

At a glance 27

Personalisation briefing



June 2010

Implications for occupational therapists in social care

Key messages

Personalisation for occupational therapists in social care means:

- understanding and embracing the social model of disability; providing choice, control and a person-centred approach to assessment/review and delivery of support and services
- considering environmental barriers as disabling factors in people's lives and seeking to remove these barriers through inclusive and flexible building design and strategic planning
- optimising potential for independence through the use of adaptive techniques and assistive technology
- emphasising the promotion of self-reliance and personal and community resources (universal services)
- enabling people to optimise independence in daily living activities through outcome-focused re-ablement programmes
- promoting vocational and employment support to enable disabled people to enter the employment market
- ensuring that people have access to information and advice to make informed decisions about the support they need, however this is funded
- finding new, creative and collaborative ways of working that may be outside normal statutory provision and actively engaging with service users to co-produce, design, deliver and evaluate the support/ services received.

This At a glance briefing examines the implications of the personalisation agenda for occupational therapists.

Personalisation means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives in all social care settings and is far wider than simply giving personal budgets to people eligible for council funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment, regardless of age or disability.

Implications for occupational therapists

Personalisation demands a shift in approach, away from the constraints of resource led/stereotype provision to one where both service users and carers are empowered to make choices on the solutions to their needs. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in e.g. working, learning, playing, caring and interacting with others. Being deprived of or having limited



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access to occupation can affect physical and mental health. Occupational therapy supports people to optimise their potential and to engage in a range of meaningful activities throughout their daily lives so that they can achieve their aspirations as citizens, friends, partners, parents, employees, students or homemakers.

Occupational therapists have always taken a client centred approach, which is consistent with the principles and practice of personalisation. Occupational therapy uses a recognised person-centred process of assessment, intervention and review to achieve outcomes through engagement in fulfilling and meaningful occupation that's right for the individual.

The revised curriculum guidance recently published by the College of Occupational Therapists recognises the importance of personalisation and the need for this to be reflected in training. It states: 'In order to ensure occupational therapy remains relevant to and valued by society, the profession itself needs to change' (COT 2009). This change can be achieved by:

- emphasising the power of occupational activities to transform lives and communities
- envisaging the purpose of occupational therapy as creating a future in which everyone is able to benefit from occupation
- understanding occupational therapy as a dynamic, proactive and responsive collaboration between the therapist and the person using the service.

(adapted from COT 2009)

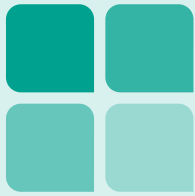
Case study 1

One local authority has agreed to use Social Care Reform Grant funds to create an occupational therapy project manager post. The remit of the post is to look at ways in which the occupational therapy service can take a lead on and align itself collaboratively to the personalisation agenda. Others have created consultant and advanced practitioner posts to lead on the implementation of personalisation.

How can occupational therapists deliver the personalisation agenda?

The philosophy of occupational therapy means recognising people as individuals. This aligns with the values of personalisation, as occupational therapists are skilled in finding and tailoring individual solutions for people in different care settings and can work with home care and care home providers. To move this forward there needs to be a further shift towards empowering people to make their own choices and decisions about the support arrangements for themselves and their carers. The role of the occupational therapist in improving quality of life and as a facilitator of learning means seeking collaborative ways of working with people who use services, their carers, families, friends and other social care and health practitioners to co-design and co-produce care and support.

Occupational therapists can support self-determination by helping service users to self-assess or review their needs. Many authorities are now using self-assessment tools, some of which are linked to resource allocation systems (RAS), to determine the level of need and to develop outcomes. Others have signed up to ADL Smart Care or to the Disabled Living Foundation SARA online self assessment tool. These enable service users to complete an interactive assessment tool that identifies problems within the home and offers practical solutions. Occupational therapists can signpost to these services. One local authority has provided a service user with a direct payment for an adaptation where they were able to provide a digital photo of their requirements together with a quote from a builder. Another has provided a direct payment in order that the service user could purchase the door opening system of his choice rather than the standard device provided by the local authority. The service user was also able to use some of his money to employ the builder he wanted. He had control over the whole process and choice about



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the device he wanted, and as a result was very satisfied with the end result.

Carers need additional support to maintain a life beyond their caring responsibilities. This needs to recognise the role and occupational needs of carers in both the assessment and support planning process, and may include learning needs, employment needs, or advice on management techniques, e.g. moving and handling their relative.

In terms of delivery of support, occupational therapists have the training and skills to provide reablement or rehabilitation to optimise the independence of people using the service. Occupational therapists can help identify and address any risks, and support people to find solutions to barriers to independence within their

home or workplace, through the provision of assistive technology equipment and adaptations. This will also require organising provision of equipment and sourcing funding for adaptations e.g. Disabled Facilities Grant or Access to Work.

Occupational therapy services need to be accessible and timely. Early intervention can be provided at the point of contact with social care. Some authorities have occupational therapy resources based within their point of referral where service users can receive:

- a telephone assessment and direct provision through rapid response technicians
- direct equipment provision
- referral to local Centres for Independent Living or user-led organisations (ULOs).

