



Enabling Everyday Lives

A report into occupational therapy in social services departments in Wales

Jill Riley



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Research and review



College of
Occupational
Therapists

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Contents

	<i>Executive summary</i>	vii
	<i>Recommendations</i>	ix
1	Introduction	1
	1.1 Project aims	2
	1.2 The policy context	2
2	Where occupational therapists can make a difference	4
	2.1 Promoting independence	4
	2.2 Reablement	4
	2.3 Inter-agency working	5
	2.4 Potential areas for expansion	7
3	Occupational therapy as a profession	8
	3.1 The philosophy of occupational therapy	8
	3.2 The role of the professional body	8
	3.3 Regulation and accountability	8
	3.4 Education and qualification	8
4	Occupational therapy in social services in Wales	10
	4.1 The workforce	10
	4.2 Current roles and responsibilities of occupational therapy staff in social services	11
	4.2.1 Occupational therapists	11
	4.2.2 Occupational therapy assistants	12
	4.3 Legislative framework	12
5	Barriers to effective interventions and service delivery	13
	5.1 Problems with service delivery	13
	5.1.1 Waiting lists for services	13
	5.1.2 Eligibility criteria	13
	5.1.3 Difficulties in making use of professional skills	14
	5.1.4 Staff shortages	14
	5.1.5 Complex systems	14
	5.1.6 Regional variations in service delivery	14
	5.1.7 Bureaucracy	15

6	Staff development	16
6.1	Career structures	16
6.2	Education and career opportunities for support staff	16
6.3	Student placements	17
6.4	Supervision and support	17
7	Workforce planning	18
7.1	Issues	18
7.1.1	Recruitment and retention	18
7.1.2	Value and recognition	19
7.1.3	Pay and working conditions	19
8	Conclusions	20
8.1	A way forward for the profession	20
9	References	21

Executive summary

Occupational therapy staff make up approximately 1 per cent of the social services workforce in Wales and yet they handle in the region of 40 per cent of the referrals to adult services for people with physical impairments. Occupational therapists and their support staff have a key role in enabling local authorities to meet statutory obligations, an indication of the importance of their contribution to health and social care provision in Wales.

Occupational therapists assist people of all ages with physical, mental and social impairments and learning disabilities to achieve health and wellbeing by improving their ability to carry out daily activities. Through placing an emphasis on supporting independence and enabling people to achieve their maximum potential, occupational therapists and their support staff in social services departments already play a valuable part in the delivery of the Assembly Government's agendas for health and wellbeing in Wales.

This report, commissioned by the College of Occupational Therapists' Welsh board in September 2006 and informed by the Community Occupational Therapy Advisory Group in Wales (COTAG), draws together evidence from a range of existing documents, reports and literature to establish the contribution that occupational therapy can make to the Assembly's vision for health and wellbeing in Wales.

Occupational therapists' skills in collaborative working, enablement, problem-solving and environmental adaptation place them in a position to contribute fully to the delivery of the Assembly's strategies. The projected increase in Wales' population of older people will mean that occupational therapists will play an increasingly important role in enabling people to live as independently as possible in their own homes for as long as possible, decreasing the burden on the NHS and support services, and reducing the need for complex and costly care packages.

The effectiveness of occupational therapy intervention depends on its timely implementation. This report also identifies the barriers to effective intervention and service delivery, together with issues relating to staff development and workforce planning that impact on service implementation.

Barriers to effective intervention and service delivery:

- High referral rates and waiting lists for services.
- Eligibility criteria and prioritisation of referrals.
- Problems with making effective and timely use of professional skills.
- Inadequate numbers of occupational therapists, leading to overstretched services and subsequent delays in assessments and interventions.
- Complex systems that are time-consuming to navigate.
- Local authority variations in service delivery.
- Bureaucracy.

Issues relating to staff development:

- Inadequate career structures and a lack of recognition of the occupational therapy qualification as a prerequisite for senior management positions.
- The need for staff training, education and career development, together with opportunities for continuing professional development as a requirement for professional registration.
- The need for professional supervision and support for all levels of staff.

Weaknesses in workforce planning:

- Problems with the recruitment and retention of occupational therapists.
- Poor recognition of the value of occupational therapy in delivering social services.
- The lack of parity in pay and working conditions within and between authorities and with other professional colleagues.

In order to contribute more effectively now and in the future, occupational therapists require the full support of their employers and the Welsh Assembly Government to address the identified problems and remove barriers to effective service delivery.

A way forward

The Assembly Government's emphasis on simplifying services and working across sector boundaries presents the occupational therapy profession with an opportunity to implement the College of Occupational Therapists' *From interface to integration* strategy in Wales (COT 2004). The strategy promotes the development of integrated occupational therapy services across health and social care agencies, enabling people to maintain or regain independence through timely access to specialist occupational therapy skills.

