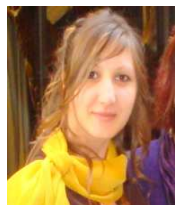


MASTER OF OCCUPATIONAL THERAPY. HANNEKE VAN BRUGGEN

MAESTRAS DE LA TERAPIA OCUPACIONAL. HANNEKE VAN BRUGGEN

Mesh: Occupational Therapy
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Authors

Dña. Hanneke van Bruggen.

Terapeuta Ocupacional, Doctora Honoris Causa por la Universidad de Brighton, Reino Unido. Creadora y ex – directora de la Red Europea de Terapia Ocupacional en Educación Superior (ENOTHE).

Dña. Natalia Rivas Quarneti.

Terapeuta Ocupacional. Máster en Asistencia e Investigación Sanitaria. Estudiante del Máster Europeo de Ciencias en Terapia Ocupacional y del Programa de Doctorado en Ciencias Sociosanitarias por la Universidad de A Coruña.

Dña. Inés Viana Moldes.

Terapeuta Ocupacional. Profesora, Responsable del Grado en Terapia Ocupacional y Vicedecana de la Facultad de Ciencias de la Salud, Universidad de A Coruña. Miembro de la junta directiva de la Red Europea de Terapia Ocupacional en Educación Superior (ENOTHE) y de la Conferencia Nacional de Decanos de Centros Universitarios de Terapia Ocupacional(CNDEUTO).

Dña. María Kapanadze.

Terapeuta Ocupacional. Máster y Estudiante de Doctorado en Educación Inclusiva por la Universidad Vic, España. Profesora de Terapia Ocupacional Universidad de Autónoma de Barcelona, España.

D. Salvador Simó Algado.

Terapeuta Ocupacional. Dr.en Educación Inclusiva por la Universidad de Vic, España. Profesorde Terapia Ocupacional en la Universidad de Vic, España.

I Introduction

"I can observe every day in internet, on the TV or in the paper a chance for occupational therapy"

Hanneke van Bruggen, strategic vision and passion in Occupational Therapy.

On October the 26th 2012, the Professor Hanneke van Bruggen received the Gold Medal of Occupational Therapy (OT) 2012, awarded by the Faculty of Health Sciences of University of A Coruña and the Galician Professional Association of Occupational Therapists, Spain.

It has been already described in detail in this volume the reason for this award, from the point of view of different actors.

We wanted to take this opportunity to share with all of us Hanneke's vision of the discipline at a national and global upheaval in which we all find ourselves.

Working with Hanneke is an applied class of strategic vision. It combines the strength of a hurricane in her fight for justice, with an exquisite sensitivity with the people with more needs.

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Working with her is to understand the potential of the individuals, groups and communities we are privileged to accompany. Hanneke van Bruggen is a testimony of courage and fight: To paraphrase Brecht, one of those essential women, who reminds us our humanity and make the world a better, more beautiful, more just place.

Hanneke van Bruggen holds the title of Doctor Honoris Causa by the University of Brighton, because of her tireless work in promoting and developing the discipline of Occupational Therapy and Occupational Science worldwide. Hanneke has been the founder and executive director of the ENOTHE (European Network of Occupational Therapy in Higher Education) during 15 years and leader of several projects funded by the European Commission for social reform through occupational therapy in the Eastern Europe countries, creating seven academic departments of occupational therapy in these countries. She also led the European Convergence Process in the Bologna (Tuning) for all European institutions that teach in Occupational Therapy.

In addition to these impressive results of their collaborative work and strategic vision, Hanneke has always been interested in the relationship between occupation, poverty and disability, as well as in reducing health inequalities and poverty. Currently, despite being retired since over a year ago, she maintains a high professional activity, linked to its strong commitment: she is member of several advisory committees for social inclusion, both in Canada and in South Africa, where she carries out her work to empower and give voice to disadvantaged groups.

Hanneke has visited Spain on several occasions (5th European Congress in Madrid, 1996; strategic meetings in Burgos, 2004 or Murcia 2006, or the

ENOTHE meeting 2009 in A Coruña, among others) to promote the empowerment of discipline in each of these events, and among them. This time, the OT Gold Medal has brought her to this country to publicly recognize her tremendous work and celebrate with her.

