



SECTION 1:

**THINKING
ABOUT
WORKING
ABROAD**

Different types of working in less resourced settings.

There are many opportunities for AHPs to work in less resourced settings, paid and unpaid. Some of these may be short term, i.e. for 2-5 weeks whilst others may be more medium to long term; 6 weeks to a year or more.

Some of these include:

- Working in clinical settings.
- International Development
- Teaching and training
- Emergency settings
- Management
- Student volunteer

Whilst these are discrete headings, on many occasions you may have to take on different roles and tasks that you had not anticipated. Be prepared.

Language, terms, and the contexts in which allied health professionals can contribute

The terms **“development, emergency, humanitarian, rehabilitation, inclusion and community based rehabilitation”** are the language of this sector. This section will explain what the terms mean, how they fit together and the contribution allied health professionals can make.

International Development

What is meant by **International Development** is expressed in the United Nations Sustainable Development Goals (SDGs) (2016)

Whichever role you adopt, an awareness of these goals is useful to remember.

There are 17 SDGs, with number 3 being about health,

“ensure healthy lives and promote wellbeing for all at all ages.”

Within this goal, specific reference is made to mental health and wellbeing, universal health coverage, research for health, and health workforce strengthening.

Against a history in which “millions ...have been denied the chance to lead decent, dignified and rewarding lives,” the SDGs envisage a “world free of poverty, hunger, disease and want, where all life can thrive....with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social wellbeing are assured.” Recognising that for international development to be complete and sustainable the SDGs address economic, social and environmental issues. (United Nations, 2017).

Rehabilitation

The SDGs were preceded by the Millennium Development Goals which achieved huge improvements in the first years of the 21st century. For example extreme poverty globally decreased from 47% in 1990 to 14% in 2015 and between 2000 and 2013 the tuberculosis mortality rate fell by 45%. (United Nations 2015). In this context and with globally ageing populations more people are living with long-term conditions, meaning that the healthcare sector is turning attention from saving lives towards improving health and wellbeing throughout the life course. Allied health professionals have a significant role to play in medical **rehabilitation**.

Inclusion

Alongside these achievements of the early 21st century the United Nations brought into international law the Convention on the Rights of Persons with Disabilities in 2008, which affirms the rights of people with disabilities to “full and effective participation and inclusion in society” (Article 3c) (United Nations, 2008). Many people with disabilities do not require medical rehabilitation yet are excluded from full participation through attitudinal and environmental barriers. Allied health professionals have a role to support the attitudinal and environmental changes needed to enhance the **inclusion** of people with disabilities, including those who do not require medical rehabilitation. People with disabilities are mentioned under goal 4 of the SDGs on education, goal 8 on employment, goal 10 on

political inclusion, goal 11 on access to transport and to green and public spaces. (United Nations, 2017).

Community Based Rehabilitation

Community Based Rehabilitation (CBR) is a strategy for both extending the availability of rehabilitation in low and middle income countries and for supporting inclusion initiatives. Back in the 1980s the World Health Organisation (WHO) recognised that there is no realistic prospect of there being enough allied health professionals to reach all the people who will need them. In response it devised an approach in which allied health professionals would train village community workers and family caregivers in basic rehabilitation skills. This would both increase the number of people providing services and make them available to rural communities. Community services are backed up by good referral to the professionals for oversight, training and to manage the more difficult cases.

As the approach to inclusion has grown CBR has become more about inclusion in general, rather than just about rehabilitation. CBR now includes a wider range of people promoting the rights of people with disabilities for inclusion in health, education, livelihoods (earning a living), social activities and promotion of the rights of people with disabilities. Medical rehabilitation is still a vital component within CBR and allied health professionals can also support the more general inclusion initiatives. (World Health Organisation, 2010)

Emergency and Humanitarian Work

AHPs have a significant role also in **emergency** settings. These are situations which result from hazards such as natural disasters, conflict, disease outbreaks and industrial accidents. In the short term populations suffer societal disruption, increases in mortality and morbidity due to infectious diseases, acute malnutrition, trauma and displacement. Health infrastructure may be damaged and disrupted or, in the case of displacement of populations, absent.

National states do not always have the resources to provide the necessary assistance and so other actors may assist. It is this assistance in the situation of emergencies which is referred to as “**humanitarian**”. (World Health Organisation, 2013).

The consequences of emergencies can continue for years for both affected individuals and for society. Individuals may carry long-term physical or lasting mental health effects. Health infrastructure may have been undermined or pre-existing health services may not be sufficient to cope with the additional needs. As acute humanitarian intervention subsides actors ensure that sustainable provision is reconstructed or put in place for those individuals and for health systems. In this way, humanitarian work transitions into **development** in post-emergency situations.