Recommendations

For policy makers, commissioners and employers:

- The contribution that occupational therapists make to the Assembly Government's vision for health and wellbeing in Wales needs to be fully recognised and included in local and national policy documents.
- The roles and responsibilities of occupational therapy staff in social services departments need to be re-examined by employers in order to maximise the use of occupational therapists' skills in promoting independence, decreasing dependency, rehabilitation, environmental design and complex problem-solving.
- Strategies for tackling issues such as waiting lists must be shared across Wales in order to gain some parity in service delivery.
- Occupational therapists should be given the same opportunities to build a career in social services as their social work colleagues, and the occupational therapy qualification should be recognised as equal to the social work qualification in being a valid prerequisite for management posts.
- Occupational therapy staff should have equal opportunities to engage in further training, qualifications and development programmes, where appropriate, as a part of continuing professional development (a requirement for registration) and career development.
- Occupational therapy workforce planning should take full account of both the current and future needs of the population.
- A national strategy is required to address the shortage of occupational therapy staff in social services and improve recruitment and retention in order to avoid competition for staff between authorities.
- Disparities in pay scales between occupational therapy staff within and between authorities and with social work colleagues must be addressed.

For the profession:

- The occupational therapy profession must work with the Assembly Government and employers towards realising the development of integrated occupational therapy services across Wales.

For educators and practitioners:

- Occupational therapy educators and practitioners must work together to equip students, as future members of the profession, to work innovatively and deliver integrated services, driving change and improvement across the health and social care system.

For researchers:

- There is a need for primary research into the efficacy and outcomes of occupational therapy interventions and the effectiveness of occupational therapy services in social care settings, in order to establish a firm evidence base.

1 Introduction

Occupational therapists have been part of local authority social services since departments were first set up in the 1970s, and remain the only allied health profession to be employed in this setting (Riley 2002). Occupational therapy staff make up approximately 1 per cent of the social services workforce in Wales (National Assembly for Wales Statistical Directorate 2006) and yet they handle in the region of 40 per cent of the referrals to adult services for people with physical impairments (Mountain 2000). The continual high demand for occupational therapy services is just one indication of the importance of their contribution to health and social care provision in Wales.

In broad terms, occupational therapists assist people of all ages with physical, mental and social impairments and learning disabilities to achieve health and wellbeing by improving their ability to carry out the activities they need or choose to do in their daily lives (College of Occupational Therapists 2006a). They work with people who have complex problems or minor coping difficulties, and those who are functioning well and wish to maintain independence and promote their health and wellbeing (Creek 2003). Through placing an emphasis on supporting independence and enabling people to achieve their maximum potential, and thus decreasing dependency on others, occupational therapists can be key contributors to the delivery of the Assembly Government's vision for health and wellbeing in Wales.

The College of Occupational Therapists recognises the impact of current and developing policy frameworks from the Welsh Assembly Government on the delivery of social care in Wales. These include *Designed for life: creating world class health and social care for Wales in the 21st century* (2005a), which builds on the Wanless report (2003) and sets out the Assembly Government's ten-year vision for health and social care in Wales, and the consultation document *A strategy for social services in Wales over the next decade: fulfilled lives, supportive communities* (2006a), which presents the vision for social care and social services. The latter document largely ignores occupational therapy's contribution to the effective delivery of social services, concentrating on a model of staffing led by social workers.

This report, commissioned by the College of Occupational Therapists Welsh board in September 2006, aims to establish the contribution that occupational therapy can make to the Assembly Government's vision for health and wellbeing in Wales, and identify the barriers to improving the provision and quality of occupational therapy within social services. This report draws together evidence from a range of existing documents, reports and relevant literature and contributions from the Community Occupational Therapy Advisory Group (COTAG), the expert reference group for this project.

1.1 Project aims:

- To provide information on current and future roles and work for occupational therapists within social services in Wales.
- To identify the barriers to effective occupational therapy interventions in social services departments in Wales.
- To evidence the current barriers to recruitment and retention for occupational therapists in social services departments across Wales.
- To highlight the discrepancies in pay and conditions for occupational therapists and assistants working in social services in Wales.
- To provide evidence on barriers to career pathways for occupational therapists and assistants in social services in Wales.
- To consider how the continuing professional development (CPD) requirements for re-registration with the Health Professions Council (HPC) can be met within social services in Wales.

1.2 The policy context

In 2003 the Assembly Government's Wanless review highlighted that the demographic shift towards greater numbers of older people in Wales by 2020 would mean a growth in social care needs. Consequently there is a need to reduce dependency and keep people healthier for longer by maximising independence and managing risk through seamless service provision. This presents a challenge and an opportunity for all therapy services in Wales, including occupational therapy.