Since her last visit there have been great changes in the socio-historical, her professional and personal context: the worsening of the economic crisis, an ENOTHE meeting in Spain, a new era in ENOTHE without her in the directive team and her retirement, among others. As Teacher, we would like to know her opinion and reflections about all this and beyond: How does the future of Hanneke van Bruggen look like?

Interview

(authors) *Last October you have been awarded with the Gold Medal as recognition of your hard work for the enhancement of the OT profession in Europe and beyond. During the ceremony, a big emphasis has been made in your contribution to the promotion of synergies between Spain and Europe along the history. As actor and observer of the Spanish OT (Practice, Education and Research) how have you seen its recent development from an international point of view?*

Dr. Hanneke van Bruggen.- In 1994, when the 5th European Congress was proposed to be in Madrid in 1996. I (by that time Chairpersons of COTEC) had my strategic reasons to propose Spain. I liked to know why Spanish occupational therapists were disadvantaged in comparison with the rest of Europe and what were the opportunities for development and growth:

Disadvantages:

- Spain had by that time a few Occupational Therapists (3 on 100.000), while the average in Europe was around 20-25 and the highest level about 60 Occupational Therapists on 100.000 inhabitants in Denmark
- Spain had 5 OT schools and only 1 approved by WFOT; the ministry of education was not in favour of having OT at university level
- The Spanish OT education was dominated by the medical faculties and their rules, while the social perspective was underserved. Only a few Spanish OTs were high enough educated to be able to teach in the university

- The National Spanish Occupational Therapy Association was divided in regional autonomous associations and did not strongly represent one OT voice in the political arena in Spain
- The Spanish occupational therapists had not much communication with the rest of Europe (mainly due to language problems)

Challenges

- The Higher Education in Europe (including OT education) was about to reform (Bologna Process); OT should be at least at BA- and MA- degree level
- The representative of the Spanish ministry of social affairs (IMSERSO) could clearly see the role of OT in social services, mainly elderly care (D. Hector Maravall Allende, 1994)
- The shortage of OT university teachers was partly solved by high educated OT teachers from Latin America
- The Spanish speaking OT market became big enough to make it worthwhile to translate OT books

Although the Spanish OT Association was already since 1986 a member of COTEC (Council of Occupational, the European Congress in 1996 in Madrid gave an actual bush to the relationship with Europe and was the start of a long lasting collaboration.

Later in 2004 (Burgos), 2006(Murcia) and 2009 (ENOTHE conference in Coruna) the organisations CDNEUTO and ENOTHE (European Network of Occupational Therapy in Higher Education) plaid an important role in enhancing university OT education in Spain. During those years rapidly many new OT university departments opened up and every year many occupational therapists graduate.

When I look at the present situation of OT in Spain then I have many questions:

- Is Occupational Therapy aligned with the Health and Social Care priorities of Europe/ Spain?
- Do you know where your OTs work? How many work in health promotion? Health prevention? Community oriented primary care? Or working on social inclusion/ avoiding exclusion from education, labour market or working on the social /occupational determinants of health? (the priorities of the WHO and Europe 2020) and what are the outcomes of occupational therapy?
- What is the un/employment rate of the occupational therapists in Spain?
- Why are still only 2 out of 18 schools WFOT approved?
- Is the undergraduate OT education building on competencies driven curriculum development for team work strengthened by IT_ all with the purpose of aligning OT education to health and social goals across borders and individual professions in all countries? ¹
- Are your Master Educations focusing on the core of Occupational Therapy/ Occupational Science related to the priorities of Health and Social care?
- Do you have an OT research agenda for Spain, contributing to social inclusion or occupation based participation of Spanish Citizens?

Now more than ever it is important that Spanish OT students are educated following EU standards of OT BA-/MA degrees. That means that the content is society oriented, driven by needs and demands of people both in education and health and not only by academic traditional disciplines (like medicine, psychology sociology etc).

Human rights nowadays needs to be incorporated as a necessary framework of the development of occupational science and therapy.

The students as European Citizens have the right on "free movement" as one of Europe's most cherished rights. In a period of more than 25% unemployment of young Spanish people, the students need to be educated for the European/global market following EU and WFOT standards in order to have as much chances as possible on the labour market.

I see also enormous opportunities in Spain. The fact that Spain has a quite unique ministry for health, social services and equity what is focusing on integration of health, social services and equal access (Ministerio de Sanidad, Services Sociales e Igualdad, Spanish Health Care Reform) offers many chances when OTs are proving to be the unique profession, that is working exactly on this integration and have the facts and figures to demonstrate these results.

