CARE ACT 2014

Guidance for Occupational Therapists

TRANSITIONS; CUSTODIAL SETTINGS; EMPLOYMENT, TRAINING AND EDUCATION

Endorsed by directors of adass adult social services

College of Occupational Therapists

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Foreword

By The Rt Hon Alistair Burt MP

In the last year, we have witnessed a fundamental shift in the system of health and care in England – a shift which has placed carers and the cared for at the heart of decision-making about the support they need and deserve.

The *Care Act 2014* has been the catalyst for this change in emphasis, but the approach is arguably nothing new. Occupational therapy was founded on similar person-centred principles and remains so to this day. Therapists have long taken the holistic approach with their clients, seeking to understand their health and care needs in the context of their environment and life goals.

I am therefore very pleased to introduce this suite of four publications from the College of Occupational Therapists focusing on the *Care Act* and how it affects the work you do to enhance the wellbeing of people and communities.

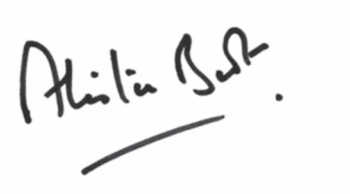
This particular publication focuses on transitions; custodial settings; employment, training and education. It explains how the duties of the *Care Act* should be used in combination with your skills and experience to enable people to access the care and support that they require, or the opportunities that they choose to participate in.

Foreword

In the relatively short time that I've been Minister for Community and Social Care, I've quickly learned that occupational therapists are natural integrators across health and social care. Combined with the profession's commitment to promoting independence through occupation, they are central to enabling people to make the most of their lives.

I applaud the College of Occupational Therapists' continued efforts to raise the profile of your highly valued profession and believe this series of publications can only reinforce your vital role within the health and care sector. I believe their existence will reassure and encourage commissioners, directors of adult social care and leaders throughout the system to embrace and empower occupational therapists as they lead the way in prevention.

It is only by working alongside health and other social care colleagues that your distinctive client centred-approach can make a truly positive difference to people's lives.



The Rt Hon Alistair Burt MP
Minister of State for Community and Social Care
Department of Health

Introduction

This is one of a series of guides to the *Care Act 2014* (the Act) (Great Britain. Parliament 2014a) that has been developed by the College of Occupational Therapists (the College), funded by the Department of Health (DH). They will assist you, as occupational therapy practitioners, to understand and deliver some of the key concepts and duties within the Act. They may also be useful to commissioners and others within the health and social care workforce.

The topics currently covered within this series are:

- Wellbeing
- Prevention
- Disabled Facilities Grants
- Transitions; custodial settings; employment; training and education.

Within each topic, the guides look at selected areas which potentially have the most implications for the work of occupational therapists.

The *Care Act 2014* ensures that the focus of the provision of care and support starts with the individual and their needs, and their chosen goals or outcomes. Its underpinning precept is that 'the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life' (DH 2016, section 1.1).

The Act gives adults and their carers a legal entitlement to care and support to meet their eligible needs, recognising that these are different and

personal to each individual. Local authorities must consider how to meet each person's specific needs. This requirement is reinforced by a number of principles which must also be incorporated into the care and support activities that are carried out by the local authority. Implementation of the Act will require a significant change in practice for many involved in health and social care services, including occupational therapists.

The College recommends that you read through the relevant sections of the *Care and support statutory guidance* (DH 2016).

This guide focuses on the following three areas:

1 Transitions.

2 Custodial settings.

3 Employment, training and education.

Occupational therapy philosophy and skills

> *An occupational therapist's core professional reasoning skills are based upon an understanding of the inter-relationship between occupation and health and wellbeing: identifying and assessing occupational needs; analysing and prioritising these with the service user; facilitating occupational performance; and evaluating, reflecting and acting on occupational outcomes.*
>
> (Adapted from COT 2014, p5)

The World Federation of Occupational Therapists (WFOT) describes occupational therapy as:

> *… a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.*
>
> (WFOT 2010)

There is a close correlation between the philosophy, skills and practice of occupational therapists and the underpinning principle of the Act, that 'the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life' (DH 2016, section 1.1), enabling them to live as independently as possible for as long as possible. In effect the Act gives occupational therapists more freedom to practise, utilising the full range of professional reasoning and skills.

The statutory guidance recognises that occupational therapists, along with registered social workers,

> *are considered to be two of the key professions in adult care and support. Local authorities should consider how adults who need care, carers, and assessors have access to registered social care practitioners, such as social workers or occupational therapists.*
>
> (DH 2016, section 6.82)

1 Transitions

> *Services at transition should be aimed at moving a person into work/adult life in such a way as to promote their independence and so reduce their long term needs for care and support.*
>
> (DH ca.2013)

The statutory guidance to the *Care Act* (DH 2016) recognises the importance of preparing and supporting a young person or carer as they approach and move or transition into adult care and support at 18. It is a complex time and is likely to involve multiple support agencies including those for education, health, care, housing and employment. The Act and the guidance identify three specific groups – young people in receipt of care, young carers, and adult carers of young people. The term 'young person or carer' is used to represent all three.