In November 2006, the Assembly Government launched *A therapy strategy for Wales* (2006b), against the background of the Wanless review (2003), *Designed for life* (2005a), *Fulfilled lives, supportive communities* (2006a), and the Beecham report *Beyond boundaries* (2006c). The strategy sets out a vision for therapy services in Wales and their contribution to the design and delivery of modernised health and social services. It identifies the key challenges the therapy professions face in the context of policy in Wales:

- The need to strengthen health promotion, prevent ill-health, encourage people and communities to take more responsibility for their own health and wellbeing and to enable people to live as independently as possible in the community.
- The need to provide more effective and integrated health and social care services by working together to offer timely interventions that reduce the need for long-term community support and expensive secondary and tertiary health provision.
- The need to place quality, equality and responsiveness at the core of service provision, tailored to the needs of individuals and their carers.
- The need to reflect individuals' preference for the use of the Welsh language in developing and delivering health and social care services.

- The need to make improvements in rehabilitation, reablement and continuing care services in order to enable people to retain or regain and maximise independence in their own environment (2006b: 6).

In the context of this policy framework, the strategy emphasises the opportunities therapy professions now have to harness skills, expertise and experience.

2 Where occupational therapists can make a difference

Occupational therapists' skills in collaborative working, enablement, problem-solving and environmental adaptation place them in a position to contribute fully to the delivery of the Assembly Government's strategies, as illustrated below.

2.1 Promoting independence

Maximising an individual's potential to engage in daily activities as independently as possible is a key aim for occupational therapy. Occupational therapists' skills in adapting the environment and enabling people to carry out their chosen activities safely in their own homes can reduce dependency and the need for complex and costly care packages as well as admissions to hospital or residential care.

The Promoting Independent Living Scheme (PILS) run by Newport City Council is a good example of how timely occupational therapy intervention following hospital discharge can be cost-effective in reducing dependency and assisting service users to improve functional independence.

Newport: Promoting Independent Living Scheme (PILS)

This scheme employs a senior occupational therapist and an occupational therapy assistant to work with home care staff to provide support for service users who are being discharged from hospital. The scheme aims to:

- Prevent long-term dependency on the home care service.
- Improve the efficiency and effectiveness of the home care service.
- Support and encourage improvement of independent living skills.
- Assist in the prevention of readmission to hospital.
- Provide rapid access to basic aids and adaptations.

The scheme has been successful in reducing the need for long-term support, saving the equivalent of £45,231 on home care (6162 cumulative hours) in the period from April to November 2006. As a result of the scheme, service users have gained functional independence as well as an improved quality of life and increased satisfaction with the service.

2.2 Reablement

Occupational therapists in social services are increasingly involved in reablement programmes that focus on improving people's function and independence in their own homes. Reablement programmes can be implemented following discharge from hospital or where a person needs to improve their functional ability in order to remain at home.

Caerphilly social services, for example, operates a dedicated reablement service that has been successful in reducing care packages by improving service users' functional ability and independence.

Caerphilly: reablement service

As part of the reablement team, occupational therapists carry out functional assessments to identify service users' needs and their potential for gaining independence.

By enabling service users to maximise their personal independence, the team saved 89 home care hours in October 2006, representing a cost saving of approximately £15,000 over a period of 6 months. The team have also been successful in reducing existing care packages.

By enabling service users to carry out daily living tasks independently, the team has significantly contributed to individuals' quality of life.

2.3 Inter-agency working

Occupational therapists already work across the boundaries of health and social care, with housing and voluntary sector agencies. In 2004 the *Local authority occupational therapy workforce survey* (Social care and health workforce group 2005) identified that 26 per cent of Welsh local authorities made use of pooled budgets and 31 per cent made use of integrated provider flexibilities. Occupational therapists carry out joint assessments with their NHS colleagues to facilitate smooth and safe discharge from hospital. Through working in partnership with housing services to provide adaptations or re-housing, occupational therapists can help promote social inclusion, improve quality of life and reduce strain on carers (Welsh Assembly Government 2005b).

In Wrexham, for example, service users with neurodegenerative conditions benefit from a jointly-funded (health and social services) occupational therapy post to provide them with a co-ordinated seamless service.

Wrexham: occupational therapy services for people with neurodegenerative conditions

An integrated and more cost-effective occupational therapy service offers the following benefits to people with neurodegenerative conditions such as multiple sclerosis and motor neurone disease:

- A jointly-funded occupational therapy post: providing one point of contact rather than contact with occupational therapists from separate health and social services departments.
- An open referral system: allowing ease of access to services for monitoring and regular review.