Training

Often the most sustainable thing you can do is teach someone else how to do your job or selected parts of it. You need to make sure they can do this well before you leave! Lots of work is carried out that is called “training”. However, it’s only training if, in the end, people can use it without you.

Why go abroad?

The reasons people choose to volunteer or work abroad vary and could either be personal or professional, e.g.

- encouraged by a colleague or friend’s experiences
- inspired by a particular country or international situation of need,
- want to accompany a partner with an international job
- have the opportunity to realise a lifelong dream.

In gaining experience abroad the benefits to you personally as well as professionally are numerous.

A desire to make a difference

The most common reason for therapists wanting to volunteer or work abroad is the desire to make a difference. Media exposure to large scale natural disasters and conflicts, as well as on-going massive health inequalities means that many people are more aware of the need for quality rehabilitation services and disability prevention in many countries. People are prepared to give time, skills and money to know that their contribution will make a

difference whilst at the same time, help local people develop and create their own solutions.

Explore the world

Having a vocational profession, which is transferable to almost every setting in every corner of the world, is a huge asset. Working as a therapist overseas is often a wonderful way to:

- experience different cultures
- learn about the complexities of disability and rehabilitation in other countries
- become part of a new community.

As a therapist you are afforded the time to really get to know host countries, communities and individuals.

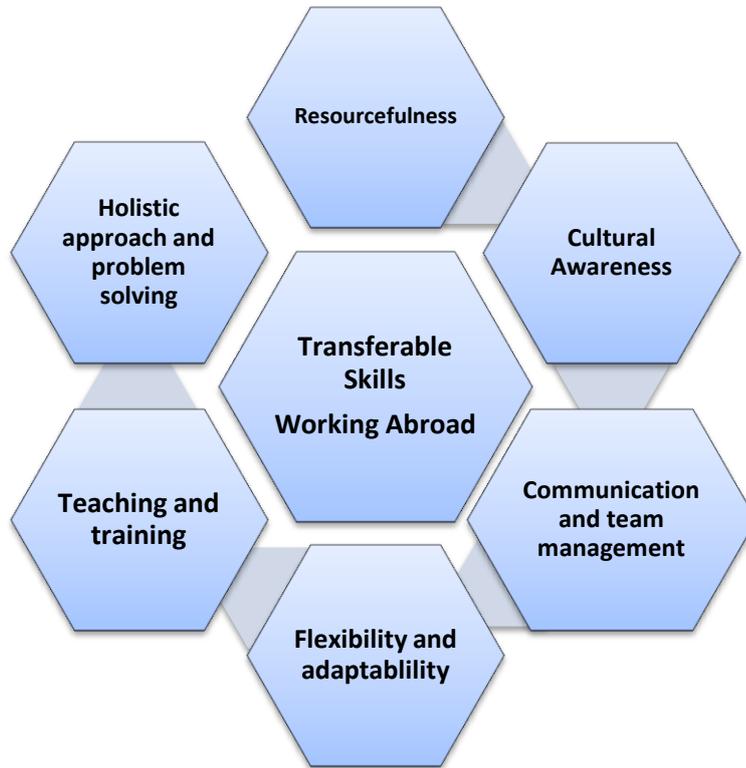
To develop transferable skills

Working within cultures and communities that are not our own, often with few resources and under stressful circumstances, we develop skills which are highly desirable in all areas of practice, and particularly to Health Service managers.

These include:

- resourcefulness,
- adaptability,
- independent thinking,
- communication skills,
- time management
- and above all respect for other cultures.

In an increasingly multi-cultural UK society these skills have been formally acknowledged as exceptionally relevant in today's NHS.



Many people wishing to work abroad for longer periods worry about the impact on their long term career in the UK. It can be difficult to persuade managers, or indeed yourself that time working in another country will benefit the UK workplace, patients and your own professional development.

The Department of Health has produced the useful document, ***The Framework for NHS Involvement in International Development (2010)***. The Framework states that international work offers healthcare professionals the opportunity to ‘develop a range of hard and soft skills such as clinical, managerial, leadership, cultural and educational skills, which are beneficial to and transferable to the NHS’ (DH, 2010).

The All-Party Parliamentary Group on Global Health also produced a report in 2013, entitled “Improving Health at Home and Abroad: How Overseas Volunteering from the NHS benefits the UK and the World.” This report clearly sets out why the UK should support global volunteering from within the NHS.



A toolkit has now been developed to provide NHS employers with evidence of professional development and the benefits brought back to the NHS.

The toolkit provides a framework to collect evidence of knowledge and skills gained from international links work in a way which directly relates to the NHS Knowledge and Skills Framework (KSF) for annual appraisal, the NHS Leadership Framework for leadership development and requirements of the Royal Colleges for accreditation of international project work for Continuing Professional Development (CPD).