Last month the WHO opened a new collaborating centre on social inclusion and health in Alicante. "Through this designation, WHO recognizes the Institute's excellent contribution to the field of social development – defined in terms of reducing poverty, social exclusion, violence (including violence against women) and social inequity – through the development of policies for social inclusion," said Dr Pirooska Östlin, Programme manager, Vulnerability and Health, WHO/Europe.

"Specifically, WHO's work with the Collaborating Centre will include:

- the documentation of promising practices and the production of normative guidance materials/tools to improve the health of populations experiencing poverty and social exclusion, with a specific focus on Roma and migrants and due attention to gender equity; co-organizing

- capacity-building activities for health policy-makers, programme managers and other stakeholders, on approaches to improve the health of populations experiencing social exclusion and poverty.

The Collaborating Centre's work plan also includes:

- developing a resource package and training materials on reorienting health programmes towards equity, a tool kit on participation, web-based resources and a policy briefing on gender-based violence; and
- establishing a teaching network on social exclusion and health.

This Centre is the second designated in 2012 to support WHO's work on vulnerability and health." (<http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/social-determinants/news/news/2012>)

I always say I can observe every day in internet, on the TV or in the paper a chance for occupational therapy. If I read the above mentioned announcement, then the first most simple thing is to establish a link between their network and CDNEUTO and the second thing is to negotiate to collaborate with this centre and be included in the workplan and the third could be that an OT will do her PhD with them.

If you as OTs can answer and analyse all the above mentioned questions you will be aware where you stand and if you learn to see those everyday chances then there will be a fruitful future for OT in Spain.

(authors) It has also been pointed out your extraordinary ability for envisioning the future and thinking strategically. In your opinion: what are the main challenges and strengths of the Spanish OT for the next 15 years? And OT in Europe?

Dr. Hanneke van Bruggen.- First of all I can not predict the future for health and social care workers, in particular occupational therapists in Spain and Europe.

I hope however that I have more or less answered this question by the answer on question 1.

Important is that the education of occupational therapists is providing the graduates with an identity, knowing and being able to apply the core principles of the discipline. The core of the profession is laying in the relationship between the persons or the community, what they do (want to do or need to do) in their environment and within a framework of health, well being and occupational justice.

Occupational Therapists can truly contribute to facilitating participation of occupational deprived persons or disadvantaged groups, like persons with disabilities in for them relevant occupations.

The uniqueness of OT is the bridge between the health and the social sector and the bridge between the individual and the community or society.

The main challenge is to demonstrate the strength of our discipline and to focus our research about our contribution to social inclusion. If we concentrate on that we are in line with the European agenda on social inclusion and the Global agenda on focusing on social determinants of health and closing the gap in a generation² and we will have many opportunities.

If we focus on fighting with other health professions or community workers for power or even our own colleagues, we will lose energy and time, we are far too small to be able to make change in society on our own.

(authors) Another question we cannot leave aside is in relation to the ENOTHE new phase without you in its direction team. Then, now how

do you see ENOTHE from an external point of view? What is your impression about its current development?

Dr. Hanneke van Bruggen.- ENOTHE used to be a dynamic thematic network designed to promote European cooperation and innovation in Occupational Therapy, Education and Occupational Science. The network contributed to enhancing quality of teaching in higher education (the TUNING process and peer review process), defining and developing a European dimension within occupational therapy, furthering innovation and exchanging methodologies and good practices. This was achieved by means of intensive cooperation within the network (working groups) between higher education institutions, university faculties and departments and also with involvement of professional associations and enterprises as well as client organisations. Links with other Networks like the Human Archipelago, Bridging the Bosphorus, COPORE, the European Primary Health Platform etc. were and are essential to achieve a movement towards social inclusion of All European Citizens.

The development is now more going towards the construction of a formal association, with experts groups which are focusing on ENOTHE as an organisation or on responses to European initiatives and policies and which are commissioned by ENOTHE. This kind of constructions do not match with the idea of dynamic and flexible (knowledge) networks.

For the content it is important during the TUNING day as well as in between the meetings at least to follow where the Bologna process is going. What has been discussed on the Bucharest meeting of ministers of education (2012) what are the consequences for OT education? Also policy documents of the WHO concerning education for health professionals for a new century could be topics for debate.

If ENOTHE really should like to make an impact on the European theme of the year action should start far before the year preferable in cooperation with client groups or other networks and made visible towards the policy makers.