- Early and continual occupational therapy intervention: in the early stages following diagnosis for example, occupational therapists advise on health promotion and maintaining employment. As a client's condition progresses the occupational therapist can offer timely advice on adaptations.
- Group intervention: the fatigue management group set up in March 2006 provides occupational therapy input to a group of clients with multiple sclerosis, enabling them to gain additional support from each other within a cost-effective service.

The service is also involved in the development of a motor neurone disease care pathway to be used throughout North Wales. This is due to be piloted in Wrexham.

In Torfaen, using the flexibilities special grant, a pilot was undertaken to determine the feasibility of integrating the provision of health and social care occupational therapy for children and young adults. Services were previously provided by both agencies in isolation. Children were often seen by more than one occupational therapist, which caused confusion for service users, communication difficulties between agencies and poorly co-ordinated provision of occupational therapy services for some families.

Torfaen: an integrated occupational therapy service for children and young adults

Benefits to children and their families include:

- A single point of contact regardless of the reason for referral.
- A single referral route for both health and social services occupational therapists.
- Avoidance of unnecessary duplication through appropriate case allocation.
- Access to a wider range of staff skills, knowledge, experience and resources.
- Improved communication and co-ordinated joint working.

The pilot demonstrated:

- The potential for seamless, 'joined-up' occupational therapy services avoiding wastage of scarce resources.
- The benefits of a single management structure, with improvement in the interface between agencies at all levels.
- Improvements in the development of professional skills across agencies.
- Overall improvement in the quality and standard of service provision.

The role is now permanent.

2.4 Potential areas for expansion

By using the full breadth of their skills and expanding into areas of need such as prevention and rehabilitation, occupational therapists could contribute to the Assembly Government's agendas for social care in Wales in a variety of ways in the next decade. Examples of potential areas of expansion include:

- Assisting working-age disabled adults back into employment by planning vocational rehabilitation programmes, working alongside 'pathways to work' and 'want to work' projects, and advising on environmental adaptations for the workplace and schools.
- Working more closely with voluntary groups to enable service users to access practical support or become volunteers.
- Enabling service users of all ages and their families to develop self-help groups, peer-support groups and self-management programmes.
- Working with care-leavers, particularly people moving into independent living or homeless people, to develop the skills to manage a household, live alone and become good tenants and neighbours.
- Helping people to take more responsibility for their own health by enabling them to access local leisure facilities and join community activities.
- Working with planning and leisure departments to ensure that the built environment is accessible to the whole population.
- Working with housing associations to streamline processes for tenants to access equipment and adaptations.
- Working in close partnership with primary care teams to ensure ongoing self-accessed support for people with long-term and deteriorating conditions.
- Working with people with learning disabilities to develop skills and adapt the environment to meet their needs.

3 Occupational therapy as a profession

3.1 The philosophy of occupational therapy

The philosophy of occupational therapy is founded on the concept of 'occupation' as a crucial element of health and wellbeing. Practice is based on holistic and person-centred care. Occupational therapists work in a range of public- and private-sector settings including the NHS, local authority social services and housing; schools; primary care; prisons; and vocational and employment rehabilitation services (COT 2006a).

3.2 The role of the professional body

The British Association of Occupational Therapists (BAOT) is the professional body and trade union for occupational therapists, their support workers (associate members) and students in the UK, representing approximately 29,000 members. Over 1500 are estimated to be working or studying in Wales, and approximately 322 are employed in Welsh social services departments (National Assembly for Wales Statistical Directorate 2006). The College of Occupational Therapists is a registered charity and subsidiary of BAOT. The College contributes to policy consultations throughout the UK and sets professional and educational standards for occupational therapists. The College also provides leadership, guidance and information relating to research and development, education, practice and lifelong learning (COT 2006a).

3.3 Regulation and accountability

Occupational therapy became a state-registered and regulated profession following the implementation of the Professions Supplementary to Medicine Act 1960. Today occupational therapists as members of the Allied Health Professions (AHP) are regulated by the UK Health Professions Council (HPC) in accordance with the Health Professions Order 2001, approved under the Health Act 1999 (DOH 1999, 2001). All practising occupational therapists are required to register with the HPC and must adhere to a professional code of ethics and conduct. There are currently 1228 registered occupational therapists in Wales (as at October 2006). The HPC also sets standards for continuing professional development (CPD) as a means of ensuring that therapists continue to learn and develop throughout their careers, and keep knowledge and skills up to date in order to practise safely, legally and efficiently. CPD is a requirement for registration (HPC 2006).