Case study 2

Mrs C was discharged from hospital paralysed from the waist down as a result of spinal cord compression. The occupational therapist's initial involvement was to consider equipment provision and long-term adaptation requirements. The assessment identified various issues but it became evident that one need was paramount to Mrs C – the ability to leave her house to visit friends, family and the wider community. The occupational therapist looked at making Mrs C's home more accessible for wheelchair use. They also identified the lack of a wheelchair-accessible vehicle which meant she was confined to her own home making her feel extremely isolated. Before her paralysis she and her husband had enjoyed the freedom and independence a car gave them to spend time together visiting people and places.

Mrs C completed a self-assessment questionnaire which highlighted the key areas of importance in her life and the goals she wished to achieve. The outcome of this led to her using part of her personal budget to hire a wheelchair-

adapted vehicle once a week. This option was an alternative to traditional day care provision which would not have met Mrs C's preference and as she was over 65 she did not qualify for the Motability scheme offered under the Disability Living Allowance.

Working in multidisciplinary contexts and across health and social care, occupational therapists can collaborate with social workers, physiotherapists, nurses and other practitioners to enable support to be tailored to individual preferences in all care settings. The separate but inter-related roles focus on needs rather than on the delivery of a particular service. Professional communication and collaboration needs to inform decisions about support for people with long term conditions whose needs may fluctuate or evolve over time. The inclusion of a specialist professional like an occupational therapist is essential for a holistic approach to meeting individual needs in line with the principles of personalisation.



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Case study 3

One authority provides an 'activities of daily living' (ADL) assessment clinic. People screened as having lower level needs are encouraged to attend this clinic where their needs are assessed by an administrator using a structured clinical reasoning tool. Service users provide specific measurements of their requirements which

they can discuss with an occupational therapist. Advice and information can be provided by the occupational therapist on available services and funding e.g. Disabled Facilities Grants. The response and uptake of this service has been good with surveys capturing high levels of customer satisfaction.

Case study 4

Mr B has restricted mobility and has received disability benefits for about 10 years. As his main carer, his wife regularly has to re-position him during the night, leaving them both sleep-deprived. In addition Mr B has depression, feeling that he cannot 'provide' for his family or be part of normal family life, including accompanying them on outings, holidays etc. The occupational therapist worked with Mr and Mrs B to identify options that would improve his wellbeing and independence and provide him with options to engage with the community, as well as reducing stress on Mrs B, the main carer. As a result, Mr B used a personal budget to purchase:

- A profiling bed. This has given Mr B more independence and improved sleep patterns for both he and his wife.

- A trailer for taking his mobility scooter on outings, which has also enabled him to consider employment.
- A heavy duty office chair and desk enabling Mr B to sit comfortably and safely.
- The services of a visiting personal assistant which provides respite for Mrs B, enabling her to have time for her own activities.

Mr B has liaised with the Job Centre who hope to fund computer-based training.

This successful use of a personal budget has reduced Mr B's symptoms of depression, which has impacted favourably on the rest of the family.



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References

College of Occupational Therapists (2009) *Curriculum guidance for pre-registration education*. London: COT.

Further information

ADL Smartcare is dedicated to providing state-of-the-art tools to help match individuals to technological solutions. It helps Individuals find specific matches for equipment and products. Further information can be found on: www.adlsmartcare.com

AskSARA is an easy to use award-winning online tool that asks you questions about yourself and your environment. It provides useful advice (compiled by occupational therapists at the Disabled Living Foundation (DLF) and ideas of equipment that might help with details of suppliers. This can be found on the DLF website: www.dlf.org.uk

Communities and Local Government (CLG) (2008/2009) *Support to individual budget pilots to deliver the objectives of Supporting People and the DGF and learning and experiences from the individual budget pilot sites*, London: Communities and Local Government (CLG)

Department of Health (2008) *Occupational therapy in adult social care – sustaining a high quality workforce for the future* Department of Health, London: Can be accessed on: www.dh.gov.uk/publications

Beech, R and Roberts, D (2008) *Research briefing 28: Assistive technology and older people*, London: Social Care Institute for Excellence



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Personalisation: a rough guide tells the personalisation story so far – exploring what it is, where the idea came from and where it sits within wider public service reform. It is freely available online at www.scie.org.uk. This briefing is one of a series explaining the personalisation agenda and what it means for different groups.

Briefings in this series:

At a glance 06: Personalisation briefing: Implications for commissioners

At a glance 07: Personalisation briefing: Implications for home care providers

At a glance 08: Personalisation briefing: Implications for housing providers

At a glance 10: Personalisation briefing: Implications for carers

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At a glance 13: Personalisation briefing: Implications for voluntary sector service providers

At a glance 14: Personalisation briefing: Implications for personal assistants (PAs)

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At a glance 17: Personalisation briefing: Implications for residential care homes

At a glance 18: Personalisation briefing: Implications for community mental health services

At a glance 21: Personalisation briefing: Implications for people with autistic spectrum conditions and their family carers

At a glance 22: Personalisation briefing: Implications for community learning disability staff

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**Social Care
Institute for Excellence**
Goldings House
2 Hay's Lane
London SE1 2HB

tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

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