ENOTHE has already more or less lost its place in the European Higher Education and Research area and is at the moment not much more than an annual meeting place for students and teachers. In that case I think we do not need ENOTHE. The formal statements concerning European consultations that impact OT can be made by COTEC and the European congress for practitioners, teachers, researchers and students can be organised once in the four years. In other years Students and teachers can meet in many informal ways and organise that themselves through ERASMUS.

ENOTHE has had its function during a period that most OT education had not yet an academic status and during a period of enlargement of Europe, where many of the East and Central European Countries were looking for support for developing OT education. I see now different thematic networks coming up concentrating on education, practice and research in for instance poverty reduction or social inclusion or the health equity network.

(authors) As mentioned, you have leaded the development of OT in several Eastern European countries. How do you see their present and future?

Dr. Hanneke van Bruggen.- It is difficult to speak about the development of occupational therapy in the Eastern European Countries, because their history and cultures are as different as that of Spain and Sweden. A commonality is however that all those countries are transitional states, that means that, prior to 1989, they formed part of communist countries and the former Soviet Union, and shared considerable similarities in health and social care systems based on a common ideology. The historical changes in the socioeconomic system in ex-communist European countries greatly affected the quality of life of their populations. A European survey has provided evidence that an absolute majority of the people in transition countries view social injustice as the main driver of social exclusion processes³ Health, poverty and unemployment issues

of vulnerable groups cannot only be solved by individual solutions, but also need social solidarity and community solutions. This reinforces the need for the occupational therapist to:

- Increase awareness about the relationship between poverty, disability, health inequalities, occupational deprivation, etc.
- Apply an individual as well as a community development approach.
- Develop competences for poverty reduction.

One of the outcomes of the ENOTHE projects have been the establishment of seven occupational therapy schools – each with their own identity and functioning under the jurisdiction of different universities and faculties.

Over the past 15 years, ENOTHE has developed four major projects: in the Czech Republic; in Georgia and Armenia; and in Bulgaria, Hungary, Romania, and in Poland. All aimed at contributing to social change as well as reforming higher education through the introduction and implementation of occupational therapy education and services. These projects are based on two general principles:

- The occupational therapy curriculum needs to be developed partly by a participatory action approach including the future local occupational therapists in partnership with a wide range of stakeholders.
- The education of occupational therapy students needs to focus on facilitation of occupational participation of marginalized populations, persons with disabilities, their careers and families in their physical and social environment within a framework of occupational justice and human rights.^{4,5}

The future for these OTs will not be easy, but most of them are well equipped for advocacy for human rights for disadvantaged groups and creative enough to develop new projects. As colleagues from Georgia, Armenia, and Bulgaria, who

went through the first accelerated bachelor course in occupational therapy stated:

“It was a challenge for me to act as an ambassador of the profession and I found working in a rights-based job most satisfying and being involved in national advocacy of disability issues.

The chief impact of this education is in the reasoning skills that students learn: not to swallow the information until you’ve not chewed it and to justify thoughts and decisions”.

(authors) Step by step Latin America and Spain are creating more and more bridges in the OT world. Could you give us your opinions about it?

Dr. Hanneke van Bruggen.- It may be already clear from all what is answered before, that of course I am very much in favour to create bridges between the OT world in Spain and Latin America. Not only because of the language and some cultural similarities, but also because of the migration from Latin America to Spain and vice versa.

The status of many of the migrants (21%) is irregular ⁶and that makes that they are often occupational deprived or in situations of occupational injustice. So occupational therapists could be involved with advocacy work for those migrants.

From a professional perspective, we can learn a lot from the occupational therapists from Latin-America in particular of the community based occupational therapy.

There is however a risk that the Spanish OTs only are oriented on Latin America (because the literature is easier accessible), while for academic reasons it is still

important to be up to date with the latest research and theories of OT from different parts of the world.

For the position of the OT in Spain it is a must to be socio-economical and political aware of the situation of Europe and to act as a professional body strategically.

(authors) *It is said that every action has an utopia behind. What would be for you the ideal OT education, practice and research?*

Dr. Hanneke van Bruggen.- Ideal Occupational Therapy education, practice and research should be based on and driven by the occupational needs of (disadvantaged) persons and populations within a certain context in a framework of occupational justice, health and social inclusion.