3.4 Education and qualification

Occupational therapy students are eligible for HPC registration following successful completion of a BSc honours degree or a post-graduate diploma in occupational therapy. In Wales, Cardiff University currently offers three pre-registration programmes: a full-time three-year and part-time four-year BSc programme and a two-year post-graduate diploma course. The latter is also offered at Bangor University and a part-time four-year programme is available at North East Wales Institute (NEWI). Practice placements form a significant part of all programmes, ensuring that assessment of competence to practise is

integral to the occupational therapy qualification. The majority of occupational therapy students are now funded through Welsh Assembly Government bursaries. A few full-time students receive local authority funding and a minority (overseas students) are self-funding.

4 Occupational therapy in social services in Wales

4.1 The workforce

In 2004 there were approximately 231 occupational therapists employed within social services departments in Wales. 187 were employed as occupational therapists (OTs), 29 worked in other roles and 15 were long-term agency staff. In addition there were 132 occupational therapy assistants (OTAs) making up a workforce of 363* in 19 authorities (see Table 1). In 2006 the total number of occupational therapy staff had fallen to 322 (National Assembly for Wales Statistical Directorate 2006) making up 1 per cent of the social services workforce, 13.5 per cent of whom were social work staff.

Table 1: Combined numbers of OTs and OTAs in 2004 (head counts) employed in social services departments in Wales (Social care and health workforce group 2005)

Staff employed as OTs	187	142 FTE (<i>Full-time equivalent</i>)
OTs working in other roles	29	27.3 FTE
Long-term agency staff	15 FTE	15 FTE
Total	231	184.3
OTAs	132	121 FTE
Agency OTAs	0	0
Total	132	121

According to the 2004 survey (social care and health workforce group 2005), occupational therapists work with the following client groups:

Table 2: Occupational therapy client groups

Children	17 (89.6%)
Adults	19 (100%)
Elderly	19 (100%)
Mental Health	12 (63%)
Learning Disabilities	15 (78.9%)
Physical Disabilities	19 (100%)
Other	2 (10.5%)

Of the 187 occupational therapy staff, 89 (47.6 per cent) worked in adult services, 80 (42.8 per cent) in other generic services and 18 (9.6 per cent) in children's services (see Table 3).

* *Figures based on the 2004 local authority occupational therapy workforce survey (social care and health workforce group 2005) which had a response rate of 86.4 per cent (19 out of 22 authorities).*

Table 3: Areas of employment

	OT	OTA <i>specific</i>	OTA <i>generic</i>	OTA Total
Children's services	18	1		1
Adult services	89	37	44	81
Other	80	22	28	50
Total	187	60	72	132

4.2 Current roles and responsibilities of occupational therapy staff in social services

The role of the occupational therapist is to enable people of all ages, including children, to carry out their daily activities within their chosen environment and with minimum risk. In social services settings, occupational therapists and their support staff facilitate performance of these activities by removing barriers; adapting or modifying physical environments; promoting function and independence; and offering support, guidance and education for individuals and their carers (Creek 2003).

4.2.1 Occupational therapists

Although relatively few in number, occupational therapists have a major role and responsibility in mainstream service delivery to older people, adults and children with disabilities, who make up a significant proportion of the social services client base. Many of these people suffer from chronic and sometimes deteriorating long-term problems, and occupational therapy staff manage a high proportion of the referrals for these clients (Mountain 2000). One local authority in Wales reported that 68 per cent of referrals for this group in July 2006 were for occupational therapists. Another occupational therapy team estimated receiving 46 per cent of the total number of referrals for their social services department. Occupational therapists are, in some instances, the first and only point of contact for clients whose needs can be met through environmental adaptation, rehabilitation and education.

Occupational therapists in social services are primarily concerned with assessment for, and provision of, housing adaptations and equipment to promote independence and decrease dependency (Mountain 2000, Chamberlain et al 2001, Hawkins and Stewart 2002).

In 2004, the *Local authority occupational therapy workforce survey* (Social care and health workforce group 2005) found that recommendations for housing adaptations, equipment provision, assessments of housing needs and risk assessments were the most frequently reported functions. Occupational therapists also carry out rehabilitation programmes and in some instances manage complex care packages. The survey highlights that occupational therapists also have many other responsibilities such as supervision of staff, screening and prioritising referrals, case reviews, disability registrations and administering blue badges. In addition, they have general administrative

duties related to their own caseloads, including liaising with other agencies and responding to queries from the public, other professionals and councillors.

4.2.2 Occupational therapy assistants

Occupational therapy assistants generally work alongside occupational therapists and are monitored and supervised by them in working with less complex cases. The 2004 survey indicates that occupational therapy assistants are also heavily involved in recommending and providing equipment and minor housing adaptations. To a lesser extent they undertake risk assessments, housing need assessments and disability registrations. In a similar way to qualified staff they also carry out a wide range of administrative duties.

