

Changing lives, changing practice

*Occupational therapy in social work,
enabling independent living in Scotland*

Dr Jill Riley



College of
Occupational
Therapists



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Foreword

It is a great pleasure to introduce this report to you, the first of its kind, crafted specifically for occupational therapists working in Scottish social work departments. While the occupational therapy profession has been in existence for many years, its impact on the delivery of social care services is sometimes misunderstood. This report clarifies the vital occupational therapy contribution and examines the need for further development from the perspective of a range of stakeholders in Scotland.

It is common knowledge that demographic changes are likely to result in increasing demand for social care services. The Scottish government has set out its vision for the future delivery of these services and it is clear that occupational therapists will have a key role to play.

The report stresses the need to develop the occupational therapy workforce, expand the role of occupational therapy staff, and increase the profession's profile as well as investment in research. Investment and development of these areas will deliver improved services to users and their carers.

A tall order it may be, but the report helps shape those first steps by outlining the commitment necessary from the Scottish government, the Association of Directors of Social Work, the College of Occupational Therapists and those in practice and their managers.

The way forward is outlined within these pages. I heartily commend this report to you and look forward to seeing its impact in terms of future service delivery. I also wish to convey my thanks to the steering group and all those who advised on, and were involved with, the development of this publication.

Julia Scott
Chief Executive
The College of Occupational Therapists

Executive summary

Background

Occupational therapists contribute to the government's strategic objectives for a healthier, fairer and safer society in Scotland (Scottish Executive 2007a) by promoting individuals' self-reliance and resourcefulness, and engaging them as active participants in their communities and services (College of Occupational Therapists (COT) 2008a). Occupational therapists work with people of all ages to enable them to carry out daily activities, work and leisure pursuits, in order that they may lead healthy and fulfilling lives (COT 2005a). Occupational therapists have the competencies to contribute to the delivery of the accessible, responsive, personalised and high-quality social sector services emphasised in *Changing lives* (Scottish Executive 2006). They work in partnership with individuals and carers, with other professionals and across agencies to promote and maintain service users' independence. Their skills in interagency working, complex problem-solving, reablement, prevention and environmental adaptation mean that they have an important role to play in helping local authorities to meet their statutory obligations and fully contribute to the government's agenda to transform social work services in Scotland.

Today occupational therapy staff¹ make up approximately one per cent of the social work services workforce in Scotland, yet they handle approximately 35 per cent of referrals for adult social work services. There is a constant demand for the assessments and services traditionally provided by occupational therapists, and this is likely to increase in the light of demographic change, with growing numbers of older people and people living with long-term conditions in Scotland.

In 2008 there were 747 occupational therapy staff in social work services: 516 of these were qualified occupational therapists, representing a small decrease since 2006 (Scottish Executive 2007b, 2009a).² As the only members of the allied health professions (AHPs)³ to be employed in social work services in any numbers, occupational therapists are, in some instances, the first point of contact for people whose needs can be met through environmental adaptation, rehabilitation and enablement. Occupational therapists have a major role in supporting and protecting people who use social work services, such as vulnerable adults and children, people with disabilities and long-term conditions, who make up an increasingly significant proportion of the social work services client base.

The purpose of this report

This report aims to explore the contribution that occupational therapy makes to social work services and the profession's potential contribution to the government's vision for Scotland. It identifies best practice and opportunities to improve the provision and

¹ The Scottish government statistics for staff in local authority services categorise occupational therapy staff as senior occupational therapists, occupational therapists and occupational therapy assistants (Scottish Executive 2009a).

² In 2006 there were 525 qualified occupational therapists and 234 occupational therapy assistants in Scottish social work services (Scottish Executive 2007a).

³ The allied health professions (AHPs) include: art therapists, dieticians, drama therapists, music therapists, occupational therapists, orthoptists, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, radiographers, and speech and language therapists.

quality of occupational therapy within social work services. The report draws together evidence from a 2006 survey of occupational therapists working in social work services in Scotland (COT 2006a), commissioned by the College of Occupational Therapists (the College) through its Scottish Board, and from a range of other documents, reports and relevant literature. It is informed by a project reference group and steering group (see Acknowledgements, p. v) who have identified, in consultation with the College, the next steps required to ensure that occupational therapy can fully contribute to the transformation of social work services in Scotland.

Summary of the key messages

As a consequence of demographic change and the growing complexity of people's needs in Scotland, pressures on social work services will continue to increase. Occupational therapists' skills in preventive work, maintaining independence, reablement, rehabilitation, and joint working will remain crucial to meeting increasing demand for services, to the effective delivery of *Changing lives* (Scottish Executive 2006), and *Co-ordinated, integrated and fit for purpose: a delivery framework for adult rehabilitation in Scotland* (Scottish Executive 2007c). Maximising occupational therapists' contribution to the government's transformation agenda and the delivery of personalised and accessible services requires full recognition of the benefits and cost effectiveness of occupational therapy interventions for both service users and the organisation.

Today the role of occupational therapists in social work services in Scotland is primarily concerned with person-centred assessments and services for people with complex needs, which can encompass tasks relating to care management. In some instances local authority occupational therapists are working with different job titles and using their core skills in different ways, for example in adult protection, housing and education. In order to address people's needs and enable them to live as independently as possible in their own homes and communities, occupational therapy staff need to be given opportunity to utilise the full range of their skills and to develop new ways of working in areas such as housing, returning to work and access to leisure activities.

The development of new and innovative services requires effective use of the mix of skills that occupational therapists with different levels of experience, and their associated staff,⁴ bring to social work services. The use of other staff for simple assessments and interventions, for example the provision of standard equipment and minor adaptations, would enable occupational therapists to use their skills in more complex areas and to concentrate on early intervention, prevention, enablement and self-management. Scottish government guidance for health and local authority partnerships on the provision of equipment and adaptations recommends that such provision is integrated within the wider community care context and that standard equipment and minor adaptations be assessed for by a wide range of appropriately trained front-line staff or directly by the service user. Occupational therapists would have a role in training and supporting other staff, service users and carers in managing straightforward solutions to environmental problems, while focusing on specialist provision, rehabilitation and enablement (Scottish Executive 2009b).

Moving forward requires professional leadership. Occupational therapists need to be given opportunity to develop their careers in social work services alongside their social work colleagues so that they may design services that are tailored to personal and local needs. A good career structure with opportunities for progression enhances recruitment

⁴ For example, associated staff include staff working under titles such as occupational therapy assistant, social care officer, or community care assistants.

and retention by supporting student education and the development of newly qualified staff. Access to professional support, consultation and supervision at all levels is also a key factor in enhancing continuing professional development. In order to continually develop their skills and competencies for the benefit of service users and their carers, occupational therapists and their associated staff need to be given opportunity to access further learning both within and outside the workplace. The full, effective and timely involvement of occupational therapists in social work services now and in the future will reduce the need for complex and costly packages of care, and will improve quality of life, health and wellbeing for significant numbers of people and their families.

Summary of recommendations

Workforce planning and recruitment requires:

- A systematic approach to identifying workforce requirements for occupational therapy staff.
- A review of recruitment and retention initiatives.
- A review of pay and conditions systems for joint health and social care team members.
- A review of the best use of occupational therapists' skills and the need for a skill mix.
- Support for occupational therapy student educators and the provision of practice placements.
- Incentives to encourage newly qualified occupational therapists to work in social work services.

In **career development** there is a need for:

- Strong professional leadership at senior management level.
- A clear framework for career progression and opportunities for career development within social work services.
- Management training opportunities and equal access to training budgets.

In respect of **consultation, support and supervision**, occupational therapists and their associated staff require:

- Access to high-quality professional consultation and supervision that is both supporting and challenging.
- Additional professional mentoring and support in the first year following graduation.

