



OCCUPATIONAL THERAPISTS WORKING IN LOCAL AUTHORITY SOCIAL SERVICES

REPORT ON ENGAGEMENT EVENTS – FEBRUARY 2016

Introduction

Scottish Ministers value the significant contribution of the social services workforce in delivering improved outcomes for individuals and families and in contributing to a more equal and socially just Scotland. The Scottish Government is therefore a key partner in the Social Work Services Strategic Forum (the Forum) which developed [Social Services in Scotland: A Shared Vision & Strategy 2015-2020](#) published in March 2015. The Strategy, developed by the sector, recognises the wide range of developments already in train to improve social services. It also identifies the challenges which need to be addressed to further strengthen the sector. The Strategy sets out a range of actions designed to address those challenges under four action areas.

- Supporting the Workforce
- Understanding Service Quality and Performance
- Improving Use of Evidence
- Promoting Public Understanding

A key element in developing and implementing the Strategy is the voice of frontline workers – ensuring that they are able to contribute their expertise, experience and knowledge to meeting the challenges and making improvements. During 2015 the Office of the Chief Social Work Adviser (OCSWA) in the Scottish Government was one of a number of stakeholders who created opportunities for the practitioner voice to be heard. OCSWA held 5 practitioner events during 2015 specifically to promote the Vision & Strategy and to hear from front line workers about how to

progress its actions. Opportunities were also taken to raise awareness of other key developments such as the Creating a Fairer Scotland and Creating a Healthier Scotland national conversations.

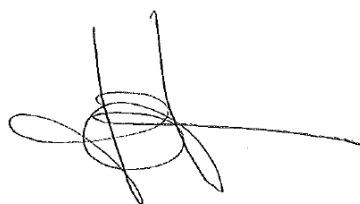
Occupational Therapist Engagement Events

Occupational Therapists attended some of the 2015 events but in low numbers. Feedback suggested potential value in holding some Occupational Therapist specific events to engage in a meaningful debate on key issues for them as a key profession in social service delivery. In conjunction with the AHP lead in Scottish Government OCSWA delivered two such events in February 2016. These events were well attended and warmly received. Those attending created an open and positive discussion about the role and contribution of Occupational Therapists working in social service teams. They generated ideas that could improve their already valuable contribution in line with national and local priorities around enablement and early intervention as well as highlighting challenges around their role. They also offered suggestions to improve their access to learning and development opportunities, career pathways and their strategic presence in local partnerships and nationally. This report presents the feedback from those events. Common themes arising from the Occupational Therapist and 2015 events are identifiable in this report.

What will happen next?

This report captures the issues of importance to the Occupational Therapists who made valuable time to attend these events and whose contribution is very much appreciated. It is being distributed to: those who attended, relevant Scottish Ministers and the members of the Social Work Services Strategic Forum as well as all 32 Local Authority Chief Social Work Officers and all AHP Directors and Associate Directors. It will also be sent to relevant policy leads within Scottish Government and key stakeholders across the sector including the Social Work Scotland Sub-Group on physical disability, sensory impairment and disability as a key group where Occupational Therapist issues are explored and addressed.

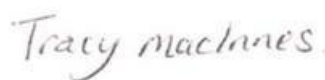
This report will inform the content of the AHP Active and Independent Living Programme that is currently being developed by Scottish Government. This is a key vehicle for progressing issues relevant to AHPs working in Scotland. The report will also inform implementation of the Vision & Strategy for Social Services. What that will mean in terms of activity will be clarified in the Programme which will be published by the end of June 2016.



Jane Johnstone

PROFESSIONAL SOCIAL WORK ADVISER

SCOTTISH GOVERNMENT



Tracy MacInnes

**ACTING CHIEF HEALTH PROFESSIONS
OFFICER**

SCOTTISH GOVERNMENT

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SECTION 1: SUPPORTING THE WORKFORCE

How to better support Occupational Therapists in social service teams

Strategic local presence and national lead for the profession

supportive culture with protected time to learn, network and reflect*

formalised supervision structures – regular senior Occupational Therapist and peer support

more Occupational Therapists in managerial roles & Occupational Therapist aware managers/teams

caseload management and reduced bureaucracy * -better use of Occupational Therapist skillsets

involvement in service planning, change programmes, evaluation & monitoring*

career pathways* linked to structured CPD & formal training programmes

clarifying the Occupational Therapist and Senior Occupational Therapist roles nationally

opportunities for shared learning - improved access to knowledge hubs*

integrated IT systems & improved info sharing across health and social care*

regional joint training* with social work staff and NHS Occupational Therapists

Further detail on the views expressed

Learning and Development - The discussion highlighted the importance of improving practice through effective learning, reflective practice, on-going personal development and knowledge exchange. Many positive messages about existing access to learning opportunities sat alongside messages calling for more formal learning/networking opportunities and prioritised learning. There were some messages about training needing to be practice based, targeted to support staff in their roles and not just on systems and processes. One view was that there were limited channels to discuss practice issues and effective practice beyond the mundane level.