4.3 Legislative framework

Occupational therapists and assistants play a significant role in enabling local authorities to meet statutory obligations under community care, health and safety at work and housing legislation.

5 Barriers to effective interventions and service delivery

5.1 Problems with service delivery

The effectiveness of occupational therapy intervention depends on its timely implementation. Problems with service delivery are associated with:

- Waiting lists for services.
- Eligibility criteria.
- Difficulties in making effective use of professional skills.
- Staff shortages.
- Complex systems.
- Regional variations in service delivery.
- Bureaucracy.

5.1.1 Waiting lists for services

The high referral rate for occupational therapy services in relation to the size of the occupational therapy workforce has led to waiting lists for assessments and interventions in most local authorities. The review of housing adaptations and disabled facilities grants in Wales (Welsh Assembly Government 2005b) found that the average time from first enquiry to occupational therapy assessment and recommendation was 27 weeks in 2003–4. The review highlighted that occupational therapy waiting times had been addressed by a quarter of authorities through:

- Recruitment and retention incentives.
- In-house training for non-qualified staff and release for qualification courses.
- Assigning less complex cases to non occupational therapy staff.
- Improving joint-working with occupational therapists in health, and developing protocols for NHS occupational therapists when recommending adaptations.
- Using agencies and the private sector.
- Improving administrative procedures.
- More rigorous performance management.

There are, however, examples of how waiting lists can be reduced by offering innovative services. Caerphilly for example, by developing jointly-funded posts with the health and housing services and through their dedicated reablement service, has now reduced their low-priority waiting list to four weeks, with no wait for high-priority cases.

5.1.2 Eligibility criteria

The introduction of eligibility criteria and prioritisation of referrals has introduced a means of gate-keeping the demand for occupational therapy services. The Wanless review (Welsh Assembly Government 2003) reported that local authorities were tightening eligibility criteria in response to a growing demand for services. COTAG representatives pointed out that this can work against the interests of clients who are deemed to be low priority, potentially

leading to increasing levels of need in the long term, rather than enabling independence and preventing dependency in line with the Assembly's current policy guidelines.

5.1.3 Difficulties in making use of professional skills

The long waiting lists associated with occupational therapy assessment and service delivery limit the appropriate use of occupational therapy skills (Mountain 2000). Timely rehabilitative interventions and the provision of equipment and adaptations can influence quality of life, enable self-management and independence, and avoid inappropriate admissions and delayed discharges as well as the need for complex and costly care packages (Welsh Assembly Government 2006b). The appropriate use of skills, such as occupational therapists' educative and problem-solving abilities, in redesigning the environment and teaching manual handling techniques can also reduce strain on carers and support staff.

5.1.4 Staff shortages

The low numbers of occupational therapy staff working in local authority social services affect all areas of service delivery. The Welsh Local Government Association, in its comments to the Wanless review (Welsh Assembly Government 2003), pointed out that delays in assessments and the implementation of community-based interventions that maximise independence can lead to delays in discharge and contribute to pressures on NHS acute services.

5.1.5 Complex systems

The review of housing adaptations and disabled facilities grants (DFG) in Wales (Welsh Assembly Government 2005b) highlighted the complexity of the DFG system in particular. Under the current system, clients must navigate their way through several stages before a grant for major housing adaptation is administered. Occupational therapists are responsible for the initial assessment and recommendation for the grant and then they must liaise with grants officers, architects, planners and builders to ensure an appropriate and successful outcome. In 2004, the minister for social justice and regeneration Edwina Hart AM acknowledged, in response to the social justice and regeneration committee's report on housing for older people, that a lack of occupational therapists to carry out assessments was one of the main obstacles to the DFG process.

5.1.6 Regional variations in service delivery

In addition, the Jones report (Welsh Assembly Government 2005b) found that there were wide regional variations in the average waiting times for occupational therapy assessment, which varied from 5 weeks to 105 weeks (2 years), with an average of 27 weeks. The report found that although many authorities had systems in place for high-priority cases, there was no uniform approach to this. The *Therapy strategy* (Welsh Assembly Government 2006b) identifies that there are also variations in the supply and maintenance of aids and equipment for children and adults, together with a lack of clarity of

responsibility for funding; this can inhibit timely provision, particularly at the interface between services.

5.1.7 Bureaucracy

The Assembly Government's vision for public services in Wales, set out in *Making the connections: delivering beyond boundaries* (2006d) calls for a better use of staff across the public services by reducing bureaucracy for frontline staff and increasing the time available for service delivery. The problems associated with too much paperwork, form-filling and clerical tasks, which distract from time spent with clients, are identified for social workers in *Social work in Wales: a profession to value* (ADSS 2005). Because occupational therapists work within the same teams and systems, these issues are equally relevant to them.

