Guide to Occupational therapy

Providing independence at home and in the workplace
Inside

The value of expertise OTs play a vital role in health and social care

Occupational therapists (OTs) are the crucial piece in the jigsaw that is health and social care. They work across both sectors and have never been more in demand. Their expertise enables people to continue to live independently, not only summed up by the name of the College of Occupational Therapists' current campaign: Improving Lives, Saving Money. OT university students are due to pay their own tuition fees in England from next year. In this supplement we find out why one student thinks she will be better off under the new system. We discover whether the recruitment and retention problems still dog hospitals and council social services. And we reveal how one London teaching hospital is bucking the trend by "growing its own" OTs. OTs in Northern Ireland are helping long-term unemployed people back into work, but could the same system be as successful in other parts of the UK?

The government has increased the money available to councils to pay for home adaptations to allow disabled adults and children to live more independently; we reveal how life-changing the disabled facilities grant can be. The profession is also starting to work in new ways: OTs can now be found working in GPs' surgeries, alongside ambulance crews and in hospital A&E. Others are breaking new ground in assessing a patient's fitness to return to driving and supporting people with learning difficulties to take part in mainstream sports.

Finally, we give a voice to the patients - individuals who give thanks to those OTs who have brought new hope to their lives when they thought all was lost.

How to reach full potential

Occupational therapy is about to celebrate its centenary, yet the profession has some way to go before it is fully recognised. A new campaign aims to do just that, as David Brindle reports

Help deliver in Hackney an effective and responsive service & work for an Occupational Therapy Team who share your values

Hackney is London’s most diverse and dynamic borough. The challenge for Hackney is to make sure that the borough’s economic growth provides benefits for everyone who lives here, and to create opportunities that will transform the lives of local people.

In Hackney we’re committed to promoting independence for older people and people with disabilities. By joining our Occupational Therapy team, you’ll help to make that promise a reality.

If you are a qualified professional who is ready to meet the needs of our diverse inner-city community, we would like to hear from you. We have vacancies for senior practitioners and occupational therapists.

At Hackney, we go that extra mile for our people; we offer a work environment which is stimulating, fast moving and supportive, giving you the chance to use your skills and develop new ones within a high profile organisation.

We are passionate about equal opportunities and welcome a broad diversity of talent to apply.

How to reach full potential

Occupational therapy is about to celebrate its centenary, yet the profession has some way to go before it is fully recognised. A new campaign aims to do just that, as David Brindle reports

Help deliver in Hackney an effective and responsive service & work for an Occupational Therapy Team who share your values

Hackney is London’s most diverse and dynamic borough. The challenge for Hackney is to make sure that the borough’s economic growth provides benefits for everyone who lives here, and to create opportunities that will transform the lives of local people.

In Hackney we’re committed to promoting independence for older people and people with disabilities. By joining our Occupational Therapy team, you’ll help to make that promise a reality.

If you are a qualified professional who is ready to meet the needs of our diverse inner-city community, we would like to hear from you. We have vacancies for senior practitioners and occupational therapists.

At Hackney, we go that extra mile for our people; we offer a work environment which is stimulating, fast moving and supportive, giving you the chance to use your skills and develop new ones within a high profile organisation.

We are passionate about equal opportunities and welcome a broad diversity of talent to apply.

If you share your values and are ready to be part of our exciting journey please visit our website www.hackney.gov.uk/jobs-careers to see our job opportunities and register for job alerts.

Find yourself in Hackney

People skills make OTs attractive to different sectors

John Birdshall

We have to prove we can save money as well as improve quality of life

Help create clear pathways for them to do so. She intends to make a start this week at the college’s annual conference, in Harrogate, which will have a record attendance of more than 1,100. Twelve times that number are expected at the American OTs’ conference in Philadelphia next year, when the profession marks its centenary in the land of its birth, the US. Scott thinks that British OTs could take a leaf out of their US colleagues’ book when it comes to promoting their role and their impact. “Because it’s an insurance-based health system, they can’t just assume that the work will come to them; they have to make a case. We can learn from that: we have to make our case, we have to make waves.”