For **continuing professional development and training**, occupational therapists and their associated staff require:

- Opportunities for continuing professional development and training that is specifically related to their profession to ensure continuing registration with the Health Professions Council and life-long learning.
- Access to funding for such education and training.
- Encouragement to make use of NHS Education for Scotland AHP networks and initiatives.
- Additional learning support during the early stages of their careers in social work services.

To bring focus to their role and work, occupational therapists in social work services:

- Require opportunities and support to expand their roles and develop their skills, for example in enablement and rehabilitation, including leisure and work.
- Need to be given scope to redesign interventions to meet local needs and expectations and to move towards a more preventive and enabling approach.
- Need to be given scope to contribute to developments that support self-assessment of standard equipment and minor adaptations among service users with less complex needs.
- Need encouragement to identify appropriate assessments and intervention outcome measures for use in social work services.

To encourage such focus, local authorities should:

- Consider the breadth of occupational therapists' skills and how they could be used more effectively to meet service users' needs.
- Enable occupational therapists to refocus on complex work, prevention and reablement.
- Recognise the contribution that equipment and adaptations make to service users' lives and the cost-effectiveness of these services.
- Encourage occupational therapy associated staff to use their skills to their full potential.
- Be aware of the added value that occupational therapists can bring to care management, being mindful of their capacity to undertake this role balanced against other demands on their time.

Research is required to:

- Establish the outcomes of occupational therapy interventions for service users.
- Evidence the effectiveness of the contribution of occupational therapy to social work services.
- Systematically review the literature evidencing the benefits of occupational therapy interventions in social work services.
- Assess whether timely equipment and adaptation provision enables service users to self-manage, alleviates their dependency on carers, and helps to prevent crisis.

The profile of occupational therapy in social work services may be raised through:

- Taking every opportunity to promote best practice and the value of occupational therapy to service users.
- Sharing best practice and developing learning opportunities across the profession in Scotland.
- Seeking opportunities, at a strategic level, to promote the occupational therapy contribution to social work services.

(A full list of recommendations can be found in Section 16 of this report.)

Next steps

The Scottish government commits to:

- Continuing to recognise the contribution that occupational therapists and their associated staff make to meeting the needs of people using health and local authority services in Scotland.
- Studying the findings of this report as part of a systematic approach to identifying the workforce requirements for occupational therapists in social work services.
- Ensuring that the need for an occupational therapy workforce within social work services is factored in to workforce planning.

The Association of Directors of Social Work (ADSW) commits to:

- Working with the College of Occupational Therapists to identify occupational therapy staff workforce requirements and to share best practice in recruitment and retention.
- Supporting opportunities for occupational therapists to develop their careers in social work services.
- Supporting and recognising the need for professional leadership and development within occupational therapy.
- Recognising the role that occupational therapists have in the support and protection of vulnerable adults.
- Providing support and opportunities for occupational therapists in social work services to actively engage and implement the *Framework for adult rehabilitation* (Scottish Executive 2007c).
- Creating opportunities, through the development of new and diverse roles, for occupational therapists to make the best use of their skills for the benefit of service users.
- Recognising that the provision of standard equipment and minor adaptations is part of mainstream community care and can involve a wider group of staff.
- Supporting workplace learning, further education and professional development for occupational therapists and their associated staff.
- Promoting for newly qualified occupational therapists working in social work services a similar approach to that taken with social workers in the provision of support in their first year.
- Supporting and encouraging practice placements for occupational therapy students.

The College of Occupational Therapists commits to:

- Continuing to support the College representative on the National Social Work Services Forum.
- Providing learning opportunities to demonstrate best occupational therapy practice in social work services in Scotland.
- Supporting implementation of the Scottish government's good practice guidance for the provision of equipment and adaptations.
- Seeking to develop a joint statement with the Scottish Social Services Council to promote opportunities for joint learning and education.

- Finding opportunities to showcase the cost-effectiveness of occupational therapy within social work services in Scotland and the impact on the lives of service users.
- Building links with the Institute for Research and Innovation in Services to evidence best practice.
- Working in partnership with higher educational institutions, social care providers, and practice placement tutors to increase the number of practice placements within social work departments for occupational therapy students.

Occupational therapists and their managers should commit to:

- Proactively seeking opportunities to create and develop more diverse roles and their own careers in social work services and/or housing.
- Redesigning interventions to meet local needs and expectations and move towards an approach that is focused on prevention and enablement.
- Identifying and nurturing champions and developing talent by positioning occupational therapists in situations that enable them to grow.
- Networking, learning, and sharing good practice.
- Supporting, educating and developing associated occupational therapy staff and others in the service so that they are able to manage straightforward assessments and interventions, enabling occupational therapists to concentrate on complex cases and develop new areas of work.
- Actively identify ways to advocate occupational therapy solutions to policy imperatives.
- Identifying workforce needs and ensuring that these are communicated at a strategic level.
- Taking personal responsibility for their continuing professional development and career development.
- Working with service-user groups to influence the development of future services.
- Taking an active role in requesting access to consultation with more senior members of the occupational therapy profession.
- Ensuring that newly qualified occupational therapists receive more intensive support and consultation in their first year of practice in social work services in Scotland, including links with the Flying Start programme.

1 Introduction

Occupational therapists work with people of all ages to enable them to carry out daily activities, work and leisure pursuits, in order to lead healthy and fulfilling lives (COT 2005a). They work in a range of public, independent and voluntary sector settings, including the National Health Service (NHS), local authority social services, education and housing (COT 2008b). In 2008, 2,579 occupational therapists were employed in the NHS (Information services: NHS Scotland 2009) and 516 in social work services in Scotland (Scottish Executive 2009a). Occupational therapists and their associated staff make up approximately one per cent of the Scottish social work services workforce (Scottish Executive 2009a). In line with other parts of the United Kingdom there is a high demand for occupational therapy services. It is estimated that occupational therapists handle in the region of 35 per cent¹ of referrals to adult services for people with physical impairments (Department of Health (DoH) and COT 2008, COT 2009a).

Occupational therapists in Scotland have the skills and competencies to fully contribute to the government's transformation agenda and the delivery of personalised and accessible social work services. They are already delivering on government priorities and meeting performance indicators across both health and social care. Along with other key professions, occupational therapy has an important contribution to make in bringing about the changes necessary to deliver on the Scottish government's National Outcomes (Scottish Executive 2009c), especially in the following areas:

- *Realising full economic potential with more and better employment opportunities for people in Scotland.*
- *Giving children the best start in life and a readiness to succeed.*
- *Enabling people to live longer and healthier lives.*
- *Tackling significant inequalities in Scottish society.*
- *Improving the life chances for children, young people and families at risk.*
- *Building strong, resilient and supportive communities where people take responsibility for their own actions.*
- *Delivering high-quality public services.*

(Scottish Executive 2009c)

1.1 Occupational therapy in social work services

The philosophy of occupational therapy is founded on the concept of 'occupation' as a crucial element of health and wellbeing. For occupational therapists the term 'occupation' encompasses work and leisure, as well as everyday self-care activities. Occupational therapists assist vulnerable and disadvantaged people of all ages, including children, to achieve their physical, psychological, emotional and social potential and desired quality of life, by improving their ability to engage in daily occupations within their chosen environment and with minimum risk (COT 2008b). There are many reasons why individuals experience short-term or long-term difficulties

¹ Percentages are based on referral rates in adult social care in England collected in 2008. Reports from occupational therapy managers in social work services indicate that referral rates identified in England are replicated in Scotland.

engaging in the occupations of their choice. The Scottish government has acknowledged the impact this has had, not only on the health of individuals, but also on the health of the economy when this affects their employment (Scottish Executive 2007c).