6 Staff development

6.1 Career structures

The need to provide strong professional leadership and to enhance capacity by investing in staff skill at every level, in order to deliver the Assembly Government's agendas for health and social care, is emphasised in the Welsh Assembly Government's Beecham report (2006c) and reiterated for therapists in the *Therapy strategy* (2006b).

In 1999, in a joint statement, the College of Occupational Therapists and Association of Directors of Social Services emphasised the importance of a career structure for occupational therapists within general management and service planning, as well as specialist management, professional supervision and consultation. They highlighted the need for social services departments to ensure a strong professional lead for occupational therapy and to consider how occupational therapists fit into the overall career structure, with occupational therapy qualifications being acceptable for promotion to management posts. This is still an issue for occupational therapists in Welsh local authorities today.

The recently published consultation document *Fulfilled lives, supportive communities* (2006a) appears to confine the need for leadership skills to the social work profession. This reflects the lack of acknowledgement of the occupational therapy qualification as a valid prerequisite for management posts in the Care Council for Wales' *Qualifications framework for the social care sector in Wales* (2003) and could inhibit delivery of quality services by constraining skilled personnel to narrow traditional roles, instead of supporting modern multi-professional services. The College of Occupational Therapists, in their response to *Fulfilled lives*, have identified that 'occupational therapy qualified personnel are already leading some social services areas and expansion of this can only enhance the quality of social services' (COT 2006b).

Occupational therapists require the same opportunities as other professional groups to take part in the leadership programmes proposed by the Assembly Government in their recent document *Making the connections: delivering beyond boundaries* (2006d).

6.2 Education and career opportunities for support staff

The *Local authority occupational workforce survey* (Social care and health workforce group 2005) looked at training and development opportunities for occupational therapy support staff. They identified that 21 members of staff from 16 local authorities were undertaking professional training, leading to a degree in occupational therapy. There are currently 20 students seconded from social services departments to the part-time degree programmes for occupational therapy at Cardiff University and NEWI.

In addition, occupational therapy assistants require opportunities to gain NVQ and BTEC qualifications. The 2004 survey identified that 23 assistants

(17.4 per cent) held an NVQ and a further 10 (7.6 per cent) were working towards this qualification; 3 (2.3 per cent) held a BTEC and 3 (2.3 per cent) were working towards this. The survey does not explain why such small numbers undertake formal training, but it is clearly desirable to encourage the take-up of such opportunities in order to enhance and develop workforce skills.

6.3 Student placements

A further important aspect of building a competent, well-educated and skilled occupational therapy workforce in social services that can drive forward innovation and change, comes from providing placement opportunities for occupational therapy students. Students are required to complete 1000 hours of their education on practice placement and gain experience in a range of settings. In 2004 according to the *Local authority occupational therapy workforce survey* (Social care and health workforce group 2005), there were 25 student placements in 18 authorities in Wales out of a possible 33 available placements. Some of the main difficulties in offering placements were related to a lack of time due to heavy workloads, together with a lack of continuity of supervision due to staff turnover and part-time working.

6.4 Supervision and support

Occupational therapy staff at all levels require profession-led supervision and support in order to safely and competently manage large and increasingly complex workloads. This is a part of CPD, which for registered occupational therapists is an HPC requirement for maintaining registration. The *Therapy strategy* (Welsh Assembly Government 2006b) emphasises the need for CPD and lifelong learning and recommends that employers ensure that therapy staff have access to resources to meet this regulatory requirement. This can only be achieved through a career structure that gives occupational therapy staff access to supervision and support from more senior members of their own profession. The social work profession identified in 2005 that access to good supervision was not always evident or effective and that this was partly attributable to capacity problems caused by staff shortages (ADSS 2005). These issues are also a concern for occupational therapists.

7 Workforce planning

7.1 Issues

The *Therapy strategy* (Welsh Assembly Government 2006b) identified that workforce planning for therapists in health and social care needs to encompass current needs and plan for the future. *Fulfilled lives, supportive communities* (Welsh Assembly Government 2006a) emphasises the need to plan for demographic changes, particularly the projected increase in the numbers of 65–84 year olds in Wales by 2016 and the consequential demands for social care. If occupational therapists are to contribute fully to the Assembly Government's agenda for health and social care by assisting people to maximise independence and decrease dependency on over-stretched services now and in the future, then the following issues require attention:

- recruitment and retention
- value and recognition
- pay and working conditions.

7.1.1 Recruitment and retention

Recruitment and retention is a key issue for all professional groups employed in social services. The Wanless report (Welsh Assembly Government 2003) identified that vacancy levels were likely to affect the quality of care provided. The problems facing social workers and potential solutions are clearly evidenced in the report *Social work in Wales: a profession to value* (ADSS 2005). The occupational therapy workforce faces similar problems.