David Brindle is the Guardian’s public services editor
OT posts remain unfilled yet waiting lists increase. Debbie Andalo looks at potential remedies

O
cupational therapists (OTs) make up 2% of the adult social services workforce but deal with about 40% of referrals, illustrating just how vital their expertise is. But cuts to council budgets are putting them under increasing pressure as vacancies are left unfilled and waiting lists for services increase.

National figures show that the number of OTs in adult social care in England fell by 1% in the year to September 2015. Meanwhile, 38% of vacancies for experienced OTs in adult and children’s services in London are left unfilled.

Harold Rodmer, president of the Association of Directors of Adult Social Services and director of adult services for Norfolk county council, says: “Some of that is down to the cuts.”

Julia Skelton, director of professional services at the College of Occupational Therapists says the figures speak for themselves. “OTs are working very hard to keep the waiting lists for assessments down. When you consider we make up 2% of the workforce and deal with 40% of referrals, the figures say everything.”

The picture is similar in the NHS. Some parts of England that historically find it hard to recruit - rural Lincolnshire and the north of Scotland - are still struggling to fill posts across the board. In London, NHS trusts are seeing nearly 20% of their band 6 posts left vacant - these are qualified OTs with around two years’ experience who make up the largest OT group. Most of these vacancies are in acute care, particularly mental health.

One trust bucking the trend is Kings College NHS Foundation Trust based in Camberwell, south London, which is deliberately “growing its own” - investing in the support and development of newly qualified band 5 OTs so they can go for jobs elsewhere. Robert Gray, the outgoing head of occupational therapy at the trust says: “There has been a big push in consolidating what our band 5s are doing and making sure they are offered the right support. It is the right thing to do and there is a feeling that we are getting the band 6 vacancies filled, that is where the gap has been.”

OTs work hard to keep waiting lists down

Lincolnshire and the north of Scotland - are still struggling to fill posts across the board. In London, NHS trusts are seeing nearly 20% of their band 6 posts left vacant - these are qualified OTs with around two years’ experience who make up the largest OT group. Most of these vacancies are in acute care, particularly mental health.

One trust bucking the trend is Kings College NHS Foundation Trust based in Camberwell, south London, which is deliberately “growing its own” - investing in the support and development of newly qualified band 5 OTs so they can go for jobs elsewhere. Robert Gray, the outgoing head of occupational therapy at the trust says: “There has been a big push in consolidating what our band 5s are doing and making sure they are offered the right support. It is the right thing to do and there is a feeling that we are getting the band 6 vacancies filled, that is where the gap has been.”

Who bears the cost of reform?

Bursaries for university students are about to disappear. Kim Thomas looks at the likely effects

Student places on accredited occupational therapy degrees are currently commissioned by the NHS, which also pays tuition fees. The health service contributes to living expenses, and an additional means-tested amount - up to a maximum of £4,442 outside London - is available.

But it all change from September next year. The commissioning system in England is set to be abolished, and occupational therapy (OT) university students, along with other allied health profession undergraduates, will have to apply for a loan to cover tuition fees and a maintenance loan.

The government argues the reform - which will be funded by the student into line with other undergraduates - will reduce the shortage of health professionals: “The number of places no longer be capped, universities can recruit up to 10,000 more students to health profession degree courses.

Rachel Pearce is a final-year student at Brunel University, where she is studying for a BSc in occupational therapy.

Rachel Pearce, 38, graduated from Glasgow School of Art with a textiles degree in 2000, and worked first in a fabric shop then in a furniture store. During her first degree, she had supported herself by working as a nursing home healthcare assistant, a role she found particularly fulfilling. “I realised that was where I was most happy and that I wanted to do something where I was helping people. I discovered occupational therapy, and it was such a rewarding career I thought: ‘This is definitely right for me.’”

Now in the final year of her OT degree, Pearce is “very grateful” to have received a bursary. “It’s been helpful for the extra work that goes along with it. You have to live on, and I still have to do part-time work to cover my costs.”