In social services settings across the UK, occupational therapists and their associated staff facilitate occupational performance 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). To enable service users to optimise their occupational performance, occupational therapy practice in social work services embraces the social model of disability and is based on person-centred care, emphasising the promotion of resourcefulness and self-management (COT 2008a).

2 The policy context

The 21st Century Social Work Review (21st Century Social Work Review Group 2005) was instigated by the Scottish government in 2004 at a time when pressure on services was increasing and service users' needs were becoming more complex and challenging. Pressures on social work services will continue as a consequence of the changing demographics of the Scottish population (Scottish Executive 2006). By 2025 the population of older people is predicted to increase from 7 per cent to 19 per cent, while the workforce supporting them will decrease by 8.5 per cent (Scottish Executive 2005a). Increased life expectancy is likely to mean more people living with chronic conditions and experiencing ill health in their later years. In addition, more people are living alone with less family support, placing a greater burden of care and support on social work services (21st Century Social Work Review Group 2005). Advances in medical technology mean that children born with significant disabilities are now more likely to live into adulthood. Many of these children will require help and support from social work services. In addition the public increasingly expects that services will be available wherever and whenever they are required (Scottish Executive 2006). Against this background *Changing lives* (Scottish Executive 2006) aims to:

- Build the capacity to deliver flexible personalised services that empower service users.
- Develop individual, family and community capacity.
- Emphasise partnership working.
- Make effective use of professional skills.
- Focus more on prevention.

In addition to *Changing lives*, the framework for adult rehabilitation in Scotland (Scottish Executive 2007c) opens up further opportunities for occupational therapists working in health and social care services. The framework promotes early intervention, health promotion, and prevention, utilising a range of community facilities. It emphasises the need for individuals to take responsibility for their own health and, where possible, to self-manage long-term conditions. Implementation of the framework will require significant cultural change and the establishment of effective links between specialist rehabilitation and community-based services (COT 2008c). Occupational therapists in social work services have the skills and capabilities to contribute fully to the delivery of *Changing lives* and the framework for adult rehabilitation.

3 Influences on the development of occupational therapy in social work services

Occupational therapists have been considered part of the social work services workforce in Scotland since the *Social Work (Scotland) Act 1968* (Great Britain. Parliament, Scottish Office 1968), but became more prominent following the implementation of the *Chronically Sick and Disabled Persons (Scotland) Act 1972* (Great Britain. Parliament, Scottish Office 1972). Their remit under this Act was to provide expertise on disability to ensure that local authorities met their statutory obligations. Since then, the emphasis on care in the community, following the *Community Care and Health (Scotland) Act 2002* (Great Britain. Scottish Parliament 2002) has increased the demand for assessments and services traditionally linked to occupational therapy, such as equipment and adaptations, and extended the role of the occupational therapist to include care management. Since community care was first introduced, individuals have been empowered by the introduction of direct payments, and carers have new rights to assessments (Scottish Executive 2005b). Both developments have placed additional responsibilities on occupational therapists within social work services.

The *Better health, better care: action plan* (Scottish Executive 2007d) emphasises the need for collaborative partnership working across organisations to help people sustain and improve their health, especially in disadvantaged communities. Occupational therapists have a strong history of effective collaborative working. Since their integration into social services in the 1970s, occupational therapists have continued to develop their skills in working across sector boundaries (Riley 2002). They work with housing services to fulfil the local authority's responsibilities under housing legislation, by offering expert assessment and advice on environmental and housing needs, and by recommending appropriate adaptations (Scottish Office 1994, Great Britain. Scottish Parliament 2006). Occupational therapists also work closely with their colleagues in health services and with the voluntary sector to ensure that vulnerable people with complex needs are safely discharged home from hospital, that they regain independence and are able actively to re-engage in daily occupations. This may involve occupational therapists instigating rehabilitation or reablement programmes, or assessing for and providing equipment and adaptations, in order to promote independence, decrease dependency and enable occupational engagement (COT 2009a). In addition, occupational therapy is the 'profession of choice' to fill access officer posts in education in order to enable smooth transitions between care services for children and young people (COT 2009a, p. 3).

4 Occupational therapy as a profession

Occupational therapists as members of the allied health professions (AHPs) are regulated by the Health Professions Council (HPC). They are the only allied health professionals employed in both health and social services in any numbers. All practising occupational therapists are required to register with the HPC and must adhere to a professional code of ethics and conduct. The HPC is recognised by the Scottish Social Services Council (SSSC) and sets standards for continuing professional development (CPD). Ensuring that therapists continue to learn and develop throughout their careers, and keep their knowledge and skills up to date, is a requirement of HPC registration, in order for them to practise safely, legally and efficiently (HPC 2008). As well as being a requirement for individual occupational therapists, the employer also has a responsibility to create frameworks for the delivery of safe, effective and accountable practice (Changing Lives Service Development Group 2009). In 2006, the College of Occupational Therapists introduced a post-qualifying framework (COT 2006b) to assist occupational therapists in planning their CPD and career development and to ensure compliance with the requirements of continuing registration.

4.1 Pre-registration education

Occupational therapy students are eligible to apply for HPC registration following successful completion of a pre-registration BSc honours degree in occupational therapy or a pre-registration Masters degree in occupational therapy. In Scotland there are three four-year pre-registration undergraduate programmes in Glasgow, Edinburgh and Aberdeen. In addition, Edinburgh and Glasgow have post-graduate accelerated, two-year pre-registration programmes leading to the award of an MSc in occupational therapy. A part-time honours degree programme is being developed in Aberdeen. Occupational therapy students in full-time programmes are funded by the Students Awards Agency for Scotland (SAAS). Programmes combine academic and practice-based study and educate students to work in a range of settings including social work services.

4.2 Practice placements

Practice placements form a significant part of all pre-registration programmes, ensuring that assessment of competence to practice is integral to the occupational therapy qualification. Universities have reported to the College that practice placements in social work services have decreased in the last year to 10–15 per cent of student placements in Scotland – a reduction of around 10 per cent in the last seven years.

Historically, placements in social work services have tended generally to be offered only to third-year and fourth-year students who could work more autonomously. However, there is now increased pressure from higher education institutions to provide placements for first-year and second-year students in social care settings, who will require more support and supervision. This adds to the responsibilities of occupational therapy practice placement educators, who already carry heavy workloads in social work services.

The Code of Ethics states that all occupational therapists have a professional responsibility to provide practice education opportunities for occupational therapy

students (COT 2005b), although there is currently no statutory or contractual requirement for occupational therapists to offer student placements.

The College has a system in place to accredit occupational therapy practice placement educators (APPLE – accreditation of practice placement learning and education). There are currently 28 accredited occupational therapist practice placement educators in local authority services in Scotland. Unlike social workers, however, who, once accredited, are allowed to mentor social work students over an extended period, occupational therapists are not obliged to offer students placements in order to retain their accreditation. In some local authorities occupational therapists have experienced difficulty in acquiring the necessary funding to secure accreditation. All higher educational institutions offering pre-registration occupational therapy programmes in Scotland offer routes to APPLE accreditation.

Providing placement opportunities for occupational therapy students is an effective way of driving forward innovation and change and of building a competent, well-educated and skilled occupational therapy workforce. In addition, involving occupational therapists in the education of other students might also be of value in social work services.

The 2006 survey of occupational therapists in social work services in Scotland (COT 2006a) identified some of the main difficulties in offering practice placements. These were principally related to a lack of time, due to heavy workloads, and poor continuity of supervision because of staff turnover and part-time working. In order to build a sustainable workforce in social work services, occupational therapists require increased organisational support to provide good quality practice placements for occupational therapy students.