The 2004 *Local authority workforce survey* (Social Care and Health Workforce Group 2005) found that vacancy rates for occupational therapy posts in Wales were 19.4 per cent and were highest in adult services: 25.8 per cent. The average vacancy rate for occupational therapy assistants was 9 per cent. The turnover rate for occupational therapists, defined as the number of staff leavers working as occupational therapists in the 12 months to 1st April 2004 as a percentage of employment, was 13.9 per cent for occupational therapists and 6.1 per cent for assistants. Some of the main reasons cited in the survey for difficulties in recruitment and retention were a lack of suitably qualified applicants, pay, and competition from other statutory sector employers. Some of the measures put in place to tackle recruitment and retention (based on data from England and Wales) include:

- Targeting new as well as experienced occupational therapists.
- Employing part-time staff.
- Use of temporary workers.
- Freeing up time to allow occupational therapists to concentrate on complex cases.
- Professional supervision.
- In-service training.

Recent policy documents such as *Delivering the connections*, the *Therapy strategy* and the Beecham report (Welsh Assembly Government 2005c, 2006b, 2006c) call for a sustained and long-term approach to recruitment and retention problems that involve employers and training development providers working together to eliminate unhelpful competition and short-term remedies that lead to the rotation of staff between authorities and variations in skill levels across Wales.

Whereas the recruitment and retention of occupational therapy staff is clearly a problem for many local authorities, COTAG has highlighted that in some social services departments the lack of sufficient occupational therapy posts is a more crucial issue. This could well be linked with a lack of recognition of the contribution that occupational therapists can make to the delivery of social services in Wales.

7.1.2 Value and recognition

A lack of recognition of the contribution that occupational therapy social services staff already make to the Assembly Government's vision for social care in Wales outlined in *Fulfilled lives* (Welsh Assembly Government 2006a) has led to feelings within the profession of being overlooked and undervalued (COT 2006b). This is compounded by local authority variations and discrepancies in pay and working conditions between occupational therapists and their social work colleagues.

7.1.3 Pay and working conditions

COTAG has identified that in some instances there are differences in pay between occupational therapists and social workers working in the same authorities and differences in pay scales for occupational therapists and occupational therapy assistants between authorities, not to mention differences between occupational therapists in social services and occupational therapists in the NHS. *Social work in Wales: a profession to value* (ADSS 2005) identified that such inequities in remuneration within and between authorities can lead to staff transfers and difficulties with recruitment. These problems are beginning to be addressed by employers for social workers and similar action is urgently required for occupational therapists and occupational therapy assistants in order to retain existing staff, and address recruitment and shortages.

8 Conclusions

By placing an emphasis on supporting independence and enabling people to achieve their maximum potential, occupational therapists in social services departments already make a valuable contribution to the Assembly Government's agendas for health and wellbeing in Wales. The projected increase in Wales' population of older people will mean that occupational therapists will have an increasingly important role to play in enabling people to live as independently as possible in their own homes, for as long as possible, thus decreasing the burden on the NHS and support services, and reducing the need for complex and costly care packages. In order to contribute more effectively now and in the future, occupational therapists require full recognition and support from their employers and the Welsh Assembly Government, and the following crucial issues must be addressed:

- Waiting times for services, linked with high referral rates and small numbers of occupational therapy staff. These currently vary from authority to authority.
- Local Authority variations in staffing structures, service delivery, pay and conditions.
- The numbers of occupational therapy staff in local authorities, linked with available posts.
- Career structure: occupational therapists require the same opportunities as social workers to take up senior management positions.
- The need for education and training opportunities: through in-service training and staff development and external courses leading to further qualifications.
- The need for professional supervision and opportunities for CPD, a requirement for professional registration.
- Workforce planning, particularly recruitment and retention of staff and planning for current and future needs.
- Parity of pay and working conditions with social workers and in line with NHS colleagues.

8.1 A way forward for the profession

The emphasis placed on simplifying and joining up services and working across sector boundaries and organisations by the Welsh Assembly Government in *Delivering the connections* (2005c) presents a timely opportunity for occupational therapists in Wales to implement the College of Occupational Therapists' strategy *From interface to integration*. The strategy, launched UK wide in 2002 and adapted for Wales in 2004, aims to promote integrated occupational therapy services across health and social care agencies through the development of a single occupational therapy system delivering client-centred services in the context of individuals' preferred lifestyle and social community. Integrated services will allow timely access to specialist occupational therapy skills, enabling people to maintain or regain independence, and thus enhance their quality of life, health and sense of wellbeing and where possible to contribute to their community.

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