She thinks that the new loans and maintenance grant system might work better: “Not having a bursary sounds more scary, but when you look at all the facts, you see that you will have more money available. When you start work as a band 5 OT, you earn around £21,000, so the repayment is only about 16 months, which is a lot more affordable than I realised.”

Pearce says the new system would have helped her. “To have that bit of extra money makes such a difference, because you don’t have the added stress of having to work.”
The Guardian | Wednesday 29 June 2016

The day that changed my life

People tell their stories of how their life was turned around by support from an occupational therapist

Martin Bennetto, 52

In December 2010 I was rushed to hospital with a brain haemorrhage. I was in there for two weeks and came out on New Year’s Eve. I thought I’d soon be ready to go back to work, but when my OT came to interview me, I fell asleep as she was talking to me. She gave me tools to stop the fatigue setting in. Just 10 or 15 minutes’ meditation, even in a noisy room, and I get my energy back and am ready to go again.

It was six months before she finally said: ‘You’re fit to go to work now.’ It was a sad day when she said she was totally discharging me, because I was losing that safe place. I didn’t think occupational therapy would help somebody like me. It’s such an eye-opener. I can never thank her enough.

Esther Rutledge, 80

I had my fall after stepping on the worktop in my kitchen to reach the meter, which is in a high cupboard, and landed on my shoulder, fracturing my humerus. The specialist from the fracture clinic decided it needed to be pinned and have a plate put in.

Once back at home, I had an OT from the re-ablement team come in and see me twice a day for a week, and then in the mornings for a week after that. They helped with the dressing, and I also had to have help with drying my feet and back. It was not only a help in the practical sense but a pleasure to know someone was coming in. We joked and got on. It was invaluable.

Mike Kerr, 33

I was on holiday 16 years ago and I dived into a swimming pool, not realising it was the shallow end. I hit my head on the bottom and broke my neck. I spent 10 months in hospital in Glasgow, where I received occupational therapy. It was just learning to do things with the limited mobility I had in my hands – picking things up, fastening buttons, dressing myself, the things you take for granted.

Before my accident, sport was my main interest. While I was at the unit, I was able to use the hydrotherapy pool and take part in sports days.

When I came out I took up wheelchair rugby and competed in the 2012 Paralympics. If it wasn’t for the OTs, I would never have had the opportunity.

Maria Selby, 65

I’ve had a double lung transplant. Last year, I was told about a new choir called Singing 4 Breathing, for people with chronic obstructive pulmonary disease (COPD), run by OT students at Northampton University, so I went along to find out what it was all about. There are 50 of us; we meet weekly and sing a mix of folk and pop songs. The teacher has taught us how to breathe when singing. It makes you feel so happy and joyful. I never knew I could sing a tune. It’s so amazing when you think you can’t speak because you have COPD, and yet you can sing.

Our son Tom suffered a huge brain injury when he was born. About 40% of the left side of his brain had been damaged. We were told he would find certain things very challenging, especially speech, high-capacity functions and movement.

We met Anne Gordon, who manages the OT team at Evelina London children’s hospital, when Tom was six months old. Tom would never grab anything with his right hand, so Anne suggested using constraint-induced movement therapy, which meant restricting his left hand, forcing him to use his right hand.

Tom’s right hand is still affected, but he can now grab a ball with both hands, and hold a cup - things that other people would think is not that big a deal, but for us it’s absolutely massive.

Interviews by Kim Thomas
Rehabilitation/integrated services

Home delivery for disabled people

OCCUPATIONAL THERAPISTS ARE WORKING WITH OTHER SERVICES TO HELP PEOPLE WITH DISABILITIES LIVE INDEPENDENTLY AT HOME. SABA SALMAN REPORTS

Since a multiple sclerosis diagnosis nine years ago, reduced mobility meant Jane (not her real name) found it easier to sleep in the living room than climb the stairs to her bedroom. The 52-year-old from Knowsley, Greater Manchester, was using a standard manual wheelchair and had a stair lift installed. She realised a vertical lift would help, but felt the device was bulky and would be difficult to operate. The Knowsley Centre for Independent Living, an integrated care partnership where staff include housing surveyors, occupational therapists as well as occupational therapists (OTs), transformed her ability to live independently at home.