A number of Occupational Therapists working in local authorities felt that their professional and policy development is very much left to the individual and compared it to the NHS where they thought it more structured and linked to role requirements. Occupational Therapists require to meet the skill and CPD requirements of their professional body and not all those working in local authorities have a formal CPD structure that links to the role required of them, though training on specific roles is generally well provided for. There was also a view by some participants that there was a lack of structured development for Occupational Therapists beyond their frontline role and given their role varies considerably across LAs structuring development brings challenges. It was suggested that a formal approach prescribing CPD pathways that support career progression would be beneficial.

Whilst there was good support in many ways from social work managers some felt that for individual learning plans to have increased relevance they would benefit from being agreed by a manager or supervisor with an Occupational Therapist background. Lack of professional input post-qualification can create a risk that Occupational Therapists become isolated and marginalised within social work teams. There were strong and positive messages about Occupational Therapists wanting to make the most of their unique skillset to deliver improved outcomes for individuals and families and the positive benefits of that all round. Sustaining and building on that skillset was felt to be critical. A key improvement would be for all managers to recognise and help meet the learning needs of Occupational Therapists, particularly those related to their professional requirements.

Protecting time for learning, CPD and reflective practice was a significant issue. There was a suggestion that more joint training locally with social care workers, Occupational Therapists in different LAs and in acute settings would bring many benefits. Robust training programmes linked to fitness to practice were highlighted as worth exploring.

Lack of access to Managed Knowledge Networks was raised, also linked to difficulties with ATHENS passwords. Solutions to improving learning & development for Occupational Therapists were offered and included:

- annual events & national training/ networking opportunities
- Scottish Government led national Occupational Therapist /LA Managers Forum for strategic issues
- regional practice forums – chaired by Occupational Therapists and involving students
- more practitioner events like this
- improved resources/funding for training
- regular peer meetings/buddying systems/getting to know Occupational Therapists in other areas
- Communities of Practice/Forums for Occupational Therapists
- Sharing evidence based practice and case studies – involving JIT* and others
- Occupational Therapists to have more presence in local team meetings
- co-location key in supporting development and integrated working
- job share/shadowing, secondments, rotation of Occupational Therapists in different roles (across LAs and NHS)

* As of 1 April 2017 JIT became part of the Improvement Hub under Healthcare Improvement Scotland – see <http://ihub.scot>

Information Management - For some, particularly in non-integrated teams, accessing health records and information to inform assessments was challenging. There was a strong call for integrated IT/information systems across health and social care. For some co-location supports good information exchange despite different IT systems. Information not being passed down from managers was an issue for some as was accessing information from Health Boards. Clearer communication structures at local level should help. Improved knowledge of local resources to support individuals was felt by some to be important as was improved interpretation of legislative requirements which some felt could be better supported in guidance via the professional body.

Leadership - A strong message from participants was that Occupational Therapists would benefit from a strategic presence at senior level within local partnerships. Some participants suggested that structures need to include designated management positions for Occupational Therapists and that an Occupational Therapist presence at national strategy level would also support the Occupational Therapists' contribution nationally. Another significant message was that most Occupational Therapists wanted a strong voice to lead the profession.

Stronger local presence should support greater understanding of the Occupational Therapists role and bring the Occupational Therapist perspective more to clinical decision making, particularly in complex cases. Occupational Therapists feel that in general managers need to take more account of their views on service delivery, improvement and change. Participants highlighted examples of strong partnerships with managers regardless of their background who were interested in and aware of the contribution of Occupational Therapists and as such were able to represent their views at a strategic level. Some however felt that managers with a non-Occupational Therapist background do not always understand their clinical decisions. Where this strong local presence is lacking people indicated potential challenges around delivering the best model of integrated service delivery possible.

Supervision – Structured, formal and time protected supervision, involving senior Occupational Therapists in order to support the professional skillset, was raised as important in supporting good practice. This could also be complemented by mentoring and peer support groups.

Pay – Different pay rates across local authorities were felt to impact on recruitment and retention as well as impeding cohesion and clarity for the professional role. A number of participants highlighted that some posts were restricted to basic starting salary regardless of experience.