4.3 Associated staff

In social work services, occupational therapists currently work with associated staff with a range of titles, including occupational therapy assistants and others such as social care officers and community care assistants. They have a variety of generic and specific occupational therapy roles, which are locally determined, but usually carry their own caseloads and work with, or in some authorities under, the supervision of an occupational therapist. Associated staff are trained and supported to work to a level of competence, in line with local competency frameworks, on less complex cases requiring simpler assessments (Scottish Executive 2005c) and low intensity intervention. These workers may be well-placed to take on the paraprofessional roles proposed in *Changing lives* (Scottish Executive 2006).

Although there are no qualification requirements for occupational therapy associated staff, an HNC in occupational therapy support is available (see Section 9.1). Occupational therapy associated staff are not regulated at present although a form of regulation is being piloted in Scotland for those working in healthcare, which may have implications for similar staff in social care.

5 The occupational therapy workforce in social work services in Scotland

In 2008, 2,823 occupational therapists were registered to practise in Scotland (COT 2009b). According to the 2008 Scottish local authority social work services statistics (Scottish Executive 2009a), there were 747 occupational therapy staff employed in local authority social work services in Scotland,¹ 516 were occupational therapists (18 per cent of the potential occupational therapy workforce) and 231 were occupational therapy assistants (see Table 1). This represents a slight decrease in numbers since 2006, when the occupational therapy workforce as a whole numbered 759 (Scottish Executive 2007a).

Table 1 Occupational therapy posts in Scottish local authority social work services in 2008 (Scottish Executive 2009a). (Includes whole-time equivalent (wte) and headcount (hct).)

	Children		Adults		Offenders		Generic		Total	
	wte	hct	wte	hct	wte	hct	wte	hct	wte	hct
Senior OTs	1	1	26	31	2	2	51	57	80	91
OTs	3	4	100	126	0	0	250	295	353	425
OT assistants	0	0	88	103	0	0	108	128	196	231

5.1 Demographic profile

The 2006 survey identified that the majority of occupational therapists employed in social work services were female, aged 40–49. Almost a third had been qualified less than five years although 15 per cent had been qualified for more than 30 years. Seventy-six per cent were members of the British Association and the College of Occupational Therapists, which shows a clear commitment to the profession (COT 2006a).

Approximately two-thirds of respondents to the 2006 survey had worked in other areas prior to social work services, commonly in hospital settings and within the NHS. Although historically there has been a tendency for occupational therapists to work in healthcare before working in social services, this trend is now changing. Increasing numbers of occupational therapists in social work services can support new graduate occupational therapists educated for work in a range of environments.

¹ This number does not include vacant posts.

6 Key workforce challenges

If occupational therapists are to contribute fully to the Scottish government's agenda for health and social care by maximising service users' independence and lessening their dependency on over-stretched services, both now and in the future, then the following themes, which emerged from the 2006 survey (COT 2006a), require attention:

- Recruitment and retention.
- Value and recognition.
- Pay and working conditions.

6.1 Recruitment and retention

Recruitment and retention is a key issue for all professional groups employed in social services. The 2004 occupational therapy workforce survey of local authorities in England and Wales (Social Care and Health Workforce Group 2005) and the 2008 survey of occupational therapists in adult social care services in England (DoH and COT 2008) identified similar reasons for difficulties in recruitment and retention. These included a lack of suitably qualified applicants, competition from other services within the statutory sector, and unattractive pay. Some of the measures put in place to tackle recruitment and retention included:

- 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.
- High-quality student placements.

6.2 Value and recognition

A lack of recognition for the contribution occupational therapists make, as part of the social services workforce, to the government's vision for social care in Scotland, outlined in *Changing lives* (Scottish Executive 2006), has led to some within the profession feeling overlooked and undervalued. This is compounded by variations and discrepancies within local authorities on pay and working conditions between occupational therapists and their social work colleagues. In addition the allied health professions workforce strategy for occupational therapists working in the NHS (Scottish Executive 2002) does not extend to occupational therapists employed by local authorities. As a result occupational therapists working for local authorities have become further isolated from their peers in the NHS in terms of their development and related career opportunities.

6.3 Pay and working conditions

Occupational therapists in Scotland identified that in many instances there are differences in pay between occupational therapists and social workers perceived to be working at the same level in the same local authority (COT 2006a). In some instances recent pay awards within the single status agreement have meant that experienced long-serving occupational therapists are now paid the same as newly qualified occupational therapy staff. There are also anomalies in occupational therapists' pay between authorities. Inequities in remuneration within and between authorities can lead to staff transfers and recruitment difficulties. Such inequalities need to be addressed if authorities are to retain their occupational therapy staff.

7 Workforce planning

Future demographics and shifting expectations of service delivery mean that workforce planning is increasingly necessary. It is important to ensure the right balance of skills within redesigned teams to meet these demands. At present there is no systematic workforce planning for occupational therapists employed by local authorities in Scotland. Workforce planning for the allied health professions in healthcare is increasing. The increasing demand for occupational therapists in social care needs to be taken into account within the framework of a joined-up approach to planning as a whole.

Workforce planning for occupational therapists should take into account demographic changes, in particular the projected increase in older people in Scotland over the next ten years, which is likely to lead to increased demand for social care. In line with the Scottish government's guidance on equipment and adaptations, workforce planning should also take into account the wider staff group who will become responsible for assessment and provision of standard equipment and minor adaptations (Scottish Executive 2009b). In addition, workforce planning must increasingly account for the need for occupational therapists to engage proactively in preventive work, enablement and rehabilitation while managing growing numbers of complex cases.

7.1 Staff development/building capacity

Changing lives (Scottish Executive 2006) emphasises the need to build capacity and make effective use of the whole social service workforce by developing confidence and trust at all levels. Managers and leaders must make sure that staff, including occupational therapists, are empowered to 'practise professional autonomy in their day to day work, within a framework that promotes personal accountability and enables safe yet creative practice' (Scottish Executive 2006, p. 49). This will provide greater flexibility to develop new roles and new ways of working, and opportunities to work across structural and organisational boundaries (Scottish Executive 2006), which occupational therapists already do in order to deliver effective, person-centred services.

8 Career structure and progression

Strong professional leadership and enhancing capacity is crucial to the implementation of *Changing lives* (Scottish Executive 2006). The report highlighted the lack of opportunities for staff to progress their career while still working at the front line with clients. This was seen as one of the key challenges facing the social work services workforce. Almost three-quarters of the occupational therapists who responded to the 2006 survey (COT 2006a) saw a future for themselves in social work services; at least half the respondents had a clear vision of a career structure within these services.

Although originally employed as experts in disability, and traditionally managed by general managers lacking occupational therapy perspective (Stalker et al 1995), occupational therapists have gradually progressed within local authorities into management, training and development roles. The recent position statement on occupational therapy in social services in England, Scotland and Wales (COT 2008a) calls for senior managers to support career development and workforce planning for occupational therapists. In Scotland over half of the occupational therapists responding to the 2006 survey felt that they had the opportunity to progress to a senior level and two-thirds felt there were opportunities to become service managers (COT 2006a). In 2009, however, there were reports of opportunities being withdrawn in some authorities. Management posts are often linked to adult support and protection and occupational therapists, despite being qualified to carry out duties in this area, are considered ineligible by some authorities.

Changing lives acknowledged that career opportunities are limited to management positions, which tend to be restricted to social workers, although in some local authorities occupational therapists may apply. Where occupational therapists have the opportunity to progress into management and take a leadership role, they can be effective in developing a range of services, as the following example illustrates:

Expanding services

In one authority an occupational therapy leadership post links occupational therapy to other services for people with physical disabilities and sensory impairments, including:

- Independent living services
- Community rehabilitation
- Paediatric services
- Joint equipment store

Support groups are run for clients with a variety of needs. Rehabilitation is provided in groups and for individuals. The paediatric occupational therapist works across health, education and social care.