The guidance states that:

> *the wellbeing of each young person or carer **must** be taken into account so that assessment and planning is based around the individual needs, wishes, and outcomes which matter to that person.*
>
> (DH 2016, section 16.3)

Professionals from the various agencies and services involved, the individual, their family and/or carer and their community are encouraged to work together in a coordinated way to enable the individual to identify and achieve the outcomes that are important to them.

Transition assessment

The assessment is intended to '*provide young people and their families with information so that they know what to expect in the future and can prepare for adulthood'* (DH 2016, section 16.4). Each group, as identified above, has its own specific assessment.

A transition assessment must be carried out *'when there is significant benefit to the young person or carer in doing so, and if they are likely to have needs for care or support after turning 18*' (DH 2016, section 16.8). It is recognised that there is no fixed time for an assessment; it should happen when it is most suitable for the individual and when the local authority can be reasonably sure about what their needs for care and/or support will look like after they turn 18. The individual need not have been in receipt of care and support before the age of 18, but is likely to need this as an adult. The *Care Act* guidance explains these terms and timings more fully (DH 2016, section 16).

The assessment must incorporate the outcomes and aspirations of the young person or carer, along with their strengths and capabilities (assets). The Act allows for assessments from a number of pieces of legislation to be combined, for example combining the *Care Act* assessment of need with another assessment under the *Children Act 2004* (Great Britain. Parliament 2004) or the *Children and Families Act 2014* (Great Britain. Parliament 2014b). It should be noted that in parts of the *Children Act* the duty of care extends to the age of 25.

The transitional assessment for a young carer, or a carer of a young person, must identify their needs

and aspirations. Clarification must be sought as to whether they are willing to continue to provide care, and/or if they wish to participate in employment, education, training or recreation in the short or longer term.

Practice examples

Occupational therapists are generally involved in a young person or carer's transition process if the individual is already known to the practitioner or the service. There are various ways of working as indicated below.

- *In one location there is joint working between children and adult services which ensures continuity and a smooth handover of cases. This is important when the needs of the individual are complex and may require ongoing equipment and adaptations, for example in new further education or accommodation settings.*

- *In another location if a child is already allocated to a practitioner from children's services, it is likely that the presenting level of need is such that their case remains with the allocated therapist. They will support the young person or carer through the transition period, providing a continuity of relationship at a widely acknowledged difficult time. A care plan is produced to ensure a smooth transition and that needs that are still evident in adulthood are met by adult services.*

In February 2016 the National Institute for Health and Care Excellence (NICE) published its guidance on *Transition from children's to adults' services for young people using health or social care services* (NICE 2016). This contains a number of overarching principles which stress the importance of involving the young person in the process, ensuring it is person-centred, making the process strengths (asset) based and providing integrated health and social care transitional support.

Having assessed an individual, the local authority must then identify which needs are likely to be eligible for ongoing support and how they can be met. Suitable information must be provided about accessing support in those areas where the local authority cannot provide it.

An assessment of need and planning for provision and continuity of care is also to be provided for those transitioning into adult custodial settings, for example from a young offenders' institute to adult prison. Preparing the individual, the future location and all those involved in the individual's care is essential to ensure a smooth transition. Sections 17.70 and 17.71 of the statutory guidance provide further detail (DH 2016).

Occupational therapy and transitions

Occupational therapists can have a significant role in enabling a young person or carer to prepare for and achieve a successful transition into a new phase of life. This may involve looking at a person's specific personal, domestic or social behaviours and activities, and their environmental and access requirements.

By learning new skills and strategies, adapting activities and environments, a young person can optimise their independence, reducing the need for longer-term care and possibly increasing their choices as they enter adulthood.

2 Custodial settings

Care and support for adults in prison, approved premises, bail accommodation and those released from custody

Local authorities are required to work with agencies and services in their area to ensure the provision of care and support, along with suitable information, to those who need it. This includes those entering or in prison and other custodial settings and those being released into the community. People in these situations have access to care and support just like anyone else, although a custodial setting may limit the options available.

> *Local authorities are responsible for the assessment of all adults who are in custody in their area and who appear to be in need of care and support, regardless of which area the individual came from or where they will be released to*.
>
> (DH 2016 section 17.10)

It is vital that there is good communication and sharing of information between prison services and the local authority, in order to ensure access to, and continuity of, appropriate care and support. It also ensures safe working practices for those

involved in the assessment for and provision of services.

