

Occupational therapists adding value within social care

Key facts:

Occupational therapists have been working in social service organisations since 1970, and is the only Allied Health Profession practicing in this area in significant numbers. Traditionally the role of the occupational therapist working in local authorities has been shaped by statutory legislation, focusing on the assessment and provision of equipment and adaptations for disabled and vulnerable people. Occupational therapists deal with between 35–45% of local authority referrals and yet only make up 2% of the workforce (DH 2008). This in itself demonstrates the considerable contribution that the profession makes to social care.

Evidence exists that the traditional services for equipment and adaptations can be cost-effective by enabling savings in the cost of formal care (Goodacre et al 2008, Heywood et al 2007). Occupational therapists are however now extending and developing their roles in social care, for example in reablement and rehabilitation; end of life care; in local authority housing services; safeguarding; return to work and shared care for children schemes.

Occupational therapists in social care assist disabled and older people by:

- Working in partnership to adapt a disabled person's environment in order that they can remain in their own homes and carry out their chosen activities safely. This can reduce the need for complex and costly care packages or admission to residential care (DH 2008).
- Promoting and supporting personalisation to ensure that individuals have wider choice in how their needs are met, and are able to access universal services such as transport, leisure and education, and opportunities for employment (SCIE/COT 2010).
- Reablement services which aim to help people accommodate their illness or condition by learning or re-learning the skills necessary for daily living. (COT 2010). Occupational therapists have been identified as key to the delivery of reablement services (SCIE/COT 2011).
- Assessing the need for telecare equipment and detectors to support the individual to live independently in their home (Evans et al 2011).
- Providing home safety checks (DH 2008).
- Reviewing care packages (COT 2008).
- Assessing and problem-solving manual handling situations (DH 2008) which can also lead to a reduction in the need for additional care (Mickel 2010).

Cost Benefit:

- Norfolk County Council's reablement scheme which works very closely with local occupational therapy teams, found that care hours were reduced by 90% for those going on to longer term care (Allen and Glasby 2010). Additional examples can be found on: <http://www.evidence.nhs.uk/qipp>.
- Occupational therapists reviewed care packages in one project which resulted in substantial care reductions and cost savings for social services. 25% of those who were discharged received rehabilitation that resulted in cost savings to social services and health gain for the individual (Riverside Community Health Care NHS Trust 1998). In another authority, occupational therapists reviewed 85 service users' care packages and savings equalled £170,000. Through this process occupational therapists have also met service user goals and encouraged greater engagement with the local community.



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- In Somerset County Council, a scheme was piloted by occupational therapists to evaluate the impact of providing additional moving and handling equipment on the need for two carers (Mickel 2010). On evaluation the scheme had reduced the need for two carers to one carer to assist with personal care needs in 37% of the cases, totalling savings of £270,000. The average initial investment in equipment was £763 per service user.
- A study that explored the relationship between provision of equipment and reduction on care package costs and residential care found that over an eight week period, cost savings to care packages through provision of equipment were over £60,000 (Hill 2007).
- Housing adaptations can reduce or remove the need for daily home care visits, with savings ranging from £1,200 to £29,000 a year (Heywood and Turner 2007).
- A fall at home that leads to a hip fracture costs the state £28,665 on average, over 100 times the cost of installing hand and grab rails (Heywood and Turner 2007).
- It is estimated that just one year's delay in providing an adaptation to an older person costs up to £4,000 in extra home care costs (Audit Commission 1998).
- Postponing entry into residential care by just one year through adapting peoples home saves £28,080 per person (Allen and Glasby 2010).
- Telecare can save costs where it provides a direct replacement for traditional care. Essex County Council estimated that in their mainstreaming telecare project, for every £1 spent on telecare, £12.60 was saved on traditional care (Department of Health Care Networks 2010).

References

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It may also be helpful to refer to COT's film on 'How occupational therapy can help people' which can be found on our website www.cot.org.uk and on www.youtube.com/baotcot