Changing lives proposed a new career framework for the whole social service workforce in Scotland, which was to include:

- Lecturer practitioners.
- Consultant practitioners combining professional leadership, expert practice, teaching and research.
- Practice supervisors with a focus on professional supervision and practice development, but with no direct management role.

It is expected that this framework should apply equally to occupational therapists.

The College's *Post qualifying framework* (COT 2006b) provides guidance specifically to assist occupational therapists in meeting the changing requirements of different professional roles. The framework identifies what is expected of occupational therapists at all levels within practice, management, education and research.

9 Learning opportunities

The workforce development change programme instigated by *Changing lives* (Scottish Executive 2006) has introduced a *Framework for continuous learning in social services* (Scottish Social Services Council 2008) as a tool to support learning in the workplace, improve standards in practice, and provide transparency of career pathways and progression. The framework supports staff in social work services in identifying their learning needs and in targeting their learning accordingly, in order to continually improve practice. Occupational therapists require learning opportunities that are appropriate to their level of competency. Newly qualified occupational therapists, for example, need to consolidate their professional education in relation to work in local authority services. They need to be given opportunities for continuing education in adult protection, risk assessments, and moving and handling. More experienced occupational therapists may require opportunities to consolidate and develop knowledge and skills in areas relating to complex case management and intervention, as well as in developing areas, such as transition planning for children and young people.

The 2006 survey of occupational therapists in social work services (COT 2006a) identified that there were few opportunities for occupational therapists in social work services to gain formal post-graduate qualifications, despite their importance for career progression and the benefit to social work services as a whole. In one authority, for example, an occupational therapist who has gained an MSc in medical science and palliative care has been awarded senior practitioner status (although an MSc is not an essential requirement for this role) based on her improved ability to carry out more complex work.

9.1 Education and learning opportunities for associated staff

The emphasis in *Changing lives* on more generic paraprofessional roles is changing the way that educational opportunities for associated staff within local authorities in Scotland are funded. This raises the issue of equitable access to funding for staff wanting to pursue occupational therapy related education. The only recognised programme that is specifically for occupational therapy associated staff is the Higher National Certificate (HNC) in occupational therapy support, accredited by the College and delivered at Langside College, Glasgow. The programme was revised and revalidated in 2008. It is comparable to the HNC in Social Care SVQ 3 for local authority community care assistants. For occupational therapy support staff working in health, social services and independent settings there is a range of full-time, part-time and distance learning courses from which to choose.

As a result of the redesign of services and changes to the skill mix within social work teams, job descriptions for occupational therapy assistant posts are changing to those of social care assistants and the funding for courses is focused more on social care and social work than on occupational therapy. As a consequence occupational therapy associated staff are now encouraged to pursue qualifications in social care and social work rather than specifically in occupational therapy, which will inevitably impact on the provision of specialist services.

10 Supervision and support

Changing lives (Scottish Executive 2006) recommends social work governance should include provision for regular access to consultation and support for all workers. Such consultation and support should be appropriate to their level of expertise and qualification and should challenge and promote critical reflection. It is also proposed that the term 'supervision' be replaced by 'consultation'. Consultation is essential for all social service workers (Scottish Executive 2006, p. 59).

Occupational therapy staff at all levels require good quality consultation, supervision and support in order to safely and competently manage large and increasingly complex workloads. This is a part of their continuing professional development, evidence of which is a requirement for maintaining professional registration. Effective professional support can be achieved through a team hierarchy that gives occupational therapy staff access to consultation from more senior members of their own profession. The 2008 survey of occupational therapists in adult social care in England (DoH and COT 2008) found that effective professional supervision and support can also contribute to successful recruitment and retention.

Changing lives also recommends more intensive support and consultation during social workers' first year in practice, and that a similar approach is taken for other social service workers to assist them in moving towards greater professional autonomy and to ensure that they practise safely. The 2008 survey found that new graduates valued more frequent supervisory sessions during which they could discuss issues relating to organisational working practices and case management, and develop their clinical reasoning skills. *Changing lives* acknowledges the need for a managed transition from student to autonomous practitioner.

All new graduates entering the NHS in Scotland must take part in Flying Start NHS, the national development programme for all newly qualified nurses, midwives and allied health professionals in NHS Scotland (Scottish Executive 2005d). This programme has been designed to support the transition from student to newly qualified health professional by supporting learning in everyday practice through a range of learning activities and through additional support from work-based mentors. Unfortunately, there is no such programme available to occupational therapists in social work services.

11 Occupational therapists' roles in social work services

11.1 Current and core roles

Findings from research conducted during the last ten years indicated that occupational therapists in social services across the UK were 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, Forsyth and Hamilton 2008).

Surveys of occupational therapists in social services in England and Wales in 2004, and in England in 2008 (Social Care and Health Workforce Group 2005, DoH and COT 2008) found that assessments of housing needs and risk assessments, and recommendations for housing adaptations and equipment provision, were the most frequently reported functions. Occupational therapists were also found to be carrying out rehabilitation programmes and managing complex care packages. In 2008 a small but significant proportion of occupational therapists reported their involvement with return-to-work initiatives (DoH and COT 2008) in line with the government's agenda for health and work in Britain (Black 2008). Both surveys highlighted that occupational therapists had many other responsibilities, such as supervision of staff, screening and prioritising referrals, and case reviews. In addition, they had general administrative duties linked to their own caseloads, including liaising with other agencies and responding to enquiries from the public, other professionals and councillors.

Occupational therapists have core skills in occupational analysis and therapeutic interventions, which in social work services are linked to enabling independence, decreasing dependency, and rehabilitation (COT 2008a). Over three-quarters of the occupational therapists who responded to the 2006 survey (COT 2006a) felt that their core skills were not being fully utilised in the course of their current work. The main reasons for this were lack of time and the pressure to clear waiting lists. Other reasons given included large case loads, time spent recording data on computers, and care management roles. In addition respondents felt that their roles in social work services were limited by the perception that they should only be doing assessments for equipment provision.

Today the role of occupational therapy in social work services in Scotland is wider than equipment and adaptation provision. It is concerned with person-centred assessments and services for people with complex needs, which can encompass tasks relating to care management. In some instances occupational therapists are working with different job titles and using their core skills in different ways, for example in adult protection, in housing and education. The College of Occupational Therapists recommends wider discussion of more effective uses of occupational therapy in social work services to take account of these new ways of working (COT 2009a).

11.2 Services for children, young people and their families

Occupational therapists who work in social work services in Scotland assess a significant number of disabled children and young people. Although there is a separation between services for adults and services for children in some authorities, only five occupational

therapists were specifically employed in children's services in 2008 (Scottish Executive 2009a). In some local authorities, occupational therapists are also employed as access officers within education services. However, even if their work involves assessing disabled children, occupational therapists are generally employed or managed within adult or generic services. In addition occupational therapists often work with different job titles when working in these services, which do not reflect the work they do with children and families. Official statistics therefore do not accurately reflect the number of occupational therapists working with children and families in social work services.

Occupational therapists provide assessments for children under both the *Chronically Sick and Disabled Persons (Scotland) Act 1972* (Great Britain. Parliament, Scottish Office 1972) and the *Children (Scotland) Act 1995* (Great Britain. Parliament, Scottish Office 1995). The *Children (Scotland) Act 1995* emphasises the local authority's responsibility to minimise the effect of any disability on children, including children adversely affected by the disability of another person within the family, and to provide the disabled child with the opportunity to lead a fulfilling life. In addition this Act also requires that the needs of carers are taken into account.