If you are asked to assess the needs of an individual in custody you will be advised on the security requirements prior to the visit. You will be informed of when and how you can assess the individual and their environment. The prison will be able to advise you of any limitations to the equipment, intervention strategies or care that the individual can receive. As much as possible the wellbeing of the individual should guide your practice, although this is likely to be restricted due to their circumstances. In order to identify solutions, it is important to work closely with the prison staff to understand the routine, culture, risks and threats, as well as possible assets, such as healthcare buddies (these are fellow prisoners who have received training to provide support).

If providing a service in prisons is a new area of work for you, ensure that you are confident and competent to provide this service before you start (COT 2015, section 5). Raise any concerns you may have with your manager/supervisor and take advantage of any training or advice available from colleagues.

Practice example

John was a disabled prisoner who had suffered a head injury which had left him with weakness down one side of his arm. Social services had been contacted as John was due for release and there were concerns about his housing needs and abilities to manage on discharge. Both a social

worker and an occupational therapist visited the prison to assess. The assessment was difficult due to a change in security so the assessment had to take place in a small visiting room which did not afford the opportunity to observe transfers, mobility, or sustained activity. This required a high level of understanding of John's associated difficulties and John's account of the difficulties he was experiencing and expected to encounter on release.

John had for a long period of time neglected and hidden the weakness in his arm. Support to complete the daily living tasks within the prison was not readily given, as staff were unaware of the extent of his disability. As a result, John had become less engaged and allowed some self-care tasks to be neglected. His confidence to complete the tasks seemed lacking and when his release dates were discussed his behaviour had become more challenging.

The occupational therapist was able to provide advice to the prison team so that they were able to understand the impact of John's disability. This included some activities to increase strength in his arm and ways to support John to engage in activities through a gradual process. As his disability was not well understood he had not been considered for any rehabilitative support, and in consequence release to the community would necessitate a larger care package than may have been required if he had been able to engage in a programme. A report was also provided by the occupational therapist on his housing needs in preparation for his release.

End of life care for prisoners

Custodial settings may not be suitable for the provision of end of life care. If an individual is moved from a custodial setting to a hospice, hospital or care home for end of life care, responsibility for their care is transferred to the NHS or new local authority. If you are asked to assess or provide a service to individuals in these circumstances, it is unlikely that the care you provide will be different from that which you provide to anyone else. You will need to ensure that there are no particular restrictions or risks related to the individual.

3 Employment, training and education

Participation in work, education, training or recreation for adults

Participation in work, education, training or recreation is seen as an element of wellbeing (DH 2016, section 1.5). The ability to participate in these occupations must be considered when looking at a person's eligibility for care and support.

Local authorities must consider whether participation in these settings is a relevant factor when looking at an individual's wellbeing. This is applicable to both service user and carer. The carer's assessment must take account of their role and how it may impact upon their wishes to participate in work, education, training or recreation, both in the short and longer term.

When an individual and/or their carer wishes to participate in work, education, training or recreation, or has this as their chosen outcome, it must be reflected in the way needs are met.

Practice example

A young woman with a learning disability was referred to the occupational therapist within the adult social care team following a series of falls. During the occupational therapy assessment the woman spoke of how her falls were making her anxious of leaving the home and how she would like to do more with her days. At the time she was enrolled on a course on beauty therapy at the local college, but had been reluctant to go due to a number of the falls that had occurred. During the assessment the woman spoke about her love of swimming, how she would like to go shopping with her mother more often and her long-term goal of working in a hair salon.

The occupational therapist reduced the risk of falling by providing equipment and advice in key areas inside and outside the home where the falls had occurred. The practitioner worked with the woman, her key worker and her mother to develop a weekly plan and to ensure she felt well supported. This enabled her key worker to take her swimming once a week and her mother to take her shopping weekly. Following some confidence-building sessions with the occupational therapist, the woman felt more confident, was safer, and started working towards a work placement in a salon at the end of the course.

Whether paid or voluntary, work is an important aspect of many people's personal and social identities and is central to the community participation of most working age adults (King and Lloyd 2007).

A review of evidence for the impact of work on health by Waddell and Burton found four key benefits of work:

1 *Employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being and full participation in today's society.*

2 *Work meets important psychosocial needs in societies where employment is the norm.*

3 *Work is central to individual identity, social roles and social status.*

4 *Employment and socio-economic status are the main drivers of social gradients in physical and mental health, and in mortality.*

(Waddell and Burton 2006, p31 in COT 2010, p3)

Practice example

A wife and full-time carer for a man with dementia and reduced mobility wanted to return to work part-time, but at the time she was providing all personal care for her husband. The needs of both wife and husband were assessed by an occupational therapist. Following the assessment the husband's environment was made safer, with improved access to bathing facilities.

Care and financial benefits were provided which allowed the wife to return to work.