The centre, established in 2011, is run by 5 Boroughs Partnership NHS Foundation Trust, Knowsley council, Knowsley housing trust and voluntary sector services. The agencies pool budgets and co-locate specialists. Staff include the disabled facilities grant (the government grant paid to local authorities for home adaptations), housing adaptations team, handy person scheme, assistance technology staff, wheelchair services, rehabilitation, the blue badge scheme and OTs.

Ann Dean, senior OT assistant from 5 Boroughs Partnership NHS Foundation trust, says: “One of our goals is to work together for the good of the client. We have integrated with other services to make the client’s experience a streamlined and efficient one.”

In Jane’s case, a wheelchair specialist OT reviewed her self-propelling wheelchair, which she had difficulty using, and recommended a powered one instead. A specialist aids and adaptations OT demonstrated the vertical lift; Jane was surprised at how easy it was to use. The therapists jointly assessed Jane, which provided additional visits and sped up her treatment plan. Jane was confident in their recommendations; having been available to visit the OTs alongside the housing surveyors, she knew staff involved in her care shared the same workplace and could easily liaise and coordinate her support.

Integrated approaches help disabled adults live more independently at home. The Knowsley Centre for Independent Living, established in 2010, is a National Housing Federation model that offers a holistic way. The emphasis is on liaising and coordinating people’s needs to ensure they can do and get them to believe in their potential.

There is a focus on what people can achieve, being creative and using their resources. This individual had suffered abuse, someone with anxiety and depression. It was difficult leaving the house and because of this was finding it difficult to pace themselves. They had just had to combatting this and structuring their days to have meaningful activities. We also gave information on where to go for further help.

Our second appointment was with a person in their 50s who had degenerative back pain and walked with a stick. They had just had to leave their NHS admin job because of the pain they were in. We discussed pain management and any identified triggers for pain and gave information on how to manage their condition.

Seeing people like this is really beneficial for everyone. It gives me a chance to discuss cases with Fiona. I have more information on the resources that are available and good contacts in the local area.

Integration of OT’s speeds up delivery of home aids Alaney paper on integration highlights how OTs in multidisciplinary health and social care settings enable a focus on needs, not just on delivery of a particular service: “The inclusion of a specialist professional like an OT is essential for a holistic approach to meeting individual needs in line with the principles of personalisation.”

Meanwhile, government investment in the disabled facilities grant is to increase. In 2016-17, the amount rises from £200m to £350m and is set to reach £500m in 2019-20. The role of OTs in such work was underlined by a recently launched £40m Welsh scheme to improve the housing adaptations system. This involved the College of Occupational Therapists in a government taskforce working to develop a new system of providing independence aids.

Like Knowles, Ealing council’s integrated home improvements agency, Repairs and Adaptations, helps people avoid hospital or residential care admissions. Manager Paul Buchanan says: “Our in-house OTs work with our surveyors, and between them formulate a scheme to adapt properties for disabled people. The OT will assess the customer and decide what equipment is needed while the surveyor looks at the property side. Using this way always produces a co-ordinated, accurate scheme that is rarely challenged. It also saves time. The main benefit of having our own OTs is that we can deal with everything ourselves rather than going back to the council or hospital OTs.”

The presence of therapists at the agency speeds up the process of installing staff lifts. The agency has dispatched forms to all 1,740 local authorities under a government test, under local government finance reforms giving local authorities more control over spending. Ealing OT Katherine Togher recalls one 60-year-old cancer patient she helped last year for a stair lift. They had to agree a quote on the same day and the stair was installed within a month of it being agreed. She could go up and down stairs freely without being left feeling fatigued. In other authorities I know it can take much longer, but clearly you need to do things as soon as possible to help people who may be terminally ill.”

“The aim is to help people understand their condition and make it better”

In-house OTs work with our surveyors to help adapt disabled people’s homes

A specialist aids and adaptations OT at the Knowsley Centre for Independent Living, said: “We arrived on my clinical caseload. I have more time to liaise and coordinate people’s needs to ensure they can do and get them to believe in their potential. Seeing people like this is really beneficial for everyone. It gives me a chance to discuss cases with Fiona. I have more information on the resources that are available and good contacts in the local area.”