Where local authorities employ occupational therapists specifically to work with children and their families, the main focus is generally on assessment for equipment and large, often costly, alterations to the home. The funding arrangements for the provision of equipment for children remains complex because their needs may be simultaneously educational, social and health-related. This may mean that a child needs to be assessed by more than one professional, with the result that there is a lack of clarity regarding who is responsible for funding. In addition there are problems ensuring continuity of equipment and adaptation provision for children and young people in transition between services (COT 2009a). Occupational therapists have the skills to enable children and young people to make effective transitions, for example between nursery and school, high school, further/higher education and employment. In addition, where local authority occupational therapists are employed in education, they can provide advocacy for children and their families and consultancy across services. For example:

Occupational therapy at school

In one authority an occupational therapist with paediatric experience is employed as an access officer to:

- Provide consultancy to the education department
- Assess children's needs at school to enable full participation in education

The authority is streamlining services to reduce the number of occupational therapists from different organisations involved with one child.

12 Making a difference

Occupational therapists' expertise in promoting and enabling independence through environmental adaptation, rehabilitation and enablement, together with their skills in collaborative partnership working and complex problem-solving, places them in a position to contribute fully to the delivery of the *Changing lives* agenda (Scottish Executive 2006). The projected increase in the number of older people in Scotland and in the incidence of long-term conditions, together with the government's increasing focus on occupation and rehabilitation, provides occupational therapists with a range of opportunities to demonstrate their contribution to the wellbeing of service users.

12.1 Promoting independence

Maximising an individual's potential to engage in daily occupations or activities to promote independence and ensure social inclusion, quality of life, health and wellbeing, is a key aim for occupational therapists. Occupational therapists' skills in adapting the environment, in rehabilitation and in enabling people to engage in occupations or activities safely in their own home and communities, promotes wellbeing and can decrease dependency on carers and other health and social services.

12.1.1 Adapting the environment

Enabling people to live as independently as possible in their own homes and take an active part in society is a key government objective (Scottish Executive 2005b, 2006). Approximately one-third of all households in Scotland have at least one person with a long-standing limiting illness, health problem or disability, and a similar number of adults with such problems use specialist equipment or have adaptations made to their homes (Scottish Executive 2005e). There is evidence to suggest that the timely provision of equipment and adaptations can enable people to remain at home, decreases dependency on social work services, and reduces care package costs (Heywood and Turner 2007).

12.1.2 Housing adaptations

Suitable housing plays a vital role in enabling service users to live fulfilled and independent lives. Occupational therapists assess service users' needs for adaptations to their own homes and, where necessary, advise on alternative housing options. Occupational therapists employed in housing departments or associations are able to advise on appropriate rehousing for people with disabilities, on tenancy allocations and on refurbishments so as to ensure the best use of property (COT 2009a). For example:

Occupational therapists in a housing association

In one authority occupational therapists are employed by a housing association to:

- Carry out assessments
- Offer expert advice
- Assist in the modernisation programme
- Liaise with contractors

The posts have been successful in helping the housing association to reduce the waiting list for low-priority cases.

Occupational therapists in a city housing department

Occupational therapists are employed by a city housing department for:

- Specialist design input following assessment
- Consultancy for new build projects and use of void properties
- Representation on the health and housing panel

The posts are effective in providing a specialist adaptations service for people with disabilities and making best use of housing stock.

The provision of appropriate and timely adaptations to the home can enable service users to live independently, and to access community facilities and employment. Such provision may also be a factor in preventing delayed discharges from hospital (COT 2009a). However, under the current funding system for major adaptations and structural alterations for owner occupiers, service users must navigate their way through a lengthy applications process before a grant for housing adaptations is agreed. Occupational therapists are generally responsible for the initial assessment and recommendation for the grant; thereafter they liaise with grants officers, architects, planners and builders to ensure an appropriate and successful outcome. The demand for assessments by occupational therapists and their capacity to deal with the volume is a problem; as a result service users often have to manage in very difficult circumstances until works are completed. Although, historically, occupational therapists have been involved in assisting service users throughout the adaptations process, and have built up considerable expertise in this area, some tasks can be undertaken by other local authority staff. For example, in some authorities Care and Repair facilitate the housing grant application process and in others housing departments provide a design service for major adaptations to advise and assist service users in managing the process. Such services can reduce the demand on occupational therapists' time (COT 2009a).

Occupational therapists also work in partnership with housing providers and advise both colleagues and service users on housing options. They work with independent medical advisers to ensure that applicants with disabilities are awarded points appropriately. Working in partnership to provide adaptations or rehousing enables occupational therapists to promote social inclusion, improve quality of life, and reduce strain on carers.

12.1.3 Community rehabilitation/enablement

Occupational therapists in social work services are increasingly becoming involved in enablement and rehabilitation programmes, which focus on improving people's function and independence in their own homes. Enablement programmes can be implemented following discharge from hospital or in situations when a person needs to improve their functional ability in order to remain at home. For example:

Occupational therapists working in discharge response teams

In one authority occupational therapists working in discharge response teams:

- Provide effective rehabilitation
- Enable independence
- Build people's confidence following discharge home

The team is effective in reducing the need for costly care packages.

These schemes enable service users to maximise their personal independence in daily activities. They reduce the cost of care packages and, as a consequence, save limited financial resources. The implementation of the *Framework for adult rehabilitation* in Scotland (Scottish Executive 2007c) will provide opportunities for occupational therapists from across health and social care to develop initiatives in rehabilitation and enablement in community-based settings. The framework emphasises that a future model for rehabilitation should go beyond the aim of ensuring the ability to perform basic tasks associated with daily living to enable social engagement and purposeful occupation (Scottish Executive 2007c). It offers an opportunity for occupational therapists to expand their role and make full use of their skills. There is however a need for shadowing, mentoring, and training in specialist treatment techniques to enhance the role of occupational therapists working in social work departments in order to be able to deliver a wide range of services.

In addition, the long-term conditions action plans developed by health and social care partnerships across Scotland are opening up opportunities for occupational therapists to improve the management of people with these conditions. Occupational therapists can apply their assessment and rehabilitation skills to contribute to anticipatory care, self-management and enablement. The joint-funded rehabilitation co-ordinator posts across health and social care services in each health board area offer an opportunity for occupational therapists from both organisations to take up leadership roles.

12.2 Measuring the impact of occupational therapy intervention

Enabling people to live as independently as possible in their own homes, for as long as possible, and facilitating occupational engagement, including work, reduces the need for complex and costly care packages. It also substantially improves quality of life, health and wellbeing for a significant number of people and their families.

The use of intervention outcome measures and standardised assessments is becoming increasingly important in order to evidence the benefit of occupational therapy, and to ensure value for money and service-user satisfaction. Nearly all of the respondents to the 2006 survey (COT 2006a) felt it was important to have a mechanism for knowing intervention had been successful. Almost three-quarters used intervention outcome measures in their practice. Outcome measures included informal feedback, check-up visits, and, to a lesser extent, repeated standardised assessments. The increasing complexity of occupational therapy interventions in social work and other local authority services, and the inevitable overlap with other aspects of community care, means that the appropriateness of intervention outcome measures should be carefully considered.

13 Role complexity and skill-mix

Changing lives (Scottish Executive 2006, p. 42) highlights 'the need to shift from crisis management to early intervention and prevention' and notes concern that workers are not making the best use of their skills. Time is being wasted on basic administrative tasks and simple case work, time which could be spent more productively, assisting vulnerable people with complex needs. The College's guidance on the provision of minor adaptations recognises that where solutions are straightforward, an occupational therapist's assessment is not required (COT 2006c). The Scottish government's new guidance on equipment and adaptations reinforces this guidance by recommending that assessments for standard equipment and minor adaptations, which are often perceived as the responsibility of occupational therapists, are integrated into mainstream community care to be dealt with by a wider staff group (Scottish Executive 2009b). If associated members of staff are supported to carry out simple assessments and straightforward interventions, occupational therapists can focus on other key areas of priority for the local authority.