The causes of health inequality and occupational injustice are complex but they do not arise by chance. The social, economic and environmental conditions in which we live strongly influence health. These conditions are known as the social determinants of health, and are largely the results of public policy.

The book "The Spirit Level: Why More Equal Societies Almost Always Do Better"⁷ claims that for each of eleven different health and social problems: physical health, mental health, drug abuse, education, imprisonment, obesity, social mobility, trust and community life, violence, teenage pregnancies, and child well-being, outcomes are significantly worse in more unequal rich countries.

So Occupational Therapist can not only treat individual clients, but they should be aware of inequalities in social and occupational determinants of health and have therefore as well a community oriented focus directed towards social inclusion and understanding the local situation in a National, Regional and even Global context.

OT students should learn how to become an effective agent in change and how to facilitate communities to become more inclusive and make sure people can participate.

Nelson Mandela said: "Education is the most powerful weapon which you can use to change the world".

In research the OT should work together with other disciplines on effective health (promotion) and social inclusion strategies and on priorities preferable identified by client groups/ disadvantaged populations. Participatory action research should be one of the methods frequently used in OT research.

(authors) *People who know you professionally and personally make emphasis on your amazing and overpowering energy. Where all this energy and motivation come from, despite all the obstacle you have had to overcome?*

Dr. Hanneke van Bruggen.- This is a difficult question, because people see the outside, while inside I often do not feel so energetic, but why is there then still the drive to make big projects even if it is giving physical pain???

I have experienced myself that doing meaningful occupations in which you can experience development in yourself and others is giving lots of energy, although that is not enough to start very big projects.

Creating developmental projects is driven for a great deal by a deep feeling of injustice. My whole career I have been interested in disability and poverty and it is for me a necessity to contribute to social inclusion, also partly because I have been twice myself at the edge of being excluded from the labour market because of serious back problems.

Another drive for developing projects have been my "love" for occupational therapy/ occupational science as a profession and as an academic discipline. To

achieve the academic recognition for OT among other academic disciplines could only be done at a European level with commitment of the majority of the OT educational institutions. That was a major undertaking, which you cannot stop once when you have started. So that was the development of ENOTHE with all strategical movements and products over a period of 15 years.

(authors) *The economic crisis is having a huge impact in people's lives. What would you say about European and Spanish OT positions and actions in relation to this? What could be the optimal OT contribution?*

Dr. Hanneke van Bruggen.- We see that in the whole of Europe the budget for health care is and will be cut and that the responsibility of the client and his/her caretakers will be increased; that means that OTs should focus on development of self-management programmes and instruction and information programmes for caretakers to avoid overloading of the caretaker. Furthermore on prevention in line with lifestyle redesign programmes.

Is there another sector than the Health sector where OTs can earn their living? We need then to look where will Europe invest?

The 5 targets for the EU in 2020

1. Employment -75% of the 20-64 year-olds to be employed
2. Research&Development-3% of the EU's GDP to be invested in R&D
3. Climate change / energy-greenhouse gas emissions 20% (or even 30%, if the conditions are right)lower than 1990, 20% of energy from renewables, 20% increase in energy efficiency
4. Education-Reducing school drop-out rates below 10%, at least 40% of 30-34-year-olds completing third level education

5. Poverty / social exclusion-at least 20 million fewer people in or at risk of poverty and social exclusion

What can occupational therapists do with this targets?

1. In employment again the occupational therapists can work on prevention; many businesses are interested that their employees will not become ill or disabled.
2. The research should be multidisciplinary and focus on effective strategies for social inclusion
3. Creating work, social enterprises in sustainable agriculture projects with disadvantaged populations will be a realistic opportunity.
4. Working with teachers and neighbourhoods to prevent drop-out rates is another successful area for OTs
5. Developing effective social inclusive community projects is another good area for OTs (Bruggen 2008)

NGO's can apply in Europe for grants for sustainable projects, related to the above mentioned targets. There are clear chances, however the universities should offer specific course for practitioners to support them in expanding their horizons.

(authors) Related to the last questions, one of your latest projects tackling poverty and social exclusion was COPORE. Could you explain us what was this project and your personal and professional experience within it?

Dr. Hanneke van Bruggen.- Following the decision on dedication 2010 to the European Year for Combating Poverty and Social Exclusion, in February

2009 the board of ENOTHE approved that I should apply for a special grant under ERASMUS together with other disciplines.