Liz Doherty, team manager of the Knowsley Centre for Independent Living, says: “One of our goals is to work together for the good of the client. We have integrated with other services to make the client’s experience a streamlined and efficient one.”

In Jane’s case, a wheelchair specialist OT reviewed her self-propelling wheelchair, which she had difficulty using, and recommended a powered one instead. A specialist aids and adaptations OT demonstrated the vertical lift; Jane was surprised at how easy it was to use. The therapists jointly assessed Jane, which provided additional visits and sped up her treatment plan. Jane was confident in their recommendations; having been available to visit the OTs alongside the housing surveyors, she knew staff involved in her care shared the same workplace and could easily liaise and coordinate her support.

Integrated approaches help disabled adults live more independently at home. The Knowsley Centre for Independent Living, established in 2010, is a National Housing Federation model that offers a holistic way. The emphasis is on liaising and coordinating people’s needs to ensure they can do and get them to believe in their potential.

There is a focus on what people can achieve, being creative and using their resources. This individual had suffered abuse, someone with anxiety and depression. It was difficult leaving the house and because of this was finding it difficult to pace themselves. They had just had to combatting this and structuring their days to have meaningful activities. We also gave information on where to go for further help.

Our second appointment was with a person in their 50s who had degenerative back pain and walked with a stick. They had just had to leave their NHS admin job because of the pain they were in. We discussed pain management and any identified triggers for pain and gave information on how to manage their condition.

Seeing people like this is really beneficial for everyone. It gives me a chance to discuss cases with Fiona. I have more information on the resources that are available and good contacts in the local area.

One innovative scheme is proving highly effective in getting people back to work. writes Linda Jackson

For 15 years, Ann Gillespie (not her real name) faced a daily battle to get out of bed at her Derby home, struggling with the debilitating combined effects of osteoarthritis, diabetes, depression and mental health issues. Manager Paul Buchanan says: “One of our goals is to work together for the good of the client. We have integrated with other services to make the client’s experience a streamlined and efficient one.”

In Jane’s case, a wheelchair specialist OT reviewed her self-propelling wheelchair, which she had difficulty using, and recommended a powered one instead. A specialist aids and adaptations OT demonstrated the vertical lift; Jane was surprised at how easy it was to use. The therapists jointly assessed Jane, which provided additional visits and sped up her treatment plan. Jane was confident in their recommendations; having been available to visit the OTs alongside the housing surveyors, she knew staff involved in her care shared the same workplace and could easily liaise and coordinate her support.

Integrated approaches help disabled adults live more independently at home. The Knowsley Centre for Independent Living, established in 2010, is a National Housing Federation model that offers a holistic way. The emphasis is on liaising and coordinating people’s needs to ensure they can do and get them to believe in their potential.

There is a focus on what people can achieve, being creative and using their resources. This individual had suffered abuse, someone with anxiety and depression. It was difficult leaving the house and because of this was finding it difficult to pace themselves. They had just had to combatting this and structuring their days to have meaningful activities. We also gave information on where to go for further help.

Our second appointment was with a person in their 50s who had degenerative back pain and walked with a stick. They had just had to leave their NHS admin job because of the pain they were in. We discussed pain management and any identified triggers for pain and gave information on how to manage their condition.

Seeing people like this is really beneficial for everyone. It gives me a chance to discuss cases with Fiona. I have more information on the resources that are available and good contacts in the local area.

One innovative scheme is proving highly effective in getting people back to work.
When stay-at-home is best

OTs are working in new ways in primary care to keep older people out of hospital. By Kate Murray

Older people are big users of the NHS, with patients over 65 accounting for half of all hospital bed days and over-85s twice as likely to have an emergency admission to hospital as the general population.

There is a growing recognition that, as the population ages and the squeeze on NHS resources continues, better ways of supporting older people outside hospital need to be developed. Multidisciplinary teams, bringing together other health professionals to work alongside doctors and nurses, will be crucial. As the independent Commission on Improving Urgent Care for Older People put it in its report earlier this year: “A focus on wellbeing and, often, community support can help avoid an older person being admitted to hospital after a fall.”