Status – A view was offered that Occupational Therapists working in social services could be embraced more as part of the AHP family. This would offer an avenue of support for those who felt less part of social services though the clear message was that many OTs feel part of social services. For some however structures and management need to be more inclusive and embracing.

Retaining Experienced Staff - Career pathways are important to Occupational Therapists and generally people felt this was a significant gap. Senior practitioner roles vary in number and remit across authorities and it was suggested that clarity and a standardised approach to this role, supplemented by national guidance may be helpful. Some felt that opportunities for Occupational Therapists to be included in leadership/management training programmes were limited and wanted this to improve. They suggested that a commitment to skills development within teams could help.

A recurrent theme was a perception from Occupational Therapists that there is a lack of awareness about their role. For example, the range of duties undertaken by Occupational Therapists and the difference/similarities with social worker colleagues. At the same time many Occupational Therapists enjoyed the breadth and variety of their current role. This was seen as a potential retention issue, as were fixed term contracts.

There were some examples of OT skillsets being used early and effectively, with manageable workloads and enabling onward referral where appropriate to other practitioners. Some participants however highlighted the size of caseloads and the need to minimise admin and bureaucracy to support client contact time. This was linked to how referrals are screened and allocated and there were across authorities some examples of good practice and seamless approaches which led to better use of resources.

Self-Directed Support (SDS) was recognised as a key vehicle to deliver choice and independence for services users but a number of participants raised concerns about bureaucratic assessment processes and significant challenges in respect of resources and expectations.

SECTION 2: SERVICE QUALITY AND PERFORMANCE

Supporting Occupational Therapists' contribution to improved outcomes

use profession effectively to support early intervention/rehabilitation

use Occupational Therapy assessment tool more – need for standardised assessment

evidence the specific value of the Occupational Therapist intervention/role

review and improve monitoring/evaluation approaches - nationally& locally*

* issues also raised in social services workforce engagement activity

Further detail on the views expressed

Service Quality

There was a message that engaging with practitioners at different levels is important and it is not enough to simply, cascade messages through senior managers. Social media can help reach front line staff effectively and could be used more creatively.

Consistent service quality was seen as key in driving improvement and a bottom up approach involving Occupational Therapists was felt to be important in supporting that. As mentioned elsewhere in this report managers attuned to the Occupational Therapist role and contribution can help drive improvement and integrated delivery.

A strong message was the potential benefit to be had in making more effective use of Occupational Therapist skills in supporting early prevention and rehabilitation. Parity of access to and standards of services across Scotland for users was also felt to be important. As well as a strong team presence, Occupational Therapist presence on strategic planning boards was felt to be important if Occupational Therapists are to input to planning & improvement. Occupational Therapist involvement earlier in policy development could be achieved through a national Occupational Therapist manager forum.

It was suggested that a standardised and template approach be adopted to referrals processes particularly around hospital discharge. There was also a suggestion that agreed referral standards would help. Reducing duplication around referral process would be welcomed. Some Occupational Therapists felt that forms fit IT systems and policy needs rather than their professional need. Better use of Occupational Therapist specific assessment tools (designed for improvement reablement and outcomes) was suggested as a means of capturing more helpful information. Standardised approaches to assessment were also suggested as beneficial.

Resource prioritisation was recognised as important and there were concerns about limited resources/budgets. Key priorities to explore for Occupational Therapists are better defining their role and seeking to evidence the value of that role in improving outcomes and delivering cost effective early interventions. There was a strong view that Occupational Therapist interventions need to be used more effectively. Some held the view that their contribution is measured by the number of service users seen - dealing with high workloads, crisis interventions and long waiting lists - rather on improved outcomes.

There were examples of good practice i.e. North Lanarkshire where systems/processes helped reduce waiting lists dramatically. Self-referral for equipment & adaptations worked well in East Lothian supporting engagement at all levels. Engagement of service users in the planning and delivery of services was raised, as was harnessing user feedback to inform evaluation and improvement.

Evaluation and Monitoring – There was a strong message that work is needed to evidence the Occupational Therapists contribution, linked to evidence of improved outcomes for individuals and savings in the system in relation to early intervention. Previous themes highlighted already in regard to the varied Occupational Therapist role and roles merging with social work are relevant to

evaluation and monitoring. Fear of losing the Occupational Therapist specialism was also a significant concern.

There was a suggestion to develop a National Outcome Measure that would help evidence effective Occupational Therapist intervention. At the same time there was suggestion to look at a core data set and key performance/outcome measures across all social services. There were concerns about productivity and stats driving practice and evaluation more than improving outcomes and questions about whether stats were used effectively, suggesting a review of the data gathered would be helpful.