The occupational therapists responding to the 2006 survey (COT 2006a) identified some of the tasks that they could delegate to support staff to enable them to use their time and professional skills more effectively. These included completion of routine paperwork and computer work; organising home-care and day-care services; and assessing for basic equipment. Respondents suggested that equipment could either be 'fast-tracked' (following a telephone assessment) or more straightforwardly assessed for by associated staff. This would enable occupational therapists to focus on more complex cases and areas where they can have the greatest impact. This would increase the quality of frontline services such as care management, rehabilitation and complex environmental adaptations. For example:

Occupational therapy associated workers

In one authority occupational therapy associated workers are placed in GP practices and in intake teams where they:

- Deal with referrals that require straightforward interventions following self-assessment, e.g. provision of simple equipment or hand-rails
- Provide a quick response to less complex, urgent or high-priority referrals

In another authority, with supervision from the team leader, associated workers work in:

- A rehabilitation/response team to support hospital discharge and advise on moving and handling
- As care monitors they also care manage less complex cases, where the situation is stable and other services are in place

14 Moving forward

14.1 Refocusing skills

Occupational therapists need support to refocus their skills on prevention, enablement and rehabilitation. In line with the Scottish government's guidance on standard equipment and adaptations, local authorities should acknowledge the benefits of equipment and minor adaptations to significant numbers of people and incorporate them into mainstream community care services rather than perceiving them as a part of occupational therapy (Scottish Executive 2009b). By using a wider group of staff in simple assessments and for the provision of standard equipment and minor adaptations, local authorities can support occupational therapists in refocusing their skills on complex cases and engagement in enablement.

Occupational therapists are ready and willing to refocus their skills. Over two-thirds of occupational therapists responding to the 2006 survey (COT 2006a) felt that in future they could use their skills in early intervention and prevention, which indicates their commitment to promoting individuals' self-management. Respondents also felt they could develop roles in vocational rehabilitation, working alongside *Pathways to work* (Department of Work and Pensions 2002) and contributing to the government's plan for *Healthy working lives* (Scottish Executive 2004).

Through using the full breadth of their skills and expanding into areas of need such as prevention, enablement and rehabilitation, occupational therapists are contributing more fully to implementation of *Changing lives* (Scottish Executive 2006).

14.2 Developing and emerging roles

Occupational therapists are keen to expand and develop their role and use the full range of their skills in order to provide the services that vulnerable people need in the community. New roles are emerging through:

- New and progressive partnerships with colleagues in health, housing and education.
- Providing support and training for associated staff within social work services, voluntary and independent sectors.
- Developing their expertise in working in housing and education and with children.
- Community enablement and rehabilitation services for all ages and groups of clients.
- Developing roles in vocational rehabilitation.

Although occupational therapists are developing non-traditional roles in local authorities in response to service users' needs in areas such as rehabilitation, housing and education, the 2006 survey (COT 2006a) found that the majority of occupational therapists concentrated on service users' self-care needs, supporting and promoting their independence in this area. Leisure and vocational activities, focusing on returning to or maintaining work, were addressed to a lesser extent. It is expected that this will continue to change and that occupational therapists will be required to assist clients in accessing leisure activities and work, in line with the government's and service users' agendas. The following examples illustrate how occupational therapists are now developing different and innovative roles in local authority services:

New and innovative roles in local authority services

In one authority occupational therapists are involved in a project linking developments related to housing, equipment, adaptations, delayed discharge, sheltered housing, and telecare. The project is funded by the Scottish government's Joint Improvement Team.

The occupational therapist seconded to the project:

- Works with a housing provider to set up augmented care within sheltered housing
- Works closely with care staff to provide rehabilitation where appropriate

In another authority occupational therapists are developing the provision of telecare in a variety of settings. Demonstration sites have been set up in a local hospital, elderly persons' centre, and a centre for independent living.

Telecare devices:

- Enable older people to remain independent at home
- Are successful in detecting falls in young people with epilepsy

14.3 Areas for development by occupational therapists within social work services

Other examples of areas which can be developed by occupational therapists (including examples of preventive work, some of which are already in place) include:

- Working more closely with voluntary groups to enable service users to access practical support or become volunteers themselves.
- Enabling service users of all ages, and their families, to develop self-help and peer support groups, and self-management programmes.
- Working with care leavers, particularly young adults moving into independent living, to develop their skills to manage a household, live alone and become good tenants and neighbours.
- Working in youth justice teams to assist in learning life skills and in vocational rehabilitation, building confidence and increasing self-esteem.
- Providing seamless care for children and young people by working directly on independent living skills and pre-work skills; developing leisure and educational skills; and advising on equipment, adaptations and enablement in schools and homes.
- Working in close partnership with health teams to ensure an integrated approach to rehabilitation for those people with long-term conditions, such as stroke, and deteriorating conditions.
- Providing staff training, advice and guidance in the use of telecare.
- Leading on prevention of falls for those at risk at home and in residential care.
- Becoming involved in return-to-work initiatives, work rehabilitation and Pathways to Work.
- Supporting access to work by assessing the workplace and facilitating return after illness with enablement programmes, equipment and adaptations.
- Becoming moving and handling officers.

- Becoming access officers in education or planning departments.
- Undertaking the role of council officer as defined in the *Adult Support and Protection (Scotland) Act 2007* (Great Britain. Scottish Parliament 2007).
- Working with those identified as high risk and in need of support to prevent admission or re-admission to hospital.
- Providing advice on enablement, equipment and activity needs within residential homes to increase quality of life and reduce dependency on staff.
- Assisting service users to move towards self-managed or personalised care.

15 Conclusion

By placing an emphasis on supporting independence, self-reliance, and enabling people to achieve their maximum potential, occupational therapists in social work services already make a valuable contribution to the Scottish government's agenda for health and wellbeing. The changing demographics within Scotland, with a projected increase in the number of older people and also in the number of people with long-term conditions, means that occupational therapists will have an increasingly important role to play in enabling people to engage in activities of their choice and to live as long as possible in their own homes. The full involvement of occupational therapists in social work services, now and in the future, will reduce the need for complex and costly care packages and improve quality of life, health and wellbeing for significant numbers of people and their families.

16 Recommendations

Workforce planning and recruitment

- There is a need for a systematic approach to workforce planning for occupational therapists in social work services, taking into account the needs of the current population and projected demographics.
- Further work is required within social work services and the Scottish government to identify the workforce planning requirements for occupational therapists and associated staff in terms of numbers, succession planning and training to ensure effective service delivery.
- A review of recruitment and retention initiatives is needed to ensure that occupational therapists continue to work in social work services, and to identify what is working effectively.
- A review of the effects on joint health and social care teams of members working under two separate pay and conditions systems is required, identifying areas of good practice.
- To make the best use of limited occupational therapy specialist skills, the profession needs to build greater capacity in the workforce through a broader mix of skills.
- In order to encourage new graduates to come and work in social work services, practice placements for occupational therapy students must be encouraged and supported within the workplace.
- Incentives need to be considered to encourage newly qualified staff to remain in social work services. This may include developing career opportunities in recognition of the contribution that occupational therapists can make in other areas within social work services. Opportunities may be developed in the course of reviewing community care support, nursing home care, children's services, and youth justice.

Career development

- There is a need for a strong professional lead for occupational therapists at senior management level. To achieve this, more opportunities for career development within social work services should be made available to occupational therapists, ensuring parity between occupational therapy and social work qualifications in relation to career progression.
- Occupational therapists should have access to a clear framework for career progression that is similar to the one available to social workers.
- In line with their other professional colleagues, occupational therapists should be afforded management training opportunities and equal access to training budgets.

Consultation, support and supervision

- Professional consultation and supervision for occupational therapists and their associated staff should be made available to ensure quality of service and better outcomes for service users.