Kathryn Hubbard, each working day is different. When she visits an older person at home, she might help with mobility equipment or simply have a chat to boost morale. But while her caseload is varied, there’s a common theme.

“We are trying to see people before they come to us in a crisis, getting the equipment and the strategies in place so that when a crisis situation arises, they won’t necessarily have to bounce straight into hospital,” she says.

Hubbard’s work at a Gateshead general practice is part of a trailblazing project targeting older patients most at risk of hospital admission. Since she began work in January 2015, she has been able to take the pressure off GPs at the Oxford Terrace and Rawling Road Medical Group.

"A GP isn’t necessarily best placed to sort out equipment to protect a person at home.”

There is a growing recognition of the importance of occupational therapy (OTs), with their skills in promoting greater mobility, are a key ingredient in this multidisciplinary, more proactive approach. Professor David Oliver, president of the British Geriatrics Society, says it is not just about admission prevention, but also about reducing older people’s hospital stays. “At every stage of the process, OTs are important,” he says. “But what tends to happen in the public dialogue is we talk about doctors and nurses and not the wider health professionals. We’ve still got a fragmented system.”

In its report, the commission recommended that multidisciplinary teams might often be best placed in GPs’ surgeries, and in some areas this is already happening. But, according to Dr Nav Chana, a GP and chair of the National Association of Primary Care (NAPC), more needs to be done to get genuinely joined-up healthcare in a primary care setting.

“If you look at it from an average jobbing GP’s perspective, there are not many using OTs’ skills directly within their practice teams,” Chana says. “But we are trying to get people to live independently, to prevent hospital admissions and to make discharges work. All those things sit very squarely within OTs’ remit.”

The NAPC is developing a new model of primary care with a workforce built around the ongoing needs of the population it serves and is working with the College of Occupational Therapists to promote the profession within that.

In many areas, similar thinking is driving new work on integrating healthcare professionals, including OTs, to maximise resources and to improve patient care. Dr Maggie Keeble, clinical lead, proactive care, for South Worcestershire clinical commissioning group, which is currently planning its own multidisciplinary teams, says GPs can benefit from greater team-working.

“A GP will often be reactive,” Keeble says. “They will go in if there’s a problem and someone has fallen or got an infection. But they won’t necessarily be the best placed to see that if we can sort out aids and equipment at home, we can protect this person from deteriorating further. It’s not about keeping people out of hospital if they need to be there, but so often they don’t need to be in hospital.”

“By providing a more proactive service, we are keeping people at home longer.”

Hubbard helps older people maintain their independence.
A quiet revolution on the frontline

OTs are reducing hospital admissions and stays by treating people at home, reports Linda Jackson

It is a crisis that threatens to cripple the NHS. Around 8,000 patients are stuck in hospital beds in England every day due to delays in discharging, costing the NHS up to £300m a year. The figures, revealed early this year in an independent inquiry commissioned by the government, show one in 10 beds is occupied by someone medically fit to be released.

But OTs may offer a solution. Growing numbers are assessing patients needing urgent care and supporting them to remain in their own homes in a quiet revolution that is seeing them move to frontline services, whether in the emergency and frailty departments, are preventing the need for hospital admissions and supporting patients to live safely in their own homes.

The results are impressive. At Sheffield teaching hospitals NHS foundation trust, a new discharge-to-elderly wards, but it is hoped it will be rolled out to orthopaedics. The scheme currently applies to patients on the respiratory and care-of-the-elderly wards, but it is hoped it will be rolled out to orthopaedics. Another new way of working has proved successful at Ipwich hospital NHS trust, where OTs partnering with physiotherapists have piloted weekend working in the emergency and frailty assessment units and in A&E. Anna Robinson, senior OT emergency therapy team lead, says: “We have come a long way since we first trialled this. The results are fantastic.”

Rachel Bedwell, 29, is employed by East Lancashire hospitals NHS trust but works for the North West ambulance service NHS Trust’s Pennine Lancashire falls response service, helping older people to remain safely at home.