It was recognised that evidencing quality cannot be done by looking at Occupational Therapists interventions in isolation and establishing the role in the care pathway was felt to be important. Key messages included looking at more assessment of policy implementation, an increased focus on outcomes, a need to look at what is measurable and to develop systems that capture feedback from users, carers, communities and the workforce.

Health and Social Care Integration – Messages here mirrored those elsewhere in the report particularly about the role needing to be better understood and promoted to support effective integration, anticipatory care and enablement. There was a lot of positivity that integration offered a key opportunity to improve support for the profession across social work and health and to develop a career pathway across the system. The question was raised about AHP representation on Joint Improvement Boards.

Some participants described working in strong multi-agency integrated teams and are taking on some statutory functions in relation to adult protection work. The importance of wider partnership work was also highlighted, for example with housing colleagues.

SECTION 3: IMPROVING USE OF EVIDENCE

How to better share research and evidence?

improve skills in research/evidence*

improve access to best practice research*

the need for specific Occupational Therapist evidence based practice

time for research & practice learning*

more and protected opportunities to engage in research & knowledge exchange*

better promotion of national resources & knowledge exchange platforms*

* issues also raised in social services workforce engagement activity

Further detail on the views expressed

Research - The personal and professional responsibility of an individual to be aware of current research was acknowledged as were the responsibilities of employers to support this, particularly time to do this.

Evidence-based research was felt to be more prevalent in the NHS than in LAs, although one reflection was that it was lacking in both sectors. Systems should allow Occupational Therapists to participate in reflection, CPD and research and support from managers and effective leadership is important in enabling this. A strategic approach to look at the issue of research for Occupational Therapists would be worth exploring. Research and evidence needs to inform any work undertaken to explore the potential benefits of redefining the Occupational Therapist role. Audits were mentioned as a source of evidence and would be welcomed if meaningful. The need to engage more closely with HEIs was highlighted.

Some people reported that they struggled to source and use research to support their practice. It was suggested at national level Scottish Government and others could promote good practice, positive stories and case studies.

Numerous suggestions were offered on how to improve matters:

- a link via JIT for Occupational Therapist specific research – JIT is useful for sharing learning
- improved internet access – access to NES knowledge platforms
- supported by a culture change that values evidence - creating more learning events
- presenting research at BAOT meetings and have representation at these from all LAs to cascade findings
- COT guidance on Scottish Government website needs to be used by Occupational Therapists
- creating a database of up to date research

Promoting Research/Knowledge - There was a view that evidence could be shared more effectively. Better use of IT to share info is important but IT capacity across many organisations needs improved to support this. Creating accessible, national databases of up to date research and promoting existing knowledge exchange platforms were strongly advocated.

Solutions offered included:

- a national database of the latest up to date research
- using the Managed Knowledge Network Better – dealing with access issues
- using social media/alternative media
- using different methods of communication
- better promotion of existing resources - SSKS/Workforce Knowledge Portal/NES Platforms
- addressing the fact that IT organisational systems block access to evidence

SECTION 4: PROMOTING PUBLIC UNDERSTANDING

How to strengthen public understanding of the role

raise awareness of role with public & other key professionals

promote positive stories of contribution*

consistent good quality care seen as a key driver of improving public perception*

manage public expectations about resources/own responsibility/choice*

Further detail on the views expressed

Public Perception and Understanding – There was a general sense that the public doesn't understand what Occupational Therapists do and a comment that this understanding needs to also improve with elected members, senior strategic health and social work managers.

There was a view that public perception tends to be limited to the role Occupational Therapists play in supporting the provision of equipment and adaptations and that this could change through work to better define the role of the profession and more consistent messaging about enablement.

It was agreed that individual Occupational Therapists could take responsibility for explaining what they do with individual service users. There was also the view that a more public face was required to clarify the role (leaflets, website info, YouTube). These comments link to the suggestions elsewhere in this report that there should be a national lead for the profession, that the role would benefit from being clarified and the benefits of promoting the role across integrated health and social care.

There were strong messages about the need to manage public expectations around support, to better define what the service can provide and to encourage self-management where appropriate. Falkirk Council gave examples of work they had undertaken in this area.

Feedback in one area Glasgow Council rehabilitation service satisfaction levels are at 90% and have been sustained at that level.

Solutions offered included

- a publication that sets out the role of Occupational Therapists
- Occupational Therapist promotion teams to engage nationally via roadshows