The COPORE⁸ (Competences for Poverty Reduction) consortium of 14 Health, Education and Social Sciences networks, of which most had already collaborated over three years in the Human Archipelago (<http://www.archhumannets.net>) wanted to draw the attention on health inequalities, related to disadvantaged groups and aimed to develop new competences and approaches in higher education focusing on affordable health care, health literacy and empowerment of the client and their community to reduce poverty. The study included as well good practice of tailored prevention and health promotion for people at risk of social exclusion as integrated care models.

Special emphasis was put on the Community Oriented Primary Care (COPC) approach and cross-sectoral services. Through this focus professionals and the local population attached to health and social centres have automatically more attention for poverty problems. The role of schools in acting as centres for local community development was stressed as well.

The following actions were undertaken:

- Constructing a grid of criteria to identify projects of good practices in social inclusion
- A European wide call for students to develop a project concerning poverty reduction
- A conference to disseminate and discuss the value of those projects for education
- Competences developed following the TUNING methodology for health, social and educational workers

The uniqueness of this interdisciplinary collaboration and dissemination of results to over 1500 institutions all over Europe, should contribute to the competences of future health, social and educational workers in combating poverty (www.enothe.eu).

Some reflections on the project: When I asked for occupational therapists to participate in the project, I received from many OTs the answer that they had nothing to do with poverty. The relationship between disability or mental health problems and poverty was not seen, while for myself this has always been my subject of interest.

Luckily several students in Europe were very active and made good projects like "Information and Communication Technology: making/breaking a gap" from Natalia Rivas Quarneti and Tania Gómez Sánchez, as well as some colleagues were involved in multidisciplinary projects, among which Salvador Simó with the Miquel Marti I Pol project, Sarah Kantartzis with the project "Empowering Learning for Social Inclusion through Occupation (ELSITO)".

Through the project I came in contact with the European Anti Poverty Network. Their main task is lobbying in Brussels for reducing poverty and developing strategies for inclusion. The Dutch Anti Poverty Network has asked me to represent them in Europe.

Furthermore I was selected to have an oral presentation in a major South African Conference -Carnegie 3- about poverty reduction strategies. Together with 5 South African colleagues we developed a workshop around capacitating for change (<http://www.carnegie3.org.za/>). Carnegie3 is a process, exploring and consolidating strategies to overcome poverty and inequality in South Africa and is continuing for the next 2 years.

(authors) After a broad and productive career, which has contributed enormously to the OT profession and the promotion of social inclusion, you are now "retired". What does Hanneke do now with her time? And how is Hanneke van Bruggen's future looking like?

Dr. Hanneke van Bruggen.- What is retirement? There is no receipt for retirement, but the social environment is expecting that you have lots of time (for instance for babysitting, all kind of boards of NGO's etc.) and that you enjoy life. The general image is that you have grey hair, are member of several clubs, do some physical activities and be relaxed. So I nearly did not get a visa for India because the lady did not want to believe, although my passport indicates my age, that I was retired. So I had to prove that I receive a State pension.

I had not prepared myself for a big change, because I knew that several projects to which I had committed myself were not finished. So gradually work will become less.

What I have experienced so far is that each day I am home there is no structure and not automatically social contacts. If you have still a lot of work you tend to sit the whole day behind the computer without speaking to anybody except over the telephone, mail or skype. I can see the risk of isolation, obesities, alcoholism and many other symptoms of social exclusion. So self-management is quite important for persons in transition to retirement.

Another misconception of retirement is you can do what you want and you only do nice things. What are nice things? I have never had the time to do much research but as you can see from the former questions I should love to do some research in strategies for social inclusion. Furthermore I am interested in doing some developmental work in poverty reduction as well as in educational reform. I have discovered that if you want to remain a bit active in your discipline, you need to be very carefully with saying no. because when you once say no people believe you prefer to be 'retired' from work. So choosing strategically the activities you want to do and keeping a balanced occupational life is a second important competence for retirement.

What I enjoy very much in my retirement that the relationship with my children and grandchildren can be deepened, that I still can learn a lot and that I have

more time for my hobby's. Although research and development also can be considered as a hobby, it still is different because there are of course lots of obligations, rules and often deadlines. Real hobbies like wine tasting, cooking, gathering with friends as well as walking in nature should not have any obligations and cause feelings of pleasure and satisfaction.