The toolkit for CPD, “Building a Caring Future” can be found at:

<http://www.thet.org/hps/resources/publications/building-a-caring-future>

‘Working in developing countries gives us all a new perspective on our own lives and offers us new ideas for the future. It is about respectful and equal co-development where we each have something to learn and each have something to teach – and about building the future together.’

(Lord Nigel Crisp, 2010 – Working with Humanitarian Organisations, Royal College of Nursing)

How long do you want to go for?

If you require time off work, or need to hand in notice, ensure you are aware of what is required of you from your manager.

Most organisations taking short term volunteers will request a minimum commitment of two weeks in order to have a meaningful experience for both host and visitor.

Some organisations sending therapists to assist in training programmes, such as MAITS (www.maits.org.uk), may require less time commitments.

International Non-Governmental Organisations (NGOs) in emergency work offer short term assignments starting from 2 weeks, often with the possibility of extending. For development work a longer term commitment is required, both for paid NGO posts and also for Voluntary Service Overseas (VSO) roles – at least one year is often required.

Is this voluntary, or do you expect to be paid?

Historically, those working in the humanitarian field did so as an unpaid volunteer. For many current short term voluntary positions you will be required to fund your own travel and visa costs, and may need to pay small amounts for food and board with your host. Ensure you know your personal budget for these trips. There are a number of bursaries and funds available for those making trips abroad which are worth exploring.

See: Resource Section – Grants

Nowadays, many humanitarian organisations realise that to attract qualified and high quality staff basic remuneration and living costs need to be covered. Often this remuneration will be on a scale dependent on position and experience. It is worth exploring what these salary scales are, whether they include accommodation costs, travel and insurance, in particular medical emergency cover and whether you can commit to the terms.

'Treating the same clients three times a week, getting to know the families and visiting their communities, not only was I able to learn about aspects of their home lives, I could then think of ways to include the child with disabilities into that home life. The trust and the openness of the families allowed me to really understand the practical difficulties families with a disabled child experienced in rural Tanzania. I would never have been invited to share food, take part in harvesting mangos or built up such deep trust with communities had I simply been travelling through. This was a real privilege of my role.'

Volunteer Physiotherapist, Tanzania (6 months)

Are you qualified and registered to practice in your host country?

- This is a vital question. As a student you are not able to practice as a therapist unsupervised in any country. You must have formal supervision set up prior to departure, you must ensure your host organisation is aware you are a student and this applies until you formally graduate as a therapist. (More on this in Student Section).
- As a qualified professional, you are able to practice in most low and middle income countries, but (if your profession is recognised in the country) contacting the relevant professional associations, where they exist, will establish whether you need to be registered in order to practice. If you are travelling as an independent volunteer it is up to you to establish this. Not all NGOs are aware that AHPs need to register in country; you may have to find out about this and inform your employing NGO.

Physiotherapists:

You should hold a current license to practice in your home country (i.e. for the UK you should be registered with The Health and Care Professional Council HCPC). Check the local registration requirements of the country

For further information on your ability to practice abroad, and specific information for national associations the World Confederation for Physical Therapy (WCPT) has an extensive list of contact information on their website: <http://www.wcpt.org/members>

Occupational Therapists:

An OT will need to be currently registered in his/her own country, i.e. with HCPC in the UK, and will need to contact the local OT association if available or WFOT for more information. Further, it is likely you will also need to be registered with the local health professions council/board or equivalent.

To find out if there is an OT Association in your country of interest go to:

<http://www.wfot.org/Membership/CountryandOrganisationProfiles.aspx>

There you will find if your country of interest has an OT Association. Select your country and you will find the contact information for the OT Association of that country.

The World Federation of Occupational Therapists (WFOT) recommends 2 years post qualification experience before working in another country.

<http://www.scribd.com/doc/199553520>

Speech and Language Therapists:

You should hold a current license to practice in your home country (i.e. for the UK you should be HCPC registered). Check the local registration requirements of the country you intend to visit. SLTs have Mutual Recognition Agreement (MRA) countries. It doesn't give you the right to practise there but recognition of your professional body membership.

http://www.rcslt.org/speech_and_language_therapy/working_outside_the_uk/mra

'The agreement enables full members of one association to join any of the others. Please note that the MRA is not intended to facilitate formal immigration requirements. Please also note that each country and – in many cases – states within each country have regulatory requirements separate to the membership of the professional association (as in the UK, where the RCSLT is the professional association but the HPC is the regulator).'
accessed 10.2.14.

Professional Liability Insurance for SLTs: This does now extend to overseas work. However, Registered SLTs need to contact the insurance company via the Royal College of Speech and Language Therapists (RCSLT) and inform them of the proposed country of work. There may be limitations or exemptions including areas within certain countries, due to safety and/or instability as agreed with the Foreign Office advice. SLTs need to keep relevant paperwork on file.