Yesterday was a typical day. Gail Smith, the paramedic I work with, signs me in at the hospital, where I follow up on patients seen by other paramedics and make sure they get the occupational therapy assessments they need. We get a lot of referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way: we have had 1,400 referrals this way:

The Guardian | Wednesday 29 June 2016

Urgent care

BALENS - Offering specialist insurance for Privately Practicing OTs, Case Managers and other Health Professionals

INDIVIDUAL PREMIUMS STARTING FROM

£98 PER YEAR

(Including Fees & Taxes)

BALENS INSURANCE PACKAGE FOR OTs & others

- 16m Medical Malpractice
- 6m Professional Indemnity
- 16m Public & Products Liability
- Taxation and Legal Package
- Cover for temporary work abroad (including the USA & Canada)
- Can include over 3,500 different therapies / activities
- Corporate policies also available

Discounts available for COTSS-IP Members on Individual Premiums

Telephone: 01684 580 771 Web: www.balenst.co.uk Email: OT@balens.co.uk

BALENS is a 4th generation, ethical family business providing exclusive insurance schemes in the UK, Republic of Ireland and Europe. Offering you one of the widest Insurance covers available with competitive premiums to match.

A reliable family business, since 1891

www.otoliftstairlifts.co.uk
Info@otolift.co.uk
tel: 01207 581 636

Single and Twin Tube Stairlifts, suitable for any type of staircase

OTOLIFT STAIRLIFTS

Pioneering for 63 years!
On the road to recovery

Driving centres, sports facilities and schools are providing new jobs for OTs. By Rachel Williams

Sue Vernon jots down happy clients’ comments in her diary. “Getting back to driving is the best thing I’ve done since I was injured,” one entry notes. “It’s like breaking free from prison,” says another. Vernon, an OT and driving instructor, is contracted by armed forces’ rehabilitation centre Headley Court to help service personnel get back on the road.

There are only about 25 full-time OT driving assessors in the UK, but it is an important emerging role, says Priscilla Harries, head of clinical sciences at Brunel University, who has researched the subject. “There’s a recognition that this is a field of practice we should be growing our expertise in,” says Harries, who is also research and development chair at the College of Occupational Therapists. Keeping people driving allows them to carry on working and prevents social isolation, she adds.

Vernon agrees: “Driving is a huge part of everyday living.”

Michael Matheson
Transform lives, benefit communities

Before coming into political office I worked in occupational therapy, which left me with a lasting impression of the importance of providing tailored support to individuals to give them the opportunity to become active members of society. I understood what the health service and the justice system have in common: our most deprived communities are those most likely to experience poor health outcomes and high levels of crime.

Improving people’s physical and mental health can help to reduce and prevent offending. People should be held to account for their behaviour, but thereafter our justice system and other key services should aim to support them to take their place as active and responsible contributors to society.

This principle underpins our approach to transforming the way we deal with women in prison, with a move towards a model of custody that helps to maintain links with the community. Evidence tells us that housing women in smaller, community-based units closer to their families, and providing additional support to address underlying issues, is what we need to do to stop them from committing further crimes.

In certain cases, custodial sentences will always be required and it is critical that we ensure that custody provides opportunities to help people turn their lives around. The Scottish prison service has a renewed focus on the delivery of purposeful activity in our prisons and it is committed to working in partnership with health and social care and improving the health and wellbeing of people in custody.

For the vast majority of people who offend, custody is not the best approach. I want to see prison used less frequently and a stronger emphasis on robust community sentences. This is not about being soft on crime – it is about being smart by addressing the factors that cause reoffending.

We know that the provision of flexible and coordinated approaches, working with people as individuals with strengths, needs and aspirations, rather than simply seeing them as “offenders”, can help them to make positive, lasting changes in their lives.

There is growing acceptance and support for this agenda and I want Scotland to seize this opportunity to make a decisive shift in how we tackle the factors that cause reoffending and help people to transform their lives and benefit our communities.

Michael Matheson is the Scottish government justice secretary