In this way the outcome was achieved for the carer, maintaining the couple's relationship, with their wellbeing and safety maintained.

Work does not have to be paid employment. In the College and National Social Inclusion Programme's 2007 publication, *Work matters: vocational navigation for occupational therapy staff*, the valuable outcomes of work are recognised:

What does the right work give us?

The right work in the right place, with the right employer, the right tasks, the right hours, the right colleagues and the right support gives us:

- *Social networks and contacts*
- *Structure and purpose to our time*
- *Physical and mental activity*
- *A sense of identity*
- *Money*
- *Skills*
- *Social status*
- *Meaning to the concept of leisure.*

(COT and NSIP 2007, p11)

The *Work matters* publication is designed to help you as occupational therapists to work with service users

as they consider beginning, or returning to, work. It looks at possible barriers and ways to navigate these. It considers goal-setting in person-based, environment-based and function-based elements of working.

Practice example

One location has an employment support team that provides job coaches to help people make decisions, and to seek, gain and sustain paid employment. It works with young people aged 14–25 with special educational needs and disabilities and people over 18 who have a learning disability or autistic spectrum disorder.

As occupational therapists, you have specialist knowledge and skills relating to the activities that people carry out in their daily lives. This includes accessing work, education, training or recreation. You can assess what is needed to enable access to the desired or required occupation and location. You can also assess the individual's strengths and abilities, developing a strategy and plan to enable the individual to achieve their occupational goals. Incorporated into this will be the resources available to the individual in terms of carer and community support.

You will need knowledge of local services and facilities which can support a person's access to work, education, training or recreation. You should also be able to provide information and advice as required by the service user, carer, potential employer or others.

Being part of a community through membership of social groups, participating in learning, recreation and employment, are all part of contributing to society. This is an important part of wellbeing and of developing social and support networks.

Implications for occupational therapists

The *Care Act* provides more opportunities for occupational therapists to use their problem-solving and professional reasoning skills. Its implementation may require you to alter the way you work with service users.

- You will need to work with the service user and/or their carer to define what services can best enable them to achieve their chosen outcomes and how.
- Your practice and rationale will need to be defined and guided by wellbeing and prevention principles.
- Your interactions with service users will need to purposefully and actively consider the totality of the person's wellbeing. You will need to consider whether the outcome of your intervention has addressed all aspects of wellbeing and has helped the individual achieve the outcomes that matter most to them.
- Your assessment, rationale and intervention will need to consider the prevention of potential need, as well as the reduction of present need.
- You must consider the current and/or possible future needs of any carers and how they may be

prevented, reduced or delayed. A carer's assessment must be offered.

- Your work or role may be integrated into a larger cross-agency service. You may need to adapt your working, learn new skills and share those you have. Working closely with your colleagues can enable a more comprehensive and efficient service. You may also need to work across other statutory and voluntary services to maximise capacity and reduce duplication.
- If you are a service lead or a commissioner, you will need to consider how the skills of occupational therapists and assistants can best be used; resources made available or more flexible; and services designed to meet the requirements of the Act.
- As a practitioner, you should be innovative and flexible in your approach. The service user's chosen outcomes and their wellbeing must always be a consideration when looking at options. Look at the outcomes and experience for the service user (their assets) and the possible cost–benefit, in the longer term.
- The identified needs of the individual may be better met by themselves (asset-based approach) or their community, without recourse to social care funds. You may require a greater awareness of what services are available in your location (community assets) which can help and support service users, for example day centres, charities, faith groups and volunteer services.
- You must be aware of and be ready to provide or direct people to suitable and accessible information.

- You may need to spend more time in reflection, discussion and supervision to consider what changes this will make to your individual practice and broader service provision.

Conclusion

The *Care Act 2014* (Great Britain. Parliament 2014a) creates an opportunity to re-establish many of the central tenets of occupational therapy: the wholeness of the individual; being led by their chosen goals; the use of their strengths to achieve their goals; and the centrality of occupation to wellbeing.

The Act also highlights a number of areas where occupational therapists have an opportunity to provide services, e.g. transition, if they are not already doing so. As occupational therapy practitioners or service leads, you are ideally placed to take a role in the development, provision and promotion of these services, emphasising the short and long-term value of occupational therapy.

Resources

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College of Occupational Therapists Specialist Section – Children, Young people and Families (COTSS–Children, Young People and Families) This is a group of occupational therapists who seek to promote high standards of professional practice

within children's occupational therapy and, together with their members, continue to develop an evidence base for the profession. Membership is open to members of the College. They have a range of information resources online.
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College of Occupational Therapists Specialist Section – Work (COTSS–Work)
This is a group of occupational therapists who work or have an interest in supporting people to remain in, return to, or obtain work. Membership is open to members of the College. They have a range of information resources online.
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