CTI strongly recommends that you have at least 4 years' post-graduation experience before starting to work in a low-income context. Therapists with less experience than this will need supervision on-site from a suitably experienced Speech and Language Therapist. Alternative supervision arrangements (e.g. via internet/telephone, or with a different profession) are suitable only for experienced Therapists.

Professional Networks

Being a member of your profession specific network for those working internationally gives you access to a wide network of colleagues already working abroad, as well as placement opportunities advertised to members.

International Job Boards

These will post many of the short or long term salaried positions, either in development or humanitarian emergency response sectors. Often these jobs will require 3-5 years clinical experience, and 'field' experience, which often means these are not suitable for those seeking a first time position abroad. However, organisations seeking volunteers may also post here so it is also worth a look.

See under 'Resources Section'

Physiotherapy Specific:

Go-PT www.go-pt.net

A social network for physical therapists and NGOs who share the goal of helping resource-limited populations get the rehabilitative services they need. Often link NGOs with Physiotherapists seeking positions.

World Confederation of Physical Therapy <http://www.wcpt.org/node/29331>

Occupational Therapy Specific

World Federation of Occupational Therapists

There is a section on the OTION website (which is part of the WFOT website) which feature available job opportunities and postings abroad. OTION also carries useful conversations about international working. The resource centre also has useful resources for working as an OT in developing countries.

<http://www.wfot.org/Classified/JobOpportunities.aspx>

And OTION (which is part of the WFOT) <http://otion.wfot.org/viewtopic.php?id=3>

Broaden your CV – what skills are needed to work abroad?

Knowing what skills are needed for the roles you seek will help you refine your CV.

Generally skills include:

- Relevant professional experience. This differs between posts, but should include a strong background in all core specialities and a good grounding in paediatrics, especially if you intend to work in a community setting, may be useful.
- Ability to work effectively in resource-poor settings, e.g. without high tech aids and equipment and often without formal assessment materials.
- Strong teamwork and interpersonal skills, as well as proven flexibility and adaptability
- The ability to cope in stressful situations
- Experience and strength in delivering training and mentoring.
- Language skills, or aptitude are an advantage
- Endless patience!

Post Graduate Courses

There are a myriad of courses available to those interested in global health and humanitarian work, they vary from a one day 'So you think you want to be an Aid Worker?' to a year full time Masters' Degree.

The major institutions offering some the most recognised courses are listed below, but this list is by no means complete. Please tell us if you know of any other institutions within the UK that offer Post Graduate Courses.

Please see 'Resources Section' for links.

Experience with migrant communities in UK

Many people find it difficult to secure their first position abroad. Having experience working with ethnic communities within the UK itself will provide you with skills of inter-cultural working and should enhance your chances of employment success. There are organisations working in most major UK cities with refugees and asylum seekers, as well as with a variety of migrant communities – becoming involved in any of these organisations would prove invaluable experience.

Learn a language

Language skills are a huge advantage, as availability of translators in many positions is scarce.

Arabic, French and Spanish are three of the most useful languages.

If you have even basic language skills, looking to those countries first would be sensible. For example in the response to the earthquake in Haiti, therapists who had basic French skills were sought after to assist in the rehabilitation efforts.

Russian is very useful throughout Central Asia (Russia, Uzbekistan, Kazakhstan, Kyrgyzstan, Tajikistan (limited) and the Baltic States (Ukraine, Armenia etc).

A useful site for learning the more commonly spoken languages, such as Spanish, and Kiswahili, is www.duolingo.com which is free.

NB: For further student placement information please see the Student Section of this document.

The remainder of this pack will help you to think through these and other questions.

Why not?

This is a genuine question. It is valuable to consider the disadvantages as well as the advantages as this will help you to make better-informed decisions about the right time, places and ways for you to get involved. Here are some examples of topics to consider:

- **Personal matters:** for example, will your personal relationships be put under excessive strain?
- **Security and Safety:** Do you think you personally could fit in with the local culture and environment? Also check the foreign office travel advice if you are unsure of the current situation in the country you intend to visit
- **Clinical experience:** Are your clinical skills sufficiently well developed at home for you to manage the additional challenges of working in a low-income context?
- **Relevant skills to support local priorities:** Can you offer something that is genuinely wanted and needed in the country you intend to visit? Are you sure this cannot be provided by someone more local than you? Remember, we should aim to enhance local care. We do not want to undermine it, overburden it, distract it from more urgent priorities, or make it dependent on us.
- **How well has the project been set up?** For example, have clear and realistic goals been agreed with the host organisation?

Please also remember that you do not have to travel to participate. There are a lot of projects within the UK working with disadvantaged groups, refugees or asylum seekers. You can also contribute by getting involved with ADAPT, CTI or OT Frontiers.



Key Points:

- **Ensure you have the right clinical competencies**
- **Talk to ethnic communities in UK**
- **Research properly.**