Finally to maintain the friendship with my dear friends, who mainly live outside the Netherlands due to the fact that I met them is my international work, is difficult and asking creative solutions. To be a retired global and European citizen is requiring good digital skills and preferable enough money and physical strength to travel. At the same time I see the need (in particular with a reducing health care) for developing a nearby social network.

(authors) *In relation to your current projects, especially your participation in your research projects in South Africa and Canada we would like to know what lessons you are learning from them.*

Dr. Hanneke van Bruggen.- First of all I have to admit that I have very little experience in research and so I learn a lot. What is most interesting for me is how the researchers engage with the community and what participatory methodologies they use. It is amazing how different research can be concerning social inclusion in Canada and South Africa and what research boards or grant givers expect.

The research in South Africa is requiring that the process is empowering the community and that service providers and clients' needs are better matching. As a whole the community should also be able after the research to influence policy, due to the fact that it was a full participatory action research.

The research in Canada is about social inclusion in a shopping mall. About 50 researchers are involved. To my surprise there are hardly people with disabilities involved in the process. Most researchers look at accessibility but

even there without people with disabilities. The research is most technical and quantitative. My aim is to shift the focus a bit towards starting to find out what different groups like persons with disabilities, elderly and those who make now most use of the shopping mall expect from an inclusive mall.

Furthermore it will be important to come to real multidisciplinary research, while at the moment the different research questions have not much to do with each other.

My last point is also to try to shift the focus of the grant givers a bit towards accepting more qualitative research and to see social inclusion from a broader perspective, like training the employees of the shops in communicating in diverse ways or having colleagues with a disability.

There is far more to say about the research, but that should become a different article.

(authors) *As an OT Master and Referent, if you could talk face to face to each single person conforming the OT world in Spain and beyond. What message would you like to transmit her/him:*

(authors) *If she/he is a citizen?*

Dr. Hanneke van Bruggen.- Be aware of your rights on equal access to health and social services as well as the right on 'meaningful' occupations and make use of these rights.

(authors) *If she/he is a practitioner?*

Dr. Hanneke van Bruggen.- In this time of financial crisis and health care cuts be pro-active and demonstrate to the public and the politicians the unique value of Occupational Therapy. The power of occupational therapy lies in

enabling communities to be inclusive; prevention of exclusion and full occupational participation is creating cohesion and a healthy community.

This requires that OTs are flexible, focused on diversity and communities with their occupations and within their environment.

Do not limit yourself to the health institution, but enable the client to be a full citizen in his environment. Only when the OT is claiming this unique position of bridging health and social care we have to offer society a valuable contribution

(authors) If she/he is a student?

Dr. Hanneke van Bruggen.- Occupational Therapy is a fascinating profession/discipline with no limitations, however it is important to focus on the unique relationship between the person/ or the community, his/her/their occupations in a particular environment within a framed context of health and occupational justice.

Make as a European student use of the unique possibility to study abroad for 3 months, what can enrich your occupational experience very much.

(authors) If she/he is a teacher?

Dr. Hanneke van Bruggen.- Why are there so many students feeling that they do not have a clear identity? Or that the physiotherapist are better or taking their field of action?

Involve students early in developing in partnership with all stakeholders projects that enable them to build through specific occupational based interventions community inclusion and social participation. It is my experience that this kind of work will support them to build their own identity.

I also should like to encourage teachers to participate in teacher exchange, to relate to other teachers/researchers outside your country and learn from each other. "Freedom to move is powerful and creates excellence" said the EU Director General of DG Education and Culture in Brussel this week.

(authors) *If she/he is a researcher?*

Dr. Hanneke van Bruggen.- Do not research on clients or impairments, but let your research be guided by the needs of the clients and the bigger health needs of the society.

(authors) *Would you like to add anything else?*

Dr. Hanneke van Bruggen.- A big thank you for the award, the friendship and the trust of the Galician Occupational Therapists in me. In particular many thanks to the University of Coruna, to the Dean of the faculty Sergio Santos del Riego Sergio, to Ines Viana Moldes and to the Galician Professional Association of Occupational Therapists, Nereida Canosa Dominguez. Finally many thanks to Natalia Rivas Quarneti for her enormous effort in translating and making my words understandable in Spanish.

Looking forward for further collaboration and developments.

We hope this interview can create a reflection space for occupational therapists. A space to imbibe with Hanneke's creative and empowering essence, which inspires and challenges us to go beyond: towards social inclusion and justice.

To imbibe the essence that makes her a unique professional and an exceptional human being.

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