vision and way of working has consequences for the content of the curriculum as well as for the educational and learning strategies used in the education of occupational therapists as also for the research.

Therefor the key principles of the curriculum should be:

- competence based,
- occupation based,
- evidence/research based,
- student –centred and
- society and practice related, focusing on enabling participation and social inclusion within a framework of occupational justice and human rights; contributing to employment and social inclusion of disadvantaged groups.

Are occupational therapists prepared for the future? Are they able to work on inequalities in complex communities? Are teachers working in inter-professional teams, and is OT research about the contribution of occupational therapy to social inclusion?

Are students, teachers and researchers seeing the bigger picture? Are they “thinking globally, and acting locally?”

One of the main areas of the European modernisation agenda of the higher education is:

- To improve the quality and relevance of teaching and researching,
- To equip graduates with the knowledge and core transferable competences and to strengthen the "knowledge triangle", linking education, research and practice
**Occupational Therapy and Research**

Occupational Therapy research is still quite young, divided and not very substantial. To make a real contribution to European Research it will be important to unite and to make alliances with other academic disciplines. The uniqueness of occupational therapists is that they can translate the ideas, language and practice and research methods between the everyday social and the medical world. So they can work in different research teams and enrich both sites (22).

The new European research programme running from 2014 to 2020 with an €80 billion budget is asking for **integrated** approaches and working beyond silos on social determinants of health and social inclusion (23).
Conclusion

Although the “past” crises hit health care workers and those furthest removed from the labour market, at the same time the Euro 2020 Strategy offers also opportunities and challenges to develop new approaches for occupational therapists to contribute to increase participation in inclusive education, employment and promote social inclusion. Health care professionals need to work in line with government and system level policies. They need to be proactive or at least responsive to policy changes, otherwise there is a risk that others will fill the gaps in society.

It is my hope that this century will mark a turning point for inclusion of people with disabilities and other disadvantaged groups in their societies and that addressing inequalities will be the heart of the post 2015 MDG agenda. The future we want for all! Let us all work together and leave no one behind!
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