- Occupational therapists require access to good quality supervision and consultation to manage complex cases and care transitions, and to facilitate their increasing involvement in rehabilitation and enablement.
- Additional professional mentorship and support should be made available to occupational therapists in the first year following graduation.
- Occupational therapy associate staff should be supported and challenged by quality professional consultation.

Continuing professional development and training

- Occupational therapists working in social work services require opportunities for continuing professional development and training that are specifically related to their profession to ensure continuing registration with the Health Professions Council and life-long learning in the workplace.
- Occupational therapists and their associated staff should join their health colleagues in making use of the NHS Education for Scotland networks and initiatives.
- In order to sustain the occupational therapy workforce, opportunities and funding should be provided to support workers to train as occupational therapists, or gain an HNC in Occupational Therapy Support, if they wish to do so.
- Learning support should be made available to occupational therapy graduates entering social work services.

Focusing occupational therapists' roles and skills

- Occupational therapists in social work services require opportunities and support to expand and develop roles that contribute to *Changing lives* and the government's *Framework for Adult Rehabilitation*, in areas such as enablement and rehabilitation, leisure and work activities.
- To ensure sustainable and safe local services the profession must redesign occupational therapy interventions to meet local needs and expectations. Occupational therapists in social work services must be able to specialise where required and focus on complex needs.
- Occupational therapists will need to consider redesigning services to move towards a more preventive and enabling approach.
- Occupational therapists should contribute to developments that enable and support service users with less complex needs to self-assess for standard equipment and minor adaptations.
- Occupational therapists need to identify an appropriate range of assessments and intervention outcome measures for use in social work services.
- Local authorities need to consider how occupational therapists' skills can be used most effectively to meet service users' needs, taking into account the potential for a much broader contribution in a greater diversity of roles.
- Further investment is required in additional clerical and administrative support and innovative IT solutions in order that occupational therapists' time and skills may be used more efficiently.
- Occupational therapy associated staff should be encouraged to use their skills to their full potential within social work services to improve efficiency and reduce waiting lists for standard equipment and minor adaptations. This should enable

occupational therapists to refocus their professional skills on complex work, prevention and rehabilitation.

- There is a need for greater recognition of the contribution that equipment and adaptations can make to the lives of service users, and of the cost-effectiveness of these services within mainstream community care.
- Local authorities should make greater use of occupational therapists' skills in care management, particularly in situations in which they are key to the service user's care package, such as in the case of individuals with complex conditions.

Research

- Research is needed to establish the outcomes of occupational therapy interventions for service users.
- Investment in research is needed to evidence the occupational therapy contribution and its effectiveness within social work services in Scotland.
- There is a need for a systematic review of the literature evidencing the benefits of occupational therapy interventions in social work services.
- Further research is required to assess whether timely equipment and adaptation provision enables service users with long-term conditions to manage their own care more efficiently, alleviates dependency on carers, and helps to prevent crisis.

Raising the profile of occupational therapy in social work services

- Occupational therapists require opportunities to promote best practice and the value of occupational therapy to service users to raise the profile of occupational therapy in social work services.
- Occupational therapists need to share best practice and develop learning opportunities across the profession in Scotland, for example in areas such as preventive work and enablement; effective interventions; methods for successfully reducing waiting lists; and training schemes for social care staff to undertake assessments for standard equipment and minor adaptations.
- Occupational therapy managers should seek opportunities, at a strategic level, to promote the occupational therapy contribution to social work services.

Next steps

The Scottish government commits to:

- Continuing to recognise the contribution that occupational therapists and their associated staff make to meeting the needs of people using health and local authority services in Scotland.
- Studying the findings of this report as part of a systematic approach to identifying the workforce requirements for occupational therapists in social work services.
- Ensuring that the need for an occupational therapy workforce within social work services is factored in to workforce planning.

The Association of Directors of Social Work (ADSW) commits to:

- Working with the College of Occupational Therapists to identify occupational therapy staff workforce requirements and to share best practice in recruitment and retention.
- Supporting opportunities for occupational therapists to develop their careers in social work services.
- Supporting and recognising the need for professional leadership and development within occupational therapy.
- Recognising the role that occupational therapists have in the support and protection of vulnerable adults.
- Providing support and opportunities for occupational therapists in social work services to actively engage and implement the framework for adult rehabilitation (Scottish Executive 2007c).
- Creating opportunities, through the development of new and diverse roles, for occupational therapists to make the best use of their skills for the benefit of service users.
- Recognising that the provision of standard equipment and minor adaptations is part of mainstream community care and can involve a wider group of staff.
- Supporting workplace learning, further education and professional development for occupational therapists and their associated staff.
- Promoting for newly qualified occupational therapists working in social work services a similar approach to that taken with social workers in the provision of support in their first year.
- Supporting and encouraging practice placements for occupational therapy students.

The College of Occupational Therapists commits to:

- Continuing to support the College representative on the National Social Work Services Forum.
- Providing learning opportunities to demonstrate best occupational therapy practice in social work services in Scotland.

- Supporting the Scottish government's good practice guidance for the provision of equipment and adaptations.
- Seeking to develop a joint statement with the Scottish Social Services Council to promote opportunities for joint learning and education.
- Finding opportunities to showcase the cost-effectiveness of occupational therapy within social work services in Scotland and the impact on the lives of service users.
- Building links with the Institute for Research and Innovation in Social Services to evidence best practice.
- Working in partnership with higher educational institutions, social care providers, and practice placement tutors to increase the number of practice placements within social work departments for occupational therapy students.

Occupational therapists and their managers should commit to:

- Proactively seeking opportunities to create and develop more diverse roles and their own careers in social work services and/or housing.
- Redesigning interventions to meet local needs and expectations and move towards an approach that is focused on prevention and enablement.
- Identifying and nurturing champions and developing talent by positioning occupational therapists in situations that enable them to grow.
- Networking, learning, and sharing good practice.
- Supporting, educating and developing associated occupational therapy staff and others in the service so that they are able to manage straightforward assessments and interventions, enabling occupational therapists to concentrate on complex cases and develop new areas of work.
- Actively identify ways to market occupational therapy solutions to policy imperatives.
- Identifying workforce needs and ensuring that these are communicated at a strategic level.
- Taking personal responsibility for their continuing professional development and career development.
- Working with service-user groups to influence the development of future services.
- Taking an active role in requesting access to consultation from more senior members of the occupational therapy profession.
- Ensuring that newly qualified occupational therapists receive more intensive support and consultation in the first year of their practice in social work services in Scotland, including links with the Flying Start programme.

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Changing lives, changing practice

Occupational therapy in social work, enabling independent living in Scotland

This document describes the current policy drivers that provide new opportunities for occupational therapists in social work departments in Scotland to change their practice. It is evidenced based and proposes 'next steps' for improving the valuable service that occupational therapists provide to service users and their carers.

The key policy drivers considered are *Changing lives: Scottish executive response to the report of the 21st century social work review* (Scottish Executive 2006) and *Co-ordinated, integrated and fit for purpose: a delivery framework for adult rehabilitation in Scotland* (Scottish Executive 2007c).

The evidence has primarily been sourced from the 2006 survey of occupational therapists working in social work departments in Scotland conducted by the College of Occupational Therapists (COT 2006a). The emerging key themes from this were:

- The need to focus on complex work and reduce administrative tasks.
- The added value occupational therapists can bring to new emerging roles.
- That occupational therapists undertake 35% of the referrals but make up 1% of the workforce.

The next steps include actions for occupational therapists, managers and directors of social work departments. These actions will benefit our service users and carers and promote new opportunities for occupational therapists.

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Jill Riley is a lecturer and research co-ordinator in the department of occupational therapy at Cardiff University. Jill has a long-standing interest in occupational therapy in social care, which developed from her experience as a practising occupational therapist in social services. This has become a focus of her research and recent reports on occupational therapy in social care services in Wales, England and now Scotland.

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